

## **Washoe County District Board of Health Meeting Notice and Agenda**

### **Members**

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

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

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

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**An item listed with asterisk (\*) next to it is an item for which no action will be taken.  
1:00 p.m.**

**1. \*Roll Call and Determination of Quorum**

**2. \*Pledge of Allegiance**

**3. \*Public Comment**

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

**4. Approval of Agenda – (For possible action)**

September 27, 2018

**5. \*Recognitions**

A. Years of Service

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

B. New Hires

- i. Debra McLaughlin, Medical Billing Specialist, 8/20/2018 - CCHS
- ii. Jessica Conner, Public Health Investigator, 9/17/2018 - CCHS

C. Shining Star

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

**6. Consent Items – (For possible action)**

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

- A. Approval of Draft Minutes – **(For possible action)**  
i. August 23, 2018
- B. Budget Amendments/Interlocal Agreements – **(For possible action)**  
i. Retroactively approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the period September 1, 2018 through March 31, 2019 in the total amount of \$521,000 (\$52,100 cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11506.  
Staff Representative: Nancy Kerns Cummins
- C. Re-Appointment of Dr. Cathleen Fitzgerald, DEnv, PE, and Mr. Gerald Lee Squire, Jr., to the Air Pollution Control Hearing Board (APCHB) for a three-year term beginning September 27, 2018 thru September 27, 2021; and the re-appointment of Ms. Jeanne Rucker, REHS, to the APCHB for a three-year term beginning October 24, 2018 thru October 24, 2021. - **(For possible action)**  
Staff Representative: Charlene Albee
- D. Presentation, discussion, and possible approval of the National Emission Standards for Hazardous Air Pollutants (NESHAP) Notification Policy for asbestos related renovation and/or demolition activities. - **(For possible action)**  
Staff Representative: Charlene Albee
- E. District Board of Health authorization for the Administrative Health Services Officer to sign required certifications related to federal grants to include the annual indirect cost rate proposal, fiscal reports and routine reimbursement requests. - **(For possible action)**  
Staff Representative: Anna Heenan
- F. Approve Amendment #1 to Interlocal Agreement with University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to increase the number of vasectomy procedures through March 31, 2019. - **(For possible action)**  
Staff Representative: Nancy Kerns Cummins
- G. Recommendation for the Board to uphold an unappealed citation issued to Turquoise Solar, Case No. 1204, Notice of Violation No. 5672, with a \$4370.00 negotiated fine. - **(For possible action)**  
i. Turquoise Solar – Case No. 1204, NOV No. 5672  
Staff Representative: Charlene Albee
- H. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2019 – **(For possible action)**  
Staff Representative: Anna Heenan
- 7. \*Presentation: Fighting the Flu in Washoe County: Education, Outreach, and Access to Vaccines**  
Presented by: Heidi Parker, Executive Director, Immunize Nevada
- 8. Discussion and possible appointment of Ms. Elena Mnatsakanyan or Mr. Joe Macaluso as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board. - (For possible action)**  
Staff Representative: Christina Conti

9. **\*Presentation: IWasPoisoned.com**  
Staff Representative: Chad Westom
10. **\*Presentation: NALBOH Conference Update**  
Presented by: John Novak
11. **Review, discussion and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS) and Section 040.046 (INCINERATOR BURNING) with a finding that the proposed revisions and General Title V application fee will not impose a direct and significant economic burden on a business; nor do the proposed revisions and application fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the regulations and application fee for October 25, 2018 at 1:00 pm. - (For possible action)**  
Staff Representative: Charlene Albee
12. **Regional Emergency Medical Services Authority**  
Presented by: Dean Dow
  - A. **Review and Acceptance of the REMSA Operations Report for August, 2018 – (For possible action)**
  - B. **\*Update of REMSA’s Public Relations during August 2018**
13. **Discussion of Process and Presentation of Evaluation Forms for the District Health Officer’s Annual Review and Possible Direction to Staff to conduct the evaluation. – (For possible action)**  
Presented by: Chair Kitty Jung
14. **\*Staff Reports and Program Updates**
  - A. **Air Quality Management, Charlene Albee, Director**  
Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement
  - B. **Community and Clinical Health Services, Steve Kutz, Director**  
Divisional Update – New Third Party Payer, Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children
  - C. **Environmental Health Services, Chad Westom, Director**  
Environmental Health Services (EHS) Division and Program Updates – Training, Epidemiology, Community Development, Food, Special Events, Invasive Body Decoration, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease, Waste Management and Inspections.
  - D. **Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director**  
Program Updates for Communicable Disease, Outbreaks, West Nile Virus Disease, Unusual Illness, Seasonal Influenza Surveillance, Medical Reserve Corps, Inter-Hospital Coordinating Council, Isolation and Quarantine, Ambulatory Surgical Centers, Mutual Aid Evacuation Annex Training and Workshop, EMS Protocols Task Force and EMS Strategic Plan Revision

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

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

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

Limited to announcements or issues for future agendas.

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

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

### **17. Adjournment – (For possible action)**

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

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

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

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

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

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

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

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

## Washoe County District Board of Health Meeting Minutes

### Members

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

Thursday, August 23, 2018  
1:00 p.m.

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

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### 1. \*Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: Kitty Jung, Chair  
Dr. George Hess  
Oscar Delgado  
Kristopher Dahir  
Tom Young (arrived 1:02 p.m.)

Members absent: Dr. John Novak, Vice Chair  
Michael Brown

**Ms. Rogers verified a quorum was present.**

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Charlene Albee  
Chad Westom  
Dr. Randall Todd  
Christina Conti  
Catrina Peters  
Lisa Lottritz

### 2. \*Pledge of Allegiance

Mr. Dow led the pledge to the flag.

### 3. \*Public Comment

**Chair Jung opened the public comment period**

Mr. Steve Fanning, owner of Dulce Delites, stated that he has been in business for approximately fifteen years after having taken advantage of a sidewalk vendors program

through the City of Reno. He explained that he manufactures Italian ices and his operating permit fee had increased from \$265 last year to \$817 this year. He stated that the permit rate for his 3' x 6' cart without any cooking equipment is the same as would be charged for a forty foot food truck with a full kitchen. He opined that the lack of categories within the permit fee structure to more fairly bill the various types of food vendors makes it difficult on these small business owners and requested an explanation.

Chair Jung informed that no action or comment could be made at this meeting, but that Mr. Fanning would be contacted by staff.

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

#### **4. Approval of Agenda**

August 23, 2018

Chair Jung noted that Mr. Dick would inform the Board of an edit to the agenda prior to a vote of acceptance.

Mr. Dick informed the grant amount for item 6Bv within the Consent Agenda is correct but that the 10% match amount should be \$36,568.70. He informed that Ms. Admirand has advised the information within the grant documentation should be sufficient to allow the Board to act on the item.

Chair Jung directed that a motion to approve the Consent Agenda would need to include the correct 10% match amount of \$36,568.70 for Item 6Bv.

Mr. Dahir moved to approve the agenda for the August 23, 2018, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved five in favor and none against.

#### **5. Recognitions**

##### **A. Retirements**

###### **i. Jim Shaffer, 8/3/2018, Vector Control Coordinator – EHS**

Mr. Dick informed Mr. Shaffer has been the Vector Control Coordinator for many years and has done a wonderful job with the challenging mosquito abatement activities for the region. Mr. Dick stated the Mr. Shaffer has recently retired from the Health District and congratulated him on his retirement.

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

###### **i. Kimberly Graham, 20 years, Hired 8/31/1998 - CCHS**

Mr. Dick informed Ms. Graham had been hired by the County in 1998 and joined the Health District two years ago. He stated that the Health District has been happy to have her working productively in the Community and Clinical Health Services and congratulated Ms. Graham on her twenty years of service.

##### **C. New Hires**

###### **i. Kara Roseburrough, Office Support Specialist, 8/6/2018 - CCHS**

###### **ii. Mercedes Soubiea, Public Health Investigator II, 8/20/2018 – EPHP**

###### **iii. Allison Schleicher, Public Health Investigator II, 8/20/2018 – CCHS**

###### **iv. Jacqueline Gonzalez, Advance Practice Registered Nurse, 8/20/2018 – CCHS**

Mr. Dick informed that he would like to have Ms. Lottritz introduce the new hires for CCHS.

Ms. Lottritz stated that CCHS welcomes Ms. Roseburrough who has transferred to them from the Sheriff's Office as an Office Support Specialist. She informed that Ms. Roseburrough previously worked as a medical biller and will back up that function in CCHS and that her great attitude and friendliness make her a wonderful addition to their team.

Ms. Lottritz informed that Ms. Schleicher is the new Public Health Investigator II for the Sexual Health Program and is a recent graduate from UNR's Master of Public Health Program. She informed that, prior to working for Washoe County, Ms. Schleicher was a Youth Tobacco Prevention Coordinator for the Nevada Division of Public and Behavioral Health where she worked to create the Tobacco Merchant Education Program to lower the rate of youth accessing tobacco products.

Ms. Lottritz introduced Ms. Gonzalez as the new Advance Practice Registered Nurse for the Sexual Health Program and informed that she has a Master's Degree in Nurse Education and a Post Master's Degree as a Family Nurse Practitioner from Gonzaga University. She stated that, following graduation for her Nurse Practitioner Degree, Ms. Gonzales worked in Winnemucca and Lovelock developing patient care programs and worked as a Primary Care Provider at Renown and at a local urgent care facility.

Mr. Dick requested Dr. Todd to introduce the new Public Health Investigator II for EPHP.

Dr. Todd introduced Ms. Soubiea and informed that she comes to EPHP from the Human Services Agency, Child Protective Services, where she investigated child abuse and neglect. He explained she would now be investigating infectious diseases. Dr. Todd expressed they were pleased to welcome her to EPHP.

#### D. Shining Star

##### i. Kim Franchi - EHS

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff. He wished to recognize Ms. Franchi, an Environmental Health Specialist, and informed that she received three Shining Star Awards from professional colleagues, a business that she inspects, and for her efficiency in performance of her inspections.

Mr. Dick stated that being a regulator in the field is a difficult job and he was pleased to see her nominated for her interactions in the field in particular, and congratulated her on her recognitions.

Chair Jung agreed that for an inspector to be nominated by a business she inspects speaks volumes about her character and work ethic.

## 6. Consent Items

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

### A. Approval of Draft Minutes

#### i. July 26, 2018

### B. Budget Amendments/Interlocal Agreements

#### i. Retroactive Approval of Notice of Grant Award #5U18FD006275-02 from the U.S. Food and Drug Administration for the period 7/1/18 through 6/30/19 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National

Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088 and authorize the District Health Officer to execute the subgrant award.

Staff Representative: Jennifer Pierce

- ii. Retroactive approval of Grant Agreement #A-00905418-1 from the U.S. Environmental Protection Agency (EPA) for funding increase in the amount of \$136,913 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

Staff Representative: Jennifer Pierce

- iii. Accept monetary donation [\$10.00] to Washoe County Health District's Vital Statistics Program retroactive from July 25, 2018; express appreciation for the contribution.

Staff Representative: Jennifer Pierce

- iv. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2018 through June 30, 2019 in the total amount of \$920,693 (with \$92,069.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Pierce

- v. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 (with \$33,244 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program. Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$10,695 to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award. – **(10% match amount corrected to \$36,568.70)**

Staff Representative: Jennifer Pierce

- C. Recommendation for the Board to uphold an unappealed citation issued to Washoe County Community Services Department – Utility Services, Case No. 1202, Notice of Violation Citation No. 5670, with a \$1,190.00 negotiated fine.

- i. Washoe County Community Services Department, Utility Services, Case No. 1202, Notice of Violation Citation No. 5670

Staff Representative: Charlene Albee

- D. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018

Staff Representative: Anna Heenan

**Dr. Hess moved to accept the Consent Agenda to include the correction of the 10% match amount to \$36,568.70 for Item 6Bv. Mr. Delgado seconded the motion which was approved five in favor and none against.**



## **7. Discussion and possible appointment of Consumer at Large to the REMSA Board of Directors as the District Board of Health Appointed Representative.**

i. Scott Benton

ii. Melanie Flores

Staff Representative: Christina Conti

Ms. Conti explained that there had been a resignation from the REMSA Board this year and an open recruitment had been initiated which resulted in the two candidates that would present a three minute overview of their qualifications at this meeting.

Mr. Benton informed that he is currently a full time Case Manager at the Homeless Shelter, explaining that he enjoys his job which is the reason for his application to the REMSA Board.

Mr. Benton stated he serves to help the most vulnerable population of the community and it is his passion to give back to the community through philanthropy. He informed prior to his current position, he served in other medical capacities to include Medical Assistant for a prominent family practice doctor who later became the State Health Officer.

After that position, Mr. Benton informed he had gone on to obtain a degree in psychology and had worked his way up to Practice Manager of a local multi-specialty group. He then worked at Renown as Secretary to the Chief Nursing Officer.

Mr. Benton explained his adoption of his third child this year prompted him to pursue a more fulfilling career which led him to his current position as a Case Manager to a very dedicated and passionate group of people in the Northern Nevada region.

He stated his reason for applying to this Board was his observation that REMSA ambulance service is over-utilized at his place of work and opined if a response team were formed to educate the population of more appropriate avenues for non-emergent issues such as the Nurse Hotline, it would free ambulance service for the more urgent calls.

Mr. Benton stated he would like to provide his services to the REMSA Board and detailed the Boards and Commissions he is involved with. He opined his partnership with these entities would be of benefit in the effort to direct citizens to the appropriate level of healthcare.

Ms. Flores informed she decided to apply for this position on the REMSA Board due to her belief that she can offer a unique perspective, not only as a consumer but also through her multi-governmental and community-level experience.

She informed that she has been an evaluator, Program Coordinator, Program Manager for the Nevada Division of Public and Behavioral Health, had worked for the Washoe County Health District on the Community Health Improvement Plan, and that she is currently a Field Education Coordinator at UNR in the School of Community Health Sciences. Her other capacities include Community Organizer for the Harm Reduction Coalition, a volunteer Coordinator for Northern Nevada Hopes, has had a twelve year career in commercial radio as an on-air personality and Program Director.

Ms. Flores stated she has State, County and community level experience and has often been a champion for using community-based practitioners as a solution to public health problems. She provided examples of this practice and the skills she would bring to the table, and informed of her Masters in Social Work.

Ms. Flores stated she is impressed with REMSA for their efforts in the community's access to health care, reducing inappropriate use of emergency departments and unnecessary medical treatment. She expressed she hopes to bring her unique perspective to the Board and to support REMSA's innovative approaches, leveraging her partnerships within the community.

Chair Jung wished to state for the record that Mr. Benton had been the Medical Director for her family practice doctor and inquired of Ms. Admirand if that constituted a conflict of interest that would prevent her from voting on this item. Ms. Admirand stated that it did not, and that Chair Jung would be able to vote.

Mr. Dahir expressed it was a benefit to have two highly qualified candidates for a position, as this is not always the case. He stated that the grant work outlined in Ms. Flores' resume was important to him due to grant funding being so vital to operating capital.

Mr. Delgado opined that both candidates are very strong and impressive, and both have stories that allude to each of them being able to represent the District Board of Health capably on the REMSA Board. He opined that Ms. Flores' experience and community ties would be a good fit for the REMSA Board.

Chair Jung opined that the qualifications of both candidates indicate to her that they will eventually run for office, noting that she would support them if they should choose to do so.

**Mr. Delgado moved to appoint Ms. Flores as the Consumer at Large to the REMSA Board of Directors as the District Board of Health Appointed Representative. Mr. Dahir seconded the motion which was approved five in favor and none against.**

Chair Jung stated that it had been a difficult choice between the two candidates and reiterated her willingness to assist should they run for office. She encouraged Mr. Benton to continue to apply for appointment and welcomed Ms. Flores to the REMSA Board.

## **8. Regional Emergency Medical Services Authority**

Presented by: Dean Dow

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

Mr. Dow stated he wished to highlight two items under public education efforts of REMSA.

#### **Chair Jung opened the public comment period.**

Chair Jung inquired what the procedure is for charting and reporting the use of Naloxone or NARCAN when used in an emergency opioid overdose situation. She stated that information could be brought back to the Board at a later meeting if necessary, and that she intended to ask all emergency responders for this information.

Mr. Heinz informed that these data elements go through the State due to their requirement to report through NEMESIS, (the National EMS Information System) but was not sure what the State does with that data. He informed of other internal initiatives being developed to track data, as well as using First Watch, a bio-surveillance system that may be able to be used to track these trends.

#### **Chair Jung closed public comment.**

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

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

Mr. Dow informed this month REMSA has soft launched their Pulse Point Application to allow CPR trained individuals in Washoe County to sign up through Pulse Point which gives them the ability to be alerted when someone nearby in a public location suffers from a cardiac arrest. Mr. Dow informed that this is a national application that has been in operation over approximately the last year. He noted that adult trained CPR individuals nationally number around 57% of the population, but only 11% indicate they have ever used their

training. Mr. Dow opined this is a stellar use of technology to bring the benefit of a trained individual to the site of a cardiac arrest victim in a timely manner. He informed there is a counter on the PulsePoint.org website that shows the number of times a responder was activated nationally within the past twenty-four hours and stated that there had been forty-eight activations so far that day.

Chair Jung requested Mr. Dow to explain how the application works. Mr. Dow informed PulsePoint is a nationally based application for Smartphones. The individual signs up through PulsePoint and indicates their CPR Training. Then, through the 911 System, not only are first responders and EMS alerted, a person signed up through PulsePoint can be alerted of a person within a nearby public location has potentially suffered a cardiac arrest. Persons signed up for PulsePoint are not authorized to go into private residences or businesses at this time, but that potential may be realized in the future.

Mr. Dow informed that there have been three videos recorded within the month; back to school safety in Washoe County, how to stay safe at special events and wellness information for those that are returning to college campuses. He stated these videos are placed on REMSA's website, Facebook, and their recently launched YouTube channel.

Mr. Dahir noted an item in the REMSA report regarding Uber ambulances and inquired if this service was available in the area. Mr. Dow responded that they are not seeing a trend at this time in Washoe County, but it is a topic being discussed nationally. He stated there is a significant amount of interest in interfacing healthcare organizations with Uber and Lyft and how they can be utilized within the healthcare system for non-emergent patients. Mr. Dow informed that conversations regarding this interface are being held locally and he expects to see it evolve over the next few years.

Mr. Dahir inquired if it would be beneficial to proactively work toward this goal. Mr. Dow informed that conversations regarding this type of utilization are being engaged in currently. He stated that the east coast is approximately eighteen months ahead of the western states in this effort and are being observed in order to learn from their processes.

Chair Jung inquired if Ms. Conti might be able to research best practices on being able to utilize Uber and/or Lyft drivers to transport non-emergent patients in the event of a mass casualty incident. Ms. Conti informed that this initiative was incorporated two years ago in their Regional EMS Strategic Plan as a Strategic Planning Item.

## **9. Presentation and possible acceptance of the annual progress report on the 2017-2020 Strategic Plan.**

Staff Representative: Kevin Dick

Chair Jung requested Mr. Dick to announce the date of the upcoming Strategic Planning Retreat.

Mr. Dick noted that this item is the Health District's Annual Progress Report for the Strategic Plan and informed that there has been great progress made over the period from July 2017 through June 30, 2018. He stated this progress was made possible by the continuous efforts of staff, Division Directors and Supervisors to work toward the Initiatives of this living document. Mr. Dick highlighted Ms. Peters' hard work and diligence as the shepherd of the Strategic Plan and introduced her to present the year's Strategic Plan achievements.

Mr. Dick informed the next phase of the Strategic Plan is the Board's Strategic Planning Refresh Retreat, scheduled for November 1<sup>st</sup>. He stated an agreement is being negotiated between Washoe County Health District and OnStrategy for them to facilitate that meeting.

Ms. Peters informed there were many accomplishments achieved in FY18 that staff are very excited about. She stated there are 171 items in the Strategic Plan and 158 of those

were either achieved or are on target, and that she would cover the accomplishments by each of the six Strategic Priorities.

Under the first Priority, Healthy Lives, all thirty-five items are either on track or achieved. Ms. Peters highlighted the Community and Clinical Health Services Chronic Disease group that had significant achievements in their Wolfpack Coaches Challenge with the focus on classroom environment, encouraging students to eat healthier and be more physically active. She stated they had eleven more classes participate this year vs. last year, for a total of sixty-seven classes participating.

Ms. Peters informed of the WIC Farmer's Market, onsite at the 9<sup>th</sup> Street Washoe County complex, and spoke of the benefit to the WIC clients as well as nearby citizens to have access to fresh fruits and vegetables within the food desert that exists in this area.

Chair Jung inquired if County employees could also utilize the Farmer's Market, and Ms. Peters confirmed that to be correct.

Ms. Peters spoke of successful media campaigns through the CCHS group such as the We Order Well campaign, Go Before You Show, and some Sexual Health and Family Planning campaigns.

Regarding Priority 2, Healthy Environment, Ms. Peters noted that twenty-five of the twenty-eight items are on track or achieved. One of the key highlights is that Washoe County was designated as meeting attainment for the Ozone Standard, noting its importance for keeping the population healthy and supporting economic growth in the area.

Ms. Peters informed there had been a Waste Characterization Study completed and posted on the Washoe County Health District's website.

Ms. Peters spoke of the successful campaign implemented to reduce inappropriate 911 calls, informing the campaign is in its first phase with more work to come.

Under Priority 3, Local Culture of Health, twenty-nine of the thirty items are on track or achieved. Ms. Peters stated some of the key highlights under this Priority include the passing of a Smoke-free Parks Ordinance, the completion of the 2018-2020 Community Health Improvement Plan, seven community-wide informational reports were published, and a Healthy Living Mural was completed in cooperation with Reno Housing Authority and unveiled at an event with great participation from the media and community members.

Ms. Peters informed there had been strong media coverage, media campaigns and an incredible amount of utilization of the Health District website during the last fiscal year.

Under the fourth Priority, Impactful Partnerships, Ms. Peters informed that twenty-five of the thirty-one items are on track or achieved. She stated that one highlight is that the average G.I. outbreak duration at the School District was reduced.

Ms. Peters stated that the 2017 Youth Risk Behavior Survey showed improvements in the rate of risky behavior in high school and middle school students. She noted that there were not improvements in the reduction of bullying or use of certain substances, but that there were positive improvements overall.

Other highlights include the continued implementation of the EMS Five Year Strategic Plan, continued engagement with Truckee Meadows Healthy Communities with the District Health Officer providing co-leadership, and the County Health Rankings Event hosted by the Washoe County Health District which was well attended and covered extensively by the media.

Concerning Priority 5, Financial Stability, Ms. Peters informed that eight of the nine items are on track or achieved. She informed that the Health District had been successful in increasing the budget amount per capita which was largely due to fee increases.

Ms. Peters noted that one of the items not on track is the discussion with the County to

increase the amount of the General Fund Transfer to rebase the Health District for pay increases and Cost of Living Adjustment expenses. She stated that efforts are ongoing to resolve this issue.

Under Organizational Capacity, Priority 6, thirty-six of the thirty eight items are on track or achieved. Across the Health District, Ms. Peters informed that 90% of performance reviews were completed on time.

Ms. Peters stated that the Health District continues to implement the Workforce Development Plan and this summer offered a two part training for managing change in alignment with the Plan. She informed the trainings were well attended and feedback from staff was positive.

Ms. Peters informed that progress toward Accreditation submission continues and is on track to submit the required documents by the October 1 deadline due to the efforts of the Accreditation Team.

Mr. Young opined that the progress on this Strategic Plan is outstanding. He inquired of those items that had not been achieved, which is the most challenging item on the list. Ms. Peters informed that some of the items not on track or achieved were due to timing and some are due to external partners. The remaining items are in progress, she informed, but were not complete at the end of the fiscal year. She stated there is a complete list of items that were not achieved at the back of the report.

Ms. Peters informed the Accreditation Team wanted to request the Board's permission to remove certain items from the Strategic Plan. She detailed the items, and after discussion, it was determined that the items would be discussed at the Strategic Planning Retreat to determine how to manage them.

Chair Jung opined there was no need to make a motion at this time, but that the items suggested for removal from the Strategic Plan would be discussed under the direction of the OnStrategy facilitator in a more informal setting. She expressed her appreciation to Ms. Peters of the hard work represented in her presentation, as well as the difficult task of narrowing the focus of the Strategic Plan items for the best impact.

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

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

Program Update, Divisional Update, Program Reports

Ms. Albee informed of the receipt of an email from Dr. Judy Chow at the Desert Research Institute (DRI) who wished to express her appreciation for the equipment donated by AQM through the actions of the Board at the last DBOH Meeting. Dr. Chow stated she was especially thankful for Craig Peterson and Daniel Timmons of the Monitoring Staff for facilitating the delivery of the equipment. She expressed that they would be able to make good use of all of the equipment and would use the 2.5 monitors to conduct rooftop sampling during fire season to quantify brown and black carbon.

Ms. Albee opined the act of donating the equipment has continued to strengthen the partnership between AQM and DRI, informing that Dr. Chow offered the use of their equipment for any special studies AQM might have.

Mr. Dahir requested an update regarding the relocation of the air monitoring station. Ms. Albee informed AQM owns a monitoring station in downtown Reno, east of Bertha Miranda's Restaurant on Mill Street, and that the City of Reno had received an unsolicited offer to build a housing development on that city-owned property. She informed the City has not finalized the agreement on the development plans, so the timeline is not definite at this point. She stated that staff has been working diligently and

various site opportunities have been explored.

Ms. Albee informed AQM believes they have a site for the monitor at Libby Booth Elementary School, and that the School District was excited for the opportunity of having an air monitoring site on their property for educational opportunities for the STEM Academy. She stated the Principal uses AirNow daily to make sure air quality is safe for students to play outside, and is excited that he would have the most precise data available to him.

Ms. Albee informed she believes that the Administration of the Washoe County School District has given approval for the monitoring site to be located at Libby Booth Elementary, so work is now underway to finalize the interlocal agreements and start site drawings and preparation. She stated that one of the largest expenses would be installation of underground power to the monitor which may be required due to the site being located on a school property.

In a conversation with the City of Reno, Ms. Albee informed that, even if the proposed development doesn't occur, the City would still be interested in having the monitoring site moved from their property which could cost AQM approximately \$280,000.

Ms. Albee stated this expense would not be able to be supported by Air Quality Management's budget and that she may be coming before the District Board of Health and the City of Reno to ask for financial assistance to relocate this vital monitoring system. She informed that this monitor is crucial to monitor and identify pollutants that EPA uses as modeling for health impacts and is AQM's Ozone designation site.

Mr. Dahir requested Ms. Albee to speak to the timing of this move and for the monitor to be in place to use its data. Ms. Albee informed that AQM has been working with EPA and, in the interlocal agreement with Reno, it sites that there can be up to one year of co-located operations. With the timing being uncertain as to when a developer might want to begin work, AQM has requested EPA and they have agreed to reduce the allowed length of co-located time, but the time frame isn't defined yet.

Mr. Delgado informed that the urbanization of the area will continue to restrict where monitoring sites can be placed, but that it was hoped that the relocation of the monitor could be paid for, at least in part, by the developer. He informed that he would do his best to help with funding for the move, and opined the Libby Booth location might provide grant opportunities for the educational aspect of the monitor's location at the school.

Ms. Albee stated that, when there is the need to move a monitor, AQM usually has time to incorporate the monitor's new location into the Network Monitoring Plan that is submitted to EPA and grant funding can be available through them. With the time constraints of this relocation, EPA funding probably will not be available.

Dr. Hess inquired why the City of Reno could not direct the developer to wait until the relocation of the monitor could be accomplished.

Ms. Albee informed that the agreement with the developer may not come to fruition, but the City of Reno wants the monitor to be removed, regardless.

Dr. Hess inquired what the footprint of the monitoring station is, and Ms. Albee informed that it is approximately thirty by forty square feet.

Mr. Young inquired how the negative impacts to health are gauged in relation to poor air quality. Ms. Albee informed that AQM doesn't have access to statistics on admissions to the emergency room, but believes that Renown is tracking the correlation between admissions and poor air quality.

Mr. Dick informed that it was REMSA that was tracking their call volume in relation to poor air quality, and they had reported a twenty-five percent increase in responses for respiratory issues.

Dr. Hess informed that he had seen studies done on the direct correlation between air quality and related hospital admissions and deaths approximately ten years ago that he could bring back to the Board.

Mr. Dick informed Dr. Lei Chen, Epidemiology Program Manager for EPHP, did research on this subject when she was studying at UNR prior to her employment the Health District.

Chair Jung requested there be a proactive review of monitoring sites where the Health District is benefiting from the generosity of low or no cost leases and begin planning for relocation or the renegotiation of lease amounts to prevent issues similar to the one being experienced now.

Chair Jung requested research to be done on case law regarding the possibility of suing the State of California for the lack of forest management and to compensate the Health District for the staff time necessary to produce and present the Exceptional Events Packages to the EPA.

Ms. Albee informed she would work with the District Attorney on these requests.

Mr. Delgado left the meeting at 2:15 p.m.

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

Divisional Update – National Immunization Awareness Month; Data & Metrics; Program Reports

Ms. Lottritz informed she had nothing to add to the report but was available to answer any questions.

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

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

Mr. Westom informed he had nothing to add to his report but would be happy to answer any questions.

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

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

Dr. Todd highlighted a food-borne outbreak caused by *clostridium perfringens* enterotoxin from his report. He informed that, according to the CDC, this is one of the most common causes of food-borne illness in the United States at approximately one million cases per year. It is a spore-forming bacterium common in foods that are prepared in large quantities and not kept at appropriate temperatures. He stated this seems to be the case in this outbreak of 132 employees who became ill.

Mr. Dahir requested information on the preparation for the upcoming flu season and how the Health District could better stress to the public the importance of getting their flu shot. Dr. Todd informed the Health District is working with a number of entities around the community to hold PODs (Points of Dispensing) for flu shots and are campaigning to educate and remind the public to become immunized. He stated that it is much easier to

get a flu shot now than ever before with all of the locations they are available.

Mr. Dahir requested Dr. Todd present at City of Sparks, City of Reno and Washoe County Board Meetings to provide education on flu shots. Dr. Todd stated he would be happy to accept any such invitations to speak.

Mr. Dick informed that Ms. Heidi Parker of Immunize Nevada would be presenting at the September District Board of Health Meeting to discuss their statewide flu campaign. He opined it to be a good opportunity for the Board to discuss with her their ideas of how to improve vaccination rates.

Dr. Todd expressed he didn't know if Ms. Parker would be available or inclined to co-present with him at the jurisdiction's board meetings, but he would if she was willing to do so.

Chair Jung inquired if REMSA can provide flu shots when they are in a person's home. JW Hodge informed that, in the past, they had provided a Home-Bound Flu Shot Program. He stated he will work with his team to revive that program and partner with the Health District and community paramedics to serve home-bound citizens. Chair Jung requested Dr. Todd to reach out to other first responders for inclusion in this effort.

Chair Jung inquired if there is a Family Health Festival (FHF) planned for this fall and, if so, will flu shots be administered there. Mr. Dick stated there is a FHF planned for mid-October or early November and it will be focused on flu immunization.

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

District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Workforce Development, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Washoe Behavioral Health Policy Board, Washoe County Substance Abuse Task Force, County Complex Master Plan, Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD), Other Events and Activities and Health District Media Contacts.

Mr. Dick informed the Accreditation Team is working diligently and are on track to submit all required documents to the Public Health Accreditation Board (PHAB) on October 1<sup>st</sup> and expect to have site visit in approximately six months.

Mr. Dick stated the Health District hosted an outstanding event on August 2<sup>nd</sup> for the unveiling of the Community Health Improvement Plan and thanked Chair Jung for making the welcoming remarks at that event. He informed there were over one hundred people who attended and there was extensive media coverage.

Mr. Dick informed there is a Strategic Planning Retreat scheduled for September 12<sup>th</sup> for Truckee Meadows Healthy Communities and that he looks forward to sharing the plans and directions that come from this meeting with the DBOH.

Mr. Dick informed the Washoe Behavioral Health Policy Board is working to develop a BDR around Crisis Stabilization Units (CSU) and how this initiative can be better supported and funded through some State mechanisms. He stated that CSUs are a short term assessment and direct care facility for people in crisis that stabilize the patient and step them down to the lower, appropriate levels of care and back into the community. He informed there are a number of states have been successful with this type of program.

Mr. Dick informed of an RFP issued for a Community Triage Center he learned of at the Behavioral Health Policy Board meeting. This new facility would take the place of the WestCare Facility that is no longer in operation.

Mr. Dick stated the initial Washoe County Substance Abuse Task Force meeting had taken place and had included the jurisdictions and some not-for-profit organizations. He thanked Chair Jung and Commissioner Berkbigler for providing the drive behind getting



the group organized and in motion. He informed that Ms. Howell, Director of Human Services Agency, convened the first meeting and the group plans to meet monthly.

Mr. Dick informed of a conversation he had that morning with Dr. Stephanie Woodard of the State; he opined this taskforce will provide a good mechanism for increasing and improving coordination with the State and local governments and expressed hope that it would also allow access to federal funding around these important issues.

Mr. Dick informed work has begun with County Community Services Department on a County Complex Master Plan for the 9<sup>th</sup> Street Complex to determine what each department's services and space needs will be over the next twenty years. He stated it is difficult to imagine what the specific needs of the Health District will be that depend on unknown health challenges the District will face during that time, but will work with them toward the development of the Plan and appreciates being invited to participate on the Steering Committee.

Mr. Dick reported on the presentation given last week to the Southern Nevada Health District, Carson City Health and Human Services, State of Nevada, Department of Health and Human Services and Nevada Public Health Association to the Advisory Council on the State Program for Wellness and Prevention of Chronic Disease, and informed that Mr. Tom McCoy invited this presentation to be given after having seen it previously at the Interim Healthcare Committee. This presentation covers the future direction of Public Health, the work being done around the Community Health Needs Assessment and Community Health Improvement Plan, community mobilization around social determinates of health, and included an ask of five dollar per capita funding for Public Health. He stated there was a great amount of discussion around these topics and the Committee was highly supportive and wants to provide a recommendation in their annual report to provide this funding for Public Health.

Mr. Dick informed that Nevada is the fiftieth out of fifty-one states for State funding for Public Health, and, if the requested level of funding is provided, it would increase Nevada to forty-ninth for State Public Health funding per capita. The positive news from the meeting, he informed, is that Ms. Peek identified that the State is continuing to work toward case load funding for Public Health through a request for a General Fund enhancement for the budget of the Department of Health and Human Services. Also, the agenda for the Interim Legislative Committee on Healthcare for August 27<sup>th</sup> includes an item from Senator Spearman for the Working Session to provide five dollars per capita funding for Public Health funded by the Marijuana Excise Tax.

Mr. Dahir congratulated Chair Jung and others involved in developing the Substance Abuse Task Force. He informed that his Council would support it however they can.

Chair Jung informed that invitation will be extended to the jurisdictions to participate. She explained that she is on the State's Opioid Task Force and opined the group is moving toward impacting the issue at a cautious rate which prompted her to help form a group for the specific needs of Washoe County.

Chair Jung informed that there are currently more deaths in Washoe County from methamphetamine overdoses than opioids.

## **11. \*Board Comment**

Chair Jung requested an item for the September DBOH Meeting; she informed that Dr. Hess has notified the Board he will not seek reappointment to the District Board of Health. She informed the Board will need to discuss replacement and consult with Dr. Hess regarding physicians he would consider as potential candidates.

Dr. Hess informed that the Washoe County Medical Society has begun the process of identifying potential candidates, but expressed concern that the search has appeared to have narrowed to one candidate. He opined that it would be optimum to have several to choose from.

Chair Jung informed she is working with the Board of County Commissioners to gain support of her request for the Medical Examiner to write a letter to the prescribing physician if their patient has overdosed on a prescribed opioid. She stated that a study at Stanford showed a ten percent reduction in opioids prescribed by a physician who received a letter vs. the physicians who were not informed of the cause of their patient's death.

Chair Jung directed research to be done regarding how data is processed for each incident that NARCAN is used, if the use charted and, if so, where is that data reported and how it can be accessed in order to have a more complete picture of the opioid crisis. Mr. Dick informed that Ms. Conti will be providing the requested research.

