

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

Thursday, July 22, 2021
1:00 p.m.

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

or via zoom at <https://zoom.us/j/97650445987>

Phone: 1-669-900-6833 - Meeting ID: 976 5044 5987

(please be sure to keep your devices on mute and do not place the meeting on hold)

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. All public comment is limited to three minutes per person.

Requests for public comment via zoom must be submitted by email to svaldespin@washoecounty.us before the scheduled meeting. Reasonable efforts will be made to hear all public comment during the meeting. All members of the public can public comment by logging into the ZOOM meeting via the above link.

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

4. Approval of Agenda. (FOR POSSIBLE ACTION)

July 22, 2021

5. Recognitions.

A. New Hires

- i. Sahara Cruz, July 6, 2021, Office Assistant II - IZ – CCHS
- ii. Kaelyn York, July 6, 2021, Public Health Nurse I – CCHS
- iii. Jordan Petrilla, July 6, 2021, Public Health Nurse I – CCHS
- iv. Ernesto Rodriguez, July 19, 2021, Office Assistant II – IZ- CCHS

B. Years of Service

- i. Amy Santos, 5 years, hired July 11, 2016 – EHS

C. Transfers

- i. Kaleigh Behrendt, transfer to Public Health Nurse II from Nursing Supervisor in Senior Services effective June 7, 2021 – CCHS

D. Promotions

- i. Mike White, from CCHS Storekeeper to COVID Office Support Specialist effective June 28, 2021– COVID EPHP
- ii. Joseph Crump, from Intermittent Hourly Public Health Nurse to Public Health Nurse I, effective July 6, 2021 – CCHS
- iii. Nicole Alberti, promoted from Health Educator II to Health Educator Coordinator, effective July 6, 2021 – CCHS

E. Special Recognitions

- i. Jim English, Advanced Leadership Academy - UNR
- ii. Nicole Alberti, Advanced Leadership Academy – UNR

F. Recognition of County Staff Providing Critical Support for the Health District COVID-19 Response

- i. Dan Cahalane, Planner, CSD
- ii. Denise Evans, Volunteer Coordinator, CSD
- iii. David Gonzales, Equipment Services Superintendent, CSD
- iv. Dylan Menes, Sr. Engineer, CSD
- v. Aaron Smith, Business Intelligence Program Manager, CSD
- vi. Sarah Tone, Business Facilitator, CSD
- vii. Shane Weckerly, Recreation Coordinator, CSD
- viii. Kristy Lide, Curator, CSD
- ix. Samantha Pierce, Internal Auditor, County Manager’s Office

6. Consent Items. (FOR POSSIBLE ACTION)

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

A. Approval of Draft Minutes – **(FOR POSSIBLE ACTION)**

- i. June 24, 2021

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

- i. Approve an Interlocal Agreement between Washoe County Health District (District) and Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine (School) to provide services associated with detection and description of populational and environmental public health threats, retroactive to July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, with automatic renewal of two successive one-year periods for a total of 3 years unless previously terminated pursuant to other provisions of this Agreement.
Staff Representative: Lisa Lottritz
- ii. Authorize FY22 Purchase Order to Merck Sharp & Dohme Corporation in the amount of \$150,000.00 to purchase vaccines for the Immunization and Family Planning Programs.
Staff Representative: Kim Graham and Katherine Sobrio

- iii. Approve a Grant Award and Agreement from Nevada Clinical Services, Inc. retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$132,000.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Control Program IO# 29024; and authorize the District Health Officer to execute the Agreement and any future amendments.
Staff Representative: Kim Graham and Kelli Goatley-Seals
- iv. Approve a Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to July 1, 2021 through June 30, 2023 in the total amount of \$626,822.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11855 and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Kim Graham and Kelly Verling
- v. Approve the additional provisions outlined in the Addendum #1 to Interlocal Agreement No. 2100872 between the District Board of Health and the Board of Regents, NSHE on behalf of the University of Nevada Reno Public Health Training Center to provide a team of employees to assist in the Health District's COVID response for the period July 1, 2021 through June 30, 2023, and authorize the District Health Officer to execute any additional addendums.
Staff Representative: Kristen Palmer and Heather Kerwin
- vi. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$948,213.00 (\$94,821.30 cash match) retroactive to July 1, 2021 through June 30, 2022 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 MOU agreements with partnering agencies.
Staff Representative: Kristen Palmer
- vii. Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of \$707,547.00 retroactive to October 1, 2020 through September 30, 2021 for the Air Quality Management, EPA Air Pollution Control Program, IO# 11755 and authorize the District Health Officer to execute the Agreement.
Staff Representative: Kristen Palmer and Francisco Vega

C. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. **(FOR POSSIBLE ACTION)**

- i. Preston Homes – Case No. 1252, NOV AQMV21-0031
 - ii. Abbet Enterprises – Case No. 1253, NOV AQMV21-0033
 - iii. Ryder NV Management, LLC – Case No 1260, NOV AQMV21-0029
 - iv. DWF V Summit Club Holdings, LLC – Case No. 1263, NOV AQMV21-0036
 - v. Tanamera Construction, LLC – Case No. 1298, NOV AQMV21-0027
 - vi. Aspen Developers – Case No. 1299, NOV AQMV21-0026
- Staff Representative: Joshua Restori

D. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2021. **(FOR POSSIBLE ACTION)**

Staff Representative: Anna Heenan

- END OF CONSENT -

7. **Regional Emergency Medical Services Authority.**
 - A. **Review and Acceptance of the REMSA Operations Report for May 2021. (FOR POSSIBLE ACTION)**
Presented by: Dean Dow
 - B. **Update of REMSA’s Public Relations during May 2021.**
Presented by: Alexia Jobson
 - C. **Discussion and possible approval of the revisions to the REMSA Exemption Guidelines Letter to better define exemptions related to construction, hospital evacuations and criteria for declared emergency exemptions. (FOR POSSIBLE ACTION)**
Presented by: Aaron Abbott
 - D. **Discussion and possible approval of the recommended Consultant Fitch & Associates to prepare a market survey study report. (FOR POSSIBLE ACTION)**
Presented by: Aaron Abbott
8. **PUBLIC HEARING for review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 - Emergency Episode Plan. (FOR POSSIBLE ACTION)**
Staff Representative: Brendan Schnieder
9. **Recommendation and possible adoption of the July 21, 2020, Washoe County Public Records Request Policy. (FOR POSSIBLE ACTION)**
Staff Representative: Kevin Dick
10. **Recommendation to Approve the delay of Community and Clinical Health Services (CCHS) scheduled fee revision analysis until September 2022, and possible adoption of the new fees to January 2024. (FOR POSSIBLE ACTION)**
Staff Representative: Lisa Lottritz
11. **Presentation, discussion and possible adoption of revised Bylaws, and Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board. (FOR POSSIBLE ACTION)**
Staff Representative: Kevin Dick
12. **Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County. (FOR POSSIBLE ACTION)**
Presented by: Dania Reid, Deputy District Attorney
13. **Washoe County Health District Government Affairs Update. (FOR POSSIBLE ACTION)**
Staff Representative: Joelle Gutman
14. **Staff Reports and Program Updates.**
 - A. **Air Quality Management, Francisco Vega, Division Director**
Program Update - Clean Cars Nevada Webinar, Electric Vehicle Infrastructure Gets \$15 Billion, Electrification of Medium and Heavy-Duty (MHD) Vehicles, Monitoring and Planning, Permitting and Compliance.
 - B. **Community and Clinical Health Services, Lisa Lottritz, Division Director**
Divisional Update – CCHS Leadership Changes, 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; COVID-19 Vaccinations.

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, 1001 E. 9th St., Reno, NV

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

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

Washoe County Health District Website <https://www.washoecounty.us/health>

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

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th 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. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.



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

Members

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

**Thursday, June 24, 2021
1:00 p.m.**

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

1. Roll Call and Determination of Quorum

Chair Delgado called the meeting to order at 1:02 p.m.
The following members and staff were present:
Members present:

Oscar Delgado, Chair
Michael Brown
Kristopher Dahir

Dr. Reka Danko (telephonically)
Dr. John Novak
Tom Young

Members absent: Robert Lucey, Vice Chair
Kristopher Dahir

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Brian Sooudi, Deputy City Attorney
Joshua Restori
David Kelly
Dr. Nancy Diao
Francisco Vega
Erin Dixon
Lisa Lottritz

2. Pledge of Allegiance

Dr. John Novak led the pledge to the flag.

3. Public Comment

Chair Delgado opened the public comment period.

Ms. Valdespin call Taylor Jenkins, as a registered public comment; however, Mr.

Jenkins was not available.

Having no additional public comment, Chair Delgado closed the public comment period and offered to reopen public comment should Mr. Jenkins become available via zoom.

4. Approval of Agenda.

June 24, 2021

Health Officer Kevin Dick reported a clerical error on the agenda regarding this agenda. The record should reflect that the agenda being approved is for June 24, 2021 not May 27, 2021. Additionally, Mr. Dick stated Item #13 of this agenda would be continued to July.

Tom Young moved to approve the agenda for the June 24, 2021, District Board of Health regular meeting. Dr. John Novak seconded the motion which was approved unanimously.

5. Recognitions.

A. Transfers

- i. Petra Bartella, transfer to Community Service Department from EPHP COVID as Grants Coordinator effective July 5, 2021 – COVID-19 EPH Division

Mr. Kevin Dick recognized Ms. Bartella's transfer from the COVID Response to Community Services Department.

B. Retirements

- i. Angela Penny, effective July 7, 2021, Public Health Nurse Supervisor – CCHS

Mr. Dick recognized Ms. Penny on her retirement. He briefly spoke about her over 26 years of service at the Health District as she has been a tremendous asset throughout her career, and she will be missed. Mr. Dick thanked Ms. Penny for her service as he introduced Lisa Lottritz to speak.

Lisa Lottritz briefly made remarks about working with Ms. Penny for the past 26 years. Ms. Lottritz expressed her appreciation for Ms. Penny and stated Ms. Penny will be missed.

Ms. Penny thanked everyone for the gesture and expressed her appreciation for the team she worked with.

Chair Delgado thanked Ms. Penny for her service.

C. Promotions

- i. Kelley Goatley-Seals, from Health Educator Coordinator to Public Health Supervisor effective May 10, 2021– CCHS
- ii. Tasha Pascal, from Public Health Nurse I to Public Health Nurse II, effective May 13, 2021 – CCHS
- iii. Victoria Nicolson-Hornblower, from Public Health Nurse II to Public Health Nurse Supervisor, effective June 14, 2021 – CCHS

Ms. Kevin Dick noted all the promotion within the Health District and congratulated everyone for their achievement.

D. Special Recognitions for EMS Vaccination PODs

- i. Jill Andersen, North Lake Tahoe Fire Protection District
- ii. Shane Akerson, Truckee Meadows Fire Rescue

- iii. Tyler Gayton, Sparks Fire Department
- iv. Kim Eastman, Reno Fire Department
- v. Markus Dorsey-Hirt, REMSA

Mr. James English stated he was honored to recognize these five individuals who have worked with five different agencies throughout this pandemic, ensuring the community had access to vaccinations. Mr. English noted these organizations were non-traditional vaccine/medical providers, however, without them Washoe County would not be leading the State of Nevada in vaccinations.

Mr. English stated these groups met all the stringent requirements and worked around the clock to manage vaccines and paperwork as well as maneuver the State Playbook for vaccination deployment.

Mr. English introduced the group and spoke of all their achievements individually and presented them with a plaque and a challenge coin.

Jill Andersen – Firefighter Paramedic and Infection Control Office with North Lake Tahoe Fire Protecting District with 12 years of experience. Ms. Andersen worked with IVGID and the Incline Community Hospital to vaccinate the entire community and oversaw over 1,000 vaccinations in the Incline Village area.

Kim Eastman – EMS Coordinator as well as the COVID EMS Coordinator for the Reno Fire Department with over 15 years of paramedic experience. Ms. Eastman helped coordinate over 70 community PODs within Washoe County/Truckee Meadows region. Her group administered and oversaw over 10,000 vaccinations.

Shane Akerson – Fire Captain and Infection Control Officer at Truckee Meadows Fire Rescue with 9 years of experience. As Infection Control Officer Mr. Akerson administered a variety of testing. His group oversaw 4,300 vaccinations as well as assisted in transferring vaccine between locations. Mr. Akerson also ran a weekly POD for seniors.

Tyler Gayton – is with Sparks Fire Department with 16 years of experience and a volunteer to the Emergency Response. Coordinated over 49 PODS within the City of Sparks and vaccinated over 5,700 individuals and he is now assisting Immunize Nevada.

Markus Dorsey-Hirt - Chief Nursing Officer and Chief Flight Nurse with REMSA Care Flight with 17 years of experience. Mr. Dorsey-Hirt assisted with homebound testing and vaccination. His group has administered over 2,400 vaccinations.

Mr. English expressed appreciation for all their efforts.

6. **Consent Items**

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

A. Approval of Draft Minutes

- i. May 27, 2021

B. Budget Amendments/Interlocal Agreements

- i. Recommendation to approve an Interlocal Agreement between the Washoe County Health District and the Sheriff's Office to provide family planning services to female inmates housed at the Washoe County Detention Facility [No fiscal impact] with the effective date of July 1, 2021.

Staff Representative: Lisa Lottritz

- C. Retroactively approve the donation of bike racks and installation supplies for The Village on Sage Street in the amount of \$2,342.39.

Staff Representative: Kim Graham and Rayona LaVoie

- D. Acceptance of the “Washoe County, Nevada Air Quality Trends (2011-2020)” Report.

Staff Representative: Francisco Vega

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

- i. Keystone SF Partners, LLC – Case No. 1233, NOV AQMV21-0024
- ii. Peavine Investors, LLC – Case No. 1234, NOV AQMV21-0025
- iii. RPC Business Park, LLC – Case No. 1265, NOV AQMV21-0028
- iv. Aspen Earthworks, Case No. 1267, NOV AQMV21-0030

Staff Representative: Joshua Restori

- F. Acknowledge receipt of the Health Fund Financial Review for May, Fiscal Year 2021.

Staff Representative: Anna Heenan

Dr. John Novak moved to approve the consent agenda. Tom Young seconded the motion which was approved unanimously.

7. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Operations Report for May 2021.

Presented by: Dean Dow

Mr. Adam Heinz was present on behalf of Mr. Dean Dow. Mr. Heinz began his presentation noting a letter indicating the start of REMSA’s market study which must be completed by the end of the year.

Mr. Heinz opened this item for questions the Board may have regarding the report that was submitted by REMSA.

Dr. John Novak moved to approve REMSA’s May 2021 Report. Tom Young seconded the motion which was approved unanimously.

B. Update of REMSA’s Public Relations during May 2021.

Presented by: Alexia Jobson

Alexia Jobson presented the Public Relations report for May 2021.

Ms. Jobson provided updates since the writing of her report. Stacie Selmi nominated by REMSA Health as the honorary for the Nevada Woman’s Fund Annual Woman of Achievement Celebration. Ms. Jobson provided a brief background for Ms. Selmi. Ms. Jobson reported REMSA Health provided interviews regarding heat related illness which included tips to stay safe and signs and symptoms of heat illness.

Ms. Jobson concluded by reporting REMSA Health has participated in several local COVID-19 vaccination PODS.

Ms. Jobson opened her item for questions from the Board.

8. Emergency Medical Services Advisory Board Update.

Presented by: Manager Neil Krutz, Chairman

City of Sparks Manager, Neil Krutz began his presentation by stating that his goal is to improve communication between the Advisory Board and the Board of Health by appearing quarterly to provide a summary from the EMS Advisory Board and take any feedback.

Mr. Krutz reported on the items discussed at their May 6, 2021 Board meeting, including an update of the bylaws for the Advisory Board, updates to the Strategic Plan, presentation on the Washoe County Trauma Data report, and CAD-to-CAD Implementation Project Update.

Mr. Krutz opened his item for questions from the Board.

9. PUBLIC HEARING for possible action to affirm, modify, or reverse the recommendation of the Air Pollution Control Hearing Board as to Gary R. Schmidt, Owner/Operator of the Reindeer Lodge regarding Notice of Violation No.'s AQMV21-0002, AQMV21-0003, AQMV21-0004, AQMV21-0005.

Staff Representative: Francisco Vega and Joshua Restori

Mr. Roger Edwards spoke about the continuation of this item, as he had not received documentation as he felt he was a party to the item.

Chair Delgado continued to call the Public Hearing to order.

Deputy District Attorney, Dania Reid recused herself from these proceeding allowing Brian Sooudi, Deputy City Attorney to represent the District Board of Health in this matter.

Chair requested counsel's direction in order to proceed.

Mr. Sooudi advised Chair to call for public comment. Additionally, Mr. Sooudi made note of the appellant, Gary Schmidt's request for a continuance, via his attorney and advised the Board to take that in consideration.

Ms. Valdespin called Ms. Joanna Schumacher to make public comment. Ms. Schumacher stated that out of an abundance of caution she would read a letter written by Taylor Jenkins, Esq. attorney for Gary Schmidt. The letter asked for continuation of this item. This letter is attached to the agenda packet for June 24, 2009, item #9.

