

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

### **Members**

Dr. John Novak, Chair  
Michael D. Brown, Vice Chair  
Marsha Berkbigler  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

**Thursday, August 27, 2020  
1:00 p.m.**

**Washoe County Health District  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

Unless and until the Governor of Nevada issues a Directive or Order requiring a physical location to be designated for meetings of public bodies where members of the public are permitted to attend and participate, no members of the public will be allowed in the BCC Chambers due to concerns for public safety resulting from the COVID-19 emergency and pursuant to the Governor's Declaration of Emergency Directive 006 Section 1, which suspends the requirement in NRS 241.023(1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate.

**This meeting will be held by videoconference only.**

Please attend this meeting via the link listed below or via phone.  
(please be sure to keep your devices on mute and do not place the meeting on hold)

<https://zoom.us/j/95713212764?pwd=ZDZwMWhoYVlyWk1FMExFODdYS2I2UT09>

**Phone: 1-669-900-6833  
Meeting ID: 957 1321 2764**

---

### **1:00 p.m.**

- 1. Roll Call and Determination of Quorum.**
- 2. Pledge of Allegiance.**
- 3. Public Comment.**

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.

As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public can public comment by teleconference by logging into the ZOOM meeting via the above link.

NOTE: The zoom option will require a computer with audio and video capabilities.

**Public comment requests can be submitted to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. on Wednesday, August 26, 2020.**

**4. Approval of Agenda. (FOR POSSIBLE ACTION)**

August 27, 2020

**5. Recognitions.**

**A. Years of Service**

- i. Denise Cona, 35 years, hired August 19, 1985 – EHS
- ii. James English, 20 years, hired May 15, 2000 – EHS
- iii. Kevin Dick, 10 years, hired August 30, 2010 – ODHO
- iv. Wesley Rubio, 10 years, hired August 16, 2010 – EHS

**B. Promotions**

- i. David Kelly, promoted from Sr. Environmental Health Specialist to Environmental Health Specialist Supervisor effective August 3, 2020 – EHS

**C. New Hires**

- i. Matthew McCarthy, Air Quality Specialist Trainee, hired August 17, 2020 - AQM
- ii. Candace Brown, Air Quality Specialist Trainee, hired August 31, 2020 - AQM

**D. Resigned**

- i. Alissar Puckett, Epidemiologist effective July 30, 2020 – EHS

**E. Shining Stars**

- i. Heather Holmstadt

**6. International Overdose Awareness Day Proclamation. (FOR POSSIBLE ACTION)**

Staff Representative: Britany Wiele, Youth and Community Outreach Specialist, JTNN

**7. 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. July 23, 2020

**B. Budget Amendments/Interlocal Agreements – (FOR POSSIBLE ACTION)**

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$935,680.00 (\$93,560.00 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program (PHP) and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and Memorandum of Understanding (MOU) agreements with partnering agencies.  
Staff Representative: Nancy Kerns-Cummins
- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2021 in the total amount of \$156,927.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.  
Staff Representative: Kim Graham

- C. Accept a donation of 60 lunches from Nathan Almlie for COVID-19 testing staff with an estimated value of \$500.00. **(FOR POSSIBLE ACTION)**  
Staff Representative: Nancy Kerns-Cummins
- D. Recommendation to uphold citations not appealed to the Air Pollution Control Hearing Board. **(FOR POSSIBLE ACTION)**
  - i. Ryno Land and Development LLC - Case No. 1224, NOV No. AQMV20-0001  
Staff Representative: Francisco Vega
  - ii. Northern Nevada Homes - Case No. 1225, NOV No. AQMV20-0002  
Staff Representative: Francisco Vega
- E. Approve to reappoint Dr. Andrew Michelson, Emergency Room Physician, to the Regional Emergency Medical Services Advisory Board, a three-year term commencing on May 2020 and ending on May 2023 or until such time as a successor is appointed. **(FOR POSSIBLE ACTION)**  
Staff Representative: Kevin Dick
- F. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2020. **(FOR POSSIBLE ACTION)**  
Staff Representative: Anna Heenan

**- END OF CONSENT -**

- 8. **Presentation on Truckee Meadows COVID-19 Threat Meter.**  
Presented by: Jeremy Smith, Director, Truckee Meadows Regional Planning Agency
- 9. **Regional Emergency Medical Services Authority**  
Presented by: Dean Dow and Alexia Jobson
  - A. **Review and Acceptance of the REMSA Operations Report for July 2020 – (FOR POSSIBLE ACTION)**
  - B. **Update of REMSA’s Public Relations during July 2020**
- 10. **Presentation, possible approval for distribution of the Washoe County EMS Oversight Program Fiscal Year 2020 Mid-Year Data Report. (FOR POSSIBLE ACTION)**  
Staff Representative: Anastasia Gunawan
- 11. **Discussion and possible action to adopt Nevada Administrative Code 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities (NAC 447E), only if NAC 447E has been previously adopted by the Nevada Department of Health and Human Services in response to Senate Bill 4, as approved by Governor Sisolak on August 11, 2020.**  
Staff Representative: Charlene Albee
- 12. **Update on current Air Quality Management (AQM) and Environmental Health Services (EHS) permit status along with a discussion and possible direction to extend the waiver for the assessment of late fees on AQM and EHS permits from September 10, 2020 until October 12, 2020 in response to economic impacts on the community from the COVID-19 emergency.. (FOR POSSIBLE ACTION)**  
Staff Representative: Charlene Albee
- 13. **Staff Reports and Program Updates**
  - A. **Air Quality Management, Francisco Vega, Division Director**  
Program Update – Nevada’s Climate Action Plan, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement.

**B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – National Immunization Awareness Month; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 response.

**C. Environmental Health Services, Charlene Albee, Division Director**

Environmental Health Services (EHS) Division Program Updates: Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Drinking Water, Vector, WM/UST); and Inspections.

**D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

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

District Health Officer Report–COVID-19, Government Affairs Update, Public Health Accreditation, Disease Investigation and Contact Tracing, Community Health Improvement Plan, Behavioral Health, Truckee Meadows Healthy Communities, and Health District Media Contacts.

**14. Board Comment**

District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

**15. Public Comment**

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.

As required by the Governor’s Declaration of Emergency Directive 006 Section 2, members of the public can public comment by teleconference by logging into the ZOOM meeting via the link on the first page.

NOTE: The zoom option will require a computer with audio and video capabilities.

Public comment requests can be submitted to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. on Wednesday, August 26, 2020.

**ADJOURNMENT. (FOR POSSIBLE ACTION)**

---

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

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. the day before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the “Public Comment” items, emails may be submitted 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 emails 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.

>>>>>Continued on Next Page

**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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

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

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

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

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

**Pursuant to the Declaration of Emergency Directive 006 NRS241.023(1)(b), the requirement to physically post agendas is hereby suspended.**

**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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@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  
HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

*Proclamation*

**INTERNATIONAL OVERDOSE AWARENESS DAY**

**WHEREAS,** International Overdose Awareness Day is recognized around the world as a day to acknowledge individual loss and family grief for people who have suffered an overdose; and

**WHEREAS,** In 2018 there were 741 deaths drug overdose deaths in Nevada and 67,744 in the United States; and

**WHEREAS,** Overdose Awareness Day recognizes overdoses from legal and illicit drugs, because it echoes the tragedy of the overdose crisis, allowing us to speak and educate more about the issue; and

**WHEREAS,** Overdose Awareness Day raises awareness of and reduces the stigma of drug-related deaths and is an opportunity to honor those who lost their loved one to an overdose; and

**WHEREAS,** Overdose Awareness Day celebrates those who have survived an overdose; and

**WHEREAS,** Overdose Awareness Day sends a strong message to support those suffering from a substance use disorder to acknowledge they are loved and valued; and

**WHEREAS,** Overdose Awareness Day will bring attention to the struggle of addiction in our community while making a commitment to preventing loss of life; and

**NOW, THEREFORE,** be it resolved, that the Washoe County District Board of Health does hereby proclaim August 31, 2019, as

**“INTERNATIONAL OVERDOSE AWARENESS DAY”  
In Washoe County, Nevada**

**ADOPTED** this 27<sup>th</sup> day of August 2020

---

Dr. John Novak, Chair  
Washoe County District Board of Health



**Washoe County District Board of Health  
Videoconference Meeting Minutes**

**Members**

Dr. John Novak, Chair  
Michael D. Brown, Vice Chair  
Marsha Berkbigler  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

**Thursday, July 23, 2020  
1:00 p.m.**

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

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

Chair Novak called the meeting to order at 1:02 p.m. due to technical difficulties.

The following members and staff were present:

Members present: Dr. John Novak, Chair  
Michael Brown, Vice-Chair  
Marsha Berkbigler (via zoom)  
Kristopher Dahir (via zoom)  
Dr. Reka Danko (via phone)  
Oscar Delgado (via zoom)

**Mrs. Valdespin verified a quorum was present.**

Members absent: Tom Young  
Staff present: Kevin Dick, District Health Officer  
Dania Reid, Deputy District Attorney  
Charlene Albee (via zoom)  
Lisa Lottritz (via zoom)  
Francisco Vega (via zoom)  
Andrea Esp (via zoom)

**2. \*Pledge of Allegiance**

Dania Reid led the pledge to the flag.

**3. \*Public Comment**

**Chair Novak opened the public comment period.**  
Mrs. Valdespin confirmed there was no public comment.  
**Chair Novak closed the public comment period.**

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

July 23, 2020

**Commissioner Berkbigler moved to approve the agenda for the July 23, 2020, District Board of Health regular meeting. Councilman Dahir seconded the motion which was approved unanimously.**

#### 5. **Recognitions**

##### A. Years of Service

- i. Charlene Albee, 25 years, hired July 31, 1995 – EHS

Mr. Dick congratulate Ms. Albee for her 25 years of service to the Health District and for her efforts.

- ii. Jennifer Howell, 20 years, hired July 3, 2000 – CCHS

Mr. Dick congratulated and thanked Ms. Howell for her service as a Health Educator Coordinator.

##### B. Promotions

- i. Sonya Smith – promoted from Public Health Nurse II to Public Health Nurse Supervisor effective June 22, 2020 – CCHS

- ii. Cecilia Bustos Duarte – promoted from Intermittent Hourly RN to Public Health Nurse II effective July 20, 2020 – CCHS

Mr. Dick congratulated Ms. Smith and Ms. Duarte on their promotions. Additionally, he mentioned that Ms. Smith's position will be dedicated to the medical part of the POST operations.

##### C. New Hires

- i. Gaylon Erickson – COVID Administrative Assistant – hired July 20, 2020
- ii. Kristen Palmer, COVID Grants Coordinator, hired July 20, 2020
- iii. Kelsey Zaski, COVID Office Support Specialist, hired July 20, 2020

Mr. Dick recognized all the new hires and mentioned these new staff members are part of the COVID response through the federal grant funding received for testing and contract tracing.

##### D. Reclassified

- i. Anastasia Gunawan – reclassified from part-time Statistician to full-time Statistician effective June 11, 2020

Mr. Dick informed Ms. Gunawan was been reclassified for purposes of supporting the COVID-19 Response.

#### 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. June 25, 2020

##### B. Budget Amendments/Interlocal Agreements

- i. Approve Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of

\$1,100,392.00 retroactive to January 20, 2020 through April 22, 2022 to support COVID-19 Epidemiology and Laboratory Capacity (ELC) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Nancy Kerns-Cummins

- ii. Approve the Agreement between Washoe County Health District and ASM Global Reno on behalf of the Reno Sparks Convention & Visitors Authority for the Reno Sparks Livestock Events Center (RSLEC) in the amount of \$326,862.00 retroactive to June 8, 2020 through June 21, 2021 for use of RSLEC parking lot, event labor and security services for COVID-19 testing; authorize the District Health Officer to execute the agreement and any future amendments not to exceed \$100,000.00.

Staff Representative: Nancy Kerns-Cummins

- iii. Approve Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$8,924,923.00 retroactive to January 20, 2020 through June 30, 2022 to support COVID-19 Epidemiology and Laboratory Capacity (ELC) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Nancy Kerns-Cummins

- iv. Approve the Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational experiences for University of Nevada students in a public health agency environment for the period retroactive to July 1, 2020 through June 30, 2021, with automatic renewal for two successive one-year periods for a total of three 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.

Staff Representative: Kim Graham

- C. Accept a donation of 30,000 KN95 masks from ZLINE Kitchen and Bath with an estimated value of \$150,000.00.

Staff Representative: Nancy Kerns-Cummings

- D. Recommendation to uphold citations not appealed to the Air Pollution Control Hearing Board.

- a. A Plus Collision Center - Case No. 1222, NOV No. 5781

Staff Representative: Francisco Vega

- E. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2020.

Staff Representative: Anna Heenan

**Dr. Danko moved to approve the consent agenda. Vice Chair Brown seconded the motion which was approved unanimously.**

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

Presented by: Dean Dow and Alexia Jobson

### **A. Review and Acceptance of the REMSA Operations Report for June 2020**

Mr. Dow referenced his report and made himself available to answer questions from the Board. Additionally, he stated there is a supplemental report that was offered to the Board and is ready to discuss said report.

Chari Novak asked Mr. Dow to begin with the Supplemental Report.

Mr. Dow mentioned the Supplemental Report was provided to update the Board on the status of Emergency Medical Services (EMS) Systems in Washoe County. Mr. Dow added that the impacts and challenges to that system are related to COVID-19.

Mr. Dow opened his statement by saying that, like all Pre-Hospital Care Systems/First Response Systems, the COVID pandemic brought on numerous challenges to all systems across the country. Additionally, Mr. Dow believes that this situation has brought the opportunity to look at inefficiencies and vulnerabilities of EMS system and hospital care.

Mr. Dow briefly mentioned a decrease of 9-1-1 activity in the months of March through May and then an unprecedented increase of 9-1-1 systems utilization, which in part can be attributed to businesses being open and health care dynamics. Mr. Dow also mentioned the systems status management software has not been effective as it was not developed with COVID in mind. The ability to be effective in understanding utilization and deployment has been disrupted, which creates a challenge to effectively respond to the calls.

Mr. Dow noted that their Influenza Like Symptoms calls as well as behavioral calls, psychiatric calls, and assaults throughout the pandemic has significantly increased during this pandemic. Mr. Dow stated that a weakness has been highlighted: staff having to isolate. Mr. Dow stated that to date the number has amounted to 100 employees that have been in some form of isolation, a lot for up to 14-days, with 4 employees testing positive for COVID within the last 3-4 weeks.

Mr. Dow concluded that REMSA wishes to continue to be proactive in their planning and ability to use their clinical resources, human resources and technology as best they can. Mr. Dow asks the Board to support the 10 suggestions listed in the immediate Supplemental Report.

Vice-chair Brown asked Mr. Dow to explain if the calls prioritization is due the calls being related to COVID.

Mr. Dow explained that these calls are part COVID, part pandemic, part societal. Mr. Dow added the increase in calls was not in life threatening calls. Mr. Dow mentioned the effort of REMSA is to more effectively use the professionals they have and match the patient and the patient situation to the right provider.

Councilman Dahir thanked Mr. Dow for the update and also asked about discontinuing ambulance response to standby requests, he was curious to know if this decision has been discussed with law enforcement.

Mr. Dow confirmed conversations have been had regarding this issue.

Councilman Dahir asked if there is enough Telehealth Medicine in place to assist.

Mr. Dow stated they are working with all 3 health systems related to Telemedicine.

Chair Novak mentioned these needs have been discussed in the past and will be re-addressed in the future.

**Vice-chair Brown moved to approve REMSA's June Report. Commissioner Berkbigler seconded the motion which was approved unanimously.**

## **B. Update of REMSA's Public Relations during June 2020**

Alexia Jobson presented the Public Relations report for June 2020. Ms. Jobson reported that at the beginning of July, REMSA posted digital content encouraging pedestrian and bicycle safety. REMSA also shared 4<sup>th</sup> of July safety information on digital channels including website and YouTube that focused on fireworks and heat related illness.

Ms. Jobson added that REMSA gave an interview on water safety and things to look at for at the pool or lake.

### **8. Update on current Air Quality Management (AQM) and Environmental Health Services (EHS) permit status along with discussion and possible direction to extend the waiver for the assessment of late fees on AQM and EHS permits from August 10, 2020 until September 10, 2020 in response to economic impacts on the community from the COVID-19 emergency.**

Staff Representative: Charlene Albee

Ms. Albee began by providing the Board a recap as to last month's decision on this immediate item, including direction to re-visit to update the Board on the status permits at this immediate meeting.

Ms. Albee provided an update on all permit fees, not including late fees. Ms. Albee also noted that with directives coming from the state for the different businesses, primarily bars, it has become difficult to keep track of these phases and the business closures and deadlines.

Ms. Albee respectfully requested the Board to allow for an additional extension of the assessments of late fees to September 10, 2020.

Ms. Albee made herself available to answer questions from the Board.

Councilman Dahir asked if this item would come back another extension is necessary.

Chair Novak affirmed that this item would have to be revisited possibly every month until the situation subsides.

**Councilman Dahir moved to waive the assessment of late fees on Air Quality management and Environmental Health Services. Commissioner Berkbigler seconded the motion, which was approved unanimously.**

### **9. Review and update on COVID-19 Emergency Response Activities.**

Staff Representative: Kevin Dick

Mr. Dick began by recognizing the efforts of the Health District staff as it relates to COVID-19 Emergency Response. Mr. Dick informed POST is set up and dialed in for moving people through quickly, stating that a record was set last Friday, July 17, 2020 of 665 people who came through for testing. Mr. Dick continues to receive positive feedback from the community.

Mr. Dick states the Health District is benefiting from the National Guard's assistance as well as a variety of volunteers. He added that POST operations moved to 4-days a week this week and last, and is now scheduled to move into a 5-days a week, the week of July 27, 2020.

Mr. Dick reported that the Health District worked with Health Plan of Nevada for a POST they held at Miguel Ribera Park on Neil Road on June 26 and 27, 2020. Additionally, the Health District continues to work with first responders and long-term care assisted living facilities by providing test collection kits.

Mr. Dick referenced the backlogs the media has reported and stated the State Health Lab is also experiencing the same situation. He added that the Health District may have delays up to 4-6 days from the State Lab, due to the volume of tests, as oppose to the 7-day or more delay from some of commercial labs. Mr. Dick mentioned that the investigations and contact tracing is also experiencing a delay due to the volume of positive cases coming back from the State Lab. He reported a 2-step approach has been created as a result of these delays and in an effort to prevent further spread.

Mr. Dick stated that due to the aforementioned events, plans are in place for additional staffing. The Health District has made a request to the City Managers and the County Manager to receive a portion of their CARES funds, allocated to support the testing and contact tracing. Additionally, a request for a portion of those funds has been made to support working with a commercial lab.

Mr. Dick reported on the results of the seroprevalence study, including a finding that the 2.3% of the Washoe County's population had been exposed to COVID-19, as of June 9 and 10, 2020 which is greater than initially reported. On the other hand, the rate of fatalities is less than reported, from 3.6% to 0.8%. These rates are still serious, as it is 8x as fatal than the flu. Mr. Dick referred to the County Dashboard to show the continued increase in the Washoe County's case count.

On Thursday, July 16, 2020, the governor released the White House's county by county assessment of COVID-19 transmission occurring in Nevada, placing Washoe County and Reno in the Yellow Zone, based on the number of cases reported. As a result, the Health District recommend gatherings be limited to 25 people or less, in addition to previously made recommendations.

Councilman Dahir expressed his desire to receive more information regarding the Health District working with commercial labs, where tests will be sent away.

**Vice-chair Brown moved to accept the Review and Update on COVID-19 Emergency Response Activities. Commissioner Berkbigler seconded the motion which was approved unanimously.**

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

##### **A. Air Quality Management, Francisco Vega, Division Director**

Program Update – Clean Cars Nevada Initiative, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement.

Mr. Vega stated he did not have anything to add but opened the item to answer questions.

##### **B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – STD Awareness; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children.

Ms. Lottritz added to her report that the Community and Clinical Services will be holding 3 back-to-school immunization clinics on August 1, 8, and 15, 2020 at the Boys and Girls Club at the Pennington facility in partnership with Immunize Nevada and Walmart. Ms. Lottritz added that pre-registering and appointments will be an effort to promote social distancing.

Ms. Lottritz also added that her division has hired 9 intermittent hourly RNs to help with COVID testing at the POST, as well as beginning recruiting for Intermittent Hourly Community Health Aides to assist with testing.

Chair Novak asked Mr. Lottritz about the immunizations that will be provided at the clinics.

Ms. Lottritz clarified that they would be providing immunizations required for school i.e. MMR, Tdap.

**C. Environmental Health Services, Charlene Albee, Division Director**

Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Drinking Water, Vector, WM/UST); and Inspections.

Ms. Albee added to her report that programmatic change will be made as to how to get routine inspections completed, considering the continued loss of staff to COVID Response and hopes to complete the first inspections by the end of December 2020.

Ms. Albee announced that a job offer for Supervisor in Environmental Health Services was made to David Kelly, to fill the vacancy that resulted from Tony Macaluso's retirement.

**D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Ms. Esp made herself available to respond to questions from the Board.

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

District Health Officer Report – Special Legislative Session, Public Health Accreditation, Community Health Improvement Plan, Contact Tracing, Washoe County School District, Unified Command, and Joint Information Center.

Mr. Dick introduced Joelle Gutman-Dodson to present on the 31<sup>st</sup> Special Session that began July 8, 2020. Ms. Gutman-Dodson reported that budget revisions and restorations were discussed thoroughly. Ms. Gutman-Dodson reported that some of the funds that were restored included the “optional” Medicaid, the Vape Education Fund, Family Planning Fund among others. Ms. Gutman-Dodson added that the Pollution Control Fund and the Tire Fund for solid waste were funds that were not swept. Additionally, she reports that the biggest impact will be the 6% Medicaid rate reduction, which will affect clinical services and REMSA franchise agreement. A 2<sup>nd</sup> Special Session will be called to discuss election reform and possibly liability issues for COVID. The Interim Health Committee is ready to send policy requests for 2021 Legislative Session which requires priorities to be provided. Ms. Gutman-Dodson reported that Public Health Improvement Fund, Reforming the Classic Vehicle License Plate, Tobacco 21, Sex Education, and Minimum Data Set are the top priorities for the 2021 Legislative session.

Mr. Dick highlighted how proud he is with Health District staff stepping up to help with COVID-19. Mr. Dick informed that the Health District is working closely with the Washoe County School District to help with their re-opening plans including developing outbreak response protocols.

Mr. Dick informed the Board of discussions that will be happening with Superintendent Kristen McNeill and her executive team about re-opening schools, prior to their Board meeting on July 28, 2020. The Washoe County School District has asked Mr. Dick to provide his recommendation regarding re-opening schools.

Mr. Dick's recommendation to the Washoe County School District will be to not re-open schools. Mr. Dick elaborated by stating that this recommendation is based on Governor Sisolak's established County Tracking Criteria System as well as the fact that Washoe County is far exceeding the threshold of new cases per 100,000 over the last 14-days and the County has continued to see an increase in new cases. Medical Advisory team member for the state, Trudy Larson, concurs with this recommendation as she also believes it is not advisable for schools to reopen based on the stated facts.

Mr. Dick expressed his concern about schools re-opening; however, his recommendation is based on the public health perspective. Ultimately, the Washoe County School District Board of Trustees must make the decision in consideration of other important factors.

Mr. Dick also spoke about a letter he has received from the Northern Nevada Subcommittee of Nevada Hispanic Legislative Caucus COVID-19 Taskforce. This letter is a request to receive more information regarding the Joint Information Center's (JIC) COVID-19 Latino outreach plan. Mr. Dick reported that Chair Novak spearheaded a meeting to discuss an increase in messaging and campaigning around COVID-19, in order to engage the community positively and promote participating individually to stop this disease. As a result of these discussions, County Manager Eric Brown, City Managers, and JIC are working on securing a marketing firm to effectively influence people and their behaviors, in an effort to help with messaging as well as ensuring that the Latino capabilities and perspective are used in said campaign. Additionally, the Hispanic Legislative Caucus reported their capability to assist with messaging, as their Task Force includes participants that are willing to assist with this project. Mr. Dick expressed his desire to accept their offer and benefit from the collaboration of the Hispanic Legislative Caucus.

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

Councilman Dahir asked to be involved in the conversations regarding the thermometer type situation within businesses. Councilman Dahir suggested these conversations get started next month, so the Board can be involved.

Chair Novak thanked the Health District for all their work and expressed that the National Guard would be missed as they stand down. Chair Novak also took a moment to thank all first responders for all their tremendous work.

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

**Chair Novak opened the public comment period.**

Chief Nolan, Reno Fire, spoke on item #7. He detailed his support on improving patient care; however, he requested the Board to formalize a meeting between Fire Services and REMSA regarding the presented proposals and have a discussion about which proposals

would work best for the citizens. Additionally, Chief Nolan asked for clarification as to whether Chief Brown is having formal or informal discussions on behalf of the Board of Health regarding the immediate subject.

Upon the advise of Dania Reid, Deputy District Attorney, Chair Novak limited his response to state that progress is being made on this matter and no decision can be made or discussed until this specific item is formally agendized.

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

## **Adjournment.**

**Chair Novak adjourned the meeting at 2:15 p.m.**

---

---

**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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. the day before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the "Public Comment" items, emails may be submitted 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 emails 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.

**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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

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

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

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

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

**Pursuant to the Declaration of Emergency Directive 006 NRS241.023(1)(b), the requirement to physically post agendas is hereby suspended.**

**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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@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: August 27, 2020**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, nkcummins@washoecounty.us

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$935,680.00 (\$93,560.00 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program (PHP) and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and Memorandum of Understanding (MOU) agreements with partnering agencies.

**SUMMARY**

The Washoe County Health District received a Notice of Subaward on July 16, 2020 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health 2021 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program (PHP). The funding period is retroactive to July 1, 2020 through June 30, 2021. A copy of the Subaward is attached.

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

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

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

This item will also support any memorandum of understandings between the local government agencies such as local law enforcement, local fire departments, public and private schools and the Washoe

**ADMINISTRATIVE HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Subject: Approve PHP Subaward  
Date: August 27, 2020  
Page 2 of 2

County Health District as outlined in the scope of work by authorizing the District Health Officer to execute the MOU agreements with the partnering agencies.

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY21 budget. As such, there is no fiscal impact to the FY21 adopted budget should the Board approve the Notice of Subaward.

### **RECOMMENDATION**

It is recommended that the District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$935,680.00 (\$93,560.00 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program (PHP) and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and Memorandum of Understanding (MOU) agreements with partnering agencies.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$935,680.00 (\$93,560.00 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program (PHP) and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and Memorandum of Understanding (MOU) agreements with partnering agencies."



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

Agency Ref. #: **HD 17699**  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306921

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / <a href="mailto:msouthard@health.nv.gov">msouthard@health.nv.gov</a>	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD) Andrea Esp / <a href="mailto:AEsp@washoecounty.us">AEsp@washoecounty.us</a>
<b>Address:</b> 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89512-2845
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP Cooperative Agreement.

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	<b>\$564,029.00</b>	Total Obligated by this Action:	\$ 935,680.00
2. Travel	<b>\$8,911.00</b>	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Supplies	<b>\$13,874.00</b>	Total Federal Funds Awarded to Date:	\$ 935,680.00
4. Equipment	<b>\$5,000.00</b>	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	<b>\$108,000.00</b>	Amount Required this Action:	\$ 93,560.00
6. Other	<b>\$65,005.00</b>	Amount Required Prior Awards:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$764,819.00</b>	Total Match Amount Required:	\$ 93,560.00
7. Indirect Costs	<b>\$170,861.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>TOTAL APPROVED BUDGET</b>	<b>\$935,680.00</b>	<b>Federal Budget Period:</b> July 1, 2020 through June 30, 2021	
		<b>Federal Project Period:</b> July 1, 2020 through June 30, 2021	

<b>Source of Funds:</b> Centers for Disease Control and Prevention (CDC)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.069	<b>FAIN:</b> NU90TP922047	<b>Federal Grant #:</b> 5 NU90TP922047-02-00	<b>Grant Award Date by Federal Agency:</b> 06/24/2020
--	----------------------	---------------------	---------------------------	--	---

**Agency Approved Indirect Rate:** 10.3%      **Subrecipient Approved Indirect Rate:** 22.34%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement
--	--

Name	Signature	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA, MS Bureau Chief, BHPP		
for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

- The attached detailed Work Plan is for Budget Period 2, July 1, 2020 to June 30, 2021 and is broken down by domains, capabilities, goals, objectives, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of capability objectives for this budget period are to be completed by June 30, 2021. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
  - October 31, 2020            1<sup>st</sup> Quarter Progress Report            (For the period of 7/1/19 to 9/30/20)
  - January 31, 2020        2<sup>nd</sup> Quarter Progress Report        (For the period of 7/1/19 to 12/31/20)
  - April 30, 2021            3<sup>rd</sup> Quarter Progress Report        (For the period of 7/1/19 to 3/31/21)
  - July 31, 2021            4<sup>th</sup> Quarter Progress Report        (For the period of 7/1/19 to 6/30/21)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
  - October 31, 2020        1<sup>st</sup> Quarter Progress Report        (For the period of 7/1/19 to 9/30/20)
  - January 31, 2020        2<sup>nd</sup> Quarter Progress Report        (For the period of 10/1/19 to 12/31/20)
  - April 30, 2021            3<sup>rd</sup> Quarter Progress Report        (For the period of 1/1/19 to 3/31/21)
  - July 31, 2021            4<sup>th</sup> Quarter Progress Report        (For the period of 4/1/19 to 6/30/21)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION B Cont.  
Washoe County Health District (SNHD)  
CDC Public Health Emergency Preparedness (PHEP)  
Scopes of Work  
July 1, 2020 through June 30, 2021**

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

<b>Domain Summary</b>	
<b>Domain Name (D1)</b>	<b>Community Resilience</b>
<b>Domain Description</b>	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Community Preparedness</b></li> <li>• <b>Community Recovery</b></li> </ul>
<b>Community Preparedness Definition</b>	<p>Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to</p> <ul style="list-style-type: none"> <li>• Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness</li> <li>• Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health</li> <li>• Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs</li> <li>• Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals who may be disproportionately impacted by a public health incident or event</li> <li>• Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors</li> <li>• Convene or participate with community partners to identify and implement additional ways to strengthen community resilience</li> <li>• Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster</li> </ul>
<b>Community Recovery Definition</b>	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Planned Activity Type (Classify the Planned Activity Type for this Capability)**

**Capability: Community Preparedness**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

X	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Capability: Community Recovery**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Strategies/Activities**

<b>Domain Strategy</b>	<b>Strengthen Community Resilience</b>
------------------------	--

**1a. Planned Objective**

**Nevada will conduct a public health jurisdictional risk assessment (JRA) in collaboration with HPP to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs (AFN) of at-risk individuals.**

**1b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Coordinate the updating of the JRA using the IHCC HVA for 2020 and identify the three most substantial gaps as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Documentation: Updated JRA, IHCC HVA, cross table analysis		
Planned Activity:	Provide summary of identified gaps in JRA/HVA document and have IHCC provide input on mitigation opportunities, as able	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: IHCC minutes, meeting notes, emails		
Planned Activity:	Finalize JRA and provide information to IHCC if changes warrant.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Updated JRA, email dissemination list, email		
<b>1c. Function Association (Select all that apply):</b>		
<b>Subrecipients must select the functions used to guide planned activities.</b>		
<b>Community Preparedness:</b>		
X	<b>Determine risks to the health of the jurisdiction</b>	
X	<b>Strengthen community partnerships to support health preparedness</b>	
	<b>Coordinate with partners and share information through community social networks</b>	
	<b>Coordinate training and provide guidance to support community involvement with preparedness efforts</b>	
<b>Community Recovery:</b>		
	<b>Identify and monitor community recovery needs</b>	
	<b>Support recovery operations for public health and related systems for the community</b>	
X	<b>Implement corrective actions to mitigate damage from future incidents</b>	
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
<b>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</b>		
Proposed Output:	List of mitigation opportunities with identified activities	
Proposed Output:	Summary document of risks and gaps	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Proposed Output:	Updated JRA
------------------	-------------

**2a. Planned Objective**

**WCHD will conduct a review of the National Health Security Preparedness Index and identify and improve measures by June 30, 2020, as able.**

**2b. Completion Timeline**

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Review most current National Health Security Preparedness Index (NHSPI) and identify measures under the direct control of the Washoe County Health District for improvement.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: List of measures, meeting notes, emails

Planned Activity:	Create improvement plan for identified measures, as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Improvement plan, list of measures, emails

Planned Activity:	Conduct and track identified improvement activities as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: List of activities with status indication, emails

**2c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Community Preparedness:**

X	Determine risks to the health of the jurisdiction
	Strengthen community partnerships to support health preparedness

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Coordinate with partners and share information through community social networks
	Coordinate training and provide guidance to support community involvement with preparedness efforts
<b>Community Recovery:</b>	
	Identify and monitor community recovery needs
	Support recovery operations for public health and related systems for the community
X	Implement corrective actions to mitigate damage from future incidents
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	List of measures able to be affected by Washoe County Health District
Proposed Output:	Improvement plan/s
Proposed Output:	Project tracking for improvement activities.
<b>3a. Planned Objective</b>	
WCHD will develop a Chemical, Burn, Radiological, Nuclear, Explosive (CBRNE) plan which incorporates existing planning initiatives into a single annex in the District Emergency Operations Plan (DEOP).	
<b>3b. Completion Timeline</b>	
Subrecipients must provide at least <u>one</u> planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.	
Planned Activity:	Identify planning components and requirements for development of a CBRNE threat response plan to compile the existing BDS, CRC, Chempack, Respiratory Protection and Pharmaceutical Cache Plans and the associated protocols into a single DEOP annex.
	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: meeting	
Planned Activity:	Develop a single master CBRNE plan annex which incorporates the BDS, CRC, Chempack, Respiratory Protection and Pharmaceutical Cache Plans.
	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Documentation: Draft CBRNE plan, meeting notes, emails		
Planned Activity:	Update MCM plan.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30

Documentation: Updated MCM plan

**3c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Community Preparedness:**

	Determine risks to the health of the jurisdiction
X	Strengthen community partnerships to support health preparedness
	Coordinate with partners and share information through community social networks
X	Coordinate training and provide guidance to support community involvement with preparedness efforts

**Community Recovery:**

	Identify and monitor community recovery needs
	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents

**3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Planning components to CBRNE master plan
Proposed Output:	CBRNE plan
Proposed Output:	Updated MCM plan

**4a. Planned Objective**

**WCHD will work with local mental/behavioral health stakeholders to update community disaster response planning**

**4b. Completion Timeline**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Support Washoe County School District and local charter schools with preparedness activities such as Stop the Bleed, handwashing initiatives, disaster preparedness and Medical Countermeasures (MCM) planning as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Meeting notes, emails, sign in sheets

Planned Activity:	Convene workgroup of mental/behavior health stakeholders to review and provide feedback on the Disaster Behavioral Health Annex of the regional emergency Operations plan as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Agendas, sign in sheets, meeting notes

Planned Activity:	Update the Regional Disaster Behavioral Health Annex in coordination with other regional stakeholders as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Updated Behavioral Health Annex

Planned Activity:	Research best practices of mental/behavioral health assessment and tracking post event.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Notes, emails, other jurisdictions' plans

Planned Activity:	Develop a mental/behavioral health assessment and tracking procedure to be used post event for first responders and volunteers.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Plan drafts, notes, emails

**4c. Function Association (Select all that apply):**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Subrecipients must select the functions used to guide planned activities.**

<b>Community Preparedness:</b>	
	Determine risks to the health of the jurisdiction
X	Strengthen community partnerships to support health preparedness
	Coordinate with partners and share information through community social networks
X	Coordinate training and provide guidance to support community involvement with preparedness efforts

<b>Community Recovery:</b>	
X	Identify and monitor community recovery needs
	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents

**4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

**Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.**

Proposed Output:	STB supplies and training provided to two schools.
Proposed Output:	Updated Regional Disaster Behavioral Health Annex

**5a. Planned Objective**

**Provide CBRNE training opportunities to increase stakeholder engagement by June 30, 2021.**

**5b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Coordinate with Tribal workgroup on the statewide pandemic exercise, to include training and exercise document development as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Meeting agendas, training materials, EEG's, ExPlan

Planned Activity:	In coordination with local EMS and hospital stakeholders, identify CBRNE trainings and exercises with focus on infectious disease transmission as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30
-------------------	---	---

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
--	--	---

Documentation: Meeting agendas, meeting notes.

Planned Activity:	Conduct identified CBRNE trainings and/or exercises as identified and able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Training sign in sheets, training materials, exercise documents

**5c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Community Preparedness:**

	Determine risks to the health of the jurisdiction
	Strengthen community partnerships to support health preparedness
	Coordinate with partners and share information through community social networks
X	Coordinate training and provide guidance to support community involvement with preparedness efforts

**Community Recovery:**

	Identify and monitor community recovery needs
	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents

**5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Completed exercise documentation for Tribal partners
Proposed Output:	List of proposed CBRNE training and exercise options
Proposed Output:	Completed trainings and/or exercises

**6a. Planned Objective**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**WCHD will increase public outreach activities on preparedness utilizing various tools such as social media, community events and advertising.**

**6b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Participate in preparedness month (September) activities to include but not limited to community presentations, advertising and events (such as Food Truck Friday) in coordination with Washoe County Emergency Management as able.	Completion Timeline: <input checked="" type="checkbox"/> <b>Q1: July 1 – September 30</b> <input type="checkbox"/> <b>Q2: October 1 – December 31</b> <input type="checkbox"/> <b>Q3: January 1 – March 31</b> <input type="checkbox"/> <b>Q4: April 1 – June 30</b>
-------------------	---	--

Documentation: Presentations, advertising copy, meeting agendas/notes.

Planned Activity:	Conduct two community outreach events throughout the year that include preparedness and partner with community stakeholders (such as ARC, Animal Services, etc.) as able.	Completion Timeline: <input checked="" type="checkbox"/> <b>Q1: July 1 – September 30</b> <input checked="" type="checkbox"/> <b>Q2: October 1 – December 31</b> <input checked="" type="checkbox"/> <b>Q3: January 1 – March 31</b> <input checked="" type="checkbox"/> <b>Q4: April 1 – June 30</b>
-------------------	---	---

Documentation: Advertising copy, meeting notes, flyers

Planned Activity:	Conduct preparedness outreach to NNAFN workgroup and AFN communities as identified through gap analysis, exercise AAR-IPs and/or state strategic planning initiatives which may include activities such as direct mailing campaigns, advertising through social media, radio and television, and presentations to community groups as able.	Completion Timeline: <input checked="" type="checkbox"/> <b>Q1: July 1 – September 30</b> <input checked="" type="checkbox"/> <b>Q2: October 1 – December 31</b> <input checked="" type="checkbox"/> <b>Q3: January 1 – March 31</b> <input checked="" type="checkbox"/> <b>Q4: April 1 – June 30</b>
-------------------	---	---

Documentation: Meeting notes, flyers, ad copy, sound and video files.

**6c. Function Association (Select all that apply):**

**Subrecipients must select the functions used to guide planned activities.**

**Community Preparedness:**

X	Determine risks to the health of the jurisdiction
	Strengthen community partnerships to support health preparedness
X	Coordinate with partners and share information through community social networks
X	Coordinate training and provide guidance to support community involvement with preparedness efforts

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Community Recovery:</b>	
	<b>Identify and monitor community recovery needs</b>
	<b>Support recovery operations for public health and related systems for the community</b>
	<b>Implement corrective actions to mitigate damage from future incidents</b>

**6d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

**Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.**

Proposed Output:	Completed preparedness month activities
Proposed Output:	Increased public awareness of preparedness recommendations
Proposed Output:	Targeted outreach to identified AFN group/s

**7a. Planned Objective**

**WCHD will work with qualified community partner(s) to deliver Stop the Bleed and/or other preparedness training to Washoe County employees and community partners as able.**

**7b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Partner with trainers and develop set of dates to deliver STB and/or other preparedness-related trainings.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agenda, emails w/trainer		
Planned Activity:	Schedule and provide a minimum of two preparedness-related trainings. .	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting agenda, emails w/trainer, marketing flyer/materials		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned Activity:	Evaluate preparedness training classes and identify areas for improvement to include future trainings and education pushout.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Sign in sheets, participant surveys

**7c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Community Preparedness:**

	Determine risks to the health of the jurisdiction
X	Strengthen community partnerships to support health preparedness
X	Coordinate with partners and share information through community social networks
X	Coordinate training and provide guidance to support community involvement with preparedness efforts

**Community Recovery:**

	Identify and monitor community recovery needs
	Support recovery operations for public health and related systems for the community
	Implement corrective actions to mitigate damage from future incidents

**7d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Partnership with Stop the Bleed trainers
Proposed Output:	Multiple planned Stop the Bleed trainings
Proposed Output:	Completed Stop the Bleed trainings

**8a. Planned Objective**

**WCHD will maintain its activities with local volunteer, partner organizations and preparedness groups.**

**8b. Completion Timeline**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Maintain and support partnerships with local preparedness stakeholders (VOAD, PREPARE Washoe, LEPC, CERT and others)	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Agendas, sign in sheets, presentation documentation.

Planned Activity:	Maintain and support meetings and activities for the Northern Nevada Access and Functional Needs workgroup and link into exercises, as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation:

Planned Activity:	Coordinate with the Washoe County School District and/or other educational institutions on preparedness initiatives to include activities such as Stop the Bleed Training, POD planning and public health education (e.g. handwashing, outbreak response), as able	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation:

**8c. Function Association (Select all that apply):**

**Subrecipients must select the functions used to guide planned activities.**

**Community Preparedness:**

	Determine risks to the health of the jurisdiction
X	Strengthen community partnerships to support health preparedness
X	Coordinate with partners and share information through community social networks
X	Coordinate training and provide guidance to support community involvement with preparedness efforts

**Community Recovery:**

	Identify and monitor community recovery needs
	Support recovery operations for public health and related systems for the community

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Implement corrective actions to mitigate damage from future incidents
--	---

**8d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Multiple exercises and trainings coordinated with community groups
Proposed Output:	Integration of NNAFN workgroup into preparedness activities to include exercises and education
Proposed Output:	New preparedness activities with the WCSD

**Domain Summary**

<b>Domain Name (D2)</b>	<b>Incident Management</b>
<b>Domain Description</b>	Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the National Incident Management System (NIMS) and coordinated with the jurisdictional incident, unified, or area command structure.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li><b>Emergency Operations Coordination</b></li> </ul>
<b>Emergency Operations Definition</b>	Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).