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

## **12. \*Public Comment**

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

## **13. Adjournment**

**Chair Jung adjourned the meeting at 2:37 p.m.**

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

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

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

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

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

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

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

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

Downtown Reno Library, 301 S. Center St., Reno, NV

Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) State of

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

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

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health

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

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

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**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Award from U.S. Department of Health and Human Services, Public Health Service on September 2, 2018 to support Family Planning Program. The funding period is effective September 1, 2018 and extends through March 31, 2019. A copy of the Notice of Award is attached.

**District Health Strategic Priority supported by this item:**

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

**PREVIOUS ACTION**

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

**BACKGROUND**

**Project/Program Name:** Title X Family Planning Program

**Scope of the Project:** Improve the overall health of individuals, couples, and families in Washoe County through cost effective and efficient family planning services. The Subgrant provides funding for personnel, travel and training, contractual services, operating and educational supplies, transportation incentives for clients and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the Family Planning Program's ongoing efforts to reduce unintended pregnancy by providing most methods of birth control including vasectomies, provide routine gynecological exams and tests, diagnose and treat gynecological problems and sexually transmitted diseases,

**On-Going Program Support:** The Health District anticipates receiving future funding to support the Family Planning Program.

**Award Amount:** \$521,000.00 (includes \$63,983.00 indirect)  
**Grant Period:** September 1, 2018 – March 31, 2019  
**Funding Source:** U.S. Department of Health and Human Services  
Public Health Service  
**Pass Through Entity:** n/a  
**CFDA Number:** 93.217  
**Grant ID Number:** 1 FPHPA006393-01-00  
**Match Amount and Type:** \$52,100.00 cash match included in the FY19 adopted budget in cost center 173000.

**Sub-Awards and Contracts:** No Sub-Awards; various contracts are currently in place.

### **FISCAL IMPACT**

The FY19 budget in Internal Order #11304 was adopted with sufficient expenditure authority; therefore, no budget amendment is necessary.

### **RECOMMENDATION**

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

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the period September 1, 2018 through March 31, 2019 in the total amount of \$521,000 (\$52,100 cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11506."

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE  
 08/30/2018 | 93.217 | Project Grant

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**PUBLIC HEALTH SERVICE**

**OASH Office of Grants Management**

1101 Wootton Parkway  
 Suite 550  
 Rockville, MD 20852

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
 P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

<b>1a. SUPERSEDES AWARD NOTICE dated</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
<b>4. GRANT NO.</b> 1 FPHPA006393-01-00 Formerly	<b>5. ACTION TYPE</b> New
<b>6. PROJECT PERIOD</b> From 09/01/2018	<b>Through</b> 03/31/2019
<b>7. BUDGET PERIOD</b> From 09/01/2018	<b>Through</b> 03/31/2019

**8. TITLE OF PROJECT (OR PROGRAM)**  
 Family Planning Program grant to serve the Washoe County area, including the cities of Reno and Sparks, Nevada.

<b>9a. GRANTEE NAME AND ADDRESS</b> COUNTY OF WASHOE 1001 E 9th St Bldg B Community and Clinical Health Reno, NV 89512-2845	<b>9b. GRANTEE PROJECT DIRECTOR</b> Ms. Lisa Lottritz 1001 E 9th St Bldg B CCHS Reno, NV 89512-2845 Phone: 775-328-2465
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<b>10a. GRANTEE AUTHORIZING OFFICIAL</b> Mr. Kevin Dick 1001 EAST 9TH STREET BUILDING B RENO, NV 89512-2845 Phone: 775-328-2416	<b>10b. FEDERAL PROJECT OFFICER</b> Rebecca McTall 90 7th St. Ste. 5100 San Francisco, CA 94103-6706 Phone: 415-437-8403
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**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>		<b>12. AWARD COMPUTATION</b>	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 521,000.00	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	407,720.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	134,256.00	<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b> 521,000.00	
c. Total Personnel Costs	541,976.00	<b>13. Total Federal Funds Awarded to Date for Project Period</b> 521,000.00	
d. Equipment	0.00	<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	10,006.00	YEAR	TOTAL DIRECT COSTS
f. Travel	5,855.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	102,771.00	c. 4	f. 7
i. Contractual	39,263.00	<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
j. TOTAL DIRECT COSTS	699,871.00	a. DEDUCTION	
k. INDIRECT COSTS	63,983.00	b. ADDITIONAL COSTS	
<b>l. TOTAL APPROVED BUDGET</b>	<b>763,854.00</b>	c. MATCHING	
m. Federal Share	521,000.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	242,854.00	e. OTHER (See REMARKS)	
<b>REMARKS</b> (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>	
See attached Terms and Conditions.		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL: **Alice M Bettencourt, Grants Management Officer**

<b>17. OBJ CLASS</b> 41.45	<b>18a. VENDOR CODE</b> 1886000138A1	<b>18b. EIN</b> 886000138	<b>19. DUNS</b> 073786998	<b>20. CONG. DIST.</b> 02
<b>FY-ACCOUNT NO.</b>	<b>DOCUMENT NO.</b>	<b>ADMINISTRATIVE CODE</b>	<b>AMT ACTION FIN ASST</b>	<b>APPROPRIATION</b>
21. a. 8-3984521	b. FPHPA6393A	c. FPH70	d. \$521,000.00	e. 75-18-0359
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 15	DATE ISSUED 08/30/2018
GRANT NO. 1 FPHPA006393-01-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/01/2018	09/30/2018	Quarterly	10/30/2018
10/01/2018	12/31/2018	Quarterly	01/30/2019
01/01/2019	03/31/2019	Final	06/29/2019

**SPECIAL CONDITIONS**

1. a. Within 15 days of receipt of this Notice of Award, the you must submit a revised work plan that has measurable targets and objectives for activities and reflect activities at all service sites.

b. Within 15 days of selection of sub-recipient agencies, you must submit the following to OGM: Agencies awarded; service site locations with hours that family planning services will be provided; scope of work provided at each site (including services, methods, and lab tests); anticipated start date for each location.

Failure to comply with Special Conditions may result in enforcement action such as disallowance of funds, drawdown restriction, suspension, or termination.

**SPECIAL TERMS AND REQUIREMENTS**

1. This award consists of:

Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Box 15 on this Notice of Award (NoA) indicates **E – Other**: Program Income may be used to meet the cost sharing or matching requirement of the Federal award. The amount of the Federal award stays the same. Program Income in excess of any amounts specified must be added to the Federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. 45 CFR 75.307 (e).

Title X Funds	\$521,000
Cost Sharing Funds (10%)	\$ 52,100
Program Income	\$ 94,500
Other Funds	\$ 96,254
Total Project Budget	\$763,854

2. In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR part 59 subpart A currently in effect or implemented during the period of the grant.

3. Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child

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molestation, sexual abuse, rape, or incest.

4. In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
5. In order to maintain an accurate record of current Title X service sites, grantees are expected to provide timely notice to the Office of Population Affairs (OPA), as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340b program registration and recertification. You must enter your changes to the Title X database within 30 days of the change at <https://www.opa-fpclinicdb.com/>. All changes will be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.
6. In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR part 59 subpart A currently in effect or implemented during the period of the grant.

Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

In order to maintain an accurate record of current Title X service sites, grantees are expected to provide timely notice to the Office of Population Affairs (OPA), as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340b program registration and recertification. You must enter your changes to the Title X database within 30 days of the change at <https://www.opa-fpclinicdb.com/>. All changes will be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

If you or your sub-recipient(s) enrolls in the 340B Program, you must comply with all 340B Program requirements. You may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>

7. **Program Priorities:** Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from the Department of Health and Human Services (HHS) priorities. Applicants should provide evidence of their capacity to address program priorities. The FY 2018 program priorities are as follows:
  1. Assuring innovative high quality family planning and related health services that will improve the overall health of individuals, couples and families, with priority for services to those of low-income families, offering, at a minimum, core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods)

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which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals.

2. Assuring activities that promote positive family relationships for the purpose of increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple; and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client.
3. Ensuring that all clients are provided services in a voluntary, client-centered and non-coercive manner in accordance with Title X regulations.
4. Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider.
5. Assuring compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking.
6. Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities; and
7. Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant.
8. Use of OPA performance metrics to regularly perform quality assurance and quality improvement activities.

8. **Key Issues:** In addition to program priorities, the following key issues should be considered in developing the project plan:

1. Efficiency and effectiveness in program management and operations;
2. Management and decision-making and accountability for outcomes;
3. Cooperation with community-based and faith-based organizations;
4. Meaningful collaboration with subrecipients and documented partners in order to demonstrate a seamless continuum of care for clients;
5. A meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents;
6. Activities for adolescents that do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.
7. Emphasis on the voluntary nature of family planning services;
8. Data collection (such as the Family Planning Annual Report (FPAR) for use in monitoring performance and improving family planning services.

**STANDARD TERMS**

1. You must comply with all terms and conditions outlined in the grant award, including grant policy



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terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), (note any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 45 CFR Part 75, and the SF-269 is now the SF-425), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. By drawing or otherwise obtaining funds for the award from the grant payment system or office, you accept the terms and conditions of the award and agree to perform in accordance with the requirements of the award.

The HHS Grants Policy Statement is available at:

<http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards are at 45 CFR Part 75 effective December 26, 2014.

2. Certain changes to your project or personnel require prior approval from the Grants Management Officer (GMO). (See Part II, HHS Grants Policy Statement (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 45 CFR Part 75). All amendment requests requiring prior approval must be signed by the grantee authorizing official and or PI/PD and submitted through the GrantSolutions Amendment Module. Only responses signed by the GMO are considered valid. If you take action on the basis of responses from other officials or individuals, you do so at your own risk. Such responses will not be considered binding by or upon any OASH Office.

Any other correspondence not relating to a prior approval item should be uploaded to Grant Notes within the GrantSolutions system. Include the Federal grant number and signature of the authorized business official and the project director on all such correspondence.

3. The *Consolidated Appropriations Act, 2018*, limits the use of federal funds from the HHS Office of the Assistant Secretary for Health (OASH) on all grant or cooperative agreements henceforth including the current budget period.

(1) Salary Limitation

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

**Effective January 7, 2018, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale.** That amount is **\$189,600**. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(2) Acknowledge of Federal Grant Support (Section 505)

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state—

- (1) the percentage of the total costs of the program or project which will be financed with Federal money;

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(2) the dollar amount of Federal funds for the project or program; and

(3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

4. Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

*1. Applicability.* Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to the [Federal Funding Accountability and Transparency Act Subaward Reporting System](#) (FFRS).

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action as specified in the submission instructions posted at <http://www.frs.gov> specify.

***b. Reporting Total Compensation of Recipient Executives.***

*1. Applicability and what to report.* You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

i. the total Federal funding authorized to date under this award is \$25,000 or more;

ii. in the preceding fiscal year, you received—

A. 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

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- i. As part of your registration profile in the [System for Award Management \(SAM\)](#).
- ii. By the end of the month following the month in which this award is made, and annually thereafter.

**c. Reporting of Total Compensation of Subrecipient Executives.**

1. *Applicability and what to report.* Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

i. in the subrecipient's preceding fiscal year, the subrecipient received—

A. 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

**d. Exemptions**

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

**e. Definitions.**

For purposes of this award term:

1. "Entity" means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

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- ii. A foreign public entity;
  - iii. A domestic or foreign nonprofit organization;
  - iv. A domestic or foreign for-profit organization;
  - v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
2. “Executive” means officers, managing partners, or any other employees in management positions.
3. “Subaward”:
- i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
  - ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ll .210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations”).
  - iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.
4. “Subrecipient” means an entity that:
- i. Receives a subaward from you (the recipient) under this award; and
  - ii. Is accountable to you for the use of the Federal funds provided by the subaward
5. “Total compensation” means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
- i. Salary and bonus.
  - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
  - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
  - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - v. Above-market earnings on deferred compensation which is not tax-qualified.
  - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

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## 5. Trafficking in Persons

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

### *a. Provisions applicable to a recipient that is a private entity.*

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not-

i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

ii. Procure a commercial sex act during the period of time that the award is in effect; or

iii. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or

ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either-

A. Associated with performance under this award; or

B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

### *b. Provision applicable to a recipient other than a private entity.*

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either-

i. Associated with performance under this award; or

ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376

### *c. Provisions applicable to any recipient.*

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1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term

2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and

ii. Is in addition to all other remedies for noncompliance that are available to us under this award.

3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

**d. Definitions.** For purposes of this award term:

1. "Employee" means either:

i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. "Private entity":

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

B. A for-profit organization.

4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

6. You are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) applies to this award.

7. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses,

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marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.

## 8. Reporting of Matters Related to Recipient Integrity and Performance

### 1. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

### 2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;
- b. Reached its final disposition during the most recent five year period; and
- c. If one of the following:
  - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
  - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
  - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
  - (4) Any other criminal, civil, or administrative proceeding if:
    - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

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(ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes —

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

9. Consistent with 45 CFR § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all



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information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Office of Grants Management  
1101 Wootton Parkway, Suite 550  
Rockville, MD 20852*

**AND**

*US Department of Health and Human Services  
Office of Inspector General  
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES  
PO Box 23489  
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp> (Include “Mandatory Grant Disclosures” in subject line)

**Fax:** 1-800-223-8164 (Include “Mandatory Grant Disclosures” in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR Parts 180 & 376 and 31 U.S.C. 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

**REPORTING REQUIREMENTS**

1. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities as stipulated in 45 CFR Part 75.500. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <http://harvester.census.gov/fac/collect/ddeindex.html>.

**2. FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:**

You must use the SF-425 Federal Financial Report (FFR) for expenditure reporting. You may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

a. Your FFR reporting schedule has been issued as a condition of this grant award, including a Final FFR covering the entire project period due 90 days after the project period end date. You may also view the complete table of the reporting schedule after logging into GrantSolutions from the My Grants List screen, select the **Reports** menu dropdown and then select the **Federal Financial Report** submenu.

b. GrantSolutions will automatically issue you a reminder seven (7) days prior to each report due date.

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If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your GrantSolutions account and contact information are up to date so you receive notifications.

c. **Electronic Submissions accepted only via GrantSolutions** – Your FFR must only be submitted for review via the GrantSolutions FFR reporting module. No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact the Grant Solutions Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

The Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note at this time, these FFR reports are separate submissions via the Payment Management System; data is not transferable between the two systems and you will report twice on certain data elements.

3. **Closeout Requirements:** This project is in its final budget period. Once the project period has ended you are required to submit a Final Program Progress report, the SF-425 Final Federal Financial report, the Payment Management System FFR – Cash Transaction Report, and the SF-428 Tangible Personal Property report and/or Disposition report within 90 calendar days after the expiration of the project and budget period end date. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active or future projects or activities involving your organization.

a. The Final Program Progress Report: Your reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via attachment to the Grant Notes section within GrantSolutions.

b. SF-425 Final Federal Financial Report: Submit your Final FFR via the FFR Reporting Module in Grant Solutions. You may find the instructions for completing the FFR form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>

c. Federal Financial Report (FFR) (SF-425) Cash Transactions: Submit your report via the HHS Payment Management System. The instructions for submitting this report are available at <https://pms.psc.gov/>.

d. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports: Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Office of Grants Management.

## CONTACTS

### 1. Fraud, Abuse and Waste:

The HHS Inspector General accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in Department of Health and Human Services' programs. Your information will be reviewed promptly by a professional staff member. Due to the high volume of information that they receive, they are unable to reply to submissions. You may reach the OIG

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 1 FPHPA006393-01-00	

through various channels.

Internet: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Phone: 1-800-HHS-TIPS (1-800-447-8477)

Mail: US Department of Health and Human Services  
Office of Inspector General  
ATTN: OIG HOTLINE OPERATIONS  
PO Box 23489  
Washington, DC 20026

For additional information visit <https://oig.hhs.gov/fraud/report-fraud/index.asp>

2. PAYMENT PROCEDURES:

Payments for grants awarded by OASH Program Offices are made through Payment Management Services (previously known as the Division of Payment Management) (<https://pms.psc.gov/home.html>). PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Payment Management Services to establish an account if you do not have one.

Inquiries regarding payments should be directed to <https://pms.psc.gov/home.html>; Payment Management Services, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533.

3. GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Principle Investigator/Program Director roles. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official. For assistance on **GrantSolutions** issues please contact: **GrantSolutions User Support at 202-401-5282 or 866-577-0771**, email [help@grantsolutions.gov](mailto:help@grantsolutions.gov), Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.
4. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at **(240) 453-8830**, FAX (240) 453-8823, e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or OASH Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health

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

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

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**SUMMARY**

In accordance with the District Board of Health Regulations Governing Air Quality Management, specifically Section 020.025 Hearing Board Creation and Organization, staff is recommending the Board re-appoint Dr. Cathleen Fitzgerald, DEnv, PE, Mr. Gerald Lee Squire, Jr., and Ms. Jeanne Rucker for 3-year terms.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

August 27, 2015 Board approved the initial appointment of Mr. Gerald Lee Squire, Jr. to the APCHB for a 3-year term.

September 24, 2015 Board approved the re-appointment of Dr. Cathleen Fitzgerald, DEnv, PE, for a 3-year term. Dr. Fitzgerald's service on the APCHB began on October 22, 2009.

September 24, 2018 Board approved the re-appointment of Ms. Jeanne Rucker, REHS, for a 3-year term. Ms. Rucker's service on the APCHB began on October 23, 2012.

**BACKGROUND**

The APCHB, as established in regulation, considers appeals of notice of violation citations issued by the AQMD Enforcement Staff and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivisions. The membership is required to include one attorney, one professional engineer registered in Nevada,

one licensed Nevada general engineering or building contractor, and four at-large appointees. Appointments are established by regulation to be three-year periods.

Dr. Cathleen Fitzgerald, DEnv, PE, serves as the Nevada Registered Professional Engineer required by Section 020.025. Dr. Fitzgerald has been on the APCHB since October 22, 2009, and currently serves as the Vice Chair. Her technical skills and familiarity with construction related activities continue to provide a valued perspective especially during appeal proceedings.

Mr. Squire is the owner/operator of ABL Chimney Sweep and a Certified Washoe County Wood Stove Inspector. Mr. Squire has demonstrated knowledge of the regulations, an appreciation of the mission of AQMD, and provides the perspective of a small business owner. With this combination of qualities, he has proven to be a valuable member serving as an at-large appointee.

Ms. Jeanne Rucker, REHS, is a retired Health District employee filling an at-large position and is completing her second 3-year term. Ms. Rucker retired from the Health District as a Supervisor in the Environmental Health Services Division. Her experience brings a strong environmental health background with knowledge of the regulatory and procedural requirements that must be satisfied during enforcement proceedings.

### **FISCAL IMPACT**

As these are voluntary positions, there will be no fiscal impact to the Washoe County Health District associated with the re-appointments.

### **RECOMMENDATION**

Staff recommends the Washoe County District Board of Health re-appoint Dr. Cathleen Fitzgerald, DEnv, PE, and Mr. Gerald Lee Squire, Jr. to the Air Pollution Control Hearing Board for a three-year term serving from September 27, 2018, thru September 27, 2021. Staff further recommends the Board of Health re-appoint Ms. Jeanne Rucker, REHS, to the Air Pollution Control Hearing Board for a three-year term serving from October 24, 2018 thru October 24, 2021.

### **POSSIBLE MOTION**

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

“Move to re-appoint Dr. Cathleen Fitzgerald, DEnv, PE, and Mr. Gerald Lee Squire, Jr. to the Air Pollution Control Hearing Board for a three-year term serving from September 27, 2018, thru September 27, 2021. It further be moved to re-appoint Ms, Jeanne Rucker, REHS, to the Air Pollution Control Hearing Board for a three-year term serving from October 24, 2018 thru October 24, 2021.”

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health  
**FROM:** Charlene Albee, AQM Division Director  
775-784-7211, [calbee@washoecounty.us](mailto:calbee@washoecounty.us)  
**SUBJECT:** Presentation, discussion, and possible approval of the National Emission Standards for Hazardous Air Pollutants (NESHAP) Notification Policy for asbestos related renovation and/or demolition activities.

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**SUMMARY**

The Washoe County District Board of Health (Board) shall adopt written policies and procedures for administering and maintaining its programs, projects, and activities. The purpose of the NESHAP Notification Policy is to establish procedural guidelines for a consistent approach to achieving compliance with the federal NESHAP regulations, 40 CFR Part 61, Subpart M – National Emission Standards for Asbestos.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

The Board adopted the federal NESHAP regulations by reference in the District Board of Health Regulations Governing Air Quality Management, Section 030.105 National Emission Standards for Hazardous Air Pollutants (Amended 9/23/92). The federal NESHAP regulations are implemented through Section 030.107 Hazardous Air Pollutants (Adopted 10/24/90, Revised 5/24/95, 10/25/95).

**BACKGROUND**

As a federally delegated agency, AQMD is responsible for ensuring asbestos related renovation and demolition activities are performed in compliance with federal NESHAP regulations, 40 CFR Part 61, Subpart M – National Emission Standards for Asbestos. The NESHAP regulations establish the information required to be submitted on the notification form and a 10-day notification period to allow for agency review prior to any disturbance of regulated asbestos containing materials. The intent is to establish a line of communication between AQMD staff and the contractors performing the renovation/demolition activities. This provides for a proactive approach with the ultimate goal being the protection of public health during asbestos abatement and demolition activities.

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520  
AQM Office: 775-784-7200 | Fax: 775-784-7225 | [washoecounty.us/health](http://washoecounty.us/health)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



AQMD has noted a significant increase in the number of NESHAP notifications being submitted over the past few years as a result of the economic recovery being experienced throughout the community. In addition to the increased volume, there is also an increase in the sense of urgency to get projects started as soon as possible. With a limited number of licensed asbestos abatement contractors in the area, the sense of urgency, and ever changing community priorities, AQM staff have been tasked with tracking projects that either need to start sooner or are delayed for months. Without a formal policy outlining the procedures to receive, process, and oversee abatement projects, the resulting case-by-case determinations are creating an atmosphere of uncertainty for both staff and customers.

The proposed policy is intended to clarify the requirements for submittal of NESHAP notifications and establish a consistent procedure for oversight of projects that may require revisions. Increasing the transparency of expectations and consistency of procedures will provide a benefit to the regulated industry and AQM staff, while fulfilling the ultimate goal of protecting public health.

### **FISCAL IMPACT**

There should be no fiscal impacts resulting from the Board adopting the NESHAP Notification Policy as the policy will not require any modifications to the existing administrative duties associated with the implementation of the program.

### **RECOMMENDATION**

Staff recommends the District Board of Health approve and adopt the proposed NESHAP Notification Policy for asbestos related renovation and demolition activities.

### **POSSIBLE MOTION**

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

“Move to approve and adopt the proposed NESHAP Notification Policy for asbestos related renovation and demolition activities.”

## **Washoe County Health District – Air Quality Management Division NESHAP Notification Policy**

### **PURPOSE:**

The purpose of this policy is to establish procedural guidelines for the submittal of National Emission Standards for Hazardous Air Pollutants (NESHAP) Notifications for renovation and/or demolition activities.

### **SCOPE:**

As a federally delegated agency, AQMD is responsible for ensuring asbestos related renovation and demolition activities are performed in compliance with federal NESHAP regulations, 40 CFR Part 61, Subpart M – National Emission Standards for Asbestos. The District Board of Health Regulations Governing Air Quality Management adopted 40 CFR Part 61, Subpart M by reference, which is implemented through Section 030.107 Hazardous Air Pollutants, (A) Asbestos Sampling and Notification, (B) Asbestos Control Work Practice and (C) Asbestos Contamination and Abatement.

### **PROCEDURES:**

The following procedures will be implemented in order to establish a consistent approach to achieving the purpose and scope of the policy.

### **NESHAP Notification Submittal**

1. Notifications must be submitted on the NESHAP form provided. Forms must be completed in accordance with the instructions provided and signed by an authorized representative certifying the information provided is correct. Incomplete applications will not be accepted.
2. In accordance with 40 CFR Part 61, Subpart M, 61.145(a)(4), facilities must confirm the applicability of the notifiable limits based on the cumulative total of materials abated during the calendar year.
3. The project notification form is incomplete until AQMD receives the appropriate fee.
4. Notifications must be submitted no later than 10 days prior to beginning the asbestos removal or demolition activity. A waiver of the 10-day notification period may be made for emergency cases, including water,



fire, or other accidental damage, resulting in the displacement of the occupants. Waivers will only be approved by the Permitting & Enforcement Branch Chief or their designee.

5. Facility renovation projects that are scheduled to occur over a twelve (12) month period or longer will be required to submit an annual notification.
6. Revisions to an original Notification must be submitted prior to initiating any identified changes.
  - a. Administrative revisions, including but not limited to abatement contractor, general contractor, waste hauler, and disposal site, must be submitted with the appropriate administrative modification fee.
  - b. Revisions to the quantity of regulated asbestos containing materials (RACM) being removed must be submitted prior to any disturbance of the materials.
    - i. An increase in RACM above the notifiable limits may require an additional fee based on the total quantity of the project.
    - ii. A reduction in the quantity of RACM identified is not eligible for a refund per the Washoe County Health District Refund Policy, adopted by the District Board of Health on February 28, 2013.
  - c. Revised start and finish dates must be provided prior to the dates previously identified. The suspension or postponement of a project, either as a single or phased project, more than 45 days will require a new notification. Fees previously paid will be subject to the refund policy.
7. Notification must be provided in the event a project is cancelled prior to the commencement of renovation or demolition activities. Fees previously paid will be subject to the refund policy.
8. A report of all NESHAP Notifications received by AQMD will be provided to U.S. EPA Region 9 on a quarterly basis.

DHO	<u>  KD  </u>
DA	_____

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health

**FROM:** Anna Heenan, Administrative Health Services Officer  
775-328-2417, aheenan@washoecounty.us

**SUBJECT:** District Board of Health authorization for the Administrative Health Services Officer to sign required certifications related to federal grants to include the annual indirect cost rate proposal, fiscal reports and routine reimbursement requests.

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**SUMMARY**

The Code of Federal Regulations, specifically Title 2 Part 200.415, requires annual and final fiscal reports, vouchers requesting payment and annual indirect cost rate proposals to be signed by an official who is authorized to legally bind the non-Federal entity.

**District Health Strategic Priority supported by this item:**

**6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND**

The District has approximately 30 grants and Interlocal Contracts funded by Federal dollars. On a routine basis established in the grant award, the District is required to submit financial reports and payment requests. The Uniform Guidance at 2 CFR 200.415(a) requires certification language. The District is requesting authorization for the Administrative Health Services Officer to sign these routine reports. Currently the District Health Officer is the only staff person authorized to sign these reports.

**FISCAL IMPACT**

No fiscal impact associated with the approval of this staff report.

**RECOMMENDATION**

Staff recommends that the District Board of Health authorize the Administrative Health Services Officer to sign required certifications related to federal grants to include the annual indirect cost rate proposal, fiscal reports and routine reimbursement requests.

Subject: Authorize AHSO to Sign Grant Certifications

Date: September 27, 2018

Page 2 of 2

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to authorize the Administrative Health Services Officer to sign required certifications related to federal grants to include the annual indirect cost rate proposal, fiscal reports and routine reimbursement requests."

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health

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

**SUBJECT:** Approve Amendment #1 to Interlocal Agreement with University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to increase the number of vasectomy procedures through March 31, 2019.

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**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Award from U.S. Department of Health and Human Services, Public Health Service on September 2, 2018 to support Family Planning Program. The funding period is effective September 1, 2018 and extends through March 31, 2019. The award includes increased funding for vasectomies. This amendment to the Interlocal Agreement will increase the number of vasectomy procedures from up to 15 procedures to up to 24 procedures.

**District Health Strategic Priority supported by this item:**

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

**PREVIOUS ACTION**

The Board approved the Interlocal Agreement with MSAN to provide vasectomies on August 27, 2017.

**BACKGROUND**

The Health District has had an Interlocal Agreement with MSAN to provide vasectomies for referred clients for many years. The Family Planning Program, in striving to serve more male clients, requested additional funding in their Title X Family Planning Grant this cycle. The award was received and is being presented to the Board at today's meeting.

**FISCAL IMPACT**

The FY19 budget in Internal Order #11304 was adopted with sufficient expenditure authority; therefore, no budget amendment is necessary.

Subject: Amendment #1 to Interlocal Agreement with MSAN  
Date: September 27, 2018  
Page 2 of 2

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve Amendment #1 to Interlocal Agreement with University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to increase the number of vasectomy procedures through March 31, 2019.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Amendment #1 to Interlocal Agreement with University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to increase the number of vasectomy procedures through March 31, 2019."

AMENDMENT #1 TO INTERLOCAL AGREEMENT

Between Washoe County Health District  
And  
University of Nevada, Reno School of Medicine  
Multi-Specialty Group Practice North, INC.,  
dba MEDSchool Associates North (MSAN)

**THIS AMENDMENT #1 TO THE ORIGINAL AGREEMENT** dated August 24, 2017 is made effective September 27, 2018 and amends the agreement by amending the following provisions:

- A. MSAN agrees to:
  - 1. Provide up to twenty four (24) vasectomy procedures within the District's grant year, which runs April 1, 2018 to March 31, 2019 for patients referred from the District.
  
- B. The District agrees to:
  - 1. Reimburse MSAN in the amount of \$452.00 per completed vasectomy up to a maximum of \$10,848.00 annually.

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

DISTRICT BOARD OF HEALTH

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

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

University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc. and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDShool Associates North

By: \_\_\_\_\_  
Thomas L. Schwenk, MD  
Vice President Division of Health Sciences  
Dean, School of Medicine  
President, Integrated Clinical Services, Inc.

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

ATTACHMENT A

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, hereinafter referred to as "MSAN."

WHEREAS, the District administers Title X funding to provide male sterilization to clients without insurance or sufficient funding to cover the cost of the procedure; and

WHEREAS, MSAN desires to provide male sterilization procedures through the University of Nevada, Reno School of Medicine Family Medicine Center;

NOW THEREFORE, in view of their complementary goals, the parties wish to enter into this agreement to decrease the rate of unintended pregnancy in Washoe County.

MSAN agrees to:

1. Provide up to fifteen (15) vasectomy procedures within the District's grant year, which runs April 1 to March 30, for patients referred from the District.
2. Assume all responsibility for maintaining patient records.
3. Ensure that each patient receives a pre-surgery physical exam, a signed consent for the procedure, the surgical procedure, post-operative semen analysis and any additional treatment necessary to ensure the efficacy of the procedure.
4. Complete the Consent for Sterilization Physician's statement and return to District with request of payment (See attached).
5. Bill the Health District monthly after providing services to pre-authorized patients.
6. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to blood-borne pathogens, tuberculosis, and professional licensure.
7. Provide the District access to the University of Nevada, Reno School of Medicine Family Medicine Center records if requested, to verify services.

The District agrees to:

1. Advertise the availability of subsidized male sterilization to HAWC, Planned Parenthood, Washoe Pregnancy Center, and District Family Planning patients.
2. Conduct a patient assessment to assist with determining an authorized referral. Priority for services is given to low-income males and those who are un/under insured, medically indigent or have no other resources for health care.
3. Notify MSAN of the pre-authorized patient's name using a process agreed upon by both parties.
4. The District will complete the Consent to Sterilization, Statement of Person Obtaining Consent and the Interpreter Statement (if indicated) and provide a copy to MSAN so they may complete the Physician's Statement as indicated above (See attached).
5. Reimburse MSAN in the amount of \$452.00 per completed vasectomy up to a maximum of \$6,780.00 annually.
6. Provide no payment in advance of services. Payment is due within 30 days. Payments are to be mailed to the following address:  
MEDSchool Associates North  
Nelson Building – MS 0353  
Attn: Accounts Receivable  
401 West Second Street, Suite 237  
Reno, NV 89503-5353

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d (“HIPAA”) and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as “HIPAA Requirements,” including the Health Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 agrees to indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

CONTRACT TERM. This Contract shall be effective July 1, 2017, through June 30, 2018 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District or MSAN to terminate the Agreement as provided below.

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



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

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

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

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

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

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

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

Notices to MSAN shall be addressed to:


Gail Smith, Director of Contracting  
UNRMED  
1664 N. Virginia Street  
M/S 0332 – Pennington Bldg. # 231  
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

Kevin Dick, District Health Officer  
Washoe County Health District  
P. O. Box 11130  
Reno NV 89520-0027

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

DISTRICT BOARD OF HEALTH

By:   
Kitty Jung, Chairman

Date: 8/24/2017

University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North

By: 

Date: 8/24/17

Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine  
President, Integrated Clinical Services, Inc.

### CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

#### ■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from \_\_\_\_\_ . When I first asked \_\_\_\_\_  
Doctor or Clinic  
for the information, I was told that the decision to be sterilized is completely up to me. I was told that if I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a \_\_\_\_\_ . The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: \_\_\_\_\_ Date  
I, \_\_\_\_\_, hereby consent of my own free will to be sterilized by \_\_\_\_\_  
Doctor or Clinic  
by a method called \_\_\_\_\_ . My  
Specify Type of Operation

consent expires 180 days from the date of my signature below.  
I also consent to the release of this form and other medical records about the operation to:  
Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.  
I have received a copy of this form.

\_\_\_\_\_  
Signature Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)  
Ethnicity: \_\_\_\_\_  
Race (mark one or more):  
 Hispanic or Latino  American Indian or Alaska Native  
 Not Hispanic or Latino  Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

#### ■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:  
I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_  
language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

\_\_\_\_\_  
Interpreter's Signature Date

HHS-687 (10/12)

#### ■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before \_\_\_\_\_ signed the  
Name of Individual  
consent form, I explained to him/her the nature of sterilization operation \_\_\_\_\_ , the fact that it is  
Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

\_\_\_\_\_  
Signature of Person Obtaining Consent Date  
\_\_\_\_\_  
Facility  
\_\_\_\_\_  
Address

#### ■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon \_\_\_\_\_ on \_\_\_\_\_  
Name of Individual Date of Sterilization  
I explained to him/her the nature of the sterilization operation \_\_\_\_\_ , the fact that it is  
Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)  
(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.  
(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

Premature delivery  
Individual's expected date of delivery: \_\_\_\_\_  
 Emergency abdominal surgery (describe circumstances): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health

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

**SUBJECT:** Recommendation for the Board to uphold an unappealed citation issued to Turquoise Solar, Case No. 1204, Notice of Violation No. 5672, with a \$4370.00 negotiated fine.

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**SUMMARY**

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5672 be **upheld** and a fine of **\$4,370.00** be levied against Turquoise Solar Project for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. Failing to obtain a Dust Control Permit prior to commencement of a dust generating activity is a minor violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C.3 Dust Control Permit Requirements.

**District Health Strategic Priority supported by this item:**

**2. Healthy Environment** – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

No previous actions.

**BACKGROUND**

On August 23, 2018, Air Quality Specialist (AQS) Suzanne Dugger was on routine patrol completing dust control permit inspections along the Interstate 80 corridor, east of Sparks, Nevada. During an inspection associated with the Apple facility, she observed a large area of disturbed soil and fugitive dust northeast of the Apple facility. Upon further investigation, AQS Dugger observed a large area that had undergone mass grading associated with road and infrastructure development as part of a solar energy project titled Turquoise Solar Project. She proceeded to meet with Jeremy Teresinski, Project Manager with RES Group, to discuss the project and requested to see a copy of the Dust Control Permit associated with the project. Mr. Teresinski stated that a Dust Control Permit was never obtained for the project. AQS Dugger explained that all dust generating activities at the project were to cease until a Dust Control Permit was obtained for the Turquoise Solar Project. AQS Dugger then documented the disturbed soil with photographs.

On the same date, AQS Dugger issued Notice of Violation Citation (NOV) No. 5672 to Turquoise Solar for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. Mr. Teresinski understood the violation and the conditions of the NOV and signed NOV No. 5672.

On August 30, 2018, Senior Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQS Dugger and Mr. Teresinski regarding NOV No. 5672. Senior AQS Restori explained to Mr. Teresinski that Turquoise Solar was issued NOV No. 5672 per Section 040.030 C.3 for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. Sr. AQS Restori explained that any dust generating activity in Washoe County, which includes construction activity, disturbing one acre or more of land, requires a Dust Control Permit prior to commencement of the dust generating activity. Mr. Teresinski acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on August 30, 2018.

### **FISCAL IMPACT**

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

### **RECOMMENDATION**

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5672, Case No. 1204, and levy a fine in the amount of **\$4,370.00** as a negotiated settlement for a **minor violation**.

### **ALTERNATIVE**

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

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5672.
- Or
2. The Board may determine to uphold Notice of Violation Citation No. 5672 and levy any fine in the range of \$0 to \$10,000 per day per violation.