Ms. Schumacher apologized if her comment was redundant, but she wanted it to be on the record.

Ms. Valdespin called Taylor Jenkins for public comment without a response via zoom.

Mr. Roger Edwards began his public comment by stating he is a retired Washoe County Planning Commissioner and General Contractor. Mr. Edwards stated he was a party to this current project due to his experience. Mr. Edwards opines that is difficult to resolve these issues by voting on them. He states the appellant has regular considerations. Mr. Edwards continued to opine that mitigation for this project is impossible, as it was collapsed building. Mr. Edwards opines it does not make sense to cite this appellant for the asbestos violation.

Chair opened the item for discussion.

Tom Young stated he understands the complexity of these types of projects but also opined there is a lot of data to process. Mr. Young suggested the case be continued another month in order to clean up the case and review it more thoroughly.

Dr. John Novak agreed that this is a complex issue, however, the information received in the past 48 hours is not substantially different than what has been received in other forms. Dr. Novak opined the Board needs to move on as it has been discussed between attorneys, unless there is something new.

Mike Brown agreed with both Tom Young and Dr. John Novak, however, he feels a timeline is necessary if this will be continued. He opines the Board must move on.

Health Officer Kevin Dick reported that numerous records requests have been processed for the appellant or on his behalf, which have been time consuming and costly as some are duplicative.

Dr. John Novak asked if the Air Quality Review Board has already looked at this case and if the Board's findings were to move forward.

Chair reiterated that this discussion was to determine if this case should be continued for future consideration by the Board of Health. Additionally, Chair opined they have not received new information and asked counsel if a personal conflict would be deemed enough reason to continue this case.

Mr. Sooudi stated that while discretionary in the judicial system a simple personal reason for not attending is not sufficient. He advised action must be taken on the continuance matter prior to further discussion.

Chair asked for a motion regarding a continuance.

Dr. John Novak moved to deny the continuance and deal with the issue. Mike Brown seconded the motion which was approved four to one, with Tom Young opposing.

Chair called the appellant or his representative, both in absentia. Additionally, Chair asked for a five-minute recess to review the new documents that were received from the appellant.

Chair called the meeting back to order at 1:52 p.m.

Chair asked if all documents have been provided to the Board, Ms. Valdespin confirmed.

Chair called Air Quality Management to present their case.

Joshua Restori appeared for Air Quality Management. Mr. Restori began his presentation by discussing the decision of the Air Pollution Control Hearing Board (APCHB) and the process that was used to reach such decision, including a two-hour deliberation on April 9, 2021.

Mr. Restori informed the Board of his credentials and experience along with a timeline of events. Mr. Restori reported that this case began in June 2019 and continued to May 2021, all actions leading to this Public Hearing. Mr. Restori included photographic evidence that supported the issuance of the violations. Mr. Restori PowerPoint presentation is available online via the District Board of Health webpage.

Mr. Restori reported on all the details per violation and the decision made by the APCHB on each of those violations.

Mr. Restori concluded by stating that the APCHB has reviewed and deliberated over all pertinent information associated with this case and voted to uphold the violation and administrative penalty.

Tom Young asked if the asbestos abatement has been mitigated.

Mr. Restori affirmed.

Chair opened the item for discussion.

Mr. Young asked if there was any new information in the last month that would merit a continuance.

Mr. Restori stated there was no new information.

Chair Delgado thanked Mr. Restori for his presentation and asked for confirmation that the APCHB has reviewed and documented the facts of this case and deliberated respectively.

Mr. Restori affirmed.

Chair called for public comment. Ms. Valdespin confirmed there was no additional registered comment for the item.

Dr. John Novak moved to approve the denial of the appeal of case #1229 and uphold the decision of the APCHB. Tom Young seconded the motion which was approved unanimously.

- 10. Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 Emergency Episode Plan with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for July 22, 2021, at 1:00 pm.**

Staff Representative: Francisco Vega

Brendan Schnieder appeared on behalf of Air Quality Management. Mr. Schnieder began his presentation by providing a brief description of the Emergency Episode Plan, which has not been revised since 2006. Mr. Schnieder provided a list of the proposed revisions which included but were not limited to updating the emergency episode stages to reflect the current national ambient air quality standards.

Mr. Schnieder reported that their public participation process for advising the plan included public notices in the Reno Gazette Journal, links on OurCleanAir.com, post/tweet on Facebook and Twitter, and emails to City Managers and County Manager, Washoe County School District and the National Weather Service in Reno. Additionally, two public workshops were held.

Mr. Schnieder opened his items for question from the Board.

Health Officer, Kevin Dick summarized that there are not very significant changes to the entire process for emergency episode, however, it does update the levels in the regulation to be current with the National Ambient Quality Standards.

Mike Brown moved to approve the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 and a hearing be set for July 22, 2021, at 1:00 p.m. Dr. Reka Danko seconded the motion which was approved unanimously.

- 11. Recommendation for the reappointment of Nick Vestbie, P.E. and Matt Buehler, MS, MBA as members of the Sewage, Wastewater and Sanitation Hearing Board (SWS Board), reappoint Matt Smith as an alternate, and appoint Frank Kurnik, Jr. as an alternate to the SWS Board for a three-year term beginning June 25, 2021 and ending on June 24, 2024.**

Staff Representative: David Kelly

Health Officer, Kevin Dick introduced David Kelly to present this item.

Mr. Kelly began his presentation by acknowledging the passing of Ray Pezzonella. Mr. Pezonella was an alternate member of the Sewage, Wastewater, and Sanitation Hearing Board

(SWS Board) and as such provided his expertise for the benefit of said Board. His participation will be missed.

Mr. Kelly continued to report the requests of the Board from the May 27, 2021 meeting in reference to public recruitment have been put in place. Mr. Kelly reported an additional candidate resulted of said recruitment.

Mr. Kelly opened his item for questions from the Board.

Dr. John Novak moved to reappoint Nick Vestbie, P.E. and Matt Buehler, MS, MBA as members of the Sewage, Wastewater and Sanitation Hearing Board (SWS Board), reappoint Matt Smith as an alternate, and appoint Frank Kurnik, Jr. as an alternate to the SWS Board. Tom Young seconded the motion which was approved unanimously.

12. Discussion and recommendation to approve the Academic Health Initiative Agreement between the Washoe County Health District and the University of Nevada, Reno.

Staff Representative: Kevin Dick

Health Officer, Kevin Dick began his presentation by providing the Board with a brief description and purpose of this agreement. Mr. Dick reported that an Academic Health Department was one of the items included in the Health District's Strategic Plan.

Mr. Dick acknowledged the work of Dr. Diao to develop this agreement with Dr. Larson, prior to Dr. Larson's retirement. Mr. Dick reported that this agreement will strengthen and enhance the opportunities in engaging UNR Public Health students in the Health District for on the ground experience and learn from the professionals within the Health District. Additionally, Mr. Dick opined this agreement will provide the opportunity for the Health District to work closely with UNR faculty and take advantage of their expertise.

Mr. Dick continued to report that the State is working to provide the Health District with funding for Academic Liaison physician, which further facilitates supporting the agreement.

Mr. Dick opened his item for question from the Board.

Dr. John Novak moved to approve the Academic Health Initiative Agreement between the Washoe County Health District and the University of Nevada, Reno. Tom Young seconded the motion which was approved unanimously.

13. Review, discussion, and direction to staff regarding the provision of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form or direct to forward any recommendations for possible amendments to Reno, Sparks, and Washoe County. (PULLED)

Presented by: Dania Reid, Deputy District Attorney

This item was pulled for further discussion in the meeting on July 22, 2021.

14. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update - AB 349 Closing "Classic Car" Loophole, SB 448 Clean Energy Investments and Infrastructure, Clean Cars Nevada, Monitoring and Planning, Permitting and Compliance.

Mr. Vega open his item by providing details on Assembly Bill 349, which would eliminate the Classic Vehicle Loophole for avoiding smog checks and what it would mean to the Air Quality Management Division.

Mr. Vega opened his item for question from the Board.

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

Divisional Update – Client Satisfaction Survey Results 2020; 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; COVID-19 Testing; COVID-19 Vaccinations.

Ms. Lottritz began her report by informing the Board that staff participated in Title X Hill Day with federal representatives. Additionally, she reports there is an additional active TB case that is being followed by the Health District.

Ms. Lottritz reported her division is focusing on back-to-school clinics for immunizations.

Ms. Lottritz opened her item for questions from the Board.

C. Environmental Health Services, Erin Dixon, Division Director

Environmental Health Services (EHS) Division: Program Updates; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.

Erin Dixon began her report by highlighting her division's 10 food special events efforts and acknowledge her staff's great work.

Ms. Dixon opened her item for questions from the Board.

Dr. John Novak asked if the division is seeing the typical special events applications coming in with the same number of attendees as in past years.

Ms. Dixon responded her team is preparing as if it will come in as anticipated in the past.

D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director

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

Dr. Diao began her report by highlighting that the Health Care Preparedness Program identified that Immediate Evacuation Training is needed for the region, therefore, different workshops were held in the community.

Dr. Diao reported that EPI News published a special edition on June 10, in response to the CDC's health advisory notification on increasing inter-seasonal respiratory syncytial virus (RSV).

Dr. Diao made herself available to respond to questions from the Board.

Dr. John Novak asked what age group is being affected by inter-seasonal RSV.

Dr. Diao reported some of the patients are less than one year old.

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

District Health Officer Report – COVID-19 Response, Joint Information Center, Government Affairs Update, Senate Bill 4 Update, Public Health Accreditation, Community Health Improvement Plan, Quality Improvement, Customer Service Survey, and Public Communications and Outreach.

Health Officer, Kevin Dick opened his item by providing an update on the COVID-19 response. Mr. Dick reported the Health District continues with the vaccination efforts and seeing a decrease in the number of people seeking vaccinations through the Health District. Additionally, he reported a 59.4% of the 12 and older population have initiated vaccinations and 53.75% of the 12 and older population have completed vaccinations. Mr. Dick informs Washoe County is leading the State due to the efforts of the Health District staff and community partners. Mr. Dick acknowledged Dr. John Novak for his contribution to the Health District POD.

Mr. Dick reported an increase on the test positivity rate from 2.8% to 3.8%, with 101 cases per 100,000 population over a 30-day period. He added that an increase in the Delta variant has been seen throughout the State, with 20 cases in Washoe County that include a local kindergarten class. Mr. Dick reported messaging has been sent to highlight the need for people to get vaccinated to protect themselves and others.

Mr. Dick reported that due to the transition period regarding the COVID-19 Response, on June 28, 2021, the Health District will be moving from a Regional Incident Management Team Response to the Health District leading the response efforts and utilizing the grant funds that have been provided for that purpose.

Mr. Dick continued to provide an update on Senate Bill 4. He reported that through provisions of SB386 the requirement for resort properties and large hotels to use EPA certified cleaners were removed, it reduced their cleaning requirements, it removed social distancing requirements, and it limited the provision of providing paid leave for employees the need to be tested or are infected with COVID-19 to those that were vaccinated.

Mr. Dick opened his item for question from the Board.

15. Board Comment.

Dr. Novak acknowledged Great Basin as a community partner for promoting vaccinations.

Tom Young reported 110 people were vaccinated during the event and appreciated Dr. Novak mentioning the efforts.

15. Public Comment.

Chair Delgado opened the public comment period.

Ms. Valdespin called Nicholas St. John followed by Kenji Otto.

Mr. Nicholas St. John stated he had a number of question and was not sure how to receive responses to those. Mr. St. John asked when the State of Emergency would be finalized. Mr. St. John also asked if there was a report that had the number of children that were vaccinated at last Mondays three schools. Mr. St. John stated “WHO” is not recommending vaccinations for children under 18 and asked why the Health District is pushing the vaccine to 12–17-year-olds. Mr. St. John asked for the science that is directing the Health District to continue to

administer the experimental vaccine. He opined there are heart related issues in teenage boys and bleeding in teenage girls and the CDC states there are only 3 potential deaths out of 100,000 infections. Mr. St. John opined this is less than the flu, but it's treated as if it's still killing people. Mr. St. John asked to be directed to where he can attain answers to his questions.

Mr. Kenji Otto began his comment by welcoming the Board back as he opined that the Board did not have contact with the public for quite a while. He continued to opine that the tyranny and dictatorship of the Board caused a lot of people to suffer.

Mr. Otto opined the District Health Officer should not be sitting at the dais, as Mr. Otto wished to address the Board not Mr. Dick. Mr. Otto believes Mr. Dick should be removed from his position for comments he has made against the County Commissioners' decisions. Mr. Otto referenced an article that quotes Dr. Randall Todd back in May 2020 as to why Mr. Dick should not be in his position. Mr. Otto opined he is more qualified to be a Health Officer based on his Air Force experience.

Mr. Roger Edwards began his comment by agreeing with Mr. Otto as to why he believes Health Officer should not be part of the decision-making body. Mr. Edwards opined hospitalizations are almost non-existent and therefore should have been a priority on the Health Officer's report. Mr. Edwards asked the Board to advise the County Commission to lift of all this.

Adjournment.

Chair Delgado adjourned the meeting at 2:46 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. 9th 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 before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. 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 FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been 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. 9th 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. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

DRAFT

Staff Report
Board Meeting Date: July 22, 2021

TO: District Board of Health

FROM: Lisa Lottritz, Division Director
775-328-6159, llottritz@washoecounty.us

SUBJECT: Approve an Interlocal Agreement between Washoe County Health District (District) and Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine (School) to provide services associated with detection and description of populational and environmental public health threats, retroactive to July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, with automatic renewal of two successive one-year periods for a total of 3 years unless previously terminated pursuant to other provisions of this Agreement.

SUMMARY

This Interlocal Agreement is between the District and School to provide services associated with detection and description of populational and environmental public health threats.

District Board of Health strategic priority:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The District conducts several clinical public health programs, collecting specimens which require diagnostic testing to provide key components to public health and disease control operations. The School has agreed to provide services associated with detection and description of populational and environmental public health threats, including genomic analyses, teaching, research collaboration and consultation in the area of infectious disease biology and detection for the District. The School will be responsible for the quality, technical accuracy, completeness and coordination of all reports, information, and specifications and other items and services furnished under this Agreement.

FISCAL IMPACT

Should the Board approve these Agreements, there is no impact to the adopted FY22 budget as the cost of this agreement was included in the following cost centers: 171300 – Sexual Health Program, 171400 Tuberculosis, 11783-Tuberculosis Grant, 11570-Family Planning Grant, 173000 – Family Planning

Program, 11855- State Family Planning Grant, 11784 – HIV Grant, and 171700-Communicable Disease Program.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve an Interlocal Agreement between Washoe County Health District (District) and Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine (School) to provide services associated with detection and description of populational and environmental public health threats, retroactive to July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, with automatic renewal of two successive one-year periods for a total of 3 years unless previously terminated pursuant to other provisions of this Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Agreement between Washoe County Health District (District) and Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine (School) to provide services associated with detection and description of populational and environmental public health threats, retroactive to July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, with automatic renewal of two successive one-year periods for a total of 3 years unless previously terminated pursuant to other provisions of this Agreement."

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine, hereinafter referred to as "School."

WITNESSETH:

WHEREAS, the District conducts several clinical public health programs, collecting specimens which require diagnostic testing; and

WHEREAS, the School has services associated with detection and description of populational and environmental public health threats; and

WHEREAS, the School has laboratory services which provides key components to public health and disease control operations, including genomic analyses, teaching, research collaboration and consultation in the area of infectious disease biology and detection.

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

The School agrees to:

1. Provide all services identified in Exhibit A Scope of Work under this agreement.
2. Be responsible for the quality, technical accuracy, completeness and coordination of all reports, information, and specifications and other items and services furnished under this Agreement and any amendments hereto.
3. Submit to the District monthly invoices indicating provided services and other allowed direct expenses.

The District agrees to:

1. Pay School for Services in accordance with the Fee Schedule described in Exhibit B which is attached hereto and incorporated by reference as part of the Agreement. The Fee Schedule may be renegotiated at the end of one (1) year upon request by either the District or the School. Renegotiated fees are subject to approval by the District Health Officer. If District requests School to perform additional services, other than those required to be performed under Services identified in Exhibit A, Scope of Work, the cost of such additional services shall be determined prior to commencing additional work. All additional services and amount of payment must be authorized in writing by District prior to commencing any work for such services.
2. Submit payment to the School for services shall be made within thirty (30) days after receipt and approval of the School's invoice. No penalty shall be imposed upon the District for payment(s) received by the School after thirty days.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA")

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

INDEMNIFICATION.

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

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

TERM. The term of this Agreement is from July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the District to terminate the Agreement as provided.

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

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

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

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

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

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

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

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

Notices to School shall be addressed to:

Susan Poore, Assistant General Counsel
UNR - UNSOM
1664 North Virginia Street
Penn Bldg, M/S 0332
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer
Washoe County Health District
1001 East Ninth Street
Reno NV 89512

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

District Board of Health

By: _____
Oscar Delgado, Chair

Date: _____

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

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

Date: _____

Nevada State Public Health Laboratory: Scope of Work

The Nevada State Public Health Laboratory (NSPHL) seeks to protect the health and safety of the citizens of Nevada. To do this, it provides a network of services associated with detection and description of populational and environmental public health threats. While the primary services provided by the NSPHL include diagnostic testing, the Laboratory will also provide key components to public health and disease control operations, including genomic analyses, teaching, research collaboration and consultation in the area of infectious disease biology and detection. These services are outlined below.