**Planned Activity Type (Classify the Planned Activity Type for this Capability)**

**Capability: Emergency Operations Coordination**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

X	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Strategies/Activities**

<b>Domain Strategy</b>	<b>Strengthen Incident Management</b>
------------------------	---------------------------------------

**1a. Planned Objective**

**Sustain current NIMS (National Incident Management System), NRF (National Response Framework), ICS (Incident Command System) training and exercises.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**1b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Coordinate access to ICS 300 & 400 training and offer to WCHD personnel and community stakeholders as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Flyers, Sign in Sheets

Planned Activity:	Coordinate the identification and education of a WCHD ICS 300 & 400 trainer as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Certifications, class completion documentation

Planned Activity:	Participate in State led exercises and activities as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Exercise, meeting sign-in sheets, emails

**1c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Emergency Operations Coordination:**

X	Conduct preliminary assessment to determine the need for activation of public health emergency operations
	Activate public health emergency operations
	Develop and maintain an incident response strategy
X	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations

**1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</b>	
Proposed Output:	ICS training courses provided to WCHD and community stakeholders
Proposed Output:	ICS certified trainer
Proposed Output:	Participation in State led activities and exercises

**2a. Planned Objective**

**Maintain emergency operations coordination and communication through drills and exercises to improve implementation of incident command structure.**

**2b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	WCHD will maintain its allocation of active Satellite Phones.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	--

Documentation: Satellite phone minutes purchased amount documented on activation and renewal notice

Planned Activity:	WCHD will conduct communications with their allocated satellite phones at least semi-annually in conjunction with its communications drills and/or exercises.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Communication drill documents, AAR-IP

Planned Activity:	Set up multiple drill activations utilizing ServNV communication platform to surge, with little notice, MRCs into POD exercises as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: ServNV communication

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned Activity:	Evaluate MRC pushout and analyze effectiveness of activation with suggestions for improvement.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Evaluation, analysis, improvement plan.

**2c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Emergency Operations Coordination:**

	Conduct preliminary assessment to determine the need for activation of public health emergency operations
X	Activate public health emergency operations
	Develop and maintain an incident response strategy
X	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations

**2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Satellite phones available for use in exercises and communications drills
Proposed Output:	Completed Communications drill/exercise AARs.

**3a. Planned Objective**

**Conduct training for incident command and support personnel in order to drill and exercise the public health jurisdictional incident command structure.**

**3b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Activation of DEOP to include notification/activation of the Regional Emergency Operations Center for an exercise or real event.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30
-------------------	--	--

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> <b>Q2: October 1 – December 31</b> <input checked="" type="checkbox"/> <b>Q3: January 1 – March 31</b> <input type="checkbox"/> <b>Q4: April 1 – June 30</b>
Documentation: ExPlan, EEG, hotwash, exercise notes		
Planned Activity:	Identify ICS training needs based on AAR of DEOP activation.	Completion Timeline: <input type="checkbox"/> <b>Q1: July 1 – September 30</b> <input type="checkbox"/> <b>Q2: October 1 – December 31</b> <input checked="" type="checkbox"/> <b>Q3: January 1 – March 31</b> <input type="checkbox"/> <b>Q4: April 1 – June 30</b>
Documentation: Hot wash, AAR-IP		
Planned Activity:	Provision of identified ICS trainings based on DEOP exercise/real event	Completion Timeline: <input type="checkbox"/> <b>Q1: July 1 – September 30</b> <input type="checkbox"/> <b>Q2: October 1 – December 31</b> <input type="checkbox"/> <b>Q3: January 1 – March 31</b> <input checked="" type="checkbox"/> <b>Q4: April 1 – June 30</b>
Documentation: ICS trainings scheduled or completed in BP2 & BP3		
<b>Research best practices for post-event mental/behavioral health assessment and tracking.</b>		
<b>Create tracking form/process for post-event mental/behavioral health.</b>		
<b>3c. Function Association (Select all that apply):</b>		
<b>Subrecipients must select the functions used to guide planned activities.</b>		
<b>Emergency Operations Coordination:</b>		
	<b>Conduct preliminary assessment to determine the need for activation of public health emergency operations</b>	
X	<b>Activate public health emergency operations</b>	
X	<b>Develop and maintain an incident response strategy</b>	
X	<b>Manage and sustain the public health response</b>	
	<b>Demobilize and evaluate public health emergency operations</b>	
<b>3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
<b>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</b>		
Proposed Output:	Simulated or real activation of DEOP	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Proposed Output:	List of ICS training needs for WCHD
Proposed Output:	Provision of ICS trainings both in BP2 & BP3

**4a. Planned Objective**

**WCHD will evaluate and identify gaps in isolation and quarantine plan as it relates to real world COVID-19 response and future EID events.**

**4b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Review local and national isolation and quarantine issues from COVID-19/EID and develop observation and recommendations for future EID events as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: List of observations and recommendations, meeting notes, meeting agendas, sign in sheets

Planned Activity:	Review and update isolation and quarantine plan and legal bench book.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Updated isolation and quarantine plan and bench book

Planned Activity:	Support COVID-19/EID response, to include but not limited to; case investigations, case monitoring, case support, public health incident command staffing, training and education as able.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Time spent on COVID/EID response (SAP), case logs, org charts, meeting notes

**4c. Function Association (Select all that apply):**

**Subrecipients must select the functions used to guide planned activities.**

**Emergency Operations Coordination:**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

X	Conduct preliminary assessment to determine the need for activation of public health emergency operations
X	Activate public health emergency operations
X	Develop and maintain an incident response strategy
X	Manage and sustain the public health response
	Demobilize and evaluate public health emergency operations

**4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Documentation of COVID-19/EID response
Proposed Output:	Updated Isolation and Quarantine plan and bench book
Proposed Output:	COVID-19/EID response support

**5a. Planned Objective**

**Create team to conduct active tracking of all WCHD activities to include exercises and real world events.**

**5b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Consolidate WCHD after-action improvement plan items into single point of reference document and update following all exercises and events.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP tracking document.		
Planned Activity:	Develop and conduct regular team (PHP et al) meetings to review and identify action plans to complete outstanding AAR-IP items.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, emails		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned Activity:	Produce yearly report on after action deliverables (accomplishments and current challenges) and provide to appropriate level of authority (as identified by AAR team).	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Yearly report

**5c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Emergency Operations Coordination:**

	Conduct preliminary assessment to determine the need for activation of public health emergency operations
	Activate public health emergency operations
	Develop and maintain an incident response strategy
	Manage and sustain the public health response
X	Demobilize and evaluate public health emergency operations

**5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Consolidated AAR-IP tracking document
Proposed Output:	Review team for AAR-IP tracking
Proposed Output:	Production of yearly activity report on after action completions and outstanding items.

**Domain Summary**

<b>Domain Name (D3)</b>	<b>Information Management</b>
<b>Domain Description</b>	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, accessible information, alerts, and warnings using a whole community approach, and to exchange health information and situational awareness with federal, state, local, territorial and tribal levels of governments and partners.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Emergency Public Information and Warning</b></li> <li>• <b>Information Sharing</b></li> </ul>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Emergency Public Information and Warning Definition</b>	Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.
<b>Information Sharing Definition</b>	Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

**Planned Activity Type (Classify the Planned Activity Type for this Capability)**

**Capability: Emergency Public Information and Warning**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Capability: Information Sharing**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Strategies/Activities**

<b>Domain Strategy</b>	<b>Strengthen Information Management</b>
------------------------	--

**1a. Planned Objective**

**Nevada will include public information and situational awareness components in preparedness and response plans.**

**1b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned Activity:	Development of pandemic messaging specific to limited vaccine, high risk groups and vaccine repetition requirements for inclusion into Public Information and Communication (PIC) Plan.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Meeting notes, messaging

Planned Activity:	Conduct survey to get public feedback on messaging.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Survey questions, post-survey metrics

Planned Activity:	Update Public Information and Communications (PIC) Plan.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Updated PIC plan

**1c. Function Association (Select all that apply):**

Recipients must select the functions used to guide planned activities.

**Emergency Public Information and Warning:**

	Activate the emergency public information system
	Determine the need for a Joint Information System
X	Establish and participate in information system operations
	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications

**Information Sharing:**

	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

*Note: To create an additional proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.*

Proposed Output:	Messaging on limited vaccine, high risk groups and vaccine repetition
Proposed Output:	Completed survey
Proposed Output:	Updated PIC plan

**2a. Planned Objective**

**WCHD will conduct external communication with the public.**

**2b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Disseminate information to the public regarding exercises or real-world events.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Social media, press releases, flyers

Planned Activity:	Disseminate public health awareness, emergency preparedness information to the public through social media.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Social media posts, impressions

**2c. Function Association (Select all that apply):**

Recipients must select the functions used to guide planned activities.

**Emergency Public Information and Warning:**

<input checked="" type="checkbox"/>	Activate the emergency public information system
-------------------------------------	--

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Determine the need for a Joint Information System
	Establish and participate in information system operations
X	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications
<b>Information Sharing:</b>	
	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Media releases for exercises and real world events
Proposed Output:	Social media releases for exercises and real world events.

<b>3a. Planned Objective</b>		
WCHD will improve consistency of communication to various levels of government, community partners, and the private sector.		
<b>3b. Completion Timeline</b>		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Planned Activity:	Develop messaging categories with corresponding recipient lists.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting summary, lists		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned Activity:	In coordination with ARES, identify, purchase and install required radio communication equipment to operationalize the command/communication trailer	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: List of equipment, POs,

Planned Activity:	In coordination with ARES, develop deployment plan for AM station/reader boards and Roadrunner	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Deployment plan and instructions

**3c. Function Association (Select all that apply):**

Recipients must select the functions used to guide planned activities.

**Emergency Public Information and Warning:**

	Activate the emergency public information system
	Determine the need for a Joint Information System
	Establish and participate in information system operations
X	Establish avenues for public interaction and information exchange
X	Issue public information, alerts, warnings, and notifications

**Information Sharing:**

X	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture

**3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Hazard listing with recipient categories
Proposed Output:	Operationalized command trailer

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Proposed Output:	Deployment plan for mobile AM radio communications	
<b>4a. Planned Objective</b>		
<b>WCHD will practice internal communication and activation of staff using Vesta Communicator by June 30, 2021.</b>		
<b>4b. Completion Timeline</b>		
<b>Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.</b>		
Planned Activity:	Conduct WCHD quarterly communications exercises to test redundant communication modalities.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, communication pushouts		
Planned Activity:	Conduct semi-annual call down drills of personnel using Vesta communicator	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, communication pushouts		
Planned Activity:	Identify and train additional staff on Vesta Communicator	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Training information, meeting notes.		
<b>4c. Function Association (Select all that apply):</b>		
<b>Recipients must select the functions used to guide planned activities.</b>		
<b>Emergency Public Information and Warning:</b>		
X	<b>Activate the emergency public information system</b>	
	<b>Determine the need for a Joint Information System</b>	
X	<b>Establish and participate in information system operations</b>	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Establish avenues for public interaction and information exchange
	Issue public information, alerts, warnings, and notifications
<b>Information Sharing:</b>	
	Identify stakeholders that should be incorporated into information flow and define information sharing needs
	Identify and develop guidance, standards, and systems for information exchange
	Exchange information to determine a common operating picture

**4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Recipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Quarterly communication drills
Proposed Output:	Bi-annual call down drills
Proposed Output:	Minimum of 1 additional trained staff on Vesta Communicator

**Domain Summary**

Domain Name (D4)	Countermeasures and Mitigation
<b>Domain Description</b>	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Medical Countermeasure Dispensing and Administration</b></li> <li>• <b>Medical Material Management and Distribution</b></li> <li>• <b>Nonpharmaceutical Interventions</b></li> <li>• <b>Responder Safety and Health</b></li> </ul>
<b>Medical Countermeasure Dispensing and Administration Definition</b>	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.
<b>Medical Materiel Management and Distribution</b>	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.
<b>Nonpharmaceutical Interventions</b>	Nonpharmaceutical interventions are actions that people, and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Quarantine</li> <li>• Restrictions on movement and travel advisories or warnings</li> <li>• Social distancing</li> <li>• External decontamination</li> <li>• Hygiene</li> <li>• Precautionary protective behaviors</li> </ul>
<b>Responder Safety and Health</b>	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.
<b>Planned Activity Type (Classify the Planned Activity Type for this Capability)</b>	
<b>Capability: Medical Countermeasure Dispensing and Administration</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	<b>Build</b> – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Medical Materiel Management and Distribution</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	<b>Build</b> – plan to increase the capability or capacity of the capability
<input type="checkbox"/>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Nonpharmaceutical Interventions</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input checked="" type="checkbox"/>	<b>Build</b> – plan to increase the capability or capacity of the capability
<input type="checkbox"/>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	<b>No planned activities this budget period</b> – there are no planned activities to address this capability
<b>Capability: Responder Safety and Health</b>	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Strategies/Activities**

**Domain Strategy**

**Strengthen Countermeasures and Mitigation**

**1a. Planned Objective**

**Nevada will conduct a statewide full-scale exercise (FSE) to test preparedness capabilities and exercise medical countermeasures (MCM); FSE will be a pandemic influenza scenario focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario. Will be coordinated with public health, HPP, emergency management, tribal, and other community partners. Will build in realistic, real-time laboratory testing into the exercise.**

**1b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Complete final planning meeting for MCM FSE 2021.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Planning meeting sign in sheet, agenda, Master Scenario Events list, Finalized participant list, participant guide.		
Planned Activity:	Complete Phase I of FSE exercise conducting public and private points of dispensing and non-pharmaceutical interventions in response to increased influenza activity. Will include partial activation of DOC.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: DOC and POD IAPs for Phase I of exercise, no less than 4 POD exercise plans, completed EEGs for each POD exercised, participant feedback forms, Hot Wash notes, at least 4 completed POD exercise AAR/IPs		
Planned Activity:	Complete Phase II of FSE to include requesting for medical surge needs and durable medical equipment. Will include no notice full activation of DOC.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: DOC and POD IAPs for phase II of exercise, Completed EEGs, DOC Exercise AAR/IP, Requests for DME on completed resource request forms, Completed alert and notification reports from NVHAN, participant feedback forms, hot wash notes.		
<b>1c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Medical Countermeasure Dispensing and Administration</b>		
X	Determine medical countermeasure dispensing/administration strategies	
X	Receive medical countermeasures to be dispensed/administered	
X	Activate medical countermeasure dispensing/administration operations	
X	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
<b>Medical Materiel Management &amp; Distribution</b>		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
<b>Nonpharmaceutical Interventions</b>		
X	Engage partners and identify factors that impact nonpharmaceutical interventions	
X	Determine nonpharmaceutical interventions	
X	Implement nonpharmaceutical interventions	
X	Monitor nonpharmaceutical interventions	
<b>Responder Safety and Health</b>		
X	Identify responder safety and health risks	
	Identify and support risk-specific responder safety and health training	
X	Monitor responder safety and health during and after incident response	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.

Proposed Output:	Improved POD plans with verified staffing requirements and thru put numbers. Additional Staff trained in POD operations.
Proposed Output:	Improved DOC plan with improved resource requesting process from identified gaps. Additional staff trained in DOC operations. Additional staff trained in IAP development.
Proposed Output:	Improved plan for Nonpharmaceutical interventions in response to a Pandemic Influenza event. Improved processes for distributing nonpharmaceutical intervention guidance and resources.
Proposed Output:	Improved First Responder POD plan with validated staffing needs and thru put numbers. Identified and trained staff for two first responder POD locations.
Proposed Output:	Revised and updated Nevada Mass Dispensing Plan for Rural Nevada.

**2a. Planned Objective**

**To update public health PPE and post exposure processes and procedures.**

**2b. Completion Timeline**

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.

Planned Activity:	Review PPE and fit testing requirements based on COVID-19/EID and Pandemic Influenza.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: PPE and fit testing recommendations.		
Planned Activity:	Create tiered fit testing and PPE-fitting schedule based on DEOP activation level as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Tiered fit testing list cross referenced against activation schedule		
Planned Activity:	Provide fit testing and PPE training for staff based on tiered DEOP activation schedule.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Log of completed fit tests.		
Planned Activity:	Create post-use survey for staff and MRC to provide feedback regarding usability and effectiveness of the PPE following an event-related exposure.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Survey		
<b>2c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Medical Countermeasure Dispensing and Administration</b>		
	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
<b>Medical Materiel Management &amp; Distribution</b>		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
<b>Nonpharmaceutical Interventions</b>		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Responder Safety and Health</b>	
<b>X</b>	<b>Identify responder safety and health risks</b>
<b>X</b>	<b>Identify and support risk-specific responder safety and health training</b>
<b>X</b>	<b>Monitor responder safety and health during and after incident response</b>

**2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	List of required PPE for COVID-19/EID and Pandemic Influenza
Proposed Output:	Creation of tiered testing schedule
Proposed Output:	Tiered lists of PPE-capable staff
Proposed Output:	Post-exposure evaluation capacity

**3a. Planned Objective**

**WCHD will identify gaps in readiness based on review of ORR guidance and create mitigation opportunities.**

**3b. Completion Timeline**

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.

Planned Activity:	Conduct review of ORR planning elements and identify areas for improvement within MCM response plans.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: 2020 – 2021 improvement tab in ORR spreadsheet

Planned Activity:	Create list of improvement opportunities with possible mitigation activities based on review.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Improvement list with mitigation activities.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned Activity:	Conduct improvement/mitigation activities as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, improvement plan		
<b>3c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Medical Countermeasure Dispensing and Administration</b>		
X	Determine medical countermeasure dispensing/administration strategies	
	Receive medical countermeasures to be dispensed/administered	
	Activate medical countermeasure dispensing/administration operations	
	Dispense/administer medical countermeasures to targeted population(s)	
	Report adverse events	
<b>Medical Materiel Management &amp; Distribution</b>		
	Direct and activate medical materiel management and distribution	
	Acquire medical materiel from national stockpiles or other supply sources	
	Distribute medical materiel	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
<b>Nonpharmaceutical Interventions</b>		
	Engage partners and identify factors that impact nonpharmaceutical interventions	
	Determine nonpharmaceutical interventions	
	Implement nonpharmaceutical interventions	
	Monitor nonpharmaceutical interventions	
<b>Responder Safety and Health</b>		
X	Identify responder safety and health risks	
X	Identify and support risk-specific responder safety and health training	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Monitor responder safety and health during and after incident response
--	--

**3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.

Proposed Output:	List of improvements on MCM planning
Proposed Output:	Mitigated gap/s as identified in ORR document

**4a. Planned Objective**

**Develop mobile command and communication capabilities to facilitate mobile operations.**

**4b. Completion Timeline**

Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.

Planned Activity:	Operationalize the command trailer to allow for remote deployment and communications for use in POD, CRC, CBRNE or volunteer operations.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Equipment purchases (Ham radio, chairs, supplies), inventory list, deployment checklist

Planned Activity:	Deploy command trailer in fall statewide pandemic exercise and utilize as remote command site.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Exercise documentation (Explan, AAR/IP).

Planned Activity:	Coordinate with ARES on radio communications (packet and voice) for exercises which include deployment of command trailer.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Meeting notes, sign in sheets, exercise documentation (Explan, AAR/IP).

**4c. Function Association (Select all that apply):**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Subrecipients must select the functions used to guide planned activities.

**Medical Countermeasure Dispensing and Administration**

X	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events

**Medical Materiel Management & Distribution**

	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
X	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations

**Nonpharmaceutical Interventions**

	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions

**Responder Safety and Health**

	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response

**4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.

Proposed Output:	Ready to deploy command trailer
Proposed Output:	On site POD exercise command and communications trailer

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Proposed Output:	Ham radio transferred documents for FSE
------------------	---

**5a. Planned Objective**

**Plan and conduct PODs with community partners throughout FY 20-21**

**5b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each domain objective that describes the necessary tasks, deliverables, or products required to accomplish the domain activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.**

Planned Activity:	Develop planning documents for WCHD POD exercises (e.g. Project Homeless Connect, Family Health Festival)	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	--

Documentation: ExPlan, EEG’s

Planned Activity:	Conduct any scheduled POD exercises/or drills	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Sign in sheets, media releases

Planned Activity:	Evaluate scheduled POD exercises and/or drills	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: AAR/IP

Planned Activity:	Review PPE requirements within Pandemic influenza plan and COVID-19/EID recommendations. inventory existing supplies, order supplies as able and update inventory lists.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Inventory list with locations, PPE purchase documents.

**5c. Function Association (Select all that apply):**

**Subrecipients must select the functions used to guide planned activities.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Medical Countermeasure Dispensing and Administration</b>	
	Determine medical countermeasure dispensing/administration strategies
	Receive medical countermeasures to be dispensed/administered
X	Activate medical countermeasure dispensing/administration operations
X	Dispense/administer medical countermeasures to targeted population(s)
	Report adverse events
<b>Medical Materiel Management &amp; Distribution</b>	
	Direct and activate medical materiel management and distribution
	Acquire medical materiel from national stockpiles or other supply sources
	Distribute medical materiel
	Monitor medical materiel inventories and medical materiel distribution operations
	Recover medical materiel and demobilize distribution operations
<b>Nonpharmaceutical Interventions</b>	
	Engage partners and identify factors that impact nonpharmaceutical interventions
	Determine nonpharmaceutical interventions
	Implement nonpharmaceutical interventions
	Monitor nonpharmaceutical interventions
<b>Responder Safety and Health</b>	
	Identify responder safety and health risks
	Identify and support risk-specific responder safety and health training
	Monitor responder safety and health during and after incident response
<b>5d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain activity.	
Proposed Output:	HSEEP compliant planning documents for exercises
Proposed Output:	Coordinated community PODs and activities
Proposed Output:	Post-event evaluations using HSEEP compliant documents

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Proposed Output:	PPE supplies to increase operational readiness.
------------------	---

**Domain Summary**

<b>Domain Name (D5)</b>	<b>Surge Management</b>
<b>Domain Description</b>	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other non-medical volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Fatality Management</b></li> <li>• <b>Mass Care</b></li> <li>• <b>Medical Surge</b></li> <li>• <b>Volunteer Management</b></li> </ul>
<b>Fatality Management Definition</b>	<p>Fatality management is the ability to coordinate with organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting</p> <ul style="list-style-type: none"> <li>• Recovery and preservation of remains</li> <li>• Identification of the deceased</li> <li>• Determination of cause and manner of death</li> <li>• Release of remains to an authorized individual</li> <li>• Provision of mental/behavioral health assistance for the grieving</li> </ul> <p>The role may also include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.</p>
<b>Mass Care Definition</b>	Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
<b>Medical Surge Definition</b>	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.
<b>Volunteer Management Definition</b>	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.

**Planned Activity Type (Classify the Planned Activity Type for this Capability)**

**Capability: Fatality Management**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<b>Build</b> – plan to increase the capability or capacity of the capability
<b>X</b>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Capability: Mass Care**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

	<b>Build</b> – plan to increase the capability or capacity of the capability
<b>X</b>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Capability: Medical Surge**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

	<b>Build</b> – plan to increase the capability or capacity of the capability
<b>X</b>	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Capability: Volunteer Management**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

<b>X</b>	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Strategies/Activities**

<b>Domain Strategy</b>	<b>Strengthen Surge Management</b>
------------------------	------------------------------------

**1a. Planned Objective**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Review and evaluate current Volunteer Management plans to determine anticipated role for WCHD in event a surge of volunteers in required.**

**1b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Review and identify alignment between local volunteer management plans and public information plans.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Meeting notes, agendas, emails

Planned Activity:	Convene stakeholders to provide feedback on volunteer operations based on alignment of plans as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Meeting agenda, sign-in sheets, summary document of the role(s) of WCHD as identified in each plan.

Planned Activity:	Convene local stakeholders to revise and update role of WCHD and Volunteer Management plans as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Meeting agenda, sign-in sheets, updated document of the role(s) of WCHD as identified in each plan.

**1c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Fatality Management**

	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Support fatality processing and storage operations
<b>Mass Care</b>	
	Determine public health role in mass care operations
	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
<b>Medical Surge</b>	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
<b>Volunteer Management</b>	
X	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
<b>Other (please specify)</b>	
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Alignment across stakeholders of volunteer plans
Proposed Output:	Input from stakeholders on volunteer operations
Proposed Output:	Updated VMP
<b>2a. Planned Objective</b>	
<b>Research and create Go Kits for Volunteer Reception Center.</b>	
<b>2b. Completion Timeline</b>	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Research best practices for VRC Go Kit/s and cross reference with POD and FAC Go Kits.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Print out/notes of best practices from other organizations.

Planned Activity:	Develop Volunteer Reception Center Go Kit/s.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: List of supplies

Planned Activity:	Purchase supplies and set up Go Kit/s.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Purchasing documents, list of supplies in go kit

**2c. Function Association (Select all that apply):**

**Subrecipients must select the functions used to guide planned activities.**

**Fatality Management**

	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations

**Mass Care**

	Determine public health role in mass care operations
--	--

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health
<b>Medical Surge</b>	
	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations
<b>Volunteer Management</b>	
	Recruit, coordinate, and train volunteers
X	Notify, organize, assemble, and deploy volunteers
X	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers
Other (please specify)	
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Multipurpose Go Kit/s
Proposed Output:	Improved organization and response of volunteer management in the event of an emergency.
Proposed Output:	
<b>3a. Planned Objective</b>	
Utilize volunteer resources to increase WCHD's ability to rapidly deploy required supplies to initiate PODs or emergency operations	
<b>3b. Completion Timeline</b>	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Solicit MRC participation to review POD medical and administrative go boxes and first aid kits for deploy ability as able	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	---

Documentation: Communication through SERV-NV and MRC newsletter.

Planned Activity:	Purchase needed inventory for POD medical and administrative go boxes and first aid kits	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	---

Documentation: Inventory list of current supplies with expiration dates.

**3c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Fatality Management**

	Determine the public health agency role in fatality management
	Identify and facilitate access to public health resources to support fatality management operations
	Assist in the collection and dissemination of antemortem data
	Support the provision of survivor mental/behavioral health services
	Support fatality processing and storage operations

**Mass Care**

	Determine public health role in mass care operations
X	Determine mass care health needs of the impacted population
	Coordinate public health, medical, and mental/behavioral health services
	Monitor mass care population health

**Medical Surge**

	Assess the nature and scope of the incident
--	---

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
<b>Volunteer Management</b>		
	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
	Conduct or support volunteer safety and health monitoring and surveillance	
	Demobilize volunteers	
<b>3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Proposed Output:	Increase operational readiness for PODs	
Proposed Output:	Available emergency response supplies	
<b>4a. Planned Objective</b>		
<b>Partner with the Washoe County Medical Examiner to coordinate a fatality management exercise or training in order to improve response capabilities by June 30, 2021.</b>		
<b>4b. Completion Timeline</b>		
Subrecipients must provide at least <u>one</u> planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.		
Planned Activity:	Develop Fatality management exercise or training in conjunction with the Washoe County Medical Examiner's office, as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: ExPlan, exercise documents		
Planned Activity:	Conduct exercise or training with ME's office as able.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation:		
Planned Activity:	Evaluate exercise/training.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: AAR-IP, hot wash		
<b>4c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Fatality Management</b>		
	Determine the public health agency role in fatality management	
X	Identify and facilitate access to public health resources to support fatality management operations	
X	Assist in the collection and dissemination of antemortem data	
X	Support the provision of survivor mental/behavioral health services	
X	Support fatality processing and storage operations	
<b>Mass Care</b>		
	Determine public health role in mass care operations	
	Determine mass care health needs of the impacted population	
	Coordinate public health, medical, and mental/behavioral health services	
	Monitor mass care population health	
<b>Medical Surge</b>		
	Assess the nature and scope of the incident	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
<b>Volunteer Management</b>		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Recruit, coordinate, and train volunteers
	Notify, organize, assemble, and deploy volunteers
	Conduct or support volunteer safety and health monitoring and surveillance
	Demobilize volunteers

Other (please specify)

**4d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):**

Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.

Proposed Output:	Mass fatality exercise developed
Proposed Output:	Mass fatality exercise.
Proposed Output:	Improvement list for ME's office.

**Domain Summary**

<b>Domain Name (D6)</b>	<b>Bio surveillance</b>
<b>Domain Description</b>	Bio surveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, and radiological agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks and adverse events, and provide relevant information in a timely manner to stakeholders and the public.
<b>Associated Capabilities</b>	<ul style="list-style-type: none"> <li>• <b>Public Health Laboratory Testing</b></li> <li>• <b>Public Health Surveillance and Epidemiological Investigation</b></li> </ul>
<b>Public Health Laboratory Testing Definition</b>	Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.
<b>Public Health Surveillance and Epidemiological Investigation Definition</b>	Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

**Planned Activity Type (Classify the Planned Activity Type for this Capability)**

**Capability: Public Health Laboratory Testing**

*Please select ONE from the list below by placing an X in the appropriate cell on the left.*

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

X	<b>Build</b> – plan to increase the capability or capacity of the capability
	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Capability: Public Health Surveillance and Epidemiological Investigation**

Please select ONE from the list below by placing an X in the appropriate cell on the left.

	<b>Build</b> – plan to increase the capability or capacity of the capability
X	<b>Sustain</b> – plan to maintain the current level of capability or capacity of the capability
	<b>Scale back</b> – plan to reduce the capability or capacity of the capability
	<b>No planned activities this budget period</b> – there are no planned activities to address this capability

**Strategies/Activities**

<b>Domain Strategy</b>	<b>Strengthen Bio surveillance</b>
------------------------	------------------------------------

**1a. Planned Objective**

**Establish a consistent referral and communication mechanism for testing appropriate specimens for COVID-19 in alignment with national best-practices for the timely detection of and reporting of positive COVID -19 cases by end of June 2021.**

**1b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Ongoing communication with Nevada State Public Health Laboratory director to ensure most up-to-date information regarding testing protocols and affiliated changes are communicated to WCHD epi staff and leadership.	Completion Timeline: <input checked="" type="checkbox"/> <b>Q1: July 1 – September 30</b> <input checked="" type="checkbox"/> <b>Q2: October 1 – December 31</b> <input checked="" type="checkbox"/> <b>Q3: January 1 – March 31</b> <input checked="" type="checkbox"/> <b>Q4: April 1 – June 30</b>
Documentation: emails, nationally standardized procedures per CDC, meeting minutes that outline changes in processes		
Planned Activity:	Development of a procedural document to outline process for appropriate clinical specimen sampling, storing, notification to CDC and/or NSPHL, and subsequent reporting of specimen results.	Completion Timeline: <input type="checkbox"/> <b>Q1: July 1 – September 30</b>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
Documentation: Finalize testing procedures document		
Planned Activity:	Communication to local providers and ongoing changes and updates, and once finalized an Epi News that outlines this process for a diverse and broad range of providers.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Epi News outlining the process for testing for COVID -19 with the NSPHL.		
<b>1c. Function Association (Select all that apply):</b>		
Subrecipients must select the functions used to guide planned activities.		
<b>Public Health Laboratory Testing:</b>		
X	Conduct laboratory testing and report results	
X	Enhance laboratory communications and coordination	
X	Support training and outreach	
<b>Public Health Surveillance and Epidemiological Investigation:</b>		
	Conduct or support public health surveillance	
	Conduct public health and epidemiological investigations	
	Recommend, monitor, and analyze mitigation actions	
	Improve public health surveillance and epidemiological investigation systems	
<b>1d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.		
Proposed Output:	Evidence of ongoing communication with NSPHL to ensure all impacted parties have shared understanding of current situation as practices evolve.	
Proposed Output:	Standard Operating Procedure developed.	
Proposed Output:	Epi News published to provide education and knowledge to providers in Washoe County about COVID-19 testing and reporting.	
<b>2a. Planned Objective</b>		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Continued surveillance as directed by CDC and national best-practices for COVID-19 through June 2021.**

**2b. Completion Timeline**

**Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.**

Planned Activity:	Monitor cases or reportable disease.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CD Log for 2020 and 2021		
Planned Activity:	Investigate individual cases of disease and affiliated outbreaks per CDC guidance.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CD Log for 2020 and 2021		
Planned Activity:	Implement control measures for person with suspect or confirmed COVID-19 and other emerging novel diseases.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: CD Log for 2020 and 2021, Investigation Notes, and NBS		
Planned Activity:	Participate in Northern Nevada Infection Control meetings at least twice during the fiscal year to provide situational update.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Meeting notes, attendance if documented by third-party leading the meeting		
Planned Activity:	Provide updates at least twice during the fiscal year at the Inter Hospital Coordinating Council meetings.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

		<input checked="" type="checkbox"/> <b>Q4: April 1 – June 30</b>
Documentation: Meeting minutes		
Planned Activity:	Provide epidemiological summary on at least a quarterly basis of number of COVID-19 cases investigated for prior time period.	Completion Timeline: <input checked="" type="checkbox"/> <b>Q1: July 1 – September 30</b> <input checked="" type="checkbox"/> <b>Q2: October 1 – December 31</b> <input checked="" type="checkbox"/> <b>Q3: January 1 – March 31</b> <input checked="" type="checkbox"/> <b>Q4: April 1 – June 30</b>
Documentation: Epidemiology and Public Health Preparedness Division meeting minutes.		
<b>2c. Function Association (Select all that apply):</b>		
<b>Subrecipients must select the functions used to guide planned activities.</b>		
<b>Public Health Laboratory Testing:</b>		
	Conduct laboratory testing and report results	
	Enhance laboratory communications and coordination	
	Support training and outreach	
<b>Public Health Surveillance and Epidemiological Investigation:</b>		
X	Conduct or support public health surveillance	
X	Conduct public health and epidemiological investigations	
X	Recommend, monitor, and analyze mitigation actions	
X	Improve public health surveillance and epidemiological investigation systems	
<b>2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>		
<b>Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</b>		
Proposed Output:	Data for confirmed COVID-19 cases if any.	
Proposed Output:	Improved knowledge among community providers on current situation related to COVID-19.	
Proposed Output:	Epi News, CD Weekly Summary or other published materials to document the epidemiological profile of COVID-19 locally, or if data are not relevant, national profile and update to inform providers and general public on COVID-19.	
<b>3a. Planned Objective</b>		
<b>Creation of final protocol for the identification or, reporting on, and treatment of persons with suspect or confirmed COVID-19 by June 2021.</b>		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**3b. Completion Timeline**

Subrecipients must provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to accomplish the domain objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

Planned Activity:	Ongoing monitoring of CDC recommendations for assessing risk, case testing, follow up and management of persons suspected or confirmed to have COVID-19.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Email or meeting minutes illustrating notification to other epi staff of pertinent changes to the national processes and guidance.

Planned Activity:	Assignment of creation of draft protocols to an epidemiologist.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input checked="" type="checkbox"/> Q3: January 1 – March 31 <input type="checkbox"/> Q4: April 1 – June 30
-------------------	---	--

Documentation: Draft versions of protocols, communication to NSPHL, Nevada Division of Public and Behavioral Health and CDC for guidance, updates, and information on local practices and expectations related to COVID-19.

Planned Activity:	Finalized COVID-19 protocols accepted and signed off by medical consultant retained by Washoe County health District’s Communicable Disease Program for the purpose of approving medical recommendations and guidance as outlined in chapter specific to reportable conditions in Nevada Revised Statutes.	Completion Timeline: <input type="checkbox"/> Q1: July 1 – September 30 <input type="checkbox"/> Q2: October 1 – December 31 <input type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
-------------------	--	--

Documentation: Communicable Disease Manual COVID-19 chapter.

**3c. Function Association (Select all that apply):**

Subrecipients must select the functions used to guide planned activities.

**Public Health Laboratory Testing:**

	Conduct laboratory testing and report results
	Enhance laboratory communications and coordination
	Support training and outreach

**Public Health Surveillance and Epidemiological Investigation:**

	Conduct or support public health surveillance
--	---

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
X	Improve public health surveillance and epidemiological investigation systems
<b>3d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):</b>	
Subrecipients must provide at least one proposed output for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.	
Proposed Output:	Evidence of ongoing communication to ensure staff are implementing best-practices and national guidance for COVID-19.
Proposed Output:	Draft Communicable Disease Chapter on COVID-19, with revisions and meeting notes.
Proposed Output:	Finalized Communicable Disease Chapter on COVID-19, with medical provider signature.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 5 NU90TP922047-02-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 NU90TP922047-02-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE-SFY21**

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$564,029.00</b>
------------------------------	------------------	---------------	---------------------

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Vacant</u> <u>Epi Center Director</u> <u>PCN: 70002293</u>	\$182,018.57	48.00%	65.00%	12	100.00%	\$175,102

Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community, and is the liaison between Public Health Preparedness and the medical community; designs and/or oversees the design and conduct of evaluations of the timeliness and completeness of reporting laboratory results, disease cases and outbreaks; and coordinates rapid and effective local epidemiological investigations and responses to outbreaks; assists in training public health staff and local health care providers on their role in responding to public health emergencies. During an event, assists with risk communication by providing technical expertise. The EPHP Director is an essential member of the WCHD leadership team (i.e. District Health Officer and Division Directors) and the ICS Command staff during an emergency response; ensures coordination, management and accomplishment of CDC PHP grant-funded activities.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Vacant</u> <u>EMS Program Manager</u> <u>PCN: 70008981</u>	\$92,410.80	48.00%	16.00%	12	100.00%	\$21,883

Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives and activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; oversees all contractors and approves work product and financial payments; provides direct, consistent, timely and accurate communication and coordination with PHP Program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Stephen Shipman</u> <u>Public Health Emergency</u> <u>Coordinator</u> <u>PCN: 70004308</u>	\$96,923.71	48.00%	100.00%	12	100.00%	\$143,447

Public Health Emergency Response Coordinator: - Mass Illness Coordinator: Develops and maintains plans for responding to mass illness events such as smallpox, pandemic flu and infectious disease outbreaks and conducts exercises of these plans; assists in regional emergency planning of healthcare surge capacity, points of dispensing (PODs), and other healthcare services; develops MOUs with community partners to provide staff, facilities, supplies, equipment and volunteers to deliver prophylaxis, vaccines and other services during a public health emergency; coordinates with the Nevada State Health Division to distribute Strategic National Stockpile locally and regionally.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Raquel DePuy Grafton</u> <u>Program Coordinator</u> <u>PCN: 70006650</u>	\$63,361.72	48.00%	100.00%	12	100.00%	\$93,775

Program Coordinator: Facilitates several initiatives within WCHD, to include the respiratory protection program, mass care planning within a shelter operation, coordinates the Access and Functional need community. Coordinates Continuity of Operations Planning for the Health District, Biohazard Detection System planning, and environmental health tracking. Serves as liaison for regional hazard mitigation planning. Serves as PHP ICS300/400 instructor

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Jessie Latchaw</u> <u>Public Health Emergency Coordinator</u> <u>PCN: 70002292</u>	\$84,558.46	48.00%	5.00%	12	100.00%	\$6,257

Public Health Emergency Response Coordinator: Healthcare Coalition Liaison - Coordinate planning actions between the WCHD and local healthcare system. The Liaison will represent the WCHD on various boards and committees, research and write staff reports, make recommendations and presentations. The Liaison is also the division representative working the Public Health Accreditation Board.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Danika Williams</u> <u>Epidemiologist</u> <u>PCN: 70002290</u>	\$77,306.74	48.00%	20.00%	12	100.00%	\$22,883

Epidemiologist: State lab liaison for testing protocols and testing affiliated changes, communication to and from community healthcare stakeholders, development of procedural documents for clinical specimen sampling and EID protocols, coordination and support for production of EpiNews, investigation of disease outbreaks, implementation of clinical control measures, participation in local EID teams and workgroups, monitoring of cases and reportable diseases, COVID-19/EID response and guidance development.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Dawn Spinola</u> <u>Administrative Secretary</u> <u>PCN: 70002158</u>	\$71,162.28	48.00%	88.00%	12	100.00%	\$92,682

Administrative Secretary: Assists in financial administration of the grant, including the preparation of budgets, grant billings and reports; recommends, directs and participates in special projects, recommends and coordinates purchasing of supplies and equipment; provides contract administration services, researches and analyzes information to write reports and other documents; compiles spreadsheets, coordinates travel/training arrangements for staff; assists in personnel recruitment activities; coordinates usage and maintenance of equipment and storage; maintains division and department-wide emergency contact lists, coordinates PHP activities with other programs and within the department; provides administrative support for volunteer requests; coordinates Jurisdictional Risk Assessment.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Overtime – COVID-19-EID</u>	\$8,000.00	0.00%	100.00%	12	100.00%	\$8,000

Overtime in support of after-hours exercises, trainings, and COVID/EID (Emergency Infectious Disease) response.

<b>Total Fringe Cost</b>	<b>\$180,334.00</b>	<b>Total Salary Cost:</b>	<b>\$383,695.00</b>
--------------------------	---------------------	---------------------------	---------------------

Fringe includes insurance, retirement, and incentive. WCHD uses direct expenditures for fringe and the percentage calculation above is for actual anticipated expenditures.

<b>Travel</b>	<b>Total:</b>	<b>\$8,911.00</b>
---------------	---------------	-------------------

<b>Out-of-State Travel</b>	<b>\$6,370.00</b>
----------------------------	-------------------

<u>2021 Preparedness Summit Conference</u> <u>Atlanta, GA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: \$800 per trip (Reno & Atlanta) x 1 trip x 3 staff	\$800	1		3	\$2,400
Baggage fee: \$50 per person x 2 trips x 3 staff	\$100	1		3	\$300
Per Diem: \$66 per day per GSA rate for area x 1 trip x 3 staff	\$66	1	5	3	\$990

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Lodging: \$164 per day + \$36 tax = \$189 x 1 trip x 4 nights x 3 staff	\$200	1	4	3	\$2,400
Ground Transportation: \$40 per r/trip x 2 trips x 1 staff	\$80	1	2	1	\$160
Parking: \$24 per day x 1 trips x 5 days x 1 staff	\$24	1	5	1	\$120

**Justification:**

2021 Preparedness Summit Conference: presenting new research findings, sharing tools and resources, and providing a variety of opportunities for attendees to learn how to implement model practices that enhance the nation's capabilities to prepare for, respond to, and recover from disasters and other emergencies. WCHD PHP staff will be attending the training, specific staff to be identified when Summit course outline is available.

**In-State Travel**

**\$2,541.00**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
<b><u>PHP Partners Meetings and Trainings</u></b>					
Airfare: \$250 per trip (Reno & Las Vegas) x 3 trips x 2 staff	\$250	3		2	\$1,500
Per Diem: \$61 per day per GSA rate for area x 3 trips x 2 staff	\$61	3	1	2	\$366
Lodging: \$102 per day x 3 trips x 1 night x 1 staff	\$102	3	1	1	\$306
Motor Pool: \$25 car/day x 3 trips x 1 day	\$25	3	1		\$225
Parking: \$14 per day x 3 trips x 1 day x 2 staff	\$24	3	1	2	\$144

**Justification:**

Yearly partner's meeting in Las Vegas to review PHP statewide activities and strategic planning initiatives (3 staff); 3 individual trips to Southern Nevada Health District to enable participation in exercises and trainings for up to 3 staff or 1 staff for 3 days.