### **POSSIBLE MOTION(S)**

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

1. "Move to uphold Citation No. 5672, Case No. 1204, as recommended by Staff."
- Or
2. "Move to uphold Citation No. 5672, Case No. 1204, and levy a fine in the amount of *(range of \$0 to \$10,000)* per day for each violation, with the matter being continued to the next meeting to allow for Turquoise Solar Project to be properly noticed."



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

WCMPI8



**NOTICE OF VIOLATION**

NOV 5672

DATE ISSUED: 8-23-2018

ISSUED TO: TURQUOISE SOLAR PHONE #: 415-254-3419

MAILING ADDRESS: 300 MADISON AVE CITY/ST: NEW YORK, NY ZIP: 10017

NAME/OPERATOR: RES AMERICA CONSTRUCTION PHONE #: 519-777-7492

COMPLAINT NO. WCMPI8-02230

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 8-23-2018 (DATE) AT 2:45 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: OPERATING WITHOUT A DUST CONTROL PERMIT  
040.030 SECTION C. 3 DUST CONTROL PERMIT REQUIREMENTS  
CURRENTLY 28.61 ACRES OPEN.

LOCATION OF VIOLATION: 21905 RENO TECHNOLOGY PARKWAY EAST RENO, 89510

POINT OF OBSERVATION: ON SITE - TURQUOISE SOLAR JOB SITE.

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: \_\_\_\_\_  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 8-23-2018 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 HRS. hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: [Signature] Date: 08/23/2018

Issued by: [Signature] Title: AQS

**PETITION FOR APPEAL FORM PROVIDED**

**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

Date: August 30, 2018

Company Name: Turquoise Solar Project

Address: 300 Madison Avenue New York, NY 10017

Notice of Violation # 5672 Case # 1204

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: Section 040.030 C. 1. Dust Control Permit Requirements: Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 4370.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on September 27, 2018.

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

[Signature]  
Signature of Company Representative

Joerny Teresinski  
Print Name

Project Manager  
Title

\_\_\_\_\_  
Witness

[Signature]  
Signature of District Representative

Joshua C. Restori  
Print Name

Sr Air Quality Specialist  
Title

[Signature]  
Witness

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

Company Name Turquoise Solar  
Contact Name Jill Daniel

Case 1204    NOV 5672    WVIO-AQM 18-0008

I. Violation of Section 040.030 Section C. 3., Dust Control Permit Requirements

**I. Recommended/Negotiated Fine** = \$ 4370

II. Violation of Section 0

**II. Recommended/Negotiated Fine** = \$ 0

III. Violation of Section 0

**III. Recommended/Negotiated Fine** = \$ 0

IV. Violation of Section 0

**IV. Recommended/Negotiated Fine** = \$ 0


V. Violation of Section 0

**V. Recommended/Negotiated Fine** = \$ 0

**Total Recommended/Negotiated Fine** = \$ 4370

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

8-30-2018  
\_\_\_\_\_  
Date

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

8-30-18  
\_\_\_\_\_  
Date



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

Company Name Turquoise Solar  
Contact Name Jill Daniel

Case 1204 NOV 5672 WVIO-AQM 18-0008

Violation of Section 040.030 Section C. 3., Dust Control Permit Requirements

**I. Base Penalty as specified in the Penalty Table** = \$ 2,450.00

**II. Severity of Violation**

**A. Public Health Impact**

**1. Degree of Violation**

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

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

**Comment:** Violation of 040.030 Section C Constitutes a Minor Violation per 020.040. Section C

**2. Toxicity of Release**

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

**Comment:** PM 10 is considered a criteria pollutant

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

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

**Comment:** Location of site is rural

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

**B. Adjusted Base Penalty**

Base Penalty \$ 2450.00 x Adjustment Factor 0.5 = \$ 1225.00

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

Adjusted Penalty \$ 1225.00 x Number of Days or Units 1 = \$ 1225.00

**Comment:** One dust control permit

**D. Economic Benefit**

Avoided Costs \$ \$6,726.00 + Delayed Costs \$ 0.00 = \$ 6726

**Comment:** Cost to obtain a dust control permit for 29 acres of disturbance.

**Penalty Subtotal**

Adjusted Base Penalty \$ 1225.00 + Economic Benefit \$ 6726.00 = \$ 7951.00

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

**III. Penalty Adjustment Consideration**

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

**B. Mitigating Factors** (0 – 25%) - 10%

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

**Comment** Negotiated Settlement

**C. Compliance History**

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

**Comment** No previous violations

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

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

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

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

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

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

**Total Penalty Adjustment Factors** – sum of A, B, & C -45%

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:

<u>\$ 7951.00</u>	x	<u>-45%</u>	=	<u>-3577.95</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ \_\_\_\_\_

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

Adjusted Penalty:

<u>\$ 7951.00</u>	+/-	<u>\$ -3577.95</u>	=	<u>\$ 4370</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

*Syanne Suggs*  
Air Quality Specialist

8-30-2018  
Date

*JCP*  
Senior AQ Specialist/Supervisor

8-30-18  
Date

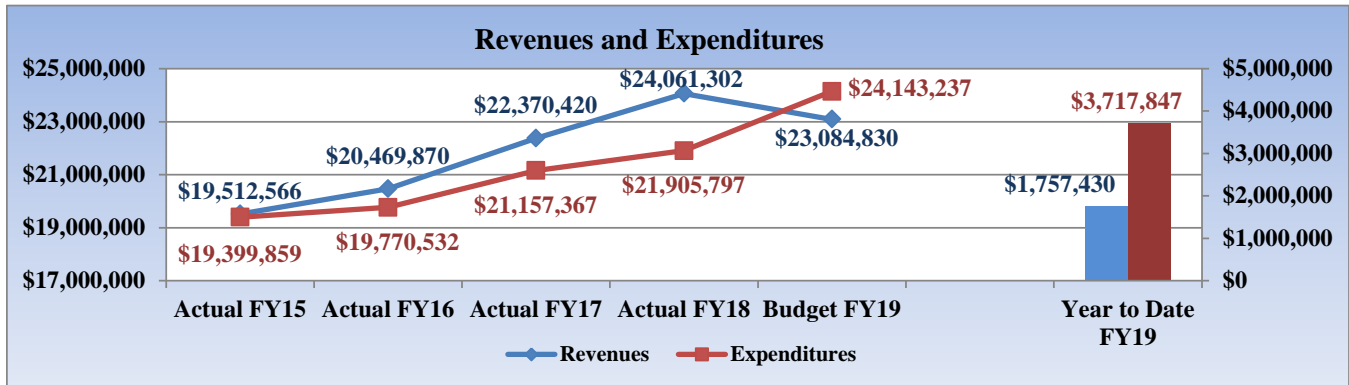
DD	NA	___
DHO	___	KS
DA	NA	___
Risk	NA	___

**STAFF REPORT**  
**BOARD MEETING DATE: September 27, 2018**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2019

**SUMMARY**

The second month of fiscal year 2019 (FY19) ended with a cash balance of \$4,758,445. Total revenues were \$1,757,430 or 7.6% of budget and a decrease of \$1,322,895 over FY18. The decline in revenue is due to the July and August transfer from the County General Fund delayed until September to assist the County with cash flow issues until the receipt of property tax revenues, excluding the General Fund transfer the revenues were up \$263,248 over FY18. The expenditures totaled \$3,717,847 or 15.4% of budget and down \$228,184 over FY18.



**District Health Strategic Priority supported by this item:**

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

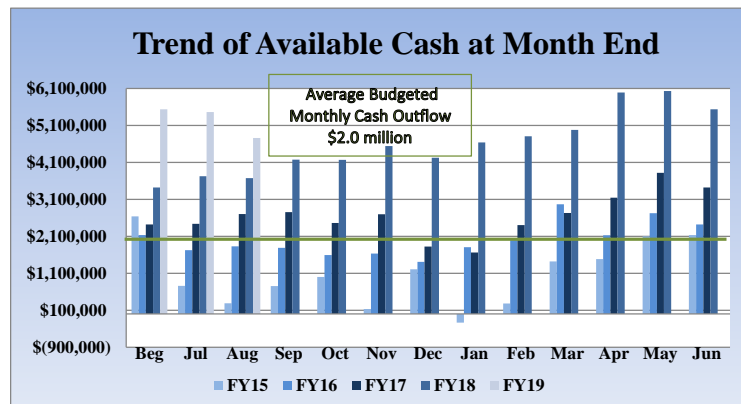
**PREVIOUS ACTION**

Fiscal Year 2019 Budget was adopted May 22, 2018.

**BACKGROUND**

**Review of Cash**

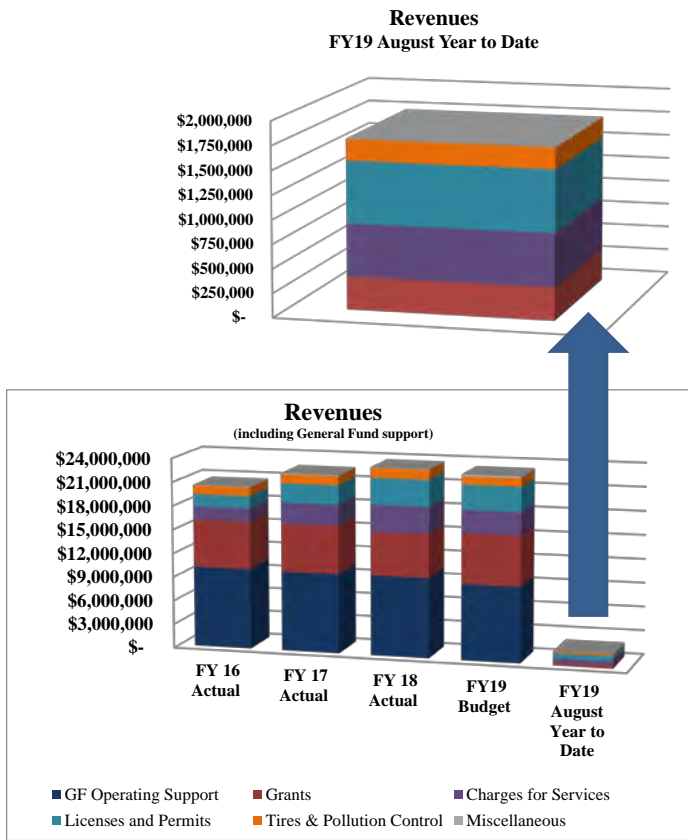
The available cash at the end of August, FY19, was \$4,758,445 which is enough to cover approximately 2.4 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.1 million; the cash restricted as to use is approximately \$1.1 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$2.6 million.



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

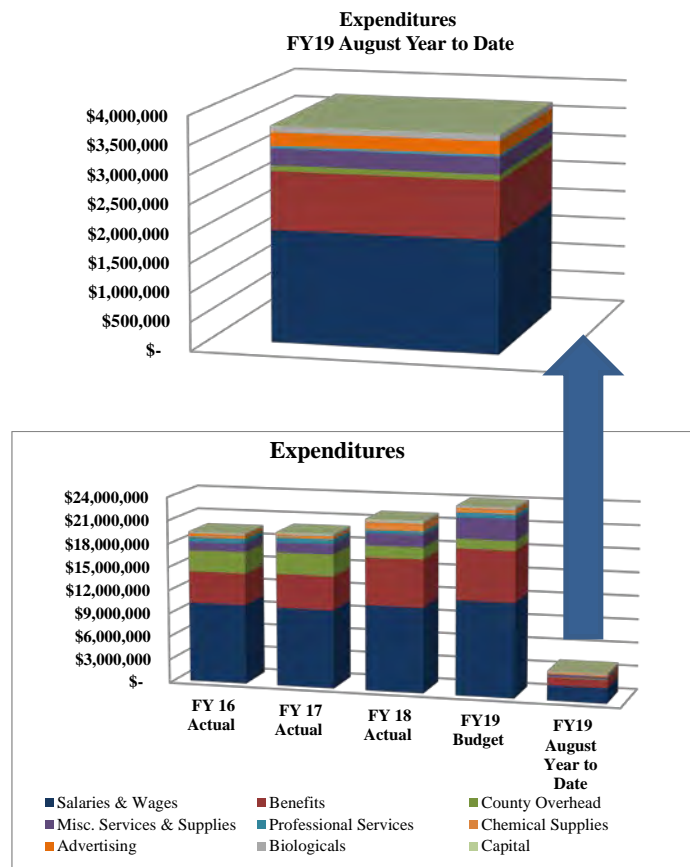


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$1,757,430 down \$1,322,895 or 42.9% compared to August FY18. All revenue categories except for the County General Fund support and miscellaneous revenues were up over FY18. The licenses and permits of \$644,284 up \$82,042 or 14.6%; Federal and State grants of \$338,944 were up \$109,976 or 48.0%; tire and pollution control funding of \$222,073 were up \$3,520 or 1.6%; and charges for services of \$551,231 were up \$69,265 or 14.4%. Miscellaneous revenues of \$899 were down \$1,554 or 63.3%. The monthly County General Fund support of \$793,071 was deferred until September to assist the County with cash flow issues due to the timing of the property tax collections.

The total year to date **expenditures** of \$3,717,847 decreased by \$228,184 or 5.8% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$2,945,638 up \$106,690 or 3.8% over the prior year and 15.8% of budget. The total services and supplies of \$765,866 down \$334,873 or 30.4% compared to FY18 and 14.3% of budget. The main reason for the decline is a reduction in chemical supplies not required in FY19 due to sufficient inventory. The major expenditures included in the services and supplies were; the professional services, which totaled \$39,063 up \$27,462 over FY18; chemical supplies of \$230,977 down \$356,040 or 60.7%; the biologicals of \$94,050, were up \$41,432; and, County overhead charges of \$101,507 were down \$151,930 or 59.9% mainly due to the delay in August overhead charges until next month. There has been \$6,344 in capital expenditures.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$195,417 up \$50,026 or 34.4% over FY18 mainly due to the installation of staff badge reader access into the main conference rooms for safety and security and replacement of Health District furniture that was well beyond its useful life thus requiring replacement.

**AHS** has spent \$185,755 down \$3,423 or 1.8% compared to FY18 mainly due to a decline in utilities and a delay until September of the August overhead charges.

**AQM** revenues were \$556,109 up \$176,179 or 46.4% with the largest year over year increase in the Air Quality dust plans and the timing of the federal grant reimbursements. The Division spent \$493,212 up \$52,520 or 11.9% over FY18 due to an employee retirement payout for the accrued vacation and filling vacant positions.

**CCHS** revenues were \$298,153 up \$2,380 over FY18 and spent \$1,175,498 or \$22,087 less than FY18 due to salary savings due to vacancies in FY19.

**EHS** revenues were \$771,667 up \$68,867 over FY18 mainly in food service permits. EHS spent \$1,263,721 a decline of \$309,016 over last year due to an inventory of chemical supplies in the Vector program allowing for a chemical supply expenditure reduction compared to FY18.

**EPHP** revenues were \$131,501 up \$17,376 over last year and spent \$404,242 up \$3,794 over FY18 with the majority of that due to temporary help in the Epidemiology program to assist during the recruitment of a vacant position.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2014/2015 through August Year to Date Fiscal Year 2018/2019 (FY19)									
	Actual Fiscal Year			Fiscal Year 2017/2018		Fiscal Year 2018/2019			
	2014/2015	2015/2016	2016/2017	Actual Year End (unaudited)	August Year to Date	Adjusted Budget	August Year to Date	Percent of Budget	FY19 Increase over FY18
<b>Revenues (all sources of funds)</b>									
ODHO	-	15,000	51,228	3,365	1,554	-	-	-	-100.0%
AHS	151	-	-	-	-	-	-	-	-
AQM	2,427,471	2,520,452	2,979,720	3,543,340	379,930	3,086,133	556,109	18.0%	46.4%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	295,773	4,200,937	298,153	7.1%	0.8%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	702,801	4,133,467	771,667	18.7%	9.8%
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	114,125	2,147,437	131,501	6.1%	15.2%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	1,586,143	9,516,856	-	0.0%	-100.0%
<b>Total Revenues</b>	<b>\$ 19,512,566</b>	<b>\$ 20,469,870</b>	<b>\$ 22,370,420</b>	<b>\$ 24,061,303</b>	<b>\$ 3,080,325</b>	<b>\$ 23,084,830</b>	<b>\$ 1,757,430</b>	<b>7.6%</b>	<b>-42.9%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	481,886	594,672	904,268	826,325	145,391	1,385,550	195,417	14.1%	34.4%
AHS	1,096,568	996,021	1,119,366	1,016,660	189,178	1,156,532	185,755	16.1%	-1.8%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	440,692	3,596,040	493,212	13.7%	11.9%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	1,197,585	7,894,320	1,175,498	14.9%	-1.8%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	1,572,737	7,161,454	1,263,721	17.6%	-19.6%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	400,448	2,949,341	404,242	13.7%	0.9%
<b>Total Expenditures</b>	<b>\$ 19,399,859</b>	<b>\$ 19,770,532</b>	<b>\$ 21,157,367</b>	<b>\$ 21,905,797</b>	<b>\$ 3,946,031</b>	<b>\$ 24,143,237</b>	<b>\$ 3,717,847</b>	<b>15.4%</b>	<b>-5.8%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(143,837)	(1,385,550)	(195,417)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(189,178)	(1,156,532)	(185,755)		
AQM	(159,725)	(150,184)	122,763	607,078	(60,762)	(509,907)	62,897		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(901,812)	(3,693,383)	(877,345)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(869,937)	(3,027,987)	(492,054)		
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(286,323)	(801,904)	(272,741)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	1,586,143	9,516,856	-		
<b>Surplus (deficit)</b>	<b>\$ 112,707</b>	<b>\$ 699,338</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ (865,706)</b>	<b>\$ (1,058,407)</b>	<b>\$ (1,960,417)</b>		
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402		\$ 5,277,995			
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%		21.9%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

**FISCAL IMPACT**

No fiscal impact associated with the acknowledgement of this staff report.

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for August, Fiscal Year 2019.

**POSSIBLE MOTION**

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

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 2 2019  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
422503 Environ Permits	79,727-	13,420-	66,308-	17	79,990-	16,030-	63,960-	20
422504 Pool Permits	263,625-	28,804-	234,821-	11	245,334-	27,914-	217,421-	11
422505 RV Permits	31,139-	5,682-	25,457-	18	25,783-	6,282-	19,501-	24
422507 Food Serv Permits	1,374,436-	274,504-	1,099,933-	20	1,263,372-	198,538-	1,064,834-	16
422508 Wat Well Const Per	173,167-	26,656-	146,511-	15	146,747-	30,034-	116,713-	20
422509 Water Co Permits	34,456-	16,354-	18,102-	47	29,941-	17,745-	12,196-	59
422510 Air Poi Permits	622,898-	128,102-	494,797-	21	766,406-	133,961-	632,446-	17
422511 ISDS Permits	255,177-	61,031-	194,146-	24	234,031-	55,111-	178,920-	24
422513 Special Event Perm	170,067-	66,544-	103,523-	39	208,827-	60,305-	148,522-	29
422514 Initial Applic Fee	85,526-	23,188-	62,338-	27	104,711-	16,323-	88,388-	16
* Licenses and Permits	3,090,218-	644,284-	2,445,935-	21	3,105,142-	562,242-	2,542,900-	18
431100 Federal Grants	5,435,756-	300,232-	5,135,524-	6	5,340,594-	205,587-	5,135,007-	4
431105 Fed. Grants-Indire	488,253-	25,454-	462,799-	5	472,592-	17,757-	454,835-	4
432100 State Grants	371,240-	12,107-	359,133-	3	373,951-	5,010-	368,941-	1
432105 State Grants-Indir	18,160-	1,150-	17,010-	6	17,396-	614-	16,782-	4
432310 Tire Fee 444A.090	450,000-	128,396-	321,604-	29	450,000-	128,906-	321,094-	29
432311 Pol Ctr 445B.830	587,828-	93,677-	494,151-	16	587,828-	89,647-	498,181-	15
* Intergovernmental	7,351,237-	561,016-	6,790,220-	8	7,242,361-	447,521-	6,794,840-	6
460162 Services O Agencie	10,000-		10,000-		19,000-		19,000-	
460173 Reimb Reno								
460500 Other Immunization	60,000-	17,273-	42,727-	29	20,000-	13,824-	6,176-	69
460501 Medicaid Clinic Sv	175,500-	23,534-	151,966-	13	85,500-	38,998-	46,502-	46
460503 Child Immunization					200-	6-	195-	3
460508 Tuberculosis	6,000-	908-	5,092-	15	6,580-	2,151-	4,429-	33
460509 Water Quality	500-		500-		500-		500-	
460510 IT Overlay	60,672-	25-	60,647-	0	48,435-	1,206-	47,230-	2
460511 Birth Death Certif	515,000-	93,169-	421,831-	18	515,000-	86,610-	428,390-	17
460512 Duplication Servic					75,753-	28,185-	47,568-	37
460513 Other Health Servi	97,571-	29,023-	68,548-	30				
460514 Food Service Certi								
460515 Medicare Reimburse								
460516 Fgm Inc-3rd Prty R	185,500-	39,889-	145,611-	22	66,000-	43,834-	22,166-	66
460517 Influenza immuniza								
460518 STD Fees	35,000-	5,995-	29,005-	17	25,000-	7,825-	17,175-	31
460519 Outpatient Servic					500-	962-	462-	192
460520 Eng Serv Health	203,040-	32,834-	170,206-	16	168,844-	42,647-	126,197-	25
460521 Plan Review - Pool	6,008-	6,008-			1,179-	1,694-	515-	144
460523 Plan Review - Food	87,098-	7,997-	79,101-	9	81,584-	10,858-	70,726-	13
460524 Family Planning	50,000-	16,345-	33,655-	33	40,000-	11,269-	28,731-	28
460525 Plan Review - Vect	102,964-	3,038-	99,926-	3	99,179-	17,421-	81,758-	18
460526 Plan Review-AQM	95,210-	19,691-	75,519-	21	122,695-	11,782-	110,913-	10
460527 NOE-AQM	273,074-	56,417-	216,657-	21	238,433-	33,162-	205,271-	14
460528 NESHAP-AQM	221,452-	47,401-	174,051-	21	225,847-	20,137-	205,710-	9

Period: 1 thru 2 2019 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
460529 Assessments-AQM	111,765-	23,349-	88,416-	21	106,866-	23,166-	83,700-	22
460530 Inspector Registr-	4,175-		4,175-		6,750-		6,750-	
460531 Dust Plan-AQM	362,521-	118,825-	243,696-	33	334,771-	59,006-	275,765-	18
460532 Plan Rvw Hotel/Not						2,826-	2,826	
460534 Child Care Inspect	22,470-	6,178-	16,292-	27	21,169-	5,862-	15,307-	28
460535 Pub Accomod Inspec	28,380-	9,307-	19,073-	33	46,666-	8,931-	37,735-	19
460570 Education Revenue								
460723 Other Fees	193,032-	32-	193,000-	0	197,528-	9,604-	187,924-	5
* Charges for Services	2,906,932-	551,231-	2,355,701-	19	2,553,979-	481,966-	2,072,013-	19
481150 Interest-Non Poole		3-						
484000 Donation,Contrib		10-			5,000-		5,000-	
484050 Donation Fed Pgm I	6,500-	886-	5,614-	14	16,050-	2,100-	13,950-	13
484197 Non-Gov. Grants-In	14,804-		14,804-		14,428-		14,428-	
485100 Reimbursements	48,283-		48,283-		46,084-		46,084-	
485300 Other Misc Govt Re	150,000-		150,000-					
* Miscellaneous	219,587-	899-	218,688-	0	81,562-	2,453-	79,109-	3
** Revenue	13,567,974-	1,757,430-	11,810,543-	13	12,983,044-	1,494,182-	11,488,862-	12
701110 Base Salaries	10,495,306	1,683,850	8,811,456	16	10,324,398	1,674,375	8,650,023	16
701120 Part Time	302,258	49,843	252,416	16	230,388	45,313	185,075	20
701130 Pooled Positions	515,406	94,364	421,042	18	419,740	100,492	319,249	24
701140 Holiday Work	4,319	32	4,287	1	4,319	71	4,247	2
701150 xcContractual Wage								
701199 Lab Cost Sav-Wages	166,100	967	165,133	1	164,408		164,408	
701200 Incentive Longevit	114,569	28,647	85,922	25	68,241	8,717	59,524	13
701300 Overtime	300	85	215	28	300	91	209	30
701403 Shift Differential	38,000	5,406	32,594	14	38,000	5,389	32,611	14
701406 Standby Pay	5,000	363	4,637	7	5,000	124	4,876	2
701410 Detective Pay								
701412 Salary Adjustment	362,952	65,707	362,952	88	100,893	184	100,893	0
701413 Vac Payoff Sick Te	74,256		8,549		73,676		73,492	
701414 Vac Denied-Payoff					1,101		1,101	
701417 Comp Time					2,069	4	2,065	0
701419 Comp Time - Transf	9,785	10,458	672-	107	7,194		7,194	
701500 Merit Awards								
* Salaries and Wages	12,088,250	1,939,720	10,148,530	16	11,439,728	1,834,761	9,604,968	16
705110 Group Insurance	1,643,058	257,261	1,385,798	16	1,648,117	260,255	1,387,862	16
705115 ER HSA Contribs	88,000	2,857	85,143	3	66,000	846	65,154	1
705190 OPEB Contribution	1,286,542	214,424	1,072,118	17	1,305,189	217,531	1,087,657	17
705199 Lab Cost Sav-Benef								
705210 Retirement	3,069,829	487,033	2,582,796	16	3,001,406	482,760	2,518,647	16
705215 Retirement Calc								
705230 Medicare Apr 86	151,817	26,811	125,005	18	148,683	25,244	123,439	17



Period: 1 thru 2 2019 Fund: 202 Health Fund  
 Accounts: GO-P-L F&L Accounts Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705240 Insur Budgeted Inc	48,610		48,610		48,610		48,610	
705320 Workmens Comp	100,432	16,930	83,502	17	97,901	16,804	81,097	17
705330 Unemploy Comp	9,755	602	9,153	6	10,298	747	9,551	7
705360 Benefit Adjustment	167,765		167,765		28,461		28,461	
* Employee Benefits	6,565,808	1,005,918	5,559,889	15	6,354,665	1,004,188	5,350,477	16
710100 Prof Services	476,463	17,252	459,211	4	460,662	4,818	455,844	1
710105 Medical Services	10,721	3,606	7,115	34	9,121	756	8,365	8
710108 MD Consultants	58,936	4,237	54,699	7	58,936	725	58,211	1
710110 Contracted/Temp Sv	51,503	13,969	37,534	27	53,610	5,302	48,308	10
710119 Subrecipient Payme								
710155 Lobbying Services	600		600					
710200 Service Contract	83,962	2,693	81,269	3	61,929	23,458	38,470	38
710201 Laundry Services	650	247	403	38	309	309	309	
710205 Repairs Maint	9,645	1,200	8,445	12	13,645	4,593	9,052	34
710210 Software Maintenan	3,000		3,000		3,000		3,000	
710300 Operating Supplies	186,952	13,075	173,877	7	151,280	12,753	138,527	8
710302 Small Tools & Allo	1,435	43	1,392	3	1,435		1,435	
710308 Animal Supplies	1,600	880	720	55	1,600	755	845	47
710312 Special Dept Expen								
710319 Chemical Supplies	392,700	230,977	161,723	59	767,535	587,017	180,518	76
710323 Asphalt	16,000		16,000					
710325 Signs and Markers								
710334 Copy Mach Exp	23,746	1,156	22,590	5	26,066	3,254	22,813	12
710335 Copy Mach-Copies	7,251		7,251		4,044	785	3,259	19
710350 Office Supplies	58,396	7,254	51,142	12	36,698	3,756	32,942	10
710355 Books/Subscriptio	8,140	657	7,483	8	8,145	900	7,245	11
710360 Postage	16,155	1,569	14,586	10	19,260	7	19,260	7
710361 Express Courier	100		100		100		94	
710391 Fuel & Lube	125		125		125		125	
710400 Fmts to O Agencies	241,451	17,111	224,340	7	140,650	1,720	138,930	1
710412 Do Not Use								
710500 Other Expense	108,579	2,168	106,411	2	31,606	122	31,484	0
710502 Printing	29,305	1,268	28,037	4	29,343		29,343	
710503 Licenses & Permits	8,345	1,635	6,710	20	8,345	904	7,441	11
710504 Registration		100	100					
710505 Rental Equipment	200		200					
710506 Dept Insdeductible		150	150			150	150	
710507 Network/Data Lines	7,140	471	6,669	7	9,050	1,520	7,530	17
710508 Telephone Land Lin	35,942	5,651	30,291	16	35,611	5,635	29,976	16
710509 Seminars Meeting	61,618	3,552	58,066	6	43,748	3,553	40,195	8
710512 Auto Expense	10,594	787	9,807	7	10,415	973	9,442	9
710514 Reg Assessments	20,000		20,000		20,000	4,962	15,038	25
710519 Cellular Phone	14,697	1,236	13,461	8	14,821	985	13,836	7

Period: 1 thru 2 2019  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
710529 Dues	21,555	1,000	20,555	5	32,129	1,412	30,717	4
710535 Credit Card Fees	51,457	12,070	39,387	23	51,157	10,950	40,207	21
710546 Advertising	140,405	7,606	132,799	5	173,119	5,020	168,099	3
710551 Cash Discounts Los		1	1-			6	6-	
710563 Recruitment						771	771-	
710571 Safety Expense	56,279	9,660	46,619	17	57,891		57,891	1
710577 Uniforms & Special	2,700	768	1,932	28	4,200	56	4,144	
710585 Undesig Budget	643,923		643,923		794,954		794,954	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office	75,813	12,768	63,045	17	76,607	12,768	63,839	17
710620 LT Lease-Equipment								
710703 Biologicals	302,540	94,050	208,490	31	282,612	52,618	229,995	19
710714 Referral Services	6,780	4,068	2,712	60	6,780		6,780	
710721 Outpatient	94,259	2,297	91,962	2	124,693	6,109	118,584	5
710872 Food Purchases	3,244	425	2,819	13	2,744	38	2,706	1
711008 Combined Utilities	71,118	11,853	59,265	17	90,800	15,133	75,667	17
711010 Utilities								
711100 ESD Asset Mgmt	50,274	8,294	41,981	16	40,091	7,056	33,035	18
711113 Equip Srv Replace	60,891	7,846	53,046	13	55,159	6,824	48,334	12
711114 Equip Srv O & M	61,103	10,547	50,556	17	64,486	13,291	51,195	21
711115 Equip Srv Motor Po	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	31,839	6,460	25,378	20	27,852	5,961	21,891	21
711119 Prop & Liab Billin	82,007	13,668	68,339	17	82,007	13,668	68,339	17
711210 Travel	172,387	20,655	151,733	12	172,135	16,601	155,534	10
711213 Travel-Non Crty Pe	2,500	1,706	794	68		1,944	1,944-	
711300 Cash Over Short		16	16-					
711399 ProCard in Process		101,507	1,116,573	8	1,520,621	253,437	1,267,184	17
711400 Overhead - GenFund	1,218,080							
711410 Overhead - Admin								
711504 Equipment nonCapit	123,500	52,933	70,567	43	83,270	6,915	76,355	8
711508 Computers nonCapit	57,356	971	56,385	2	20,000		20,000	
711509 Comp Sftw nonCap	4,281	542	3,739	13	2,631	123	2,508	5
* Services and Supplies	5,291,056	714,651	4,576,405	14	5,797,533	1,100,739	4,696,794	19
781004 Equipment Capital	100,000		100,000		100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000	6,344	18,657	25	25,000	6,344	18,657	25
** Capital Outlay	125,000	6,344	118,657	5	125,000	6,344	118,657	5
** Expenses	24,070,114	3,666,633	20,403,481	15	23,716,926	3,946,031	19,770,895	17
* 621001 TF General	9,516,856-		9,516,856-		10,051,691-		8,465,548-	
* Transfers In	9,516,856-		9,516,856-		10,051,691-		8,465,548-	
812230 To Reg Permits-230	73,123	51,215	21,908	70	100,271	1,586,143-	8,465,548-	16
814430 To Reg Permits Cap						1,586,143-	100,271	16

Period: 1 thru 2 2019 P&L Accounts 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	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
* Transfers Out	73,123	51,215	21,908	70	100,271	100,271	100,271	
** Other Financing Src/Use	9,443,733-	51,215	9,494,948-	1-	9,951,420-	1,586,143-	8,365,277-	16
*** Total	1,058,407	1,960,417	902,010-	185	782,463	865,706	83,243-	111

DD	RT	—
DHO	—	—

**Staff Report**  
**Board Meeting Date: September 27, 2018**

TO: District Board of Health

FROM: Christina Conti, Preparedness & EMS Oversight Program Manager  
775-328-6042, cconti@washoecounty.us.

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

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**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 term for the EMS Advisory Board member representing the position of Hospital Continuous Quality Improvement has ended. A new member must be appointed by the DOBH in order to fill this position.

**District Health Strategic Priorities supported by this item:**

- 1. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 2. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

The ILA for Regional EMS Oversight was executed by the governing bodies of Reno, Sparks, Truckee Meadows Fire Protection District, Washoe County, and the Washoe County Health District on September 29, 2014.

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)

On October 23, 2014 the DBOH appointed the positions of Emergency Room Physician and Hospital Quality Improvement.

### **BACKGROUND**

The EMS Advisory Board (EMSAB) held its first meeting on October 30, 2014. The EMSAB elected a chair and vice-chair, as well as established bylaws. The EMSAB 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 EMSAB may make recommendations to the District Health Officer and/or DBOH. Additionally, the EMSAB representatives may continually inform their governing bodies of the outcomes of EMSAB meetings and projects being worked on by regional partners and the EMS Oversight Program (Program).

The names of the potential appointees are listed here and their resumes/CVs are attached to this report for reference:

- Hospital Continuous Quality Improvement (CQI) Representative: Elena Mnatsakanyan, MD, MPH, CIC
- Hospital Continuous Quality Improvement (CQI) Representative: Joe Macaluso, RN, JD, CPHRM

Each individual has indicated they are willing to serve on the Advisory Board if appointed. Both candidates have impressive credentials and would be an asset to the EMSAB. Based on a review of the submitted resumes and correspondence, the Program is recommending Mr. Joe Macaluso for the position.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY19 budget anticipated from this item.

### **RECOMMENDATION**

Staff recommends the Board appoint Mr. Joe Macaluso as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board.

### **POSSIBLE MOTION**

If the Board agrees with staff's recommendation, a possible motion would be: "Move to appoint Mr. Joe Macaluso as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board."