- a. **Human Diagnostic Testing Services.** The NSPHL will provide diagnostic testing services for Hepatitis, Human Immunodeficiency Virus, sexually transmitted diseases, and other infectious agents as outlined in Appendix A in compliance with the stated time-to-result after specimen receipt. All tests indicated are performed by licensed staff on the NSPHL premises, with the exception being when tests are requested that are not / cannot be performed on the NSPHL premises, in which cases the NSPHL will send out such specimens to a licensed laboratory. The NSPHL shall maintain the ability to provide HL7 (electronic) laboratory messaging which is bidirectional: this means that tests can be ordered electronically and results can be obtained by the same interface.

The NSPHL provides testing in all indicated areas using the most sensitive and specific methods available, as determined by both clinical trial and peer-reviewed research data. This includes “molecular” based methods for direct detection of microorganisms when such tests are available and culture-based methods for instances where molecular testing is inappropriate, not recommended or not available. For detection of infection by antibody-based testing, the laboratory maintains methods recommended by the Centers for Disease Control and Prevention (CDC) and cleared by the Food and Drug Administration (FDA). In addition to these diagnostic services, the NSPHL provides testing for public health purposes for any and all bacterial agents associated with human infection. These include enteric organisms that are the cause of gastrointestinal illness and

Nevada State Public Health Laboratory: Scope of Work

outbreaks, healthcare associated infections and exotic organisms associated with rare illness or crime/terrorism. Bacterial diagnostics include rapid identification through MALDI-TOF based methods, biochemical identification and when necessary, genomic sequencing.

- b. **Environmental and Food Testing.** The NSPHL provides chemical and microbiological testing for food (at no cost) when reasonable evidence suggests a potential contamination event that threatens human life. The NSPHL provides water testing for toxins, and microbiological agents that are a threat to human life and or quality of life.
- c. **Genomic and Phylogenetic Analyses.** For instances of public health importance such as outbreaks or significant index cases, the NSPHL can provide genomic sequencing of bacterial organisms and certain viral agents. Such sequencing will be accompanied by bioinformatic analysis which will provide phylogenetic (relatedness) analysis of organisms in furtherance of investigations. This means that in requested cases, for bacterial infections the deliverable to the Health District shall include:
- identification of organisms-strain typing
 - drug susceptibility predictions (via genomics)
 - visual aids including matrices and or trees describing phylogenetic information of submitted cases;
 - training, when necessary, for the interpretation of this descriptive intelligence

This information aids in the elucidation of outbreaks/transmission networks and can reveal point sources of infections. Genomic / phylogenetic services of infectious agents is free of charge for customers who pay for diagnostic testing offered in section "a" and "b" above. The service is provided at a fee for customers who do not purchase diagnostic testing. This is based upon the extra costs required of

Nevada State Public Health Laboratory: Scope of Work

obtaining and working-up isolates and positive specimens provided by other testing laboratories, including re-identification and library preparation.

- d. **Advise /Consult.** The Scope of Work includes that the NSPHL will provide, 24 hours / 7 days per week, oral or written consultation on all matters associated with infectious disease biology or testing, including information and training for the use of genomics in disease control. This consultation includes but is not limited to direct advice or information regarding:

- interpretation of test results
- the value and or need of retesting
- the limitations, capabilities and availabilities of testing technologies
- interpretation of complex testing algorithms (e.g. syphilis or HIV)
- interpretation and training regarding genomic data as it relates to organismal biology (e.g. drug resistance) and relatedness (phylogenetics and strain typing)

The NSPHL maintains partnerships that bolster its ability and depth of knowledge with regard to training and consultation. The NSPHL is part of the Association for Public Health Laboratories and is a member of the CDC Laboratory Response Network for both biological and chemical threats. The NSPHL also partakes in the CDC DPDx program which allows the NSPHL to utilize the CDC as a real-time diagnostic resource for parasitic infections as needed.

- e. **Research and Collaboration.** As a customer and partner of the NSPHL, the NSPHL provides resources for public health research. This includes but is not limited to collaborations such as providing laboratory testing to gather data for epidemiologic studies, the detection and description of emerging threats or determining the benefits of novel testing methodologies and capabilities. The NSPHL routinely

Nevada State Public Health Laboratory: Scope of Work

publishes findings in peer-reviewed published journals and writes grants which support research efforts. These capabilities can be shared with customers to execute collaborative research projects.

WASHOE COUNTY HEALTH DISTRICT FY 2022 Fee Schedule

CONFIDENTIAL

6/1/2021

Cytology	Expected TAT	CPT CODE(S)	PRICE
Thin Prep Pap Smear (Send Out)		88142	\$73.72
HPV High Risk		87621	\$36.00
HPV Genotyping 16,18/45 (Send Out)		87625	\$105.88
Pathologist Review of Atypical Thin Prep Pap Smear (Send Out)		88141	\$31.20
Hepatitis Analyses	TAT	CPT CODE(S)	PRICE
Hepatitis A, IgM	Setup Tues & Thurs. Reported Wed & Fri	86709	\$18.00
Hepatitis A, IgG		86790	\$18.00
Hepatitis B Surface Antibody (HBsAb)		86706	\$8.00
Hepatitis B Surface Antigen (HBsAg)		87340	\$8.00
Hepatitis B Core Antibody, Total		86704	\$8.00
Hepatitis B Immunity Screen		86706	\$8.00
Hepatitis C Antibody (HCV)		86803	\$18.00
HIV Analyses	TAT	CPT CODE(S)	PRICE
HIV 4th Generation (HIV-1, HIV-2 ABs & HIV AG)	24 Hrs.	87389	\$5.00
HIV 1 RNA, QL TMA (Send Out)	Send Out	87535	\$132.82
STD Analyses	TAT	CPT CODE(S)	PRICE
Chlamydia/GC NAATs (Urine, Swab & Self Collected sample types)	24 Hrs. M-F	87491\87591	\$20.00
Trichomonas vaginalis by TMA	24 Hrs. M-F	87798	\$10.00

WASHOE COUNTY HEALTH DISTRICT FY 2022 Fee Schedule

CONFIDENTIAL

6/1/2021

Syphilis	TAT	CPT CODE(S)	PRICE
FTA-ABS	24 Hrs. M-F	86780	\$12.00
TP.PA	24 Hrs. M-F	86780	\$12.00
RPR	24 Hrs. M-F	86592	\$6.00
RPR Titer Only	24 Hrs. M-F	86592	\$6.00
VDRL, CSF	24 Hrs. M-F	86592	\$7.50
Miscellaneous Testing	TAT	CPT CODE(S)	PRICE
Bacterial Culture with susceptibility if indicated			\$14.50
Bordetella pertussis by PCR		87798	\$65.00
Foodborne Outbreak Testing (Food and Patients)			\$0.00
GI Panel - Molecular (25 Pathogens)			\$175.00
Herpes Screen		87254	\$28.00
Herpes Screen w/Typing		87254x2	\$35.00
Influenza Surveillance (PCR)		87502	\$35.00
Measles			\$0.00
Mumps			\$0.00
Norovirus Virus by PCR (Non-Foodborne Outbreak)		87798	\$85.00
QuantIFERON Gold Plus (TB Screen)		86480	\$48.50
Respiratory Panel - Molecular (20 Pathogens)			\$175.00
Rubella, Total	24 Hrs. M-F	86762	\$8.50
SARS-CoV-2 Molecular Testing			\$0.00
TB Smear & Culture with workup of positives			\$0.00
Whole Genome Sequencing (n/c if billable testing routinely performed at the NSPHL)			\$0.00

WASHOE COUNTY HEALTH DISTRICT FY 2022 Fee Schedule

CONFIDENTIAL

6/1/2021

*NOTE: Testing may be referenced to CDC or an outside laboratory as needed to assure TAT or confirmatory testing
Fees may be waived for "outbreak investigation testing" as appropriate*

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021

TO: District Board of Health

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

Katherine Sobrio, Public Health Nurse Supervisor
775-328-2477, ksobrio@washoecounty.us

SUBJECT: Authorize FY22 Purchase Order to Merck Sharp & Dohme Corporation in the amount of \$150,000.00 to purchase vaccines for the Immunization and Family Planning Programs.

SUMMARY

The Washoe County District Board of Health must approve purchases in excess of \$100,000.00.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

No previous action this fiscal year.

BACKGROUND

The Immunization (IZ) Program has purchased vaccines through Merck Sharp & Dohme Corporation (Merck) for many years. Merck is a vaccine manufacturer and provides better pricing when purchases are made directly. The IZ program anticipates needing to purchase vaccines totaling approximately \$100,000.00 this fiscal year. In addition, the Family Planning Program is implementing expanded services to include the administration of certain vaccines. The Family Planning Program may need up to \$50,000.00 in vaccines this fiscal year. As such, the Division is requesting approval for the total purchase order amount to be \$150,000.00.

FISCAL IMPACT

This request has no fiscal impact to the FY22 adopted budget as the Immunization and Family Planning Programs have sufficient expenditure authority to support this request.

Subject: Approve Merck PO

Date: July 22, 2021

Page 2 of 2

RECOMMENDATION

Authorize FY22 Purchase Order to Merck Sharp & Dohme Corporation in the amount of \$150,000.00 to purchase vaccines for the Immunization and Family Planning Programs.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to authorize FY22 Purchase Order to Merck Sharp & Dohme Corporation in the amount of \$150,000.00 to purchase vaccines for the Immunization and Family Planning Programs."

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 8, 2021

TO: District Board of Health

FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.us
Kelli Goately-Seals, Public Health Supervisor
775-328-6160, kseals@washoecounty.us

SUBJECT: Approve a Grant Award and Agreement from Nevada Clinical Services, Inc. retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$132,000.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Control Program IO# 29024; and authorize the District Health Officer to execute the Agreement and any future amendments.

SUMMARY

The Washoe County District Board of Health must approve and execute agreements over \$100,000.

The Community and Clinical Health Services Division received a Notice of Grant award and Agreement from Nevada Clinical Services, Inc. on July 6, 2021 to support the Tobacco Control Program. The funding period is retroactive to July 1, 2021 through June 30, 2022. A copy of the Grant Award and Agreement is attached.

District Board of Health strategic priority:

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

PREVIOUS ACTION

No previous action this fiscal year.

BACKGROUND

Nevada Clinical Services, Inc. (NCS) is a nonprofit corporation supported by sixteen private Nevada hospitals, which furnishes charity care to indigent Nevadans across the State. NCS is providing grant oversight of programs funded through the Master Settlement Agreement that provide improved access to health care and improved health outcomes for Nevadans.

As part of the agreement, the Nevada Department of Health and Human Services (DHHS) contracted with NCS to provide grant contracts and reimbursement for tobacco prevention and control efforts. DHHS continues to oversee the day-to-day provisions of services and grants management.

FISCAL IMPACT

The program anticipated funding and included it in the FY22 adopted budget; therefore, no budget amendment is necessary.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve a Grant Award and Agreement from Nevada Clinical Services, Inc. retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$132,000.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Control Program IO# 29024; and authorize the District Health Officer to execute the Agreement and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Grant Award and Agreement from Nevada Clinical Services, Inc. retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$132,000.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Control Program IO# 29024; and authorize the District Health Officer to execute the Agreement and any future amendments."

Nevada Clinical Services, Inc. ("NCS")

NOTICE OF GRANT AWARD AND AGREEMENT

Grantee Name: Washoe County Health District (WCHD) Program Name: Tobacco Control		Grantee Address: 1001 E. Ninth St., Bldg B, Reno, NV 89512																												
Initial Grant Term: July 1, 2021 - June 30, 2022		Grantee's: EIN: 88-6000138 NCS Grant #: 162712																												
Purpose of Award: To eliminate exposure to secondhand smoke, prevent initiation of tobacco use among youth and young adults, and identify and eliminate tobacco-related disparities.																														
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>																														
Approved Budget Categories:		Disbursement of funds will be as follows:																												
<table border="0"> <tr><td>1. Personnel</td><td>\$</td><td><u>86,902</u></td></tr> <tr><td>2. Travel</td><td>\$</td><td><u>4,651</u></td></tr> <tr><td>3. Operating</td><td>\$</td><td><u>680</u></td></tr> <tr><td>4. Equipment</td><td>\$</td><td><u>0</u></td></tr> <tr><td>5. Contractual</td><td>\$</td><td><u>24,000</u></td></tr> <tr><td>6. Training</td><td>\$</td><td><u>600</u></td></tr> <tr><td>7. Other</td><td>\$</td><td><u>5,389</u></td></tr> <tr><td>8. Indirect</td><td>\$</td><td><u>9,778</u></td></tr> <tr><td>Total Cost:</td><td>\$</td><td><u>132,000</u></td></tr> </table>		1. Personnel	\$	<u>86,902</u>	2. Travel	\$	<u>4,651</u>	3. Operating	\$	<u>680</u>	4. Equipment	\$	<u>0</u>	5. Contractual	\$	<u>24,000</u>	6. Training	\$	<u>600</u>	7. Other	\$	<u>5,389</u>	8. Indirect	\$	<u>9,778</u>	Total Cost:	\$	<u>132,000</u>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this grant</i> . Total reimbursement will not exceed \$132,000 over the duration of the Initial Grant Term . NCS has designated Nevada Department of Health and Human Services, Division of Public and Behavioral Health ("Manager") to provide professional services to assist NCS in administering and managing this Grant.	
1. Personnel	\$	<u>86,902</u>																												
2. Travel	\$	<u>4,651</u>																												
3. Operating	\$	<u>680</u>																												
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8. Indirect	\$	<u>9,778</u>																												
Total Cost:	\$	<u>132,000</u>																												
Terms and Conditions:																														
In accepting these grant funds, it is understood that:																														
<ol style="list-style-type: none"> Expenditures must comply with applicable law; The recipient of these funds agrees to stipulations listed in the incorporated documents; NCS may extend the term of this Grant Agreement for an additional 12-month term ("Renewal Grant Term") at the same terms and conditions upon written notification to the Grantee; and NCS shall have the right to assign its rights and obligations hereunder to the Nevada Department of Health and Human Services, Division of Public and Behavioral Health ("DPBH") upon seven (7) days' written notice to Grantee. Any such assignment shall release NCS from any and all future obligations to Grantee. Upon NCS' Assignment of this Agreement to DPBH, NCS and Grantee agree that the amendments reflected in Section J shall become effective immediately. 																														
Incorporated Documents:																														
Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: NCS Business Associate Addendum Section G: Quarterly Program Activity Tracking and Evaluation Section H: Annual Work Plan Section I: Staff Certification Section J: Assignment																														
Kevin Dick District Health Officer, WCHD	Signature		Date																											
Karla Perez Secretary, NCS																														

NEVADA CLINICAL SERVICES, INC.
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SECTION A

Assurances

As a condition of receiving grant funds from NCS, the Grantee agrees to the following conditions:

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this grant award. NCS reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.C. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 6.101-36.999 inclusive and any relevant NCS policies.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPPA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the grant includes functions or activities that involve the use or disclosure of protected health information (PHI) then the Grantee agrees to enter into a Business Associate Agreement with NCS as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed, then a Confidentiality Agreement will be entered into.
9. No funding associated with this grant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or

NEVADA CLINICAL SERVICES, INC.
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other elected official; or

- c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.

- 10. NCS grants are subject to inspection and audit by representatives of NCS, including any representative of Manager or Manager's designee, to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
- 11. Any audit of Grantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for use of grant funds. It is the policy of NCS that each grantee required under federal regulations, as specified by the Office of Management and Budget 2 C.F.R. § 200.501(a), revised December 26, 2013, to have an audit prepared by an Independent auditor must provide a copy of the final audit report to NCS, through Manager. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO MANAGER AT THE FOLLOWING ADDRESS:

Nevada State Division of Public and
Behavioral Health Attn: Contract Unit
4150 Technology Way,
Suite 300 Carson City, NV
89706-2009

This copy of the final audit must be sent to Manager within nine (9) months of the close of the Grantee's fiscal year. To acknowledge this requirement, Section E of this Grant Agreement and Notice of Grant Award must be completed.