<b><u>Supplies</u></b>		<b>Total:</b>	<b>\$13,874.00</b>
------------------------	--	---------------	--------------------

Office supplies: \$34.58 x 4 FTE staff x 12 months	\$1,660.00
Operating Supplies: \$834.50 x 12 months	\$10,014.00
Communications	\$2,200.00

Justification: Multiple projects in queue for BP2 include identification of operating supplies based on operational readiness review of existing surge material to include COVID-19/EID response, POD and radio trailer operationalization, go kits for FAC, POD and VRC operation and multiple Stop the Bleed initiatives.

<b><u>Equipment</u></b>		<b>Total:</b>	<b>\$5,000.00</b>
-------------------------	--	---------------	-------------------

CBRNE and EID Equipment	\$5,000.00
-------------------------	------------

**Method of Accountability:**

PAPR's, decontamination equipment, survey and response equipment for Emergency First Responders.

<b><u>Contractual/Contractual and all Pass-thru Subawards</u></b>		<b>Total:</b>	<b>\$108,000.00</b>
---	--	---------------	---------------------

TBD following bidding process **Total \$15,000**

Method of Selection: competitive bid

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Development of consolidated CBRNE plan to incorporate existing Washoe County Health District plans (CRC plan, Pharmaceutical Cache Plan, et al) into consolidated annex to the DEOP. Updating of linkage between existing plans and the overarching CBRNE plan. The consolidated CBRNE plan links to Domain 1, Activity 3 on the development of response plans for CBRNE events.

**Budget**

Personnel	\$13,000.00
Travel	\$2,000.00
<b>Total Budget</b>	<b>\$15,000.00</b>

**Method of Accountability:**

To be determined during contract design.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

TBD following bidding process **Total** **\$15,000**

Method of Selection: competitive bid and/or sole source

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Provision of community identified CBRNE trainings for local stakeholders.

\* Sole Source Justification: Some courses may be provided by local vendor that is linked into current emergency plans and partners.

<u>Budget</u>	
Personnel	\$14,000.00
Travel	\$1,000.00
<b>Total Budget</b>	<b>\$15,000.00</b>

Method of Accountability:

To be determined during contract design.

MDF Resources, LLC **Total** **\$23,000**

Method of Selection: sole source

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Update of WCHD Isolation and Quarantine bench book to include information generated from Nevada's response to COVID-19.

\* Sole Source Justification: Contractor wrote existing Isolation and Quarantine plan and is the SME on Nevada NRS pertaining to application of law.

<u>Budget</u>	
Personnel	\$23,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$23,000.00</b>

Method of Accountability:

To be determined during contract design.

Amateur Radio Emergency Services **Total** **\$5,000**

Method of Selection: sole source

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Vendor will operationalize radio/message board trailers and train staff on the deployment of the AM radio station.

\* Sole Source Justification: ARES is a local amateur radio communications volunteer group that regularly deploys in support of POD and emergency management operations.

<u>Budget</u>	
Personnel	\$5,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$5,000.00</b>

Method of Accountability:

To be determined during contract design.

TBD following bidding process **Total** **\$20,000**

Method of Selection: competitive bid

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Contractor will utilize the Ebola Response Plan as the basis for creating a dual Ebola/Emerging Infectious Disease plan (e.g. COVID-19)

<u>Budget</u>	
Personnel	\$19,000.00
Travel	\$1,000.00
<b>Total Budget</b>	<b>\$20,000.00</b>

Method of Accountability:

To be determined during contract design.

TBD following bidding process **Total** **\$15,000**

Method of Selection: competitive bid

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Provision of contract support for Statewide MCM exercise.

<u>Budget</u>	
Personnel	\$15,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$15,000.00</b>

Method of Accountability:

Consultant will provide scope of work document consistent with HSEEP requirements. Consultant will work with Program Manager or PHERC.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

TBD following bidding process

Total                      \$15,000

Method of Selection: competitive bid

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Design, coordinate and conduct a Mass Fatality exercise with the Medical Examiner's office

Budget

Personnel	\$15,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$15,000.00</b>

Method of Accountability:

Consultant will provide scope of work document consistent with HSEEP requirements. Consultant will work with HSEEP requirements. Consultant will work with Program Manager or PHERC.

<b>Other</b>	<b>Total:</b>
Satellite Phone Subscription: \$116.67/month x 12 months	\$1,400
Copier/Printer Lease: \$91.67/month x 12 months	\$1,100
Printing:	\$8,500
Seminars/Meetings: \$1,375/meeting x 4 meetings	\$5,500
Postage:	\$1,193
Dues/Memberships: NACCHO and NEPA	\$3,150
Medical Services: 15 fit test medical evaluations @ \$35/test	\$525
Advertising:	\$25,000
Repairs and Maintenance: 200/month x 12 months	\$2,400
Trailer/Vehicle Expenses: \$1,253.08/month x 12 months	\$15,037
Auto Expense:	\$1,200
<p>Justification: Copy charges and lease allocation based on usage; AFN advertising pushout – mailer, general mailings; AFN pushout, IZ (Immunize) Nevada Campaign to include WCSD (Washoe County School District) families and employees. General printing including emergency response plans or materials relating to educational campaign to the community; General day to day operational use of telephones, network and cellular phones; NACCHO Preparedness Summit Conference Registration, NEPA application and due fees, Training for volunteer management; NACCHO Project Public Health Ready Accreditation; Medical Fit tests for staff; Survey Monkey subscription, General public information preparedness pushouts (media, social media, printed materials and other means that may be identified) and preparedness activities (workshops, conferences, trainings, family health festivals), public information/advertising pushout documentation (social media contacts/posts, advertising or other) and/or documentation from preparedness activities (such as agendas, meeting notes, exercise documents or activities); Required for PHEP Capability: Emergency Operations Coordination - two satellite phone subscription minutes; Trailer repairs to include but not limited to reader board trailers, POD trailers, communications trailer and hospital trailer; Maintain and operate trailers and PHP truck.</p>	
<b>TOTAL DIRECT CHARGES</b>	<b>\$ 764,819.00</b>
<b>Indirect Charges</b>	<b>Indirect Rate: 22.340% \$170,861.00</b>
<b>Indirect Methodology:</b> 22.34% of all direct expenses per Washoe County Health District Indirect Cost Rate Proposal	
<b>TOTAL BUDGET</b>	<b>Total: \$935,680.00</b>

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Form 2

**Applicant Name: Washoe County Health District - PHEP**  
**PROPOSED BUDGET SUMMARY - SFY21**

**A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS**

<u>FUNDING SOURCES</u>	PHP	Other Funding	Program Income	TOTAL					
SECURED									
ENTER TOTAL REQUEST	\$935,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$935,680

**EXPENSE CATEGORY**

Personnel	\$564,029								\$564,029
Travel	\$8,911								\$8,911
Supplies	\$13,874								\$13,874
Equipment	\$5,000								\$5,000
Contractual/Consultant	\$108,000								\$108,000
Other Expenses	\$65,005								\$65,005
Indirect	\$170,861								\$170,861

<b>TOTAL EXPENSE</b>	\$935,680	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$935,680
----------------------	-----------	------	------	------	------	------	------	------	-----------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$170,861
---------------------	-----------

Total Agency Budget	\$ 935,680
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**

n/a

**C. Program Income Calculation:**

n/a

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$93,568.00**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H. These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$935,680.00**;
- ***\*Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.***
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$93,568.00**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2021 at 5:00 PM PST.**
- 
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Identify specific items the program or OCPG must provide or accomplish to ensure successful completion of this project, such as:
  - Provide technical assistance, upon request from the Subrecipient;
  - Provide prior approval of reports or documents to be developed;

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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

**Both parties agree:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

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

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION D**

Agency Ref. #: **HD 17699**  
 Budget/Category: 3218/22  
 GL: 8516  
 Job #: 9306921  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
<b>Subaward Period:</b> July 1, 2020 to June 30, 2021	<b>Subrecipient's:</b> EIN: 88-60000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$564,029.00	\$0.00	\$0.00	\$0.00	\$564,029.00	0.0%
2. Travel	\$8,911.00	\$0.00	\$0.00	\$0.00	\$8,911.00	0.0%
3. Supplies	\$13,874.00	\$0.00	\$0.00	\$0.00	\$13,874.00	0.0%
4. Equipment	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0.0%
5. Contractual/Consultant	\$108,000.00	\$0.00	\$0.00	\$0.00	\$108,000.00	0.0%
6. Other	\$65,005.00	\$0.00	\$0.00	\$0.00	\$65,005.00	0.0%
7. Indirect	\$170,861.00	\$0.00	\$0.00	\$0.00	\$170,861.00	0.0%
<b>Total</b>	<b>\$935,680.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$935,680.00</b>	<b>0.0%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$93,560.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR Department USE ONLY**

Is program contact required? \_\_\_ Yes \_\_\_ No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION F**

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. **OBLIGATIONS OF COVERED ENTITY**

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. **TERM AND TERMINATION**

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. **MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION H  
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Health District (WCHD) (referred to as "Subrecipient").

<b>Program Name</b>	Public Health Preparedness	<b>Subrecipient Name</b>	Washoe County Health District (WCHD)
<b>Federal Grant Number</b>	5 NU90TP922047-02-00	<b>Subaward Number</b>	HD 17699
<b>Federal Amount</b>	\$842,112.00	<b>Contact Name</b>	Andrea Esp
<b>Non-Federal (Match) Amount</b>	\$93,568.00	<b>Address</b>	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
<b>Total Award</b>	\$935,680.00		
<b>Performance Period</b>	July 1, 2020 to June 30, 2021		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

**Total Amount Awarded**                    **\$935,680.00**  
**Required Match Percentage**    **10%**  
**Total Required Match**                **\$93,568.00**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	56,402.90
2	Travel	\$	891.10
3	Supplies	\$	1,387.40
7/0144	Contract/Consultant	\$	10,800.00
5	Equipment	\$	500.00
6	Other	\$	6,500.50
7	Indirect Costs	\$	17,086.10
	<b>Total</b>	\$	93,568.00

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**DATE:** August 13, 2020

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2021 in the total amount of \$156,927.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

**SUMMARY**

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

**District Board of Health strategic priority:**

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

**PREVIOUS ACTION**

The board approved a similar item on June 25, 2020, a Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2020 through June 30, 2021 in the total amount of \$226,229.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program.

**BACKGROUND**

This Award supports the Immunization program mission to public health by reducing vaccine-preventable disease through immunization through collaboration and cooperation with community partners. The scope of work includes increasing influenza vaccination uptake and coverage among targeted adult populations to decrease burden on the health care system from influenza and SARS-CoV-2 cocirculation.

The Subaward provides funding for personnel, travel, operating supplies, contractual, and indirect expenditures.

**FISCAL IMPACT**

Should the Board approve this subaward, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$135,928.00 (\$20,999.00 indirect expenses) in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11748	-431100	Federal Grants	\$ 135,928.00
2002-IO-11748	-701412	Salary Adjustment	\$ 66,983.00
2002-IO-11748	-705360	Benefit Adjustment	\$ 12.00
2002-IO-11748	-710110	Contracted/Temp Svcs	\$ 9,983.00
2002-IO-11748	-710212	Software Subscription	\$ 30,000.00
2002-IO-11748	-710300	Operating Supplies	\$ 21,000.00
2002-IO-11748	-710334	Copier Expense	\$ 1,200.00
2002-IO-11748	-710350	Office Supplies	\$ 1,254.00
2002-IO-11748	-710502	Printing	\$ 600.00
2002-IO-11748	-710507	Network/Data Lines	\$ 1,020.00
2002-IO-11748	-710512	Auto Expense	\$ 690.00
2002-IO-11748	-711504	Equipment – Non Capital	\$ 1,188.00
2002-IO-11748	-711508	Computers – Non Capital	\$ 1,998.00

**RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2021 in the total amount of \$156,927.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2021 in the total amount of \$156,927.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.”



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

Agency Ref. #: **HD 17838**  
 Budget Account: 3213  
 Category: 20  
 GL: 8516  
 Sub Org: 07  
 Job Number: 9326820

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. 9th St. Reno, NV 89512-2845
<b>Subaward Period:</b> 07/01/2020 through 06/30/2021	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Increase influenza vaccination uptake and coverage among targeted adult populations to decrease burden on the health care system from influenza and SARS-CoV-2 cocirculation.

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	<b>\$66,995.00</b>	Total Obligated by this Action:	\$ 156,927.00
2. Travel	<b>\$690.00</b>	Cumulative Prior Awards this Budget Period:	\$ 226,229.00
3. Operating	<b>\$28,260.00</b>	Total Federal Funds Awarded to Date:	\$ 383,156.00
4. Equipment	<b>\$0.00</b>	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	<b>\$9,983.00</b>	Amount Required this Action:	\$ 0.00
6. Training	<b>\$0.00</b>	Amount Required Prior Awards:	\$ 0.00
7. Other	<b>\$30,000.00</b>	Total Match Amount Required:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$135,928.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	<b>\$20,999.00</b>	<b>Federal Budget Period:</b> 06/05/2020 through 07/05/2021	
<b>TOTAL APPROVED BUDGET</b>	<b>\$156,927.00</b>	<b>Federal Project Period:</b> 07/01/2019 through 06/30/2024	
		<b>FOR AGENCY USE, ONLY</b>	

<b>Source of Funds:</b> Nevada Immunization & Vaccine for Children Federal Grant; Centers for Disease Control and Prevention (CDC) (See Section C)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.268	<b>FAIN:</b> NH23IP922609	<b>Federal Grant #:</b> 6 NH23IP922609-01-03	<b>Grant Award Date by Federal Agency:</b> 06/05/2020
--	-------------------------	------------------------	------------------------------	---	--

**Agency Approved Indirect Rate:** 7.9%      **Subrecipient Approved Indirect Rate:** 15.449%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Business Associate Addendum
--	--

Name	Signature	Date
Kevin Dick District Health Officer		
Candice McDaniel, MS Bureau Chief, CFCW for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION B**

**Description of Services, Scope of Work and Deliverables**

This subgrant is to award funds for influenza season vaccination efforts and COVID-19 vaccine planning and practice.

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

**Scope of Work for WCHD (July 1, 2020 to June 30, 2021)**

<b>Objective</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/Completion</b>	<b>Target Population</b>	<b>Evaluation Measure (Indicator)</b>
<p>1.1 Plan and implement mass-vaccination events with community partners that consider barriers to vaccine access, particularly during the COVID-19 pandemic.</p>	<p>Organize and implement outreach vaccination clinics for adults such as PODs, established COVID Point of Screening and Testing (POST) sites, and vaccine strike team clinics that reach target populations in collaboration with community partners.</p>	<p>Completion of mass vaccination events during Fall 2020 – Spring 2021.  Report from completed events – including description, date, and location of event, partners involved, number of people vaccinated, specific populations targeted, challenges encountered, and vaccine barriers addressed included in monthly report.</p>	<p>7/1/2020 -6/30/2021</p>	<p>Such as:  Adults with underlying illness and comorbidities  African American communities  Hispanic/Latinx communities  Adults 65 years and older  Adults who are part of the critical infrastructure (e.g., grocery workers)  Homeless  Other persons at increased risk for flu and/or COVID (ex: POST/POD participants)</p>	<p>Percent increase in county level flu vaccination coverage by 3.5%  PODs/Strike Teams/POST/Mass Vaccination Clinics planned and implemented by March 31, 2021</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Goal 2: Work with Immunize Nevada and community partners to increase targeted influenza vaccination messaging to providers and the public in targeted communities.**

<b>Objective</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/Completion</b>	<b>Target Population</b>	<b>Evaluation Measure (indicator)</b>
<p>2.1 Partner with Immunize Nevada to identify and engage local leaders and organizations to disseminate culturally appropriate flu messaging in targeted communities.</p>	<p>Partner with Immunize Nevada to disseminate consistent messaging to identified communities throughout the flu season.</p> <p>Utilize community partnerships to identify community leaders and organizations to partner with for flu messaging.</p> <p>Work with leaders/organizations to identify and utilize appropriate methods for distribution.</p>	<p>Description and examples of partnerships and messaging included in monthly reports.</p>	<p>7/1/2020 – 6/30/2021</p>	<p>Minority communities with flu vaccination coverage disparities</p> <p>African American communities</p> <p>Hispanic/Latinx communities</p> <p>Adults with underlying illness and comorbidities</p> <p>Adults 65 years and older</p>	<p>Engage leaders/organizations in at least 2 specific minority or high-risk communities.</p> <p>Messaging disseminated by October 1, 2020 with continued distribution throughout the flu season as appropriate.</p>

Compliance with this section is acknowledged by signing the subaward cover page of this packet

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-01-03 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-01-03 from The Centers for Disease Control and Prevention (CDC).

**Funding Source:** Nevada Immunization & Vaccine for Children Federal Grant (CDC) FLU SUPPLEMENTAL (07)      **% Funds:** 100%

Subrecipient agrees to adhere to the following budget:

**Applicant Name: Washoe  
County Health District**

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$66,995</b>
------------------------------	------------------	---------------	-----------------

**List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.**

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Intermittent Hourly Registered Nurse (I/H RN)	\$63,232.00	0.018%	57.000%	12	100.00%	\$36,048

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Intermittent Hourly Office Assistant II (I/H OAll)	\$39,250.00	0.018%	45.000%	12	100.00%	\$17,666

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
Intermittent Hourly Registered Nurse Coordinator (I/H RN Coor)	\$63,232.00	0.018%	21.000%	12	100.00%	\$13,281

<b>Total Fringe Cost</b>	<b>\$12</b>	<b>Total Salary Cost:</b>	<b>\$66,983</b>
<b>Total Budgeted FTE</b>	1.23000		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Travel</b>	<b>Total:</b>	<b>\$690</b>
---------------	---------------	--------------

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to [www.gsa.gov](http://www.gsa.gov)) and State rates for mileage (575.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

<b>Out-of-State Travel</b>		<b>\$0</b>
----------------------------	--	------------

<u>Title of Trip &amp; Destination such as</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
<u>CDC Conference: San Diego, CA</u>				

**Justification:**  
**NO OUT OF STATE TRAVEL**

<b>In-State Travel</b>		<b>\$690</b>
------------------------	--	--------------

<u>Origin &amp; Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.575	600		2
				\$690.00

**Justification:**  
Mileage reimbursement for staff travel to vaccinations events

<b>Operating</b>	<b>Total:</b>	<b>\$28,260.00</b>
------------------	---------------	--------------------

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Office Supplies- pens, clipboards, copy paper, highlighters, wristbands, paper clips, paper storage, laminating sheets, labelers, etc.	\$100/mo.				\$1,200.00
Printing- VIS, client questionnaire, consent, HIPAA	\$50/mo.				\$600.00
Medical supplies- PPE to include N95, surgical masks, gowns and face shields, alcohol wipes/spray; syringes; needles; hand sanitizer; band aids; gloves; alcohol; sharps containers; tissues; thermometers; ER bag etc.	\$1,250/mo.				\$15,000.00
Copier - Copier lease & copy charges	\$100/mo.				\$1,200.00
Laptop	Laptop to access vaccination records, verify insurance eligibility		2 @ \$999		\$1,998.00
MiFi - device & monthly access	Wireless services to access vaccination records, verify insurance eligibility		2 @ \$510		\$1,020.00
Portable scanner			2 @ \$414		\$828.00

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Portable Printer	2 @ \$180	\$360.00
Wireless Mouse	2 @ \$27	\$54.00
4 Vericors/4 carts/8 data loggers/2 docking station, 4 vericor replacement panels	temperature controlled vaccine storage and carts for offsite vaccination and temperature monitors with docking station	\$6,000.00

**Justification: *Operating Costs***

<b>Equipment</b>	<b>Total:</b>	<b>\$-</b>
------------------	---------------	------------

List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

<b>Contractual</b>	<b>Total:</b>	<b>\$9,983</b>
--------------------	---------------	----------------

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor, Subrecipient: Temporary staffing Services

**Total      \$9,983**

Period of Performance: July 01, 2020 - June 30, 2021

Scope of Work: Data Entry Position to enter required data in electronic health record system & WebIZ

Budget

Personnel	\$9,982.50
Travel	\$0.00
<b>Total Budget</b>	<b>\$9,982.50</b>

<b>Training</b>	<b>Total:</b>	<b>\$0</b>
-----------------	---------------	------------

List all cost associated with Training, including justification of expenditures.

Describe training \$0.00

<b>Other</b>	<b>Total:</b>	<b>\$30,000</b>
--------------	---------------	-----------------

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

Acella - Software for PODS \$30,000.00

**Justification: Other Costs**

<b>TOTAL DIRECT CHARGES</b>	<b>Total:</b>	<b>\$135,928</b>
-----------------------------	---------------	------------------

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

<u>Indirect Charges</u>	Indirect Rate:	15.449%	\$20,999
Indirect Methodology: 15.449%			

---

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$156,927</b>
---------------------	---------------	------------------

---

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Form 2

Applicant Name: Washoe County Health District  
**PROPOSED BUDGET SUMMARY**

**A.** PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<b>FUNDING SOURCES</b>	Other Funding	Program Income	TOTAL								
SECURED											
ENTER TOTAL REQUEST	\$156,927										\$156,927

**EXPENSE CATEGORY**

Personnel	\$66,995										\$66,995
Travel	\$690										\$690
Operating	\$28,260										\$28,260
Equipment	\$0										\$0
Contractual/Consultant	\$9,983										\$9,983
Training	\$0										\$0
Other Expenses	\$30,000										\$30,000
Indirect	\$20,999										\$20,999

<b>TOTAL EXPENSE</b>	\$156,927	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$156,927
----------------------	-----------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----------

These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
----------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Total Indirect Cost	\$20,999										
Total Agency Budget	\$156,927										
Percent of Subrecipient Budget	100%										

**B. Explain any items noted as pending:**

**C. Program Income Calculation:**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15<sup>th</sup>) day of each month for the prior month's actual expenses;
- **Total reimbursement through this subaward will not exceed \$156,927.00;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents**:
  - Request for Reimbursement Form
  - Reimbursement Worksheet
  - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
  - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

- A Request for Reimbursement is due monthly, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION D**

Agency Ref. #: **HD 17838**  
 Budget Account: 3213  
 GL: 8516  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. 9 <sup>th</sup> St. Reno, NV 89512
<b>Subaward Period:</b> 07/01/2020-06/30/2021	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400 Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$66,995.00	\$0.00	\$0.00	\$0.00	\$66,995.00	0.0%
2. Travel	\$690.00	\$0.00	\$0.00	\$0.00	\$690.00	0.0%
3. Operating	\$28,260.00	\$0.00	\$0.00	\$0.00	\$28,260.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$9,983.00	\$0.00	\$0.00	\$0.00	\$9,983.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	0.0%
8. Indirect	\$20,999.00	\$0.00	\$0.00	\$0.00	\$20,999.00	0.0%
<b>Total</b>	<b>\$156,927.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$156,927.00</b>	<b>0.0%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR Department USE ONLY**

Is program contact required?  Yes  No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO

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

4. What is the official name of your organization? \_\_\_\_\_

5. How often is your organization audited? \_\_\_\_\_

6. When was your last audit performed? \_\_\_\_\_

7. What time-period did your last audit cover? \_\_\_\_\_

8. Which accounting firm conducted your last audit? \_\_\_\_\_

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

SECTION F

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION G**

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. **OBLIGATIONS OF COVERED ENTITY**

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. **TERM AND TERMINATION**

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. **MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**Staff Report**  
**Board Meeting Date:** August 27, 2020

**DATE:** August 6, 2020

**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:** Accept a donation of 60 lunches from Nathan Almlie for COVID-19 testing staff with an estimated value of \$500.00.

---

**SUMMARY**

The Washoe County District Board of Health must accept donations made to the Health District.

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

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

**PREVIOUS ACTION**

No previous action.

**BACKGROUND**

Washoe County Health District received an incredibly generous donation of 60 lunch coupons to a local Vietnamese restaurant for COVID-19 testing staff from Nathan Almlie, a State Farm Agent in Sparks. Mr. Almlie stated he had received a COVID-19 test elsewhere and was extremely impressed with the Health District's testing operation where he obtained a test. The estimated value of this donation is \$500.00.

**FISCAL IMPACT**

There is no fiscal impact.

**RECOMMENDATION**

Staff recommends the District Board of Health accept a donation of 60 lunches from Nathan Almlie for COVID-19 testing staff with an estimated value of \$500.00.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept a donation of 60 lunches from Nathan Almlie for COVID-19 testing staff with an estimated value of \$500.00."

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to Ryno Land and Development LLC, Case No. 1224, Notice of Violation No. AQMV20-0001 with a \$500.00 negotiated fine.

**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV20-0001 be **upheld** and a fine in the amount of **\$500.00** be levied against Ryno Land and Development LLC for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 (Dust Control), Subsection C (Standards), Subsection 3. (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 December 16, 2019, while on routine patrol in the area of Western Road in Reno, Air Quality Specialist Trainee (AQST) Brittney Osborn observed a construction site which exceeded one (1) acre. After determining a Dust Control Permit had not been issued for a project at this location, AQST Osborn obtained the contact information of the owner.

On December 17, 2019, AQST Osborn conferred with Ryan Dustin, owner of Aspen Earthworks and partner of Ryno Land and Development LLC; and confirmed the project exceeded one (1) acre of disturbance; and thus, required a Dust Control Permit. Mr. Dustin was directed to obtain a Dust Control Permit by no later than December 20, 2019.

On December 18, 2019, AQST Osborn emailed Mr. Dustin confirming the project was not in compliance with DBOH Regulation Governing Air Quality Management, Section 040.030.C.3, specific to Dust Control.

On December 19, 2019, an application for a Dust Control Permit for 0 Western Road was submitted. Air Pollution Control Permit APCP19-0201 was issued to Ryno Land and Development on the same date.

On July 22, 2020, a compliance and subsequent enforcement meeting was conducted among the Air Quality Management Division Staff and Ryan Dustin, the representative for Ryno Land and Development LLC. Based on the information presented during the compliance and enforcement meetings it was determined a formal issuance of a Notice of Violation (NOV), was justified; therefore, No. AQMV20-0001 was issued. AQMD Staff recommended an administer penalty in the amount of \$500.00 to Ryno Land and Development LLC for NOV No. AQMV20-0001. During the compliance and enforcement meeting, the representatives of Ryno Land and Development LLC did not dispute the incident of noncompliance nor NOV No. AQMV20-0001 and agreed to the recommended settlement in the amount of \$500.00. A Memorandum of Understanding was executed by all parties on July 22, 2020.

### **FISCAL IMPACT**

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

### **RECOMMENDATION**

Staff recommends the Board uphold an uncontested citation issued to Ryno Land and Development LLC, Case No. 1224, Notice of Violation No. AQMV20-0001, with a \$500.00 negotiated fine.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation No. AQMV20-0001; or
2. The Board may determine to uphold Notice of Violation No. AQMV20-0001 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

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

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Ryno Land and Development LLC, Case No. 1224, Notice of Violation No. AQMV20-0001 with a \$500.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1224, Notice of Violation No. AQMV20-0001, issued to Ryno Land and Development LLC.", or

Subject: DBOH/Ryno Land and Development/Case No. 1224

Date: August 27, 2020

Page 3 of 3

2. “Move to uphold Case No. 1224, Notice of Violation No. AQMV20-0001, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Ryno Land and Development LLC to be properly noticed.”

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to Northern Nevada Homes LLC, Case No. 1225, Notice of Violation No. AQMV20-0002 with a \$630.00 negotiated fine.

**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV20-0002 be **upheld** and a fine in the amount of **\$630.00** be levied against Northern Nevada Homes LLC for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 (Dust Control), Subsection C (Standards), Subsection 3. (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.

w

**BACKGROUND**

On January 14, 2020, Air Quality Specialist Trainee Brittney Osborn determined that Dust Control Permit No. APCP18-0122, issued to Northern Nevada Homes had expired on January 13, 2020. AQST Osborn determined Dust Control Permit APCP18-0122 expired prior to Northern Nevada Homes obtaining a new dust control permit for the remaining disturbed area associated with the project.

Northern Nevada Homes applied for and obtained Dust Control Permit No. APCP20-0012 on January 15, 2020; therefore, Northern Nevada Homes was working on-site for (1) day without a required Dust Control Permit per Section 040.030 Subsection C. 3. of the Regulations.

On July 22, 2020, a compliance and subsequent enforcement meeting was conducted among the Air Quality Management Division and Messrs. John Wolf and Robert Fitzgerald, representatives for Northern Nevada Homes LLC. Based on the information presented during the compliance and enforcement meetings AQMD Staff determined formal issuance of NOV No. AQMV20-0002 was

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street, Building B-171, Reno, Nevada 89512  
AQM Office: 775-784-7200 | Fax: 775-784-7225 | [OurCleanAir.com](http://OurCleanAir.com)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



justified; therefore, NOV No. AQMV20-0002 was issued. AQMD Staff recommended an administrative penalty in the amount of \$630.00 to Northern Nevada Homes LLC for NOV No. AQMV20-0002. During the compliance and enforcement meeting, the representatives of Northern Nevada Homes did not dispute the incident of noncompliance nor NOV No. AQMV20-0002 and agreed to the recommended settlement in the amount of \$630.00. A Memorandum of Understanding was executed by all parties on July 22, 2020.

### **FISCAL IMPACT**

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

### **RECOMMENDATION**

Staff recommends the Board uphold an uncontested citation issued to Northern Nevada Homes LLC, Case No. 1225, Notice of Violation No. AQMV20-0002, with a \$630.00 negotiated fine.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation No. AQMV20-0002; or
2. The Board may determine to uphold Notice of Violation No. AQMV20-0002 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

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

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Northern Nevada Homes LLC, Case No. 1225, Notice of Violation No. AQMV20-0002 with a \$630.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1225, Notice of Violation No. AQMV20-0002, issued to Northern Nevada Homes LLC.", or
2. "Move to uphold Case No. 1225, Notice of Violation No. AQMV20-0002, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Northern Nevada Homes LLC to be properly noticed."

DD	AE	_____
DA	DR	_____
DHO	_____	

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**DATE:** August 20, 2020  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
 775-326-2416; kdick@washoecounty.us  
**SUBJECT:** Approve to reappoint Dr. Andrew Michelson, Emergency Room Physician, to the Regional Emergency Medical Services Advisory Board, a three-year term commencing on May 2020 and ending on May 2023 or until such time as a successor is appointed.

**SUMMARY**

The Interlocal Agreement (ILA) for Regional Emergency Medical Services (EMS) Oversight establishes a Regional EMS Advisory Board (EMSAB). The Regional EMSAB includes two District Board of Health (DBOH) appointed positions, an Emergency Medicine physician and a Hospital Continuous Quality Improvement Representative.

Dr. Andrew Michelson, the Emergency Medicine Physician member of the EMSAB, whose second term expired in May of 2020, has indicated that he would be willing to serve a third term. The DBOH must approve this reappointment.

**PREVIOUS ACTION**

On May 24, 2018, the Board reappointed Dr. Andrew Michelson to fill the position of Emergency Medicine Physician on the EMSAB.

The ILA for Regional EMS Oversight has been approved by the governing bodies of Reno, Sparks, Truckee Meadows Fire Protection District, Washoe County, and the Washoe County Health District.

Article 2 of the ILA establishes a Regional EMS Advisory Board. The Board is composed of the following members

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

## **BACKGROUND**

The ILA for Regional EMS Oversight was approved by the governing bodies of Reno, Sparks, Truckee Meadows Fire Protection District, Washoe County, and the Washoe County Health District. 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)

The Advisory Board will be responsible for electing a chair and vice-chair and for establishing bylaws. The Advisory Board must meet at least once each fiscal year to review reports, evaluations and/or recommendations of the Regional EMS Oversight Program, and discuss issues related to regional emergency medical services. The Advisory Board may make recommendations to the District Health Officer and/or DBOH.

The Board created bylaws, which became effective in March 2015 and were updated in October of 2016. Detailed within the bylaws are the terms for the DBOH appointed positions. The Emergency Room Physician appointment is for three (3) years, with an eligibility of reappointment for two additional two (2) year terms. The bylaws also state that upon the resignation or expiration of the DBOH appointee's term, the member shall continue to serve until his/her successor qualifies and is appointed. Dr. Michelson's original term expired in October of 2017 and he has continued to serve since that time. In May of 2020, he indicated his willingness and desire to remain on the Board for a third term. Dr. Michelson's CV is attached.

## **FISCAL IMPACT**

There is no additional fiscal impact to the FY21 budget anticipated from this item.

## **RECOMMENDATION**

Staff recommends the Board reappoint Dr. Andrew Michelson, Emergency Room Physician, to the Regional Emergency Medical Services Advisory Board, a three-year term commencing on May 2020 and ending on May 2023 or until such time as a successor is appointed.

## **POSSIBLE MOTION**

Should the Board agree with the staff recommendation, a possible motion would be: "Move to reappoint Dr. Andrew Michelson, Emergency Room Physician, to the Regional Emergency Medical Services Advisory Board, a three-year term commencing on May 2020 and ending on May 2023 or until such time as a successor is appointed".

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**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 July, Fiscal Year 2021

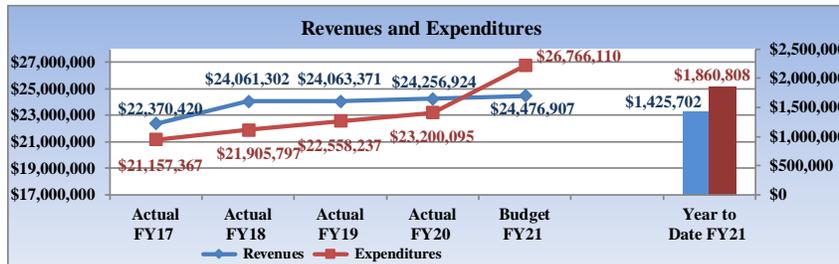
**SUMMARY**

**Update for Fiscal Year 2020 (FY20):**

Total FY20 revenues reported June 30<sup>th</sup> were \$23,652,577 and expenditures were \$23,095,276 for a surplus of \$557,301. With the year-end processing of grants, as of August 11<sup>th</sup>, the FY20 revenues were \$24,256,924 and the expenditures were \$23,200,095 for a surplus of \$1,056,829 and a fund balance of \$8,898,365 or 38.4% of expenditures. Due to deployment of staff for COVID-19 response and closing of businesses the Health Fund lost \$120,669 of non-COVID-19 grant funds and \$127,468 from other revenue sources. The increase in fund balance was due to the ability to transfer previously budgeted local general dollar expenditures onto COVID-19 grants due to the response for the pandemic. There was \$185,930 of unspent non-COVID-19 grant funding that will be re-budgeted into FY21 through no cost extensions.

**Fiscal Year 2021 (FY21):**

The first month of FY21 ended with a cash balance of \$8,217,629. The total revenues of \$1,425,702 or 5.8% of budget and 0.5% or \$6,764 over FY20. The expenditures totaled \$1,860,808 down \$115,687 or 5.9% compared to FY20.



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

**6. 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.

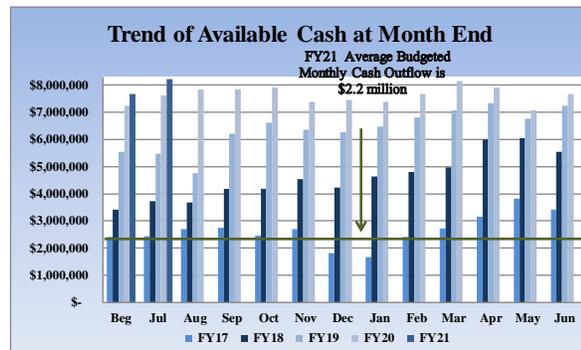
**PREVIOUS ACTION**

Fiscal Year 2021 Budget was adopted May 19, 2020.

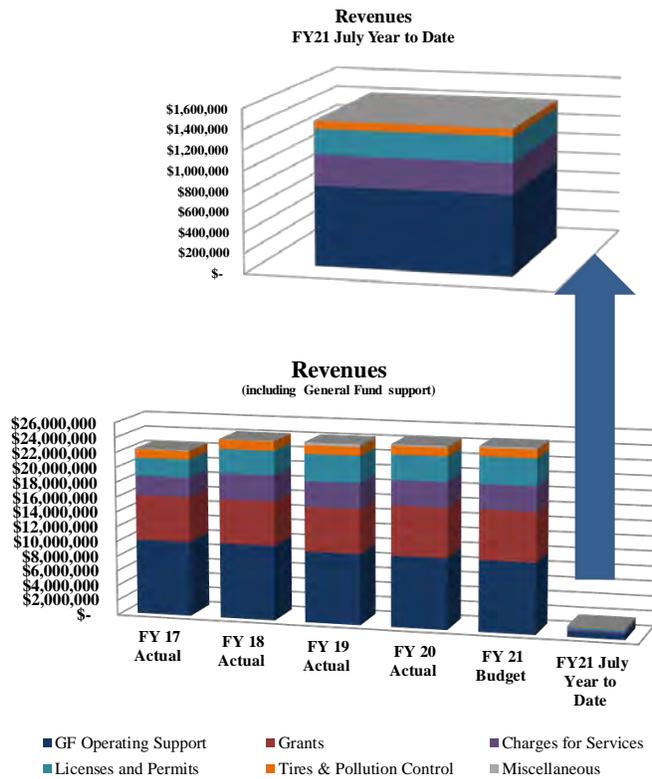
**BACKGROUND**

**Review of Cash**

The available cash at the end of July, FY21, was \$8,217,629 which is enough to cover approximately 3.7 months of expenditures. The cash balance is \$600,765 greater than FY20. The encumbrances and other liability portion of the cash totals \$1.3 million; the cash restricted as to use is approximately \$1.5 million; leaving a balance of \$5.4 million.

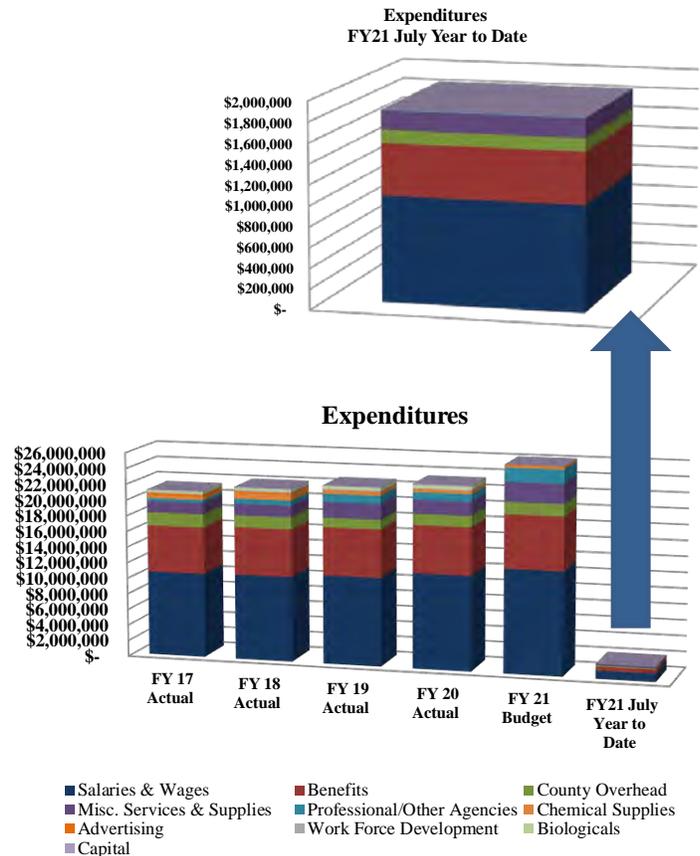


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$1,425,702 up \$6,764 or 0.5% compared to July FY20. The revenue category up over FY20 was tire and pollution control funding of \$76,650 up 100% over FY20. The revenue categories down compared to FY20 includes; charges for services of \$301,159 down \$34,946; miscellaneous revenues of \$577 down \$4,150; and, licenses and permits of \$254,244 down \$52,219. Federal and State grants have not received any funding for FY21. The County General Fund support of \$793,071 is level at the FY20 funding.

The total year to date **expenditures** of \$1,860,808 decreased by \$115,687 or 5.9% compared to FY20. Salaries and benefits expenditures for the fiscal year were \$1,538,816 down \$55,015 or 3.5% over the prior year and 7.7% of budget. The total services and supplies of \$321,991 down \$60,673 or 15.9% compared to FY20 and 4.7% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$5,397 down \$2,922 over FY20; the biologicals of \$538 down \$16,845; Chemical supplies normally fall in this category but there are no expenditures year to date; and, County overhead charges of \$128,406 up \$11,673. There have not been any capital expenditures for FY20.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$44,189 down \$40,161 or 47.6% over FY20 due to the reallocation of staff for COVID-19 response and savings from the vacant Director of Programs and Projects position.

**AHS** has spent \$86,037 down \$13,679 or 13.7% compared to FY20 mainly due to salary savings from vacant positions.

**AQM** revenues were \$233,226 up \$16,273 or 7.5%. The Division spent \$225,541 down \$15,015 or 6.2% mainly due to salary savings from vacant positions.

**CCHS** revenues were \$51,353 down \$3,430 or 6.3% over FY20 mainly due to a decline in donations. The division spent \$527,453 down \$139,531 or 20.9% less than FY20 mainly due to a decrease in accrued benefit payouts to retirees and biologicals not being purchased in July FY21.

**EHS** revenues were \$289,192 down \$23,729 or 7.6% over FY20 with the largest decline being in the Special Event permits. Total expenditures were \$447,279 down \$238,893 or 34.8% mainly due to the deployment of staff to the COVID-19 response and chemical supplies not being purchased in FY21 due to enough inventory on hand. Expenditures for the COVID-19 response are reflected in EPHP.