Elena Mnatsakanyan, MD, MPH, CIC

**Education:**

1986-1997 - High School

1997-2003 –Saint Petersburg State Medical School, Russia  
Medical Doctor

Dec. 2006 – CDC Training: Respiratory Diseases Branch, Division of Bacterial Diseases,  
Streptococcus Laboratory

Aug 2011- May 2013- University of Nevada, Reno  
Master's in Public Health (Epidemiology)

Mar 2014- CIC Certified

**Highlights of Qualifications:**

***Clinical, Laboratory, Research and Health Administration Experience***

**Quality/Performance Improvement:**

- Assisted in implementation of all aspects of the Acute Care Quality Management Program
- Demonstrated effectiveness in planning and implementing the performance improvement activities to meet the needs of the hospital.
- Demonstrated knowledge of current clinical practices
- Performed data abstraction to support timely completion and validation of all public core measure reporting projects for The Joint Commission and CMS
- Facilitated performance improvement and FMEA/PI Team activities
- Coordinated the hospitals' participation in Leapfrog
- Facilitated the Morbidity and Mortality Conferences
- Coordinated Medical Staff Peer Review process
- Processed data abstraction for quality measurement while ensuring timely and accurate submission of data.
- Conducted tracer activities throughout the hospital
- Coordinated survey readiness activities
- Provided updates and interpretation of quality measures and guidelines as received.
- Coordinated the distribution of timely and meaningful reports/charts in order to facilitate effective problem solving and action plans.
- Coordinated reporting schedule, agenda, minutes and maintenance of documentation to the Hospital Performance Committee
- Performed HAC reviews
- Performed CMS data harvest
- Conducted and participated in RCAs
- Assisted with the development of ongoing education on core measures

- Established and implemented core measure fall-out review process with nursing staff and providers.
- Coordinated several performance improvement projects
- Performed clinical review of a medical record
- Conducted analysis of data in cooperation with the medical staff to assist in identification of improvement activities.
- Provided documented reports of findings from data collection as requested.
- Demonstrated excellent medical terminology skills
- Demonstrated proficiency in various regulatory compliance including TJC, CMS, OSHA standards, State Regulations, FDA and CDC guidelines
- Accomplished gap analysis and thorough review on quality metrics
- Coordinated with departments and outlined continuing education programs
- Provided support and assistance to medical staff officers, committee chairpersons and Governing Body, as required

### **Infection Control:**

- Managed Acute Care Infection Control program in compliance with regulatory and accrediting agencies
- Established Infection Control policies and procedures
- Demonstrated effective organizational skills through ongoing interaction with department managers and directors, administrative team and the Governing Body to facilitate the hospital-wide Infection Control plan.
- Served as a resource to leadership, physicians and staff on issues regarding infection prevention and control
- Designed, in collaboration with the Infection Prevention Committee, the surveillance program for healthcare associated infections based upon the Infection Prevention Risk Assessment and regulatory agency (TJC/CMS/) standards.
- Implemented the methodology for surveillance of healthcare associated infections utilizing CDC NHSN criteria and benchmarks.
- Developed and implemented new protocols- MRSA decolonization and C. difficile 2-step testing
- Served as resource to community and UHS partners
- Provided the analysis of facility specific data on healthcare associated infection to the Senior Management, Physicians, Department Directors/Managers and Staff.
- Collaborated with administration/physicians/nursing/department heads/managers and staff to devise evidence based prevention programs and corrective action plans as needed.
- Conducted outbreak investigations
- Developed emergent infections exposure control plan
- Performed surveillance activities
- Participated in Antibiotic stewardship activities
- Developed antibiotic resistance forecasting system
- Analyzed epidemiological trends and risk of transmission
- Managed Hand Hygiene activities
- Performed new product analysis
- Participated in quality/performance improvement activities by assessing, monitoring, and measuring HAI's, and evaluated outcomes on a continuous basis.
- Participated in planning of new construction or renovation projects
- Collaborated with Human Resources in investigation of occupational exposures to communicable diseases
- Managed Employee Health Program
- Demonstrated ability to organize, prioritize and manage multiple projects

**Working experience:**

May 2014- current

Northern Nevada Medical Center

Director of Infection Control & Clinical Effectiveness

March 2014- current

Western Institutional Review Board (WIRB)

Scientific Expert

Feb. 2013- May 2014

Northern Nevada Medical Center

Infection Preventionist

March 2011- February 2013

Saint Mary's Regional Medical Center

Clinical Laboratory

Laboratory Assistant

June 2004 – Sep2007

Children's City Hospital # 19

Physician, ID/ Lab. specialist

Jan 2005- Sep 2007

Research Institute of Experimental Medicine, Russian Academy of Medical Sciences

Department of Molecular Microbiology and Immunology

Molecular Microbiologist

Sep.2004 - April 2005

Research Institute of Hematology and Transfusion

Laboratory scientist

Aug 2003 – Sep.2004

Children's City Hospital # 5

Pediatrician

**Research Summary/ Publications:**

1. Mnatsakanyan E, Tung W., Caine B., Smith-Gagen, J. Cancer of Unknown Primary: Time trends in Incidence in the United States. Cancer Causes Control. DOI.1007/S10552-014-0378-2

2. Polyakova E.M., Mnatsakanyan E.S., Burova L.A., Dmitriev A.V. The genetic heterogeneity of Streptococcus pyogenes strains of emm12 genotype. Medical Academic Journal, RAMS, 10 (1) 2010, 39-44

3. Molecular genetic characterization of group A streptococci isolated from children with upper respiratory tract infectious diseases

- determination of emm-types and subtypes ( isolated new subtype of Streptococcus pyogenes

**(ftp://ftp.cdc.gov/pub/infectious\_diseases/biotech/tsemm/emm49.8.sds)**

- determination of superantigene genes of Streptococcus pyogenes (speA, speC, speG, speH, ssa, mf)

- availability and level of production of superantigens

- expression of SLO and DNaseB



**Recognitions:**

1. Healthcare Hero (2015) Nevada Business Magazine
2. Leader of the Quarter (Q1, 2016)- Northern Nevada Medical Center
3. Leader of the Year (2016)- Northern Nevada Medical Center

**References:** upon request

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# Joe Macaluso, RN JD CPHRM

## Objective

To lead an organization in managing risk, improving quality and maximizing patient safety through risk management, quality management, and organizational expertise.

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## Work Experience

March 2015 – Present Renown Health Reno, NV

Director of Risk Management, Renown Health

- Provide oversight of risk management functions for healthcare system consisting of acute care, transitional care and ambulatory services.
  - Provide review and analysis of incidents and claims with an emphasis on issue identification and risk reduction efforts.
  - Provide formal and informal education to risk managers, administration, hospital and medical staff on various topics including risk management and patient safety.
  - Provide risk assessment for clinical areas in the acute, transitional, and ambulatory care environments.
- 

2001–2015 Universal Health Services, Inc. King of Prussia, PA  
(UHS) (office in Sparks, NV)

### Group Risk Manager

- Provide oversight of risk management programs for six acute care hospitals in western U.S. ranging in size from small community hospitals to large urban facilities.
- Provide review and analysis of incidents and claims with an emphasis on issue identification and risk reduction efforts.
- Provide formal and informal education to risk managers, administration, hospital and medical staff.
- Provide risk assessment for acute care facilities and freestanding emergency departments with an emphasis on risk management program function and high risk clinical processes.

Special projects including: design and execution of High Reliability OB project at acute care facilities, planning and execution of UHS risk management conferences, review and revise corporate risk management program, development of component Patient Safety Organization, development of an early notification system for serious and near miss event facilitate corporate Patient Safety Council for UHS.

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1998–2001 Northern Nevada Medical Center Sparks, NV

### Director of Risk Management

- Incident prevention, investigation, and risk mitigation.
  - Data collection and analysis.
  - Provide education to facility and medical staff on risk management theory and methodology.
  - Claims management including attendance at depositions, mediation, and trials.
-

**Work Experience (cont.)**

- 
- |           |                                |            |
|-----------|--------------------------------|------------|
| 1994-1998 | Northern Nevada Medical Center | Sparks, NV |
|-----------|--------------------------------|------------|
- Performance Improvement Manager**
- Responsible for developing and implementing quality management program for facility.
  - Provide education, intervention, and monitoring to assure compliance with JCAHO and regulatory standards.
  - Data collection and analysis.
  - Educate facility and medical staff on Total Quality Management methodology.
- 
- |           |                                |            |
|-----------|--------------------------------|------------|
| 1992-1994 | Northern Nevada Medical Center | Sparks, NV |
|-----------|--------------------------------|------------|
- Registered Nurse**
- Provide direct patient care to medical, telemetry, surgical, and critically ill patients.
  - Coordinate care with other healthcare providers.
  - Communicate with patient care team regarding patient condition and progress.
- 

Historical employment information omitted for space consideration, available upon request.

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**Education**

- |            |                                     |                 |
|------------|-------------------------------------|-----------------|
| 2001– 2005 | Concord University<br>School of Law | Los Angeles, CA |
|------------|-------------------------------------|-----------------|
- Juris Doctorate
  - Moot Court Awards
    - Best Brief, Defendant
    - Distinguished Oral Advocate, Defendant
  - Dean’s List July 2004
  - Dean’s List, July 2005
- 
- |           |                                     |                 |
|-----------|-------------------------------------|-----------------|
| 2001–2003 | Concord University<br>School of Law | Los Angeles, CA |
|-----------|-------------------------------------|-----------------|
- Bachelor of Science in Law
- 
- |           |                                   |          |
|-----------|-----------------------------------|----------|
| 1988-1992 | Truckee Meadows Community College | Reno, NV |
|-----------|-----------------------------------|----------|
- Associates Degree, Nursing
- 

**Skills, Abilities, Other**

- Proficient with various software products including: Word, Excel, PowerPoint, Access, Visio, and various incident and claims management software.
  - Excellent writing and communication skills.
  - Analytical and adept at problem solving and organization.
  - Presented at annual RIMS Conference April 2008 – Topic: Settlement of the Catastrophic Case
  - NV RN License #RN22730
  - CA Bar License #239446
  - Certified Professional in Healthcare Risk Management
-

DBOH AGENDA ITEM NO. 9

# iwaspoisoned.com

Online reporting for food poisoning



# The iwaspoisoned.com webpage

iwaspoisoned.com

ABOUT FAQ WHY REPORT IT? LEARN BLOG

REPORTING YOUR CASE HELPS THOSE AROUND YOU

The leading consumer platform for reporting food poisoning.

### STEP 1

**Where did you eat?**

**What are your symptoms?**

Diarrhea  
 Fever  
 Nausea  
 Vomiting

### STEP 2

**Description**

Tell your story: Please include when you ate, what you ate, and when the symptoms started. The more details, the better.

**Rate the Business**

☆☆☆☆☆

### FINISH REPORT

**Send My Report To :**

Public Health  The Business  
 Detect Outbreaks

**Get Alerts**

Get notified if we receive other reports for your case

**SUBMIT REPORT**

### Recent Reports

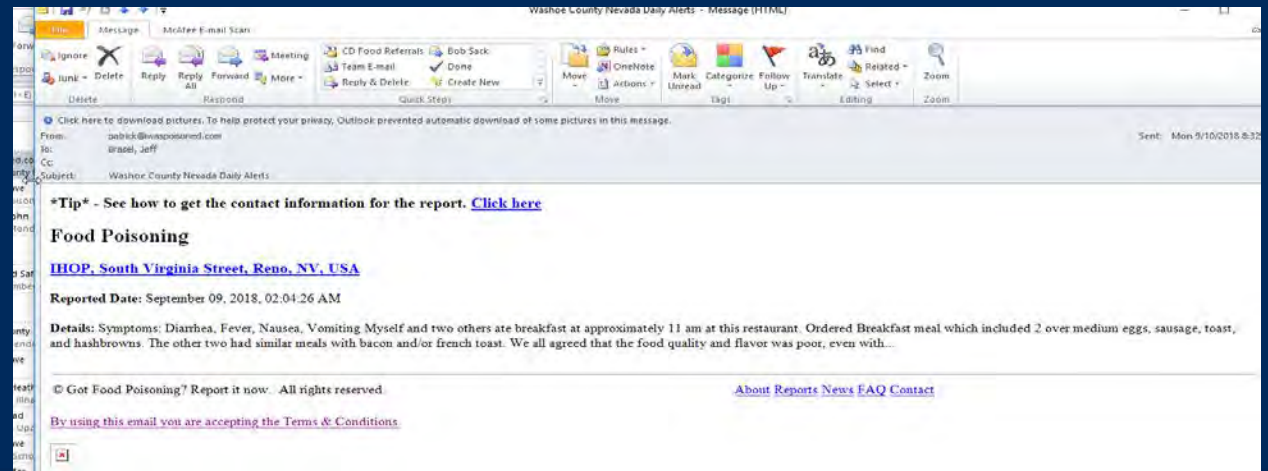
	DESCRIPTION
Sep 11 9:54am <b>El Pollo Loco, Haun Rd, Menifee, California, USA</b> Symptoms: Diarrhea Nausea Vomiting	My boyfriend and I got sick. My symptoms started shortly after I ate. I got a big migraine and throughout the night I've been nauseous and eventually started vomiting. My boyfriend's been stuck in the bathroom as well. <a href="#">Read More</a>

# iwaspoisoned platform

- Simple process in which consumer enters information into a database by checking off symptoms, entering description of complaint and/or illness in a dialogue box and providing contact information.
- The complainant may elect by checking a box to contact Public Health.

# The email path

- Emails provided on complaints in which public health is checked to:
  - EHS Epi Staff
  - EHS Front Desk Staff
  - Communicable Disease (CD) Program Staff



# Contact initiated by WCHD EHS staff

- Staff from EHS review for information and contact if complainant via email and/or phone information is provided

IHOP, South Virginia Street, Reno, NV, USA  
2018-09-09 02:04

User Email: japkrit@gmail.com  
User Phone: 9093433446

Product: Myself and two others ate breakfast at approximately 11 am at this restaurant. Ordered Breakfast meal which included 2 over medium eggs, sausage, toast, and hashbrowns. The other two had similar meals with bacon and/or french toast. We all agreed that the food quality and flavor was poor, even with the consideration that we were eating at a cheap meal part of a multinational chain. I ate the most food by far and even ate portions of the other two. Immediately after the meal, one of us three departed on a flight to Georgia. Myself and the other continued on our travels together to southern California. Within 12 hours I started to experience very mild loss of appetite, this persisted until about 36 hours when I suddenly started to vomit and have diarrhea. Fever, vomiting and diarrhea persisted for about 14 hours. Vomiting and diarrhea were often uncontrollable and watery and resulted in a public incidence. 50 hours since the IHOP poisoning, the vomiting, diarrhea and fever have stopped after taking an adequate dose of Imodium. Stomach discomfort has persisted until today, the 6th day with gradual improvement.

Number of sick persons: 3

Symptoms: Diarrhea, Fever, Nausea, Vomiting

Diagnosis:

Area:

Street: 1800

Route: South Virginia Street

City: Reno

State: Nevada

Postcode: 89502

Country: United States

[Public Link](#)



# Complaint for Foodborne Disease

- If contact or call-back is successful then a complaint for foodborne disease is started.
- The complaint then follows the Standard Operating Procedure of Foodborne Disease Complaints for EHS including interview, investigation and disposition.

WASHOE COUNTY HEALTH DISTRICT <small>ENHANCING QUALITY OF LIFE</small>		FOODBORNE ILLNESS COMPLAINT REPORT		Case # _____
<b>Patient Information</b>				
Date Taken	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Taken By	Person calling in	
Patient's First Name MI		Last Name		Date of Birth mm/dd/yyyy
Address		Apt #	Phone(s)	
City		State	Zip	H: ( ) W: ( ) C: ( )
# in party?	# sick?			
Name of food establishment:		Address of establishment:		
Permit #	Area #	Investigator	ID#	
Date Meal Eaten:	Food eaten:			
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	1 2 3 4 5 6 7 8 9 10 11 12			
Date and time of initial onset	<input type="checkbox"/> AM <input type="checkbox"/> PM	Healthcare Provider Seen <input type="checkbox"/> Y <input type="checkbox"/> N Date: / /		
Date: / /	1 2 3 4 5 6 7	Name		
Duration of Symptoms # of hours	8 9 10 11 12			
# of Days	Address Phone			
<input type="checkbox"/> Ongoing Incubation? _____	Diagnosis: <input type="checkbox"/> Stool <input type="checkbox"/> Vomit <input type="checkbox"/> Blood Lab Results: <input type="checkbox"/> Urine <input type="checkbox"/>			
<b>Clinical Information</b>				
<input type="checkbox"/> Fever (highest temp. _____°)	<input type="checkbox"/> Bloody Diarrhea # of _____	<input type="checkbox"/> Headache		
<input type="checkbox"/> Chills	<input type="checkbox"/> Vomiting # of _____	<input type="checkbox"/> Nausea		
<input type="checkbox"/> Cramps/Abdominal Discomfort	<input type="checkbox"/> Diarrhea # of _____	<input type="checkbox"/> Other _____		
<b>Suspected etiology</b>				
Comments				
<b>Epi Follow-up</b>				
Kit to Patient	Specimen to Lab	Results	Patient Notified	
		<input type="checkbox"/> Pos <input type="checkbox"/> Neg		
		<input type="checkbox"/> Pos <input type="checkbox"/> Neg		
<b>Food Samples</b>				
Specimen Obtained	Date Collected	Date to Lab	Results	

# WCHD experience with iwaspoisoned.com

- The WCHD has over a year of experience working with the webpage.
- Since January the email feeds have been streamlined to include our Communicable Disease staff and EHS Front Desk staff.
- The number of complaints has more than doubled since the site started contacting WCHD in early 2017.

# WCHD experience with iwaspoisoned.com Pros

- Pros
  - Information provided for potential foodborne illness cases that did not contact WCHD.
  - Surveillance tool for potential outbreaks relevant to WCHD permitted food establishments.
  - Provides a means in some cases for interjurisdictional notification of complaints received in other locations that WCHD may not have received otherwise.
  - Provides citizens a simple platform in which to make a complaint.

# WCHD experience with iwaspoisoned.com Cons

- Cons
  - Low rate of return call and report from complainant after messages left by WCHD.
  - Multiple sources receiving same complaint results in duplication of effort and assumptions of multiple complaints.
  - Privacy concerns over patient information provided on a public web-site and online.
  - Potential delays in reporting and thus response over taking the complaint directly.

# Questions



DD	CA
AHSO	
DHO	KD
DA	

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health

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

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

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**SUMMARY**

The Washoe County District Board of Health (Board) must adopt any changes to the District Board of Health Regulations Governing Air Quality Management (Regulations) and fee schedule. Per Nevada Revised Statutes (NRS) 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the proposed revisions.

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

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

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

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520  
AQM Office: 775-784-7200 | Fax: 775-784-7225 | [washoecounty.us/health](http://washoecounty.us/health)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



## **BACKGROUND**

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

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

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

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

### **FISCAL IMPACT**

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

### **RECOMMENDATION**

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

### **POSSIBLE MOTION**

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

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



The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the revisions to the DBOH Regulations Governing Air Quality Management, Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS), Section 040.046 (INCINERATOR BURNING) and the proposed General Title V application fee.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Notification of two public hearings to address the proposed revisions to the regulations and General Title V (GTV) permit application fee was published on August 16<sup>th</sup>, August 21<sup>st</sup> and September 5<sup>th</sup> in the Reno Gazette Journal. Two public workshops were held on August 22<sup>nd</sup> at noon and 5:30 pm. The notification also included a request to submit comments to the Air Quality Management Division by September 12th. Additionally, notifications were sent to the Nevada Division of Environmental Protection – Bureau of Air Pollution Control, the Nevada State Office of the Bureau of Land Management, the U.S. Fish & Wildlife Service, and the Nevada Department of Wildlife. A representative from NDEP, Matt Talavera attended the noon work shop.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: None.

Beneficial effects: The proposed revisions to the regulations clarify the language and provisions of the GTV permitting program allowing for the issuance of a federal Title V permit, as required by 40 CFR Part 70 of the Clean Air Act, in an expedited manner, approximately 45 days, instead of the 18 months allowed by regulation for a standard Title V permit. Additionally, the proposed GTV application fee is \$2,873 compared to the current Title V application fee of \$36,911 providing an economic benefit for owners/operators of equipment that may qualify for this type of permit.

Direct effects: Expeditious processing of General Title V permits with a lower application fee.

Indirect effects: Avoiding long application processing times may contribute to the protection of public health and safety.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so, which of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The proposed revisions to the regulations will establish a General Title V permitting program resulting in a significant simplification of the Title V permitting process. The proposed application fee will have a positive financial impact to qualifying agencies and business owners.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is:

The proposed application fee and annual emissions based permit to operate fees are in compliance with the methodology adopted by the Board for cost recovery. Estimated annual cost will be dependent on the actual hours of operation of the equipment.

5. The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is:

*The proposed application fee is a new fee, however, it is not possible to estimate the annual amount to be collected.*

6. The money generated by the new fee or increase in existing fee will be used by the local government to:

*Provide cost recovery for the processing of a General Title V permit.*

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

*The proposed changes will not duplicate activities as the Air Quality Management Division has delegated authority to issue federal Title V permits.*

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses:

*The proposed rule should have positive impacts on businesses by expediting GTV permit processing with a reduced application fee.*

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

\_\_\_\_\_

Kevin Dick, District Health Officer

September 27, 2018

Date

## AIR POLLUTION STATIONARY SOURCE PLAN REVIEW FEE

The Air Pollution Stationary Source Plan review is required to demonstrate a new industrial source of air pollution will be in compliance with the health based ambient air quality standards for particulate matter, carbon monoxide, ozone, sulfur dioxide, nitrogen oxide, lead, and hydrogen sulfide.

The fee for an Air Pollution Stationary Source Plan review is based upon the time to review the plan to assess the need for an Air Quality Management Permit (dust, stationary source, asbestos, other) to evaluate available control measures and associated compliance with the Air Quality Management regulations, contact the responsible party via phone and/or on-site visit, and approve the plan with applicable conditions.

The average time spent by the Environmental Engineer II to conduct the reviews for a facility with a boiler is only one (1) hour, for a facility that emits less than 100 tons/year is eight (8) hours; for a facility which accepts synthetic operating limits to maintain emissions less than 100 tons/yr is 24 hours; for a facility that meets all the criteria to be issued a General Title V permit is 20 hours; and for a facility that emits 100 tons/year or more is 100 hours.

The average time spend by the OSS/Admin Secretary combo to conduct the reviews for a facility with a boiler is ten (10) minutes; for a facility that emits less than 100 tons/year is ten (10) minutes; for a facility which accepts synthetic operating limits to maintain emissions less than 100 tons/yr is ten (10) minutes; for a facility that meets all the criteria to be issued a General Title V permit is two (2) hours; and for a facility that emits 100 tons/year or more is eight (8) hours.

The computation of the Stationary Source Plan Review fees is as follows:

Personnel	Hourly Rate	# of Hours	Inspection	Cost	AQM Program Cost	Total Cost		
Environmental Engineer II	\$120.57	1.000	Boiler Only	\$ 120.57	\$ 12.68	\$ 133.25	\$	133.25
Admin Sec/OSS Combo	\$91.56	0.167	Boiler Only	\$ 15.26	\$ 2.11	\$ 17.37	\$	17.37
						Subtotal	\$	151.00
						FY19 RTF at 4%, minimum \$1.00	\$	6.00
						Total Fee	\$	157.00
Environmental Engineer II	\$ 120.57	8.000	<100 tons/yr	\$ 964.54	\$ 101.45	\$ 1,065.99	\$	1,065.99
Admin Sec/OSS Combo	\$ 91.56	0.167	<100 tons/yr	\$ 15.26	\$ 2.11	\$ 17.37	\$	17.37
						Subtotal	\$	1,083.00
						FY19 RTF at 4%, minimum \$1.00	\$	43.00
						Total Fee	\$	1,126.00
Environmental Engineer II	\$ 120.57	24.000	Synthetic Min	\$ 2,893.62	\$ 304.35	\$ 3,197.97	\$	3,197.97
Admin Sec/OSS Combo	\$ 91.56	0.167	Synthetic Min	\$ 15.26	\$ 2.11	\$ 17.37	\$	17.37
						Subtotal	\$	3,215.00
						FY19 RTF at 4%, minimum \$1.00	\$	129.00
						Total Fee	\$	3,344.00
Environmental Engineer II	\$ 120.57	20.000	>100 tons/yr	\$2,411.35	\$ 253.63	\$ 2,664.98	\$	2,664.98
Admin Sec/OSS Combo	\$ 91.56	2.000	>100 tons/yr	\$183.13	\$ 25.36	\$ 208.49	\$	208.49
						Subtotal	\$	2,873.00
						FY19 RTF not applied on Title V	\$	-
						Total Fee	\$	2,873.00
Environmental Engineer II	\$ 120.57	300.000	>100 tons/yr	\$ 36,170.24	\$ 300.00	\$ 36,170.24	\$	36,170.24
Admin Sec/OSS Combo	\$ 91.56	8.000	>100 tons/yr	\$ 732.51	\$ 8.00	\$ 740.51	\$	740.51
						Subtotal	\$	36,911.00
						FY19 RTF not applied on Title V	\$	-
						Total Fee	\$	36,911.00

Hourly Program Expense Rate \$ 12.68

Title V Hourly Program Expense Rate \$ 1.00 Quality Management

## DEFINITIONS (Affected Sections)

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

Stationary sources that are major for volatile organic compounds (VOC) or Nitrogen Oxides (NO<sub>x</sub>) shall be considered major for ozone; stationary sources that are major for condensable volatile organic compounds (VOC), Sulfur Oxides (SO<sub>x</sub>) or Nitrogen Oxides (NO<sub>x</sub>) shall be considered major for particulate matter.

A.      Attainment areas:

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

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

~~B. Nonattainment areas:~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~E. Synthetic Minor Source Rule:~~

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

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

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

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

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

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

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

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

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

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

~~After the draft permit has been prepared, the Control Officer shall:~~

~~a. publish notice of the draft permit in a newspaper qualified under NRS 238, make the draft permit available for public review, and allow at least 30 days for public review and comment;~~

~~b. provide a copy of the draft permit to the EPA and allow the Administrator at least 30 days for review and comment.~~

~~Any source that has been granted synthetic minor status in accordance with this regulation shall, for any planned modification, which will increase the source's potential to emit, submit a request for modification of their synthetic minor permit conditions at least 180 days before the modification is made. For any modification, the source shall comply with all applicable requirements of **Sections 030.500 through 030.630**.~~

~~The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process.~~

~~Failure of the source to comply with the provisions of this regulation shall constitute a violation, and the source shall be designated as a major source and be subject to all applicable requirements of federal law, including, but not limited to, all, applicable MACT standards.~~



~~Any permit that does not comply with this synthetic minor source rule shall not create federally enforceable limitations. A final copy of each synthetic minor permit will be provided to EPA.  
(Amended 7/28/93, 10/20/93, Revised 10/25/95)~~

## PART 70 PERMITTING REGULATIONS (Federal CAAA)

030.900

### PART 70 PERMITTING REGULATIONS (Adopted 10/20/93, [Revised xx/xx/18](#))

~~Title V of the Act requires the issuance of special operating permits for certain classes of air pollution sources. Sections 030.900 to 030.990, inclusive, establish the regulations under which such permits shall be issued. Sources obtaining a Part 70 operating permit satisfy the requirements of section 030.200 of the District regulations and do not need to obtain an additional operating permit. Compliance with the provisions of the Part 70 permit shall not, of itself, be deemed as compliance with the provisions of the Act. Unless otherwise specified in sections 030.900 to 030.990, inclusive, sources obtaining a Part 70 operating permit shall comply with all applicable District regulations.~~

~~These regulations for issuance of Part 70 permits become effective on the date the EPA Administrator issues an approval for Washoe County's regulations. All existing sources subject to Part 70 regulations shall apply for permit within six months of the initial EPA program approval date. This requirement shall apply even if the EPA issues a partial or interim approval. No source subject to Part 70 permits may operate after the time it is required to submit a timely and complete application except in compliance with a Part 70 permit. A source which has submitted a complete application with timely updates as required by the Control Officer shall not be held in violation of any requirement to hold a Part 70 Permit until after the Control Officer takes final action on the application.~~

~~Sources not subject to Part 70 permits shall be exempted from **Sections 030.900 to 030.990**, inclusive.~~

### ~~030.905~~ ~~SOURCES REQUIRING PART 70 PERMITS~~ (Adopted 10/20/93, Revised 10/25/95, 6/23/11)

#### ~~A. Sources Required to Obtain a Part 70 Permit~~

~~The following sources and source categories shall be subject to Part 70 permitting:~~

- ~~1. Any Major Stationary Source;~~
- ~~2. Any source, including area sources, subject to a standard, limitation or other requirement under section 111 (New Source Performance Standards) of the Act;~~
- ~~3. Any source, including an area source, subject to a standard or other requirement under section 112 (Hazardous Air Pollutants) of the Act. However, a source which is subject to regulations or requirements only under section 112(r) of the Act shall not be required to obtain a permit;~~
- ~~4. Any source that includes one or more units subject to Title IV (Acid Rain) of the Act;~~
- ~~5. Any source in a source category designated by the EPA Administrator pursuant to 40 CFR Part 70.~~
- ~~6. Any new or modified existing sources of greenhouse gasses are subject to regulation if they exceed the thresholds specified in 40 CFR 70.2.~~

~~B. Exemptions~~

~~The following sources and source categories shall be exempted from Part 70 permit requirements:~~

~~1. Any source subject to this regulation solely because it is subject to 40 CFR Part 60, subpart AAA, Standards of Performance for New Residential Wood Heaters.~~

~~2. Any source subject to this regulation solely because it is subject to 40 CFR Part 61, subpart M, National Emission Standards for Hazardous Air Pollutants for Asbestos, Standards for Demolition and Renovation.~~

~~3. Insignificant Emission Levels~~

~~Sources with the potential to emit less than an annual average of two (2) pounds per day of any criteria pollutant or less than one (1) pound per day of any hazardous air pollutant on a facility wide basis are exempted from all part 70 permitting requirements. Such sources may still be required by the Control Officer to obtain a non-Part 70 operating permit under District regulations. No source which is itself subject to an applicable requirement may qualify as an insignificant source.~~

~~4. All Dry Cleaning operations with the potential to emit less than ten (10) tons per year of any criteria or hazardous air pollutant shall be exempted for a period of five (5) years from the initial EPA Part 70 program approval date unless required to obtain a permit under **Section 030.905(A) (5)**.~~

~~5. All sources which would be subject to Part 70 permits under **Section 030.905 (A)** which are not major sources, affected sources or solid waste incineration units subject to permitting under section 129(e) of the act, are exempt from requirements to obtain a Part 70 permit for a period of 5 years from the date of EPA approval of the Washoe County Part 70 permit program.~~

~~6. Sources may seek exempt status by limiting facility emissions to levels below those defined for a major source as provided in **Section 010.090, part D (prohibitory status) and part E (Synthetic Minor sources)**.~~

~~C. Sources Which Must be Permitted by the State of Nevada~~

~~Any facility whose principal business is to generate electricity using steam derived from the burning of fossil fuels must obtain any necessary Part 70 permit(s) from the State of Nevada.~~

~~**030.910 PART 70 PERMIT STANDARDS** (Adopted 10/20/93, Revised 10/25/95)~~

~~Part 70 Permits issued under these regulations shall be good for a period of five (5) years. The Control Officer shall conduct compliance inspections and review the compliance status of the facilities at least annually.~~

~~Permit to Operate fees shall be collected annually, and shall be due each year on the anniversary of the date the permit was issued. Failure to pay annual permit fees may result in citations, suspension or revocation of the Part 70 permit.~~

~~Any Part 70 permittee or permit applicant must submit any previously unknown, supplementary or corrected information upon becoming aware of any failure to submit relevant facts or the submittal of incorrect information. The permittee shall also notify the Control Officer of any change in operations or change in applicable requirements.~~

## ~~030.920~~ ~~PART 70 PERMIT APPLICATION PROCESS~~ (Adopted 10/20/93)

### ~~A. General~~

~~The owner or operator of each source required under 030.905 to obtain a Part 70 permit shall make application for a permit in a timely manner as required under these regulations.~~

~~Any existing sources that submit complete applications for initial permit issuance or renewal within the specified submission deadlines, and provide timely updates, including submission of any additional information requested in writing by the Control Officer within the time frame allowed, shall not be held in violation of operating without a permit during the time the application is being processed.~~

~~Part 70 permits shall allow for alternative operating scenarios. It shall be the responsibility of the source seeking permits to identify those alternative scenarios. If the scenarios meet all applicable requirements and District regulations, the alternative operating scenarios shall be included in the permit.~~

~~Fugitive emissions from a part 70 source shall be reported and included in the permit application and part 70 permit in the same manner as stack emissions.~~

### ~~B. New Permit Issuance, Renewals or Existing Permit Modifications~~

~~The Control Officer shall establish standard application forms and procedures for obtaining Part 70 permits. The design of these forms shall meet the content requirements of 40 CFR Part 70.5 (c). The applicant must provide all necessary information for the evaluation and permitting of the source as required by the Control Officer in a timely manner including information required after the application is deemed complete. The applicant must also identify any alternative operating scenarios under which the facility should be permitted. Applications for permit revision need only address the information related to the proposed change. Any application must be certified by a responsible official.~~

~~Within 30 days of the receipt of a Part 70 Permit application, the Control Officer shall make a determination as to the completeness of the application. If no completeness determination has been made by the Control Officer within 60 days of receipt of the application, the application shall be deemed complete by default. If the application is deemed incomplete, the Control Officer shall notify the applicant in writing within ten (10) days of his determination. The notification shall state the additional items or information~~

~~needed to take final action on the permit. A completeness determination shall be required for all permit applications except for those addressing minor permit modifications.~~

~~Within 12 months of the receipt of a complete application the Control Officer shall:~~

- ~~1. Issue a draft permit or modification for the proposed operations; or~~
- ~~2. Deny the permit application or modification.~~

~~If no objections from the EPA Administrator are received within the allotted 45 day review period, and all required 30 day affected state and public comment periods have been completed, the Control Officer shall take final action on any draft permit within 12 months of the receipt of a complete application. If, at the end of one year, the required review and comment periods have not been completed, final action on the permit shall be issued as soon as practical after these periods have been completed but not later than 18 months after a complete application has been received. A copy of all final permits shall be sent to EPA.~~

~~All new sources subject to Part 70 permitting must obtain an Authority to Construct prior to commencement of construction under District regulation 030.002. A complete application for Authority To Construct/Permits to Operate must be submitted at least 12 months prior to commencement of operations.~~

~~Any existing sources which have not previously been subject to Part 70 permitting but become subject due to any increase in facility emissions shall submit a complete application for Authority To Construct/Permit to Operate at least 6 months prior to commencing construction or changing plant operations.~~

~~Any existing sources which have not previously been subject to Part 70 permitting but become subject due to regulation changes or for any other reason, shall submit a complete application for Permit to Operate within 6 months after the change which makes them subject takes place.~~

~~Sources subject to Phase II acid rain permits under 40 CFR Part 72, must make application for the phase II acid rain portion of their Part 70 permits by January 1, 1996 for sulfur dioxide and by January 1, 1998 for nitrogen oxides. The Control Officer shall take final action on these Phase II applications within 18 months of receipt or no later than December 31, 1997 for initial Phase II permits.~~

#### ~~C. Renewal of Permits~~

~~All sources seeking renewal of expiring Part 70 permits must submit a written application for renewal at least six (6) (but not more than 12 months) prior to expiration. Payment of application review fees as well as all necessary supplemental information and standard forms as required by the Control Officer must accompany the permit renewal application. If the Part 70 permit expires without the source submitting a timely and complete renewal application, or the applicant fails to submit any requested additional information by the specified deadline, the source's right to operate terminates. If a Part 70 source submits a timely and complete application and the District fails to renew the Part 70 operating permit in a timely manner, the terms and operating conditions of the former~~

~~Part 70 permit will remain in full force and effect until the District takes final action on the application.~~

~~The procedures for completeness review and processing shall be the same as specified under 030.920 (B), for new applications. The requirements for public, affected state and EPA notice shall be the same as for initial permit issuances. All procedures for EPA permit veto and public judicial appeal shall be the same as for initial permit issuance.~~

~~030.930~~ ~~PART 70 PERMIT PUBLIC NOTICE (Adopted 10/20/93, Revised 10/25/95)~~

~~A. Permit Issuance and Modification~~

~~Public notice shall be given of any Part 70 draft permit addressing an initial permit issuance, renewal or significant permit modification. Such notice shall be made in a newspaper of general circulation within Washoe County and by mailing notice to persons on a list which shall be developed for such Part 70 notifications, or by other means if necessary to assure adequate notice to the affected public. At least 30 days shall be allowed for public comment under such notifications. The public notice shall include the following:~~

- ~~1. The name and address of the applicant and identification of the affected facility;~~
- ~~2. The activities involved in the permit action;~~
- ~~3. The emission changes involved in any permit modification;~~
- ~~4. The address of the District Health Department and the name and phone number of a person from whom additional information on the draft permit may be obtained, including copies of the draft permit, the application, reports on the basis of the permit conditions, and relevant supporting materials;~~
- ~~5. A brief description of the procedures for making comment, including any deadlines for making such comment;~~
- ~~6. A brief description of the procedures for requesting a Public Hearing on the draft permit or the date, time and location for such a hearing if one has been scheduled.~~

~~The Control Officer shall keep records of the commenter's and the issues raised during the public participation process.~~

~~The Control Officer shall grant a public hearing to address any germane objections made during the Part 70 application review process, upon request from the affected members of the general public. Any public hearing will be noticed at least 30 days in advance.~~

~~030.940~~ ~~PART 70 PERMIT ISSUANCE (Adopted 10/20/93)~~

~~A. Affected States Review~~

~~The Control Officer shall provide notification of any draft permit to any affected state,~~

~~including minor permit revisions, for comment and review. The Control Officer shall allow at least 30 days for review by affected states. The affected state review period shall begin on or before the time that notice is provided to the public. The Control Officer shall address the recommendations of the affected state, and shall give, in writing to the affected state and to EPA, the reasons for the rejection of any recommendation made by an affected state.~~