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NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District, hereinafter referred to as “**Grantee**”, agrees to provide the following services and reports according to the identified timeframes:

**Year One Annual Scope of Work
July 1, 2021 to June 30, 2022**

<i>Component 1: Tobacco Prevention and Control</i>						
<i>Goal 1: Prevent initiation among youth and young adults</i>						
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons (positions or vendor)</i>
1.1 By June 30, 2022, partners and youth will educate decision makers and the public on the benefits of at least one (1) policy solution to address e-cigarette use among youth and young adults.	1.1.1 Identify and educate at least 10 youth on: 1) policy solutions used to address e-cigarette use among youth and young adults, and 2) outreach and communication strategies to reach decision makers and the public.	Record of youth trained	July 2021 - September 2021	Youth	# Youth trained # and type of topics trained on	Health Educator Public Service Intern/Student Intern
	1.1.2 Work with local youth to address e-cigarette use among youth and young adults in Washoe County by identifying at least one (1) local policy solutions and developing an education plan to raise awareness about e-cigarette use and policy solutions.	Education plan for reaching decision makers, the public and youth and young adults	July 2021 - December 2021	Decision makers, the public, and youth	# and type of policy solutions identified # of plans developed	
	1.1.3 Collaborate with community organizations and stakeholders to educate the public about local tobacco policy solutions to reduce youth and young adult e-cigarette initiation and use.	Record of Community outreach	December 2021 – June 2022	The public	# and type of collaborations # and type of policy solutions # reached	
	1.1.4 Develop and distribute educational materials (physical or electronic) to educate decision makers and the public on a policy issue to address e-cigarette use among youth and young adults.	List of decision makers reached Educational materials developed	December 2021 – June 2022	Decision makers and the public	# and type of educational materials developed # and type of decision makers reached	

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	<p>1.1.5 Work with local youth to educate at least one (1) new community stakeholders* about addressing e-cigarette use among youth and young adults through policy.</p> <p>*Aligns with Nevada Tobacco Sustainability Plan efforts</p>	List of new stakeholders educated	March 2022 – June 2022	Community stakeholders	# and type of new stakeholders	
<p>1.2 By June 30, 2022, partners and youth will educate decision makers and the public on the benefits of one (1) statewide policy to restrict the sale of flavored tobacco products including products which contain menthol.</p>	<p>1.2.1 Local youth (same as those in 1.1.1) will be educated about: 1) the benefits of a statewide policy to restrict the sale of flavored tobacco products including menthol products and 2) how to effectively communicate with and educate decision makers about flavored tobacco products and a policy to restrict them.</p>	Record of Youth trained	July 2021 - September 2021	Youth	Type of educational materials # of youth trained	Health Educator Public Service Intern/Student Intern
	<p>1.2.2 Promote the Nevada flavoring website to youth & young adults, parents, through schools/organizations serving youth in Washoe County high schools that have 35% or more of their student population who face economic disparity to educate about flavored tobacco products and the policy benefit of restrictions of flavored products.</p>	Record of community outreach and education	July 2021 – June 2022	Youth, young adults, parents, and organizations serving youth	#/segments of community reached # and type of schools reached # of people reached	
	<p>1.2.3 Staff and youth will educate decision makers and leaders in Washoe County about the Nevada flavoring website and the policy benefit of restrictions of flavored products.</p>	Record of community outreach and education	December 2021 – June 2022	Decision makers	# reached Type of education provided	
	<p>1.2.4 Assess and provide outreach to at least two (2) community stakeholders in Washoe County about flavored tobacco products and the benefits of a statewide policy to restrict the sale of flavored tobacco products including menthol products.</p> <p>*Aligns with Nevada Tobacco Sustainability Plan efforts</p>	Record of outreach	December 2021 – June 2022	Community Stakeholders	# reached # collaborations formed	

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	1.2.5 Participate or initiate at least one (1) recognition or event to raise community awareness about flavoring and associated health disparities. i.e. No Menthol Sunday, World No Tobacco Day (May 31 st)	Record of Event	July 2021 – June 2022	The public	#/type events # reached	
1.3 Through June 30, 2022, continue promoting counter marketing campaigns to reach at least 5,000 youth and/or young adults with messages about the dangers of experimentation with tobacco products, including e-cigarettes and other emerging tobacco products. Include adult role models.	1.3.1 Incorporate at least three (3) messages* per quarter into the current social media messaging plan that encourage adults like parents and other role models to discuss the dangers of vaping and tobacco products with youth and/or young adults and promote youth cessation resources. * Promoted messages to be drawn from the Let's Talk Vaping campaign	Record of messages intended for adults	July 2021 – June 2022	Adults (parents/role models)	# of messages # reached	Health Educator Public Service Intern/Student Intern
	1.3.2 Identify and execute at least two opportunities for youth counter marketing messages in Washoe County. * messages to be drawn from the Behind the Haze and/or other established campaigns like The Real Cost	Counter marketing messages	July 2021 – June 2022	Youth	# of messaging opportunities # and type of messages # reached	
	1.3.3 Work with local youth to use their social influence to share counter marketing messages on SM platforms. * messages to be drawn from the Behind the Haze and/or other established campaigns like The Real Cost	Record of messages intended for adults	July 2021 – June 2022	Youth/young adults	# of messages # reached	
1.4 Through June 30, 2022, continue at least two (2) educational initiatives that reduce youth tobacco initiation and use.	1.4.1 Assist one (1) campus of higher education in tobacco-free campus policy adoption by maintaining quarterly communication with TMCC leadership to educate about the benefits of tobacco free campuses.	Communication notes/agendas	July 2021 – June 2022	College/university campus	# of interactions/communications # of policies adopted	Health Educator Public Service Intern/Student Intern
	1.4.2 Provide outreach and messaging at least once during the 21/22 school year to TMCC students, staff, and leadership (i.e. message boards, posters/flyers on campus, letter to leadership; may include cessation resources and recognition of a national day like GASO).	Record of messaging	July 2021 – June 2022	TMCC students, staff, and leadership	# and type of messages # and type of events # reached	

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	1.4.3 With statewide partners, provide outreach, education, and messaging to at least two (2) organizations (i.e. NV Vaping Association, NV Petroleum Marketers & Convenience Store Association) that can educate tobacco retailers about laws that apply to NV tobacco retailers (i.e. T21)	Record of communications	July 2021 – June 2022	Tobacco Retailers	# of organizations receiving outreach # of organizations providing information to retailers
	1.4.4 Educate and share information about proximity of tobacco retailers to schools with key stakeholders and decision makers, i.e.: school administration, parents, the local public, elected officials, city planning professionals, etc.	Record of communications	July 2021 – June 2022	School administration, elected officials, planning professionals, parents, etc.	Educational materials # and type reached

Component 1: Tobacco Prevention and Control

Goal 2: Eliminate exposure to secondhand smoke

<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
2.1 By June 30, 2022, increase the number of jurisdiction-wide smoke/tobacco-free policies within Washoe County by one (1).	2.1.1 Work with at least one (1) University of Nevada, Reno students or other volunteers to build grassroots support for Nevada Tobacco Prevention Coalition’s Smoke Free Truckee Meadows initiative (i.e. among college students and/or employees of impacted businesses).	Summary report for each intern Estimated impact: minimum of 2 groups engaged (young adults, employees of impacted businesses, or another group)	July 2021 – June 2022	College students, employees of impacted businesses	and type of group engaged # and type of informational materials distributed, or education provided # and type of support garnered	Health Educator Nevada Cancer Coalition
	2.1.2 Identify and inform at least two (2) populations impacted by secondhand smoke (SHS) workplace exposure (i.e. musicians, entertainers, hostesses, casino/bar employees) and at least two (2) key influencers (gaming and bar industry leaders/ executives, economic leaders and/or elected officials or their staff) with	Record of outreach and education Estimated impact: Expected minimum of 150	July 2021 – June 2022	populations effected by SHS and key influencers of policy	and type of outreach mediums and type of audiences reached Estimated # impacted	

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	education about SFTM and SHS using a minimum of four mediums (social media, blogs, print, tabling, individual meetings, newsletter articles, etc.).	individuals in identified populations reached				
	2.1.3 Educate at least two local media entities (i.e. TV, print) to initiate at least two communications to the general population about SFTM and impacts of allowing smoking in workplaces.	Record of outreach and education Estimated impact: Expected minimum of 10% of general populations reached	July 2021 – June 2022	General population	# and type of media personnel reached # and type of audiences reached Estimated # impacted	
	2.1.4 Recognize at least one (1) business protecting employees and patrons from secondhand smoke, with priority recognitions given to behavioral health campuses and bars adopting new polices.	Recognition of business Outreach and promotion messages Estimated impact: At least 8 local leaders will be reached with information on SF recognitions	July 2021 – June 2022	Business	# and type of businesses/ organizations recognized	Health Educator Public Service Intern/Student Intern
	2.1.5 Provide outreach to at least five (5) MUH properties and assist at least three (3) MUH properties in establishing indoor SF policies, providing TA, signage, and listing in WCHD’s online SF MUH directory as needed/desired.	SF MUH policies Estimated impact: Between 100-500 new SF units available in community	July 2021 – June 2022	MUH properties	# of SF policies # of properties provided with signage and/or listing in WCHD’s online SF MUH directory # of SF MUH properties and units assisted	Health Educator Public Service Intern/Student Intern

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	<p>2.1.6 Promote WCHD's SF MUH Directory (and SF MUH program if applicable) to/at least two (2) organizations/ networking or educational meetings/community events.</p>	<p>Flyers, presentation, or meeting/event notes</p> <p>Estimated impact: Between 50-100 community members/organizations/stakeholders educated</p>	<p>July 2021 – June 2022</p>	<p>Organizations</p>	<p># of email promotions/flyers/maile s disseminated</p> <p># of events/meetings/ organizations information disseminated at/to</p>	<p>Health Educator</p> <p>Public Service Intern/Student Intern</p>
	<p>2.1.7 Survey at least five (5) key stakeholders regarding the points available for smoke free housing in the Nevada Housing Division's Qualified Allocation Plan (QAP) application for low-income housing tax credits and develop a summary report of the findings.</p>	<p>Survey</p>	<p>July 2021 – June 2022</p>	<p>Key stakeholders</p>	<p># of stakeholders surveyed</p> <p># of reports on survey results created</p>	<p>Health Educator</p> <p>Public Service Intern/Student Intern</p>

Component 1: Tobacco Prevention and Control

Goal 3: Promote quitting among adults and youth

<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
<p>3.1 By June 30, 2022, facilitate referrals from at least 5 providers who serve youth and/or young adults to the My Life, My Quit (MLMQ) Program.</p>	<p>3.1.1 Develop/obtain materials and information to assist with educating about MLMQ and how to refer.</p> <p>3.1.2 Provide referral information about MLMQ to at least 10 Washoe providers and or organizations who interact with youth and young adults. (i.e. NV American Academy of Pediatricians, WCSD nurses, behavioral health, dental professionals, etc.).</p>	<p>Materials available</p> <p>Record of outreach and education</p>	<p>July 2021 – September 2021</p> <p>July 2021 – June 2022</p>	<p>Providers</p> <p>Providers / organizations who interact with young adults</p>	<p># and type of materials</p> <p># of providers/organizations reached</p> <p># of providers/organizations committed to referring</p> <p># of new referral sources (per quitline reports)</p>	<p>Health Educator</p> <p>Public Service Intern/Student Intern</p>

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	3.1.3 Provide at least one (1) presentation at a local or statewide conference or training for health care providers that includes MLMQ and referral information.	Presentation	July 2021 – June 2022	Providers	# of presentations # reached	
	3.1.4 Assess and identify 3 or more groups of youth influencers, i.e. school staff, activity coordinators/coaches, afterschool program coordinators, store/restaurant managers/clerks, etc. to train and educate on the available cessation resources for youth (MLMQ), how to initiate conversation with youth, and referral processes for youth.	Record of groups identified and assessed	July 2021 – June 2022	Adults	# of groups identified # of groups assessed # of groups committed to referring	

Infrastructure, Administration, and Management

Strategy 1: Provide quarterly reports with progress and key barriers/challenges and participate in evaluation calls and group calls.

<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
4.1 Through June 30, 2022 provide four (4) quarterly reports and participate in four (4) evaluation calls and four (4) group calls. meeting.	4.1.1 Provide progress reports quarterly, for a total of four (4) reports, documenting progress and any barriers or challenges.	Quarterly Progress Reports	Quarterly Reports Due: 10/15/2021 1/15/2022 4/15/2022 7/15/2022	CDPHP	# of progress reports submitted in a timely manner	State program records
	4.1.2 Participate on evaluation and group calls with CDPHP/TCP monthly (8 total) and provide regular program updates. Also attend the <u>required</u> * annual partner meeting which may substitute for one (1) one call.	TA agendas TA notes & action items	As scheduled	Funded tobacco control partners in Nevada	# of TA agendas/calls # of partner meetings attended	State program records Quarterly Progress Reports

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AWARD SECTION C

Budget and Financial Reporting Requirements

Grantee agrees to adhere to the following budget:
Initial Grant Term – July 1, 2021 through June 30, 2022

PERSONNEL Position Title and Name	Annual Salary	Fringe	Percent of Time	Months	Amount Requested
<u>Health Educator Coordinator - Nicole Alberti</u>	\$88,831	\$41,484	4.53%	12	\$5,903

Job Description:

Full time Health Educator Coordinator will provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern and ensure necessary reports/documents are submitted to NCS, through Manager. Staff will also assist in coordination of vendors. As required by the grant, this staff person will attend the annual partner meeting with travel (if applicable) supported with funds from this grant award. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).

<u>Health Educator II - TBD</u>	\$84,248	\$40,102	12.00%	12	\$14,922
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Job Description:

Full time Health Educator will work on deliverables and provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern as needed. This staff may also assist in coordination of vendors. In addition, this person will attend the annual partner meeting with travel (if applicable) supported with funds from this grant award. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).

<u>Health Educator II - Lisa Sheretz</u>	\$67,925	\$29,887	12.50%	12	\$12,227
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Job Description:

Full time Health Educator will work on deliverables and provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern as needed. This staff may also assist in coordination of vendors. In addition, this person will attend the annual partner meeting with travel (if applicable) supported with funds from this grant award. Supervision of staff performance will be provided by Kelli Goatley-Seals, Public Health Program Supervisor (cash contribution).

<u>Intermittent Hourly Health Educator - L. Bogale</u>	\$16,978	\$297	100%	12	\$17,275
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Job Description:

This will be a 10 hour per week intermittent hourly position - estimate based on \$32.65/hr x 10 hrs/wk x 52 weeks + \$297 fringe. This position will oversee the implementation of project activities related to smoke free multi-unit housing efforts, and other activities as needed.

<u>Intermittent Hourly Health Educator - H. Jami</u>	\$27,209	\$476	100%	12	\$27,686
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Job Description:

This will be a 18 hour per week intermittent hourly position - estimate based on \$29.07/hr x 18 hrs/wk x 52 weeks + \$476 fringe. This position focus on the implementation of project activities related to youth and young adults.

<u>Public Service Intern – C. Garcia-Aguilar</u>	\$8,736	\$153	100%	12	\$8,889
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Job Description:

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This will be a 16 hour per week public service intern position - estimate based on \$10.50/hr x 16 hrs/wk x 52 weeks + \$153 fringe. This position will assist with multiple project efforts, including health equity. A minimum of 50 hrs will be spent by this staff person on health equity as it applies to workplan activities.

TOTAL PERSONNEL COSTS INCLUDING FRINGE:	\$86,902
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TRAVEL:

In-State Travel

<i>Travel for workplan activities</i>	\$323
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Mileage: (\$0.56 per mile x 8 miles/trip x 2 trips/month x 3 staff)

<i>NTPC Strategic Planning meeting (Las Vegas)</i>	\$2,164
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Airfare: \$430 r/trip air from Reno to Las Vegas x 3 staff	\$1,290
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Lodging: \$120/day x 1 nights x 3 staff	\$360
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Ground Transportation: Rental Car \$26/day x 2 days	\$52
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Per Diem: \$61/day x 2 days x 3 staff	\$366
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Parking: \$16 per day x 2 days x 3 staff	\$96
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<i>Annual partner meeting (Las Vegas)</i>	\$2,164
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Airfare: \$430 r/trip air from Reno to Las Vegas x 3 staff	\$1,290
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Per Diem: \$61/day x 2 days x 3 staff	\$366
---------------------------------------	-------

Lodging: \$120/day x 1 nights x 3 staff	\$360
---	-------

Ground Transportation: Rental Car \$26/day x 2 days	\$52
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Parking: \$16 per day x 2 days x 3 staff	\$96
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Justification:

Mileage supports staff driving to meetings and events within the Washoe County and Carson City region to support grant deliverables. Rate used is set by the federal government on an annual basis. NTPC Strategic Planning meeting supports state-wide tobacco prevention plan and activities.

Attendance at the annual tobacco training is required per the grant. The three full-time staff in the tobacco program will be supported to travel to this meeting, which is estimated to last two days and be in Las Vegas.

Sub-Total for In-State Travel:	\$4,651
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TOTAL TRAVEL COSTS:	\$4,651
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Operating

General Office Supplies (pens, pencils, paper, etc.) 12 months x \$5/month x 3 staff	\$180
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Education Materials	\$500
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Justification:

General office supplies will be used by staff members to carry out daily activities of the program. Educational materials may include any needed tobacco brochures or posters, materials for youth prevention, as well as a membership/subscription to services which allows for creation of our own materials.

TOTAL OPERATING COSTS:	\$680
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CONTRACTUAL

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Name of Contractor: Social media contractor, to be determined, by include multiple contractors

Method of Selection: Quotes will be requested for each campaign/project. Staff will follow WCHD procedures for number of quotes requested; all quotes to be reviewed by project staff and approved by supervisor and division director.