**EPHP** revenues were \$58,860 down \$17,651 or 42.8% due to a delay in the receipt of grant funding. The division spent \$530,309 up \$331,593 or 166.9% over FY20 due to increased expenditures for the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2016/2017 through July Year to Date Fiscal Year 2020/2021 (FY21)									
	Actual Fiscal Year			FY 2019/2020		Fiscal Year 2020/2021			
	2016/2017	2017/2018	2018/2019	Year End (unaudited)	July Year to Date	Adjusted Budget	July Year to Date	Percent of Budget	FY21 Increase over FY20
<b>Revenues (all sources of funds)</b>									
ODHO	51,228	3,365	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	216,953	3,496,067	233,226	6.7%	7.5%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	54,783	4,535,181	51,353	1.1%	-6.3%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	312,921	4,598,283	289,192	6.3%	-7.6%
EPHP	2,027,242	1,854,862	2,126,580	2,903,681	41,209	2,330,520	58,860	2.5%	42.8%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	793,071	9,516,856	793,071	8.3%	0.0%
<b>Total Revenues</b>	<b>\$22,370,420</b>	<b>\$24,061,302</b>	<b>\$24,063,371</b>	<b>\$24,256,924</b>	<b>\$ 1,418,938</b>	<b>\$24,476,907</b>	<b>\$ 1,425,702</b>	<b>5.8%</b>	<b>0.5%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	904,268	826,325	1,336,494	1,153,186	84,350	2,005,399	44,189	2.2%	-47.6%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	99,716	1,448,157	86,037	5.9%	-13.7%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	240,556	3,907,527	225,541	5.8%	-6.2%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	666,984	8,801,187	527,453	6.0%	-20.9%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	686,172	7,416,665	447,279	6.0%	-34.8%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	198,716	3,187,176	530,309	16.6%	166.9%
<b>Total Expenditures</b>	<b>\$21,157,367</b>	<b>\$21,905,797</b>	<b>\$22,558,237</b>	<b>\$23,200,095</b>	<b>\$ 1,976,495</b>	<b>\$26,766,110</b>	<b>\$ 1,860,808</b>	<b>7.0%</b>	<b>-5.9%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(84,350)	(2,005,399)	(44,189)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(99,716)	(1,448,157)	(86,037)		
AQM	122,763	607,078	507,427	508,014	(23,603)	(411,460)	7,685		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(612,201)	(4,266,006)	(476,100)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(373,251)	(2,818,382)	(158,087)		
EPHP	(589,169)	(702,490)	(729,444)	(1,710,574)	(157,507)	(856,656)	(471,449)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	793,071	9,516,856	793,071		
<b>Surplus (deficit)</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ 1,056,829</b>	<b>\$ (557,557)</b>	<b>\$ (2,289,203)</b>	<b>\$ (435,106)</b>		
Fund Balance (FB)	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,898,365		\$ 6,609,162			
FB as a % of Expenditures	19.8%	28.9%	34.8%	38.4%		24.7%			

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

**Review of Future Projections given the Impact of COVID-19**

The impact of COVID-19 on the budgeted revenues reflects a decline of \$997,710 for FY21 for a total revenue projection of \$23.5 million as opposed to \$24.5 million budgeted prior to COVID-19. Charges for services, licenses and permits are projecting a decline of approximately \$1.6 million but is offset with increased grant funding of over \$682,000. The FY21 expenditures are estimated at \$24.6 million down \$2.2 million from the budget of \$26.8 million from the Pre COVID projections. If expenditures are held at the projected levels an additional reduction of \$325,000 will need to happen but that can be achieved through additional hiring freezes for non-grant funded or non-mission critical positions, further reducing non mission critical services and supplies expenditures, or reducing fund balance level.

	COVID-19	Pre COVID	COVID-19	Projected Based on Historical Trends		
	Unaudited FY19-20	FY 2020- 2021Budget	FY 2020- 2021	FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>SOURCES OF FUNDS:</b>						
<b>Opening Fund Balance</b>	\$ 7,841,536	\$ 8,898,365	\$ 8,898,365	\$ 7,748,877	\$ 7,102,199	\$ 5,360,267
<b>Revenues:</b>						
Licenses and Permits	3,340,170	3,626,311	2,482,526	2,358,400	2,370,192	2,405,745
Federal & State Grants	6,048,024	6,101,910	6,684,203	6,912,577	6,146,642	6,390,020
Federal & State Indirect Rev.	640,610	549,846	649,880	672,223	594,982	618,654
Tire Fees (NRS 444A.090)	527,526	525,000	525,000	513,681	523,954	534,433
Pollution Control (NRS 445B.830)	629,970	628,105	640,854	621,629	627,845	637,263
Dust Plan	623,229	578,414	508,002	482,602	485,015	492,290
Birth & Death Certificates	569,553	589,467	556,176	561,738	567,355	578,702
Other Charges for Services	2,157,625	2,151,925	1,706,626	1,655,427	1,663,704	1,688,660
Miscellaneous	203,360	209,074	209,074	214,160	223,148	232,588
<b>Total Revenues</b>	<b>14,740,068</b>	<b>14,960,051</b>	<b>13,962,341</b>	<b>13,992,435</b>	<b>13,202,837</b>	<b>13,578,354</b>
Total General Fund transfer	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
<b>Total Revenues &amp; General Fund transfer</b>	<b>24,256,924</b>	<b>24,476,907</b>	<b>23,479,197</b>	<b>23,509,291</b>	<b>22,719,693</b>	<b>23,095,210</b>
<b>Total Sources of Funds</b>	<b>32,098,460</b>	<b>33,375,272</b>	<b>32,377,562</b>	<b>31,258,168</b>	<b>29,821,891</b>	<b>28,455,477</b>
<b>USES OF FUNDS:</b>						
<b>Expenditures:</b>						
Salaries & Wages	12,010,723	13,108,160	12,343,204	12,451,821	12,539,112	13,166,068
Group Insurance	1,547,604	1,790,455	1,779,787	1,821,294	1,807,359	1,897,727
OPEB Contribution	1,118,614	1,113,772	1,113,772	1,169,461	1,227,934	1,289,330
Retirement	3,132,706	3,599,709	3,395,187	3,437,949	3,581,983	3,892,743
Other Employee Benefits	250,499	251,968	245,927	250,908	263,454	276,627
Professional/Other agencies	924,363	1,742,758	1,096,642	957,411	888,929	921,511
Advertising	85,088	155,159	115,916	68,964	71,499	74,119
Chemical Supplies	296,585	236,200	118,700	236,200	236,791	237,382
Biologicals	358,430	345,461	322,757	342,178	354,757	367,759
Fleet Management billings	174,577	189,836	189,836	191,965	194,073	197,776
Workforce training & development	140,001	297,397	79,489	281,444	283,555	285,682
Other Services and Supplies	1,598,194	2,294,366	2,218,134	1,477,135	1,370,021	1,420,235
Indirect cost allocation	1,400,792	1,540,871	1,540,871	1,725,776	1,898,353	2,088,188
Capital	161,920	100,000	68,463	68,463	68,805	69,493
<b>Total Expenditures</b>	<b>23,200,095</b>	<b>26,766,110</b>	<b>24,628,685</b>	<b>24,480,970</b>	<b>24,786,625</b>	<b>26,184,641</b>
<b>Additional reductions required</b>				(325,000)	(325,000)	(325,000)
<b>Total Uses of Funds</b>	<b>23,200,095</b>	<b>26,766,110</b>	<b>24,628,685</b>	<b>24,155,970</b>	<b>24,461,625</b>	<b>25,859,641</b>
Net Change in Fund Balance	1,056,829	(2,289,203)	(1,149,488)	(646,679)	(1,741,932)	(2,764,431)
<b>Ending Fund Balance (FB)</b>	<b>\$ 8,898,365</b>	<b>\$ 6,609,162</b>	<b>\$ 7,748,877</b>	<b>\$ 7,102,199</b>	<b>\$ 5,360,267</b>	<b>\$ 2,595,836</b>
<b>FB as a percent of Uses of Funds</b>	<b>38.4%</b>	<b>24.7%</b>	<b>31.5%</b>	<b>29.4%</b>	<b>21.9%</b>	<b>10.0%</b>
<b>Reported to the DBOH in February, 2020 - Pre COVID-19</b>						
Ending Fund Balance (FB)				5,062,341	4,162,960	3,017,139
FB as a percent of Uses of Funds				20.3%	16.3%	11.6%
<b>Variance between Pre-Covid and Covid-19 projections</b>						
Ending Fund Balance (FB)				2,039,858	1,197,307	(421,303)
FB as a percent of Uses of Funds				9.1%	5.6%	-1.6%

**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 July, Fiscal Year 2021.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund financial review for July, Fiscal Year 2021.

Period: 1 thru 1 2021  
 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	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
422503 Environmental Permits	127,376-	4,150-	123,226-	3	82,438-	8,900-	73,538-	11
422504 Pool Permits	305,703-	18,478-	287,225-	6	272,588-	16,597-	255,991-	6
422505 RV Permits	29,386-	2,186-	27,200-	7	32,198-	2,570-	29,627-	8
422507 Food Service Permits	1,636,378-	118,297-	1,518,081-	7	1,483,902-	130,805-	1,353,096-	9
422508 Wat Well Const Perm	91,018-	14,372-	76,645-	16	179,055-	4,622-	174,432-	3
422509 Water Company Permits	3,298-	1,703-	1,595-	52	66,145-	419-	65,726-	1
422510 Air Pollution Permits	709,437-	64,676-	644,762-	9	650,135-	66,547-	583,587-	10
422511 ISDS Permits	412,744-	26,433-	386,312-	6	263,853-	30,948-	232,906-	12
422513 Special Event Permits	194,950-	1,013-	195,963-	1-	175,849-	34,974-	140,875-	20
422514 Initial Applic Fee	116,022-	4,963-	111,059-	4	88,434-	10,080-	78,354-	11
* Licenses and Permits	3,626,311-	254,244-	3,372,066-	7	3,294,595-	306,463-	2,988,133-	9
431100 Federal Grants	5,467,271-		5,467,271-		6,502,886-	19,629	6,522,515-	0-
431105 Fed. Grants-Indirect	508,832-		508,832-		494,709-	1,800	496,509-	0-
432100 State Grants	634,639-		634,639-		919,314-		919,314-	
432105 State Grants-Indirect	41,013-		41,013-		2,525-		2,525-	
432310 Tire Fee NRS 444A.090	525,000-		525,000-		486,000-		486,000-	
432311 Pol Ctr1 445B.830	628,105-	76,650-	551,455-	12	628,105-		628,105-	
* Intergovernmental	7,804,860-	76,650-	7,728,210-	1	9,033,539-	21,429	9,054,967-	0-
460160 Other General Govt	10,000-		10,000-		10,000-		10,000-	
460162 Services O Agencies								
460173 Reimbursements - Reno								
460500 Other Immunizations	65,000-	5,661-	59,339-	9	64,040-	5,951-	58,089-	9
460501 Medicaid Clinic Svcs	156,000-	12,235-	143,765-	8	181,467-	13,730-	167,737-	8
460508 Tuberculosis					6,204-	623-	5,581-	10
460509 Water Quality								
460510 IT Overlay								
460511 Birth Death Certific	589,467-	58,860-	530,607-	10	515,000-	41,209-	473,791-	8
460512 Duplication Service	68,154-	13,887-	54,267-	20	100,888-	27,392-	73,497-	27
460514 Food Health Service								
460516 Pgm Inc-3rd Prty Rec	223,000-	19,826-	203,174-	9	196,807-	20,607-	176,200-	10
460518 STD Fees	15,000-	5,142-	9,858-	34	36,190-	2,038-	34,152-	6
460519 Outpatient Services								
460520 Eng Serv Health	295,255-	36,635-	258,620-	12	209,943-	28,624-	181,319-	14
460521 Plan Review - Pools	2,588-	485-	2,103-	19	6,212-		6,212-	
460523 Plan Review - Food S	99,442-	12,537-	86,905-	13	90,059-	13,207-	76,853-	15
460524 Family Planning	88,000-	7,913-	80,087-	9	51,700-	7,107-	44,593-	14
460525 Plan Review - Vector	82,843-	20,454-	62,389-	25	76,465-	6,007-	70,458-	8
460526 Plan Review-Air Quality	118,045-	10,123-	107,921-	9	115,940-	9,442-	106,499-	8
460527 NOE-AQM	272,665-	31,598-	241,067-	12	263,732-	32,972-	230,760-	13
460528 NESHAP-AQM	249,213-	29,440-	219,773-	12	247,948-	15,504-	232,444-	6
460529 Assessments-AQM	120,422-	7,478-	112,944-	6	132,000-	10,320-	121,680-	8
460530 Inspector Registr-AQ	3,485-		3,485-		3,328-		3,328-	

Period: 1 thru 1 2021 F&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
460531 Dust Plan-Air Quality	578,414-	7,076-	571,338-	1	659,365-	73,529-	585,836-	11
460532 Plan Rvw Hotel/Motel								
460534 Child Care Inspection	23,263-	2,678-	20,584-	12	23,234-	2,833-	20,401-	12
460535 Pub Accomod Inspectn	29,316-	1,969-	27,348-	7	29,345-	2,971-	26,374-	10
460570 Education Revenue								
460723 Other Fees	230,234-	17,162-	213,072-	7	208,183-	22,040-	186,144-	11
* Charges for Services	3,319,806-	301,159-	3,018,647-	9	3,228,052-	336,105-	2,891,947-	10
481150 Interest-Non Pooled		0-	0					
484000 Donations,Contributions	4,000-	69-	3,931-	2	4,500-	4,500-		100
484050 Donation Fed Pgm Inc	6,000-	358-	5,642-	6	6,721-	227-	6,494-	3
484195 Non-Govt'l Grants	125,231-		125,231-		195,438-		195,438-	
484197 Non-Gov. Grants-Ind.	24,987-	1,224	26,210-	5-	30,604-	2,991	33,595-	10-
485100 Reimbursements	48,857-	1,374-	47,482-	3	48,854-	2,991-	45,862-	6
485300 Other Misc Govt Rev					150,000-	0-	150,000-	
* Miscellaneous	209,074-	577-	208,497-	0	436,116-	4,727-	431,389-	1
** Revenue	14,960,051-	632,630-	14,327,421-	4	15,992,302-	625,866-	15,366,436-	4
701110 Base Salaries	11,141,668	908,915	10,232,753	8	10,815,100	857,721	9,957,379	8
701120 Part Time	508,540	42,357	466,183	8	351,414	38,073	313,341	11
701130 Pooled Positions	504,800	63,318	441,482	13	445,526	43,627	401,900	10
701140 Holiday Work	4,319	4,717	399-	109	4,319	131	4,188	3
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	144,900	242	144,658	0	157,065	363	156,702	0
701200 Incentive Longevity	63,017	43,299	19,718	69	63,517	6,539	56,978	10
701300 Overtime	300	8	292	3	300	32	268	11
701403 Shift Differential	38,000	5,476	32,524	14	38,000	3,344	34,656	9
701406 Standby Pay	5,000	61-	5,061	1-	5,000		5,000	
701408 Call Back	464,797	90,054-	554,851	19-	1,010,330	43,720	966,610	4
701412 Salary Adjustment	228,970	33,983	194,987	15	199,393	97,263	102,130	49
701413 Vac Payoff Sick Term	3,852	10,565	6,713-	274	1,226		1,226	
701414 Vacation Denied-Payoff		8,907	8,907-		28,350	23,119	5,232	82
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	13,108,161	1,031,671	12,076,490	8	13,119,542	1,113,932	12,005,609	8
705110 Group Insurance	1,526,134	123,597	1,402,537	8	1,477,850	113,835	1,364,016	8
705115 ER HSA Contribs	170,000	3,736	166,264	2	149,160		149,160	
705190 OPEB Contribution	1,113,772	76,529	1,037,243	7	1,118,614	93,218	1,025,396	8
705199 Lab Cost Sav-Benef								
705210 Retirement	3,441,515	280,260	3,161,255	8	3,303,746	251,696	3,052,050	8
705215 Retirement Calculation	12,578		12,578					
705230 Medicare April 1986	163,320	16,200	147,120	10	157,625	15,208	142,417	10
705240 Insur Budgeted Incr	46,656		46,656		36,465		36,465	
705320 Workmens Comp	77,146	6,247	70,900	8	77,087	5,459	71,628	7





Period: 1 thru 1 2021 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
781002 Build Imprv Capital	100,000		100,000		16,000		16,000	
781004 Equipment Capital					154,413		154,413	
781007 Vehicles Capital					25,000		25,000	
781009 Comp Sftw Capital					195,413		195,413	
* Capital Outlay	100,000		100,000		26,496,529	1,922,135	24,574,394	7
** Expenses	26,696,621	1,793,050	24,903,572	7	9,516,856-	793,071-	8,723,785-	8
* 621001 Transfer From General	9,516,856-	793,071-	8,723,785-	8	9,516,856-	793,071-	8,723,785-	8
* Transfers In	9,516,856-	793,071-	8,723,785-	8	9,516,856-	793,071-	8,723,785-	8
* 812230 To Reg Permits-230	69,489	67,758	1,731	98	73,123	54,360	18,763	74
* 814430 To Reg Permits Capit	69,489	67,758	1,731	98	73,123	54,360	18,763	74
* Transfers Out	9,447,367-	725,314-	8,722,053-	8	9,443,733-	738,711-	8,705,022-	8
** Other Financing Src/Use								
*** Total	2,289,203	435,106	1,854,097	19	1,060,494	557,557	502,936	53

# TRUCKEE MEADOWS COVID THREAT METER

The COVID Threat Meter uses data trends to estimate the current threat posed by COVID in the region on a daily basis



**STAY HEALTHY, STAY POSITIVE, STAY SAFE**

## What Today's Rating Means

**HIGH**

### Threat Level Guidelines

COVID-19 risk in the community is becoming dangerous. Overall, our case numbers, hospitalizations, and burden in the community is becoming critical unless significant behavior changes happen. Only leave the home for essential functions such as work, obtaining food, etc. Socially isolate as much as possible.

<http://tmrpa.org/covid-wc/>

**DBOH AGENDA ITEM NO. 8**

# How was it created?

- Mayor Schieve created a regional COVID task force made up of doctors, medical professionals, public health experts, elected officials, and data scientists
- COVID Metrics Subcommittee
  - Eric Nielsen M.D.
  - Ron Aryel M.D.
  - Jack Hester
  - Chohnny Sousa
  - Naomi Duerr
  - Jeremy Smith

# Threat Level Guidelines

## Green: Minimal to no COVID-19 activity in the community.

Gathering is allowed at **pre-pandemic levels** according to government recommendations. Follow any state mask recommendations.

## Yellow: There is consistent disease in the community, yet it is under control.

Risk for community spread is increasing, but moderate. Avoid large gatherings. Consistently wear masks in public and with at-risk people. **Strongly consider *not* going to gatherings unless for an important or essential purpose.**

## Orange: COVID-19 risk in the community is becoming dangerous

Risk is becoming critical. Case numbers and impact on hospitals are increasing. Only leave your home for essential functions such as work, obtaining food, etc. Consistently wear masks in public. Stay away from at risk people.

**Socially isolate as much as possible.**

## Red: Lockdown mode

At this stage our community is in crisis mode. Shutdown is likely. Our case numbers are critically high and our hospitals are at or near capacity. Shelter in place. **Don't leave your house unless you absolutely have to.** Strict mask compliance outside the home.

# Truckee Meadows COVID Threat Meter

- Data Indicators



- Each data indicator can contribute a potential score of 0 to 3
- Highest possible model score = 15

# Model Assumptions By Indicator

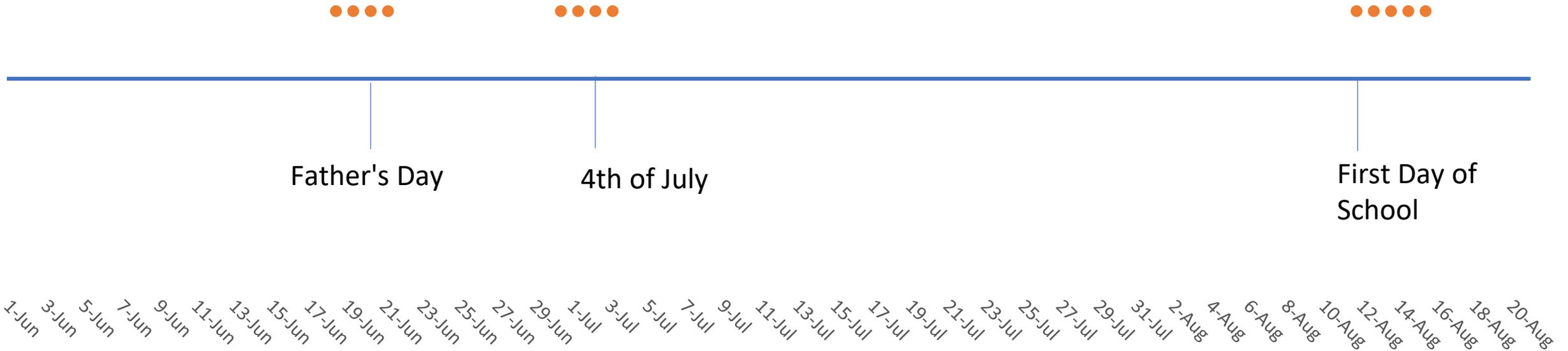
	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5
Score	Risk Assessment	Test Positivity	New Daily Cases Per 100,000	Medical Interventions Due to COVID	Hospital Capacity
	Measures slope over preceding 14 days	7-day average of test positivity	7-day average of new daily cases, normalized by population.	Measures the percent change in the average over preceding 7 days versus preceding 14 days for both COVID hospitalizations and COVID ICU	7-day average of hospital bed and ICU bed use
0	Sharp Decline (-33 deg slope)	<5%	<1	>5% Decline	<70%
1	Stable (-33 to 15 deg slope)	>5% to 10%	1 to 9	5% change (+/-) - Stable	>70 to 80%
2	Rising (15 to 33 deg slope)	>10% to 20%	10 to 25	>5% to 25% Increase	<80% to 85%
3	Accelerating (> 33 deg slope)	>20%	>25	>25% Increase	>85%

# Holiday/Special Day Modifications

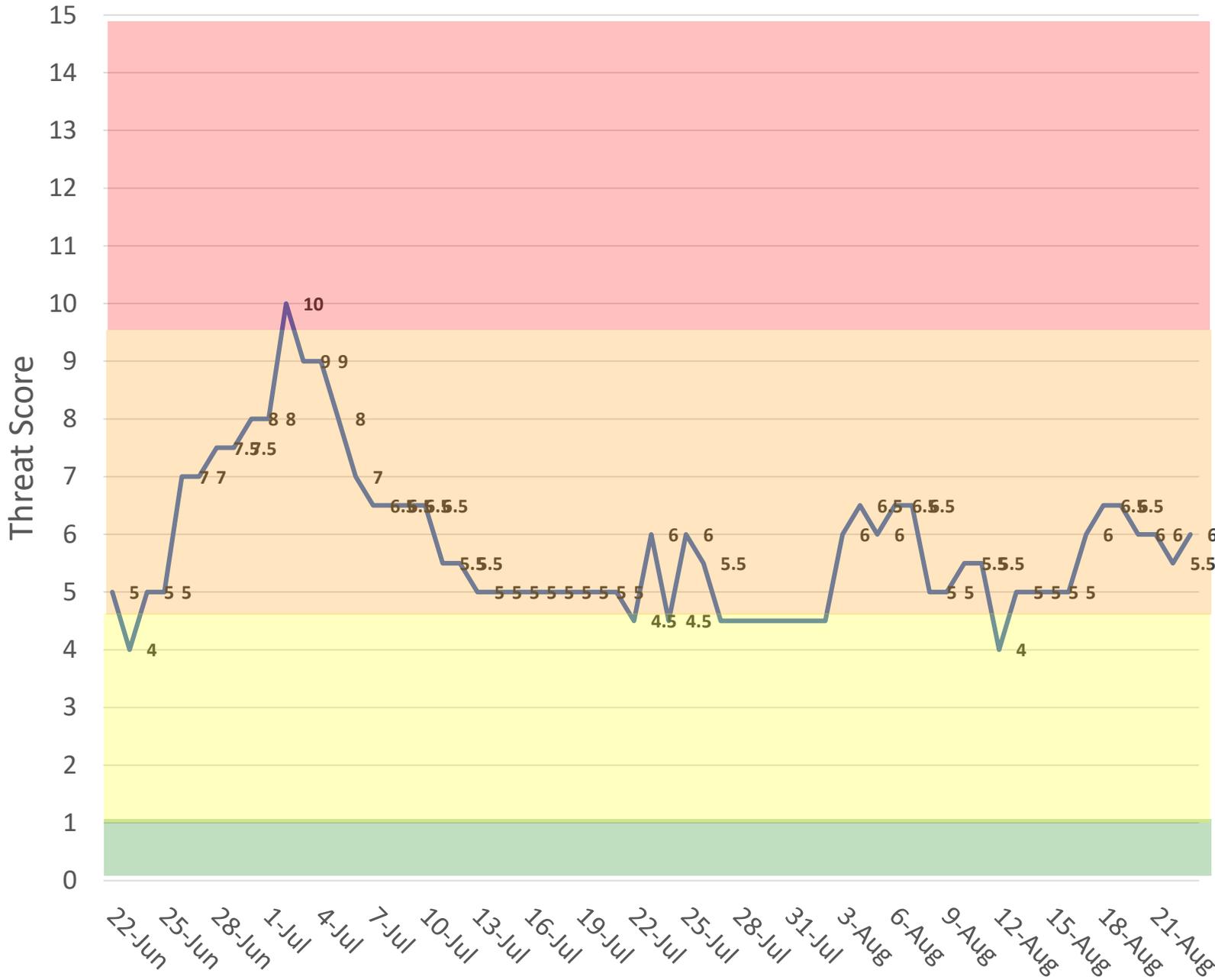
Reflects a known increase in gatherings associated with holidays or special events

## Calendar of Holidays/Special Events

● = Add 1 point to overall score



# Historic Threat Generation Since June 22, 2020 with Holidays

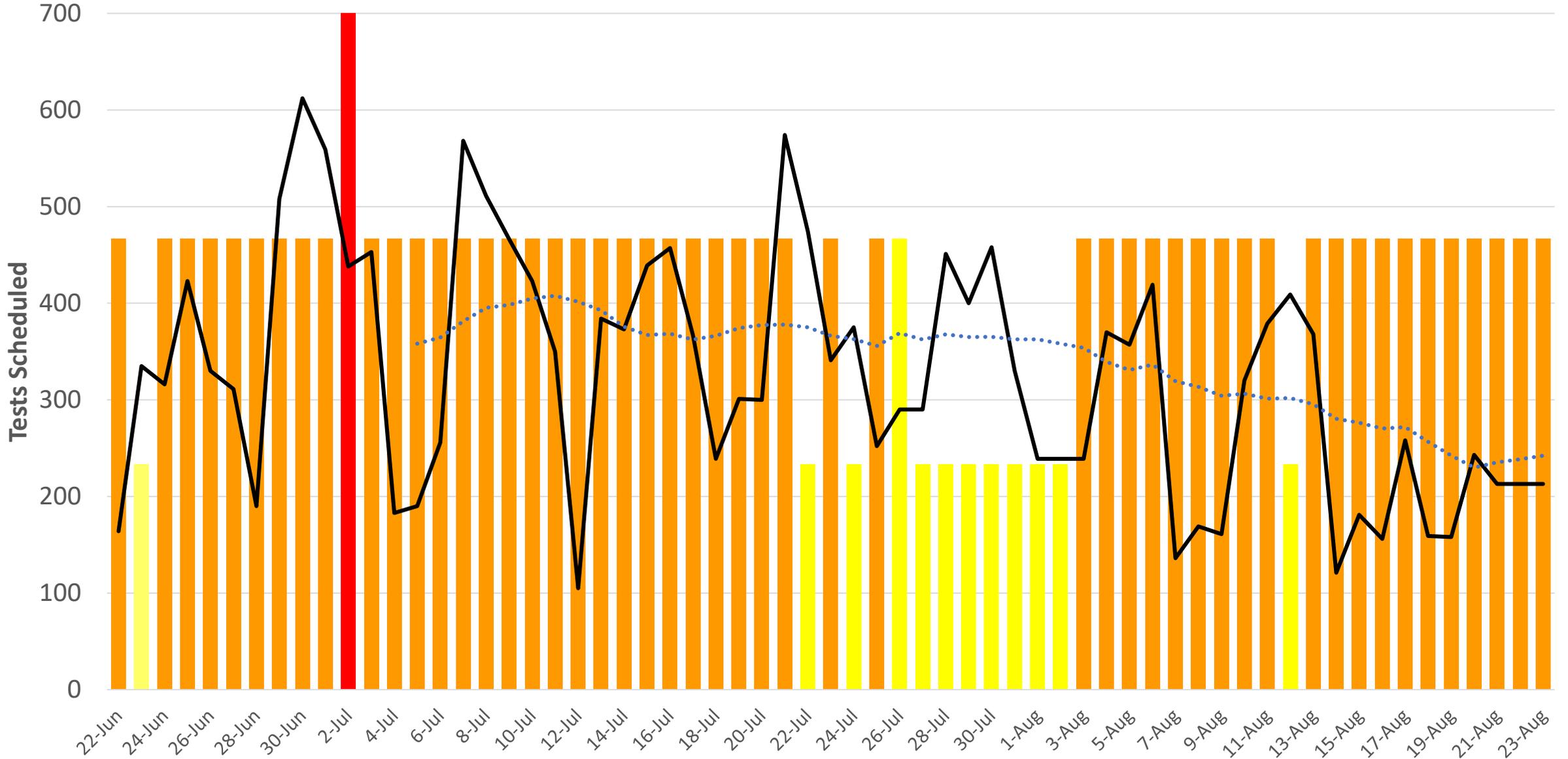


## Potential Model Scores

*note: model may generate decimal scores (e.g. 8.5)*

Potential Threat Score	Threat Color
15	Red
14	Red
13	Red
12	Red
11	Red
10	Red
9	Orange
8	Orange
7	Orange
6	Orange
5	Orange
4	Yellow
3	Yellow
2	Yellow
1	Green
0	Green

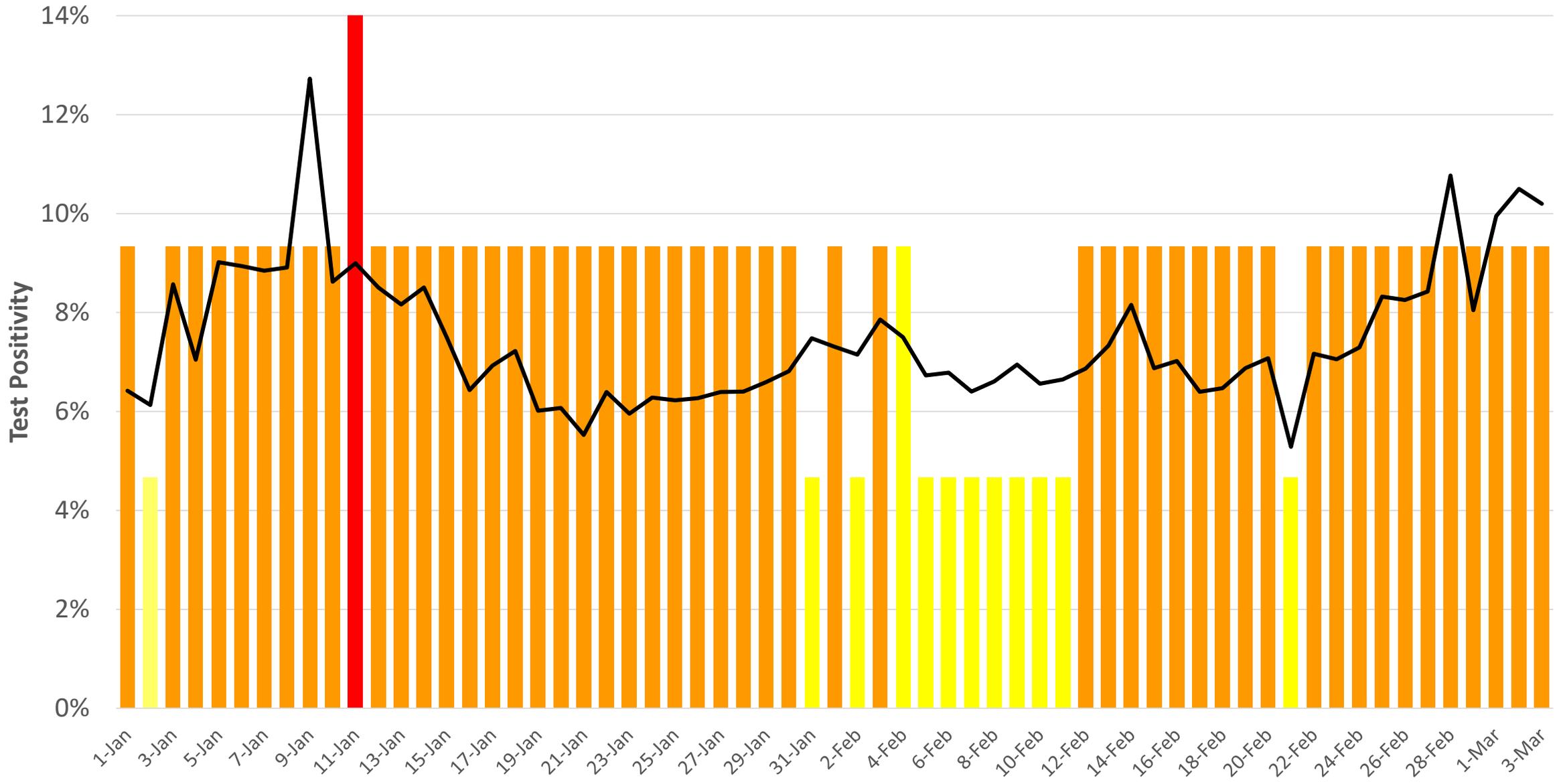
# Indicator 1: Risk Assessment Data



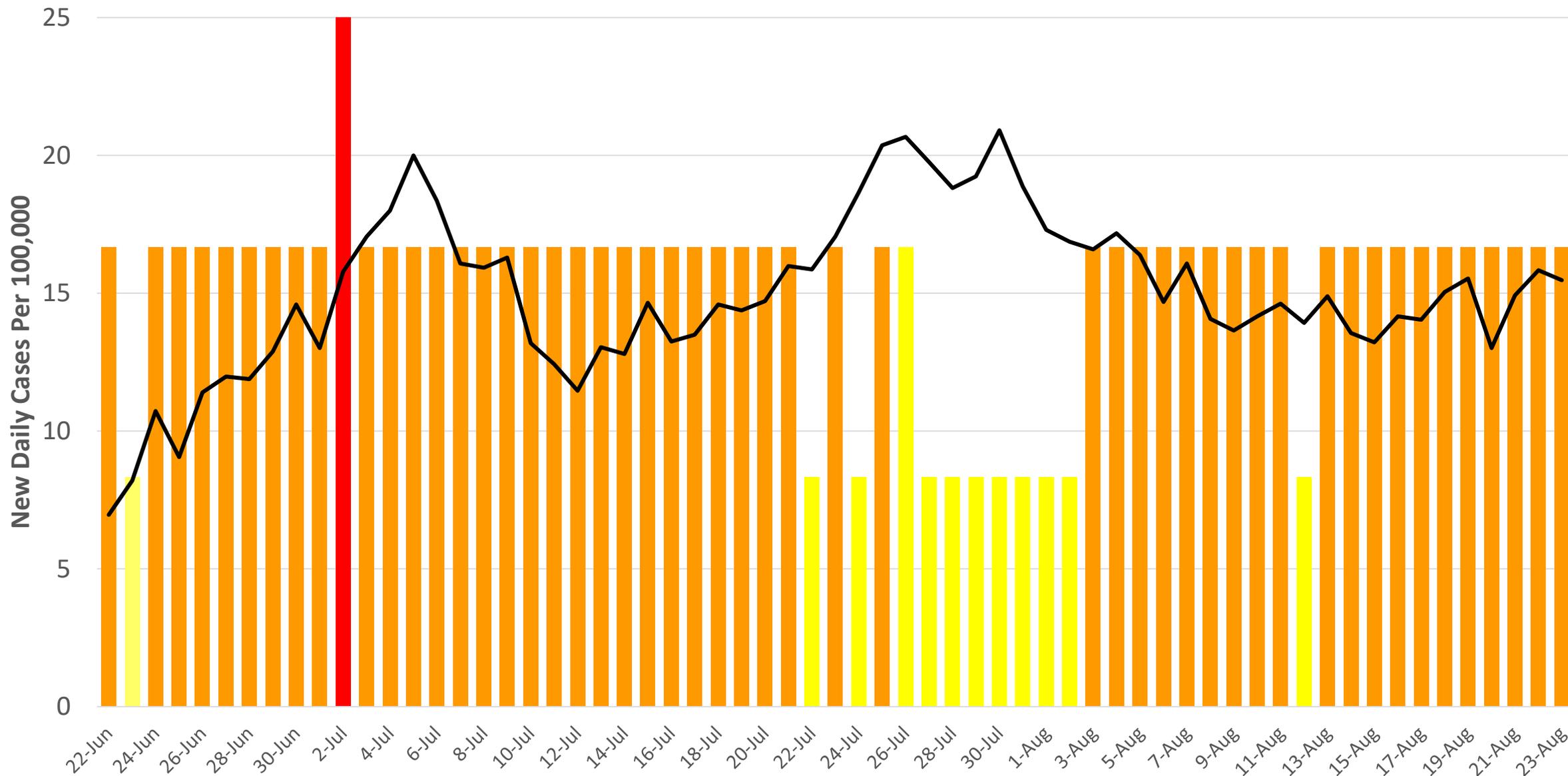
Data Source: Washoe County Health District

The black line represents the indicator data series  
Colored bars represent the calculated threat for any given day back to June 22<sup>nd</sup>, 2020  
The blue dashed line represents a 14-day moving average

# Indicator 2: Test Positivity



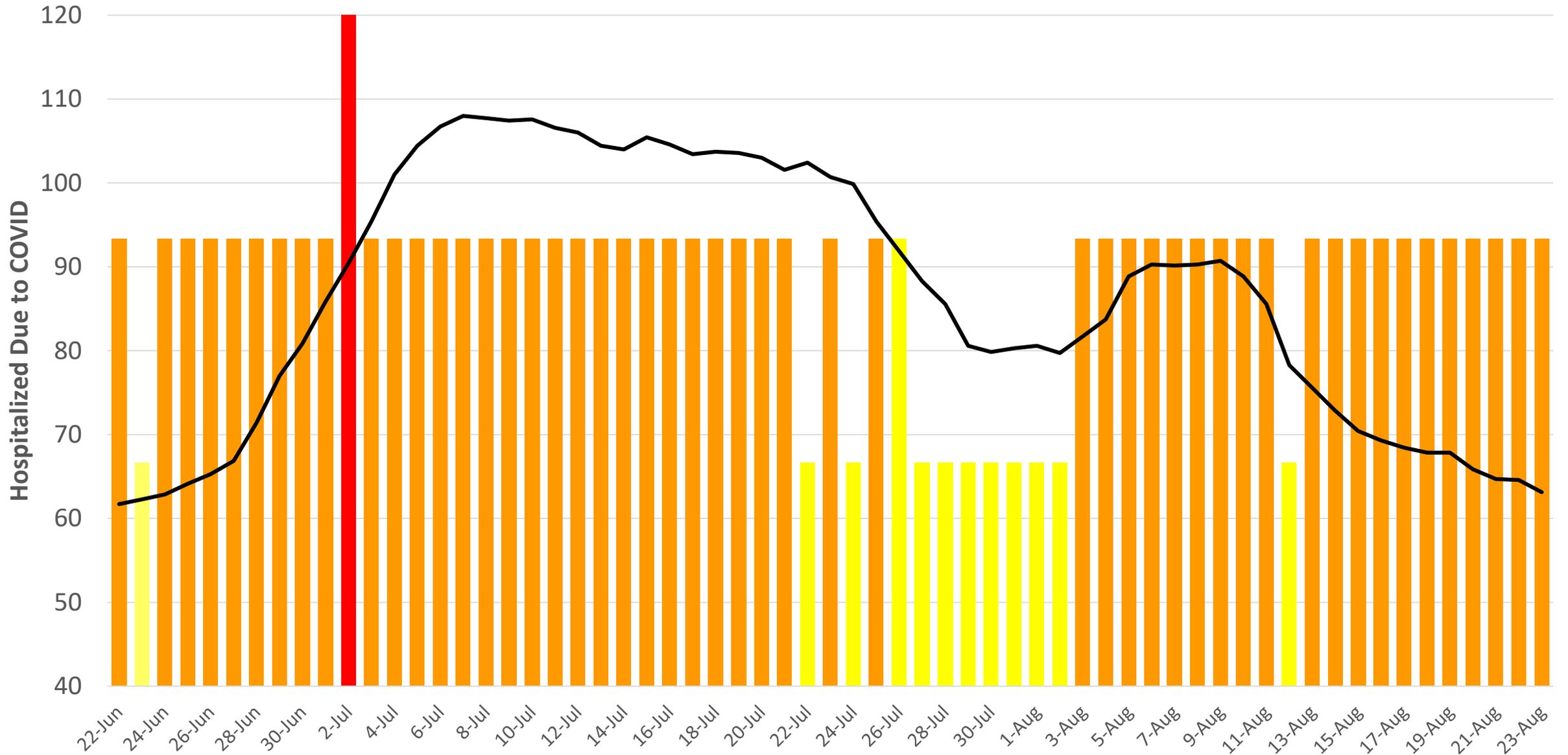
# Indicator 3: New Cases Daily per 100,000 People



Data Source: Washoe County COVID Dashboard

The black line represents the indicator data series  
Colored bars represent the calculated threat for any given day back to June 22<sup>nd</sup>, 2020

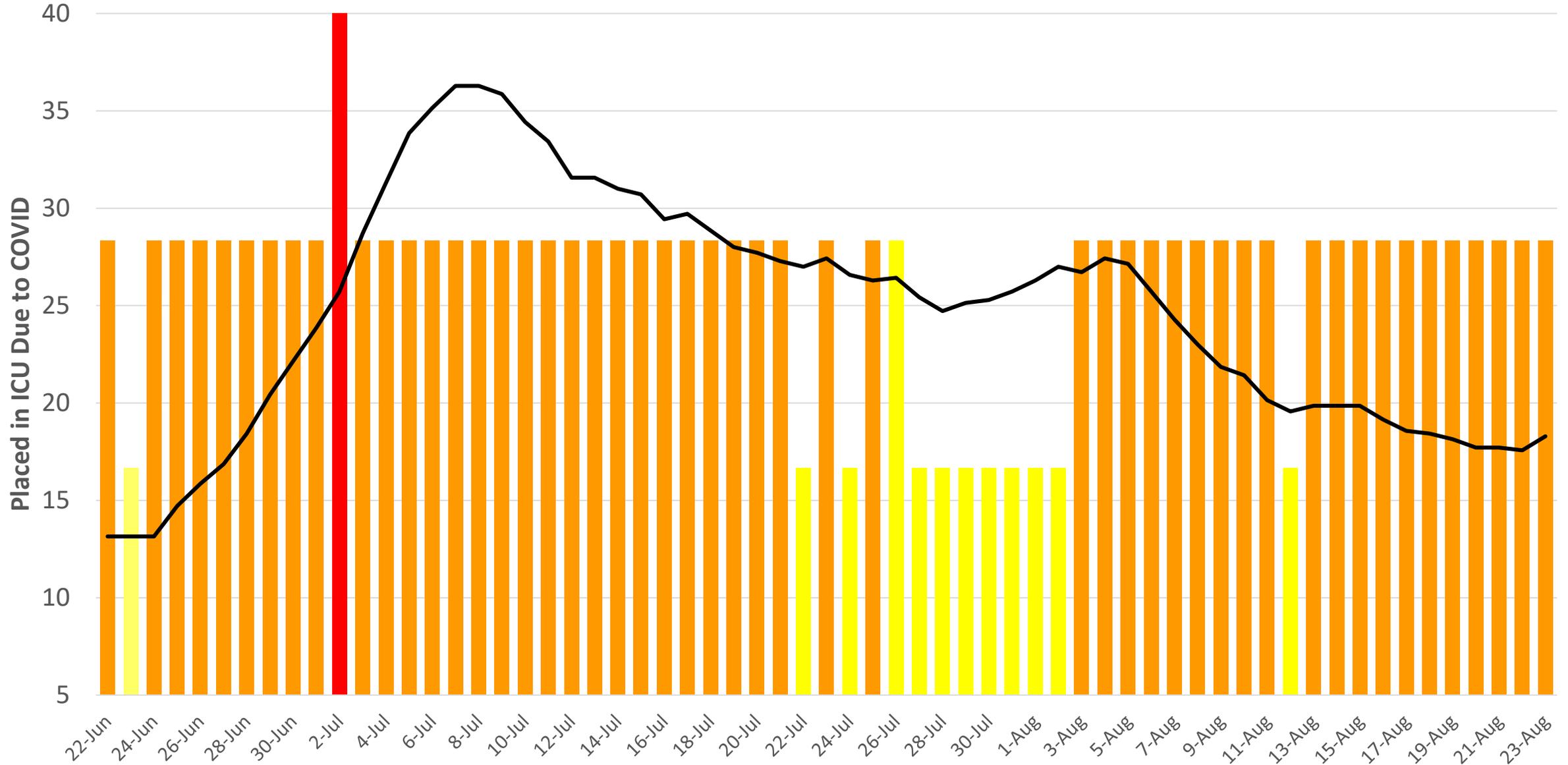
# Indicator 4a: Hospitalization Due to COVID