#### ~~B. EPA Review~~

~~The Control Officer shall provide notification of any draft permit action to the EPA Administrator and allow 45 days for comment and review as specified in 40 CFR part~~

~~70.8. The notice shall include a copy of the proposed permit, the application, reports on the basis of the permit conditions, and necessary supporting materials. If agreed upon by the Control Officer and EPA, a summary of the application and other materials may be provided in lieu of the specific items noted above. If any changes are made to the proposed permit, an additional 45 day review period shall be provided for EPA review. No permit shall be issued if the EPA Administrator objects to any provisions of the proposed permit within the 45 day review period. If any necessary information has not been included in the notice packet, EPA may request such information and the 45 day review period will begin when such information is received. If the Administrator objects to the permit after the 45 day review period has expired, but before the final permit has been issued, the Control officer must address these objections before the final permit can be issued.~~

~~If the Control Officer fails to revise and submit a proposed permit within 90 days in response to objections from the EPA Administrator, the Administrator may issue or deny the permit in accordance with the Act. If no objections to the draft permit are raised by the EPA Administrator within the 45 day review period, the Control Officer may issue the permit in its final form.~~

#### ~~C. Appeals of the Final Permit~~

~~Any person may petition the EPA Administrator within 60 days after the expiration of the Administrator's 45 day review period. The objections must be based on grounds raised during the public comment process under section 030.930, unless it was impracticable to raise such objections or new grounds arise.~~

~~The applicant or any person who participated in the public comment process may petition the District Board of Health concerning any final permit action within 30 days of such action. Such appeals will be heard first by the Air Pollution Control Hearing Board and shall be scheduled for hearing within 30 days after the appeal has been made. Any persons appealing final permit actions may submit their petitions to the District Court for judicial review after appeals to the Air Hearing Board and District Board of Health have been exhausted. Any appeal to District Court for judicial review must be made within 90 days of the final permit action as per section 020.010 of these regulations, unless it can be demonstrated that the petition is based solely on new grounds arising after the date for judicial review. Any appeal based on new grounds must be filed within 90 days after such new grounds arise.~~

~~If the District fails to issue or deny a Part 70 permit within 18 months of the receipt of a~~

~~complete application, this shall be treated as a final permit action solely to allow for judicial review by the applicant or any person who participated in the public comment process under **Section 030.930**.~~

## ~~030.950~~ ~~PART 70 PERMIT MODIFICATIONS~~ (Adopted 10/20/93)

### ~~A. General~~

~~Part 70 permits may be modified to reflect changes in operation, procedure, ownership or other provisions as necessary. Nothing in these regulations shall limit the obligation of the applicant to obtain an Authority To Construct permit under District regulation 030.002 prior to commencement of construction. Sources seeking such changes must make application to the Control Officer and follow the appropriate procedures as specified in this regulation. In general, administrative changes cover minor changes such as change of ownership or personnel; minor permit changes cover a limited number of items addressing operating conditions or emissions; and significant modifications cover substantial changes to the plant equipment or emissions. Specific details are addressed below.~~

~~Where an existing Part 70 permit would prohibit some construction or change in operations, the source proposing a change which would violate that prohibition must obtain a permit revision before commencing operation.~~

~~The Control Officer shall establish standard forms for permit modification requests in accordance with 40 CFR Part 70.7. Fees for administrative, minor and significant Part 70 permit modifications shall be established and set by the Board of Health.~~

### ~~B. Changes not Requiring a Part 70 Permit Revision~~

~~Changes to the operation of sources may be made without a permit revision if the changes comply with the provisions of **Section 030.950 (B) parts 1 and 2** (below). However, no changes subject to regulation under Title IV of the Act, that violate applicable requirements, or that are prohibited by federally enforceable permit terms or conditions that are monitoring (including test methods) record keeping, reporting, or compliance certification requirements shall be allowed without a revision of the Part 70 permit.~~

#### ~~1. Section 502 (b)(10) Changes~~

~~Changes in the operation of a source, which contravene express permit terms but do not exceed the allowable emissions stated in the permit (either as a rate of emissions or in terms of total emissions) of that source and are not modifications under any provision of Title I of the Act, may be made without a permit revision.~~

#### ~~2. Provisions for Emissions Trading~~

~~The Control Officer shall, if requested by an applicant, issue permits that contain terms and conditions allowing for the trading of emissions increases and decreases in the permitted facility solely for the purpose of complying with a federally enforceable emissions cap that is established in the permit~~



~~independent of otherwise applicable requirements.~~

~~The emissions trades must be quantifiable, enforceable, have replicable procedures, may not exceed the allowable emissions stated in the permit (either as a rate of emissions or in terms of total emissions) of that source, must not be modifications under any provision of Title I of the Act, and must comply with all applicable requirements.~~

### ~~3. Reporting Requirements~~

~~Any changes in the operation of the source made under parts 1 or 2 of these operational flexibility provisions must be noticed, in writing, to the Control Officer and to the EPA Administrator at least seven (7) days prior to enactment. The source and the Control Officer shall attach a copy of each notice to their copy of the relevant permit. Any such required written notice shall include:~~

- ~~a. A brief description of the proposed change to the permitted facility;~~
- ~~b. The date on which the change will occur;~~
- ~~c. Any change in the type, rate or concentration of emissions;~~
- ~~d. Notation of any permit term or condition which will no longer be applicable as a result of the change or any applicable requirement that would apply as a result of the change.~~
- ~~e. For emissions trades, a description of how the increases and decreases in emissions will comply with the terms and conditions of the permit.~~

### ~~C. Administrative Part 70 Permit Changes~~

~~Administrative permit changes shall be for the purpose of:~~

- ~~1. Correcting typographical errors;~~
- ~~2. Identifying change in the name, address or phone number of any person identified in the permit;~~
- ~~3. Requiring more frequent monitoring or reporting by the permittee;~~
- ~~4. Allowing for a change in ownership or control, but only if a written agreement containing a specific date for transfer of permit responsibility, coverage and liability between the current and new permittee has been submitted and the Control Officer determines that no other change in the permit is necessary.~~

~~The Control Officer shall take final action within 60 days of receipt of any request for an administrative permit change. The permittee may implement an administrative change immediately upon submission of the request. No notice to the public or affected states shall be provided. A revised copy of the permit shall be submitted to the EPA Administrator.~~

~~Administrative permit amendments relating to any portion of any permit subject to Title IV of the act shall be governed by regulations promulgated under Title IV of the Act.~~

~~D. Minor Part 70 Permit Changes~~

~~Minor permit changes shall be only for those permit modifications that:~~

- ~~1. Do not violate any applicable requirement;~~
- ~~2. Do not involve any significant changes to existing monitoring, reporting or record keeping requirements in the permit;~~
- ~~3. Do not require or change a case by case determination of an emission limitation or other standard or a source specific determination for temporary sources of ambient impacts, or a visibility or increment analysis;~~
- ~~4. Do not seek to establish or change a permit term or condition for which there is no corresponding underlying applicable requirement and that the source has assumed to avoid an applicable requirement to which the source would otherwise be subject. Such terms and conditions include:
  - ~~a. A federally enforceable emissions cap assumed to avoid classification as a modification under any provision of Title I of the Act;~~
  - ~~b. An alternative emissions limit approved pursuant to regulations promulgated under section 112 (i)(5) of the Act;~~~~
- ~~5. Are not modifications under any provision of Title I of the Act.~~

~~The Control Officer shall provide notification to EPA and affected states of any proposed minor permit modifications within five (5) working days of the receipt of a complete application. The notice to EPA shall include all applications except those belonging to types which EPA agrees to waive.~~

~~Within 90 days of the receipt of a complete application for a minor permit modification or 15 days after the EPA Administrator has completed the 45 day review period allowed for under 030.940 (B) (whichever is later), the Control Officer shall take one of the following actions:~~

- ~~1. Issue the permit modification as proposed;~~
- ~~2. Deny the permit modification;~~
- ~~3. Determine that the requested modification does not meet the minor permit modification requirement criteria and that it should be reviewed as a significant modification;~~
- ~~4. Revise the Draft permit modification and transmit to the EPA Administrator the new proposed permit modification.~~

~~The source may implement the proposed change on receipt of the modified permit from the Control Officer.~~

~~E. Significant Part 70 Permit Changes~~

~~All changes to a permit that require a permit modification which cannot be considered as administrative or minor must be evaluated through a significant permit modification. All significant changes in monitoring permit terms or conditions and every relaxation of reporting or record-keeping permit terms or conditions shall be considered significant.~~

~~All significant permit modifications shall meet all the requirements of initial permit issuance as specified in these regulations, including those for application forms, public participation, review by affected states and review by EPA but the application need only address information related to the proposed change. The Control Officer shall take final action on significant permit changes within nine (9) months of the receipt of a complete application. No changes covered under a significant permit modification may be implemented by the source without an Authority To Construct permit if such authorization is required under **Regulation 030.002**. The source must submit a complete application at least nine (9) months prior to the time it intends to implement the change. (Revised 10/25/95)~~

~~030.960 PART 70 PERMIT OPERATING CONDITIONS (Adopted 10/20/93)~~

~~A. General~~

~~The Control Officer shall establish terms and conditions of operation for each Part 70 permit issued. Such terms and conditions shall be designed to ensure compliance with all federal "applicable requirements" and any applicable District regulations.~~

~~All permit terms and conditions established by the Control Officer must be identified on the permit as to the origin and authority for each item and whether or not each is an applicable requirement. Terms and conditions which are not required by the Act or its applicable requirements shall be designated as not federally enforceable. All terms and conditions of a Part 70 permit shall be enforceable by the Control Officer and citizens under the provisions of the Act. The Control Officer shall make allowance for alternative operating scenarios at permitted facilities.~~

~~B. General Permits~~

~~The Control Officer shall establish procedures for granting operations under general Part 70 permits and establish the categories of sources for which such permits will be granted. General permits may be issued for numerous and similar sources and shall be established after completing all required notice and opportunities for public participation, EPA and affected state review required under **Sections 030.930 and 030.940**.~~

~~Sources belonging to a category for which a "general" permit has been approved may request to be granted a Part 70 permit to operate under these provisions by submitting an application. Such applications must include all applicable information as specified in~~

~~**030.020**. No additional public comment will be provided for when operation under a~~

~~general permit is granted. Any general permit shall comply with all applicable requirements as defined in **Section 010.0135** and shall identify criteria by which sources may qualify for the general permit. Affected sources may not be issued general permits. Permit holders operating under a general permit may be subject to enforcement action if it is later determined that they do not qualify for operation under that general permit. Granting operation under a general permit does not qualify as a final action for purposes of judicial review.~~

#### ~~G. Operating Permit Conditions~~

~~The Control Officer shall establish requirements as necessary to ensure that all permit terms, conditions, alternative operating scenarios and/or provisions for trading emissions increases and decreases within the facility comply with all applicable requirements of the Act.~~

~~All Part 70 permits shall contain the following terms and conditions of operation:~~

- ~~1. Requirements that the source must comply with all conditions of the Part 70 permit and any applicable requirements of the Act.~~
- ~~2. Notice that failure to comply constitutes a violation of the Act and is grounds for enforcement actions; for permit termination, revocation and re-issuance, or modification; or for denial of a permit renewal application. Notification that any filing by the permittee for any permit modification, notice of planned non-compliance or other planned changes do not stay the conditions of the permit.~~
- ~~3. Emissions limitations and standards, including operational requirements, emission rate limits or pollutant concentration limits that assure compliance with all applicable requirements at the time of permit issuance. Where an applicable requirement is more stringent than a requirement of the acid rain program, both requirements are federally enforceable and shall be incorporated into the permit.~~
- ~~4. Provisions for alternative operating scenarios as identified by the source in its application and as approved by the Control Officer. Such alternative operating terms shall provide that the source maintain contemporaneous records of which operating scenario they are operating under together with the times and dates for which any changes in operating scenarios are made.~~
- ~~5. Provisions for trading emissions increases and decreases within the facility to the extent the applicable requirements provide for such trading if requested by the source in its application and approved by the Control Officer.~~
- ~~6. Provisions for inspection and entry (as provided for under **020.0201**), reporting, monitoring, record keeping and data collection required under the applicable requirements and sufficient to demonstrate compliance with permit terms and conditions. All methods for the collection of such data shall be specified in the permit including the time periods for data, any necessary supporting information concerning data collection and requirements for timely submission of reports to the District (not to exceed six (6) months or more often if required by an~~

~~applicable requirement or the Control Officer). These reports should include any required monitoring information and indicate all instances of deviations from permit requirements. Where the applicable requirement does not require periodic testing or monitoring, periodic monitoring sufficient to yield reliable data representative of the source's compliance with the permit shall be required. Permit to operate conditions would include requirements concerning the use, maintenance and, where appropriate, the installation of monitoring equipment or methods. These monitoring requirements shall assure use of terms, test methods, units averaging periods and other statistical conventions consistent with the applicable requirement. All required data and supporting information shall be retained by the source for a period of at least five (5) years. Supporting information shall include all calibration and maintenance records, strip charts, dates, places and times of sampling, the date the analysis were performed and by whom, the analytical techniques and results of the analyses, the operating conditions at the time of sampling, and any reports required by the permit. Copies of such records shall be furnished to the Control Officer upon request, and if confidential, provided to directly to EPA on request with a claim of confidentiality.~~

- ~~7. Requirements for prompt reporting of any deviations from the permit terms and conditions, including those due to emergency upset conditions, in accordance with District **regulations 020.075 and 020.076**.~~
- ~~8. Requirements that any document submitted under a Part 70 permit contain a certification of the truth, accuracy and completeness of the compliance statement by a responsible official, and that all certifications are based on information and belief formed after a reasonable inquiry. (Revised 10/25/95)~~
- ~~9. Provisions to allow automatic reopening of permits to enforce future provisions of the Act promulgated after permit issuance. Such newly promulgated federal standards shall be incorporated into any permit with three or more years remaining before renewal.~~
- ~~10. Notice that the Part 70 permit may be reopened and revised for cause under District **regulation 030.960 (D)**. Notice that the permit is subject to termination, revocation and re-issuance or modification for cause under these regulations. That data necessary to determine if cause exists for such reopening shall be submitted to the Control Officer upon request in a timely manner as specified by the Control Officer in writing.~~
- ~~11. A severability clause to ensure the continued validity of various permit terms and conditions in the event of a challenge to any portion of the permit.~~
- ~~12. Notice that the permit does not convey any property rights of any sort or any exclusive privilege.~~
- ~~13. Notice that failure to pay any fines, fees or other approved charges from the District may result in enforcement action or termination of the permit or both.~~
- ~~14. Requirements that sources subject to Part 70 permits shall submit to the permitting authority and EPA a compliance plan signed by a responsible official.~~

~~Submission of the annual compliance plan shall be due each year on anniversary of the date of issuance or more frequently if specified in an applicable requirement. The compliance plan shall be in conformance with the provisions of **Section 030.970** of District regulations.~~

~~15. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce activity to maintain compliance.~~

#### ~~D. Permit Reopenings~~

~~Part 70 permits may be reopened and revised by the Control Officer or the EPA Administrator. Procedures for reopening and revision shall be the same as specified for initial permit issuance in these regulations, including those for public participation, review by affected states and review by EPA, excepting that only the portion to be revised shall be considered.~~

##### ~~1. Reopening permits for cause~~

~~Part 70 permits may be reopened and revised by the District for the following reasons:~~

~~a. Additional applicable requirements become applicable to a Part 70 source with three (3) or more years remaining on the permit. New provisions pertaining to the acid rain program shall take affect without respect to the permit expiration date. If a permit is reopened under this section, a thirty day notice must be provided to the permittee before the permit is reopened.~~

~~b. If the Control Officer or the EPA Administrator determines that the permit contains a material mistake, inaccurate statements were made in establishing the emissions standards, other terms or conditions of the permit, or that the permit must be revised or revoked to ensure compliance with the applicable requirements or other District regulations.~~

##### ~~2. Reopening by EPA~~

~~If the EPA Administrator finds that cause exists to terminate, modify or revoke and reissue a permit pursuant to regulation 030.960 (D) 1 a or b, or in response to a public petition, the EPA Administrator will notify the District and the permittee in writing.~~

~~Within 90 days of the receipt of such notice from EPA, the Control Officer shall submit to the EPA a proposed determination of termination, modification or revocation and reissuance, as appropriate. The EPA Administrator shall have 90 days from receipt of the proposed determination to review the proposal from the Control Officer. After that time the Control Officer shall have 90 days to resolve any EPA objection and terminate, modify, revoke and reissue the permit in accordance with the EPA Administrator's objections.~~

~~E. Temporary Sources~~

~~The Control Officer may issue a single Part 70 permit to the same source owner or operator for similar operations at multiple temporary locations. In addition to the permit requirements of 030.960 (C), the source will be required to provide the Control Officer with at least ten (10) days advance notice of any relocation. No affected source may be issued a temporary permit. To qualify for a temporary permit the source must undergo at least one change of location during the permit term.~~

~~F. Title IV Implementation~~

~~The Control Officer shall establish procedures consistent with 40 CFR Part 72 for any source subject to or choosing to implement the acid rain program under Title IV of the Act. Nothing in any permit or compliance plan issued pursuant to Title V of the Act shall be construed as affecting allowances under the acid rain program (section 408(b) of the Act). Any sources seeking permits under phase II of Title IV shall submit such applications as required in the Act. Applications for permits with sulfur dioxide related requirements will be submitted by January 1, 1996 and applications to add requirements related to Nitrogen Oxide emissions by January 1, 1998. Any source which becomes subject to Title IV of the Act shall have the following supplementary terms and conditions of operation in its Part 70 permit:~~

- ~~1. Requirements to meet all applicable Acid Rain requirements promulgated under Title IV of the Act, including any requirements related to control or limitations on SO<sub>2</sub> and NO<sub>x</sub> emissions. If another applicable requirement that is stricter than the Acid Rain requirement applies, to a source, both requirements shall be included in the permit.~~
- ~~2. Limitations to prevent sulfur dioxide emissions greater than allowed under any applicable requirement or emission allowances lawfully held under Title IV of the Act.~~

~~G. EPA Permit Implementation~~

~~Consistent with the provisions of 40 CFR Part 70.10, the EPA Administrator may supersede the District's Part 70 regulations and issue Part 70 permits as necessary.~~

~~030.970 PART 70 PERMIT MONITORING AND COMPLIANCE (Adopted 10/20/93, Revised 10/25/95)~~

~~A. Compliance Statements~~

~~Sources subject to Part 70 permits shall submit a statement of compliance signed by a responsible official. The annual compliance statement shall be due each year on the anniversary of the date of issuance (or more frequently if required in an applicable requirement). The compliance statement shall address each term or condition of operation on an item by item basis. The compliance statement shall contain the following:~~

- ~~1. Identification of each term or condition of operation that is the basis for certification.~~

- ~~2. The compliance status of the facility with respect to each term or condition of operation and a statement that the operator will continue to comply with such requirements.~~
- ~~3. Whether the compliance with each term or condition of operation was continuous or intermittent.~~
- ~~4. The method(s) used for determining the compliance status of the source including a description of monitoring, record keeping and reporting requirements, and test methods.~~
- ~~5. For any term or condition of operation for which the source is not in compliance, the source must submit a compliance schedule and a narrative description of how the source will achieve compliance with such requirements as described in **030.970 (B)** of these regulations.~~
- ~~6. For any source for which the Control Officer has established requirements for progress reports on compliance schedules, the source must provide these progress reports in a timely manner and address dates milestones and other activities that have been specified by the Control Officer. The progress report shall also include the dates on which any milestones were achieved and an explanation of any dates or milestones that were not or are not expected to be met, why they were not met and any corrective actions to be taken as a result.~~
- ~~7. Any other specific information needed to determine compliance as required by the Control Officer.~~
- ~~8. A certification of the truth, accuracy and completeness of the compliance statement by a responsible official.~~
- ~~9. Any additional requirements as may be specified pursuant to sections 114(a) and 504(b) of the Act.~~

~~All Statements of compliance must be made in writing to both the EPA Administrator as well as to the Control Officer. Failure to submit a statement of compliance in a timely manner may result in citation, penalties, suspension or revocation of the Part 70 permit.~~

#### ~~B. Schedules For Compliance And Remedial Measures~~

~~The Control Officer may issue a Part 70 permit to sources which will not be in compliance with the applicable requirements of its permit at the time of permit issuance. Any Part 70 permit issued to a source which is operating out of compliance with the applicable requirements of its permit shall be issued in conjunction with a compliance schedule. Submission of a compliance schedule does not release the permittee from compliance with any applicable requirement. A compliance schedule shall be submitted with the compliance statement for all part 70 sources. Any schedule of compliance shall include the following:~~

- ~~1. A list of remedial measures, including enforceable sequences of actions with~~



~~milestones, leading to compliance with any applicable requirements in a timely manner.~~

- ~~2. A schedule for certified progress reports to be made no less frequently than every six (6) months or more frequent if specified in the applicable requirement.~~
- ~~3. A statement that for all terms and conditions for which the source is in compliance that the source will continue to comply with such requirements.~~
- ~~4. A certification of the truth, accuracy and completeness of the compliance schedule by a responsible official.~~
- ~~5. A commitment to meet the standards and specifications of any future effective applicable requirements in a timely fashion.~~
- ~~6. Any schedule for compliance must be at least as stringent as that contained in any judicial consent decree or administrative order.~~

~~C. Annual Inspection and Compliance Review~~

- ~~1. Compliance inspections of the facilities shall be made at least annually. The Control Officer shall inspect the equipment, practices and operations required or regulated under the Part 70 permit.~~
- ~~2. The Control Officer shall evaluate the compliance status of each Part 70 permit on an annual basis. The compliance statement and the results of the most recent on-site inspection shall be reviewed and the progress of any compliance schedule shall be assessed. The Control Officer shall consider the comments or complaints received from the public during the compliance review process.~~

## SECTION A - GENERAL

PURPOSE: Title V of the Act requires the issuance of special operating permits for certain classes of air pollution sources. This section establishes the requirements under which such permits shall be issued. Sources obtaining a Part 70 operating permit satisfy the requirements of Section 030.200 of the District regulations and do not need to obtain an additional operating permit. Compliance with the provisions of the Part 70 permit conditions shall not be deemed as compliant with all of the provisions of the Act. Unless otherwise specified in Sections 030.900 to 030.990, inclusive, sources obtaining a Part 70 operating permit shall comply with all applicable District regulations.

1. APPLICABILITY: The provisions of this regulation shall apply to any source and the owner or operator of any source subject to any requirement under Title 40 of the Code of Federal Regulations Part 70 (40 CFR 70) as incorporated into this regulation by reference. In addition, this regulation (030.900) shall apply to the following:

a. Sources Required to Obtain a Part 70 Permit

The following sources and source categories shall be subject to Part 70 permitting:

- 1) Any Major Stationary Source as defined in 40 CFR 70.3;

- 2) Any source, including area sources, subject to a standard, limitation or other requirement under Section 111 (New Source Performance Standards) of the Act;
- 3) Any source, including an area source, subject to a standard or other requirement under Section 112 (Hazardous Air Pollutants) of the Act. However, a source that is subject to regulations or requirements only under Section 112(r) of the Act shall not be required to obtain a permit;
- 4) Any source that includes one or more units subject to Title IV (Acid Rain) of the Act;
- 5) Any source in a source category designated by the EPA Administrator pursuant to 40 CFR Part 70.
- 6) Any source required to obtain a Title V permit by source category, regardless of calculated emissions rate.

b. Exemptions

The following sources and source categories shall be exempted from Part 70 permit requirements:

- 1) Any source subject to this regulation solely because it is subject to 40 CFR Part 60, Subpart AAA, Standards of Performance for New Residential Wood Heaters.
- 2) Any source subject to this regulation solely because it is subject to 40 CFR Part 61, Subpart M, National Emission Standards for Hazardous Air Pollutants for Asbestos, Standards for Demolition and Renovation.

3) Insignificant Emission Levels

Sources with the potential to emit less than an annual average of two (2) pounds per day of any criteria pollutant or less than one (1) pound per day of any hazardous air pollutant on a facility-wide basis are exempted from all Part 70 permitting requirements. Such sources may still be required by the Control Officer to obtain a non-Part 70 operating permit under District regulations. No source that is itself subject to an applicable requirement may qualify as an insignificant source.

- 4) Sources may seek exempt status by limiting facility emissions to levels below those defined for a major source as provided in Section 010.090, Part D (prohibitory status) and Part E (Synthetic Minor sources).

c. Sources That Must be Permitted by the State of Nevada

Any facility whose principal business is to generate electricity using steam derived from the burning of fossil fuels must obtain any necessary Part 70 permit(s) from the State of Nevada.

**SECTION B - DEFINITIONS:** The following shall apply:

For the purpose of this regulation, the definitions specified in 40 CFR 70.2 and Section 010.001 through 010.265 of the District regulations shall apply.

**SECTION C - STANDARDS:** The following standards shall apply:

1. Upon the adoption of this regulation, the provisions of 40 CFR 70.6 a (1)-(6) and (8)-(10), b through g are incorporated herein by reference and made part of the District Board of Health Regulations Governing Air Quality Management.
2. Permit to Operate fees shall be assessed and collected annually in accordance with Section 030.310 thru 030.335 of the District regulations as established under 40 CFR 70.6 a (7) and shall be due each year on the anniversary of the date the permit was issued. Failure to pay annual permit fees may result in citations, suspension or revocation of the Part 70 permit.

**SECTION D - ADMINISTRATIVE REQUIREMENTS:** The following administrative requirements shall apply:

1. GENERAL

The owner or operator of any source requiring a permit under 40 CFR 70.3 must obtain an authority to construct prior to any construction or installation activities associated with equipment or process that triggers the Part 70 permit.

Part 70 permits shall allow for alternative operating scenarios. It shall be the responsibility of the source seeking permits to identify those alternative scenarios. If the scenarios meet all applicable requirements and District regulations, the alternative operating scenarios may be included in the permit.

2. NEW PERMIT ISSUANCE

a. The Control Officer shall establish standard application forms and procedures for obtaining Part 70 permits. The design of these forms shall meet the content requirements of 40 CFR Part 70.5 (c). The applicant must provide all necessary information for the evaluation and permitting of the source as required by the Control Officer in a timely manner including information required after the application is deemed complete. The application must meet all necessary requirements of 40 CFR 70.7.

b. Compliance with the requirements of 40 CFR 70.7 and 70.8 shall be required for any Authority to Construct, or a modifications of a Permit to Operate issued for new sources or facility modifications.

c. Within 30 calendar days of the receipt of a Part 70 Permit application, the Control Officer shall make a determination as to the completeness of the application. If no completeness determination has been made by the Control Officer within 60 calendar days of receipt of the application, the application shall be deemed complete by default. If the application is deemed incomplete, the Control Officer shall notify the applicant in writing within ten (10) calendar days of his determination. The notification shall state the

additional items or information needed to take final action on the permit. A completeness determination shall be required for all permit applications except for those addressing minor permit modifications including administrative.

- d. All new sources subject to Part 70 permitting must obtain an Authority to Construct prior to commencement of construction under Section 030.002 of the District regulations. A complete application for Authority to Construct/Permits to Operate must be submitted at least 12 months prior to commencement of operations.

Within 12 months of the receipt of a complete application, the Control Officer shall:

- 1) Issue an authority to construct or modification for the proposed operations; or
- 2) Deny the permit application or modification.

- e. If no objections from the EPA Administrator are received within the allotted 45-day review period, and all required 30 day affected state and public comment periods have been completed, the Control Officer shall take final action on any Authority to Construct or Permit Modification within 12 months of the receipt of a complete application. If, at the end of one year, the required review and comment periods have not been completed, final action on the permit shall be issued as soon as practical after these periods have been completed but no later than 18 months after a complete application has been received. A copy of all final permits shall be sent to EPA.

- f. The procedures for completeness review and processing shall be the same as specified under 40 CFR 70.5, for new applications. The requirements for public, affected state and EPA notice shall be the same as for initial permit issuances. All procedures for EPA permit veto and public judicial appeal shall be the same as for initial permit issuance. If the District fails to issue or deny a Part 70 permit within 18 months of the receipt of a complete application, this shall be treated as a final permit action solely to allow for judicial review by the applicant or any person who participated in the public comment process under 40 CFR 70.5 and NRS 445B.215.

- g. Temporary location sources. The AQMD may issue a single permit authorizing emissions from similar operations by the same source owner or operator at multiple temporary locations. The operation must be temporary and involve at least one change of location during the term of the permit. No affected source shall be permitted as a temporary source. Permits for temporary sources shall include the following:

- 1) Conditions that will assure compliance with all applicable requirements at all authorized locations;
- 2) Requirements that the owner or operator notify the permitting authority at least 10 days in advance of each change in location; and
- 3) Conditions that assure compliance with all other provisions of this section.

- h. In accordance with 40 CFR Part 70.10, the EPA Administrator may supersede the District's Part 70 regulations and issue Part 70 permits as necessary.

### 3. FACILITY MODIFICATIONS

- a. INSIGNIFICANT MODIFICATIONS: Changes to the operation of sources may be made

without a permit revision if the changes comply with the provisions of 40 CFR 70.4 (b)(12)(i) through (iii) and Section 502 (b)(10).

b. ADMINISTRATIVE MODIFICATIONS: Administrative permit changes shall be for the purpose of:

- 1) Correcting typographical errors;
- 2) Identifying change in the name, address or phone number of any person identified in the permit;
- 3) Requiring more frequent monitoring or reporting by the permittee;
- 4) Allowing for a change in ownership or control, but only if a written agreement containing a specific date for transfer of permit responsibility, coverage and liability between the current and new permittee has been submitted and the Control Officer determines that no other change in the permit is necessary.

c. MINOR MODIFICATIONS: Minor permit changes shall be only for those permit modifications that:

- 1) Within 90 calendar days of the receipt of a complete application for a minor permit modification or 21 calendar days after the EPA Administrator has completed the 45-calendar day review period allowed for under 030.940 (D.5) (whichever is later), the Control Officer shall take one of the following actions:
  - i. Issue the permit modification as proposed;
  - ii. Deny the permit modification;
  - iii. Determine that the requested modification does not meet the minor permit modification requirement criteria and that it should be reviewed as a significant modification;
  - iv. Revise the Draft permit modification and transmit to the EPA Administrator the new proposed permit modification.
- 2) Do not violate any applicable requirement;
- 3) Do not involve any significant changes to existing monitoring, reporting or record keeping requirements in the permit;
- 4) Do not require or change a case-by-case determination of an emission limitation or other standard or a source-specific determination for temporary sources of ambient impacts, or a visibility or increment analysis;
- 5) Do not seek to establish or change a permit term or condition for which there is no corresponding underlying applicable requirement and that the source has assumed to avoid an applicable requirement to which the source would otherwise be subject. Such terms and conditions include:

- i. A federally enforceable emissions cap assumed to avoid classification as a modification under any provision of Title I of the Act;
    - ii. An alternative emissions limit approved pursuant to regulations promulgated under Section 112 (i)(5) of the Act;
  - 6) Are not modifications under any provision of Title I of the Act.
- d. SIGNIFICANT MODIFICATIONS: Any changes to a permit that require a permit modification that cannot be considered as insignificant, administrative or minor must be evaluated as a significant permit modification. Any significant changes in permit terms or conditions and every relaxation of reporting or record-keeping permit terms or conditions shall be considered significant.
  - 1) All significant permit modifications shall meet all the requirements of initial permit issuance as specified in these regulations, including those for application forms, public participation, review by affected states and review by EPA, but the application need only address information related to the proposed changes. The Control Officer shall take final action on significant permit changes within nine (9) months of the receipt of a complete application.
  - 2) No changes covered under a significant permit modification may be implemented by the source without an Authority to Construct being issued, if such authorization is required under Section 030.002 of the District regulations. The source must submit a complete application at least nine (9) months prior to the time it intends to implement the change. (Revised 10/25/95)
  - 3) The Control Officer shall provide notification to EPA and affected states of any proposed permit modifications within seven (7) calendar days of the receipt of a complete application. The notice to EPA shall include all applications except those belonging to types which EPA agrees to waive.
  - 4) The source may implement the proposed changes on receipt of the modified permit from the Control Officer.

#### 4. RENEWAL OF PERMITS

- a. All sources seeking renewal of expiring Part 70 permits must submit a written application for renewal at least six (6) (but not more than 12 months) prior to expiration. Payment of application review fees as well as all necessary supplemental information and standard forms as required by the Control Officer must accompany the permit renewal application.
- b. If the Part 70 permit expires without the source submitting a timely and complete renewal application, or the applicant fails to submit any requested additional information by the specified deadline, the source's right to operate terminates. If a Part 70 source submits a timely and complete application and the District fails to renew the Part 70 operating permit in a timely manner, the terms and operating conditions of the former Part 70 permit will remain in full force and effect until the District takes final action on the application.
- c. The procedures for completeness review and processing shall be the same as specified

under 030.920 (D.2), for new applications. The requirements for public, affected state and EPA notice shall be the same as for initial permit issuances. All procedures for EPA permit veto and public judicial appeal shall be the same as for initial permit issuance.

5. PUBLIC NOTICE:

Public notice shall be given of any Part 70 draft permit addressing an initial permit issuance or significant permit modification. Three such notices shall be made in a newspaper of general circulation within Washoe County in accordance with 40 CFR 70.5 and NRS 445B.215. At least 30 calendar days shall be allowed for public comment under such notifications. The public notice shall include the following:

- a. The name and address of the applicant and identification of the affected facility;
- b. The activities involved in the permit action;
- c. The emission changes involved in any permit modification;
- d. The address of the Washoe County Air Quality Management Division and the name and phone number of a person from whom additional information on the draft permit may be obtained, including copies of the draft permit, the application, reports on the basis of the permit conditions, and relevant supporting materials;
- e. A brief description of the procedures for making comment, including any deadlines for making such comment;
- f. A brief description of the procedures for requesting a Public Hearing on the draft permit or the date, time and location for such a hearing if one has been scheduled.

The Control Officer shall keep records of the commenter's and the issues raised during the public participation process.

The Control Officer shall grant a public hearing to address any germane objections made during the Part 70 application review process, upon request from the affected members of the general public. Any public hearing will be noticed at least 30 calendar days in advance.

6. PUBLIC HEARING:

The Control Officer shall hold at least one public hearing on an application for a part 70 permit. At such a public hearing, the applicant and members of the public may submit any information relating to the application and the air quality impacts of the proposed operations described in the application.

7. GENERAL PERMITS:

The control officer may, after notice and opportunity for public participation provided under 40 CFR 70.7(h), issue a general permit covering similar sources.

- a. Any general permit shall comply with all applicable Part 70 permit requirements and shall identify criteria by which sources may qualify for the general permit. For sources that qualify, the control officer will determine the conditions and terms of the general permit.

- b. As specified in the permit shield provisions of 40 CFR 70 (f), the source shall be subject to enforcement action for operation without a Part 70 permit if the source is later determined not to qualify for the conditions and terms of the general permit.
- c. General permits shall not be authorized for affected sources under the acid rain program unless otherwise provided in regulations promulgated under Title IV of the Act.
- d. Part 70 sources that would qualify for a general permit must apply to the control officer for coverage under the terms of the general permit or must apply for a Part 70 permit consistent with 40 CFR 70.5, and are exempt from a 30 day public comment period.
- e. The control officer may, in the general permit, provide for applications that deviate from the requirements of 40 CFR 70.5, provided that such applications meet the requirements of Title V of the Act, and include all information necessary to determine qualification for, and to assure compliance with, the general permit. Without repeating the public participation procedures required under 40 CFR 70.7(h), the control officer may grant a source's request for authorization to operate under a general permit, but such a grant shall not be a final permit action for purposes of judicial review.

#### 8. APPEALS OF THE FINAL PERMIT:

- a. Any person may petition the EPA Administrator within 60 days after the expiration of the Administrator's 45 day review period. The objections must be based on grounds raised during the public comment process, unless it was impracticable to raise such objections or new grounds arise.
- b. The applicant or any person who participated in the public comment process may petition the District Board of Health concerning any final permit action within 30 days of such action. Such appeals will be heard first by the Air Pollution Control Hearing Board and shall be scheduled for hearing within 30 days after the appeal has been made. Any persons appealing final permit actions may submit their petitions to the District Court for judicial review after appeals to the Air Pollution Control Hearing Board and District Board of Health have been exhausted. Any appeal to District Court for judicial review must be made within 90 days of the final permit action as per Section 020.010 of the District regulations, unless it can be demonstrated that the petition is based solely on new grounds arising after the date for judicial review. Any appeal based on new grounds must be filed within 90 days after such new grounds arise.
- c. If the District fails to issue or deny a Part 70 permit within 18 months of the receipt of a complete application, this shall be treated as a final permit action solely to allow for judicial review by the applicant or any person who participated in the public comment process under Section D 6 of this rule.