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Small media campaigns will be used to promote specific activities in the work plan, including those items related to jurisdictions and youth. Media may include social media, TV, radio, print and/or digital media and others as needed.

Method of Accountability:

The Health Educator Coordinator will insure all components of the agreed-upon scope of work are completed.

Justification:

The CDC's Best Practices for Comprehensive Tobacco Control Programs shows that mass-reach health communication interventions can be a powerful tool for impacting tobacco use and shaping social norms and can change awareness, knowledge, attitudes and behaviors.

Sub-Total: \$1,500

Smoke-free work places contractor: Nevada Cancer Coalition (NCC), non-profit org

Method of Selection: Sole Source, NCC currently coordinates smokefree (SF) workplace efforts in Washoe County

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: NCC will provide mechanisms in the community to educate about and increase support for SF workplaces in support of health equity and SF jurisdictions. See Work Plan for details.

Method of Accountability:

The Health Educator Coordinator will insure all components of the agreed-upon scope of work are completed.

Justification:

Smoke free workplaces help to advance efforts to support a smoke free jurisdiction. NCC is the appropriate provider of these services because staff at NCC has been leading the SF workplace efforts in Washoe County by managing activities related to Smoke Free Truckee Meadows since 2017. NCC staff are knowledgeable about tobacco, and have built strong relationships within the community. For these reasons, as well as their having the staffing resources to take on these activities, they are the appropriate organization for this work.

Sub-Total: \$15,000

Name of Contractor: Youth coordination contractor, to be determined, may include multiple contractors

Method of Selection: Quotes will be requested. Staff will follow WCHD procedures for number of quotes requested; all quotes to be reviewed by project staff and approved by supervisor and division director.

Period of Performance:

July 1, 2021 - June 30, 2022

Scope of Work: Recruit and coordinate participation from local youth.

Method of Accountability:

With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

Justification:

Community partners have strong relationships with local youth and are better prepared to coordinate youth in collaboration with proposed tobacco activities.

Sub-Total: \$7,500

TOTAL CONTRACTUAL COSTS: \$24,000

TRAINING

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Local or virtual training that supports tobacco activities and/or health equity i.e. NPHA annual conf, Eliminate Tobacco Use Summit, etc. (est. \$200 reg x 3 staff) \$600

Justification: Training allows staff to increase knowledge, and form/build relationships.

TOTAL TRAINING COSTS: \$600

OTHER

Printing Services	\$276
Copier Lease: \$30/mo. x 12 months	\$360
Postage: \$2/mo x 12 months	\$24
Phone line: \$12/mo. x 12 months x 2 staff	\$288
Signs	\$2,125
Awards	\$200
Memberships	\$120
Incentives	\$1,996

Justification: Printing: Printing for activities related to jurisdictions (SF MUH, TF campuses and youth prevention activities, tobacco merchant education, etc.). In-House Copier: Miscellaneous small volume copies to help meet grant deliverables. Postage: Postage for mailers to include those to health care providers, SF MUH stakeholders, and other grant related correspondence including outreach activities. Phone line: Phone lines for IH Health Educators (2). Signs: signs for SF MUH, and other SF signage related to grant deliverables. Awards: Awards such as Extra Mile Awards (engraved plaques). Membership: The NV Housing Coalition is \$120 is for a non-profit/government membership; relates to SF MUH activities. Incentives: Incentives for work plan activities, including surveys and activities related to SF MUH, supporting youth participation in activities, and engaging health care providers. Incentives including but not limited to gift cards such as \$5-\$50 gift cards to Amazon, Starbucks or Target, water bottles, masks, chapstick, stress balls, t-shirts etc..

TOTAL OTHER COSTS: \$5,389

TOTAL DIRECT COSTS: \$122,222

TOTAL INDIRECT COSTS (8% of DIRECT COSTS): \$9,778

TOTAL BUDGET: \$132,000

- Grantee may make categorical/funding adjustments up to ten percent (10%) of the total grant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Grantee must notify or obtain prior authorization (e-mail notification is acceptable) for any funding adjustment(s).
- Equipment purchased with these funds belongs to NCS and shall be returned to NCS upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed by NCS. It is the Policy of the NCS to provide reimbursement at rates comparable to the rates established by the US General Services Administration, with some exceptions.

The Grantee Agrees:

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

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 30 15 days from the end of the Grant Period which is **Initial Grant Term – June 30, 2022.**

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- This grant is not to exceed **\$132,000.00** for the during the Grant Period from **July 1, 2021 through June 30, 2022**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly invoices may not be approved for payment until the Manager receives the appropriately timed progress reports, on behalf of NCS;
- NCS reserves the right to conduct a site visit regarding this grant and deliverables. If deliverables are not met for the grant period, then NCS is not obligated to issue continuation funding; and
- Additional expenditure detail will be provided upon request from NCS or Manager.

Additionally, the Grantee agrees to provide:

- A complete financial accounting of all expenditures to NCS within 15 days of the CLOSE OF THE GRANT PERIOD. Any un-obligated funds shall be returned to NCS at that time, or if not already requested, shall be deducted from the final reimbursement.

NCS agrees:

- To provide technical assistance upon request and in consultation with Manager;
- To provide prior approval of reports or documents to be developed per the Scope of Work;
- To work with Manager, who on behalf of NCS, will forward necessary reports to the CDC;
- NCS reserves the right to hold reimbursement under this grant until any delinquent forms, reports, and expenditure documentation are submitted to NCS, through Manager, and accepted by NCS.

Both parties agree:

An annual site visit may be performed by Manager, on behalf of NCS.

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

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

This grant agreement may be TERMINATED by either party prior to the date set forth on the Grant Agreement and Notice of Grant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the grant agreement, no later than the 15th 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 Grant Agreement and Notice of Grant Award.

#212382

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SECTION D

Request for Reimbursement

Grantee Name: Washoe County Health District (WCHD)	Grantee Address: 1001 E. Ninth St., Bldg B, Reno, NV 89512
Program Name: Tobacco Control	
Initial Grant Term: July 1, 2021 – June 30, 2022	Grantee's: EIN: 88-6000138 NCS Grant #: 212382 Dun & Bradstreet: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$86,902.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$4,651.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$680.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual	\$24,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$5,389.00					
6. Indirect	\$9,778.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$132,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Grantee – Authorized Signature	Title	Date
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NCS Manager Representative - Authorized Signature	Title	Date
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Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Grant Award documents. If applicable, travel claims must accompany report.

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SECTION E

Audit Information Request

1. It is the policy of NCS that each grantee required under federal regulations, as specified by the Office of Management and Budget (2 C.F.R. § 200.501(a)), revised December 26, 2013, to have an audit prepared by an Independent auditor must provide a copy of the final audit report to NCS, through Manager, at the following address or via a mutually agreed upon electronic means of transmission:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

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? _____

Signature Date

Title

NEVADA CLINICAL SERVICES, INC.
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SECTION F

Business Associate Addendum

BETWEEN

Nevada Clinical Services, Inc.

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 Division 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,

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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.
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

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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 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.

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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

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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.
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.

NEVADA CLINICAL SERVICES, INC.
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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.

[Signature page follows.]

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NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

Nevada Clinical Services, Inc.
3186 South Maryland Parkway
Las Vegas, NV 89119

Business Associate

Washoe County Health District

1001 E. 9th St.
Business Address

Reno, Nevada 89512
Business City, State and Zip Code

775-328-2400
Business Phone Number

775-328-3752
Business Fax Number

Authorized Signature

Authorized Signature

Karla Perez
Print Name

Print Name

Secretary, Nevada Clinical Services, Inc.
Title

Date

Date

#212382

NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

SECTION G

Quarterly Program Activity Tracking and Evaluation Template

Washoe County Health District NCS Progress Report

Action Plan Period: 07/01/2021-6/30/2022

Data Collection Date: MM/DD/YY

Funding Amount:	\$
Reimbursement to date:	\$

Component 1: Tobacco Prevention and Control				
Goal 1: Preventing initiation among youth and young adults				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
1.1	1.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:	(paragraph format reporting entered in here) Text...			
Successes:	1. 2.			
Barriers:				
TA Requests:	1. 2.			

Component 1: Tobacco Prevention and Control				
Goal 2: Eliminating nonsmokers' exposure to second smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)

NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

2.1	1.4.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Component 1: Tobacco Prevention and Control				
Goal 2: Eliminating nonsmokers' exposure to second smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:				
Successes:				
Barriers:				
TA Requests:				

Component 2: Health Systems				
Goal 3: Promoting quitting among youth and young adults				
Strategy: Promote health systems changes to support tobacco cessation				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
3.1	3.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:				
Successes:				

NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

Barriers:	
TA Requests:	

Component 3: Surveillance				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
4.1	4.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:				
Successes:				
Barriers:				
TA Requests:				

NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

SECTION H
Annual Work Plan

Component 1: Tobacco Prevention and Control					
Goal 1: Preventing initiation among youth and young adults					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
1.1					
1.2					
1.3					
Component 1: Tobacco Prevention and Control					
Goal 2: Eliminating nonsmokers' exposure to secondhand smoke					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
2.1					

Component 2: Health Systems					
Goal 3: Promoting quitting among youth and young adults					
Strategy: Promote health systems changes to support tobacco cessation					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
3.1					

NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

Component 3: Surveillance					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
4.1					

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NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

SECTION I

Staff Certification

**Washoe County Health District
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES
For the Period July 1, 2021 through June 30, 2022**

Employee Name	Title	% time (level of effort) spent on duties related to NCS Contract #	% time (level of effort) spent on _____	% time (level of effort) spent on _____	% time (level of effort) spent on _____	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct Employee Signature	Date Certified
						0.00%		
						0.00%		
						0.00%		
						0.00%		

Note: The Grant Agreement and Notice of Grant Award received from Nevada Clinical Services, Inc. provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the NCS grant.

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Authorized Official
Name

Title

Signature

Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

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NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

SECTION J

Assignment

Per Item #4 in the "Terms and Conditions" section on the first page of this Agreement, in the event NCS assigns the agreement to DPBH, the parties agree the amendments reflected in this Section J shall become effective concurrent with the assignment:

1. All references to "grant" or "grants" shall be understood to mean "subgrant" or "subgrants", as applicable, and all references to "grantee" or "grantees" shall be understood to mean "subgrantee" or "subgrantees", as applicable.
2. The following shall be added as Item #5 in the "Terms and Conditions" section on the first page of this Grant Agreement and Notice of Grant Award:
 5. This award is subject to the availability of appropriate funds.
3. The following shall be added as Paragraphs 12 and 13 of Section A – Assurances:
 12. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150- 19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
 13. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO- KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services, provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
4. The following language shall be inserted as the last sentence of the subsection with the header "Both parties agree:" in Section C – Budget and Financial Reporting Requirements:

The parties expressly agree that this Agreement shall be terminated if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
5. The following subsection shall be inserted at the end of Section C – Budget and Financial Reporting Requirements:

CDPHP and Nevada Wellness Attribution Requirements:

Subgrantees are required to include two key attributions to any publication, promotional item, or media paid for through this subgrant: 1) Funding attribution, and 2) Nevada Wellness Logo.

Funding Attribution

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Funds for Healthy Nevada. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division."

NEVADA CLINICAL SERVICES, INC.
GRANT AGREEMENT

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Funds for Healthy Nevada.

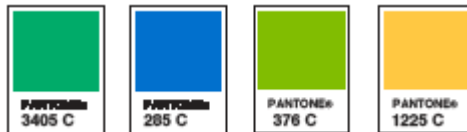
Nevada Wellness Logo

Use of this logo may not be for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion Section within the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section within the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at cdphp@health.nv.gov.

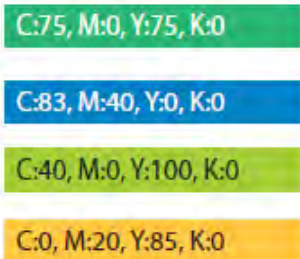
Usage Guidelines

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words “Nevada Wellness” below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in the colors listed below or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.

○ **PMS Colors:**



○ **CMYK Colors:**



○ **RGB Colors:**

RGB Colors
Green: R: 43 G: 182 B: 115
Blue: R: 2 G: 130 B: 198
Lime Green: R: 166 G: 206 B: 57
Yellow: R: 255 G: 200 B: 67

#212382

AHSO	<u>AH</u>
DHO	<u>KD</u>

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 8, 2021
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.us
Kelly Verling, Public Health Nurse Supervisor
775-328-2465, kverling@washoecounty.us
SUBJECT: Approve a Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to July 1, 2021 through June 30, 2023 in the total amount of \$626,822.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11855 and authorize the District Health Officer to execute the Subaward and any future amendments.

SUMMARY

The Community and Clinical Health Services Division received the attached Notice of Subaward from the State of Nevada Department of Health and Human Services on July 8, 2021 to support the Family Planning Program retroactive to July 1, 2021 through June 30, 2023.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous action this fiscal year.

BACKGROUND

SB94, sponsored by the Legislative Committee on Health Care, appropriated \$6 million for FY20 and FY21 for statewide family planning services grants to fund health care services like contraception, maternal care, immunizations, cancer screenings, and STI prevention. Community and Clinical Health Service's Family Planning Program received \$495,101.00 for FY 20 and FY 21 to provide family planning services to persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason. SB460 continues the appropriations for family planning services grants for FY 22 and FY 23.

On June 10, 2021, the CCHS Division received a request from the State to submit a budget and scope of work for the State Family Planning Grant for FY 22 and FY 23 in the amount of \$626,822.00 total or \$313,411.00 per year.

The new scope of work includes Family Planning and Immunizations services, contraceptive methods and the addition of testing services for sexually transmitted infections.

FISCAL IMPACT

The program anticipated funding and included it in the FY22 adopted budget; therefore, no budget amendment is necessary.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve a Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to July 1, 2021 through June 30, 2023 in the total amount of \$626,822.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11855 and authorize the District Health Officer to execute the Subaward and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to July 1, 2021 through June 30, 2023 in the total amount of \$626,822.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11855 and authorize the District Health Officer to execute the Subaward and any future amendments."



State of Nevada
 Department of Health and Human Services
Grants Management Unit
 (hereinafter referred to as the Department)

Agency Ref. #: DO 1214
 Budget Account: 3155
 GL / Category: 8516 /29
 Job Number: N/A
 SubOrg: 03

NOTICE OF SUBAWARD

Program Name/Source of Funds Account for Family Planning Julia Peek, Deputy Administrator / jpeek@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottritz / llottritz@washoecounty.us
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 1001 E 9 th Street, Bldg. B, P.O Box 11130 Reno, NV 89512-2845
Subaward Period: 07/01/2021 through 6/30/2023	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Provide family planning and reproductive health services to help individuals with difficulties obtaining such services.

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

Approved Budget Categories:	FEDERAL AWARD COMPUTATION:
1. Personnel \$353,747.00	Total Obligated by this Action: \$ 0.00
2. Travel \$0.00	Cumulative Prior Awards this Budget Period: \$ 0.00
3. Operating \$196,097.00	Total Federal Funds Awarded to Date: \$ 0.00
4. Equipment \$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Contractual/Consultant \$0.00	Amount Required this Action: \$ 0.00
6. Training \$0.00	Amount Required Prior Awards: \$ 0.00
7. Other \$0.00	Total Match Amount Required: \$ 0.00
TOTAL DIRECT COSTS \$549,844.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
8. Indirect Costs \$76,978.00	Must be completed for federal grant funding sources. If multiple federal sources apply, fill out the optional Subaward Additional Funding Sheet.
TOTAL APPROVED BUDGET \$626,822.00	Federal Budget Period: Start Date through End Date 0.00
	Federal Project Period: Start Date through End Date

Source of Funds: State General Fund: Account for Family Planning	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
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Agency Approved Indirect Rate: N/a **Subrecipient Approved Indirect Rate:** 14%

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.

Incorporated Documents: 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; mu 7/7/21 Section G: DHHS Confidentiality Addendum; and Section H: Matching Funds Agreement (optional: only if matching funds are required)
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Kevin Dick, District Health Officer Washoe County Health District	Signature	Date
Connie Lucido, Chief Grants Management Unit Department of Behavioral and Public Health		
For Julia Peek, MHA, CPM Deputy Administrator		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Division of Public and Behavioral Health		
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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 Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) as amended, and Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); as amended, and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
6. Compliance with Title II and Title III of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, by the ADA Amendment Act of 2008 (42 U.S.C.12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36), Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. 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).

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD

8. 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.**
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 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 Nevada 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 Nevada 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
Grants Management Unit
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19.