Data Source: Nevada Hospital Association

The black line represents the indicator data series  
Colored bars represent the calculated threat for any given day back to June 22<sup>nd</sup>, 2020

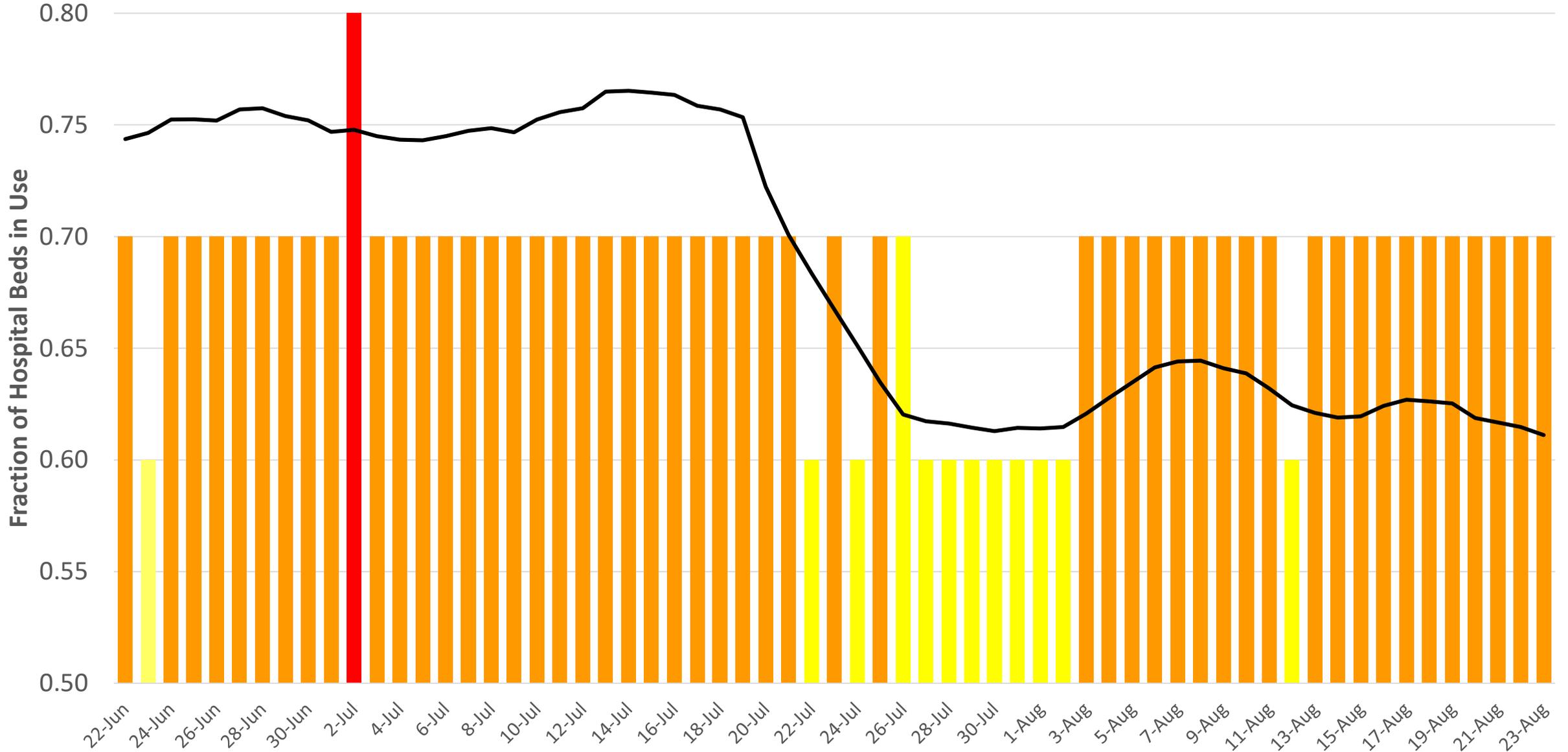
# Indicator 4b: ICU Bed Use Due to COVID



Data Source: Nevada Hospital Association

The black line represents the indicator data series  
Colored bars represent the calculated threat for any given day back to June 22<sup>nd</sup>, 2020

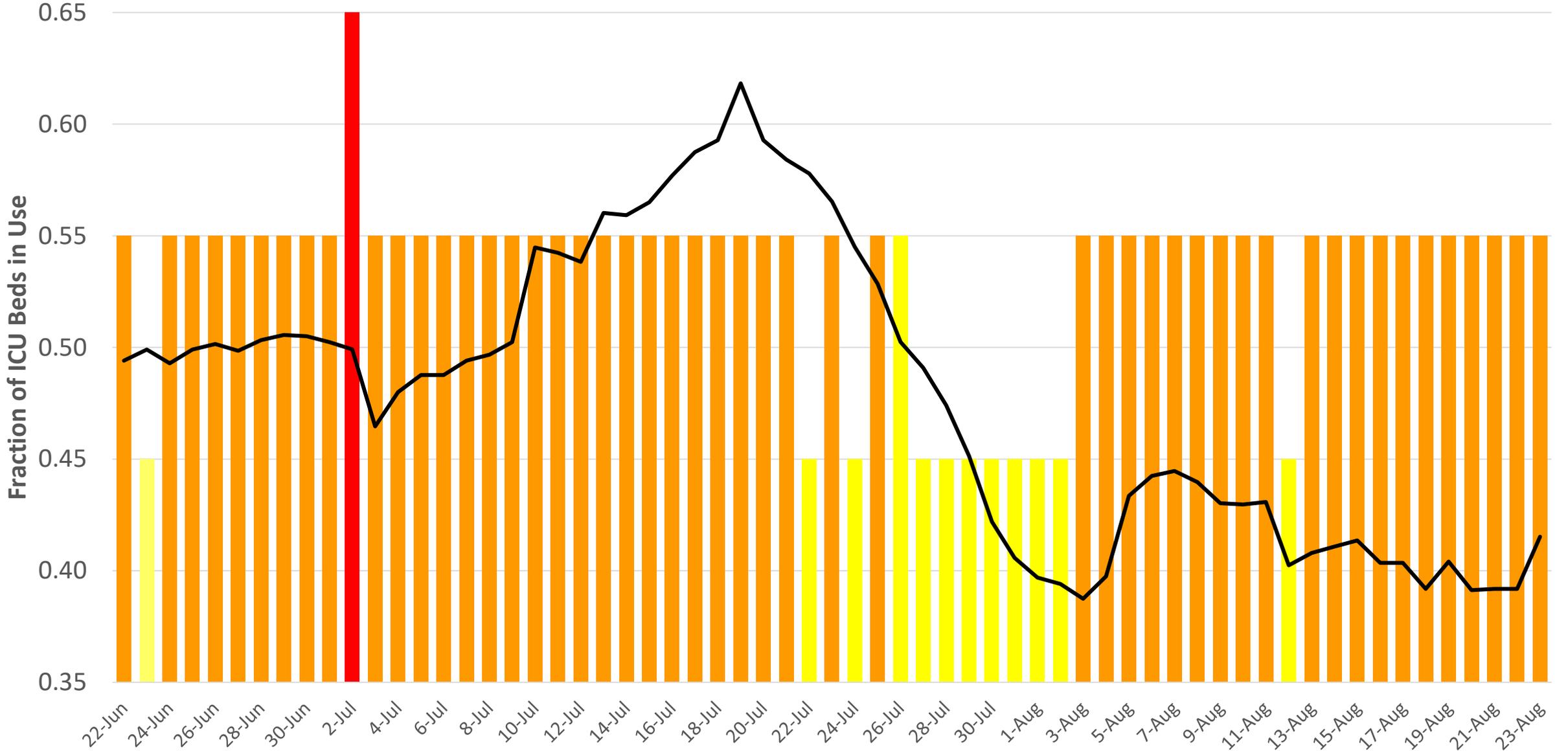
# Indicator 5a: Total Hospital Bed Use



Data Source: Nevada Hospital Association

The black line represents the indicator data series  
Colored bars represent the calculated threat for any given day back to June 22<sup>nd</sup>, 2020

# Indicator 5b: Total ICU Bed Use



Data Source: Nevada Hospital Association

The black line represents the indicator data series  
Colored bars represent the calculated threat for any given day back to June 22<sup>nd</sup>, 2020

# Considerations and Next Steps

- The threat model will likely need periodic updates as new and better data and understanding become available
  - Testing of accuracy, variable co-dependence and predictive power
  - Steps within each color (e.g. indicating when we're close to moving to a new color)
  - Feedback from stakeholders and interested parties
- Work towards understanding how various metrics/calculations align or diverge and how we can continue to work together to provide an accessible and collaborative message to empower residents
  - Washoe County School District
  - Washoe County Health District
  - University of Nevada
  - State of Nevada
  - National metrics

Questions?



*Regional Emergency Medical Services Authority*

*A non-profit community service using no taxdollars*

# **REMSA**

# **FRANCHISE COMPLIANCE REPORT**

## **JULY 2020**



**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September	4071	\$5,286,721.80	\$1,298.63	\$1,292.17	\$ 452.26
October	4235	\$5,485,083.60	\$1,295.18	\$1,292.93	\$ 452.53
November	4130	\$5,370,933.20	\$1,300.47	\$1,294.43	\$ 453.05
December	4301	\$5,582,149.20	\$1,297.87	\$1,295.02	\$ 453.26
January	4376	\$5,982,665.80	\$1,367.15	\$1,367.15	\$ 478.50
February	4203	\$5,778,739.20	\$1,374.91	\$1,370.95	\$ 479.83
March	4065	\$5,597,141.60	\$1,376.91	\$1,372.87	\$480.50
April	3293	\$4,522,546.60	\$1,373.38	\$1,372.97	\$480.54
May	3815	\$5,226,516.40	\$1,369.99	\$1,372.40	\$480.34
June	3989	\$5,484,733.60	\$1,374.96	\$1,372.83	\$ 480.49
<b>Totals</b>	<b>48,868</b>	<b>\$65,132,239.20</b>	<b>\$1,333.96</b>		

Current Allowable Average Bill: \$1,382.47

**Year to Date: July 2020**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-20	6 Minutes 08 Seconds	88%	84%
Aug-20			
Sep-20			
Oct-20			
Nov-20			
Dec-20			
Jan-21			
Feb-21			
Mar-21			
Apr-21			
May-21			
Jun-21			



**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 8 Seconds	88%	84%

**Year to Date: July 2020**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-20	P-1	5:28	6:05	8:50
	P-2	6:04	6:53	9:10
Aug-20	P-1			
	P-2			
Sep-20	P-1			
	P-2			
Oct-20	P-1			
	P-2			
Nov-20	P-1			
	P-2			
Dec-20	P-1			
	P-2			
Jan-21	P-1			
	P-2			
Feb-21	P-1			
	P-2			
Mar-21	P-1			
	P-2			
Apr-21	P-1			
	P-2			
May-21	P-1			
	P-2			
Jun-21	P-1			
	P-2			

**Fiscal Year to Date: July 2020**

Priority	Reno	Sparks	Washoe County
P1	5:28	6:05	8:50
P2	6:04	6:53	9:10



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 07/01/2020 THRU 07/31/2020**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	7/1/20 4:32	7/1/20 5:01	1C02	0:29:19	0:29:19
Zone A	7/2/20 15:18	7/2/20 15:22	1C07	0:03:41	0:03:41
Zone A	7/2/20 17:57	7/2/20 17:58	1C03	23:59:50	0:00:44
Zone A	7/3/20 17:31	7/3/20 17:32	1C32	-0:00:09	0:00:40
Zone A	7/6/20 13:59	7/6/20 13:59	1C36	-0:00:08	23:59:52
Zone A	7/8/20 8:26	7/8/20 8:26	1C45	-0:00:07	0:00:06
Zone A	7/9/20 6:43	7/9/20 6:43	1C16	23:59:30	0:00:14
Zone A	7/10/20 16:00	7/10/20 16:01	1C01	-0:00:45	0:00:28
Zone A	7/11/20 20:38	7/11/20 20:38	1C03	-0:00:06	0:00:15
Zone A	7/13/20 5:28	7/13/20 5:36	1C11	0:10:07	0:00:17
Zone A	7/13/20 21:17	7/13/20 21:26	1C18	0:17:26	0:08:57
Zone A	7/15/20 16:26	7/15/20 16:34	1C34	0:10:44	0:07:57
Zone A	7/16/20 1:06	7/16/20 1:11	1C01	0:09:03	0:05:01
Zone A	7/17/20 6:38	7/17/20 6:45	1C33	0:13:15	0:06:43
Zone A	7/21/20 17:26	7/21/20 17:27	1C39	-0:00:04	0:01:01
Zone A	7/21/20 17:36	7/21/20 17:41	1C36	0:12:15	0:00:46
Zone A	7/21/20 19:54	7/21/20 19:56	1C01	0:01:24	0:01:24
Zone A	7/26/20 2:53	7/26/20 2:53	1C01	-0:00:03	0:00:33
Zone C	7/26/20 16:53	7/26/20 17:09	1C45	0:23:00	0:16:34

<b>UPGRADE REQUESTED</b>				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
None				

<b>EXEMPTIONS REQUESTED</b>					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
07/20/2020	Exemption Approved	MCI	Zone A	0:12:50	0:03:51
07/20/2020	Exemption Approved	MCI	Zone A	0:11:43	0:02:44
07/09/2020	Exemption Approved	Off Road	Zone A	0:10:01	0:01:02



## **GROUND AMBULANCE OPERATIONS REPORT JULY 2020**

### **1. Overall Statics**

- a) Total number of system responses: 7291
- b) Total number of responses in which no transports resulted: 2996
- c) Total number of system transports (including transports to out of county):  
4295

### **2. Call Classification**

- a) Cardiopulmonary Arrests: 1.8%
- b) Medical: 50.4%
- c) Obstetrics (OB): 0.4%
- d) Psychiatric/Behavioral: 11.1%
- e) Transfers: 14.6%
- f) Trauma – MVA: 7.3%
- g) Trauma – Non MVA: 7.3%
- h) Unknown: 7.1%

### **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: 1,964

Total number of above calls receiving QA Reviews: 161

Percentage of charts reviewed from the above transports: 8.1%



## JULY 2020 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	13	86
BLS (CPR)	46	184
Heartsaver (CPR)	40	112
ITLS/PHTLS	2	4
PALS	12	43

## COMMUNITY OUTREACH JULY 2020

Point of Impact		
07/18/20	POI Checkpoint at Renown Car Fitting Station in Reno. 13 cars and 17 seats inspected.	9 volunteers; 2 staff
Cribs for Kids/Community		
07/02/20	Attended Zoom meeting for Immunize Nevada July Community Meeting.	
07/09/20	Attended video conference meeting for Truckee Meadows Vision Zero meeting.	
07/14/20	Child Passenger Safety Instructor Meeting	
07/15/20	Meeting with Foundation For Recovery- new director changes	
07/17/20	Attended VA Baby Shower drive thru event 30 moms and family attended	100 participants
07/21/20	Attended Safe Kids Coalition meeting via video conference	
07/26/20	Attended Immunize Nevada July Outreach Committee Meeting via Zoom	
07/27/20	Attended Liberty's Community Smiles webinar for new community referral system	



REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (517) 318-3800  
support@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

July 1, 2020 to July 31, 2020

Your Score

**96.94**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,723**

Number of Transport Services in All EMS DB

**166**





## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **07/01/2020** and **07/31/2020**.

The overall mean score for the standard questions was **96.94**; this is a difference of **3.48** points from the overall EMS database score of **93.46**.

The current score of **96.94** is a change of **-0.15** points from last period's score of **97.09**. This was the **12th** highest overall score for all companies in the database.

You are ranked **2nd** for comparably sized companies in the system.

**91.03%** of responses to standard questions had a rating of Very Good, the highest rating. **99.21%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

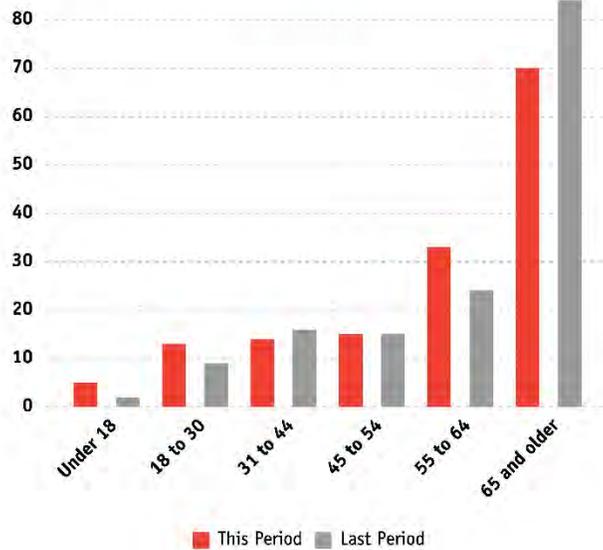




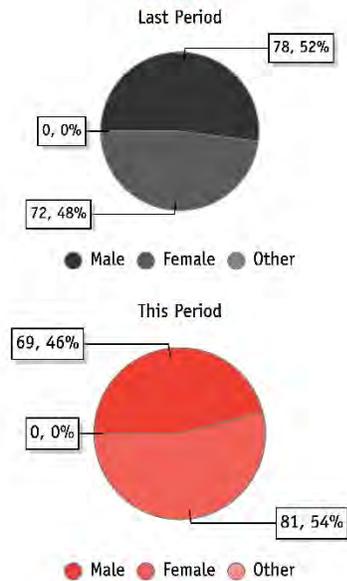
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	2	2	0	0	5	3	2	0
18 to 30	9	4	5	0	13	3	10	0
31 to 44	16	5	11	0	14	5	9	0
45 to 54	15	11	4	0	15	5	10	0
55 to 64	24	18	6	0	33	19	14	0
65 and older	84	38	46	0	70	34	36	0
<b>Total</b>	<b>150</b>	<b>78</b>	<b>72</b>	<b>0</b>	<b>150</b>	<b>69</b>	<b>81</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**July 1, 2020 to July 31, 2020**

**Monthly Breakdown**

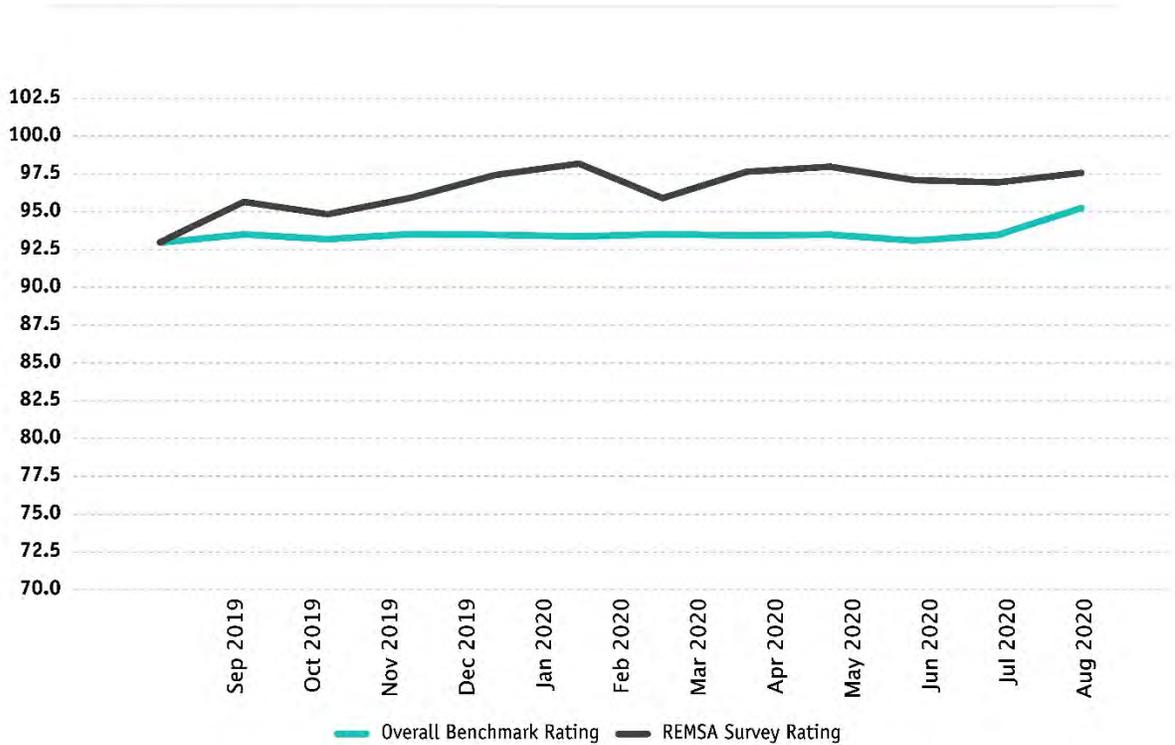
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020
Helpfulness of the person you called for ambulance service	88.20	95.67	96.74	97.41	97.55	99.54	98.68	95.02	97.22	98.86	99.15	98.37
Extent to which you were told what to do until the ambulance arrived	87.75	95.50	95.65	97.41	97.00	99.54	98.68	95.85	97.22	98.86	99.15	98.91
Extent to which the ambulance arrived in a timely manner	90.91	93.01	97.14	93.20	95.48	96.63	96.33	96.80	96.35	96.66	96.43	95.26
Cleanliness of the ambulance	91.80	93.95	97.38	95.53	96.73	98.84	99.26	99.34	98.67	99.17	97.78	98.59
Skill of the person driving the ambulance	91.55	92.88	94.92	94.28	95.31	97.93	98.72	96.82	95.93	97.76	96.31	97.56
Care shown by the medics who arrived with the ambulance	92.35	93.18	96.32	95.28	96.51	97.33	98.68	96.67	98.67	98.17	97.17	97.32
Degree to which the medics took your problem seriously	92.52	93.18	95.64	96.15	96.67	97.00	98.36	96.98	99.00	98.33	97.99	97.32
Degree to which the medics listened to you and/or your family	91.85	92.30	95.45	95.45	96.32	96.72	97.68	94.43	98.28	97.73	96.98	96.50
Extent to which the medics kept you informed about your treatment	91.05	92.44	95.32	95.38	95.21	97.32	98.17	95.60	97.34	97.55	96.61	96.94
Extent to which medics included you in the treatment decisions (if	89.11	92.05	94.62	95.23	95.72	98.38	97.65	95.09	96.29	98.06	96.84	97.29
Degree to which the medics relieved your pain or discomfort	88.70	90.96	93.94	93.01	93.25	94.32	95.58	89.94	95.51	95.81	95.20	92.65
Medics' concern for your privacy	92.67	93.05	96.59	95.08	95.84	97.76	98.21	95.80	98.16	98.61	97.10	97.37
Extent to which medics cared for you as a person	92.65	94.23	96.27	95.14	96.73	97.50	98.84	96.43	98.31	98.67	97.15	97.28
Professionalism of the staff in our ambulance service billing office	90.63	90.00	91.07	80.00	87.50	100.00		100.00	95.83	91.67	95.83	91.67
Willingness of the staff in our billing office to address your needs	90.63	92.31	90.38	80.00	87.50	100.00		100.00	95.83	91.67	95.83	91.67
How well did our staff work together to care for you	92.80	93.59	96.34	94.97	96.73	98.12	99.32	97.07	98.67	98.78	97.24	97.77
Extent to which the services received were worth the fees charged	85.87	86.25	81.86	85.05	90.67	100.00	98.08	87.50	90.38	75.00	82.14	50.00
Overall rating of the care provided by our Emergency Medical Transportation	93.04	93.18	95.42	95.32	96.61	96.00	98.50	95.38	97.99	98.31	97.45	97.11
Likelihood of recommending this ambulance service to others	92.53	93.08	96.09	94.66	95.80	97.99	98.36	96.07	98.06	98.39	97.92	98.01
Your Master Score	91.45	92.99	95.65	94.83	95.93	97.43	98.18	95.90	97.64	97.98	97.09	96.94
Your Total Responses	150	150	150	150	150	150	152	151	150	150	150	150





Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE JULY 2020 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1.	05/16/2020	"They handled everything good and were efficient as well as caring."		"No, they did everything just right the first time."	
2.	05/13/2020	"Responded rapidly and saved my life! I was having a heart attack and they were the best crew ever. They got air back in my lungs and I am so thankful for them."	"Everything was done perfectly."	"I appreciate the fact that you follow up to make sure everything went well. I am so thankful to all of them, please tell them how great they were that day."	
3.	05/10/2020		"Patient stated the medics seemed to have very good teamwork together."		
4.	05/11/2020		"Patient stated the medics were professional and they worked in a perfect rhythm of teamwork."		
5.	05/23/2020		"Patient stated he was very impressed with the service and the medics really seemed to be "on the money"."	"Maybe arrive a bit faster."	
6.	05/17/2020			"They were very good and I was happy to have their service."	
7.	05/16/2020	"They were an excellent crew!"		"No, everything was fine and they were an excellent team. Sometimes they are a little frustrated with Life Alert, but that is very understandable."	
8.	05/15/2020		"Patient stated he would only be able to give an excellent rating because that is what		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			they deserve."		
9.	05/01/2020		"Patient's medical POA stated the medic's strengths were communicating with her and keeping her informed on what was happening as it was happening. She feels the medics did an excellent job."		
10.	05/01/2020		"Patient stated the medics were very knowledgeable, attentive and courteous."		
11.	05/03/2020		"Patient stated the medics were very efficient in every aspect."		
12.	05/05/2020		"Patient stated it was a simple transport and it went smoothly."		
13.	05/26/2020		"Patient stated everything was done well."		
14.	05/05/2020		"Patient stated the driver was very cautious and careful while driving her to the hospital."		
15.	05/15/2020		"Patient stated the medics did everything well."		
16.	05/06/2020		"Patient stated the medics transported him to the hospital in a timely and efficient manner."		
17.	05/14/2020		"Patient stated they got her to the hospital."	"Better pain relief and they could arrive faster."	S. Selmi



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
18.	05/28/2020		"Patient stated the ambulance service did everything well."		
19.	05/07/2020		"Patient stated absolutely everything was done well and the medics made her feel very comfortable. She is thankful."		
20.	05/02/2020		"Patient stated he was treated, but not transported. He noted the medics had great teamwork together and got him cleared out and breathing again. He is very, very pleased with the care he received."		
21.	05/04/2020		"Patient said the medics were very calm, went through the COVID protocol and did an excellent job of reassuring him while underway to the hospital."		
22.	05/27/2020			"Keep your thoughts in your head and don't let them come out of your mouth."	S. Selmi
23.	05/22/2020		"The medics got her to the hospital quickly and she is alive today because of their timeliness."	"Please be careful what you say in front of the patient regarding their medical condition."	S. Selmi
24.	05/19/2020		"Patient's medical POA stated she was appropriately cared for and the medics were professional. He also noted the medics		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			worked well together."		
25.	05/06/2020		"Patient stated the timeliness of the whole experience was reassuring."		
26.	05/11/2020		"Patient said everything was done well."		
27.	05/20/2020		"Patient stated the transfer was smooth all of the way and the medics even took her to her room and tucked her into her bed. She said they are thoughtful and kind."		
28.	05/07/2020		"Patient stated there aren't words to express how wonderful she feels about the REMSA ambulance service."		
29.	05/30/2020	"Patient noted he did not feel he was qualified to rate the ambulance driver's skill."	"Patient stated everything was done well."		
30.	05/12/2020		"Patient stated this was a very simple and smooth transport between facilities."		
31.	05/24/2020		"Patient said the medics were helpful, friendly and kept her calm."		
32.	05/07/2020		"Patient said the paramedics did a great job all of the way around."		
33.	05/27/2020		"Patient stated the REMSA service is always consistent and reliable."		
34.	05/26/2020		"Patient stated that the medics were absolutely perfect. She was in extreme pain and the		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			medics were able to help her out and calm her down."		
35.	05/23/2020		"Patient notes it was a very short ride from the flight to the hospital, they were very efficient."		
36.	05/29/2020		"Patient stated the medics were funny, kind, compassionate, knowledgeable, and cared for all of her needs. She doesn't think there is anything they could have done better."		
37.	05/10/2020			"Use a GPS. Patient stated she lives in a rather rural area and the ambulance ended up on a bike path trying to leave the area."	S. Selmi
38.	05/20/2020		"Patient said the medics got her safely to the hospital and emotionally cared for her along the way."		
39.	05/27/2020		"Patient said the medics got her breathing again and quickly to the hospital."		
40.	05/10/2020			"Best EMTs ever, thank you for everything."	
41.	05/20/2020	"This was a good experience, and I was very happy with the service."		"They were very well trained and could not be any better."	
42.	05/15/2020	"They came so quickly and we were so delighted to have the help. They were		"We were so thankful for them and they were perfect I could	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		marvelous!"		not see any way they could be better."	
43.	05/15/2020	"They took my problem very seriously and cared for me so well. I was amazed with the care shown."		"You all were perfect, I just wish the firefighters had been more like your EMS team."	
44.	05/28/2020	"The paramedics REMSA sent were just fantastic."		"No, I can't think of anything."	
45.	05/20/2020	"They came very quickly. I was handled with care and given efficient, skilled help."		"No, I was highly satisfied and think they did a perfect job."	
46.	05/29/2020	"Every time you have done a very good job."		"The paramedics have always been great. Thank you for your help!"	
47.	05/03/2020		"Patient's mother stated the medics went above and beyond. They helped get her older child dressed so they could leave more quickly for the hospital and kept her informed the entire time. It was also a streamlined entry into the hospital."		
48.	05/09/2020		"Patient stated the ambulance arrived quickly."		
49.	05/24/2020		"Patient said the medics were very caring and nice."		
50.	05/28/2020		"Patient stated the medics were able to stop the bleeding and weren't afraid to be hands on while caring		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			for him."		
51.	05/11/2020	"Patient's mother did not ride in the ambulance."	"Patient's mother stated the medics were kind and compassionate with her son."		
52.	05/02/2020		"Patient stated the medics took her episode seriously and she appreciated that fact."		
53.	05/16/2020		"Patient said they quickly got him to where he needed to go."	"Larger gurneys for the bigger patients."	
54.	05/31/2020		"Patient stated the medics are the best around."		
55.	05/19/2020		"Patient said the medics made her feel comfortable and most importantly they made her feel safe."		
56.	05/29/2020		"Patient stated the medics were kind, caring and reassured her everything would be okay. She is thankful for their care."		
57.	05/23/2020		"Patient stated the presence and professionalism of the medics made him feel reassured."		
58.	05/09/2020		"Patient stated everything was done well and if he ever has to go on another ambulance ride, he hopes that level of		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			quality can be achieved. He is very pleased with the professional care he received."		
59.	05/10/2020		"Patient stated the medics remembered her from her first trip and that warmed her heart. She also said they were very kind."		
60.	05/08/2020		"She said she felt like she touched souls with the paramedics that day. The care and compassion was very evident to her and she is thankful."	"Patient stated it felt extremely hot in the ambulance that day."	
61.	05/25/2020		"Patient stated the ambulance arrived in a timely manner and the medics were courteous and professional."	"Be faster about giving pain medication."	
62.	05/01/2020		"Patient stated the medics were very supportive of her and quickly got her to the hospital. They explained why they couldn't relieve the pain and that information helped her as well."		
63.	05/27/2020		"Patient stated the medics were empathetic, caring and their professional demeanor gave her comfort that she would be safe."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
64.	05/21/2020		"Patient said everything was done well."		
65.	05/28/2020		"Patient said everything was excellent and she really appreciates the assistance she was given."		
66.	05/26/2020		"Patient replied that the medics did their jobs and their knowledge made her feel comfortable."		
67.	05/09/2020		"Patient replied everything was done well."	"Ability to provide pain relief."	
68.	05/11/2020		"Patient stated the paramedics made her feel very emotionally comfortable."		
69.	05/07/2020		"Patient stated everything was done well."		
70.	05/31/2020		"Everything was done well."	"Lower your prices."	
71.	05/29/2020		"Patient said the medics were two of the nicest guys he has ever met, and they attended to his needs with care and also their skill with starting an IV. He is very, very pleased with the		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			service."		
72.	05/31/2020		"Patient stated the ambulance got him quickly to the hospital."		
73.	05/22/2020		"Patient stated everything was done well, quickly and with care."		
74.	05/10/2020		"Patient stated the medics got the IV started before they began the bumpy journey to the hospital. The medics were also efficient, moved quickly and also got the patient's family calmed down. He is very pleased with the service."		
75.	05/26/2020		"Patient said everything was done well."		
76.	05/30/2020		"Patient said the medics kept her super informed and were very professional."		
77.	05/08/2020		"The transition into the hospital was smooth."	"The paramedics could interact more with the young child when the parent is unable to completely calm them down. The ambulance could arrive faster."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
78.	05/18/2020		"Patient stated she cannot remember much because of the accident, but feels she received excellent care and was safely taken to the hospital."		
79.	05/14/2020		"Patient said the paramedics seemed to have everything well under control."		
80.	05/01/2020		"Patient said the paramedics were very professional and she felt like she was their priority."		
81.	05/24/2020		"Patient stated the medics care and teamwork was poetry in motion. He said they were very professional as well."		
82.	05/17/2020		"The timeliness and thoroughness of the paramedic's care."		
83.	05/25/2020		"Patient stated he was in and out of consciousness, but wants it noted that he was transported quickly to the hospital and the medic's teamwork probably saved his life."		
84.	05/25/2020		"The medics were very courteous and professional, everything was done well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
85.	05/21/2020		"Patient stated everything was done well and the medics took very good care of him."		
86.	05/25/2020		"Patient's medical POA stated he was taken swiftly and safely to the hospital."		
87.	05/26/2020		"Patient's medical POA stated the medics had great teamwork when they got the patient up off from the ground, got him quickly loaded, treated and off to the hospital."		
88.	05/16/2020		"Patient stated this was a transport between facilities and the medics were Johnny-on-the-spot, quick and skillful."		
89.	05/10/2020		"Patient stated she can't remember the whole scene, but she remembers the medics making her feel safe and that she was going to make it to the hospital and be okay."		
90.	05/15/2020		"Patient stated everything was done well."		
91.	05/08/2020		"Patient said the medics had good teamwork together as they got her loaded and unloaded. The ambulance also arrived in a very timely		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			manner."		
92.	05/31/2020		"Patient said the paramedics were very nice and treated her kindly."		
93.	05/30/2020		"Patient's mother stated her son was treated, but not transported. She noted the medics were wonderful and stayed around for a few extra minutes to be sure her son really did not need to be taken to the hospital. She is very pleased with the comfort and care."		
94.	05/03/2020		"Patient said the medics were young and really seemed like they cared. She noted that young people can generally be careless, but she didn't feel that way about her medics."		
95.	05/28/2020		"The ambulance arrived quickly."		
96.	05/12/2020		"Patient said the medics took good care of her and even got her water when she asked for it."		
97.	05/29/2020		"Patient noted she was quickly loaded and on her way to the hospital."	"Expedite the process into the hospital."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
98.	05/08/2020		"Patient stated she was transported quickly and safely to the hospital."		
99.	05/06/2020		"Patient stated the medics went over the COVID procedures with her and also took her to the hospital she requested."		
100.	05/21/2020		"Patient stated the medics called ahead to make sure the hospital had the equipment that the patient needed."		
101.	05/21/2020	"The ride is bumpy."			
102.	05/23/2020		"Patient said the medics did a good job of addressing the issue for which they were called."	"Patient stated his only complaint was that he really didn't want to go to the hospital and was taken anyway."	S. Selmi
103.	05/23/2020		"Patient stated the medics got him quickly loaded and also dealt with his pain. He said everything was awesome."		
104.	05/20/2020		"Patient stated the medics were very caring and compassionate."		
105.	05/31/2020			"Patient stated she does not do well with needles and the medics started an IV anyway. She wanted to wait until she got to	S. Selmi



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				the hospital."	
106.	05/05/2020		"Patient's medical POA stated the medics immediately went to work upon arrival, got the patient loaded and off to the hospital. He is very pleased with the service."		
107.	05/02/2020	"My daughter has fainting spells and they really helped out."		"They were great, no problems at all. Thank you for your service."	
108.	05/19/2020	"The person in the ambulance was terrible. He said that I could walk and said I was another one of "those." It was the most horrible experience. He needs to be corrected. He should never talk to people like that. He made light of the situation and judged me. He was very rude. They made me stand in line with everyone else even though I use a walker. He judged me, because I was taking anxiety meds."		"They could train their employees to be less judgmental."	S. Selmi
109.	05/14/2020	"They took a while to get to me."		"Get there faster."	
110.	05/04/2020	"They are very skilled and they arrive very quickly."		"They were excellent I really can't see how they could improve."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
111.	05/23/2020	"That was my first and only ambulance ride I ever had, and it was just fine."		"No, I don't have much experience using your service, but I think everything was excellent."	
112.	05/23/2020	"We are at the top of Sunrise Creek, so it took longer (14 minutes to get there). I could write a whole letter about how great they were. Billing was a little high." Survey staff gave phone number for her to call to discuss billing issues.		"No they were excellent, I don't think they could have been any better."	
113.	05/05/2020	"They got there quickly and were very caring."		"No everything was perfect, and they treated me very well."	
114.	05/16/2020	"They handled everything good and were efficient as well as caring."		"No, they did everything just right the first time."	

#### FOLLOW UP

#17 - 7/31/20, reading the attached chart #135105-20 the pt had no pains and was suicidal. From the times, it looks like the crew was staged for safety reasons. No further, Stacie

#22 - 7/31/20 0925, spoke to the pt about her complaint. She did not remember and hung up. No further, Stacie

#23 - 7/31/20 1010, I spoke to the pt. She was very nice, she is a traveling ER RN and she loved the crew. She told me she did yell at them for talking to each other about her STEMI in front of her and them not knowing she was an RN. She told me they understood after that and I thanked her for taking care of this problem on her own. She cannot wait to see them again so she could thank them. No further, Stacie

#37 - 7/31/20 1035 pt called back, she told me it was not really the crews fault with all the flood barriers around Lemmon Valley as it is very confusing and the GPS would not have helped. She just did not want the ambulance to get stuck the way they were going. I thanked her for helping the crew go the correct way out of the area. She thanked me for calling her on this matter. No further, Stacie

#102 - 7/31/20, after reading the chart it was in the best interest of this pt to be transported after an IV and Narcan was given. No further, Stacie

#105 - 7/31/20 1138, I spoke with the pt. She was very nice, but concerned as she told the crew she faints when she is stuck with a needle. She told me she came around after a few seconds after getting the IV. She felt the crew was laughing at her, they said her eyes rolled back. She wants the medics to listen to her, I agreed and apologized. I told her I would be writing a report on this along with the crew. Stacie

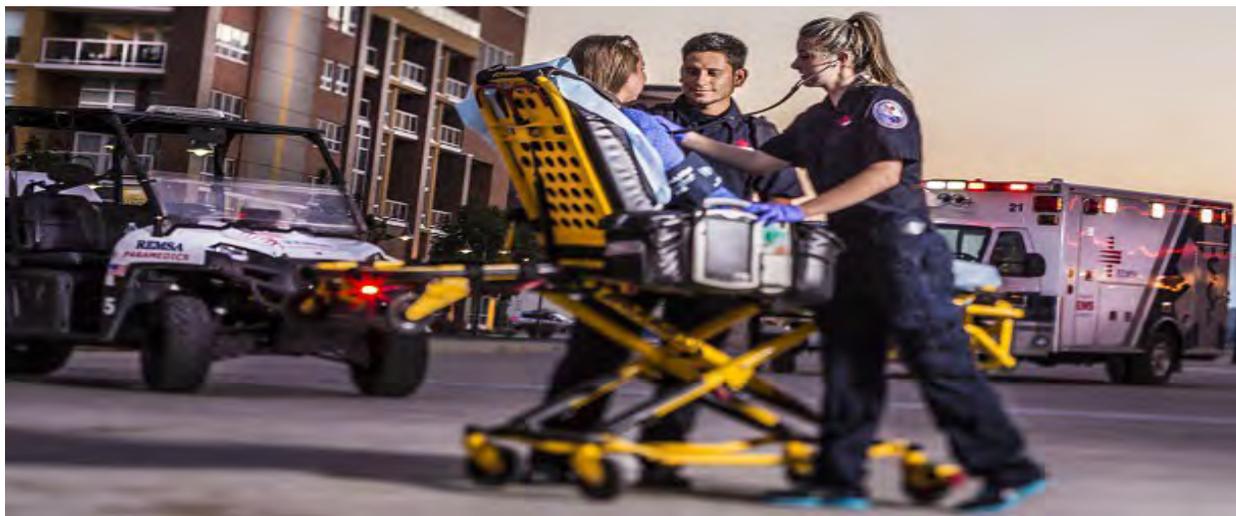


	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		#108 - 7/31/20 1200, I spoke to the pt. She was very unhappy with the paramedic in the back when he talked to her and about her on the phone to the hospital during transport. She felt he was very rude as she was taking anxiety meds and did not believe anything she told him. I apologized several times to her and let her know I would be talking to the paramedic and both of us would be filing a report. She thanked me for following up on this. I will have medic complete an occurrence report ASAP. Stacie			



## JULY 2020

# REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.



## PUBLIC & COMMUNITY RELATIONS

### **REMSA ANNOUNCES TIERED EMS RESPONSE SYSTEM**

Beginning in August 2020, REMSA will offer alternative methods of pre-hospital care to ensure that their highest level of emergency care services are readily available for life-threatening emergencies.