#### 9. PERMIT REOPENINGS

Part 70 permits may be reopened and revised by the Control Officer or the EPA Administrator. Procedures for reopening and revision shall be in accordance with 40 CFR 70.7 f and g

**SECTION E - COMPLIANCE AND RECORDS:** In addition to the requirements of 40 CFR 70.6, the following additional compliance and record requirements shall also apply:



1. RECORD REQUIREMENTS: All records required by Sections 030.900 1 through 4 shall be maintained at the site of the facility by the operator for a period of at least 5 years. All required records shall be provided to the Control Officer upon request.
2. COMPLIANCE DEMONSTRATIONS: The Control Officer may require the operator of a source to provide any applicable data to demonstrate compliance with the conditions of the Authority to Construct and/or Permit to Operate. Requested data must be provided in a timely manner, as specified by the Control Officer. Failure to provide this data constitutes a violation of the conditions of the Authority to Construct and/or Permit to Operate, and the affected source will be subject to a citation under these regulations, suspension of their Permit to Operate, or both.
3. PUBLIC NOTICE RECORDS: The Control Officer shall maintain all notice of decisions, any public notice issued, or comments received for a period of 5 years from the time of issuance or denial of any permit issued or denied under the requirements of Sections 030.900 1 through 4.
4. COMPLIANCE WITH OTHER RULES, LAWS AND STATUTES: Obtaining an Authority to Construct and/or a Permit to Operate shall not relieve any owner or operator of their responsibility to comply with applicable provisions of the Nevada State Implementation Plan and any other requirements under local, state, or federal law.

040.045

**INCINERATOR BURNING** ([Revised xx/xx/18](#))

~~The incinerator must incorporate a multiple chambered design or be of such design that the Control Officer declared it to be of equal efficiency.~~

~~A. Multiple chambered consists of three (3) or more refractory walls, interconnected by gas passage ports or ducts and employing adequate design parameters necessary for maximum combustion of the material to be burned. In addition, there shall be approved auxiliary burners in the primary and secondary combustion chambers, and an approved flue gas washer on all new installations providing the nearest property line is within 100 feet of the incinerator.~~

~~B. Multiple chambered pathological incinerator is any multiple chambered incinerator used to dispose of pathological wastes, wet garbage, or other high moisture content materials and must incorporate solid hearth construction, with drying shelves for wet wastes and auxiliary heating units to insure temperatures of 1400 degrees F to 1800 degrees F, for not less than 0.3 seconds.~~

Before constructing or operating any incinerator [within Washoe County](#) an Authorization to ~~Build and a Permit to Operate~~ [construct](#) must be obtained from the Control Officer.  
**(See Section 030).**

~~040.050~~ **INCINERATOR EMISSIONS**

~~No person shall cause, suffer, allow or permit the discharge into the atmosphere from any multiple chambered incinerator, or approved incinerator, any visible air contaminants for a period or period aggregating more than one (1) minute in any one (1) hour which is:~~

~~A. As dark or darker in shade than that designated as No. 1 on the **Ringelmann Chart**; or~~

~~B. Of an opacity to or greater than an air contaminant designated as No. 1 on the **Ringelmann Chart**.~~



DBOH AGENDA ITEM NO. 12A

*Regional Emergency Medical Services Authority*

*A non-profit community service using no tax dollars*

**REMSA**

**FRANCHISE COMPLIANCE  
REPORT**

**August 2018**



**REMSA Accounts Receivable Summary  
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	3982	\$4,876,285.40	\$1,224.58	\$1,224.58	\$ 428.60
Totals	3982	\$4,876,285	\$1,224.58		

Allowed Average Bill for 7/1/18 - 12/31/18: \$1,218.08

**Year to Date: July 2018 thru July 2019**

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-18	5 Minutes 48 Seconds	91%	97%
Aug-18	5 Minutes 52 Seconds	90%	95%

**Year to Date: July 2018 through July 2019**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 48 Seconds	91%	96%

**Year to Date: July 2018 through July 2019**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-18	P-1	5:14	6:02	7:45
	P-2	5:22	6:16	8:23
Aug-18	P-1	5:16	5:52	8:23
	P-2	5:23	6:12	8:12

**Year to Date: July 2018 through July 2019**

Priority	Reno	Sparks	Washoe County
P-1	5:16	5:57	8:06
P2	5:20	6:13	8:17



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 07/01/2018 THRU 07/31/2018**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	8/2/2018 9:35	8/2/2018 9:39	1C30	0:04:04	0:04:04
Zone A	8/4/2018 20:52	8/4/2018 20:52	1C16	-00:00:17	0:00:09
Zone A	8/5/2018 21:58	8/5/2018 22:06	1C31	0:08:43	0:08:43
Zone A	8/6/2018 17:20	8/6/2018 17:21	1C43	-00:00:10	0:00:44
Zone A	8/6/2018 17:58	8/6/2018 17:59	1C20	-00:01:18	0:01:13
Zone A	8/7/2018 15:25	8/7/2018 15:29	1C34	0:00:00	0:04:42
Zone A	8/12/2018 10:55	8/12/2018 11:00	1C01	0:04:36	0:04:36
Zone A	8/18/2018 15:00	8/18/2018 15:03	1C32	0:02:05	0:02:05
Zone A	8/18/2018 19:00	8/18/2018 19:08	1W31	0:08:59	0:08:28
Zone A	8/18/2018 20:19	8/18/2018 20:20	1C04	-00:00:35	0:00:47
Zone A	8/23/2018 0:27	8/23/2018 0:30	1C21	0:03:25	0:03:25
Zone A	8/24/2018 17:29	8/24/2018 17:41	1C33	0:12:14	0:12:14
Zone A	8/30/2018 15:09	8/30/2018 15:09	1C44	-00:00:24	0:00:31

<b>UPGRADE REQUESTED</b>						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
<b>No Upgrades</b>						

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



## GROUND AMBULANCE OPERATIONS REPORT AUGUST 2018

### 1. Overall Statics

- a) Total number of system responses: **6882**
- b) Total number of responses in which no transports resulted: **2668**
- c) Total number of System Transports (including transports to out of county): **4214**

### 2. Call Classification

- a) Cardiopulmonary Arrests: **1.4%**
- b) Medical: **54.9%**
- c) Obstetrics (OB): **5.0%**
- d) Psychiatric/Behavioral: **9.5%**
- e) Transfers: **12.6%**
- f) Trauma – MVA: **8.1%**
- g) Trauma – Non MVA: **7.2 %**
- h) Unknown: **5.7%**

### 3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts or STEMI rhythms
  - 100% of deliveries and neonatal resuscitation
  - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: **1813**

Total number of above calls receiving QA Reviews: **342**

Percentage of charts reviewed from the above transports: **18.8%**



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

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	28	4	23	1	5
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	12	51	4	35	8	16
ACLS S	5	7	0	0	5	7
AEMT	1	25	1	25		
BLS	66	336	13	109	53	227
BLS I	1	6	1	6	0	0
BLS R	45	181	30	133	15	48
BLS S	20	26	0	0	20	26
B-CON	2	22	2	22	0	0
CE	2	14	2	14	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	1	25	1	25		
EMT R	0	0	0	0		
FF CPR	1	2	1	2	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	4	17	4	17	0	0
HS BBP	2	6	1	0	1	6
HS CPR	14	79	4	25	10	54
HS CPR FA	65	478	14	108	51	370
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	5	28	0	0	5	28
HS FA S	0	0	0	0	0	0
HS K-12 CPR AED	46	339	0	0	46	339
HS K-12 CPR, AED, FA	7	113	1	85	6	28



Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
HS PFA	7	38	0	0	7	38
HS Primeros Auxilios, RCP y DEA	0	0	0	0	0	0
HS Spanish RCP y DEA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	14	1	14	0	0
PALS	2	9	2	9	0	
PALS I	0	0	0	0	0	0
PALS R	9	21	2	9	7	12
PALS S	0	0	0	0	3	10
PEARS	1	3	0	0	1	3
PHTLS	1	2	0	0	0	0
PHTLS R	1	2	1	2	0	0
PM	0	0	0	0		
PM R	0	0	0	0		
<b>Classes with CPR</b>		<b>CPR Student</b>		<b>REMSA CPR</b>	<b>REMSA CPR Students</b>	
206		1385		65	482	





## COMMUNITY OUTREACH AUGUST 2018

Point of Impact		
08/01/18	Child car seat checkpoint hosted by Menath Insurance; 9 cars and 14 seats inspected.	10 volunteers; 2 staff
Cribs for Kids/Community		
08/01/18	Attended Immunize Nevada Event- Kids Give a Boost	About 100+ participants
08/07/18	Conducted REDCap (C4K database) training for Community Health Alliance WIC	
08/09/18	C4K participated In Statewide Safe Sleep Meeting	
08/09/18	Participated in Northern Nevada Vision Zero Meeting (Pedestrian Safety)	
08/10/18	Presented Safe Sleep and Car Seat Safety at the Life Change Center	
08/20/18	C4K taught the Updated AAP recommendations to staff at Renown	7 participants
08/22/18	C4K Attended Child Death Review EC Meeting in Carson City	
08/23/18	Discussed Cribs for Kids to Rae Waddington a State of Nevada Community Health Worker	



REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

## EMS System Report

August 1, 2018 to August 31, 2018

Your Score

**96.11**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**7,853**

Number of Transport Services in All EMS DB

**147**



REMSA  
August 1, 2018 to August 31, 2018

### Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **08/01/2018** and **08/31/2018**.

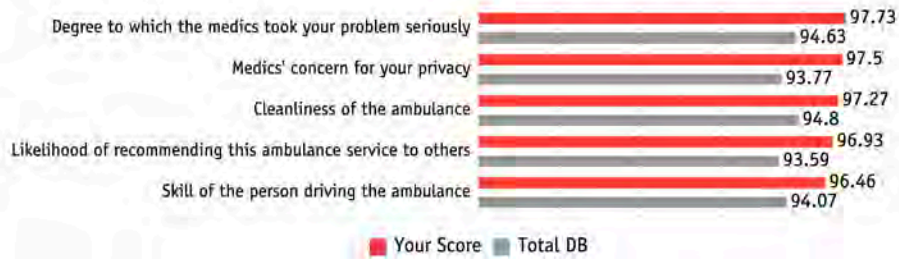
The overall mean score for the standard questions was **96.11**; this is a difference of **3.19** points from the overall EMS database score of **92.92**.

The current score of **96.11** is a change of **-0.07** points from last period's score of **96.18**. This was the **16th** highest overall score for all companies in the database.

You are ranked **4th** for comparably sized companies in the system.

**89.05%** of responses to standard questions had a rating of Very Good, the highest rating. **99.22%** of all responses were positive.

#### 5 Highest Scores



#### 5 Lowest Scores





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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	1	1	0	0	1	0	1	0
18 to 30	13	3	10	0	9	5	4	0
31 to 44	14	4	10	0	14	6	8	0
45 to 54	16	9	7	0	22	11	11	0
55 to 64	31	18	13	0	25	13	12	0
65 and older	75	34	41	0	79	33	46	0
<b>Total</b>	<b>150</b>	<b>69</b>	<b>81</b>	<b>0</b>	<b>150</b>	<b>68</b>	<b>82</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**August 1, 2018 to August 31, 2018**

**Monthly Breakdown**

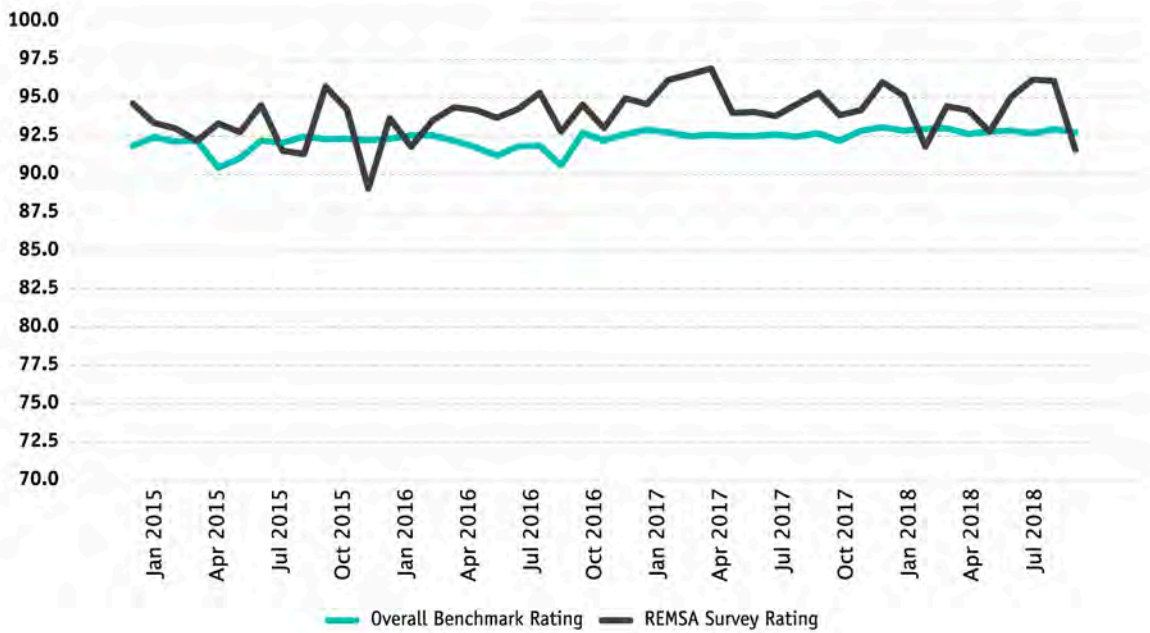
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
Helpfulness of the person you called for ambulance service	95.21	93.13	90.58	93.13	97.56	93.55	90.95	92.53	99.42	96.67	96.25	96.79	95.59
Extent to which you were told what to do until the ambulance	96.02	89.89	92.33	94.59	95.65	93.77	90.52	92.97	99.39	96.59	96.05	98.61	94.15
Extent to which the ambulance arrived in a timely manner	95.01	95.44	92.37	92.87	95.84	95.36	92.30	95.11	93.55	90.28	95.58	95.87	96.06
Cleanliness of the ambulance	96.57	99.09	96.82	96.12	98.26	96.49	93.00	96.01	94.53	93.72	97.17	96.04	97.27
Skill of the person driving the ambulance	96.40	96.44	96.82	95.26	96.96	96.12	93.93	95.43	95.63	93.77	96.17	96.88	96.46
Care shown by the medics who arrived with the ambulance	93.90	96.19	93.68	95.49	95.45	95.78	92.94	95.59	94.37	92.91	94.51	96.95	95.84
Degree to which the medics took your problem seriously	94.70	95.90	93.59	95.21	95.93	95.61	91.99	93.97	94.85	92.30	94.60	96.97	97.73
Degree to which the medics listened to you and/or your family	94.52	96.88	94.22	94.75	96.11	95.60	92.11	94.80	95.44	92.65	95.04	95.93	96.41
Extent to which the medics kept you informed about your	92.33	92.75	92.56	93.81	94.98	94.69	91.33	94.04	94.26	92.27	93.56	95.27	94.93
Extent to which medics included you in the treatment decisions	93.16	91.71	93.93	91.47	96.68	93.34	89.66	93.44	92.69	91.80	93.54	94.35	95.76
Degree to which the medics relieved your pain or discomfort	92.54	90.17	86.22	92.90	91.13	91.12	89.07	90.92	90.45	91.24	92.12	94.76	93.03
Medics' concern for your privacy	96.00	96.73	94.72	93.45	95.85	94.40	92.26	95.53	94.51	93.74	96.00	97.04	97.50
Extent to which medics cared for you as a person	95.20	96.95	94.54	94.51	96.41	95.85	92.30	94.24	95.28	94.11	95.74	96.02	96.20
Professionalism of the staff in our ambulance service billing	93.18	96.43	100.00	87.50	97.22	96.88	94.44	100.00	94.57	88.46	98.08	94.79	95.72
Willingness of the staff in our billing office to address your	87.50	100.00	98.08	87.50	96.88	96.43	93.75	100.00	95.24	89.32	98.08	94.57	94.86
How well did our staff work together to care for you	95.72	96.68	95.92	95.98	97.79	96.46	93.02	95.22	94.78	93.73	95.52	97.24	96.44
Extent to which the services received were worth the fees	88.24	83.63	85.47	89.39	91.20	91.67	84.95	89.98	85.38	90.19	86.88	91.22	95.45
Overall rating of the care provided by our Emergency Medical	94.54	95.94	94.97	94.82	97.66	96.10	92.23	94.55	93.82	93.50	95.28	96.84	96.07
Likelihood of recommending this ambulance service to others	96.46	97.34	96.87	95.29	97.68	96.78	93.44	95.47	94.92	93.83	97.37	96.83	96.93
Your Master Score	94.57	95.33	93.86	94.19	96.02	95.12	91.82	94.44	94.18	92.78	95.04	96.18	96.11
Your Total Responses	150	150	150	150	150	150	150	150	150	153	151	150	150



REMSA  
 August 1, 2018 to August 31, 2018

Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE AUGUST 2018 CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
1	07/01/18	"I am very appreciative to everyone who helped my husband. They were great!"				
2	07/01/18	"Get here before ambulance and do your job."	"over charge for what they do. Fire dept. always arrive first and then they take my mom after the fireman do their jobs."			
3	06/24/18	"They done really good."	"Nothing they would need to do."			
4	06/24/18		"You need a bigger ambulance!"			
5	06/25/18	"Oh! it was all fine! They're always good"				
6	06/25/18	"They were excellent- they got him to the hospital and did what needed to be done. and he's home now doing fairly well."				
7	06/25/18	"they took really good care of my husband"	"nothing, everything was fine."			
8	06/25/18	"as soon as they got me in the ambulance- they started working on me right away- they checked my heart and asking me about my medication. I remember being very scared - that's not like me, but they were able to calm me down/ talk me down."	"I'm sure we will use the same service- I went to school with some of the REMSA people. so, they are up to date on current events. they'll all educated, very professional."	"they were on me like fly's- very professional and they were asking me questions- kept asking me what my name was, what day it was-"		
9	06/25/18	"they got here quick and into the ambulance fast and were very professional"	"nothing, everything was great"			



10	06/26/18	"they took good care of me and were very kind"				
11	06/26/18	"Everything! they treated me very well, I'm just so thankful"	"I don't think anything could have been better"			
12	06/26/18	"the medics were very kind and helped keep me calm"				
13	06/26/18	"the medics got me out of the house fast and to the hospital"	"nothing"			
14	06/27/18	"everything! they took me to the hospital and were very excellent overall"		"oh yes, very professional"		
15	06/27/18	"everyone was professional and provided me with good service."	"nothing"			
16	06/27/18	"Workers were very punctual, they treated me kindly and made me feel comfortable."				
17	06/27/18	"Service was excellent! They were great!"				
18	06/27/18	"The brotherhood was great. Thank you!!"	"Offer medication before hospital it would have helped with my pain level."			
19	06/27/18	"I think that was the time I had the nose bleed- they saw to it that I got one of those bags, so I stop dripping down the front of me and helped me tip my head back."	"I'm very satisfied. I really cant think of anything. I'm just very happy with everything"			
20	06/27/18	"they didn't talk down to me, and kept me informed about everything that was happening."				
21	06/28/18	"worked very well together to get me into the ambulance and off to the hospital- and kept me informed"				





22	06/28/18	"they treated me well, asked me questions, and got me to the hospital"	"Just keep doing what you're doing"	"were very kind and helpful"		
23	06/28/18	"I don't have a comment on that, because I wasn't fully with it"				
24	06/28/18		"Listen to the patient"	"They wouldn't take me to the hospital that I wanted to go to."	Ticket assigned 9.4.18 #6085	See follow up below
25	06/28/18	"everything they did was fine"				
26	06/28/18	"they were awesome with me"	"there wont be a next time, I made a promise to my wife haha"	"yes, they took good care of me"		
27	06/29/18	"overall they did everything they could to help me and work together"	"nothing I can think of"			
28	06/29/18	"Everything they did was fine- it was good it was fine"	"I got the bill and called right away to set up a payment plan and they were not friendly. The minimum you can pay is \$100.00 and I'm still in the hospital without a job. The workers reply was "" Well maybe you could fine a way to get a job"". that just didn't sit well with me.""{continue from billing} I would have understood if she was more friendly and saying her understood but the minimum is 100.00. But that comment and tone just didn't seem friendly. When I'm calling them, trying to figure this out, but they aren't calling me."		Ticket assigned 9.4.18 #6086	See follow up below
29	06/29/18	"yes, they were excellent to me."		"everything was good for me if that's what you want to know"		



30	06/29/18	"oh, they were courteous and very well prepared"	"well I don't think anything could have been better"	"oh yes, they were very caring"		
31	06/29/18	"everything!"	"um I don't think there is anything you could have done better. everything was great"	"everything was satisfactory"		
32	06/29/18	"Uh one of the medics was very comforting and talked thru the ride- nice guys and kept my comfortable"	"uhh maybe not poke me so much haha- with all the IV's and stuff"	"they did give me meds... I don't really remember what they were though.. so yeah a 5"		
33	06/29/18	"uh overall they had a little trouble getting me out of the house, because of the layout, but they solved it and everything after was great."	"uh nothing that I can think of- everything was done fine"	"service was excellent, everything was done good"		
34	06/29/18	"when I fell they were there with in secs, they helped me on the bed and were compassionate"	"One time a couple years ago I was told by the medic that I was just trying to get drugs which wasn't the case whatsoever. other than that one time you do everything fine"	"they were right there helping"		
35	06/29/18	"pretty much the whole thing, let's just go with that"				
36	06/29/18	"this last time they were really good to me, the two times before that I was out cold"		"They were really good to me, and did everything right"		
37	06/29/18	"Everything was satisfactory"				
38	06/30/18	"everything! they took really good care of me."				



39	06/30/18	"everything you do is fantastic- very professional very caring about the patient - above and beyond!"	"nothing- I just don't want the other two drivers the one that drove me to Carson City they were the best most sweet caring people that I have ever met- before we left they made sure I wasn't in pain. I want them (medics) and you to get all 5's thank you for taking my mind off my tummy."			
40	06/30/18	"they took good care of me, 5!"	"nothing"	I was confused by the bill, at the top it said 250, but then said 200. I'll have to call again about it	Assigned 9.4.18 Ticket # 6087	See follow up below
41	06/30/18		"there is no better"			
42	06/30/18	"the care was good they were professional they got here quick once we got to the hospital it was really good"	"I don't really have a reply, I think it was overall good"			
43	07/08/18	"the timeliness and care. high ranks for that- I was very pleased- they took good care of me"	"I can't think of anything"			
44	07/08/18	"Pt stated that she is much better now due to the good care she received from the medics."				
45	07/09/18	"Pt stated that the medics didn't waste any time providing her with oxygen."	"The younger 2 medics worked well together but the older medic had attitude with the patient and she didn't care for it."		Assigned 9.4.18 Ticket #6088	See follow up below
46	07/09/18	"Pt stated that the medics took good care of him despite him becoming unruly. He thanks them for their care and apologizes for his behavior that night."				



47	07/09/18	"Pt said the medics more than likely saved his life."				
48	07/09/18	"The medics were quick and knowledgeable. Pt stated that they also kept him calm because he was ""freaking out"" due to coming out of a seizure."				
49	07/09/18		"The AC kept breaking down. Pt stated she felt if the AC was functioning properly that it would improve the service."			
50	07/09/18	"Pt stated that the bottom line is the medics did their job and did it well."				
51	07/10/18	"they just cared for me like listen to me took me right away - they went right into the hospital and explained it to the doctors- it was nice because I was out of it and had a hard time focusing"	"it was great! no complaints everything was awesome. I was moving from another state where they don't treat you like that. it really made the difference"			
52	07/10/2018	"They did great"				
53	07/11/18	"they were very good"	"nothing"			
54	07/11/18	"I had been dizzy- I started to get up to go to the bathroom but kept falling down - they came right away and were so good and kind and help me not be dizzy- they were making jokes to help calm down - everyone was so very kind and every bit of it was fantastic- even when they put the IV in - I was very pleased that I didn't have to be poked a lot"		"everything was wonderful- they took great care of me"		



55	07/11/18	"They were really nice. the men that came with the ambulance took really good care of me- I'd have nothing but good things to say about them"				
56	07/11/18	"they were very professional and they knew what they were doing and were very skilled"	"they did everything good so I have no complaints-"	"I was very impressed- it all went well"		
57	07/11/18	"they had a hard time getting into my apartment but they handle it very well- they were fearless"	"nothing that I know of. if the EMTs get to see this let them know I think they did great"			
58	07/11/18	"we get nothing better that great service, they are always great- I think their focus and care was excellent. I feel really safe knowing they do such a good job and that we can always count on them"	"nothing that I can think of. they kept me in the loop and did everything right."			
59	07/11/18	"I don't know"	"nothing"			
60	07/11/18	"they were nice and polite and they took good care of me until I got to hospital"	"just keep doing what you're doing- you guys do a wonderful job"			
61	07/11/18	"they took real good care of me"	"uhh nothing that I can think of- just keep doing what you're doing"			
62	07/12/18	"everything! their care, their concern all of it!"	"I couldn't think of a thing, I really couldn't"			
63	07/12/18	"they've always have treated us well and gotten us there in a timely manner."	"they did fine"			
64	07/12/18	"The medics themselves were very friendly and caring"	"I work in the 1st responder family it was perfect. no complaints whatsoever- they were timely and very caring. a perfect visit really"	"I wasn't in pain so N/A"		



65	07/13/18	"they watched over me and made sure I didn't kill myself- so I'd say they did a good job"	"we could have apart in the back haha, no, but on a serious level if my personal things are lost in the system I would like there to be a better way to track them. The police said they gave them to the ambulance, but they were never given to me"	"I didn't really have treatment because they were just transporting me"		
66	07/13/18		"Lower costs."			
67	07/13/18	"Everything was excellent! Thank you for this call."				
68	07/13/18	"The medics were so gentle with me and they understood me. They were just perfect to me. They explained things very well and took good care of me. (Very emotional while saying all of this :) If I ever need an ambulance again, I hope I get those guys, they were a great team!"				
69	07/13/18	"It was great."				
70	07/13/18		"Commination about what's going on and why we sat in the ambulance before taking off would have been nice to know why. My wife came to the ambulance to see what was going on and was ignored. It would be nice to see some courtesy, that's my loved one who was concerned and there was no communication."		Assigned 9.4.18 ticket # 6089	See follow up below
71	07/13/18	"they talked me thru it pretty well"	"I think everything was great"			



72	07/13/18	"pretty much the way the took care of me and how well they took my problem seriously. they still took it seriously even after finding out it wasn't as serious as I had thought"	"nothing"			
73	07/13/18	"it was all very good so I'd say, five!"	"I don't think there would be anything you need to improve on"			
74	07/15/18	"as far as I know they took me out to the ambulance and then on our way to the hospital"	"nothing that I know of"	"I don't remember that ride that well"		
75	07/16/18	"oh, I don't know, all of it"	"nothing they did fine"			
76	07/16/18	"I've rode in that ambulance about five times now and they are always wonderful. I was very pleased with everything"	"nothing, like I said they've always been wonderful"			
77	07/16/18	"yeah! they did very well."	"I don't know what"	"It was all good"		
78	07/16/18	"I'd say overall it was a good experience. They picked me up and took me where I wanted to go, they were very caring and nice people."	"nothing"			
79	07/16/18	"they took very good care of me start to finish"	"uuh nothing"			
80	07/16/18	"Give them 5's for everything! they were great- everything they did was excellent and they tried to make it the less painful as possible. they also did a good job transporting for the hospital to the nursing home."				
81	07/16/18	"uhh no yeah everything was fine"	"Get the IV in faster"			



82	07/16/18	"Overall the experience was 5"				
83	07/16/18	"They were wonderful."	"Get a portable bed. My back was out and I had to walk to the stretcher and it was too difficult."		Assigned 9.4.18 Ticket 6090	See follow up below
84	07/17/18	"they were wonderful with me and my husband! I broke my shoulder and three ribs and knocked myself out."				
85	07/17/18	"They got here fast. I couldn't have had better service. Those two men really knew what they were doing!"				
86	07/17/18	"The phone call was great they handled me very well. The phone call went great and everything was very good."	"Nothing I can think of."			
87	07/17/18	"overall the proficiency was 3"	"Things are missing customer made pad for my wheel chair & walking pad & white fitted sheet."			
88	07/17/18	"they got me to the hospital quickly"	"my problems where serious enough that I needed to be transported- but I had to push to get them to transport me for some reason- I don't know why they were questioning me being transported"		Assigned 9.4.18 ticket # 6091	See follow up below
89	07/18/18	"I never seen such young guys that were as helpful and so kind. you guys are so lucky to have them. we tell everyone about them. the nurses were also great."	"there was a little mix up on communication in the hospital about what toilet I should be using, but besides that everything was great"			
90	07/18/18	"just everything it was excellent all around"	"keep on keeping on"			





91	07/18/18	"they treated me wonderful- it was all done well. they always have treated us well"	"the only thing I could think of is maybe having a tiny transport chair to get us out of these older homes, because sometime it's hard to get us out of here"			
92	07/18/18	"they gave my oxygen, so I could breathe better- I felt more comfortable as soon as they arrived- the fire department and REMSA were a 5 on all scale as far as I'm concerned."	"nothing! that I can think of"			
93	07/18/18	"everything was the best actually gave me something to think about - suggested that one of the reasons I was depressed was because of my birth control"	"nothing everything was great- if you can give medication or some kind of treatment for headaches I would suggest that, but I'm not sure that you can"			
94	07/18/18	"I pretty much know my own body pretty well- and they listened to me and got my IV in even though I've been poked so many times before. just overall, they listened to me and on a overall basis id give them a 5. they always treat me well and I give them my blessing"	"do everything the same- I don't think it gets any better- they're limited to what they can do, but they always treat me right"			
95	07/19/18	"they got me to the hospital"	"Because the person is able to have a conversations with you, doesn't mean that I wasn't in the amount of my pain, I told you I was in.- They need to listen with a clear mind and not with judgment."	"The driver was an ass. he treated me so poorly and was not listening to me at all. these ratings are about him. the medic that was sitting in the back with me was amazing. I'd give him all	Assigned 9.4.18 Ticket # 6092	See follow up below



				5's... I think his name was Anthony"		
96	07/19/18	"They were all awesome and worked together well."				
97	07/19/18	"it was very satisfactory, honey"				
98	07/20/18	"everything from this service was fine, after the ambulance was called I knew was I going to be taken care of well"				
99	07/20/18	"everything was great, they treated me very well"	"nothing"			
100	07/20/18	"it was good"	"nothing"			
101	07/20/18	"they were just awesome, the best!"	"nothing I guess"			
102	07/20/2018	"the ambulance got here really fast, everyone was very professional- just overall was taken care of real well"				
#	<b>RESULTS AFTER FOLLOW UP</b>					
24	I spoke with this patient and her in-home caregiver. The patient was pleased with the service from REMSA on this call. Her concerns were with an ambulance provider in California that allegedly would not transport her to the hospital in Truckee, but instead took her to Reno.					
28	9.10.18 I spoke with her at about the interaction with the CSR and explained payment plan options. Advised her that the CSR would be spoken to regarding this matter.					
40	Patient responded to an EMS survey with a question on a bill stating one part said \$200 and the other \$250. The patient was looking at the payments made section on the bill, she paid her copay of \$250.					
45	The patient explained that overall the crew that responded was nice, but that the male paramedic was "snippy", and "rude". She related that she used to be a phlebotomist and asked the male medic not to place her IV in her right antecubital vein, but that he did it anyway. I will discuss this call with the medic in question and update this report.					



70	<p>9/7/18 0918, pt called back, he was very nice and just told me his wife was concerned as he was not on his way to the hospital when she came out of the house and was not explained what was going on in the back. I apologized to PT and told him I will talk to the crew about follow up with the family on scene, he thanked me for calling him to follow up on this. I will talk to the crew ASAP and counsel them regarding pt and wife concerns and remind them of STAR CARE and REMSA's customer service standards.</p> <p>9/5/18, Supervisor left a message for the pt and asked the crew to complete occurrence reports.</p> <p>9/6/18 1213, I left a message for the pt.</p>
83	<p>Two telephone numbers provided by billing for this patient are no longer in service. The crew reviewed the chart and told me the patient was found sitting on the side of her bed, and that they got the gurney within 5 feet of her but could get no closer. They stated they offered to put the patient on the mega-mover and lift her to the gurney, but the patient refused and said she could walk to the gurney with assistance, which she did. The crew indicated the rest of the transport was uneventful. 9/6/18 0908, I also confirmed the 2 phone numbers for this pt with our billing office, unable to leave a message on one number, and other number was not accepting any calls. No further.</p>
88	<p>This patient told me he felt the crew was trying to talk him out of using ambulance transport after he was struck by a vehicle while riding his bicycle. He said the crew told him "you won't be seen any sooner at the hospital if we take you". The patient said it was odd to him that they would say that, but that they did end up transporting him. He said after it was sorted out and he was on the way to the hospital the crew was great. I have asked the crew to submit occurrence reports.</p>
95	<p>9/6/18 0921, I left a message for the pt .9/8/18 1325, I left a message for the pt. 9/8/18, unable to speak with pt.</p>

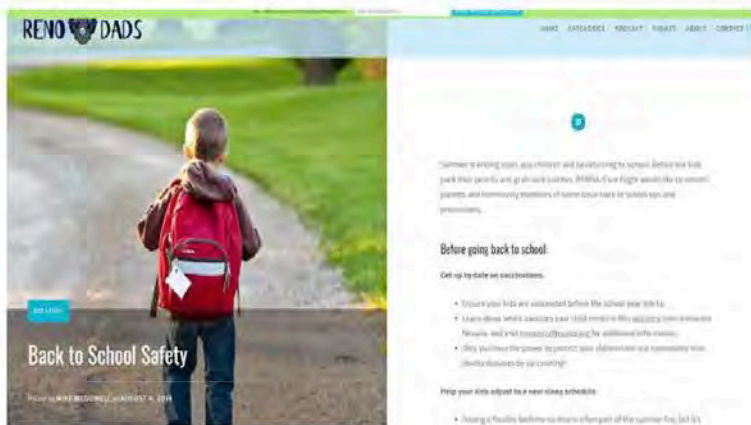


# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Public Relations

REMSA released back-to-school safety tips as Washoe County School District schools resumed instruction in early August. Adam Heinz provided interviews about how to keep children well and healthy.

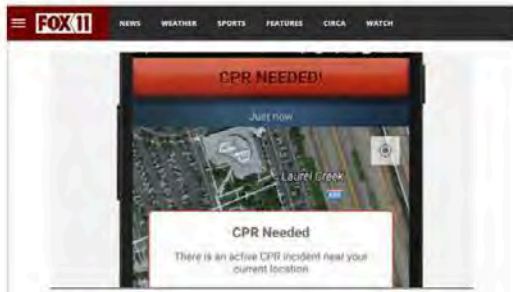


# July 2018 Public Relations + Digital Media Highlights Report

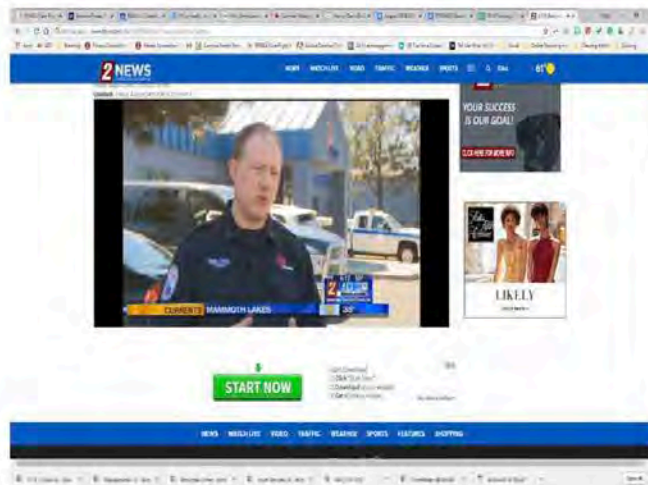
District Board of Health

## Public Relations

REMSA's launch of **PulsePoint Respond** app received media interest from KOLO, KRXI, and KRNV.