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

**Scope of Work for: Washoe County Health District
(form amended 2.4.2021)**

<i>Goal 1: To provide client-centered and quality family planning services that promotes optimal health outcomes.</i>						
<i>Objective</i>	<i>Activities</i>	<i>Expected Outcomes</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
Carry out a project that maximizes access to available services by providing recommended vaccinations as part of the family planning visit.	Provide education on the importance of HPV (human papilloma virus) vaccination for cancer prevention and provide HPV vaccine to unvaccinated family planning clients over age 18.	Promote awareness of the importance of HPV vaccination. Provide the client's status of vaccination and improve overall health of low income and/or at risk, individuals.	Provide a quarterly report with the number of persons educated and the number of vaccines given through the funding period July 1, 2021 through June 30, 2023	Family Planning Sexual Health Clients over age 18	Number of clients educated and vaccinated	Reports generated from Electronic Medical Records
	Provide education on the importance of Hepatitis A and Hepatitis B vaccination for disease prevention and preconception health and provide Twinrix vaccine to unvaccinated family planning clients over the age of 18 who are at risk for	Promote awareness of the importance of Hepatitis A and B vaccination. Provide the client's status of vaccination and	Provide a quarterly report with the number of persons educated and the number of vaccines given through the funding period July	Family Planning Sexual Health Clients over age 18	Number of clients educated and vaccinated	Reports generated from Electronic Medical Records

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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<p>Hepatitis A and Hepatitis B, including but not limited to, having more than one sex partner in 6 months, having sexual contact with infected people, having cirrhosis or chronic hepatitis C, using intravenous (IV) drugs.</p>	<p>improve overall health of low income and/or at risk, individuals.</p>	<p>1, 2021 through June 30, 2023</p>			
<p>Provide education on the importance of Tdap (tetanus, diphtheria, and acellular pertussis vaccine) vaccination for disease prevention and perception health and provide Tdap vaccine to unvaccinated family planning clients over the age of 18 to optimize preconception health.</p>	<p>Promote awareness of the importance of Tdap vaccination. Provide the client's status of vaccination and improve overall health of low income and/or at risk, individuals.</p>	<p>Provide a quarterly report with the number of persons educated and the number of vaccines given through the funding period July 1, 2021 through June 30, 2023</p>	<p>Family Planning Sexual Health Clients over age 18</p>	<p>Number of clients educated and vaccinated</p>	<p>Reports generated from Electronic Medical Records</p>
<p>Provide education on the importance of Influenza vaccine for disease prevention and preconception health and Provide Influenza vaccine to unvaccinated family planning clients to optimize preconception health.</p>	<p>Promote awareness of the importance of influenza vaccination. Provide the client's status of vaccination and improve overall health of low income and/or at risk, individuals.</p>	<p>Provide a quarterly report with the number of persons educated and the number of vaccines given through the funding period July 1, 2021 through June 30, 2023</p>	<p>Family Planning Sexual Health Clients over age 18</p>	<p>Number of clients educated and vaccinated</p>	<p>Reports generated from Electronic Health Record</p>

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<p>Carry out a project that improves the Family Planning program workflow through the addition of staff to provide integrated family planning and immunization services</p>	<p>Staff a Public Health Nurse (1FTE) to assist with clinic activities including; forecasting, dispensing, and administering immunizations and contraceptives; testing and treatment for sexually transmitted disease; education and follow up.</p> <p>Staff a Community Health Aide (1FTE) to assist with Family Planning clinic activities, including rooming, vitals, translation, and assisting providers.</p>	<p>Promote the awareness of healthy choices regarding, vaccines, sexual health and family planning services, by education and administration of services</p>	<p>Provide data quarterly through funding period July 1, 2021 through June 30, 2023</p>	<p>Family Planning Sexual Health Clients</p>	<p>Provide the number of contraceptive methods provided broken down by method. Provide client data relating to gender, race ethnicity and insurance coverage. Provide client data relating to sexual orientation and gender identity at the point in time the electronic Health Record can produce a report.</p>	<p>Reports generated from Electronic Health Record</p>
<p>The Family Planning Program (FPP) will provide Long Acting Reversible Contraception (LARCs), Oral Contraception, Injectable Contraception, to include hormonal implants Intrauterine Devices (IUDs), Depos. The FPP will provide for testing services and supplies for the sexual health of Family Planning Clients.</p>	<p>Provide hormonal implants, IUDs, injections, oral contraceptives and testing services and supplies for Family Planning clients.</p>	<p>Awareness and education and choices regarding pregnancy planning and sexually transmitted diseases</p>	<p>Ongoing through funding period July 1, 2021 through June 30, 2023</p>	<p>Family Planning Sexual Health Clients</p>	<p>Use of contraceptives and lab testing services and supplies</p>	<p>Reports generated from Electronic Health Record</p>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 3155 from the General State Fund, Account for Family Planning Grant.

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19.

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE – SFY22
(Form Revised August 2020)**

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

Total Personnel Costs	including fringe	Total:	\$167,869
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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>
Maricruz Schaefer, Public Health Nurse II, PCN 70010650	\$66,295.54	44.391%	100.00%	12	100.00%	\$95,725

Perform forecasting, dispensing, and administering immunizations and contraceptives; testing and treatment for sexually transmitted disease; education and follow up.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Nancy Ramirez-Partida, Community Health Aide, PCN 70002182	\$48,315.48	49.32%	100.00%	12	100.00%	\$72,144

Room patients, take vitals, perform translation and assist Providers as necessary

*Insert details to describe position duties as it relates to the funding (specific program objectives)

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
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*Insert details to describe position duties as it relates to the funding (specific program objectives)

*Insert new row for each position funded or delete this row.

Total Fringe Cost	\$53,258	Total Salary Cost:	\$114,611
Total Budgeted FTE	2.00000		

Travel	Total:	\$0
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 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.

Out-of-State Travel

\$0

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NOTICE OF SUBAWARD**

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>-</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0	

Justification: **Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.**

In-State Travel

\$0

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0	
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0	

Justification: **Who will travel and why**

Operating	Total:	\$107,053
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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.

Operating (bandages, syringes, etc)		\$700.00		
Biologicals		\$73,990.00		
Outpatient Testing		\$32,363.00		

Justification: Biologicals (Vaccinations and birth control methods) and Operating (syringes, bandages, etc) will be used for the purpose of administering immunizations to family planning clients. Outpatient Testing is for testing for and treatment of sexually transmitted infections.

Equipment	Total:	\$0
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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.

Describe equipment \$0.00

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Contractual	\$0
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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: Total **\$0**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: xx/xx/xxxx-xx/xx/xxxx

Scope of Work: Define scope of work - What will be the specific services/tasks that will be completed and specific deliverables? How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

*** Sole Source Justification:** Define if sole source method, not needed for competitive bid

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

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Training	Total:	\$0
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List all cost associated with Training, including justification of expenditures.

Describe training \$0.00

Other	Total:	\$0
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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.

Printing Services: \$ amount/mo. x 12 months	\$0
Copier/Printer Lease: \$ amount/mo. x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.

TOTAL DIRECT CHARGES	\$274,922
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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD

Indirect Charges	Indirect Rate:	14.000%	\$38,489
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Indirect Methodology: Explain how indirect is calculated (e.g. 11% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement to DHHS staff.

TOTAL BUDGET	Total:	\$313,411
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Applicant Name: Washoe County Health District - FY22

Form 2

PROPOSED BUDGET SUMMARY
(Form Revised August 2020)

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$313,411								\$313,411

EXPENSE CATEGORY

Personnel	\$167,869								\$167,869
Travel	\$0								\$0
Operating	\$107,053								\$107,053
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$38,489								\$38,489

TOTAL EXPENSE	\$313,411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$313,411
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$38,489
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Total Agency Budget	\$313,411
Percent of Subrecipient Budget	100%

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

**BUDGET NARRATIVE – SFY 23
(Form Revised August 2020)**

All activities, events, meetings etc. will take place in accordance with State and Local compliance requirements related to COVID-19. Large events (10 or more people in attendance) will require a written plan for COVID-19 compliance no less than 30 days prior to the date of the event, and must be emailed to gmu@dhhs.nv.gov.

Total Personnel Costs	including fringe	Total:	\$185,878
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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>
Maricruz Schaefer, Public Health Nurse II, PCN 70010650	\$71,698.00	45.96%	100.00%	12	100.00%	\$104,650

Perform forecasting, dispensing, and administering immunizations and contraceptives; testing and treatment for sexually transmitted disease; education and follow up.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Nancy Ramirez-Partida, Community Health Aide, PCN 70002182	\$52,582.00	54.479%	100.00%	12	100.00%	\$81,228

Room patients, take vitals, perform translation and assist Providers as necessary

**Insert details to describe position duties as it relates to the funding (specific program objectives)*

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
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**Insert details to describe position duties as it relates to the funding (specific program objectives)*

***Insert new row for each position funded or delete this row.**

Total Fringe Cost	\$61,598	Total Salary Cost:	\$124,280
Total Budgeted FTE	2.00000		

Travel	Total:	\$0
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 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.

Out-of-State Travel

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>-</u>	<u>\$0</u>
<i>Title of Trip & Destination such as CDC Conference: San Diego, CA</i>						
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0	

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification: **Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.**

In-State Travel

\$0

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification: **Who will travel and why**

Operating	Total:	\$89,044
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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.

Operating (bandages, syringes, etc)		\$700.00		
Biologicals		\$73,990.00		
Outpatient Testing		\$14,354.00		

Justification: Biologicals (Vaccinations and birth control methods) and Operating (syringes, bandages, etc) will be used for the purpose of administering immunizations to family planning clients. Outpatient Testing is for testing for and treatment of sexually transmitted infections.

Equipment	Total:	\$0
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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.

Describe equipment \$0.00

Contractual	Total:	\$0
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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: **Total** **\$0**

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Method of Selection: explain, i.e. sole source or competitive bid

Period of Performance: xx/xx/xxxx-xx/xx/xxxx

Scope of Work: Define scope of work - What will be the specific services/tasks that will be completed and specific deliverables? How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

* **Sole Source Justification:** Define if sole source method, not needed for competitive bid

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

Method of Accountability: Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

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Training	Total:	\$0
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List all cost associated with Training, including justification of expenditures.

Describe training	\$0.00
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Other	Total:	\$0
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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.

Printing Services: \$ amount/mo. x 12 months	\$0
Copier/Printer Lease: \$ amount/mo. x 12 months	\$0
Property and Contents Insurance per year	\$0
Other Utilities: \$ per quarter	\$0
Postage: \$ per mo. x 12 months	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0
Conference Calls: \$ per mo. x 12 months	\$0
Long Distance: \$ per mo. x 12 months	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0

Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.

TOTAL DIRECT CHARGES	\$274,922
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Indirect Charges	Indirect Rate:	14.000%	\$38,489
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Indirect Methodology: Explain how indirect is calculated (e.g. 11% of all direct expenses per Federally approved indirect agreement). If using a Federally approved indirect rate, be sure to include a copy of the agreement to DHHS staff.

TOTAL BUDGET	Total:	\$313,411
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

Applicant Name: Washoe County Health District - FY23

Form 2

PROPOSED BUDGET SUMMARY
(Form Revised August 2020)

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$313,411								\$313,411

EXPENSE CATEGORY

Personnel	\$185,878								\$185,878
Travel	\$0								\$0
Operating	\$89,044								\$89,044
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$38,489								\$38,489

TOTAL EXPENSE	\$313,411	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$313,411
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$38,489
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Total Agency Budget	\$313,411
Percent of Subrecipient Budget	100%

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
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 program from which this funding was appropriated and shall be returned to the program upon termination of this agreement. All equipment purchased with these funds is subject to the requirements and conditions set forth in 2CFR200.313 (including, but not limited to, equipment use, maintenance, inventory, management, and/or disposal). All equipment and high-risk items (i.e., cameras, laptops, televisions) must be inventoried annually and made available for review upon request.
- 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 program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

The 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 \$626,822
- Total reimbursement for SFY22 will not exceed \$313,411
- Total reimbursement for SFY23 will not exceed \$313,411
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Required documents from the Request for Reimbursement (RFR) Workbook; and
- Additional expenditure detail will be provided upon request from the Department.

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 Bureau must provide or accomplish to ensure successful completion of this project, such as:
- Providing technical assistance, upon request from the Subrecipient;
- Providing prior approval of reports or documents to be developed;
- Forwarding a report to another party, i.e. CDC.
- 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:

- The site visit/monitoring will occur once every two years, unless more visits are deemed necessary.
- 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 15th of the following 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
Grants Management Unit
NOTICE OF SUBAWARD**

Agency Ref. #: _____
Budget Account: _____
GL / Category: _____
Draw #: _____

**SECTION D
Request for Reimbursement**

Program Name/Source of Funds	Subrecipient Name:
Address:	Address:
Subaward Period:	Subrecipient's: EIN: Vendor #:

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Approved Budget Category	Month(s)		Calendar year			
	A	B	C	D	E	F
	Approved Budget	Total Prior Requests	Current Request	Year to Date Total	Budget Balance	Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$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: _____

ASO or Bureau Chief (as required): _____

Date

SECTION E

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Grants Management Unit
NOTICE OF SUBAWARD**

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
Grants Management Unit
NOTICE OF SUBAWARD**

SECTION F

Notification of Utilization of Current or Former State Employee

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
Grants Management Unit
NOTICE OF SUBAWARD
SECTION G**

**Confidentiality Addendum
BETWEEN**

Nevada Department of Health and Human Services
Hereinafter referred to as "Department"

and

Washoe County Health District
Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Department and Subrecipient.

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

NOW, THEREFORE, Department and Subrecipient agree as follows:

I. DEFINITIONS

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

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

II. TERM

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

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

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

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

Subrecipient shall be permitted to use and/or disclose information accessed, viewed, or provided from Department for the purpose(s) required in fulfilling its responsibilities under the primary agreement.

V. USE OR DISCLOSURE OF INFORMATION

Subrecipient may use information as stipulated in the primary agreement if necessary, for the proper management and administration of Subrecipient; to carry out legal responsibilities of Subrecipient; and to provide data aggregation services relating to the health care operations of Department. Subrecipient may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the agreement to which this Addendum is made a part; or
3. The Subrecipient has obtained written approval from the Department.

VI. OBLIGATIONS OF SUBRECIPIENT

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

IN WITNESS WHEREOF, Subrecipient and the Department have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

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

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 9, 2021

TO: District Board of Health

FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kapalmer@washoecounty.us

Heather Kerwin, Epidemiology Program Manager
775-328-6048, hkerwin@washoecounty.us

SUBJECT: Approve the additional provisions outlined in the Addendum #1 to Interlocal Agreement No. 2100872 between the District Board of Health and the Board of Regents, NSHE on behalf of the University of Nevada Reno Public Health Training Center to provide a team of employees to assist in the Health District's COVID response for the period July 1, 2021 through June 30, 2023, and authorize the District Health Officer to execute any additional addendums.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal/Service Agreements.

Additional provisions added in Addendum #1 ensure compliance with federal grant regulations.

District Board of Health strategic priority:

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

PREVIOUS ACTION

On May 27, 2021, the District Board of Health approved Service Agreement No. 2100872 effective July 1, 2021, through June 30, 2023, to provide a team of employees to assist in the Health District's COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services; and authorize the District Health Officer to execute any amendments to the agreement on behalf of the Board Chair.

BACKGROUND

This agreement is aimed to provide supplemental public health response and recovery efforts of COVID-19 in Washoe County led by a partnership with the Nevada Public Health Training Center (NVPHTC) at the University of Nevada, Reno. It will maintain a team and provide administrative support and oversight for a team of employees involved in contact tracing, disease investigation, and testing services. This agreement will ensure staff deliver COVID-19 services in alignment with Washoe

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

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County Health District standards. It will monitor and evaluate efficiency and effectiveness of ongoing contact tracing services. Additional provisions added in Addendum #1 ensure compliance with federal grant regulations.

FISCAL IMPACT

There is no fiscal impact as a result of this Addendum.

RECOMMENDATION

It is recommended that the District Board of Health approve the additional provisions outlined in the Addendum #1 to Interlocal Agreement No. 2100872 between the District Board of Health and the Board of Regents, NSHE on behalf of the University of Nevada Reno Public Health Training Center to provide a team of employees to assist in the Health District's COVID response for the period July 1, 2021 through June 30, 2023, and authorize the District Health Officer to execute any additional addendums.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the additional provisions outlined in the Addendum #1 to Interlocal Agreement No. 2100872 between the District Board of Health and the Board of Regents, NSHE on behalf of the University of Nevada Reno Public Health Training Center to provide a team of employees to assist in the Health District's COVID response for the period July 1, 2021 through June 30, 2023, and authorize the District Health Officer to execute any additional addendums."

ADDENDUM #1
INTERLOCAL AGREEMENT No. 2100872

CONTRACT PROVISIONS
Public Assistance Funds

Debarment & Suspension

- (1) This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the contractor is required to verify that none of the contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
- (2) The contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- (3) This certification is a material representation of fact relied upon by COUNTY. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to COUNTY, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- (4) The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

Termination

- (1) Termination on Notice. Either party may terminate this agreement for any reason on 30 business days' notice to the other party.
- (2) Termination for Material Breach. Each party may terminate this agreement with immediate effect by delivering notice of the termination to the other party, if the other party fails to perform, has made, or makes any inaccuracy in, or otherwise materially breaches, any of its obligations, covenants, or representations, and the failure, inaccuracy, or breach continues for a period of 30 Business Days' after the injured party delivers notice to the breaching party reasonably detailing the breach.