### **REMSA Announces a Tiered Emergency Medical Services Response System**

July 31, 2020 By Chrisie Yabu — Comments



#### REMSA ANNOUNCES A TIERED EMERGENCY MEDICAL SERVICES RESPONSE SYSTEM

##### Matching Patient Care Needs with the Right Health Care Provider

(Reno, Nev.) – The Regional Emergency Medical Services Authority (REMSA) announces that beginning in August, it will offer additional levels of out-of-hospital patient care through its 9-1-1 ambulance response in Washoe County. By expanding the emergency medical services (EMS) system to include more care provider levels, REMSA is able to ensure that the highest level of emergency medical services is available for life-threatening emergencies like cardiac arrest, stroke, uncontrolled bleeding and severe allergic reaction.

"Health care and emergency medical services are not a one-size-fits-all system," said Aaron Abbott, executive director of EMS Operations, REMSA. "As the region's out-of-hospital health care provider, it is important that our system be able to flex to appropriately meet the patient's health care needs. There are many benefits to a tiered response system. One of the most important is ensuring our highest level of emergency care is available for patients with the most critical emergencies."



## PUBLIC & COMMUNITY RELATIONS

### **ADAM HEINZ SHARES 4<sup>TH</sup> OF JULY SAFETY TIPS**

With the holiday weekend approaching, Adam Heinz shared important reminders with the community on staying safe while having fun.



4th of July - Safety Tips

### **Aaron Abbott Provides Pedestrian, Bike Safety and Water Safety Tips**

Aaron Abbott was interviewed by KOLO and shared pedestrian and bike safety tips. He also provided KTVN with water safety reminders for the community.



## REMSA 2019-20 Penalty Fund Reconciliation as of June 30, 2020

### 2019-20 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2019	7,130.32
August 2019	10,042.40
September 2019	9,943.68
October 2019	9,775.68
November 2019	9,157.92
December 2019	10,025.76
January 2020	8,689.45
February 2020	9,927.81
March 2020	6,962.72
April 2020	3,526.71
May 2020	6,446.45
June 2020	9,226.66
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$100,855.56</b>

### 2019-20 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted
CARES (Cardiac Registry to Enhance Survivability)	1,250.00	50% of Annual Subscription Fee	May 2020
Right Dose Application	(3,800.00)	Refund received - Right Dose - Encumbered in Fiscal Year 2018-2019 Penalty Fund	May 2020
Basic Life Support/CPR Certification/Re-Certification	1,125.00	REMSA Classes attended by WCHD staff July 2019 - June 2020	June 2020
800 mHz Radios	8,569.85	5 APX4000 Radios	June 2020
Pulsepoint Application	13,000.00	Annual subscription fee	June 2020

**Total Encumbered as of  
06/30/2020** **(\$20,144.85)**

**Penalty Fund Balance at  
06/30/2020** **\$80,710.71**



**REMSA INQUIRIES  
JULY 2020**

No inquiries for July 2020

**Epidemiology and Public Health Preparedness  
EMS Oversight Program FY 20 Mid-Year Data Report  
Board Meeting Date: August 27, 2020**

**DATE:** August 7, 2020  
**TO:** District Board of Health  
**FROM:** Anastasia Gunawan, EMS Statistician  
[agunawan@washoecounty.us](mailto:agunawan@washoecounty.us)  
**SUBJECT:** Presentation, possible approval for distribution of the Washoe County EMS Oversight Program Fiscal Year 2020 Mid-Year Data Report.

**SUMMARY**

The EMS Oversight Program Statistician is providing a mid-year report for Fiscal Year 2020, utilizing the agreed-upon template in addition to jurisdictional standards and measurements.

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

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

**PREVIOUS ACTION**

No previous action.

**BACKGROUND**

In order to determine how to best measure the six topics identified by the jurisdictional fire chiefs (below), the previous EMS Statistician coordinated and facilitated four regional EMS data workgroup meetings with representatives from each of the fire jurisdictions and REMSA. The EMS data workgroup was created to determine how to measure the six topics and provide input on the future quarterly data reports as outlined in the EMSAB meeting Staff Report on May 2, 2019.

The following topics were identified by EMS leadership as important to measure:

1. Response Times
2. Patient Outcomes
3. Dispatch/Prioritization of Calls
4. Transport Times
5. Quality of Patient Care in the field
6. Prevention and Community Interventions

Subject: FY20 Mid-Year Data Report

Date: August 27, 2020

Page 2 of 2

The EMS Advisory Board approved a new template for data and made recommendation to reduce the number of EMS data reports per year from four to two. The mid-year review provides a snapshot illustrating regional EMS system performance and jurisdictional performance measurements. The four regional tables are 1) number and percent matched per REMSA priority; 2) travel time for fire from en route to arrival on scene as median, mean and 90<sup>th</sup> percentile; 3) travel time for REMSA from en route to arrival on scene median, mean and 90<sup>th</sup> percentile; and 4) patient perspective from time of initial call to first arriving unit per REMSA priority. The jurisdictional tables and graphs help evaluate performance relative to the standards adhered to by each fire jurisdiction. Additionally the EMS Advisory Board also approved the inclusion of performance measurement relative to first tier response standards.

### **FISCAL IMPACT**

There is no anticipated fiscal impact should the Board move to accept the mid-year EMS data report.

### **RECOMMENDATION**

Staff recommends the Board accept the update regarding of the Washoe County EMS Oversight Program Fiscal Year 2020 Mid-Year Data Report.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the publication of the Washoe County EMS Oversight Program Fiscal Year 2020 Mid-Year Data Report.

Attachment: FY20 Mid-Year EMS Data Report

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

## EMS Oversight Program FY20 Mid-Year Data Report

June 2020



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

## Washoe County Health District EMS Oversight Program Mid-Year Data Report

The EMS Oversight Program monitor the response and performance of agency providing Emergency Medical Services in Washoe County. One of the duties of the EMS Oversight Program is to measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services to Reno, Sparks, Washoe County, Fire, and REMSA as outlined in the [Interlocal Agreement \(ILA\)](#). The Fiscal Year 2020 (FY20) mid-year data report depicts regional and jurisdictional performance measures of 911 EMS data for Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and REMSA. Fire jurisdictional performance measures and analyses reported are relative to the standards and measures adhered to by fire departments. Jurisdictional performance analyses are not comparable across the various jurisdictions due to different performance measures being utilized across Washoe County. The regional performance measures and analyses reported was approved by the [EMS Advisory Board meeting](#) in April 2017. Regional analyses in this report do not include regional performance standards and benchmarks. The EMS regional team will identify performance measures standards to be used for future data reports and continuous quality improvement as outlined in the [Washoe County EMS Strategic Plan](#). This report provides a summary of EMS agencies performance measures in the following section(s):

- Regional Tables; Table 1- Table 5
- Reno Fire Department; Table 6
- Sparks Fire Department Jurisdictional Performance; Table 7 & Figure 1
- Truckee Meadows Fire Protection District Jurisdictional Performance; Table 8 - Table 9, Figure 2 – Figure 3.

**REMSA Call Priority** – A call priority number is assigned in accordance to the Medical Priority Dispatch System protocols (MPDS).

- Priority 0: “Unknown Priority” occurs when the emergency medical dispatching (EMD) questioning process has begun however either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

**Table 1:** Total number of fire calls that matched to REMSA calls, by REMSA call priority.

<b>Matched Fire Calls to REMSA Calls by REMSA Priority</b>				
<b>July 2019 - December 2019</b>				
<b>REMSA Priority</b>	<b>Fire Department</b>			
	<b>Reno Fire Department</b>	<b>Sparks Fire Department</b>	<b>Truckee Meadows Fire and Protection Department</b>	<b>Total</b>
<b>0</b>	91	29	7	127
<b>1</b>	8,468	2,522	1,612	12,602
<b>2</b>	6,322	1,719	1,415	9,456
<b>3</b>	1,199	818	655	2,672
<b>9</b>	272	233	203	708
<b>Total</b>	16,352	5,321	3,892	25,565

**Table 2:** Travel time for fire is the time responding fire unit goes en route to fire unit arrival on scene median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

<b>Fire Travel Time: En route to Arrival</b>		
<b>Median</b>	<b>Mean</b>	<b>90th Percentile</b>
0:04:43	0:05:30	0:08:42
Total number of calls: 19,339		

**Table 3:** Travel time for REMSA is the time responding REMSA unit goes en route to REMSA unit arrival on scene median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

<b>REMSA Travel Time: En route to Arrival</b>		
<b>Median</b>	<b>Mean</b>	<b>90<sup>th</sup> Percentile</b>
0:05:46	0:06:44	0:10:51
Total number of calls: 20,905		

**Table 4:** Patient Wait Time measures the median time from the initial 911 call to the first arriving unit on scene for all REMSA Priority calls.

REMSA Priority	Patient Wait Time
<b>0</b>	0:07:49
<b>1</b>	0:06:31
<b>2</b>	0:06:58
<b>3</b>	0:07:39
<b>9</b>	0:07:58
<b>All</b>	0:06:48
Total number of calls: 25,037	

**Table 5:** Jurisdiction arrival on scene by REMSA priority.

<b>Jurisdictional Arrival On Scene by REMSA Priority July 2019 - December 2019</b>						
<b>Jurisdiction(s)</b>	<b>REMSA Priority</b>					
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>Total</b>
<b>REMSA First</b>	0	5,764	3,456	756	200	10,176
<b>REMSA Only-Fire cancelled</b>	1	1,193	1,145	243	103	2,685
<b>Fire First</b>	0	5,275	4,025	1,359	325	10,984
<b>Fire Only-REMSA cancelled</b>	57	242	510	291	41	1,141
<b>Same Time</b>	0	27	19	6	0	52
<b>All Cancelled</b>	69	101	301	17	39	527
<b>Total</b>	127	12,602	9,456	2,672	708	25,565
Total number of calls: 25,565						

**Reno Fire Department**

The City of Reno’s Master Plan, approved December 13, 2017, provides definitions that can be utilized to assess performance relative to the identified measures, although the document states these are not performance standards.

The first definition is identified as a performance measure to gauge and measure progress toward the guiding principles and goals of the Master Plan<sup>1</sup>. The identified definition is to maintain or decrease the fire service average response time of 6 minutes 0 seconds. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene (Table 6).

**Table 6.** Reno Fire Department Travel Time: En Route

<b>Reno Fire Department Travel Time: En route to Arrival July 2019 - December 2019</b>		
<b>Median</b>	<b>Mean</b>	<b>90th Percentile</b>
0:04:41	0:05:24	0:08:34
Total number of calls: 12,845		

Additionally, the concurrency management system ensures new development does not decrease existing levels of service targets. Specific to the Reno Fire Department it states that fire stations should be distributed throughout the city and its sphere of influence (SOI) to provide adequate fire protection for the entire city and to provide any one area of the city with an adequate response time. While these are not performance measurement standards, the City of Reno strives for response times outlined below<sup>2</sup>:

Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.

Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.

Unable to provide performance measurements due to lack of the designation “urban” or “suburban”.

<sup>1</sup> REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

<sup>2</sup> REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

**Sparks Fire Department**

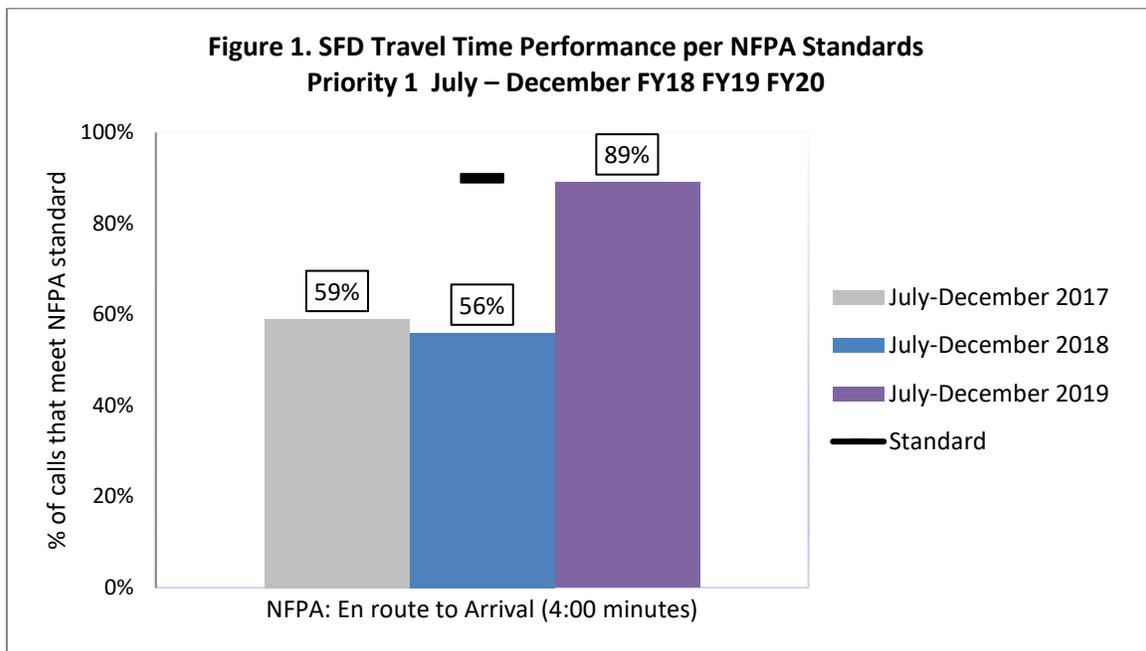
In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following Sparks Fire Department (SFD) analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

City of Sparks uses the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and maintains private copyrighted standards and codes for usage and adoption by local governments. Per NFPA 1710 4.1.2.1 (2016 Edition), a fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident.” for 90 percent of incidents.

**Table 7:** SFD Travel Time Performance per NFPA Standards, July 2019 — December 2019.

<b>Sparks Fire Department Travel Time Performance by Priority – High Acuity</b>					
<b>NFPA: Fire En route to Arrival</b>	<b>Expected</b>	<b>Calls Used</b>	<b>Met Standard</b>	<b>Median Time</b>	<b>Average Time</b>
		90%	2,748	89%	0:04:14

Table 7 summarizes SFD travel time performance per NFPA standards. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. Figure 1 summarizes the percentage of SFD calls that met travel time performance per NFPA standards over the course of three mid-year comparisons for Fiscal Year 2017, Fiscal Year 2018 and Fiscal Year 2019. Only SFD designated Priority 1 calls were used for jurisdictional analyses.



### **Truckee Meadows Fire Protection District**

A Regional Standards of Cover (SOC) study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District (TMFPD) Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

### **Regional Standards of Cover Response Time Recommendations<sup>3</sup>**

**Turnout Time:** Fire Dispatch → Fire En route

For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.

**Travel Time:** PSAP Created → Fire Arrival on Scene

#### **First-Due Service Tier One**

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.

Additionally, Truckee Meadows Fire Protection District evaluates response times in close alignment with NFPA standards for response time from time of dispatch to the time of arrival measures. This allows for independent measuring of the call processing time, which is handled by fire dispatchers.

---

<sup>3</sup> Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

<b>Table 8: Truckee Meadows Fire Protection District Performance Relative to Standards of Cover</b> <b>REMSA Priority 1 and Priority 2 July 2019 – December 2019</b>					
Standards of Cover Measurement (s)	Expected	Calls Used	Met Standard	Median Time	Average Time
Fire Dispatch to En Route	85%	2,878	81%	0:01:13	0:01:28
URBAN: Call Received to Arrival	85%	449	57%	0:08:41	0:12:04
SUBURBAN: Call Received to Arrival	85%	1,942	69%	0:09:15	0:14:05
RURAL: Call Received to Arrival	85%	336	86%	0:08:09	0:10:56
*ALL: Call Received to Arrival	85%	2,694	69%	0:08:27	0:11:52
*ALL calls include calls occurring in the frontier but excluded in all other region(s).					

Table 8 summarizes TMFPD performance per Regional SOC Tier One is displayed. All TMFPD EMS-related calls that matched to REMSA, categorized as a Priority 0, Priority 1, or Priority 2 through REMSA’s Emergency Medical Dispatch were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the jurisdictional analyses.

**Figure 2: TMFPD Performance Relative to Standards of Cover Standards Call Received to Arrival, REMSA Priority 1 and Priority 2 calls only July - December FY18 FY19 FY20**

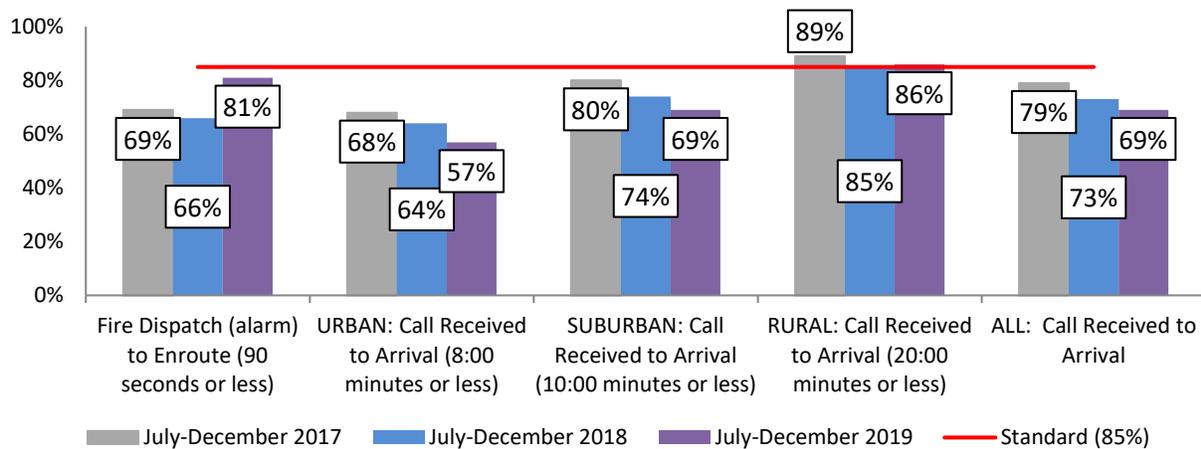


Figure 2 summarizes the percentage of TMFPD calls that met SOC standards over the course of three mid-year periods from Fiscal Year 2018, Fiscal Year 2019, and Fiscal Year 2020. Based on the FY20 mid-year analyses, TMFPD meet the SOC standards for Call Received to Arrival (20:00 minutes or less) for Rural Areas.

<b>Table 9: Truckee Meadows Fire Protection District Performance REMSA Priority 1 and Priority 2</b> <b>July 2019 – December 2019</b>					
Standards of Cover Measurement (s)	Expected	Calls Used	Met Standard	Median Time	Average Time
URBAN: Dispatch to Arrival	85%	449	74%	0:07:20	0:08:21
SUBURBAN: Dispatch to Arrival	85%	2,022	80%	0:07:38	0:09:10
RURAL: Dispatch to Arrival	85%	379	89%	0:06:51	0:07:34
*ALL: Call Received to Arrival	85%	2,918	81%	0:07:09	0:08:07
*ALL calls include calls occurring in the frontier but excluded in all other region (s).					

Table 9 summarizes the number and percentage of TMFPD EMS calls for service during July to December 2019 that meet performance measures as measured from time of dispatch to time of arrival are displayed. Based on the FY20 mid-year analyses, TMFPD meet the SOC standards for Dispatch to Arrival time (20:00 minutes or less) for Rural Areas.

**Figure 3: TMFPD Performance Relative to Standards of Cover Dispatch to Arrival, REMSA Priority 1 and Priority 2 calls only July – December FY19 FY20**

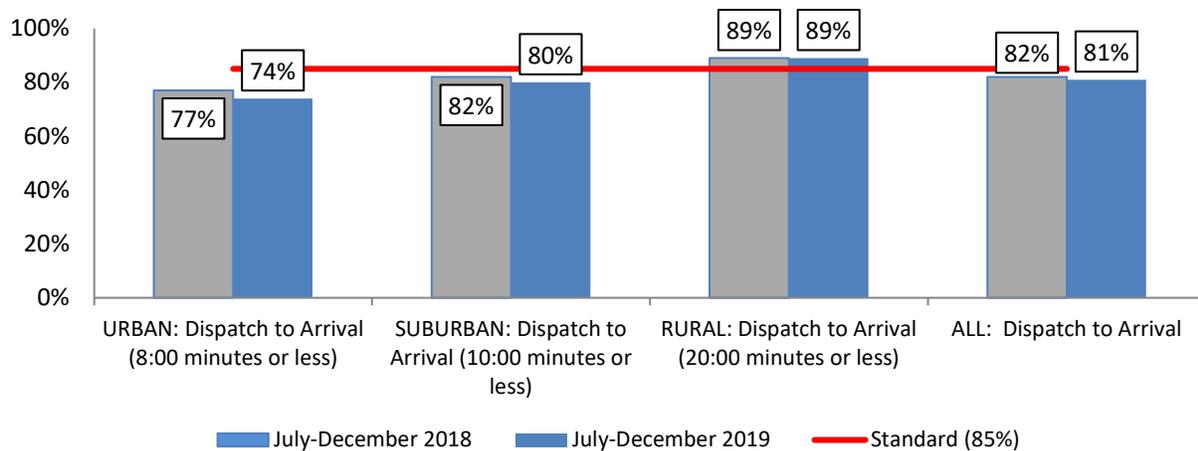


Figure 3 summarizes the percentage of TMFPD calls that met SOC standards for fire unit dispatch to fire unit arrival over the course of three mid-year period from Fiscal Year 2018, Fiscal Year 2019, and Fiscal Year 2020. All TMFPD EMS related calls that matched to REMSA and categorized as Priority 0, Priority 1, or Priority 2 through REMSA’s EMD process were analyzed. Unmatched TMFPD calls, or matched REMSA Priority 3 and Priority 9 calls were excluded from the TMFPD jurisdictional analyses.

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**DATE:** August 19, 2020

**TO:** District Board of Health

**FROM:** Charlene Albee, EHS Division Director  
775-328-2644, [calbee@washoecounty.us](mailto:calbee@washoecounty.us)

**SUBJECT:** Discussion and possible action to adopt Nevada Administrative Code 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities (NAC 447E), only if NAC 447E has been previously adopted by the Nevada Department of Health and Human Services in response to Senate Bill 4, as approved by Governor Sisolak on August 11, 2020.

**SUMMARY**

As enacted by the Nevada State Legislature during the 32<sup>nd</sup> Special Session, Senate Bill 4 (SB4) requires the Nevada Department of Health and Human Services (NDHHS) to adopt emergency regulations concerning the prevention and response to SARS-CoV-2 (COVID-19) in public accommodation facilities. Pursuant to Section 36 of SB4, the District Board of Health shall adopt regulations that are substantively identical to the initial regulations adopted by NDHHS within 30 days after the effective date of SB4 or within 10 days after the adoption of the regulations included in NAC 447E, whichever is earlier.

**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**

In response to the COVID-19 public health emergency, the 32<sup>nd</sup> special session of the Nevada Legislature passed SB4 establishing requirements for the NDHHS to adopt emergency regulations for the prevention and response to COVID-19 in public accommodation facilities. NAC 447E establishes minimum standards for cleaning, requires the adoption of protocols and procedures by facilities concerning the prevention of and response to COVID-19, provides for compliance inspections of facilities in certain counties, and limits the civil liability of certain businesses for personal injury or death resulting from COVID-19. The provisions of the COVID-19 regulations are effective during any period in which a public health emergency has been declared by the Governor.

**ENVIRONMENTAL HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512

EHS Office: 775-328-2434 | Fax: 775-328-6176 | [washoecounty.us/health](http://washoecounty.us/health)

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Subject: Discussion and possible action to ratify NAC 447E

Date: August 27, 2020

Page 2 of 3

The Environmental Health Services (EHS) Division received a copy of the Draft NAC 447E regulations on August 10<sup>th</sup> and submitted comments to NDHHS on August 12<sup>th</sup>. The regulations establish cleaning standards designed to reduce the transmission of COVID-19 throughout a public accommodation facility on both the public and employee side of the house. Additionally, protocols and procedures must be adopted by the facilities to address the health and safety of employees, including daily temperature checks and testing for COVID-19 and the associated time off when necessary. The facilities must also establish, implement, and maintain a written COVID-19 response plan to monitor and respond to potential, suspected, and confirmed cases of COVID-19 infection among employees and guests.

Section 2 of SB4 specifically requires that the health district in a county whose population is 100,000 or more but less than 700,000, which is Washoe County, work with the Nevada Gaming Control Board to advise, make recommendations, and enforce regulations adopted at an establishment that possesses a nonrestricted or restricted gaming license. EHS has requested a copy for review of any adopted plans and/or protocols submitted to the Gaming Control Board prior to the completion of the compliance inspection.

Section 36 of SB4 requires that the District Board of Health shall adopt regulations that are substantively identical to the initial regulations adopted by NDHHS within 30 days after the effective date of SB4 or within 10 days after the adoption of the regulations included in NAC 447E, whichever is earlier. The district board of health cannot comply with both the SB4 mandate and the designated statutory timelines established for the adoption of rules in NRS Chapter 237. However, pursuant to local government emergency declarations, the ratification of NAC 447E regulations can be completed in accordance with NRS 237.110, regarding adoption of rule during emergency, which states:

“The governing body of a local government may adopt a rule without complying with the provisions of NRS 237.030 to 237.150, inclusive, if the governing body declares, by unanimous vote, that emergency action is necessary to protect public health and safety. Such a rule may remain in effect for not more than 6 months after the date on which it was adopted.”

Accordingly, EHS may comply with the provisions of SB4 by adopting regulations set forth in NAC 447E, with the understanding permanent regulations governing public accommodation facilities must be adopted within 6 months following the designated timelines established in NRS 237.

### **FISCAL IMPACT**

The fiscal impact involves the distribution of CARES funding in the amount of \$500,000 from the NDHHS to the Washoe County Health District which must be spent by December 30, 2020. The adoption of permanent public accommodation regulations in the next 6 months may include the establishment of an application fee for a permit to operate, however, a determination regarding this potential fee has not been made at this time.

### **RECOMMENDATION**

Staff recommends the Board adopt Nevada Administrative Code 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities (NAC 447E), only if NAC 447E has been previously adopted by the

Subject: Discussion and possible action to ratify NAC 447E

Date: August 27, 2020

Page 3 of 3

Nevada Department of Health and Human Services in response to Senate Bill 4, as approved by Governor Sisolak on August 11, 2020.

**POSSIBLE MOTION**

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

“Move to adopt Nevada Administrative Code 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities (NAC 447E), only if NAC 447E has been previously adopted by the Nevada Department of Health and Human Services in response to Senate Bill 4, as approved by Governor Sisolak on August 11, 2020.”

DD CA \_\_\_\_\_  
DHO \_\_\_\_\_ KD

**Staff Report**  
**Board Meeting Date: August 27, 2020**

**DATE:** August 19, 2020  
**TO:** District Board of Health  
**FROM:** Charlene Albee, EHS Division Director  
775-328-2644, [calbee@washoecounty.us](mailto:calbee@washoecounty.us)  
Francisco Vega, P.E., AQM Division Director  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)  
**SUBJECT:** Update on current Air Quality Management (AQM) and Environmental Health Services (EHS) permit status along with a discussion and possible direction to extend the waiver for the assessment of late fees on AQM and EHS permits from September 10, 2020 until October 12, 2020 in response to economic impacts on the community from the COVID-19 emergency.

**SUMMARY**

The Air Quality Management (AQM) and Environmental Health Services (EHS) Divisions are requesting the District Board of Health (Board) consider extending the waiver for the assessment of late fees, in response to the economic impacts on the community from the COVID-19 emergency, from September 10, 2020, until October 12, 2020.

**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**

July 23, 2020. The Board was presented with an update on the status of AQM and EHS outstanding permits and subsequently approved a waiver for the assessment of late fees on AQM and EHS permits, in response to economic impacts on the community from the COVID-19 emergency, until September 10, 2020 with direction to provide an update on the status of permits at the August Board meeting.

June 25, 2020. The Board approved a waiver for the assessment of late fees on Air Quality Management and Environmental Health Services permits, in response to economic impacts on the community from the COVID-19 emergency, until August 10, 2020 with direction to provide an update on the status of permits at the July Board meeting.



Subject: Request to Waive the Assessment of AQM & EHS Late Fees until October 12, 2020

Date: August 27, 2020

Page 2 of 2

March 26, 2020. The Board approved the deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for 60 days after the Governor's lifting of restrictions on the business.

### **BACKGROUND**

Washoe County continues to experience significant impacts from the COVID-19 emergency. The full economic impacts of this emergency cannot yet be completely quantified between businesses closing and unemployment. Originally, the approved fee deferral option was utilized by four (4) AQM facilities and fifty-nine (59) food facilities covering seventy-eight (78) permits. Currently, AQM has forty (40) permits at a value of \$29,026.00 and EHS has (358) late permits across all programs totaling \$146,353.00, which does not include late fees. Recognizing the economic challenges businesses are facing, staff is requesting the Board extend the waiver for the assessment of late fees one final time from September 10, 2020, until October 12, 2020. The continuation of extensions is resulting in an ever-increasing workload for staff to address in order to bring all permitted facilities into compliance with valid permits.

### **FISCAL IMPACT**

Should the Board provide direction to waive the assessment of late fees, it is expected a significant portion of the lost revenue would be offset by the staff hours saved manually processing the late fees. Additionally, the fiscal impact may be considered an investment in the economic health of the business community.

### **RECOMMENDATION**

Staff recommends the Board provide direction to waive the assessment of late fees on Air Quality Management and Environmental Health Services permits in response to economic impacts on the community from the COVID-19 emergency until October 12, 2020.

### **POSSIBLE MOTION**

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

“Move to waive the assessment of late fees on Air Quality Management and Environmental Health Services permits in response to economic impacts on the community from the COVID-19 emergency from September 10, 2020 until October 12, 2020.”

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: August 27, 2020**

**DATE:** August 10, 2020  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
 775-784-7211; fvega@washoecounty.us  
**SUBJECT:** Program Update – Nevada’s Climate Action Plan, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

## 1. Program Update

### a. Nevada’s Climate Action Plan

Pursuant to Nevada Revised Statutes (NRS) 445B.3801 and Senate Bill (SB) 254, which was adopted by the Nevada Legislature during the 2019 Legislative Session and signed by Governor Sisolak on June 3, 2019, the Nevada Division of Environmental Protection (NDEP) is required to publish a Greenhouse Gas (GHG) Emissions Inventory and Projections report ([Link to Report](#)). This report is necessary to assess Nevada’s progression towards complying with the states GHG reduction goals of:

- 28% below 2005 levels by 2025,
- 45% below 2005 levels by 2030, and
- Zero or near-zero by 2050

These economy wide GHG emissions reduction levels generally correspond to similar reductions required pursuant to Nevada joining the U.S. Climate Alliance in March 2019. Further, the goals embodied in SB 254 and via the U.S. Climate Alliance are both reflected as priorities under Executive Order (EO) 2019-22, issued by Governor Sisolak in November 2019. EO 2019-22 provides a framework for state agencies to assist in complying with Nevada’s new GHG reduction goals and address the impacts of climate change throughout the state.

The reports stipulate: “Through 2030, the report projects that emissions from transportation will continue to be the largest sector of emissions and that GHG emissions from industry will be the most rapidly increasing source of emissions under current policy parameters. Managing GHG emissions from these two sectors should be a priority for policymakers in both the near- and long-term.”

Other key findings include the following:

- In 2016, Nevada contributed 0.68% of the U.S.'s total gross GHG emissions, despite having 0.90% of the population;
- As of 2015, transportation sector emissions make up the greatest percentage, 35%, of gross GHG emissions in Nevada;
- Under current policies, transportation sector emissions are projected to peak in 2020 and are expected to follow a very gradual downward trend, but not sufficient to meet SB 254 targets;
- GHG emissions from the electricity generation sector are expected to continue to decrease through 2030, with the conditional retirement of the North Valmy Generating Station in Nevada and the increased RPS established by SB 358 from the 2019 Legislative Session;
- Industrial process sub-sector emissions are expected to continue to increase, as the use of ozone depleting substance (ODS) substitutes continues to increase;
- Residential and commercial sector emissions are expected to remain stable, with increased emissions directly tied to increases in population and indirectly to urban land use planning decisions; and
- Nevada's forests, scrublands, urban trees, and at times, agricultural lands absorb and store carbon from the atmosphere in an amount that partially offsets GHG emissions. GHG sequestration can be further enhanced by strategic and innovative land and water management practices; but can also be significantly undermined by increased wildland fires.

In order to achieve its GHG reduction goals in 2025, 2030 and beyond, policymakers will have to make important policy and budget decisions. The report identifies policies that could reduce Nevada's GHG emissions. Many of these policies are similar to the policies the Air Quality Management Division (AQMD) has been advocating as a component of its Ozone Advance program; however has not received considerable support for from county and city commissions. These policies include:

- Provide incentives for the renovation of existing homes and businesses to reduce their energy demand/make their homes more energy efficient.
- Adopt a stretch code that improves energy efficiency in new construction by 20% above the currently adopted International Energy Conservation Code (IECC).
- Provide incentives for the purchase of distributed energy storage at homes and businesses. Battery packs at residential and commercial buildings could store renewable electricity and use it when fossil-fuel-fired electricity is the only option, effectively reducing emissions.
- Provide incentives for inclusion of electric vehicle charging infrastructure in new residential, commercial, and industrial settings.
- Establish a planning process to develop robust ZEV infrastructure for all vehicle types across a broad set of stakeholders, including:
  - A ZEV infrastructure planning process developed and implemented by an electric utility or rural electric cooperative;

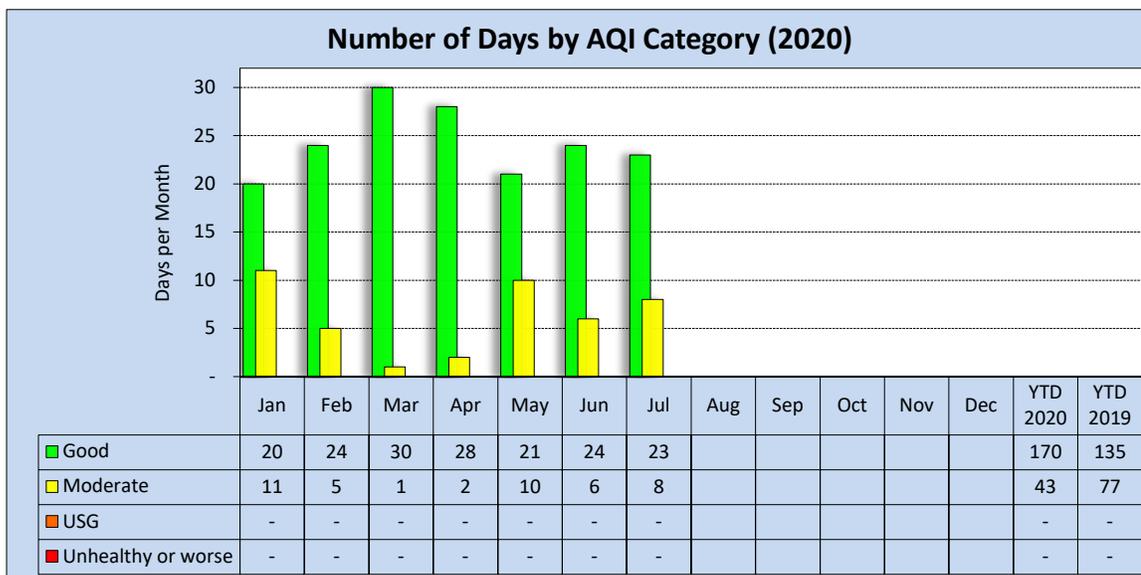
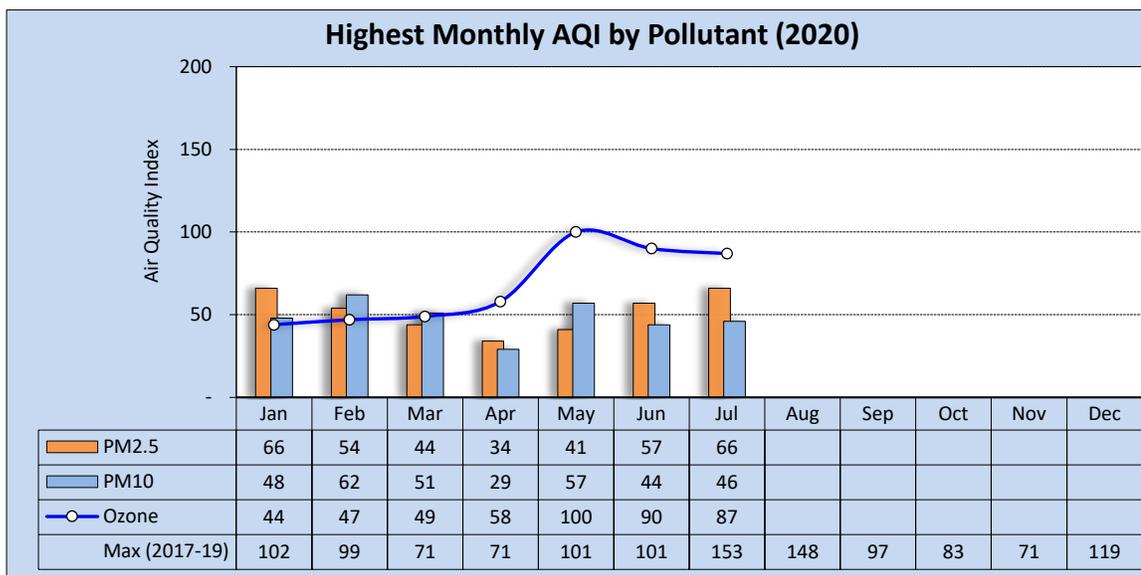
- Opportunities to incentivize and increase the development of workplace charging infrastructure for electric vehicles at existing commercial and industrial facilities;
- Opportunities to incentivize and increase the development of charging infrastructure for electric vehicles for all types of existing residences, including those in underserved and rural areas;
- Opportunities to incentivize and increase electric vehicle readiness for the new built environment by facilitating the addition of charging infrastructure for electric vehicles in new residential, commercial, and industrial settings;
- Opportunities to support the increased development of electric vehicle charging infrastructure at state, county, and local government buildings; and
- Incentivize and encourage the purchase of ZEV's that will utilize this infrastructure.
- Adopt disclosure documents for potential property purchasers or renters to include overall estimated cost of operating the home or business to include energy and transportation costs (similar to what is currently provided with new appliances).
- Further develop and adopt the Commercial Property Assessed Clean Energy (PACE) program statewide.
- Provide incentives for the conversion of fossil fuel dependent appliances to renewable energy sourced electric alternatives (examples include stoves, water heaters, and furnaces).

The effects of climate change are already being felt in Nevada and specifically here in Washoe County. The Washoe County AQMD will continue to advocate for the inclusion of policies, such as the ones described above, in county and city codes and welcomes the opportunity to work with our regional partners on how to implement and enforce those codes.

Francisco Vega, P.E., MBA  
Division Director

## 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

July Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS). The highest ozone and PM<sub>2.5</sub> concentrations for the month are listed in the table below.

Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.066 ppm	Jul 3 Jul 20	Incline Reno4	---
PM <sub>2.5</sub> (24-hour)	18 µg/m <sup>3</sup>	Jul 20	Spanish Springs	Smoke from Hog Fire near Susanville, CA

In addition, the highest 1-hour PM<sub>2.5</sub> concentration of 67 µg/m<sup>3</sup> was recorded on July 23 at Toll. This was a localized air pollution event due to the Espirit Townhome Apartment fire.

Ozone Advance and COVID: Since Spring, many businesses have had to partially or completely shut down. Every business had to also adapt to new social distancing guidelines. The AQMD and other divisions in the Health District have continued operations throughout COVID, but with modifications to protect staff's health. The most effective strategy to maintain social distancing has been working remotely. Strategically staggering staff's office schedules has reduced the total number of people in the building at any one time and automatically created social distancing. Another co-benefit has been fewer cars on the road which results in fewer trips, fewer vehicle miles traveled, and fewer tailpipe emissions. These co-benefits align with the Ozone Advance program and assist the community comply with the NAAQS. As our economy recovers from COVID, we encourage programs such as working remotely to be part of our new normal.

**Most Popular Tweet for July**

**Washoe County AQMD** @WashoeCountyAQ · Jul 21  
 Smoke from the #HogFire and #GoldFire will impact the region today. Please follow [AirNow.gov](#) for the latest air quality update. Expect Moderate to Unhealthy for Sensitive Groups air quality in Reno/Sparks until this evening. #BeSmokeSmart. reduce outdoor activity.

**NWS Reno** @NWSReno · Jul 21  
 Latest weather forecast model shows how smoke from the #HogFire and #GoldFire in NE CA may continue to impact the region.  
 Special Weather Statement - [tinyurl.com/y8zcbnrt](#)  
 Real-time smoke observations available from @AIRNow - [tinyurl.com/y5bvqhd9](#)

**7am Tuesday Forecast**

**Impressions: 8,296**

Daniel Inouye  
 Chief, Monitoring and Planning

b. Permitting and Compliance

**July**

Staff reviewed thirty-three (33) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In July 2020, Staff conducted seventeen (17) stationary source inspections; twenty-four (24) gasoline station inspections; and three (3) initial compliance inspections. Staff was also assigned eighteen (18) new asbestos abatement projects, overseeing the removal of approximately 54,892 square feet and 112 linear feet of asbestos-containing materials. Staff received six (6) new building demolition projects to monitor. Further, there were eight (8) new construction/dust projects comprised of an additional twenty-eight (28) acres. Staff documented eleven (11) construction site inspections. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to seventeen (17) complaints.

Type of Permit	2020		2019	
	July	YTD	July	Annual Total
<b>Renewal of Existing Air Permits</b>	98	601	105	1,086
<b>New Authorities to Construct</b>	8	38	2	52
<b>Dust Control Permits</b>	8 (28 acres)	122 (1,342 acres)	25 (313 acres)	197 (2,436 acres)
<b>Wood Stove (WS) Certificates</b>	42	242	45	442
<b>WS Dealers Affidavit of Sale</b>	6 (4 replacements)	47 (35 replacements)	3 (2 replacements)	118 (83 replacements)
<b>WS Notice of Exemptions</b>	657 (4 stoves removed)	3,755 (19 stoves removed)	893 (10 stoves removed)	8,353 (80 stoves removed)
<b>Asbestos Assessments</b>	58	381	92	1,034
<b>Asbestos Demo and Removal (NESHAP)</b>	22	155	31	300

\*Totals are based on an Accela record query and have been adjusted from June 2020 totals.