REMSA provided health and safety tips to the University audience as the University of Nevada was preparing to welcome students back to campus. Adam Heinz, Director of Communications Health provided Interviews.





## July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

### Community Relations

#### REMSA Launched PulsePoint Responds App to Cover all of Washoe County

PulsePoint Responds by alerting CPR-certified or hands-only trained CPR citizens that someone within a quarter mile, in a public place, is having a cardiac emergency and may require CPR. With REMSA's launch, the app now covers all of Washoe County enabling CPR-qualified citizen responders in Reno, Sparks and Washoe County to react when necessary. This launch, coupled with an announcement that REMSA is on track to certify someone in CPR every 25 minutes by the end of calendar year 2018, are examples of REMSA's ongoing commitment to implementing force multipliers for quality of life and improved healthcare outcomes – particularly as they relate to cardiac arrest – throughout Washoe County.

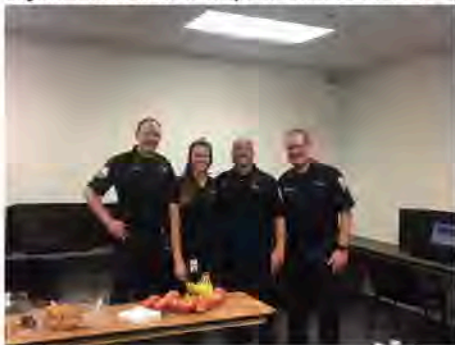
The PulsePoint app will work through the REMSA Clinical Communications Center. While the app is notifying citizens of the cardiac emergency, REMSA paramedics are simultaneously dispatched to the medical emergency. The app also directs citizen rescuers to the exact location of the closest publicly accessible AED.

### Internal Initiatives

#### REMSA's Employee Survey

REMSA launched its Employee Survey in early August. It ran for two weeks and 304 employees participated; 84% of REMSA's full time employees participated. The responses show that there are areas in our organization that need improvement and have provided us a starting point for things that will be addressed over the next 12 months.

The survey also shows that there are parts of REMSA that are overwhelmingly positive. Employees gave very high marks to questions including: the organization values my safety, I know what is expected of me at work, I have colleagues that support my work, the organization investing in opportunities for me to learn and grow and leaders encouraging my development. **All of these questions received 80% or higher from survey respondents** (with the exception of "opportunities to learn and grow" which received 79%). Over the coming months there will be regular communication with employees about the survey results, how workgroups are tackling the areas that need attention and what we need from employees to be able to make meaningful, lasting changes within our organization. Leadership of all levels will be engaging with employees across the organization in new ways to ensure there is open and constructive dialogue.



## July 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

### REMSA's Employee Survey



### Strategic Initiatives

#### **REMSA Partnered with Regional Fire Agencies to Launch Exclusive Paramedic Program**

In August, a formalized partnership was announced between REMSA's Education Department and local fire agencies to train existing fire personnel to the level of Paramedic. Under the proposed agreement, existing fire personnel who are accepted into the program will attend classes on a schedule built around their existing shift work schedule. This fire-centric paramedic program partnership recognizes the needs of the various populations served by regional fire agencies. Regionalizing the training of firefighter paramedic counterparts creates seamless patient care, standardizes best practices and builds familiarity and camaraderie among the region's fire and health care professionals. Agencies participating include the Carson City Fire Department, Central Lyon County Fire Protection District, East Fork Fire Protection District, Reno Fire Department, Sparks Fire Department, Storey County Fire Department, Truckee Meadows Fire Protection District, Tahoe Douglas Fire Protection District, and REMSA.

# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Strategic Initiatives

### Alexia Jobson Appointed Chair of Public Relations Committee for International HP EMS Association

Alexia Jobson, APR, Public Affairs Manager was recently appointed to serve as the chair of the public relations committee of the Academy of International Mobile Healthcare Integration - a body of member agencies that represents high performance emergency medical and mobile healthcare providers in the U.S. and abroad.



## Digital

REMSA continues to post original content on [remsahealth.com/news](http://remsahealth.com/news). The blog is a combination of news releases related to REMSA, highlights about REMSA's services and wellness, and health and safety information for the general public.

This month, blog and video content included K-12 back-to-school wellness, Hot August Nights special event capabilities, personnel promotions, back to college safety tips, the PulsePoint Responds app launch and rib cook-off safety.

## Social Media Highlights

Website referral sessions from social media have increased 25% year over year thanks to increased presence on multiple platforms. The increase in sessions can be attributed specifically to Facebook, LinkedIn, Yelp and Instagram.



Sessions via Social Referral: **24.71%**  
318 vs 255



# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

### Facebook

Likes to-date: 2,726

Followers to-date: 2,706

August posts: 27

August post comments: 125

August post shares: 111

August post reactions: 1.04k

### Top 3 Posts by Reach

1. 4,267 people reached, 33 likes, comments & share

**Regional Emergency Medical Services Authority - REMSA** \*\*\*  
 Published by KPS3 (7) · August 17 at 5:47 PM · 🌐

Save lives. Learn about career opportunities at REMSA/Care Flight. From ground and air teams to admin and education, we have a position that could be right for you!



EMS Careers - All Job Openings for REMSA      EMS Careers - All Job Oper

✔️ **Get More Likes, Comments and Shares**  
 Boost this post for \$100 to reach up to 39,000 people.

👤 **4,267 people reached** Boost Post

👤 Sue Silva, Aspen Winter and 6 others 10 Shares

👍 Like      💬 Comment      ➦ Share

# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

2. 3,178 people reached, 1,444 video views, 201 reactions, comments, & shares

Regional Emergency Medical Services Authority - REMSA  
August 9 at 1:56 PM

One of the best things about living in Northern Nevada is access to all of the world-class special events – including the classic cars of Hot August Nights (Official).  
REMSA wants you to be safe and well while you watch the cars cruise by. Here are a few tips and some great information about REMSA's Special Events capabilities. Learn more here: <https://goo.gl/5JHRea>



Hot August Nights and Special Events Info  
01:01

Get More Likes, Comments and Shares  
Boost this post for \$100 to reach up to 39,000 people.

3,178 people reached

51 4 Comments 12 Shares

Like Comment Share

3. 2,803 people reached, 250 reactions, comments & shares

Regional Emergency Medical Services Authority - REMSA  
Published by RPT3 · August 31 at 10:04 AM

REMSA/Care Flight would like to congratulate and celebrate our employees who have been with us for 16+ years! These individuals have celebrated this incredible milestone between January and July 2018.

- 30 Years: Ted Britton, Fleet Maintenance Manager
- 25 Years: Kenneth Kitts, Senior Communication Analyst
- 20 Years: Heidi Weiss, EMS Supervisor... See More



Get More Likes, Comments and Shares  
Boost this post for \$100 to reach up to 39,000 people.

2,803 people reached

250 10 Comments 8 Shares

Like Comment Share

# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

### LinkedIn

Followers to-date: 942  
 August Posts: 6  
 August Impressions: 2,253

August Clicks: 98  
 August Social Actions: 66

### Top Post By Impressions



**REMSA**  
 942 followers  
 7mo

Congratulations to the January 2018 paramedic students for finishing the instructional portion of the program. In the past six months, they have taken and passed approximately 35 quizzes, six division exams and a final that took two full days. All 16 original students completed and passed this process. Now they head into their clinicals and internships where they will learn how to effectively manage emergency medical calls for service, scene management and team dynamics.

24 Likes · 1 Comment

Like Comment Share Top Comments

Likes

+16



# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

### Visitor Demographics by Region



#### Top regions

● Reno, Nevada Area	34%
● Austin, Texas Area	4%
● San Francisco Bay Area	4%
● Phoenix, Arizona Area	4%
● Greater Pittsburgh Area	4%

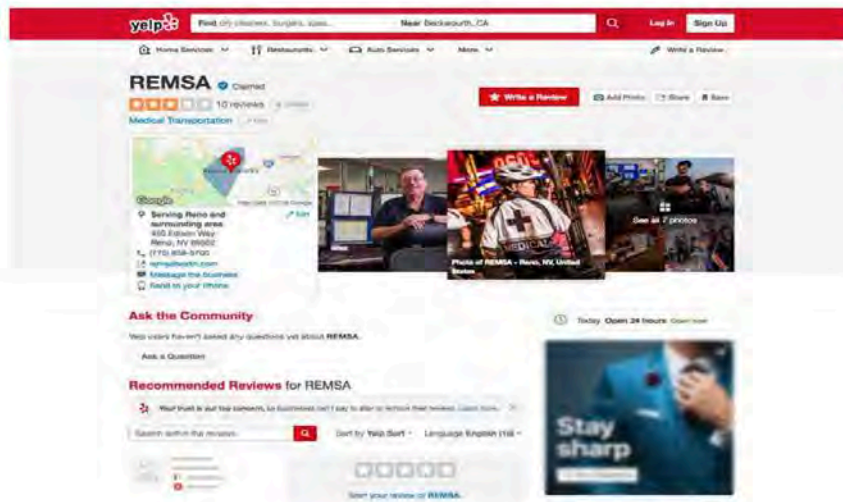
### Instagram

We started using Instagram for paid media efforts for recruitment in June 2018. Since then, REMSA continues to increase their follower-base.

Followers to-date: 265 // +89 likes from July 2018

### Yelp

We claimed and optimized REMSA's Yelp page. The information on Yelp pages are used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps.





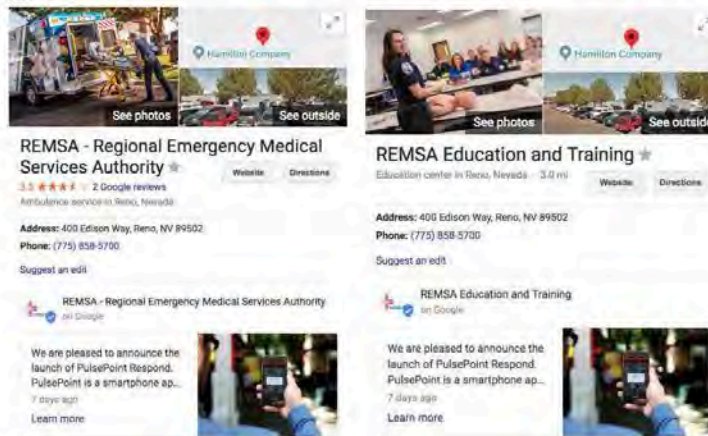
# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

### Google My Business

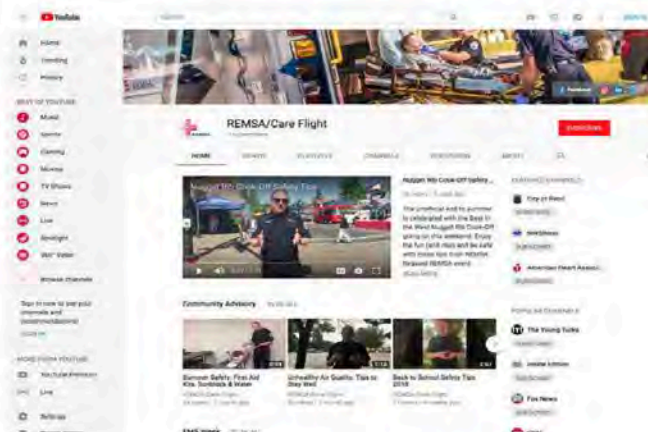
We claimed and optimized REMSA's Google My Business pages - "REMSA - Regional Emergency Medical Services Authority" and "REMSA Education and Training." This will help continue to improve organic site search sessions.



### YouTube

REMSA launched a YouTube Channel and regularly posts videos about topical matters such as how to safely enjoy local special events, wellness tips for special populations and safety information.

Followers to-date: 7





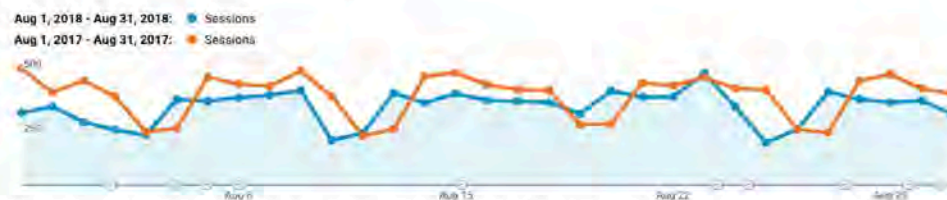
# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

### REMSA Website Google Analytics

We strategically make changes to the website to optimize our audiences' ability to find content on the REMSA site. We also add content to the website that people find interesting so that they stay longer on the website and want to look for more information.



Overview of Site Data in August (Year Over Year Comparison)

- Sessions: 13% decrease year over year
- Users: 34% increase year over year
- Pageviews: 10% increase year over year
- Pages / Session: 26% increase year over year
- Avg. Session Duration: 5% decrease year over year
- Bounce Rate: 12% decrease year over year (a good thing!)

We will continue to work on creating content for the blog which will support increasing sessions and average session duration on site.

There are various ways people come to the remsahealth.com. We pay close attention to the following channels:

- Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.
- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.

Sessions coming from direct traffic year over year in the month of August increased by 18% and referral sessions decreased by 65%. The decrease in referral sessions can be attributed to internal IP traffic being removed from the data in March 2018. By doing this, we can accurately measure how the community is using remsahealth.com. The bounce rate, which determines how many people visited the website without any interactions, decreased by 12% (a good thing!) and the average number of pages viewed increased by 26%. Organic search sessions increased by 52%.



# July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## Social Media Highlights

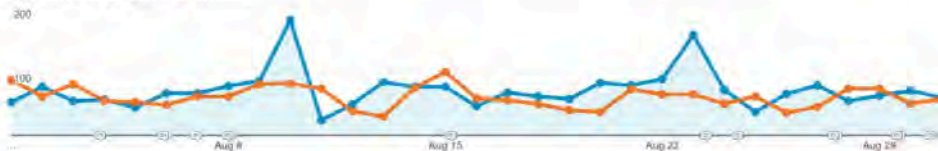
### Organic Traffic

Aug 1, 2018 - Aug 31, 2018: Sessions  
Aug 1, 2017 - Aug 31, 2017: Sessions



### Direct Traffic:

Aug 1, 2018 - Aug 31, 2018: Sessions  
Aug 1, 2017 - Aug 31, 2017: Sessions



### Referral Traffic:

Aug 1, 2018 - Aug 31, 2018: Sessions  
Aug 1, 2017 - Aug 31, 2017: Sessions



### Top 3 Referral Sites:

1. REMSA Enrollware
2. Eastern Sierra Jamboree (<http://easternsierrajamboree.com/>)
3. Race-dezert.com
  - a. Motorsports Safety Solutions - Vegas to Reno and beyond Medical Plans

We have also implemented event tracking for two specific goals on the website: Membership Leads and Pay Your Bill Online.

- Website visitors who clicked to fill out a Membership form:
  - Flight Plan Membership form: 146 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 54 website visitors clicked the external link to fill out the Silver Saver Membership form



# July 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

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## Social Media Highlights

- Sierra Saver Membership: 17 website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 290 (255 clicks in July 2018)





**REMSA 2017- 2018 PENALTY FUND RECONCILIATION  
AS OF JULY 31, 2018**

**REMSA 2018-19 PENALTY FUND RECONCILIATION AS JULY 31, 2018**

**2018-19 Penalty Fund dollars accrued by month**

<b>Month</b>	<b>Amount</b>
July 2018	\$7,899.78
August 2018	
September 2018	
October 2018	
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
<b>Total accrued as of 6/30/2019</b>	<b>\$7,899.78</b>

**2018-19 Penalty Fund dollars encumbered by month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total encumbered as of 7/31/2018**     **\$0.00**    

**Penalty Fund Balance at 7/31/2018**     **\$7,899.78**



## **REMSA INQUIRIES**

**AUGUST 2018**

No inquiries for August 2018

**Staff Report**  
**Board Meeting Date: September 27, 2018**

**TO:** District Board of Health  
**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)  
**THROUGH:** Kitty Jung, DBOH Chair  
**SUBJECT:** Discussion of Process and Presentation of Evaluation Forms for the District Health Officer's Annual Review and Possible Direction to Staff to conduct the evaluation.

**SUMMARY**

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer (Mr. Kevin Dick) prior to, or as near as possible to, the anniversary / evaluation date of October 24<sup>th</sup>, as approved by the District Board of Health meeting on April 24, 2014. The District Board of Health reviews the performance evaluation questions and if in agreement, approves the use of the questions for the District Health Officer's annual evaluation. The board also reviews the list of proposed evaluation participants. If the questions and list of participants are acceptable the board grants approval for the Health District Human Resource Representative to conduct the 360 evaluation electronically utilizing the (Survey Monkey) on-line survey program. Evaluation results are provided to the board and a public hearing is held during the next Board of Health meeting (October 25, 2018) to conduct the District Health Officer's performance evaluation.

**District Health Strategic Priority supported by this item:**

**6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**Washoe County Strategic Objective supported by this item:**

Valued, engaged employee workforce.

**PREVIOUS ACTION**

On October 26, 2017, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2017. The Board accepted the performance evaluation as presented, and approved the one point six two percent (1.62%) merit increase.

On September 28, 2017, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2017 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health

Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing will be held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

On December 15, 2016, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2016. The Board accepted the performance evaluation as presented, and approved the two percent (2%) merit increase.

On October 27, 2016, the Washoe County District Board of Health continued the District Health Officer's annual performance evaluation and merit increase request to the November 2016 meeting, so the Board of Health Chair could be present to provide input. The November 2016 District Board of Health meeting was cancelled, moving the item to the December 15, 2016 meeting.

On September 22, 2016, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2016 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

### **BACKGROUND**

The Washoe County District Board of Health conducts an annual performance evaluation of the District Health Officer (Mr. Kevin Dick).

The board reviews the proposed evaluation questions. The questions presented for the 2018 evaluation are the same evaluation questions used last year to evaluate both the District Health Officer and the Washoe County Manager, and have been reviewed by the District Board of Health Chair for 2018. If the board chooses to add, adjust or remove any of the recommended questions, the board can provide the acceptable wording for the additional question and approve the evaluation to proceed with the proposed changes. If significant changes are requested, the agenda item can be continued to the October meeting to allow time for the new evaluation to be created. If the evaluation process is continued to the October meeting, the District Health Officer's evaluation would be moved to the November Board of Health meeting.

The board also reviews the list of proposed evaluation participants and determines if the list of participants is acceptable; the board can choose to add or remove names from the list.

Once the board approves the performance evaluation questions and participant list, they grant approval for the Health District Human Resource Representative to conduct the 360 evaluation electronically utilizing the (Survey Monkey) on-line survey program. The electronic (Survey Monkey) process has been successfully used for the District Health Officers evaluation since 2010.

The evaluation will be conducted and results provided to the Board of Health for the October, 2018 meeting. A public hearing is held during the next Board of Health meeting (October 2018) to conduct the District Health Officer's evaluation.

**FISCAL IMPACT**

There is no fiscal impact. The District Health Officer is at the top of the pay range and is not seeking an increase this year.

**RECOMMENDATION**

Staff recommends the Board approve the District Health Officer's annual performance evaluation questions and list of participants as presented, and authorize the Health District Human Resource Representative to conduct the District Health Officer's annual 360 evaluation utilizing the (Survey Monkey) on-line survey program.

**POSSIBLE MOTION**

**Possible motions could be "Move to approve the District Health Officer's annual performance evaluation questions and list of participants as presented, and authorize the Health District Human Resource Representative to conduct the 360 evaluation utilizing the on-line survey program."**

**Or**

**"Move to approve the District Health Officer's annual performance evaluation questions and list of participants with the proposed changes [changes proposed], and authorize the Health District Human Resource Representative to conduct the 360 evaluation utilizing the on-line survey program."**

## District Health Officer 2018 Evaluation

### 1. Introduction

Dear Participant,

You are being requested to offer feedback for the performance evaluation of **Mr. Kevin Dick**, Washoe County District Health Officer. Please complete the following evaluation as soon as possible. Your answers will be compiled with feedback from other participants and the ratings/comments will remain anonymous. The input you provide will be used to help set goals and objectives for the District Health Officer for the coming year.

Please complete this short evaluation as soon as possible. The survey will close at 5:00 p.m. on October 9, 2018. The evaluation should only take about 10 minutes to complete.

We recognize you're very busy and thank you for your participation in this important evaluation process.

[Next](#)

## District Health Officer 2018 Evaluation

### 2. Instructions

Rate the proficiency in each competency using the following guidelines:

**Exceeds your expectations:** Performance is consistently exceptional. This person is a role model of competency.

**Meets your expectations:** Performance meets and periodically exceeds expectations. The person is a strong contributor to the organization.

**Area for growth:** Performance does not consistently meet reasonable expectations and standards. Immediate steps must be taken to improve.

**Evaluator has no basis for judgement:** This is an acceptable answer if you are not familiar with the District Health Officer's effectiveness in a particular area.

#### 1. SELECT RELATIONSHIP - What is your relationship to the District Health Officer

- District Board of Health Member
- Health District Staff
- Peer from an Outside Agency

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## District Health Officer 2018 Evaluation

### 3. LEADERSHIP

#### 1. Leadership - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Area for growth"	"Evaluator has no basis for judgement"
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspires trust and confidence with staff, the District Board of Health and the public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functions as an effective leader of the organization, gaining respect and cooperation from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Values staff, helps staff develop a passion for their work and recognizes their contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a talented team and challenges them to perform to their highest level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Leadership:

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## District Health Officer 2018 Evaluation

### 4. COMMUNICATION

#### 1. COMMUNICATION - Select the appropriate rating for each category.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads and staff regarding issues and concerns of the Health District.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens attentively and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaks and writes logically, clearly and concisely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivers logical and well-organized presentations (formal and informal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages and uses feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Communication:

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## District Health Officer 2018 Evaluation

### 5. COMMUNITY RELATIONS

#### 1. COMMUNITY RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Effectively represent the Health District in public; projects a positive public image based on courtesy, professionalism and integrity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a successful working relationship with the news media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a successful working relationship with community stakeholders and community organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages and considers community input on issues the Health District can impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strives to maintain citizen satisfaction with Health District services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Community Relations:

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## District Health Officer 2018 Evaluation

## 6. INTERGOVERNMENTAL RELATIONS

## 1. INTERGOVERNMENTAL RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Area for growth"	"Evaluator has no basis for judgment"
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensures the Health District is represented and appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments regarding Intergovernmental Relations:

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# District Health Officer 2018 Evaluation

## 7. DISTRICT BOARD OF HEALTH RELATIONS

### 1. DISTRICT BOARD OF HEALTH RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Effectively implements the Board's policies, procedures and philosophy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminates complete and accurate information to all board members in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds well to requests, advice and constructive criticism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides support to the boards' meeting process that allows for open, transparent decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitates the board's decision making without usurping authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding District Board of Health Relations:

## District Health Officer 2018 Evaluation

### 8. COMPLETION

*Thank you!*

*Your time and input on the District Health Officer's annual evaluation is greatly appreciated.*

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Done

### Draft -Email List of Participants for 2018 DHO Evaluation

Name	Position/Organization	E-mail
1. Oscar Delgado	Board of Health	<a href="mailto:delgadoo@reno.gov">delgadoo@reno.gov</a> ;
2. Dr. John Novak	Board of Health	<a href="mailto:jnovakdmd@aol.com">jnovakdmd@aol.com</a> ;
3. Tom Young	Board of Health	<a href="mailto:gbbrewery@gmail.com">gbbrewery@gmail.com</a> ;
4. Kristopher Dahir	Board of Health	<a href="mailto:kdahir@cityofsparks.us">kdahir@cityofsparks.us</a> ;
5. Kitty Jung	Board of Health	<a href="mailto:kjung@washoecounty.us">kjung@washoecounty.us</a> ;
6. Michael Brown	Board of Health	<a href="mailto:mike.brown@rrpartners.com">mike.brown@rrpartners.com</a> ;
7. Dr. George Hess	Board of Health	<a href="mailto:ghhmv@aol.com">ghhmv@aol.com</a> ;
8. Chad Westom	Env Hlth Division Director	<a href="mailto:cwestom@washoecounty.us">cwestom@washoecounty.us</a>
9. Anna Heenan	Admin Health Service Officer	<a href="mailto:aheenan@washoecounty.us">aheenan@washoecounty.us</a> ;
10. Charlene Albee	Air Quality Division Director	<a href="mailto:calbee@washoecounty.us">calbee@washoecounty.us</a> ;
11. Steve Kutz	Community and Clinical Health Division Director	<a href="mailto:skutz@washoecounty.us">skutz@washoecounty.us</a> ;
12. Randall Todd	Epi Center Director	<a href="mailto:rtodd@washoecounty.us">rtodd@washoecounty.us</a> ;
13. Sabra Newby	Reno City Manager	<a href="mailto:newbys@reno.gov">newbys@reno.gov</a> ;
14. Steve Driscoll	Sparks City Manager	<a href="mailto:sdriscoll@cityofsparks.us">sdriscoll@cityofsparks.us</a> ;
15. John Slaughter	Washoe County Manager	<a href="mailto:jslaughter@washoecounty.us">jslaughter@washoecounty.us</a> ;
16. Dr. Trudy Larson	Dean, College of Community Health Science UNR	<a href="mailto:tlarson@unr.edu">tlarson@unr.edu</a> ;
17. Catherine Omara	Exec Dir NV State Medical Assoc.	<a href="mailto:Catherine@nvdoctors.org">Catherine@nvdoctors.org</a> ;
18. Niki Aaker	Director - Carson City Hlth & Human Services	<a href="mailto:naaker@carson.org">naaker@carson.org</a> ;
19. Greg Lovato	Administrator NV Div of Environmental Protection	<a href="mailto:glovato@ndep.nv.gov">glovato@ndep.nv.gov</a> ;
20. Ann Silver	CEO, Chamber of Commerce	<a href="mailto:asilver@thechambernv.org">asilver@thechambernv.org</a> ;
21. Don Tatro	Exec Dir Builders Assoc of Northern Nevada	<a href="mailto:dont@thebuilders.com">dont@thebuilders.com</a> ;
22. Kim Robinson	Truckee Meadows Regional Planning Agency	<a href="mailto:krobinson@tmrpa.org">krobinson@tmrpa.org</a>

23. Lee Gibson	Regional Transportation Commission	<a href="mailto:lgibson@rtcwashoe.com">lgibson@rtcwashoe.com</a> ;
24. Julia Peek	Assistant Administrator, Nevada Division of Public and Behavioral Health	<a href="mailto:jpeek@health.nv.gov">jpeek@health.nv.gov</a> ;
25. Rota Rosachi	Exec Dir NV Public Health Foundation	<a href="mailto:rota@nphf.org">rota@nphf.org</a> ;
26. Dr. Tony Slonim	CEO, Renown Health	<a href="mailto:tstonim@renown.org">tstonim@renown.org</a> ;
27. Cherie Jamason	Food Bank of Northern Nevada	<a href="mailto:cjamason@fbnn.org">cjamason@fbnn.org</a> ;
28. Kristen McNeil	Washoe County School District	<a href="mailto:kmcneill@washoeschools.net">kmcneill@washoeschools.net</a> ;
29. Nancy Brown	Community Development, Charles Schwab Bank	<a href="mailto:Nancy.E.Brown@schwabbank.com">Nancy.E.Brown@schwabbank.com</a>
30. Chuck Duarte	CEO Community Health Alliance	<a href="mailto:cduarte@chanevada.org">cduarte@chanevada.org</a> ;
31. Sharon Chamberlain	CEO Northern Nevada HOPES	<a href="mailto:Sharon@nnhopes.org">Sharon@nnhopes.org</a> ;
32. Michele Montoya	Nevada Women's Fund	<a href="mailto:mmontoya@csareno.org">mmontoya@csareno.org</a> ;
33. Chris Askin	CEO, Community Foundation of Western Nevada	<a href="mailto:Caskin@nevadafund.org">Caskin@nevadafund.org</a> ;
34. Mike Wurm	CEO, Boys and Girls Club	<a href="mailto:mwurm@bgctm.org">mwurm@bgctm.org</a> ;
35. Dr. John Packham	Nevada Public Health Association	<a href="mailto:jpackham@medicine.nevada.edu">jpackham@medicine.nevada.edu</a> ;

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: September 27, 2018**

**DATE:** September 14, 2018

**TO:** District Board of Health

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

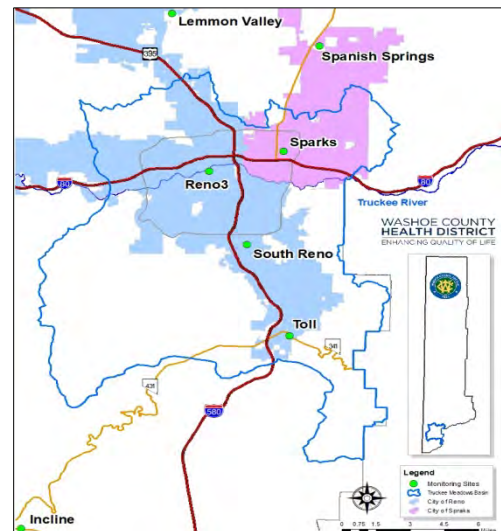
**SUBJECT:** Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

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**1. Program Update**

a. AQMD Monitoring Network

Since January 24, 1963, an ambient air quality monitoring network has been operated and maintained in Washoe County. The monitoring network has evolved over the years and currently consists of seven (7) sites. AQMD does not own the property at any of the sites but instead relies on agreements with property owners to utilize space for the monitoring shelters. An Interlocal Agreement with Washoe County was recently updated to include sites located in Incline Village, Lemmon Valley, and Spanish Springs. AQMD also has agreements with the City of Reno (Downtown Reno), the U.S. Postal Service (Sparks), NV Energy (South Reno), the Washoe County School District (Toll Road), and Nevada Department of Transportation (Plumb-Kietzke). With the expansion to Spanish Springs, AQMD received approval from EPA to discontinue monitoring at the Plumb-Kietzke site on December 31, 2017.



AQMD received written notification on August 31, 2018, that the City of Reno has decided to exercise the option to terminate the Interlocal Agreement for the Downtown Reno monitoring site. The monitoring staff has been diligently working to find a new downtown Reno location since news was received last spring of a potential housing development on the current site. After reviewing a



number of potential sites and conferring with EPA Region 9, a new location at Libby Booth Elementary School has been selected and received preliminary approval. Staff is proceeding with preparing site plans, determining building and electrical requirements, and will continue to pursue final approval of the site from EPA's Office of Air Quality Planning and Standards.

AQMD makes every effort to be a good neighbor but the reality of the situation is we are tenants subject to the will of the property owner. The challenge at this point, in addition to the financial implications, is to maintain operations of the current network while attempting to expedite the establishment of the new site.

b. Wildfire Season 2018

With a number of major fires burning in the west, the summer of 2018 may be remembered for the smoke as much as anything. The smoke impacts this summer may have not set the record for the highest concentrations yet the duration of smoke impacts seems to be unprecedented. The questions now focus on why wildfire season is worse every year. A TED Talk presented by forest ecologist Paul Hessburg, published on November 29, 2017 (available on YouTube), titled "Why wildfires have gotten worse – and what we can do about it" provides an excellent analysis of the situation.

Mr. Hessburg explains in the early years of settlement in the west, the forests had an opened & closed canopy meaning there was a combination of timber stands and grassy meadows. This limited the growth of wildfires to patchy areas. In 1910, a wildfire referred to as the Big Burn scorched 3 million acres from Eastern Washington to Western Montana in just a few days, killing 87 people. Following the Big Burn, the U.S. Forest Service was delegated the responsibility of fire suppression on federal lands. Combining this new forest management policy with post World War II logging which removed large, old growth trees, forests became much denser with smaller trees filling in the open spaces. Photographs illustrate the change in the forest canopy over the years.



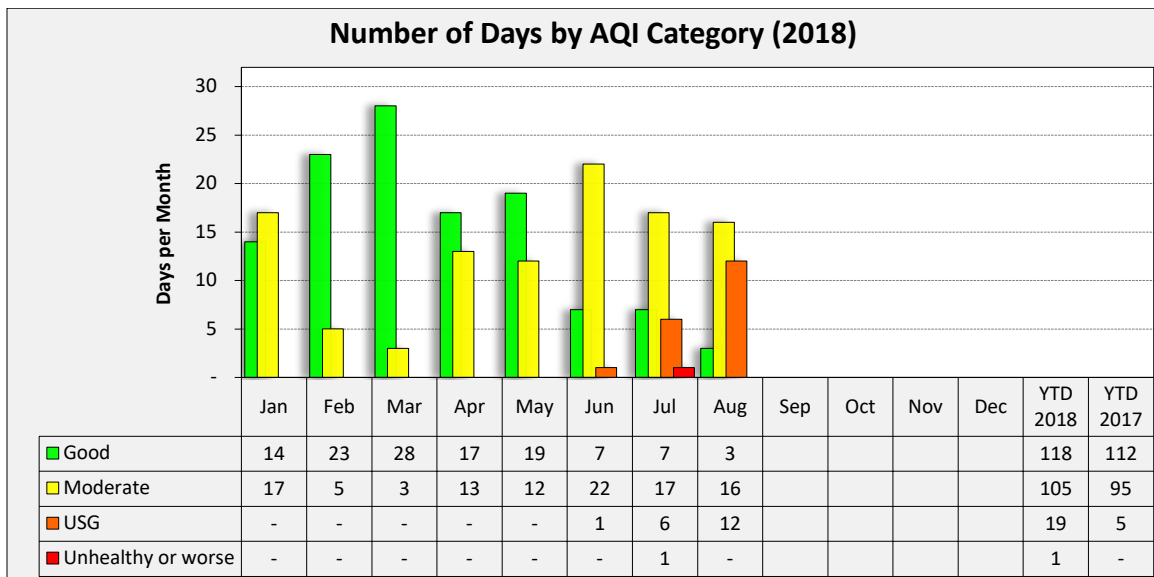
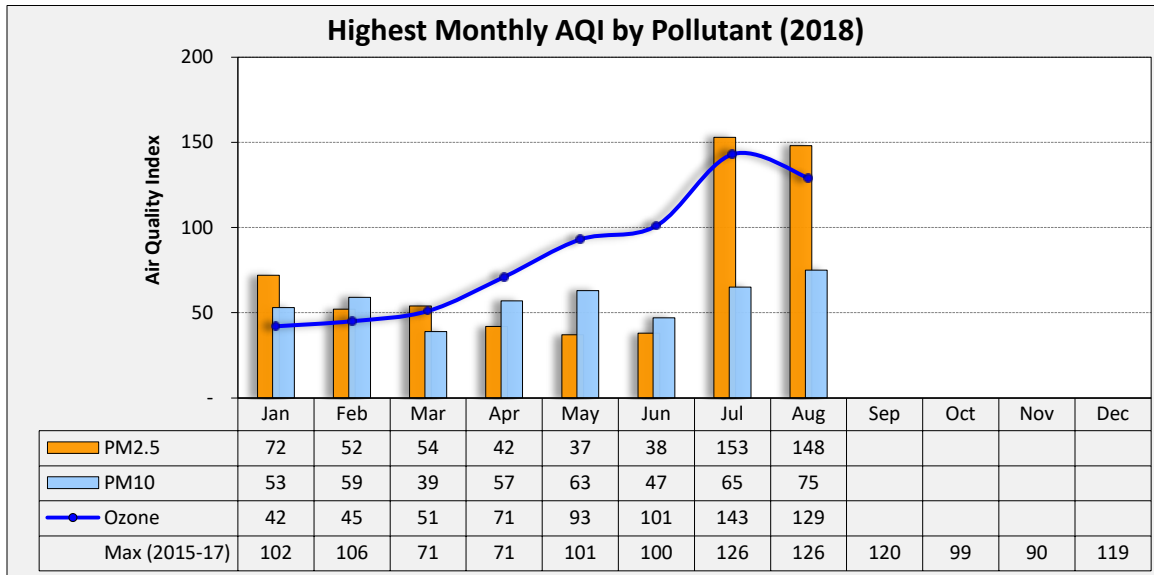
The dense growth allowed for the spread of diseases and insects. The recent addition of hotter, drier, windier summers has provided for fire seasons to be extended by 40 – 80 days. The expansion of development into the urban interface provides the final ingredient for the disasters being experienced today.