Compliance with Clean Air Act

- (1) The contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
- (2) The contractor agrees to report each violation to the COUNTY and understands and agrees that the COUNTY will, in turn, report each violation as required to assure notification to the federal funding agency, and the appropriate Environmental Protection Agency Regional Office.
- (3) The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

Federal Water Pollution Control Act

- (1) The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
- (2) The contractor agrees to report each violation to the COUNTY and understands and agrees that the COUNTY will, in turn, report each violation as required to assure notification to the federal funding agency, and the appropriate Environmental Protection Agency Regional Office.
- (3) The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

ANTI- LOBBYING CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

DocuSigned by:


Signature of Contractor's Authorized Official

Thomas Landis Grants and Contracts Manager

Name and Title of Contractor's Authorized Official

30-Jun-2021 | 4:59 PM PDT

Date

Equal Employment Opportunity

During the performance of this contract, the contractor agrees as follows:

- (1)** The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

- (2)** The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3)** The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
- (4)** The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5)** The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

- (6) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (8) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: *Provided*, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

Compliance with the Contract Work Hours and Safety Standards Act

- (1) *Overtime requirements.* No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- (2) *Violation; liability for unpaid wages; liquidated damages.* In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of \$26 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.
- (3) *Withholding for unpaid wages and liquidated damages.* The Federal funding agency, shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined

to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.

- (4) *Subcontracts*. The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (b)(1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (b)(1) through (4) of this section.

Access to Records

Access to Records. The following access to records requirements apply to this contract:

- (1) The Contractor agrees to provide the COUNTY, and the State of Nevada, and the United States Department of Health and Human Services, Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books, documents, papers, and records of the Contractor which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions.
- (2) The Contractor agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.
- (3) The Contractor agrees to provide the United States Department of Health and Human Services, authorized representatives access to construction or other work sites pertaining to the work being completed under the contract.

Compliance with Federal Law, Regulations, and Executive Orders

This is an acknowledgement that Federal financial assistance will be used to fund all or a portion of the contract. The contractor will comply with all applicable Federal law, regulations, executive orders.

No Obligation by Federal Government

The Federal Government is not a party to this contract and is not subject to any obligations or liabilities to the non-Federal entity, contractor, or any other party pertaining to any matter resulting from the contract.

Fraud and False or Fraudulent Statements Or Related Acts

The Contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Contractor's actions pertaining to this contract.

By this addendum, these provisions are included as part of INTERLOCAL AGREEMENT No. 2100872 between the Board of Regents, NSHE obo University of Nevada, Reno and the Washoe County Health District.

Acknowledgment

BOARD OF REGENTS, NSHE OBO UNIVERSITY OF NEVADA, RENO

DocuSigned by: <i>Thomas Landis</i>	30-Jun-2021 4:59 PM PDT
Authorized Official	Date

Washoe County Health District

Oscar Delgado, Chair	Date
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DHO _____ KD

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 9, 2021
TO: District Board of Health
FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kpalmer@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 total amount of \$948,213.00 (\$94,821.30 cash match) retroactive to July 1, 2021 through June 30, 2022 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 MOU agreements with partnering agencies.

SUMMARY

The Washoe County Health District received a Notice of Subaward on June 23, 2021 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program (PHP). The funding period is retroactive to July 1, 2021 through June 30, 2022. 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 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

As the FY22 budget in Internal Order 11717 was adopted with a total of \$934,680 in revenue (includes \$170,861 in indirect) and \$764,819 in expenditure authority, a budget amendment in the amount of \$10,245 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. Should the Board approve the budget amendments, the FY22 budget will be increased by \$10,245 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase (Decrease)</u>
2002-IO-11857 -431100	Federal Grants	\$ 10,245.00
	Total Revenue	\$ 10,245.00
2002-IO-11857 -710500	Other Expense	\$ 8,911 .00
2002-IO-11857 -711210	Travel	\$ 1,334.00
	Total Expenditures	\$ 10,245.00

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 \$948,213 (\$94,821.30 cash match) retroactive to July 1, 2021 through June 30, 2022 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 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 \$948,213 (\$94,821.30 cash match) retroactive to July 1, 2021 through June 30, 2022 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 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. #: **SG 25275**
 Budget Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306922

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Andrea Esp / AEsp@washoecounty.us
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2021 through June 30, 2022	Subrecipient's: 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

Approved Budget Categories:	
1. Personnel	\$557,728.00
2. Travel	\$15,441.00
3. Supplies	\$24,267.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$102,328.00
6. Other	\$75,300.00
TOTAL DIRECT COSTS	\$775,064.00
7. Indirect Costs	\$173,149.00
TOTAL APPROVED BUDGET	\$948,213.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 948,213.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 948,213.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Amount Required this Action:	\$ 94,821.30
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 94,821.30

Research and Development (R&D) Y N

Federal Budget Period:
 July 1, 2021 through June 30, 2022
Federal Project Period:
 July 1, 2019 through June 30, 2024

FOR AGENCY USE, ONLY

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Grant Award Date by Federal Agency:
Centers for Disease Control and Prevention (CDC)	100%	93.069	NU90TP922047	5 NU90TP922047-03-00	05/19/2021

Agency Approved Indirect Rate: 12 % **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.

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

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

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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

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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.

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SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached detailed Work Plan is for Budget Period 3, July 1, 2021 to June 30, 2022 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, 2022. 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.
- RFRs are due monthly by the 15th of the month for the previous month. If there are no claims for any specific month, a signed zero dollar RFR is to be submitted by the 15th of the month.
 - Your Program Manager, the State PHP Manager and both State PHP fiscal staff need to be copied on all fiscal emails including RFR submissions, Redirect Requests, Match Reporting and any other Fiscal Documents.
- Submit written Progress Reports to the Division electronically on or before:

○ October 31, 2021	1 st Quarter Progress Report	(For the period of 07/01/21 to 09/30/21)
○ January 31, 2022	2 nd Quarter Progress Report	(For the period of 10/01/21 to 12/31/21)
○ April 30, 2022	3 rd Quarter Progress Report	(For the period of 01/01/22 to 03/31/22)
○ July 31, 2022	4 th Quarter Progress Report	(For the period of 04/01/22 to 06/30/22)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:

○ October 31, 2021	1 st Quarter Progress Report	(For the period of 07/01/21 to 09/30/21)
○ January 31, 2022	2 nd Quarter Progress Report	(For the period of 10/01/21 to 12/31/21)
○ April 30, 2022	3 rd Quarter Progress Report	(For the period of 01/01/22 to 03/31/22)
○ July 31, 2022	4 th Quarter Progress Report	(For the period of 04/01/22 to 06/30/22)

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

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

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SECTION B Cont.
Washoe County Health District (WCHD)
CDC Public Health Emergency Preparedness (PHEP)
Scopes of Work
July 1, 2021 through June 30, 2022

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

Domain Summary	
Domain Name	Community Resilience
Domain Description	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.
Associated Capabilities	<ul style="list-style-type: none"> • Community Preparedness • Community Recovery
Community Preparedness Definition	<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"> • Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness • Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health • Identify populations that may be disproportionately impacted by an incident or event and at-risk individuals with access and functional needs • 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 • Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors • Convene or participate with community partners to identify and implement additional ways to strengthen community resilience • 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
Community Recovery Definition	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.

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Planned Activity Type (Classify the Planned Activity Type for this Capability)	
Capability: Community Preparedness	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Capability: Community Recovery	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability
<input type="checkbox"/>	Scale back – plan to reduce the capability or capacity of the capability
<input type="checkbox"/>	No planned activities this budget period – there are no planned activities to address this capability
Domain Summary	
Domain Name	Incident Management
Domain Description	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.
Associated Capabilities	<ul style="list-style-type: none"> • Emergency Operations Coordination
Emergency Operations Definition	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	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
<input type="checkbox"/>	Build – plan to increase the capability or capacity of the capability
<input checked="" type="checkbox"/>	Sustain – plan to maintain the current level of capability or capacity of the capability

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	<i>Scale back – plan to reduce the capability or capacity of the capability</i>
	No planned activities this budget period – there are no planned activities to address this capability

Strategies/Activities

Domain Strategy	Strengthen Incident Management
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1a. Planned Objective

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

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.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

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
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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
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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
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Documentation: Exercise, meeting sign-in sheets, emails

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

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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
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	Activate public health emergency operations
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	Develop and maintain an incident response strategy
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X	Manage and sustain the public health response
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	Demobilize and evaluate public health emergency operations
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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 objective.

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

Proposed Output:	ICS training courses provided to WCHD and community stakeholders
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Proposed Output:	ICS certified trainer
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Proposed Output:	Participation in State led activities and exercises
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2a. Planned Objective

Nevada will conduct improvement planning for incident management and emergency operations coordination from the COVID-19 response lessons learned and After-Action Reports.

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.

Note: To create an additional planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.

Planned Activity:	Maintain AAR/IP, updating in alignment with Incident Action Plan (IAP).
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Completion Timeline:

Q1: July 1 – September 30

Q2: October 1 – December 31

Q3: January 1 – March 31

Q4: April 1 – June 30

Documentation: AAR/IP

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Planned Activity:	If COVID-19 response has ended, finalize the After-Action Reports/Improvement Plans (AAR/IP)	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:	Update applicable response plans identified in the AAR/IP. Ex. Pandemic Influenza Plan, POD Manual, etc.	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: Updated plans		
Planned Activity:	Review Department Emergency Operations Plan (DEOP) and identify areas of improvement.	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		
Planned Activity:	Update Department Emergency Operations Plan and identify areas of improvement.	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: Updated DEOP		
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	
	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	

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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.

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

Proposed Output:	COVID AAR/IP
Proposed Output:	Updated Plan (s)
Proposed Output:	Updated DEOP

3a. Planned Objective

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

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 objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

*Note: To create an **additional** planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.*

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
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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
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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 or real-world events.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30 <input checked="" type="checkbox"/> Q2: October 1 – December 31
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		<input checked="" type="checkbox"/> Q3: January 1 – March 31 <input checked="" type="checkbox"/> Q4: April 1 – June 30
Planned Activity: ServNV communication		
Planned Activity:	Evaluate MRC pushout and analyze effectiveness of activation with suggestions for improvement.	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: Evaluation, analysis, improvement plan.		
3c. 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	
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.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Satellite phones available for use in exercises and communications drills	
Proposed Output:	Completed Communications drill/exercise AARs	
Proposed Output:		

4a. Planned Objective

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

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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:	Activation of DEOP to include notification/activation of the Regional Emergency Operations Center for an exercise or real event.	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: ExPlan, EEG, hotwash, exercise notes		
Planned Activity:	Identify ICS training needs based on AAR of DEOP activation.	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: Hot wash, AAR-IP		
Planned Activity:	Provision of identified ICS trainings based on DEOP exercise/real event.	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: ICS trainings scheduled or completed		
Research best practices for post-event mental/behavioral health assessment and tracking.		
Create tracking form/process for post-event mental/behavioral health.		
4c. 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	
X	Develop and maintain an incident response strategy	
X	Manage and sustain the public health response	

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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:	Simulated or real activation of DEOP
Proposed Output:	List of ICS training needs for WCHD
Proposed Output:	Provision of ICS trainings

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		
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

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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

Domain Name	Information Management
Domain Description	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.
Associated Capabilities	<ul style="list-style-type: none"> • Emergency Public Information and Warning • Information Sharing
Emergency Public Information and Warning Definition	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.
Information Sharing Definition	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.

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Planned Activity Type (Classify the Planned Activity Type for this Capability)		
Capability: Emergency Public Information and Warning		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Capability: Information Sharing		
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>		
	Build – plan to increase the capability or capacity of the capability	
X	Sustain – plan to maintain the current level of capability or capacity of the capability	
	Scale back – plan to reduce the capability or capacity of the capability	
	No planned activities this budget period – there are no planned activities to address this capability	
Strategies/Activities		
Domain Strategy	Strengthen Information Management	
1a. Planned Objective		
<i>Nevada will include public information and situational awareness components in preparedness and response plans.</i>		
1b. Completion Timeline		
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.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Update of pandemic messaging specific to limited vaccine, high risk groups and vaccine repetition requirements for inclusion into Emergency Communications and Public Information Plan (i.e. PIC Plan).	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, messaging		

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Planned Activity:	If necessary, update Emergency Communications and Public Information Plan.	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
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Documentation: Updated Emergency Communications and Public Information 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

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:	Updated Emergency Communications and Public Information Plan
Proposed Output:	

2a. Planned Objective

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Nevada will conduct emergency public information and warning improvement planning from COVID-19 response lessons learned and After-Action Reports.

2b. Completion Timeline

Recipients 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.

For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. **PLEASE CHECK ONLY ONE.**

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

Planned Activity:	Review and, if necessary, update Emergency Communications and Public Information Plan.	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
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Documentation: Updated Emergency Communications and Public Information Plan

Planned Activity:		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
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Documentation:

Planned Activity:		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
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Documentation:

2c. 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

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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	
2d. Proposed Outputs (List the Proposed Outputs resulting from the Planned Activities):		
<p>Recipients must provide at least one proposed output (1,000 characters per proposed output) for each planned activity. The proposed outputs should directly relate to the expected results of completing the planned activities and domain objective.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i></p>		
Proposed Output:	Updated Emergency Communications and Public Information Plan	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
WCHD will conduct external communication with the public.		
3b. Completion Timeline		
<p>Recipients 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.</p> <p>For each planned activity, recipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, recipients should insert a new row for each planned activity.</i></p>		
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

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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		
Planned Activity:		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:		
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:		
	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.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, recipients should insert a new row for each proposed output.</i>		

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Proposed Output:	Media releases for exercises and real-world events
Proposed Output:	Social media releases for exercises and real-world events.
Proposed Output:	

4a. Planned Objective

WCHD will improve consistency of communication to various levels of government, community partners, and the private sector.

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:	Continue to coordinate 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
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Documentation: List of equipment, POs,

Planned Activity:	Continue to coordinate with ARES, to train on the deployment of the 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
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Documentation: Deployment plan and instructions

4c. 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

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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
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:	Deployment plan for mobile AM radio communications
Proposed Output:	
Proposed Output:	

5a. Planned Objective

WCHD will practice internal communication and activation of staff using Vesta Communicator by June 30, 2021.

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:	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
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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
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Documentation: AAR-IP, communication pushouts

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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
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Documentation: Training information, meeting notes.

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

Recipients must select the functions used to guide planned activities.

Emergency Public Information and Warning:

X	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
	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

5d. 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	Countermeasures and Mitigation
Domain Description	Countermeasures and mitigation is the ability to distribute, dispense and administer medical countermeasures to reduce morbidity and mortality and to implement appropriate non-

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

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X	<i>Sustain – plan to maintain the current level of capability or capacity of the capability</i>	
	<i>Scale back – plan to reduce the capability or capacity of the capability</i>	
	<i>No planned activities this budget period – there are no planned activities to address this capability</i>	
Capability: Nonpharmaceutical Interventions		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	<i>Build – plan to increase the capability or capacity of the capability</i>	
X	<i>Sustain – plan to maintain the current level of capability or capacity of the capability</i>	
	<i>Scale back – plan to reduce the capability or capacity of the capability</i>	
	<i>No planned activities this budget period – there are no planned activities to address this capability</i>	
Capability: Responder Safety and Health		
Please select ONE from the list below by placing an X in the appropriate cell on the left.		
	<i>Build – plan to increase the capability or capacity of the capability</i>	
X	<i>Sustain – plan to maintain the current level of capability or capacity of the capability</i>	
	<i>Scale back – plan to reduce the capability or capacity of the capability</i>	
	<i>No planned activities this budget period – there are no planned activities to address this capability</i>	
Strategies/Activities		
Domain Strategy	Strengthen Countermeasures and Mitigation	
1a. Planned Objective		
<i>Nevada will conduct Countermeasures Dispensing and administration improvement planning from COVID-19 response lessons learned and After-Action Reports.</i>		
1b. Completion Timeline		
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.		
<i>Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Review the POD Manual for necessary updates based on lessons learned.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

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Documentation: Meeting notes		
Planned Activity:	Update the POD Manual, if necessary.	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: Updated POD Manual		
Planned Activity:	Review POD MOUs and update tracking sheet	<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		
Planned Activity:	Update POD MOUS, as appropriate.	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: Updated POD MOUs		
Planned Activity:	Review the MCM Plan for necessary updates based on lessons learned.	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: Meeting notes		
Planned Activity:	Update the MCM Plan, if necessary.	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: Updated MCM Plan		
1c. Function Association (Select all that apply):		

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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
	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
	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
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.	
Note: To create an <u>additional</u> proposed output associated to the planned objective listed above, subrecipients should insert a new row for each proposed output.	

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Proposed Output:	Updated POD Manual
Proposed Output:	Update POD MOU and tracking sheet
Proposed Output:	Updated MCM Plan
Proposed Output:	
Proposed Output:	

2a. Planned Objective

Nevada will conduct improvement to Non-Pharmaceutical Intervention planning based on lessons learned and After-Action Reports from the COVID-19 Response.