COMPLAINTS	2020		2019	
	July	YTD	July	Annual Total
Asbestos	2	7	1	11
Burning	1	8	3	14
Construction Dust	6	52	12	74
Dust Control Permit	0	0	1	6
General Dust	7	28	7	35
Diesel Idling	0	1	1	4
Odor	0	2	1	31
Spray Painting	1	6	0	3
Permit to Operate	0	1	2	8
Woodstove	0	1	0	2
<b>TOTAL</b>	<b>17</b>	<b>104</b>	<b>28</b>	<b>188</b>
NOV's	July	YTD	July	Annual Total
Warnings	0	0	0	27
Citations	0	0	2	15
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>42</b>

Francisco Vega  
 Director

DD	LL	
DHO		KD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: August 27, 2020**

**DATE:** August 12, 2020  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN  
 775-328-6159; llottritz@washoecounty.us  
**SUBJECT:** Divisional Update – National Immunization Awareness Month; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 response.

**1. Divisional Update –**

**a. National Immunization Awareness Month –**



August is National Immunization Awareness month (NIAM). This annual observance highlights the efforts of healthcare professionals to protect patients of all ages against vaccine-preventable diseases through on-time vaccination. The CDC is providing resources to assist in communicating to healthcare professionals, parents, and patients about immunization during August and throughout the year at <https://www.cdc.gov/vaccines/events/niam/index.html>

Maintaining routine vaccination is essential during the COVID-19 pandemic to protect individuals and communities from vaccine-preventable diseases. Routine vaccination prevents illnesses which can lead to additional medical visits, hospitalizations, and additional strain on the healthcare system. The Immunization Program continues to provide on-site clinical services five days a week during the COVID-19 pandemic with safety procedures in place for staff and clients.

Immunization Program staff have been an integral part of the COVID-19 response since the beginning of the pandemic in March, assisting with COVID-19 testing at the POST, helping with POST related paperwork as well as continuing to provide services in the Immunization clinic and working on grant related activities. Staff have returned to their regular duties since June but continue to assist with COVID-19 testing as needed.

Data for FY19 demonstrates progress toward reaching statewide and national immunization goals. A total of 3,090 people (2,299 children & 791 adults) were served and 9,920 vaccine doses were administered during FY19 onsite and offsite clinics. An assessment of vaccination coverage for 2019 showed that 75.8% of children aged 19-35 months had received age-appropriate vaccinations at the time of their visits to clinics or healthcare providers located in Washoe County. The Healthy People 2020 objective is 80% for children aged 19 to 35 months to have received the recommended doses of the childhood vaccines DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate.

Year	2012	2013	2014	2015	2016	2017	2018	2019
Rate (%)	73.6	74.2	75.6	79.0	77.1	76.2	75.6	75.8

Table 1: Washoe County 19-35 month old Immunization Rate (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 varicella, 4 PCV)  
 Data source: NV WebIZ replica database, State of Nevada, 3/2/2020

Human Papillomavirus (HPV) vaccination rates for 2019 remain steady but continue to be well below the Healthy People 2020 objective of 80%. Nevada WebIZ statewide data shows only 18.6 percent of adolescents age 13-17 years old received the complete series of HPV, with a 22.6 percent 3 dose completion rate in Washoe County. It is important to note that the CDC Advisory Committee on Immunization Practices (ACIP) updated the recommendations for HPV to a 2-dose schedule in December 2016 for girls and boys who initiate the vaccination series at ages 9 through 14 years. The three-dose series remain recommended for persons who initiate the vaccination series at ages 15 through 26 years and for immunocompromised persons. The rate for the 3 doses series will continue to decrease as teens complete the 2-dose series for HPV.

**Nevada State Immunization Program, percent appropriately vaccinated, 13-17 years old**

*HPV rates*

	2017 Washoe County			2017 Nevada			2018 Washoe County			2018 Nevada			2019 Washoe County			2019 Nevada		
	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both
1 Dose	58.1	54.1	56.0	50.7	45.2	47.8	61.2	58.9	60	58.1	53.9	55.9	60.7	59.0	59.8	56.2	53.6	54.8
2 Doses	45.7	40.6	43.1	37.4	31.5	34.4	48.1	44.2	46.1	43.9	38.8	41.3	46.7	44.2	45.4	42.2	38.5	40.3
3 Doses	34.1	29.3	31.6	26.1	20.7	23.3	31.2	27.3	29.2	26.6	22.1	24.3	24.1	21.3	22.6	20.1	17.1	18.6

Data source: NV Web IZ, 7/29/2020

Offsite clinics have provided immunizations to vulnerable populations to ensure access to immunizations through partnerships with multiple community agencies.

Immunization Program Offsite Clinic Activities – July 1, 2019 to June 30, 2020				
# of Clinics	# of Children Served	# of Adults Served	# Vaccine Doses Administered	Collaborating Agencies
<b>Back to School Clinics</b>				
2	202	0	643	<ul style="list-style-type: none"> <li>Immunize Nevada</li> <li>Truckee Meadows Healthy Communities-Family Health Committee</li> </ul>
<b>Flu Clinics</b>				
3	208	161	369	<ul style="list-style-type: none"> <li>Northern Nevada Children's Cancer Foundation</li> <li>Nevada Discovery Museum</li> <li>Mariposa Academy</li> <li>Washoe County School District</li> <li>Immunize Nevada</li> <li>Nevada State Immunization Program</li> </ul>
<b>Flu Clinics targeting low income/high risk adults</b>				
2	11	53	133	<ul style="list-style-type: none"> <li>Salvation Army</li> <li>Mexican Consulate</li> <li>Immunize Nevada</li> <li>Walmart</li> </ul>
<b>Point of Dispensing (PODs) Clinics for mass flu immunization exercise</b>				
2	120	337	457	<ul style="list-style-type: none"> <li>Washoe County EPHP</li> <li>Catholic Charities</li> <li>Washoe County School District</li> <li>Truckee Meadows Healthy Communities-Family Health Committee</li> <li>Project Homeless Connect</li> <li>Community Emergency Response Team (CERT)</li> </ul>
<b>Immunization clinic for 2-18 years and flu only for adults 19 years and up</b>				
1	39	5	113	<ul style="list-style-type: none"> <li>Truckee Meadows Healthy Communities-Family Health Committee</li> <li>Boys and Girls Club</li> </ul>

Total Offsite Clinics	Total # of Children Served	Total # of Adults Served	Total # of Vaccine doses Administered	In partnership with multiple community agencies
10	580	556	1,715	

The School Located Vaccination Clinic (SLVC) program provided flu shots for children attending Title I schools. This program was held as a collaboration with Immunize Nevada and the Washoe County School District.

**School Located Vaccination Clinics 2016-2017 through 2019-2020 Flu Seasons**

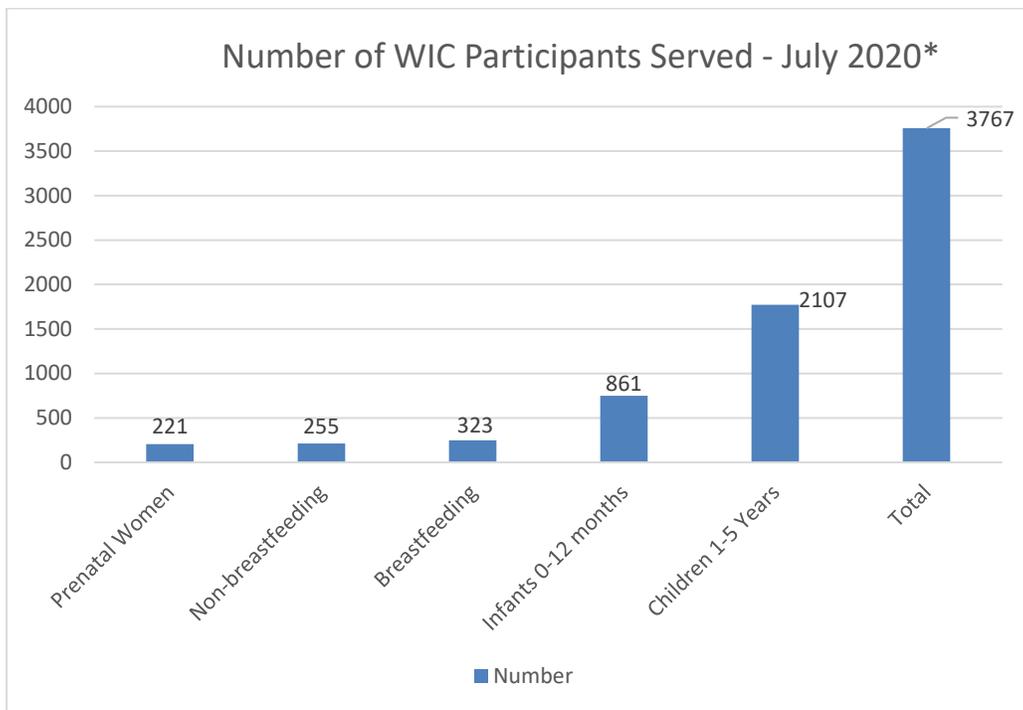
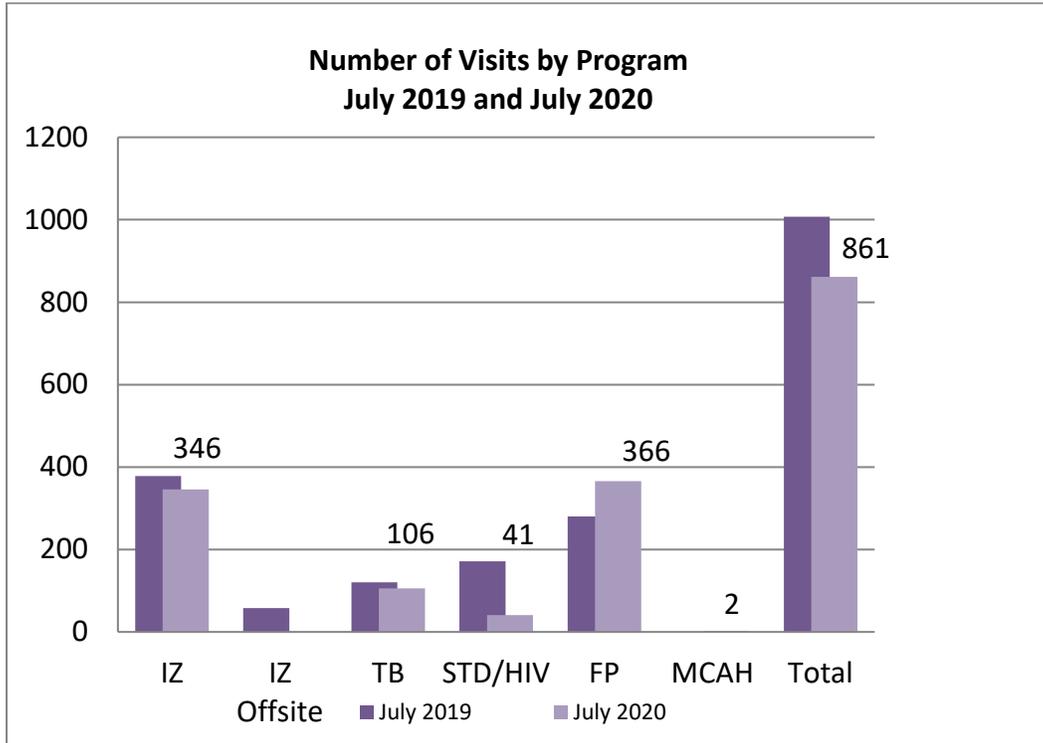
Flu Season	# of School Located Vaccination Clinics	IIV4 (Injectable)	Total Doses	Children	Adults	Total Served
2016-17	15	1,047	1,047	869	178	1,047
2017-18	17	1,089	1,089	963	126	1,089
2018-19	20	1,427	1,427	1,170	257	1,427
2019-20	17	1,210	1,210	975	235	1,210

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as relocating vaccines to reduce vaccine wastage, conducting Vaccine For Children (VFC) provider visits to enhance stewardship and accountability for publicly purchased vaccines as well as with VFC providers to implement provider-level quality improvement (QI) strategies to help increase vaccine uptake by improving and enhancing immunization workflow. Perinatal hepatitis B surveillance and follow-up is another grant component that is carried out by the Epidemiology program.

Immunization staff will be participating in four Back-To-School events in August (8/1, 8/8, 8/15, 8/22) in collaboration with Immunize Nevada, Boys and Girls Club, Family Health Festival, Food Bank Mobile Harvest and the Reno Sparks Convention Center.

Robust community partnerships are essential to carrying out the goal of increasing immunization rates in Washoe County. These collaborations are useful to reach vulnerable populations for recommended vaccinations as well as prepare the community for delivering new vaccinations as they become available.

## 2. 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.

### 3. Program Reports – Outcomes and Activities

**Sexual Health (Outreach and Disease Investigation)** – Data for 2019 reported STD and HIV cases was reported last month. Staff have been working on disease investigations while also working in the COVID response. Although less testing is being conducted in the community due to limitations with providers and access to services, including community site testing, STDs and HIV infections are still occurring.

People who test late in their course of HIV disease have more negative health outcomes and contribute more toward HIV transmissions than people living with HIV that are in care and compliant with their treatment. Of the seven (7) Stage 3 HIV (formerly known as AIDS) cases reported, five (5) were newly diagnosed with HIV and Stage 3 HIV Infection at the same time. This indicates that people tested late into their infection, likely at least 10 years after acquiring HIV. These cases are often discovered when a person presents for medical care due to experiencing a remarkable decrease in their immune systems ability to fight off other infections. Opportunities are for testing are often missed due to lack of access to services, stigma regarding HIV, denial about personal risk and lack of universal testing offered by community providers.

Also of note, five (5) congenital syphilis cases were reported for 2019. For the first half of 2020, four (4) cases have already been reported. STD disease investigations have been prioritized to address syphilis, with the highest priority of preventing congenital syphilis infections. Partner Services (contact tracing) has been discontinued for chlamydia and gonorrhea to focus on syphilis cases. Treatment is verified to each chlamydia and gonorrhea case reported to WCHD. Clients are asked to inform their partners and refer them for testing.

Comparison of Reportable STDs and HIV, Stage 3 HIV Mid-Year 2020 vs. Mid-Year 2019						
	Chlamydia	Gonorrhea	Primary & Secondary Syphilis	Congenital Syphilis	HIV	Stage 3 HIV (formerly known as AIDS)
Jan–June 2020	1205	521	63	4	19	7
Jan–June 2019	1438	361	78	3	23	4
% difference	-16%	44%	-19%	33%	-17%	75%

**Immunizations** – See Divisional Update for report.

**Tuberculosis Prevention and Control Program** – Staff are currently following two cases of active pulmonary tuberculosis. The program has seen a reduction in the number of B1 immigrants related to travel restrictions; however, the cases that have been seen have all completed the evaluation within 90 days.

Lisa Iacoboni continues to train in all aspects of the tuberculosis program and is functioning independently with many clinic responsibilities. Angela Penny attended a meeting with the Nevada Division of Public and Behavioral Health on August 11, 2020 to review the annual performance measures for the tuberculosis program.

**Reproductive and Sexual Health Services** – APRN and RN staff attended the 2020 Virtual National Reproductive Health Conference August 11<sup>th</sup> and 12<sup>th</sup>. Staff attended the “Implementing the 2019 ASCCP Risk Based Management Guidelines for Abnormal Cervical Cancer Screening Tests in Your Practice” webinar and are working to update clinic policies and procedures to reflect the new guidelines.

Residents from Dr. West, Dr. Williams, Dr. Zell and APRN students started rotations in Family Planning clinic in July. Staff continue to await the opening of the Washoe County Sheriff's Office in order to provide Reproductive Services to the female inmate population. An agreement was finalized between WCHD and Washoe County Human Service Agency to provide reproductive health services and immunizations services for guests at the Our Place Family and Women's Shelter. Staff will begin providing services this month.

**Chronic Disease Prevention Program (CDPP)** – Three of the four full time staff are committed to the COVID-19 response between 24 and 32 hours a week as disease investigators. Staff are busy updating workplans and budgets for multiple grants included PHHS, SNAP-ed, and Tobacco.

**Maternal, Child and Adolescent Health (MCAH)** – Mothers continue to receive safe sleep training and portable cribs individually throughout COVID-19 response from the Cribs for Kids program.

Fetal Infant Mortality Review (FIMR) nurses continue to hold meetings virtually and attend related meetings virtually. Nursing staff are also preparing for yearend report using the National Center for Fatality Review & Prevention Case Reporting System which was activated July 1, 2019.

**Women, Infants and Children (WIC)** – The USDA has extended waivers through September 2020. These waivers allow staff to provide services to clients without the requirements of physical presence, allows for remote benefit issuance, and eliminates the need for updated medical documentation.

The State of Nevada has allocated over \$3 million dollars for WIC food delivery. In order to maximize resources, the WCHD WIC offices are collaborating with Catholic Charities to provide the delivery services. Nevada is one of the only states in the nation offering this service to our vulnerable population. Delivery is anticipated to begin in early September.

Subject: CCHS Division Director's Report

Date August 27, 2020

Page 8 of 8

**COVID-19 Response** – 8,229 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in July. 10 Intermittent Hourly Registered Nurses were hired to conduct COVID testing at the POST.

DD CA _____	
DHO _____	KD

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: August 27, 2020**

**DATE:** August 12, 2020  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
 775-328-2644; [calbee@washoecounty.us](mailto:calbee@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates:  
 Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities);  
 Environmental Protection (Land Development, Drinking Water, Vector, WM/UST); and  
 Inspections.

Program Updates

**A. Consumer Protection**

Food/Food Safety

- The Food Safety Program is currently promoting our new “Excellence in Food Safety” Award (Award). The Award program was created to recognize Washoe County food facilities that go above and beyond to demonstrate their commitment to long-term food safety. Participating in the program will not only help facilities to better publicize their food safety record, it can also be used as a working goal to encourage employee teambuilding and awareness of food safety practices in the workplace. The media campaign promoting this is currently running and includes advertisements on websites, digital billboards and radio. The food safety team will begin accepting applications in January 2021. More information can be found on our website - <https://www.washoecounty.us/health/programs-and-services/environmental-health/food-protection-services/Excellence-In-Food-safety.php>
- During the February 2020 District Board of Health Meeting, the Board heard a presentation on possible action to affirm the recommendation by the Food Protection Hearing and Advisory Board to continue the hold order permitting the secure storage of food product produced by Dorinda’s Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing cannabidiol (CBD) intended for human consumption. It was further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020, or when the State’s regulations have been adopted if that date is earlier. The Board voted unanimously to maintain the status quo until the State’s regulations are adopted. Due to the COVID-19 pandemic, the regulations are still with the State of Nevada Legislative Counsel Bureau for review and DHHS has not been able to adopt such regulations. The EHS Division will continue to monitor the status of these regulations and will bring this issue back to the Board for a final decision once the regulations have been adopted.

**ENVIRONMENTAL HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512

EHS Office: 775-328-2434 | Fax: 775-328-6176 | [washoecounty.us/health](http://washoecounty.us/health)

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



- Special Events/Temporary Food – No big events are happening due to COVID-19. A few smaller events such as Farmer's Markets have seen some food and sampling permits issued. Events with over 50 attendees are not being approved at this time. Five temporary food inspections were conducted in July.
- Epidemiology (EPI) –

<b>Epidemiology</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>2020 YTD</b>
Foodborne Disease Complaints	20	20	11	4	7	6	6	74
Foodborne Disease Interviews	14	12	5	1	3	4	5	44
Foodborne Disease Investigations	0	1	0	0	0	2	3	6
CD Referrals Reviewed	12	9	13	1	0	2	2	39
Product Recalls Reviewed	3	1	7	5	4	6	2	28
Child Care/School Outbreaks Monitored	13	22	8	0	0	0	0	43

Commercial Plans

- As previously reported, Commercial Plans numbers have seen a reduction when compared to 2019 levels. That being noted, overall numbers remained relatively similar to 2018 levels and monthly totals have been fairly stable from January through June as approximately 90-100 plans per month have been reviewed. However, July experienced a significant drop to 67 plan reviews as the first monthly outlier of the year. The monthly inspection average for January through June was approximately 30 inspections per month, while July exceeded this average with a total of 36 inspections conducted during the month. Both Reno and Sparks Building Departments have been consulted regarding their incoming plan levels. Both noted slight decreases in commercial plans, but also significant increases in residential plans. Both agencies indicated that their overall plan levels remain higher than normal. The Commercial Plans team continues to operate with reduced staff as multiple team members continue assignments with the COVID-19 response.

<b>Community Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Development Reviews	22	33	38	37	29	40	18	217	373
Commercial Plans Received	97	90	117	88	94	95	67	648	1,325
Commercial Plan Inspections	33	30	38	20	35	25	36	217	395
Water Projects Received	9	5	3	2	3	7	5	34	87
Lots/Units Approved for Construction	158	108	85	68	184	209	0	812	1,337

Permitted Facilities

- Child Care – Inspections continue to keep on pace with licensing requirements and EHS staff is headed into a busy season in the fall with most licenses due September through October. Staff from EHS is also working with WCHD Epidemiology and Human Services Agency (HSA) staff to develop protocols for COVID-19 response in Child Care Facilities as more children are expected in these facilities once the school year starts.
- Hotel/Motels – The recent special session of the Nevada State Legislature resulted in the adoption of Senate Bill 4 requiring the local Health Authority to conduct COVID-19 inspections and respond to complaints at public accommodation facilities. Additionally, Washoe County Health District was the only county assigned enforcement authority. This bill was passed and the draft regulations implementing the program were developed by the Nevada Department of Health and Human Services (DHHS) without any engagement with the Health District. EHS staff received a copy of the draft regulations on August 10<sup>th</sup> and submitted comments on August 12<sup>th</sup> as requested by DHHS prior to the publication of the Notice of Public Hearing: Opportunity for written and

oral comments scheduled for August 14<sup>th</sup>. SB4 represents a significant impact to the EHS staff resources which have already been stretched by the COVID-19 response.

- Pools/Spas/Aquatic – Most pools that decided to open starting in COVID-19 Phase 1 Reopening Roadmap to Recovery have been inspected. EHS staff has conducted more than 200 pool inspections. Staff is now concentrating on ensuring that pools that are closed have done so safely. Public spas in Washoe County remain closed due to COVID-19.
- Schools – Staff from EHS completed a series of meetings and the final version of the first comprehensive Outbreak Response Plan with the Washoe County School District (WCSD) was released. The plan includes a significant amount of direction specific to COVID-19, however, it also includes response information for Norovirus, Influenza and Pertussis outbreaks. Additionally, staff assisted the WCSD as part of their Task Force Committee for their Re-Opening Plan. The plan released August 10, 2020, states the WCSD is opening in varying capacities on August 17.
- Training – Another EHS staff member successfully completed the REHS exam on his first attempt. This keeps the rate at 100% pass on first try for all employees who have gone through the REHS formal training program since it started in 2016. Along with the nine who have successfully completed the program and passed the exam, there are currently two who have recently completed the training program and three who are in training. All five of these employees are planning to take the REHS exam within the next 18 months.

## B. Environmental Protection

### Land Development

- Septic plan intake remains down around 35% year over year. Well plan intake is up 94%.
- The team suffered another loss in staff during July due to a surgery. Fortunately, the training goal was on track and the new staff were able to provide basic coverage, leaving at least one person for each day. The Senior of the program covered all other days and is continuing to train on the final aspects of Land Development. Training with the last new staff member has intensified and it is expected that they will be independent by mid-August.
- Staffing is further impacted as employees begin to try and take their first leave for the year. With so many staff not having taken any time off through July, there will continue to be coverage challenges throughout the rest of the year. Replacement of the Senior position will greatly improve this situation.
- Plan review times remain at two weeks with elevated inspection counts but will be reduced over the course of August.

<b>Land Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Plans Received (Residential/Septic)	53	58	43	45	37	54	53	343	913
Residential Septic/Well Inspections	72	99	102	76	77	87	86	599	1,051
Well Permits	10	14	7	14	14	11	12	82	72

### Safe Drinking Water (SDW)

- The 3<sup>rd</sup> quarter report was issued to the State and all basic functions in the program remain caught up except sanitary surveys. Currently, approximately 35% of the surveys for the year remain completed, leaving 65% to complete with only 40% of the year remaining.

- With the staffing issues associated with Land Development having a direct impact on the ability to shift to training new staff in Safe Drinking Water, the training expected to begin in July was postponed to August. By mid-August, that training will begin and hopefully once two staff are trained, work on the surveys can continue in earnest.
- The largest survey for Truckee Meadows Water Authority (TMWA) has been scheduled. Incline Village and Sun Valley General Improvement District (SVGID) will be the two largest remaining after that. It is expected that by the end of September, the program will be able to complete those and work through several of the smaller systems. The target is to finish another third of the systems by the end of September.

Vector-Borne Diseases (VBD)

- Helicopter aerial larvicide treatment is scheduled for August 19, 2020. No West Nile virus positive mosquito pools have been detected.
- 29 total service requests were handled by staff.
- Program staff investigated seven bat collection/exposures, five resulted in positive rabies test results or unsatisfactory for testing, two were negative. One cat was placed into a four-month home quarantine following unsatisfactory testing for rabies results. Four animals received post exposure rabies vaccination boosters. Three residents have also begun rabies post exposure prophylaxis.

<b>Service Requests</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>2020 YTD</b>
Tick Identifications	4	2	0	0	3	4	1	14
Rabies (Bat testing)	1	1	0	0	3	9	7	21
Mosquito Fish Requests	2	1	0	0	3	5	2	13

Waste Management (WM)/Underground Storage Tanks (UST)

- The WM program has provided numerous dumpsters to two large scale cleanup efforts at two private residences in hopes of removing solid waste and abating violations. The program received two new biohazardous waste hauler applications for trauma and deep cleaning services.
- The UST monthly report was submitted to Nevada Department of Environmental Protection (NDEP) on time last month. There are at least three construction projects anticipated to begin this month or early next month. Program staff has yet to receive notification if a previously postponed UST training is still on schedule for staff or if they will even be allowed to attend this out of state training.

<b>EHS 2020 Inspections</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Child Care	21	6	9	0	5	13	11	65	225
Food/Exempt Food	471	604	279	133	347	486	263	2,583	9,056
Schools/Institutions	21	39	32	0	0	2	0	94	544
Tattoo/Permanent Make-Up (IBD)	3	4	5	0	1	5	8	26	177
Temporary IBD Events	1	0	0	0	0	0	0	1	84
Liquid Waste Trucks	6	9	18	0	4	14	6	57	189
Mobile Home/RV Parks	17	30	8	16	46	31	6	154	223
Public Accommodations	5	17	1	0	1	0	4	28	199
Aquatic Facilities/Pools/Spas	13	24	30	0	1	99	107	274	2,441
RV Dump Station	0	5	0	2	0	1	3	11	25
Underground Storage Tanks	2	3	0	0	0	0	1	6	0
Waste Management	9	26	7	20	9	11	5	87	165
Temporary Foods/Special Events	3	25	0	0	0	5	5	38	1,541
Complaints	76	67	69	60	69	103	119	563	817
<b>TOTAL</b>	<b>648</b>	<b>859</b>	<b>458</b>	<b>231</b>	<b>483</b>	<b>770</b>	<b>538</b>	<b>3,987</b>	<b>15,682</b>
EHS Public Record Requests	204	274	399	154	225	286	223	1,765	3,508

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: August 27, 2020**

**TO:** District Board of Health

**FROM:** Andrea Esp, MPH, CPH, CHES, EMS and PHP Program Manager, Acting EPHP  
Division Director  
775-326-6042, [aesp@washoecounty.us](mailto:aesp@washoecounty.us)

**SUBJECT:** Communicable Disease, Public Health Preparedness, Emergency Medical Services,  
Vital Statistics

**Communicable Disease (CD)**

2019 Novel Coronavirus (COVID-19)

The Epidemiology Program (EPI) is staying up-to-date with the evolving 2019 Novel Coronavirus (2019-nCoV) situation, which has been renamed COVID-19 by the World Health Organization. Washoe County Health District (WCHD) reported the first case of COVID-19 on March 5, 2020. As of August 1, 2020, there have been 5,293 cases of COVID-19, and 3,895 recoveries in Washoe County. The total active case as of August 1, 2020 is 1,284 cases. This number changes daily and updated on the Regional Information Center website at <https://covid19washoe.com/>.

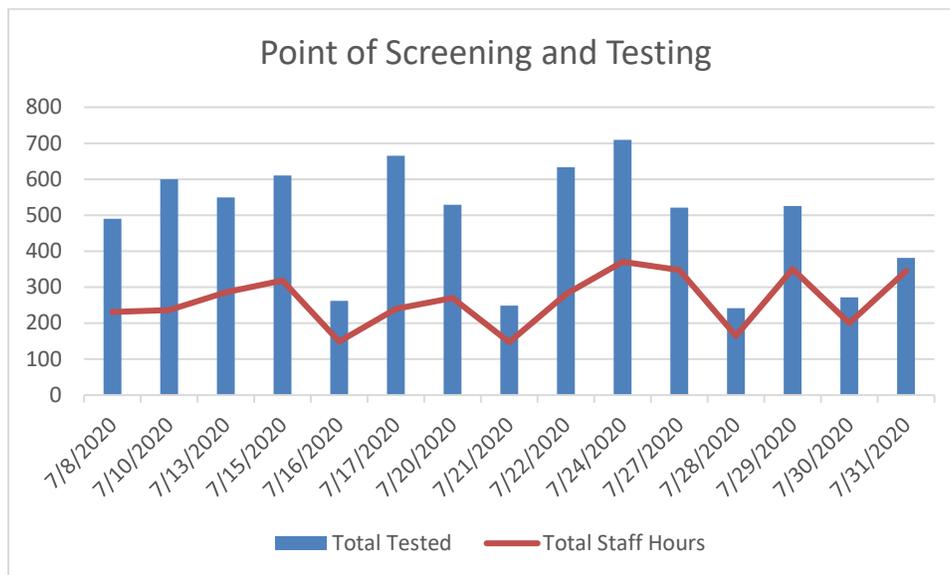
**Public Health Preparedness (PHP)**

As part of the continuing operations for the Point of Screening and Testing (POST), the PHP program has on-boarded and trained 20 new staff. These staff are primarily being hired through, and in coordination with, the University of Nevada, Reno. In addition, the PHP program will continue to recruit and on-board new Medical Reserve Corps (MRC) volunteers.

From July 8 to July 31, the POST has tested **7,237** individuals and utilized **3,936.25** hours of labor to accomplish this task. Roughly half of the labor hours have been provided by the Air and Army National Guard. The other half has been a combination of Medical Reserve Corp volunteers, Reno Livestock Event Center Staff, paid staff (UNR hires), Community Emergency Response Team members and PHP staff which have provided the onsite daily management of operations.

The focus for PHP during the month of July was to train and staff all the positions that were being handled by the Air and Army National Guard due to the end of their mission on July 31. POST operations beginning in August are being conducted with the mix of paid and volunteer staff

without guard support. This transition has been successful based on operations beginning in August.



### **Inter-Hospital Coordinating Council**

The Inter-Hospital Coordinating Council (IHCC) members have begun scheduling and holding meetings for plan revisions, workgroups, and the first COVID-19 after action report. Discussions for upcoming trainings and the use of COVID-19 grant funds for PPE have been held. The group approved the purchase of 25% of funds on n95 masks, 5% on fit test kits and the remainder split 35% each face coverings and gowns.

2150 COVID-19 testing kits were provided to 6 healthcare/EMS/Fire partners, as requested, to help in the COVID-19 response.

### **Emergency Medical Service (EMS)**

EMS staff responded to the Multi-Casualty Incident that occurred July 20, filling the Medical Services Unit role at the Health District. An After Action review was conducted with participating agencies and facilities. Multiple lessons were learned, even though it was a small event.

The first Mutual Aid Evacuation Agreement (MAEA) revisions workgroup was held August 7. The MAEA is updated on a biennial basis and revisions will be complete at the end of fiscal year 2020.

EMS Statistician, Ms. Gunawan, presented the Fiscal Year 2020 Mid-Year Data Report draft to the EMSAB board meeting on August 6, 2020. The motion was approved by the board. The final draft will be presented to the DBOH board.

**REMSA Percentage of Compliant Responses**

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zone B,C, and D</b>	<b>All Zones</b>
January 2020	91%	92%	95%	100%	94%	90%
February 2020	90%	89%	92%	100%	93%	89%
March 2020	92%	90%	96%	80%	92%	90%
April 2020	94%	91%	89%	100%	93%	92%
May 2020	92%	-	-	-	97%	-
June 2020	90%	-	-	-	95%	-
July 2020	88%	-	-	-	84%	-

Fiscal Year 2019-2020 (Quarter 3 & 4), and Fiscal Year 2020-2021 (Quarter 1)

Due to low call volumes in the separately defined response zones B, C and D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined zones B, C, and D for all Priority 1 calls.

Per the Franchise Agreement, REMSA shall insure that 90% of all presumptively defined life threatening calls have a response time of 8 minutes and 59 seconds or less within the combined Zone A areas. The response compliance also applies to Zones, B,C, and D with a response time of 15 minutes and 59 seconds or less for combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

For the month of July 2020, REMSA reported 88% compliance for Zone A Priority 1 calls, and 84% compliance for Zone B/C/D Priority 1 calls. REMSA has outlined a summary of interventions to the EMS Oversight Program and EMS partners to mitigate future non-compliances for response time. The summary of interventions have been submitted and reviewed by the District Board of Health (DBOH). The submitted interventions ensure that citizen continues to receive quality emergency care services in Washoe County.

Staff developed position descriptions specific to EMS Oversight. This is in response to staff being unclear of their job duties and is meant to be used as a training tool.

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 508 deaths and 547 births. The number of processed death and birth records increased by almost 600 from the previous month.

**Number of Processed Death and Birth Records**

<b>May</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	1749	67	463	2279
Birth	594	89	424	1107
<b>Total</b>	2343	156	887	3386

Staff developed positions descriptions specific to Vital Statistics. This is in response to staff being unclear of their job duties and is meant to be used as a training tool.

Staff are working on updating the Vital Statistics Desk Manual to accurately reflect processes and procedures to improve efficiency and customer service.

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: August 27, 2020**

**DATE:** August 18, 2020  
**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 – COVID-19, Government Affairs Update, Public Health Accreditation, Disease Investigation and Contact Tracing, Community Health Improvement Plan, Behavioral Health, Truckee Meadows Healthy Communities, and Health District Media Contacts

---

COVID-19

The Health District and the Regional Incident Management Team continue with the COVID-19 response. The Governor has established a County Tracking system that requires weekly Assessments and Action Plans from Counties that exceed the tracking thresholds. The County tracking approach, threshold measures for elevated disease transmission, and county level implementation and actions related to the severity of exposure risk and mitigation levels are described in the State's *Road to Recovery: Moving to a New Normal* plan which was issued on August 3 and is attached. Washoe County exceeds the thresholds of 200 for new cases of COVID-19 per 100,000 population over a thirty-day period, and testing positivity rate of over 7%, which places the County in the Moderate Risk Level. Based on this risk level the County is in the State's assessment process and responsible for completing a local risk assessment and action plan for consideration by the State Task Force. The Washoe County Assessments are attached.

The Health District worked with the Washoe County School District (WCSD), charter and private schools to provide technical assistance with school reopening plans. The Health District also collaborated with the WCSD to develop an Outbreak Response Plan for Schools. The WCSD reopening scheduled for August 17 was postponed due to the smoke impacts of the Loyalton Fire.

The POST is currently operating five days per week and is open for testing of symptomatic and asymptomatic people. Charles River Labs (CLR) began receiving specimens from the POST on August 18. The plan is to have CRL conducting the testing for the POST two days per week to manage the capacity of the CRL lab for good turn-around times and reduce throughput to help reduce turn-around times at the Nevada State Public Health Lab.

The National Guard staffing resumed operations with the Health District response on August 10. The Health District continues to work with UNR to recruit additional staff for disease investigation and call

center operations to maintain testing capacity and reduce the time required to conduct disease investigations following receipt of positive COVID-19 test results.

### Government Affairs Update

The 32<sup>nd</sup> Special Session started Friday, July 31, 2020, and concluded on August 6, 2020. This was the second special session in less than two weeks called to address the policy concerns mainly related to the COVID-19 pandemic. The Governor's proclamation outlined the specified items that were considered.

- Criminal and social justice policy reform
- Worker, business, safety and liability protections
- Voting modifications for the upcoming elections in November
- Unemployment benefits
- Rental dispute resolutions
- Items related to the Legislative Branch

SB4 was the only bill to directly impact the Washoe and Southern Nevada Health Districts. The bill took effect on August 11, 2020. SB4 grants certain businesses in Nevada protections against liabilities if they have adopted and adhered to practicing safe protocols to reduce and prevent the spread of COVID-19. This act expires by limitation on the later of the date on which the Governor terminates the emergency described in the Declaration of Emergency for COVID-19 issued on March 12, 2020, or July 1, 2023.

The bill requires district health departments in a county whose population is 100,000 or more to:

- Advise the Nevada Gaming Control Board (NGCB) concerning public health matters relating to licensed gaming establishments and authorizes the health districts upon request of the NGCB to enforce public health regulations.
- The bill authorizes the Nevada Gaming Control Board to require a facility under its jurisdiction to submit a copy of their response plan to the NGCB and authorizes a health authority to require a public accommodation facility not under the jurisdiction of the NGCB to submit their response plan to the health authority and provides for the confidentiality of those plans.
- Requires the Director of the Department of Health and Human Services (DHHS) to adopt regulation standards to reduce and prevent the transmission of COVID-19 in public accommodations facilities. The regulations include the standards and frequency of cleaning public accommodations. The bill then requires a district board of health to adopt regulations that are substantively identical to the regulations adopted by DHHS. The bill allows for the DBOH to amend or repeal in a conforming manner within 30 days after the effective date or within 10 days after the adoption of the regulations, whichever is earlier. The adopted regulations apply only during the duration of a declaration of a public health emergency.
- Each public accommodation facility must establish, implement, and maintain a response plan that provides testing and time off for employees who have been exposed to COVID-19 or are experiencing symptoms.
- The health authority may, upon receiving a complaint at any time inspect a facility to ensure compliance. The health authority shall inspect a facility with more than 200 rooms available for sleeping once every three months and each resort hotel at least once every 2 months. The bill sets forth the process to correct the violations and the appeal process.

Date: August 27, 2020

Subject: ODHO District Health Officer Report

Page: 3 of 4

- Authorizes the Secretary of State to suspend the state business license of a facility that does not comply with controlling health standards and requires the Secretary of State to provide notice of the suspension to the person.
- Washoe County Health District (WCHD) was allocated \$500,000 of CARES funding that must be spent by December 31, 2020. After that, date, this becomes an unfunded mandate. The WCHD submitted a fiscal note of \$742,000 annually.

At the time this is being written, (8/14/2020) the WCHD has submitted a list of concerns and need for clarification with the current draft of the regulations proposed by the DHHS) earlier this week. The public workshop has not been posted or scheduled.

### Public Health Accreditation

Progress continues in preparing the PHAB annual report due in December of 2020. Work is underway to address those eight measures that were either not demonstrated or slightly demonstrated.

### Disease investigation and Contact Tracing

Disease Investigators and Contact Tracers continue to complete interviews in an effort to identify and investigate individuals with confirmed diagnoses of COVID-19 or possible exposure to individuals with confirmed diagnoses of COVID-19. The Health Educator on the ODHO team continues to lead one of four COVID-19 teams. A WCSD and Child Care task force have been created to respond to pediatric and youth cases. Lead investigators have participated in meetings to learn about the proper protocols and procedures and will be training investigators before schools re-open. The Health Educator is absorbing more of the COVID-19 Epidemiology Ops functions and continues to be trained by the Epidemiology team as needs arise.

### Community Health Improvement Plan (CHIP)

CHIP partners continue to meet to further determine how to best move forward with the strategies and tactics identified under the Behavioral Health, Housing/Homelessness, and Physical Activity and Nutrition focus areas.

### Behavioral Health

The State of Nevada received an award for the Crisis Counseling Immediate Services Program through FEMA and is using the funding to address behavioral health needs associated with the COVID-19 pandemic. WCHD has collaborated with WCHSA and the State of Nevada to build out a portion of the program in Washoe County. The program, now titled the Nevada Resilience Project, has placed six full-time Resilience Ambassadors and a supervisor through WCHSA. The team has completed onboarding and training including psychological first aid. In addition, the team is completing basic contact investigation training and is shadowing a WCHD contact investigator to better understand what a person interacting with the Health District may experience.

The first target population for services are individuals who have received a positive test result for COVID-19. Starting the week of August 17, WCHD will provide a secure list of individuals who have received a positive COVID-19 test result to the Washoe County Nevada Resilience Project team. The team will proactively reach out to these individuals to provide support to develop positive coping

strategies as well as assistance connecting with any needed community resources. Two additional Ambassadors are also available to the community through the Truckee Meadows Boys and Girls Club.

Psychological First Aid provided by the Ambassadors is designed to reduce the initial distress caused by a traumatic event and to foster short- and long-term adaptive functioning and coping. Psychological First Aid is based on the understanding that individuals affected by traumatic events will experience a wide range of initial reactions that may cause enough distress to interfere with coping. Services may be provided in both individual and group formats and telehealth and other technology-based platforms will be prioritized to minimize risk of possible exposure.

In addition, the program has produced three PSAs focused on individuals who may be feeling overwhelmed and directing them to Crisis Support Services of Nevada. Individuals can call 800-273-8255 or text “Care” to 839-863 to be connected to someone who can provide support and resources.

### Truckee Meadows Healthy Communities (TMHC)

The Family Health Festival conducted on August 10<sup>th</sup> at the Hug High School was very successful serving about 1500 people. The event served double the number of people that we served in 2019. New for this event was the drive through model. Partners successfully conducted screenings and completed applications on site to connect families to basic need assistance.

TMHC continues to implement the Robert Wood Johnson Foundation BUILD Health Challenge Grant, the HELLO Project to create social connections for the elderly and reduce senior suicide rates. The project has been complicated by the COVID-19 pandemic and the importance of physical distancing to protect this vulnerable population. TMHC has adapted the project to create social connections through digital community and conversations. The virtual community conversations typically begin with a speaker and then a group conversation of the participants. The community conversations are held at noon on Tuesday’s and Thursday’s using Zoom.

The Hello Project also participated with Artown for the Heartown program. Participating elders were provided with wooden hearts, paints and brushes to create a piece of heart art. The completed works of heart art were collected and are on display on the fence at the Lear theatre and other locations in the community through Labor Day.