The ultimate solution will require a change in forest management practices to reduce the available fuels which are feeding the megafires. Federal Land Managers are currently working on plans to re-establish the opened & closed patchwork canopy. One method is the implementation of prescribed fires. AQMD supports prescribed fires recognizing smoke impacts from smaller controlled burns produce significantly less smoke than large wildfires. Currently, AQMD Planning Staff is working with the regional land managers to approve burn plans and developing educational outreach materials.

Charlene Albee, Director  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit [OurCleanAir.com](http://OurCleanAir.com).

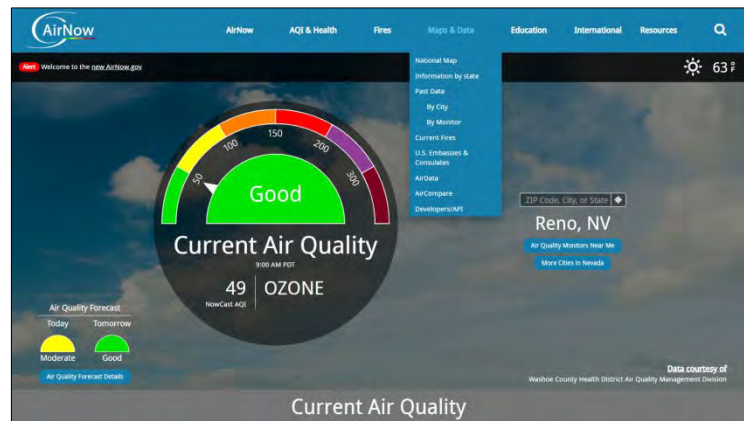
### 3. Program Reports

#### a. Monitoring and Planning

August Air Quality: There were 10 exceedances of the ozone National Ambient Air Quality Standard (NAAQS) and 4 exceedances of the PM<sub>2.5</sub> NAAQS during the month of August. The July/August episode included the highest 8-hour ozone concentration since 2008. These exceedances and elevated pollution levels were primarily due to smoke from multiple fires in California.

#### AirNow Gets a Makeover:

After months of development meetings with a broad cross section of stakeholders, the updated AirNow website went live on September 12. The updated version improves air quality terminology, interactive maps, and health-related tips. AirNow is just a click away from the AQMD website (OurCleanAir.com).



Changing Climate (Part 1): This summer continues to break and shatter all-time temperature records for the Truckee Meadows. Notable records include:

- 56 consecutive days of 90 degrees or higher. This broke last year's record of 51 days, which shattered the previous record of 35 days.
- 20 days of 100 degrees or higher which broke last year's record of 17 days.
- The all-time highest minimum temperature of 77 degrees was tied on July 31.

Changing Climate (Part 2): On July 12, Northern Nevada achieved a record energy peak demand of 1,875 megawatts as the temperature reached 101 degrees. The previous record was 1,842 megawatts which occurred on July 28, 2016 when the temperature reached 102 degrees. Although today's residential, commercial, and industrial buildings are more energy efficient, growth is outpacing efficiency and resulting in an overall increase in energy demand.

Changing Climate (Part 3): Three of five Ozone Advance goals are related to our local energy demand. Educating and empowering community leaders (Goal 5) to make good long-term decisions about our built environment can improve a building's energy demand (Goal 4) and our Urban Heat Island (Goal 3). Many Ozone Advance-type strategies are currently being implemented across the country and can be tailored to meet our local Healthy Community goals.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Staff reviewed thirty-one (31) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-seven (47) stationary source inspections, twenty-two (22) gasoline stations and five (5) initial compliance inspections in August 2018. Staff was also assigned thirteen (13) new asbestos abatement projects, overseeing the removal of 17,000 square feet of asbestos containing materials. Staff received eleven (11) new building demolition projects to monitor. Further, there were twenty-five (25) new construction/dust projects to monitor, totaling 240 new acres of land being worked for various projects. Staff performed sixty-seven (67) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to sixteen (16) complaints.

Type of Permit	2018		2017	
	August	YTD	August	Annual Total
<b>Renewal of Existing Air Permits</b>	82	771	77	1055
<b>New Authorities to Construct</b>	5	38	7	60
<b>Dust Control Permits</b>	24 (239 acres)	154 (2143 acres)	15 (238 acres)	173 (2653 acres)
<b>Wood Stove (WS) Certificates</b>	36	292	55	474
<b>WS Dealers Affidavit of Sale</b>	1 (0 replacements)	47 (29 replacements)	2 (1 replacements)	54 (40 replacements)
<b>WS Notice of Exemptions</b>	1010 (9 stoves removed)	5909 (67 stoves removed)	533 (6 stoves removed)	9722 (88 stoves removed)
<b>Asbestos Assessments</b>	97	790	118	1029
<b>Asbestos Demo and Removal (NESHAP)</b>	24	210	15	241

COMPLAINTS	2018		2017	
	August	YTD	August	Annual Total
<b>Asbestos</b>	1	11	1	13
<b>Burning</b>	0	8	0	10
<b>Construction Dust</b>	13	32	8	42
<b>Dust Control Permit</b>	0	1	0	2
<b>General Dust</b>	2	42	7	54
<b>Diesel Idling</b>	0	0	0	0
<b>Odor</b>	0	8	2	15
<b>Spray Painting</b>	0	5	2	11
<b>Permit to Operate</b>	0	2	0	3
<b>Woodstove</b>	0	0	1	7
<b>TOTAL</b>	<b>16</b>	<b>109</b>	<b>21</b>	<b>157</b>
NOV's	August	YTD	August	Annual Total
<b>Warnings</b>	4	9	1	10
<b>Citations</b>	3	8	0	7
<b>TOTAL</b>	<b>7</b>	<b>17</b>	<b>1</b>	<b>17</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement

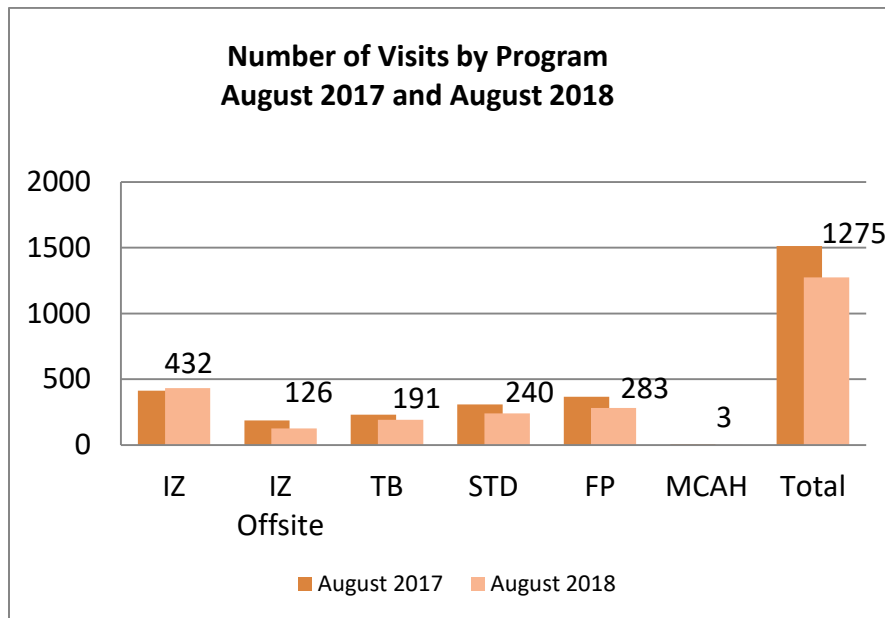
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DHO	___	___

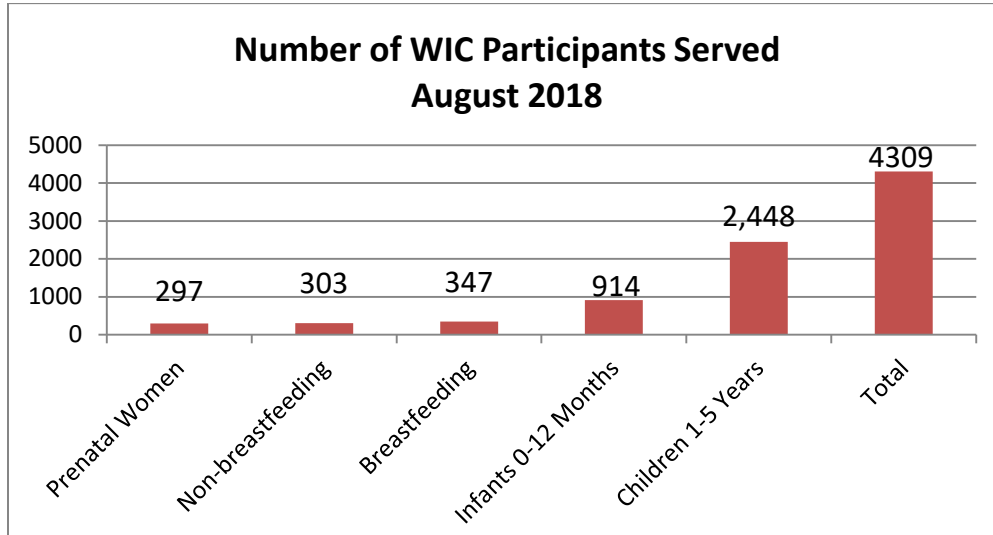
**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: September 27, 2018**

**DATE:** September 14, 2018  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update – New Third Party Payer, Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

**1. Divisional Update –**

- a. **New Third Party Payer** – our agreement with Aetna has been approved, and we will be a contracted health care provider effective October 1, 2018. CCHS now has nine third party payer agreements.
- b. **Data/Metrics**





Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff welcome Jessica Connor into our newly established Public Health Investigator position in the HIV program. Jessica has a Bachelor of Science and a Master of Public Health. She comes to us from the Nevada Division of Public and Behavioral Health where she has been working as a Health Facilities Inspector since 2014.

Two staff attended the annual US Conference on AIDS (USCA) bringing back information on a variety of topics including how other counties have successfully implemented Pre-exposure prophylaxis (PrEP). PrEP is part of the CDC’s high impact prevention strategy to combat the AIDS epidemic along with syringe exchange programs and other prevention methods.

- b. **Immunizations** – Staff provided a Childcare Immunization Training on August 21, 2018 for CSA Headstart and there were 23 participants. A School Located Vaccination Clinic was held in Gerlach on September 13, 2018, in partnership with Washoe County School District and Immunize Nevada. This was in response to concerns regarding barriers to access to health care and children at risk for exclusion. Six children and five adults received a total of 17 doses of vaccine, including flu shots.

Multiple community flu vaccine events are being planned including Children’s Cancer Foundation on October 3, 2018, a POD exercise in conjunction with a Family Health Festival at O’Brien Middle School on October 8, 2018, and the Binational Health Fair on October 13, 2018. School Located Vaccination Clinics are also being scheduled in partnership with Immunize Nevada and the Washoe County School District.



- c. **Tuberculosis Prevention and Control Program** – TB staff are continuing to work on a large, ongoing multi-agency investigation with over 100 case contacts. Round two of testing is currently underway and staff are working on locating the remainder of case contacts. One unrelated new case was also reported in August.
- d. **Family Planning/Teen Health Mall** – WCHD received a Notice of Award for Title X funding on August 30, 2018. The amount of Federal financial assistance is \$521,000 for grant period September 1, 2018 through March 31, 2019. Annualized, this is a reduction of \$135,893, or 13.2%.

Beginning September 12, 2018, the Washoe County Sheriff's Office (WCSO) will bring female inmates to the WCHD for reproductive health services. Previously, WCHD staff was providing services at the WCSO; due to a reduction in Title X funding and limited resources, services are being relocated and the number of females being assisted reduced. Staff will continue to collaborate with WCSO leadership to determine how to best meet the needs of this high risk population.

Staff received training on the Kyleena Intrauterine Device (IUD) and this unit is now available as an option for clients. Sheila Juskiw and Jacqueline Gonzalez, APRNs, attended Nexplanon training on September 13, 2018.

- e. **Chronic Disease Prevention Program (CDPP)** – In collaboration with the City of Reno Parks and Recreation, the Chronic Disease Prevention Program organized a Family Field Day event at Yori Park to increase park utilization through the promotion of physical activity and consumption of nutritious foods. Ten community partners were invited to share resources and conduct activities on active living and healthy eating, and approximately 200 individuals from the surrounding neighborhood attended, making this first time effort a successful event for the community.



Healthy messaging was created on the fence at Yori Park through the use of put-in cups. Park goers will now see “Eat Smart to Play Hard” on the fence as a reminder to consume healthy foods.



Staff continues to provide education and resources related to the benefits of smoke free parks. On August 8th, the City Council of Reno voted unanimously to adopt a smoke free, vape free policy for Reno's parks, joining the City of Sparks and Sun Valley in the regional smoke free parks efforts. An ordinance is anticipated with Washoe County in the fall.

CDPP worked with partners to implement the community's second annual International Overdose Awareness Day celebration on August 30th at Wingfield Park in Reno. The event attracted over 45 participants, and addressed the problem of overdose impacting Washoe County.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) program continues to abstract data from local hospitals for fetal and infant deaths. Immunization Program nurses continue to provide safe sleep education and Pack N Plays for the Cribs for Kids program. Staff are piloting a project with WIC to provide monthly group Cribs for Kids classes onsite starting September 12, 2018.
- g. **Women, Infants and Children (WIC)** – The WIC Programs LANSP (Local Agency Nutrition Services Plan) was approved by the State office. Goals for the upcoming grant year will include: increasing the breastfeeding rates for infants at 3 months of age, and offering streamlined services to residents that utilize our Incline Village clinic.

DD	CW	__
DHO	__	KD __

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: September 27, 2018**

**DATE:** September 14, 2018  
**TO:** District Board of Health  
**FROM:** Chad Warren Westom, Director  
775-328-2644; [cwestom@washoecounty.us](mailto:cwestom@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division and Program Updates – Training, Epidemiology, Community Development, Food, Special Events, Invasive Body Decoration, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease, Waste Management and Inspections.

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**Division Updates**

- Staff continues to test three different tablet models for inspections and will conclude their evaluations around September 21. A tablet model will be chosen and then a significant order will be placed in October. Testing of Accela Mobile Office (AMO) for a number of record types has been productive and successful – we are on track to utilize AMO for most, if not all, record types by January 2019 (with staff training in December).
- Procurement is underway to remodel the front counter area for greater staff security.
- **Environmental Health Services Training Program** – A training schedule has been implemented for the new REHS In-Training. The schedule runs through November. The new staff member is expected to have a full inspection area by January 1, 2019 and take the REHS exam in July of 2019.
- **Environmental Health Services Epidemiology Program** – Environmental Health Services (EHS) Epidemiology program staff implemented an exclusion from duty for an ill food worker and conducted a site investigation for an ill food worker in August. The exclusion was for a food handler who worked at a local delicatessen and had tested positive for Shiga Toxin Producing Escherichia Coli (STEC) and the site investigation was for a party of 2 who both were sick after eating at a local sushi restaurant. The investigation did not yield any implicating information for the restaurant and the food worker is still excluded as of September.

## Program Updates

### Community Development

- Commercial plan review is currently at six days or less for the previous 30 day period. The review time is meeting the expectation provided by EHS management of seven days or less.
- Water projects are currently tracking at 11 days, mostly due to some extended responses from Nevada Division of Environmental Protection (NDEP).
- WCHD continues to be present at all requested pre-development meetings and takes an active role in helping developers and other community members create successful projects.
- See the table below for specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

<b>Community Development</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>APR 2018</b>	<b>MAY 2018</b>	<b>JUN 2018</b>	<b>JUL 2018</b>	<b>AUG 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Development Reviews	44	49	44	41	47	44	25	42	336	426
Commercial Plans Received	76	78	87	91	141	127	87	114	802	780
Commercial Plan Inspections	23	16	26	23	25	23	30	31	197	407
Water Projects Received	27	26	24	20	23	14	10	23	167	287
Lots/Units Approved for Construction	975	970	582	445	403	72	313	1,056	4,816	4,117

### Food

- **Special Events** – August is one of the busiest months of the year in the Special Events program. The month kicks off with the Barracuda Championship, followed by Hot August Nights and closes with the biggest food event of the year, the Nugget Rib Cook-off. Staff took several trips out to the Gerlach/Empire area to perform temporary food inspections associated with Burning Man-related events. A new large scale event, the Aloha Festival, was also added to the busy August schedule. Planning of these large-scale events overlaps with the execution of others as these events occur one after the other over the course of the month. September continues the busy period in the Special Events program with the Great Reno Balloon Race, National Championship Air Races, and Street Vibrations Fall Rally.
- **Twice per year Food Inspections** – Staff continue to conduct second routine inspections on Risk Level III Food Establishments for this calendar year. Risk level III food establishments present a significant relative risk of causing foodborne disease based on the large number of food handling operations typically implicated in foodborne disease outbreaks and/or the population they are serving. Critical violations have been noted in a number of facilities requiring either permit suspension (Minato's Sushi and Jia's Wok) and/or re-inspections (40 of the latter). While it may be difficult to determine how many outbreaks have been directly prevented as a result of these second routine inspections, we have seen direct intervention and immediate correction of out-of-compliance risk factors that are essential to protecting the health of our community.

**Invasive Body Decoration (IBD)**

The number of routine IBD inspections is now increasing as these were previously deferred as inspections were completed in other program areas.

**Land Development**

- While overall septic plan reviews are down around 13% for the year, August showed a dramatic increase in plans submitted. In August 2017, 72 plans were taken in compared to 87 this year (a 21% increase). It is unknown if this trend will continue. Discussions with industry indicate plan submittals stopped while everyone was at full capacity, but as projects are completed new projects are being proposed. There is also the normal autumn surge as contractors try to beat the coming winter.
- The Land Development team continues to experiment with ideas on how conditional approvals might be utilized and what circumstances would allow for them. Team discussions have focused on properties that do not have severe space limitations and how to communicate conditional approval requirements in order to ensure that the contractor and/or property owners assume ownership of any issues that arise during discussion. A small number of conditional approvals have been issued and staff is watching to see if problems arise or if the procedure needs to be modified.

<b>Land Development</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>APR 2018</b>	<b>MAY 2018</b>	<b>JUN 2018</b>	<b>JUL 2018</b>	<b>AUG 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Plans Received (Residential/Septic)	75	52	68	74	67	61	113	86	596	816
Residential Septic/Well Inspections	65	57	69	105	96	99	73	95	659	1,056
Well Permits	7	7	4	9	7	14	19	5	72	146

**Safe Drinking Water**

- To date, approximately 38% of required sanitary surveys for the calendar year have been completed. All of the largest (Incline, TMWA, and Boomtown) have been completed, as well as the farthest (Gerlach). The group is working to finish all surveys by the end of November.
- Just in time for Burning Man, the team completed inspections of the permitted water haulers. Several issues exist where Burning Man policies conflict with regulations for water haulers. WCHD is working with the State to determine the correct approach with water haulers for these items.

**Schools**

- This is the first semester that all inspectors worked independently inspecting schools in their areas since their training in the spring of 2018. As a result of the inspections being distributed to all areas instead of two intermittent employees, the rate of completion has improved substantially. After just two weeks of the semester, school inspections were 19% (25/129) completed. Staff continues to refine the school training field guide and school inspection form coming out January 2019.

**Vector-Borne Diseases**

- Vector Responses to Public Requests:

Vector Responses	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	YTD 2018	2017 TOTAL
Mosquito	0	0	3	20	20	16	37	31	127	289
Mosquito Fish Requests (Gambusia)	0	0	0	5	23	33	7	2	70	124
Hantavirus	7	0	6	9	11	11	13	9	66	126
Plague	0	0	0	0	4	3	5	1	13	17
Rabies	3	4	1	4	2	13	7	8	42	104
Planning Calls	8	14	9	15	16	4	4	2	72	163
Lyme Disease/Ticks	1	0	1	4	13	3	8	1	31	26
Media	0	0	2	2	2	2	9	3	20	47
Outreach / Education / Misc.	9	11	13	28	23	21	27	21	153	442
Cockroach / Bedbug	3	7	9	9	15	15	23	31	112	227
West Nile Virus	0	0	0	0	0	0	7	4	11	55
Zika	0	0	0	0	0	0	2	0	2	12
<b>TOTAL</b>	<b>31</b>	<b>36</b>	<b>44</b>	<b>96</b>	<b>129</b>	<b>121</b>	<b>149</b>	<b>113</b>	<b>719</b>	<b>2,439</b>

**Waste Management**

- An illegal transfer station operated for Burning Man at the north end of Winnemucca Lake. Over fifty (50) cubic yards of garbage were collected in a small pullout on public property. A Notice of Violation sent.
- Lots of bags of garbage were noted on the roadway from Wadsworth to Empire.
- The Save Mart Supermarket on Keystone will likely not renew their temporary transfer station permit next year because of staff overwhelmed by aggressive Burning Man attendees trying to get rid of their garbage without paying for disposal.
- A citation was issued to a woman who had a dumpster on her property for more than 14 days.
- At the Health District's direction, Sparks Police Department issued a citation to a man dumping his wastewater from Burning Man in the desert.

**EHS 2018 Inspections**

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	YTD 2018	2017 TOTAL
Child Care	11	11	4	6	15	6	15	8	76	115
Complaints	70	57	53	68	52	66	92	82	540	883
Food	650	724	709	625	471	602	354	481	4,616	4,997
General*	120	100	71	116	476	212	495	307	1,897	2,032
Temporary Foods/Special Events	17	19	25	59	105	210	153	544	1,132	1,686
Temporary IBD Events	2	0	1	85	0	0	0	3	91	96
Waste Management	6	29	14	16	5	13	7	8	98	286
<b>TOTAL</b>	<b>876</b>	<b>940</b>	<b>877</b>	<b>975</b>	<b>1,124</b>	<b>1,109</b>	<b>1,116</b>	<b>1,433</b>	<b>8,450</b>	<b>10,095</b>
EHS Public Record Requests	138	124	164	149	234	115	131	167	1,222	437

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: September 27, 2018**

**DATE:** September 14, 2018  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**SUBJECT:** Program Updates for Communicable Disease, Outbreaks, West Nile Virus Disease, Unusual Illness, Seasonal Influenza Surveillance, Medical Reserve Corps, Inter-Hospital Coordinating Council, Isolation and Quarantine, Ambulatory Surgical Centers, Mutual Aid Evacuation Annex Training and Workshop, EMS Protocols Task Force and EMS Strategic Plan Revision

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**Communicable Disease (CD)**

**Outbreaks** – Since the last District Board of Health meeting in August, the Communicable Disease Program has opened six outbreak investigations. Of these, three were suspect norovirus outbreaks in two public schools and one day care center. Two were Hand Foot and Mouth Disease (HFMD) in childcare facilities. One was a foodborne outbreak caused by Salmonella associated with a household. As of September 14, 2018, four of these outbreaks are still open and under investigation.

**West Nile Virus Disease** – The Communicable Disease Program has investigated two cases of West Nile Virus (WNV). The first one was reported on August 23 but the case did not respond to staff attempts to establish contact and, therefore, could not be interviewed. The second case was reported on September 7 and did not have a travel history. This second case most likely acquired the infection locally. Both cases had the non-severe form of WNV disease and were not hospitalized.

**Unusual illness with fatal outcome** – The Communicable Disease (CD) Program investigated two unusual illnesses. One was a Carbapenemase Producing E. coli bacteremia in a male patient in his 70s. This case patient had a fatal outcome. The case had stayed in a long term care facility during the 12 months prior to his illness. Therefore, a referral was made to the Nevada Division of Public and Behavioral Health for additional investigation. As of September 14, 2018, this investigation is ongoing and the death certificate is still pending.

The CD Program is also investigating a fatal case of vibriosis in a male patient who was in his 70s. The case patient did not have a travel history. However, during his incubation period he ate

raw oysters from a local restaurant. This individual had many underlying chronic conditions. As of September 14, 2018, the investigation is ongoing and the death certificate is pending.

Seasonal Influenza Surveillance – The 2018-2019 Influenza Season will begin on September 30. The CD Program staff is working with sentinel healthcare providers and internal partners such as Washoe County Technical Service to get ready for the upcoming season. There will be some changes on weekly flu reports for this season based on the lessons learned from the 2017-2018 season. The CD Program will begin producing Weekly Flu Report beginning the week of October 8, 2018.

### **Public Health Preparedness (PHP)**

Medical Reserve Corps (MRC) - The Medical Reserve Corps Volunteer program joined forces with Washoe County Community and Clinical Health Services and Immunize Nevada for the “Give Kids a Boost-Back to School” clinic. The clinic was held on August 4<sup>th</sup>, at Miguel Ribera Park. This served as an opportunity for students to receive school required immunizations. Also on site were several health care providers and agencies supplying low cost free medical and health care services, along with social services. MRC volunteers were instrumental in helping to process children and families to receive their vaccination along with the many other available services.

Inter-Hospital Coordinating Council (IHCC) - Improvement items identified during the IHCC Redundant Communications Exercise on August 1 are being addressed. Renaming of the Operating Status and Capability Assessment Report (OSCAR) form has been addressed in IHCC as well as a potential workgroup to identify information helpful from Ambulatory Surgical Centers. These items will be voted on in the October IHCC meeting. WebEOC updates are currently being worked on for the OSCAR form.

The IHCC has begun working on the Alternate Care Site Plan, which is a plan to bridge the gap between the Mutual Aid Evacuation Annex and the Federal Medical Stations, when one or more facilities need to be evacuated or a non-traditional facility is required to care for patients within the region. The plan is anticipated to be completed by November, voted on in December and put into place by January 1, 2019.

The IHCC community partners will be receiving their Hazard Vulnerability Assessments and Gap Analysis surveys in September, to be returned by October 18. They will be reviewed and added to the Preparedness and Response Guidelines for the local healthcare community. Updates were made to the survey, upon recommendation of healthcare members, to better represent their facilities.

Isolation and Quarantine - Final updates have been made to the Isolation and Quarantine Plan. These were identified during the exercise conducted in June 2018.

Ambulatory Surgical Centers - PHP staff members are working with Ambulatory Surgical Centers and hospitals to complete planning for sharing staff and supplies during an event. Several items were identified in the AAR/IP process of the Ambulatory Surgical Center Exercise and are being addressed.



### **Emergency Medical Services (EMS)**

Mutual Aid Evacuation Annex (MAEA) Training - The EMS Coordinator and REMSA Emergency Manager co-facilitated a MAEA training on August 22. The training was designed for leadership and nursing personnel that would take the lead in a healthcare evacuation. The 30 attendees received an overview of the plan, explanation of the evacuation process, and participated in a hands-on exercise.

Mutual Aid Evacuation Annex (MAEA) Workshop - The EMS Coordinator organized a workshop with healthcare community partners on August 30. The workshop was designed to discuss ideas and suggestions for revisions to the MAEA that would enhance preparedness, response and recovery from a healthcare evacuation in Washoe County. The workshop attendees developed a list of revision to include: updating the evacuation forms, developing a communications section as well as adding a section describing the roles of skilled nursing, long term care, memory care and mental health facilities in an evacuation.

EMS Protocols Task Force - The EMS Program held a protocols meeting on August 23. The task force discussed the changes implemented in July 2018 and possible future revisions. The group will meet on a quarterly basis to review data and studies for proposed protocol revisions. Additionally, the group agreed to implement all revisions once a year, unless there is a protocol that is negatively impacting patient care that needs to be implemented immediately.

EMS Strategic Plan Revision - The EMS strategic plan revision committee held their second meeting on September 6. The committee discussed current goals #1 and #2 as well as new objectives to enhance EMS in Washoe County. The group will meet monthly until the revisions are complete and a new strategic plan is developed for review and possible approval.

**REMSA Percentage of Compliant Responses  
 FY 2018 -2019**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2018	91%	97%	100%	100%	97%	91%
August 2018	90%	96%	93%	N/A	95%	91%
YTD	91%	96%	95%	100%	96%	91%

**REMSA 90<sup>th</sup> Percentile Responses**

Month	Zone A	Zone B	Zone C	Zone D
	8:59	15:59	20:59	30:59
July 2018	8:45	14:56	14:42	N/A*
August 2018	8:49	13:42	19:07	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: September 27, 2018**

**DATE:** September 27, 2018  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** District Health Officer Report – Public Health Accreditation, Quality Improvement, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Washoe Behavioral Health Policy Board, State Funding for Public Health, Government Affairs Liaison, Other Events and Activities and Health District Media Contacts.

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Public Health Accreditation (PHAB)

All 213 documents have been uploaded into the online document submission system and a final check is being completed to ensure the upload is the correct file. We are well on track for meeting our submission due date of October 1.

Quality Improvement

The QI team continues to meet every other month to support implementation of Quality Improvement Projects. The EHS plan review QI project is now complete and a report out presentation was provided to Division Director/Supervisors at their September 5<sup>th</sup>, 2018 meeting. The project has reduced review times for plans received by the Health District.

Strategic Plan

Preparations for the November 1, 2018 Strategic Planning Retreat are underway. Divisions are working to identify Strategic Plan items that will be suggested for revision based on accomplishments to date and evolving community needs.

Community Health Improvement Plan

Implementation of the Community Health Improvement Plan (CHIP) is well underway. Each CHIP goal committee has met at least once and smaller working groups have been formed for more specific tasks. Several smaller items have already been completed and progress is being made towards larger goals. Progress of each objective and strategy is being tracked in anticipation of the annual report. The

Health District is working with the Children's Cabinet to fund their continued provision of the Signs of Suicide (SOS) program in Washoe County schools.

#### Truckee Meadows Healthy Communities (TMHC)

The Board and Director met for a strategic planning retreat facilitated by Stephanie Kruse on September 12. The Board agreed on three strategic priorities for a convening and advocacy role:

- Housing and Homelessness
- Preserving Mental Health – Crisis Stabilization and Suicide Prevention
- Physical Activity and Nutrition – 5210 Healthy Washoe Project

Dr. Tony Slonim is leading a Board Recruitment Committee to identify candidates for consideration of addition to the Board.

On September 26, TMHC hosted an event at the Discovery Museum along with TMRPA, Truckee Meadows Tomorrow (TMT), and Enterprise Community Partners to provide the community with an update on the Regional Strategy for Affordable Housing.

#### Washoe Behavioral Health Policy Board

The WBHPB met via conference call on August 28, to approve submittal of a Bill Draft Request (BDR) for Crisis Stabilization Services to include Crisis Stabilization Centers. Crisis Stabilization Centers (CSCs) are small inpatient facilities for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSCs are designed to provide a safe, secure environment that is less restrictive than a hospital. CSCs are designed to stabilize the person and get him or her back into the community quickly.

The WBHPB met on September 17 and established a subcommittee to work on the financial aspects of Crisis Stabilization Services including the cost of the services as well as the savings that would result from provision of appropriate and immediate stabilization services. Crisis Stabilization Services will assist consumers that might otherwise receive treatment in emergency departments or be incarcerated. This work is intended to support funding of these services during the 2019 Legislative Session. I will participate on this subcommittee.

#### State Funding for Public Health

The Nevada Health Authorities and the Nevada Public Health Association held a conference call on September 7 to discuss the Legislative Committee on Health Care's work session consideration of a BDR to establish a Public Health Fund through per capita funding from the State. During their August 24 Committee discussion, concern was expressed regarding Senator Spearman's proposal to use Marijuana Excise Tax revenue to provide \$5 per capita for the Fund. Senator Ratti proposed that the BDR not identify the source of revenue and to let the legislature identify the source during the session. Assemblywoman Spiegel expressed a desire to not have the Fund accumulate unexpended funds. The BDR discussion was then tabled until the Legislative Committee's September 24 meeting. During the September 7 Health Authorities/NPHA call, consensus was reached to support a BDR that did not include the source of the funds. The consensus of the group was that a Public Health Fund that could

accumulate money was a preferred approach to allow unexpended funds to be available in the event of a public health emergency occurring within the State. We will advocate for that as well.

### Government Affairs Liaison

The Health District's new Government Affairs Liaison job announcement has been posted to the County's HR website. This is an exciting new opportunity to work with our local, state, and federal governments and legislative bodies to support systems and policies to improve the health of our community.

The recruitment will close on Wednesday October 3, 2018 and interested candidates can apply by visiting <https://jobs.washoecounty.us>.

### Other Events and Activities

- 8/24/18 REMSA Board Meeting
- 8/24/18 UNR School of Community Health Sciences CHS Advisory Board Meeting
- 8/28/18 AHS DHO/DD/Board Member Meeting
- 8/28/18 Behavioral Health Policy Board Conference Call Meeting
- 8/29/18 EPHP – DHO/DD/Board Member Meeting
- 8/30/18 TMHC Board of Directors Meeting
- 9/5/18 NDEP/WCHD/TMWA ILA Meeting
- 9/5/18 Division Directors/Supervisors Meeting
- 9/5/18 Healthcare Heroes Awards Dinner
- 9/6/18 NV Health Authorities Monthly Conference Call
- 9/7/18 Monthly Meeting w/John Slaughter and Dave Solaro
- 9/12/18 TMHC Board of Director's Planning Retreat
- 9/17/18 Behavioral Health Policy Board Meeting
- 9/17/18 Introduction to the Health District New Staff Orientation
- 9/17/18 DBOH Monthly Meeting with Chair and Vice Chair
- 9/19/18 Division Directors Meeting
- 9/20-25/18 Annual Leave, Charlene Albee Acting DHO
- 9/26/18 TMHC, TMRPA, TMT Enterprise Community Partners Event on Housing Strategy
- 9/27/18 TMHC Board of Directors Meeting

**Health District Media Contacts: August 2018**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
8/31/2018	KTVN CH2 - CBS Reno	Chris Buckley	Rib Cookoff Inspections - Florey/Collins/Ulibarri
8/30/2018	KRNV CH4 - NBC Reno	Kristen Edwards	Rib Cookoff Inspections - Florey/Ulibarri
8/30/2018	KOLO CH8 - ABC Reno	Terri Russell	National Air Toxin Assessment (NATA) - Albee
8/29/2018	Reno Gazette-Journal	Yvonne Beasley	Rabid Bats - Ulibarri
8/21/2018	KOLO CH8 - ABC Reno	Terri Russell	Algae Bloom at Swan Lake - Ulibarri
8/7/2018	Reno Gazette-Journal	Ben Spillman	PM2.5 - Hunter
8/14/2018	KRNV CH4 - NBC Reno	Kristen Edwards	EPA Grand Award - Albee
8/9/2018	KTVN CH2 - CBS Reno	Angela Schilling	Air Quality - Inouye
8/9/2018	Reno Gazette-Journal	Ben Spillman	Air Quality - Schnieder
8/9/2018	Reno Gazette-Journal	Ben Spillman	Air Quality - Albee
8/9/2018	High Country News	Elena Saavedra Buckley	Air Quality - Inouye
8/6/2018	Reno Gazette-Journal	Ben Spillman	Air Quality - Schnieder
8/3/2018	KOLO CH8 - ABC Reno	Gurajpal Sangha	Air Quality - Albee
8/3/2018	KTVN CH2 - CBS Reno	Brianna Wollard	Air Quality - Albee
8/3/2018	KOLO CH8 - ABC Reno	Pat Thomas	E-coli in local park - Ulibarri
8/2/2018	Reno Gazette-Journal	Brian Duggan	Classic Vehicle Plates - Albee
8/2/2018	KRNV CH4 - NBC Reno	Sanaz Tahernia	CHIP Rollout - Dick/Peters/Ulibarri
8/2/2018	KTVN CH2 - CBS Reno	Liz Olveda	CHIP Rollout - Dick/Peters/Ulibarri
8/2/2018	KOLO CH8 - ABC Reno	Valentina Bonaparte	CHIP Rollout - Dick/Peters/Ulibarri
8/2/2018	KOLO CH8 - ABC Reno	Photographer	WIC Farmers Market - Dixon
8/1/2018	KTVN CH2 - CBS Reno	Arriana Bennett	CHIP Rollout - Peters

**Press Releases/Media Advisories/Editorials/Talking Points**

8/8/2018 Health District to conduct fourth mosquito larvicid Ulibarri

**Social Media Postings**

<b>Facebook</b>	AQMD/CCHS/ODHO EHS	143 (CCHS 24 EHS20 ODHO 15 AQM 84)
<b>Twitter</b>	AQMD/CCHS	108 (AQM 99 CCHS 9)