More information about the HELLO Project is available at: [www.hellostartsnow.org](http://www.hellostartsnow.org)

*\*WCHD Media monitoring resumed July 9*

<b><u>DATE</u></b>	<b><u>OUTLET</u></b>
7/9/2020	Associated Press
7/9/2020	RGJ
7/9/2020	KTVN
7/9/2020	KRNV
7/9/2020	KOLO
7/9/2020	KUNR
7/9/2020	99.1 TALK
7/9/2020	FOX 5 (Las Vegas)
7/10/2020	KOLO
7/10/2020	KLAS (Las Vegas)
7/10/2020	KTNV (Las Vegas)
7/10/2020	KTVN
7/10/2020	RGJ
7/10/2020	USA Today
7/11/2020	KTVN
7/16/2020	KOLO
7/16/2020	KRNV
7/16/2020	KRNV
7/16/2020	KUNR
7/16/2020	KOLO
7/16/2020	KRNV
7/20/2020	RGJ
7/21/2020	RGJ
7/21/2020	KOH
7/21/2020	KTVN
7/22/2020	KOLO
7/22/2020	FOX11
7/23/2020	RGJ
7/23/2020	This Is Reno
7/23/2020	KTVN
7/24/2020	Review Journal (Las Vega:
7/24/2020	KTVN
7/24/2020	KUNR
7/24/2020	KRNV
7/24/2020	KRNV
7/24/2020	KRNV
7/27/2020	KRNV
7/27/2020	RGJ
7/27/2020	RGJ
7/28/2020	RGJ
7/28/2020	KTVN
7/28/2020	Associated Press
7/29/2020	RGJ
7/29/2020	RGJ
7/29/2020	KTVN

7/29/2020	KOLO
7/29/2020	KOLO
7/30/2020	KTVN
7/30/2020	KRNV
7/30/2020	Education Week
7/30/2020	KUNR
7/30/2020	NPR-Sacramento
7/30/2020	KRNV
7/30/2020	KRNV

**Total: 54**

**Media Inquiries: 54**

**Press Releases/Media Advisories**

7/9/2020	<a href="#">Health District-University of N</a>
7/10/2020	<a href="#">Local Nevada Public Health A</a>
7/17/2020	<a href="#">Washoe County, Reno Listed</a>
7/22/2020	<a href="#">Underlying Health Conditions</a>
7/23/2020	<a href="#">Washoe County District Healt</a>
7/27/2020	<a href="#">30,000 Masks Donated to We</a>

**Social Media Followers**

**Facebook**

**Twitter**

## **STORY**

[Associated Press: Study: COVID-19 test results undercount Nevada case numbers](#)

[RGJ: COVID-19 cases in Washoe County likely higher than reported](#)

[KTVN: Washoe County Health District, UNR Release COVID-19 Antibody Study Results](#)

[KRNV: Coronavirus cases 5 times higher than previously reported in Washoe County](#)

[KOLO: Washoe County study shows higher COVID infections](#)

[KUNR: Actual COVID-19 Infections In Washoe Co. Much Higher Than Reported, Study Finds](#)

[99.1 TALK: COVID-19 Antibody Study](#)

[FOX5 \(Las Vegas\): COVID-19 Antibody Study](#)

[KOLO: Study finds more young vapers want to quit amid coronavirus concerns](#)

[KLAS \(Las Vegas\): Nevada public health authorities encourage businesses to implement tobacco-free](#)

[KTNV \(Las Vegas\): Nevada public health officials encouraging local businesses to implement tobacco-](#)

[KTVN: Health Officials Urge Businesses to Implement Tobacco-Free Policies Amid Pandemic](#)

[RGJ: Nevada public health officials ask businesses to ban smoking, vaping](#)

[USA Today: Washoe County Antibody study story under the "Nevada" section](#)

[KTVN: Smoking, Vaping & COVID-19: WCHD's Warning](#)

[KOLO: Health District Officer concerned about schools reopening.](#)

[KRNV: Health District Officer concerned about schools reopening.](#)

[KRNV: County Health Officials give updates on COVID-19, convalescent plasma – Dr. Reka Danko inte](#)

[KUNR: High severity of COVID-19 cases reported at local hospital; high rate of no-shows at COVID-19](#)

[KOLO: More than 60,000 tests for COVID-19 conducted in Washoe County](#)

[KRNV: More local businesses are in compliance with Governor's directive](#)

[RGJ: Hog Fire brings smoke, ash to region](#)

[RGJ: WCSD, health district to meet Wednesday; school board backs new attendance policy](#)

[KOH: Group stepping up to help seniors during pandemic \(Story from KOLO\)](#)

[KTVN: Hog Fire air quality update – Dan Inouye interviewed](#)

[KOLO: Masks don't protect you from wildfire smoke](#)

[FOX11: WCSD to meet with WCHD regarding school openings](#)

[RGJ: Thursday school updates: The reason why Kevin Dick thinks WCSD should not reopen](#)

[This is Reno: Re-opening takes a back seat as trustees review funding cuts](#)

[KTVN: Delays in COVID-19 test results](#)

[Review Journal \(Las Vegas\): Health official urges Washoe County schools to remain closed](#)

[KTVN: Washoe County District Health Officer Says Schools Should Not Reopen Next Month](#)

[KUNR: Washoe Health District Recommends Not Reopening Schools In The Fall](#)

[KRNV: Health District doesn't recommend schools reopening](#)

[KRNV: Segment about Yellow Zone designation](#)

[KRNV: Ask Joe: What will happen if a student or teacher tests positive?](#)

[KRNV: Tomorrow WCSD will decide if schools open up. Kevin Dick to give presentation](#)

[RGJ: WCSD could reverse plans to open schools amid rising COVID-19 cases – Kevin Dick mentioned](#)

[RGJ: Only 1 in 4 school-aged children in Washoe get flu vaccine](#)

[RGJ: 'No more phases': Sisolak reopens some bars, sets sights on COVID-19 outbreaks, not industries](#)

[KTVN: Board of Trustees meeting Tuesday – Health District mentioned](#)

[Associated Press: Washoe County mulls delaying classroom teaching](#)

[RGJ: Breaking: WCSD elementary schools to remain in person; middle and high schools stay on hybrid](#)

[RGJ: Health district on WCSD reopening: 'I am concerned and fearful that we may have dark days ahead](#)

[KTVN: WCSD Continues With Initial Reopening Plans, Gov. Sisolak Signs Directive](#)

[KOLO: Washoe County School Board votes to stay with same reopening plan despite health officer's](#)  
[KOLO: Mask donation from ZLINE Kitchen & Bath](#)  
[KTVN: Parents, Teachers Have Mixed Reactions to Reopening of Schools](#)  
[KRNV: Local company donates \\$150,000 worth of masks to Washoe County](#)  
[Education Week: Reno-Sparks schools to reopen Aug. 17; health boss fearful](#)  
[KUNR: School district decision concerns County District Health Officer](#)  
[NPR-Sacramento: Concern over schools reopening in Reno](#)  
[KRNV: Health District down another epidemiologist](#)  
[KRNV: Health District hampered by COVID-19 test no shows – we provided this data](#)

[Nevada, Reno COVID-19 Antibody Study Results Released](#)  
[Authorities encourage businesses to implement tobacco-free policies](#)  
[In 'Yellow Zone' For Covid-19 Cases And Deaths](#)  
[Heighten COVID-19 Risks for Residents](#)  
[Health Officer Does Not Recommend Reopening WCSD Schools](#)  
[Washoe County Health District](#)

WCHD: 3,662 (+2,715 since February)

WCHD: 1,769 (+1,216 since February)

[test – Dr. Danko interviewed](#)



## WASHOE COUNTY ASSESSMENT – August 12, 2020

### 1. Overall Assessment

COVID-19 is widespread in Washoe County and is mostly occurring through community transmission that is not tied to known cases of infection. Infection occurs throughout the locations that individuals visit in the course of commerce, employment, and recreation. We currently have sufficient testing capacity but are hampered by lab turn-around times for test results, and the daily number of new cases overwhelming disease investigation/contact tracing resources. Staff has been brought on to bolster contact tracing and the staff recruitment for expansion continues. Additional lab capacity has been procured in an effort to reduce lab reporting delays. The County is bringing on a marketing firm to improve messaging and community engagement to suppress the spread of disease. Private gatherings are identified as a type of event that is contributing to significant spread and where contacts with infected individuals can be identified. Outbreaks are also occurring in households following one of the members becoming infected.

### 2. Hospital Capacity

#### **Status of staffed ICU beds, ventilators, staffing, medication treatments, and PPE.**

As of August 8, the relative burden on northern Nevada hospitals as a result of COVID-19 is 6% (hospitalized/ licensed bed count). Within the intensive care unit, the percentage of relative burden is 8% (hospitalized ICU/ licensed ICU beds). Staffed ICU beds in Washoe County hospital occupancy rates are 61% and 37% respectively for general hospital and intensive care units. If COVID-19 admissions increase, staffing will become limited. If this were to occur, hospitals within Washoe County are prepared to change staff models to continue to provide care for citizens and visitors. Ventilator usage is at 10% of capacity; 3% of those ventilators are required by COVID patients.

PPE is currently being purchased by healthcare facilities, as well as medication treatments.

 <b>Daily Hospital Stats</b> <b>11 August 2020</b>			On hand supply of Ventilator Supplies	N95 mask	Other respirators such as PAPRs	surgical and procedure masks	eye protection	single use gowns	gloves
			<b>PPE STATUS LEVELS</b>						
Northern Nevada Medical Center	1	Washoe	>30 Days	>30 Days	7-14 Days	>30 Days	>30 Days	>30 Days	>30 Days
Renown South Meadows	1	Washoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
Saint Mary's Regional Medical Center	1	Washoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
VA Sierra Nevada Health Care System	1	Washoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
Incline Village Community Hospital	1	Washoe	NA	NA	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days
Renown Regional Medical Center	1	Washoe	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days	>30 Days

In Washoe County, Renown is allocated a set amount of Remdesivir. The regional hospitals (not just hospitals within Washoe County) have discussed the mechanism for Renown to sell them the medication if a patient qualifies so a hospital can keep a patient as long as they are able to provide the appropriate level of care. Renown may only sell to hospitals within Nevada and cannot sell across state lines.

**Status of Alternate Care Facility planning, staffing, and implementation.**

Renown Regional Medical center has converted the first and second floors of their Mill Street parking structure into a sophisticated, cross-functional Alternate Care Site. This location was equipped with waterproof flooring, electrical infrastructure, lighting, water, flushable toilets, technology and wall partitions in addition to beds and basic patient care support equipment. This increased their ability to cope with the spread of COVID-19 by about 173%.

**Assessment of overall hospital capacity and metrics that will determine expansion to Alternate Care Facilities.**

Washoe County Hospitals currently have good capacity and the Nevada Hospital Association reports the northern Nevada healthcare infrastructure remains in good condition. The Alternate

Care site at Renown is already built and will remain in place until next year. If conditions significantly change, discussions for further expansion will take place. Washoe County has plans for establishment of an additional alternative care facility at the Reno-Sparks Convention Center that were prepared by the Army Corps of Engineers and has already purchased beds and equipment if the facility needs to be established.

### 3. Access to Personal Protective Equipment

#### Status of Regional PPE on-hand:

Warehouse Inventory					
	Date	8/11/2020		NAME	TIME
				PIERSON	1430
<b>DESCRIPTION</b>	<b>TODAYS COUNT</b>				
DISINFECTANT-SANITIZER HAND- 12OZ	170				
DISINFECTANT- SANITIZER HAND 16OZ	27				
DISINFECTANT- SANITIZER HAND 128OZ	4				
GLOVE-MEDICAL-EXTRA LARGE	0				
GLOVE-MEDICAL-LARGE	1500				
GLOVE-MEDICAL-MEDIUM	600				
GLOVE-MEDICAL-SMALL	0				
GOWNS-CLOTH(GC)	150				
GOWNS-MEDICAL	0				
GOWNS-PLASTIC (LL)	13				
MASK-LEVEL 1-SURGICAL-PROCEDURAL	1500				
MASK N95 AURA 3M 9211+	2140				
MASK KN95 3M 9541V	207				
MASK KN95 3M 9501+	50				
MASK DELTA PFF2 SMALL	7				
PADS- ALCOHOL PREP	160				
SHIELD FACE	566				
GLOVES-FOOD GRADE-SMALL	3000				
GLOVES-FOOD GRADE-MEDIUM	0				
GLOVES-FOOD GRADE-LARGE	5000				
GLOVES-FOOD GRADE-EXTRA LARGE	6600				
MEDICAL PROTECTIVE COVERALL	86				
GOWNS NON MEDICAL	100				

#### Distribution Priorities:

Should multiple competing requests for PPE come through to the region the priority for distribution would be based on emergent need. For instance:

1. COVID Positive Facility
2. Hospitals and First Responders (LE/EMS/FIRE)
3. Urgent Care
4. Secondary medical facilities such as rehabilitation facilities

### Current PPE Assessment:

Our current assessment is that surgical gowns and PAPRs are still incredibly difficult to source on the open market.

Metrics for instituting emergency resource procedures in the future include the inability to source a critical safety item on the open market.

### Health District PPE:

Item	Unit	Number of Uni	Number/Un	Total
Nitrile Gloves	BX	300	100	30,000
Vinyl Gloves	BX	430	100	43,000
Exam Gowns	EA			5,000
Cloth Gowns	EA			1,000
Face Shields	EA			400
Surgical Masks	EA			9,000
Tychem Suits	EA			200
PAPR Filters	EA			10
PAPR Head Coverings and Hoses - assorted				30
N95s	EA			5,500
<b>Ordered</b>				
Nitrile Gloves	BX	700	100	70,000
PAPR Head Coverings				65

## 4. Testing Capacity

### Testing Criteria:

Testing is currently open to individuals seeking testing whether they have symptoms or are asymptomatic. In order to ensure testing of priority populations there is a mechanism to close testing to asymptomatic individuals if capacity for testing all individuals is exceeded. This occurred during the week of August 3 when the National Guard medics were temporarily unavailable. In this case testing was provided to symptomatic individuals, case contacts, and priority populations of first responders, healthcare workers, staff of long-term care and assisted living facilities, and RTC drivers. The Health District has contracted with REMSA for additional personnel to assist with specimen collection at the POST and hired additional nursing staff for this purpose. Testing is scheduled through a call center or online. Testing is provided at no charge. The 15 Call Center staff conduct the scheduling, provide the lab paperwork and labeling for the testing and provide the follow-up reporting of lab results. REMSA is on contract for an external 24/7 call center to assist people with the risk assessment process available on the website.

### **Number of People tested in a day/week:**

As of August 11, an average of 981 test results per day were reported for Washoe County or 205.16 tests per 100,000 population. For the week ending on August 11, 6,796 test results were reported for Washoe County, for an average of 970.86 tests per day or an average of 203.04 tests per day.

The Washoe County Health District provides drive through testing at the Point of Screening and Testing located at the Reno-Sparks Livestock Events Center. The standard POST capacity is 525 tests per day however, actual testing conducted has exceeded 700 tests per day at that site.

### **Targeted Testing Efforts for high-risk communities, outbreak intervention, and other efforts:**

WCHD continues to coordinate the distribution of test kits, provided by the Nevada State Public Health Lab (NSPHL), to skilled nursing facilities in addition to other senior living facilities. Once a medical director is identified for a facility, WCHD facilitates the establishment of a client account with NSPHL and subsequent Lab Requisition Form. WCHD then provides instruction for completion of the lab requisition form, specimen collection, and handling/delivery directly to NSPHL for analysis. Test kits, labels and collection bags are provided upon request. The test kit distribution numbers are provided on the daily ICS 209 Form.

To date, WCHD has distributed 2,074 kits to skilled nursing and assisted living facilities. A number of facilities have selected to receive a direct distribution of kits from NSPHL since they now have client accounts established. As outbreaks are identified through contact tracing and disease investigations, contact is made with the facility to ensure they have access to testing and offer to set up a client account to ensure a sustainable supply of test kits.

WCHD has provided 450 test kits to Fire Departments for testing their personnel including Reno, Sparks, Truckee Meadows Fire Protection District, North Lake Tahoe Fire, Reno-Tahoe Airport Authority Fire. REMSA has been provided with 125 test kits and have also provided testing to Nevada Highway Patrol and Nevada State Parole and Probation. North Lake Tahoe Fire also used 400 kits for the Incline Village Community Testing and TMFPD received 100 kits for the Gerlach Community Testing event. Reno Police Department, Washoe County Sheriff's Office and Jan Evans Juvenile Detention Facility have received 1,300 test kits. In addition Sparks Police Department and Sparks Fire has conducted most of their testing through the drive through POST.

WCHD conducted a Mobile POST for the homeless population at the Reno Events Center on May 14 collecting 108 specimens. Mobile POST operations were also conducted for families placed at Our Place Family Shelter on May 19 and 20. On May 28 a Mobile POST was conducted at a senior living facility testing 239 individuals. Resources to conduct Mobile POST

testing were critically reduced as the need for contact tracers and disease investigators increased as a result of the virus surging in the community. With the extension of the Title 32 Orders for the National Guard through December 31, WCHD may have the capacity to offer Mobile POST services again in the near future.

Washoe County also conducted mobile POST operations in June that provided testing in Gerlach through the Truckee Meadows Fire Protection District, and in Incline Village through the North Lake Tahoe Fire Protection District and Incline Village Community Hospital. The County also provided support to Health Plan of Nevada for a mobile POST they conducted at Miguel Ribera Park in the 89502 zip code area.

In addition, WCHD has a contract with REMSA for homebound testing of high-risk, vulnerable individuals identified through the risk assessment and scheduling process. Testing is conducted every Tuesday and Thursday collecting on average between 10 and 20 specimens.

In order to reduce throughput and potential backlogs for receiving test results from the Nevada State Public Health Lab the County has recently contracted with Charles River Labs (CRL) to be able to utilize their newly developed testing capacity. The agreement allows the County to utilize CRL's available throughput and manage the flow of tests to the lab to reduce backlogs. NSPHL has agreed to provide the test collection kits for the CRL analysis. Current CRL capacity is approximately 950 tests per week. The County will begin delivering specimens from the POST to CRL at a rate of approximately 600 per week for two weeks beginning the week of August 17 with plans to increase that capacity to 950 the following week. CRL intends to expand capacity to 1900 tests per week by the end of September which will be made available to the County as it is developed.

## **5. Case Investigation and Contract Tracing**

### **Current Contract Tracing Workforce:**

We currently have 54 disease investigators on staff, with approximately 25 working on any given day through a seven day week. Thirty-two staff has been brought on board through the UNR Nevada Public Health Training Center. We are currently working with UNR to add 16 additional disease investigation staff to reduce the backlog in case investigations currently experienced.

Calling of case contacts identified through investigations has been handed off to Deloitte contact tracers through the State contract. WCHD has not heard a report on the status of any contacts or contact tracing efforts since handing this off to Deloitte.

**Positive Cases Contacted within 24 hours:**

Almost all positive cases are currently contacted within 24 hours to provide their results, instruct them to self- isolate and to provide them with an informational package of materials for them and to share with their employer and close contacts. By the end of the week we expect that to achieve contact all positive cases within 24 hours of receipt of lab results.

Fewer than 10% of cases are followed up for full disease investigation within 24 hours to identify close contacts and establish ongoing contact. Once close contacts are identified – we assume Deloitte is attempting to reach those contacts within 24 hours to provide notification for quarantine and monitoring after we send out a daily line list.

WCHD is spanning about 10 days behind on disease investigations as illustrated by the table below, which was current as of the morning of August 10, 2020. Continued efforts by the public to prevent spread are necessary to be able to have the daily case count reduced to a level where testing and contact tracing is a viable strategy for control.

<b>Date Reported</b>	<b>Total Reported</b>	<b>Completed</b>	<b>Remaining</b>	<b>% Investigated</b>
7/28/20	93	93	0	100%
7/29/20	120	115	5	96%
7/30/20	103	68	35	66%
7/31/20	58	58	0	100%
8/1/20	92	82	10	89%
8/2/20	49	41	8	84%
8/3/20	66	62	4	94%
8/4/20	61	30	31	49%
8/5/20	78	14	64	18%
8/6/20	68	9	59	13%
8/7/20	95	9	86	9%
8/8/20	40	5	35	13%
8/9/20	48	6	42	13%
<b>Total</b>	<b>971</b>	<b>592</b>	<b>379</b>	<b>61%</b>

## **Overview of Contact Tracing Findings:**

The disease investigations reveal that community spread is occurring and people become exposed and infected with COVID-19 by being out and interacting with others in a variety of settings including workplaces, retail and other service outlets, recreation/dining, and gatherings. Private gatherings in which people are coming into close contact and interaction with others (included extended family members) outside of their immediate household is an area that seems to be a common high-risk activity. Whether contracting COVID-19 through private gatherings or from the other activities described above, the other common setting for outbreaks is within households. Once a household member is infected it is likely to spread within the household. Some workplace settings have experienced spread within a workplace, but the types of workplace settings in which this occurs are quite variable. Vulnerable populations in skilled nursing and memory care facilities and their staff have also been found to be sources of outbreaks.

## **6. Protection of Vulnerable Populations**

- **Efforts and interventions in skilled nursing facilities**

See the information provided on testing, above. Skilled nursing facilities are licensed by the State and the State has the lead in working with the facility on outbreaks and for patients involved. The Health District is responsible for the disease investigation and contact tracing of staff that test positive for COVID-19. In addition to providing or facilitating access to test collection kits, the County has also provided PPE resources to these facilities.

- **Efforts and Interventions in Correctional Facilities**

The Washoe County Sheriff's Office in partnership with the State of Nevada Department of Health and Human Services, Washoe County Health District, and following CDC guidelines has implemented a number of precautionary procedures to include but not limit to:

- Single point access with disinfection and health screening for anyone coming into our facility
- Education and training for staff and inmates through CDC and Washoe County Health in regard to identification, disinfection and washing hands
- Established a quarantine/isolation unit to ensure inmates with ILI (influenza-like illness) or symptoms were immediately isolated along with others in close contact with them
- COVID-19 testing of staff and inmates
- Identification of our high-risk inmate population
- Round the clock disinfection of the facility by inmate work crews
- All housing units supplied with extra soap and hand sanitizer
- Discontinued all contact visitation

- Cancellation of all inmate transports outside of the Washoe County Jail
- Resurrection of video courts and arraignments at the Washoe County Jail
- Cancelled inmate fee for medical consults
- Approved/coordinated (with contractors) free email, phone and video conference calls with loved ones to reduce anxiety
- Reduced our population from an average daily population (ADP) of 1100 inmates to an average ADP of 780 inmates
- Developed a quarantine plan for all new arrestees who are booked into the Washoe County Jail
- Every new inmate is quarantined with other from the same 24-Hour booking period
- Every new inmate is tested for COVID-19 before being placed in general population housing.
- All inmates are now required to wear a facemask any time they leave their assigned housing unit
- Court, medical, programs, counseling, etc.
- To date, we have tested more than 600 inmates and staff. 2 inmates test positive for COVID-19 however, both of these inmates were identified as COVID carriers from arrest and isolated until a release could be coordinated.
- Additionally, 5 Deputy Sheriff's from the Washoe County Detention Facility have tested positive; after each positive test, a full investigation was conducted, and measures were taken to protect inmates and staff who had close contact.

## **7. Efforts and Interventions in High-Risk Communities**

County has worked with regional partners to prevent outbreaks in the homeless population. The Reno Events Center has been utilized to provide social distancing and spacing that wasn't attainable in the CAC shelter. The new Our Place women's and family shelter facility has also been opened and is providing housing in socially distanced settings for this population.

Housing for homeless people that had COVID-19 symptoms or tested positive for COVID-19 has been provided through a contract with WellCare to provide beds and non-hospital care for this population. A contract with REMSA has been established for transport of these individuals and the WellCare housing has also been utilized for homeless individuals being discharged from hospitals that are not yet released from isolation. Thirty-six homeless individuals have been housed at WellCare through July 27.

The community has worked together regarding encampments to attempt to avoid displacing this homeless population when possible in accordance with the CDC guidance. Handwashing stations, portable toilets, and clean-up has been provided around these encampments. Some encampments have had to be addressed due to other public safety threats they posed. This activity was coordinated with partners and outreach to provide services and offer testing and housing was conducted.

## **8. Enforcement**

### **TOTAL COMPLAINTS BY MONTH (Unincorporated County and City of Reno):**

March = 341

April = 446

May = 188

June = 216

July = 241

August = 11 (unincorporated County only)

**Total Complaints March to Aug 12, 2020 = 1,443**

### **RANDOM CHECKS**

Unincorporated County only:

July = 29

August = 35

**Total Random Checks for July -Aug 12, 2020 = 64**

\*City of Reno unmarked / undercover inspections visits inside of business: 62

## **9. County Action Plan**

Based on current contact tracing investigations and enforcement inspections, we believe that private gatherings are the primary identifiable source of the increase in cases and the positivity rate in our region. To address this, the Washoe County Incident Management Team (IMT) which includes the City of Reno, Sparks, Washoe County and the Washoe County Health District (WCHD) are collaborating to develop and implement a COVID-19 community engagement campaign to encourage Northern Nevadans to comply with CDC and WCHD guidance for social distancing, wearing a mask avoiding private parties and gatherings and other measures to stop the spread of COVID-19 in our community. Given the urgency of the situation, the IMT partners have agreed to jointly use up to \$300k in CARES Act funding and utilize the IMT emergency powers declaration to expedite this process. Outside advertising agency resources have been selected to provide a creative media and outreach campaign with a planned start by the end of August. Messaging will focus on community segments that appear to be driving the spread of the virus in Northern Nevada.

In addition, the jurisdictions will continue to work on COVID-19 mask and social distancing enforcement in our local businesses while escalating enforcement on resisting businesses to local law enforcement or OSHA if necessary.



# ROAD TO RECOVERY: Moving to a New Normal

*August 3, 2020*



## Road to Recovery: Moving to a New Normal

The State of Nevada remains in the response stage to the COVID-19 pandemic and will be for the foreseeable future. To be successful, Nevada has developed a sustainable response model, one that will allow the Administration to utilize all available state and county assets in this response and recovery effort, maximize consistency and accountability, and prioritize the communication of the State's most accurate data to the public and to decisionmakers. This is a natural evolution in the State's response, and one that recognizes the need for a deliberate and predictable response to the protracted crisis of a global pandemic.

The plan outlined here provides for these considerations. First, it recognizes the Governor's intent to protect essential capacities and capabilities for addressing this crisis while also protecting vulnerable populations. Second, it provides a structured and predictable approach for political subdivisions in Nevada to understand how State officials are interpreting county-level data and to see what mitigation measures will be put in place to protect the health and safety of Nevadans. And third, it creates a coordinating body and timeline for the rest of the year to assess data and communicate restrictions to local governments.

This first component, the critical statewide metrics, allow the Governor to monitor the elements that are essential to Nevada's overall response. They are key capacities, such as hospital beds, ventilators, and access to personal protective equipment (PPE); they include monitoring all three elements of statewide testing capacity: specimen collection, laboratory testing, and disease investigation (case investigation and contact tracing); and these metrics include the State's ability to prevent outbreaks as they occur and to protect vulnerable populations. These metrics have been essential indicators to decision makers throughout the State since the Governor unveiled his initial plan, and they remain critical today.

The second component, monitoring county criteria, establishes a key innovation that will allow statewide partners to better respond for the long term. Since the beginning of Nevada's response to this pandemic, statewide decision makers have relied on daily data. While these data have improved over time, they have not always been true and current as of their date of release, and therefore, they have not always presented the most reliable depiction of the trends in our state. Nevada will continue to work to improve reporting systems and refine our data on hand, however, the best way to proceed is to lengthen the periods of reporting key data.

Through this plan, counties will all be assessed according to the same data, and all with expanded timelines, as outlined below. These data will be assessed against three criteria,



## Road to Recovery: Moving to a New Normal

and decisions will be made regarding increased, static, or decreased mitigation levels for each county based on the current trajectory of the severity and exposure of the virus. Based on the critical statewide metrics described above, the Governor may also impose or relax additional restrictions in a variety of cases.

The final component, ongoing communication, coordination, and collaboration is intended to ensure that this plan can be implemented in a way that meets statewide needs. It establishes the key agencies and leaders at the State and local level and provides a timeline for carrying out this plan. This is intended to ensure that the State's effort is coordinated and that decisions are communicated with as much advance notice and community input as possible.

Together, the three components of this plan will help Nevada continue to evolve and improve its ongoing response over the long term. It will ensure that Nevada's effort remains federally supported, state managed, and locally executed. And it will ensure that we continue to protect the health and safety of all Nevadans.

### 1: Critical statewide metrics

There are several critical metrics that track statewide resources, efforts, and populations, regardless of which county or tribal nation that they may call home. If there is an elevated risk impacting these metrics in Nevada, the Governor may issue statewide directives to ensure these critical services remain intact.

These metrics have guided Nevada's efforts since the beginning of the statewide response, and they include:

- Hospital Capacity
- Access to Personal Protective Equipment
- Testing Capacity
- Case Investigation and Contact Tracing
- Protection of Vulnerable Populations
- Enforcement

These critical statewide metrics will also be used to evaluate the transmission risk and situation in each county on an ongoing basis, along with the county criteria, which are outlined below.

### 2: County Criteria

#### *Background*



## Road to Recovery: Moving to a New Normal

Nevada's counties are diverse in many ways and have been impacted by COVID differently. To ensure that each county is assessed for elevated disease transmission, the Nevada Health Response Team, a collaboration between the Governor's Office, Department of Health and Human Services, and the Division of Emergency Management, have created a county tracker. This tracker will be updated at least weekly to monitor progress.

### *Understanding the Data Being Monitored*

When reviewing the data, a few assumptions should be noted, such as:

- COVID positive case rates among state and federal prison inmates and staff are also included in the disease transmission data.
- Testing data may help explain or provide context for interpreting the elevated disease transmission data.
- County Testing Positivity Rate may not be accurate due to lack of reporting of patient county of residence by providers.

### **Elevated Disease Transmission**

The 30-day case rate and 14-day testing positivity rate are used to assess the level of COVID-19 burden in a county. For each measure, the higher the number, the more a county is impacted by COVID-19. However, it is important to look at this data in the context of average number of tests per day, as well as who is being tested. In general, higher number of tests per day indicates more widespread testing for COVID-19 beyond individuals who have symptoms. This means that more individuals who either do not have COVID-19 or have COVID-19 but are asymptomatic will be tested. As a result, as the number of tests per day increases, the case rate may increase (due to the identification of asymptomatic cases) and the testing positivity rate may decrease (due to more testing among individuals who do not have COVID-19). Accordingly, the specific criteria for ongoing assessment of counties are as follows:

1. **Average number of tests per day (per 100,000) < 150.** The average number of molecular tests resulted during the previous week in a county, divided by the number of people living in the county. This number is then multiplied by 100,000 to control for varying populations in counties. Due to reporting delay, this is reported over a 14-day period with a 7-day lag. Counties that average fewer than 150 tests per day will meet this criterion.
2. **Case rate (per 100,000) > 200.** The total number of cases diagnosed and reported over a 30-day period divided by the number of people living in the county. This number is then multiplied by 100,000 to control for varying populations in

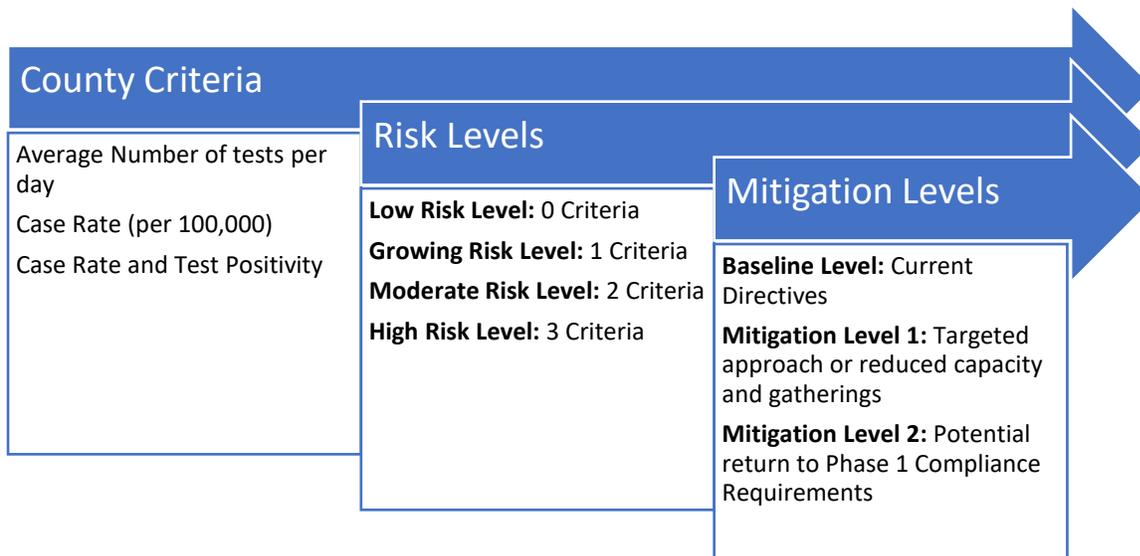


## Road to Recovery: Moving to a New Normal

counties. Counties with a case rate greater than 200 per 100,000 will meet this criterion.

3. **Case rate (per 100,000) > 50 AND testing positivity > 7.0%.** This is reported over a 14-day period with a 7-day lag. The total number of confirmed cases (identified via positive molecular tests) divided by the total number of unique people tested (molecular only). This number is then multiplied by 100 to get a percentage. Due to reporting delay (which may be different between positive and negative tests), there is a 7-day lag. Counties with a test positivity > 7.0% paired with case rate greater than 50 per 100,000 will meet this criterion.

A county is flagged for elevated disease transmission if it meets two of the three criteria in consecutive weeks. As described in greater detail in the section below, a county experiencing increased risk with respect to meeting two or more of these criteria for two or more consecutive weeks will enter an assessment and review process with the state that could result in changing the county's mitigation level. As shown below, *the criteria determine the risk level and the risk level determine the mitigation level.*



It is important to note that these criteria are slightly different than the similar criteria used in determining the outcomes provided in Directive 027, which closed bars in certain counties. These changes were driven by input from statewide partners and refinements determined by members of the Nevada Health Response team. Due to these changes, the jurisdictions meeting two or three criteria have changed.



### *County-level Implementation and Actions*

The level of mitigation that may be required in each county is determined by both the degree of severity and the duration at the level (growth and reduction of severity). However, there may be items of special consideration or mitigating circumstances that impact the level of mitigation requested or required of the county. For example, if specific data is available that indicates the exposure risk in a particular county is due to a specific business or type of business or is isolated in a particular region within one community, mitigation may apply to those entities or areas only.

If a county is found to be at a higher level the first week, they will enter a warning week. During the warning week a county or entity will be notified of the criteria used to determine the risk, and following that there will be a consultation with that entity or jurisdiction as well as a discussion regarding next steps that could be taken and any available public health assistance from the State. The Local Empowerment Advisory Committee (LEAP) may also be involved in the consultation.

- **Severity of Exposure Risk**

- **Low Risk Level:** County met 0 criteria
- **Growing Risk Level:** County met 1 criterion
- **Moderate Risk Level:** County met 2 criteria
- **High Risk Level:** County met 3 criteria

- **Duration**

The speed at which mitigation levels may increase is implemented at a shorter duration than relaxing mitigation levels. Therefore, increases in mitigation measure may occur within a week or two if the trend is showing increased spread but lessening or relaxing of those mitigation levels will be reviewed at longer intervals.

- Static Example
  - A county remains at a Low or Growing Risk Level: Remain at Baseline Mitigation Level
- Enhanced Mitigation Example
  - Week 1 at Same or Increased Risk Level: Warning Week at Baseline Mitigation Level
  - Week 2 at Same or Increased Risk Level: Mitigation Level 1
  - Week 5 at Same or Increased Risk Level: Mitigation Level 2
- Relaxing of Mitigation Example (if county started at Mitigation Level 2)
  - Week 1 at Same or Decreased Risk Level, with a score of less than 2: Planning Week



## Road to Recovery: Moving to a New Normal

- Week 3 at Same or Decreased Risk Level, with a score of less than 2: Reduction of Mitigation Level by 1 (to Mitigation of Level 1)
  - Week 5 at Same or Decreased Risk Level, with a score of less than 2: Reduction of Mitigation to Baseline Mitigation Level
- Items of Special Consideration and Mitigating Circumstances Related to Clusters/Outbreaks may include, but are not limited to, the following items:
    - COVID-19 conditions in regional geography and tribal nations
    - Cases in institutional settings
      - Long-term Care Facilities (residents)
      - Prisons (inmates)
      - Cases among families/households

### *Mitigation Level*

Mitigation levels may be targeted to specific industries, businesses, or communities based on findings during case investigation and contact tracing and other pertinent details affecting the disease progression locally. These mitigation levels are recommended to reduce the spread of infection and may be modified based on state and county consultation.

- **Baseline Mitigation Level:**
  - Maintain Statewide Directive Compliance
- **Mitigation Level 1**
  - Continue Statewide Directive Compliance and
  - **Either** take targeted action to address spread based on data
  - **Or** high-risk settings where face coverings may need to be removed (food establishment, pool, gym/fitness location, and bar) may move to 25% capacity
  - **And** public gatherings cannot exceed 25 people
- **Mitigation Level 2:**
  - Continue Statewide Directive Compliance and
  - **Either** take targeted action to address spread based on data
  - **Or** state or local business licenses may be removed for targeted businesses if outbreak at those locations cannot be controlled
  - **And** potential return to Phase 1 recommendations, which may include closure of high-risk businesses to curbside and delivery only services,



## Road to Recovery: Moving to a New Normal

closure of pools, curfew provisions imposed and further reductions of public gatherings

**NOTE:** Schools fall under a different criterion than the mitigation requirements noted above.

### *Targeted Approach*

This new approach will ensure the State, in coordination with each county, can assess all available data, evaluate key metrics, and make timely decisions based on the disease burden and transmission risk in each region throughout Nevada. Reviewing this critical data and metrics such as status of hospitalizations, disease investigation reports, and more will allow the State to better understand the capacity of each county to respond and then take targeted actions to help mitigate the spread. The goal of this targeted approach is to address identified risk areas and take action, and to avoid broad-based closures or limitations that could harm businesses who may not be the cause of spread.

In the case that there is not enough data or information needed to take a targeted approach in a county, or if a county is not collaborating with the State in a productive manner, the Task Force and/or the Governor maintain the right to take action and implement mitigation measures in accepted high risk settings.

## 4. Ongoing Communication, Coordination, and Collaboration

### COVID-19 Response Task Force

#### *State Agency Accountability*

A task force will be established to support this concept and to ensure statewide adoption. At a minimum, it will be made up of heads of key state agencies, private sector representatives, and local representatives. This task force will be charged with ensuring accountability for state-level efforts, coordinating essential activities between departments, and providing a sustainable model for receiving and sharing data and vetting proposals and recommendations.

The task force will be chaired by the Governor's COVID-19 Response Director and representatives from the following agencies should be appointed by the chair:

1. Department of Health and Human Services
2. Department of Business and Industry
3. Division of Emergency Management
4. Department of Education
5. Nevada National Guard
6. Governor's Office of Finance



## Road to Recovery: Moving to a New Normal

7. Nevada Hospital Association
8. Nevada Association of Counties
9. Nevada League of Cities
10. Nevada State Public Health Laboratory
11. Other necessary members at the determination of the chair

To ensure the success of this approach, the task force shall perform the following duties:

1. Meet on at least a weekly basis
2. Provide a current situation report on COVID-19 in Nevada, including weekly case numbers and county-level analysis
3. Provide an overview of the COVID-19 response effort in Nevada, including enforcement numbers from throughout the state and other findings
4. Assess county status per these guidelines and make decisions for actions to be taken over the next week
5. Collaborate with county representatives to determine best methods for reducing the community burden of COVID-19

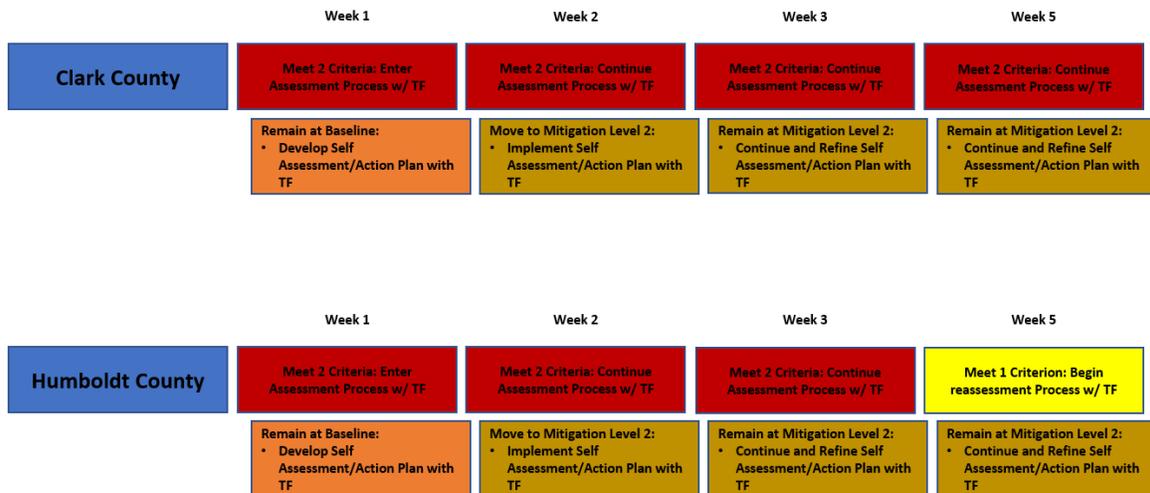
### *County Accountability*

Following the weekly meetings of the task force, the Governor's COVID-19 Response Director and related team will reach out to county leadership and inform them of the State's assessment of county exposure risk, based on county criteria data and critical statewide metrics. Counties not experiencing elevated COVID-19 risk will be informed that they will remain at the Baseline Mitigation Level. Counties experiencing elevated COVID-19 risk will enter the state assessment process with the task force.

These counties in the state assessment process will be asked to complete a local risk assessment and action plan based on the Critical Statewide Metrics and provide them to the task force; the task force will evaluate the risk assessment and action plan based on state and federal data; and once approved by the task force, a local strike team will be responsible for implementing the action plan and reporting metrics to the task force. An example of this process for two counties is provided below:



## Road to Recovery: Moving to a New Normal



Additionally, during the assessment process, counties will be asked to include details on activities, industries, or businesses experiencing the greatest reports of possible exposure sites within the region. This includes the broad categories to support more public messaging efforts (ex: reminder to food establishments to require face coverings until food is served if there is an increased spread in restaurants). Additionally, the counties will be provided a list of the businesses or locations named through the disease investigation process. If there are notable outliers where infection seems to be spreading at disproportionately high rates, the local strike team consisting of applicable city, county, state, or other regulatory entities that have oversight over the business or location will be deployed to conduct a thorough investigation of the business and develop a mitigation plan for that business based on the findings of the investigation.

###