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.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

Planned Activity:	Review Isolation and Quarantine (I/Q Bench Book) for necessary updates based on lessons learned.	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
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Documentation: meeting notes

Planned Activity:	Updated I/Q Bench Book, if necessary.	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
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Documentation: Updated I/Q Bench Book

Planned Activity:	Review I/Q Annex for necessary updates based on lessons learned.	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
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Documentation: meeting notes

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Planned Activity:	Updated I/Q Annex, if necessary.	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 I/Q Annex		
2c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	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	
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	
	Monitor medical materiel inventories and medical materiel distribution operations	
	Recover medical materiel and demobilize distribution operations	
Nonpharmaceutical Interventions		
X	Engage partners and identify factors that impact nonpharmaceutical interventions	
X	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	

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	Monitor responder safety and health during and after incident response	
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.		
<i>Note: To create an additional proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated I/Q Bench Book	
Proposed Output:	Updated I/Q Annex	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Plan and conduct PODs with community partners throughout FY 20-21.		
3b. Completion Timeline		
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 activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.		
<i>Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i>		
Planned Activity:	Develop planning documents for WCHD POD exercises (e.g. Project Homeless Connect, Family Health Festival) and COVID-19 PODs.	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 including COVID-19 PODs.	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 including COVID-19 PODs.	Completion Timeline: <input checked="" type="checkbox"/> Q1: July 1 – September 30

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		<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.	<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: Inventory list with locations, PPE purchase documents.		
3c. Function Association (Select all that apply):		
Subrecipients must select the functions used to guide planned activities.		
Medical Countermeasure Dispensing and Administration		
	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	
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	
	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	

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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):		
<p>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.</p> <p><i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i></p>		
Proposed Output:	Exercise documentation	
Proposed Output:	Real-world documentation	
Proposed Output:	Inventory lists	
Proposed Output:		
4a. Planned Objective		
WCHD will identify gaps in readiness based on review of ORR guidance and create mitigation opportunities.		
3b. Completion Timeline		
<p>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 activity. The planned activities should describe specific actions that support the completion of a domain activity. Planned activities should lead to measurable outputs.</p> <p><i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.</i></p>		
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

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		<input checked="" type="checkbox"/> Q4: April 1 – June 30
Documentation: Improvement list with mitigation activities.		
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		
4c. Function Association (Select all that apply):		
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	
	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	
	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		

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X	Identify responder safety and health risks
X	Identify and support risk-specific responder safety and health training
	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.

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

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

Domain Summary

Domain Name	Surge Management
Domain Description	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.
Associated Capabilities	<ul style="list-style-type: none"> • Fatality Management • Mass Care • Medical Surge • Volunteer Management
Fatality Management Definition	<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"> • Recovery and preservation of remains • Identification of the deceased • Determination of cause and manner of death • Release of remains to an authorized individual • Provision of mental/behavioral health assistance for the grieving <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>
Mass Care Definition	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.
Medical Surge Definition	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

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	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.
Volunteer Management Definition	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.

	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – 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.

	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – 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.

	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – 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.

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

Strategies/Activities

Domain Strategy	Strengthen Surge Management
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1a. Planned Objective

Nevada will conduct improvement planning for Volunteer Management based on lessons learned and after action reports from the COVID-19 response.

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.

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Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

Planned Activity:	Review and identify alignment between local volunteer management plans and updates based on lessons learned.	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
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Documentation: Meeting notes, agendas, emails

Planned Activity:	Update WCHD Volunteer Management Plan.	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
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Documentation: Updated Volunteer Management Plan

Planned Activity:	Review MRC Protocols and identify updates based on lessons learned.	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
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Documentation: Meeting notes

Planned Activity:	Update MRC Protocols	<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
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Documentation: Updated MRC Protocols

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
	Support fatality processing and storage operations

Mass Care

	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

Medical Surge

	Assess the nature and scope of the incident
	Support activation of medical surge
	Support jurisdictional medical surge operations
	Support demobilization of medical surge operations

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Volunteer Management		
X	Recruit, coordinate, and train volunteers	
X	Notify, organize, assemble, and deploy volunteers	
X	Conduct or support volunteer safety and health monitoring and surveillance	
X	Demobilize volunteers	
Other (please specify)		
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 objective.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated Volunteer Management Plan	
Proposed Output:		
Proposed Output:		
2a. Planned Objective		
Research and create Go Kits for Volunteer Reception Center.		
2b. Completion Timeline		
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.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
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	

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	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	
	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	
	Support activation of medical surge	
	Support jurisdictional medical surge operations	
	Support demobilization of medical surge operations	
Volunteer Management		
	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)		
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.		
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.</i>		
Proposed Output:	Updated Volunteer Management Plan	
Proposed Output:		
Proposed Output:		
3a. Planned Objective		
Utilize volunteer resources to increase WCHD's ability to rapidly deploy required supplies to initiate PODs or emergency operations		
3b. Completion Timeline		
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.		
<i>Note: To create an <u>additional</u> planned activity associated to the domain objective listed above, Subrecipients should insert a new row for each planned activity.</i>		
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

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		<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
Planned Activity: Communication through SERV-NV and other mechanisms		
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		
<input type="checkbox"/>	Determine the public health agency role in fatality management	
<input type="checkbox"/>	Identify and facilitate access to public health resources to support fatality management operations	
<input type="checkbox"/>	Assist in the collection and dissemination of antemortem data	
<input type="checkbox"/>	Support the provision of survivor mental/behavioral health services	
<input type="checkbox"/>	Support fatality processing and storage operations	
Mass Care		
<input type="checkbox"/>	Determine public health role in mass care operations	
X	Determine mass care health needs of the impacted population	
<input type="checkbox"/>	Coordinate public health, medical, and mental/behavioral health services	
<input type="checkbox"/>	Monitor mass care population health	
Medical Surge		
<input type="checkbox"/>	Assess the nature and scope of the incident	
<input type="checkbox"/>	Support activation of medical surge	
<input type="checkbox"/>	Support jurisdictional medical surge operations	
<input type="checkbox"/>	Support demobilization of medical surge operations	
Volunteer Management		
<input type="checkbox"/>	Recruit, coordinate, and train volunteers	
<input type="checkbox"/>	Notify, organize, assemble, and deploy volunteers	
<input type="checkbox"/>	Conduct or support volunteer safety and health monitoring and surveillance	
<input type="checkbox"/>	Demobilize volunteers	
Other (please specify)		
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.		
Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, Subrecipients should insert a new row for each proposed output.		
Proposed Output:	Updated MRC Protocols	

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Proposed Output:	
Proposed Output:	
Domain Summary	
Domain Name	Biosurveillance
Domain Description	Biosurveillance 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.
Associated Capabilities	<ul style="list-style-type: none"> • Public Health Laboratory Testing • Public Health Surveillance and Epidemiological Investigation
Public Health Laboratory Testing Definition	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.
Public Health Surveillance and Epidemiological Investigation Definition	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	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability
	Scale back – plan to reduce the capability or capacity of the capability
	No planned activities this budget period – there are no planned activities to address this capability
Capability: Public Health Surveillance and Epidemiological Investigation	
<i>Please select ONE from the list below by placing an X in the appropriate cell on the left.</i>	
	Build – plan to increase the capability or capacity of the capability
X	Sustain – plan to maintain the current level of capability or capacity of the capability

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	Scale back – plan to reduce the capability or capacity of the capability
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	No planned activities this budget period – there are no planned activities to address this capability
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Strategies/Activities

Domain Strategy	Strengthen Biosurveillance
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1a. Planned Objective

Nevada will conduct improvement planning on Public Health Surveillance and Epidemiological Investigations based on the lessons learned and After Action Reports from the COVID-19 response.

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.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

Planned Activity:	Maintain AAR/IP, updating in alignment with Incident Action Plan (IAP).	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
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Documentation: AAR/IP

Planned Activity:	If COVID-19 response has ended, finalize the After-Action Reports/Improvement Plans (AAR/IP)	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
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Documentation: AAR/IP

Planned Activity:	Update applicable response plans identified in the AAR/IP. Ex. Pandemic Influenza Plan, POD Manual, CD Manual, Call Center Procedures, Disease Investigator procedures, etc.	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
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Documentation: AAR/IP	
1c. 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
	Conduct public health and epidemiological investigations
<input checked="" type="checkbox"/>	Recommend, monitor, and analyze mitigation actions
<input checked="" type="checkbox"/>	Improve public health surveillance and epidemiological investigation systems
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 objective.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
Proposed Output:	COVID AAR/IP
Proposed Output:	Updated Plan (s)
Proposed Output:	
2a. Planned Objective	
Maintain 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 throughout the budget period.	
2b. Completion Timeline	
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.	

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For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

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"/> 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
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Documentation: emails, nationally standardized procedures per CDC, meeting minutes that outline changes in processes

Planned Activity:	Review 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 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
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Documentation: testing procedures document

Planned Activity:	Communication to local providers of ongoing changes and updates.	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
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Documentation: Epi News

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

Subrecipients must select the functions used to guide planned activities.

Public Health Laboratory Testing:

<input checked="" type="checkbox"/>	Conduct laboratory testing and report results
<input checked="" type="checkbox"/>	Enhance laboratory communications and coordination
<input checked="" type="checkbox"/>	Support training and outreach

Public Health Surveillance and Epidemiological Investigation:

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	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

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.

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

Proposed Output:	
Proposed Output:	
Proposed Output:	

3a. Planned Objective

Continued surveillance as directed by CDC and national best-practices for COVID-19 through June 2022.

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 objective. The planned activities should describe specific actions that support the completion of a domain objective. Planned activities should lead to measurable outputs.

For each planned activity, subrecipients must indicate which quarter of the budget period they expect to complete the activities and work needed to achieve the activities. PLEASE CHECK ONLY ONE.

Note: To create an additional planned activity associated to the domain objective listed above, subrecipients should insert a new row for each planned activity.

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

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		<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 <input checked="" type="checkbox"/> Q4: April 1 – June 30
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"/> 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: Epidemiology and Public Health Preparedness Division meeting minutes.		

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

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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:	
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
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.	
<i>Note: To create an <u>additional</u> proposed output associated to the planned activity listed above, subrecipients should insert a new row for each proposed output.</i>	
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.

4a. Planned Objective
Review of the protocol for the identification or, reporting on, and treatment of persons with suspect or confirmed COVID-19 by June 2022.
4b. Completion Timeline
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.

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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 checked="" type="checkbox"/> Q4: April 1 – June 30
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Documentation: Email or meeting minutes illustrating notification to other epi staff of pertinent changes to the national processes and guidance.

Planned Activity:	Review of the protocols.	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
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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:	If necessary, update COVID-19 protocols 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 Statues.	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
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Documentation: Communicable Disease Manual COVID-19 chapter.

4c. 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
	Conduct public health and epidemiological investigations
	Recommend, monitor, and analyze mitigation actions
<input checked="" type="checkbox"/>	Improve public health surveillance and epidemiological investigation systems

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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:	Evidence of ongoing communication to ensure staff are implementing best-practices and national guidance for COVID-19.
Proposed Output:	Finalized Communicable Disease Chapter on COVID-19, with medical provider signature.
Proposed Output:	

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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 NU90TP922047-03-00 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 - SFY 22 - PHEP - BP3

Total Personnel Costs		including fringe			Total:	\$557,728
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Nancy Diao</u> Director, Epidemiology and Public Health Preparedness	\$163,500.00	37.000%	65.000%	12	100.00%	\$145,597
<u>Andrea Esp</u> Preparedness and EMS Program Manager	\$103,269.00	44.360%	16.000%	12	100.00%	\$23,853
<u>Stephen Shipman</u> Public Health Emergency Response Coordinator	\$94,774.85	58.000%	100.000%	12	100.00%	\$149,744
<u>Raquel DePuy Grafton</u> Program Coordinator	\$68,188.74	52.000%	100.000%	12	100.00%	\$103,647
<u>Jessie Latchaw</u> Public Health Emergency Response Coordinator	\$91,019.37	47.580%	5.000%	12	100.00%	\$6,716
<u>Danika Williams</u> Epidemiologist	\$83,221.37	44.000%	20.000%	12	100.00%	\$23,968
<u>Dawn Spinola</u> Administrative Secretary	\$70,893.43	51.000%	88.000%	12	100.00%	\$94,203
<u>Overtime -</u> Overtime in support of afterhours exercises, trainings and response related to PHEP activities and meeting PHEP Capabilities.	\$10,000.00	0.000%	100.000%	12	100.00%	\$10,000
Total Fringe Cost		\$178,385			Total Salary Cost:	\$379,343
Total Budgeted FTE		4.94000				

Travel		Total:			\$15,441
Out-of-State Travel					\$9,240
<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	

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Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$800	1		4	\$3,200
Baggage fee: \$ amount per person x # of trips x # of staff	\$50	2		4	\$400
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$66	1	5	4	\$1,320
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$200	1	4	4	\$3,200
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$40	2	2	4	\$640
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$24	1	5	4	\$480

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

\$6,201

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$250	3		4	\$3,000
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$61	3	2	4	\$1,464
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$102	3	1	4	\$1,224
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$25.00	3	3		\$225
Parking: \$ per day x # of trips x # of days x # of staff	\$24	3	1	4	\$288

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.

Supplies **Total: \$24,267**

Office Supplies: \$34.58 x 5 FTE staff x 12 months	\$2,074.80
Operating Supplies: \$1,666 x 12 months	\$19,992.00
Communications	\$2,200.00

Equipment **Total: \$0.00**

Contractual **\$102,328**

<u>Name of Contractor, Subrecipient:</u> TBD	Total	\$34,268
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Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Vendor to assist in the update of plans from the COVID-19 lessons learned.

Budget

Personnel	\$34,268.00
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Travel	\$0.00
Total Budget	\$34,268.00

Method of Accountability:

Define - Contractor will provide scope of work outline process with timelines and benchmarks to be agreed upon by PHP program staff. This project will be monitored by the Public Health Emergency Response Coordinator.

Name of Contractor, Subrecipient: TBD **Total \$35,000**

Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Vendor to assist in exercise design and implementation

Budget

Personnel	\$35,000.00
Travel	\$0.00
Total Budget	\$35,000.00

Method of Accountability:

Define - Contractor will provide scope of work outline process with timelines and benchmarks to be agreed upon by PHP program staff. This project will be monitored by the Public Health Emergency Response Coordinator.

Name of Contractor, Subrecipient: TBD **Total \$10,000**

Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Temporary staff to assist with Domain 6 planned activities

Budget

Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Define - timesheets

Name of Contractor, Subrecipient: TBD **Total \$16,710**

Method of Selection: competitive bid

Period of Performance: July 1, 2021 - June 30, 2022

Scope of Work: Temporary staff to assist with Domain 6 planned activities

Budget

Personnel	\$16,710.00
Travel	\$0.00
Total Budget	\$16,710.00

Method of Accountability:

Define - timesheets

Name of Contractor, Subrecipient: TBD **Total \$6,349**

Method of Selection: competitive bid

Period of Performance: July 1, 2021 – June 30, 2022

Scope of Work: Temporary staff to assist with volunteer management.

Budget

Personnel	\$16,710.00
Travel	\$0.00
Total Budget	\$16,710.00

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Method of Accountability:
Define – timesheets

Other	Total:	\$75,300
Printing Services: \$833.33/month x 12 months	\$10,000	
Copier/Printer Lease: \$91.67/month x 12 months	\$1,100	
Satellite Phone Subscription: \$116.67/month x 12 months	\$1,400	
Postage: \$99/month x 12 months	\$1,188	
Seminars/Meetings: \$1,375/meeting x 4 meetings	\$5,500	
Dues/Membership: NACCHO and NEPA	\$3,150	
Medical Services: 15 fit test med evals @ \$35 per 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	
CBRNE and EID equipment	\$10,000	

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. CBRNE and EID equipment such as PAPR's, decontamination equipment, survey, and response equipment for Emergency First Responders.

TOTAL DIRECT CHARGES	\$775,064
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Indirect Charges	Indirect Rate: 22.340%	\$173,149
Indirect Methodology: 22.34% of all direct expenses per Federally approved indirect agreement.		

TOTAL BUDGET	Total:	\$948,213
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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$948,213							\$948,213

EXPENSE CATEGORY

Personnel	\$557,728							\$557,728
Travel	\$15,441							\$15,441
	\$24,267							\$24,267
Equipment	\$0							\$10,000
Contractual/Consultant	\$102,328							\$102,328
Other Expenses	\$75,300							\$65,300
Indirect	\$173,149							\$173,149

TOTAL EXPENSE	\$948,213	\$0	\$0	\$0	\$0	\$0	\$0	\$948,213
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$173,149
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Total Agency Budget	\$948,213
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- 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 **\$94,821.30**. 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, and is **required to be reported no less than quarterly by the 30th of the month following the close of the quarter**. 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 **\$948,213.00**;
- ****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% (**\$94,821.30**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2022 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 15 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;
- 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

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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 15th 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.

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SECTION D**

Agency Ref. #: **SG 25275**
 Budget/CAT: **3218/22**
 GL: **8516**
 Job #: **9306922**
 Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2021 to June 30, 2022	Subrecipient's: 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	\$557,728.00	\$0.00	\$0.00	\$0.00	\$557,728.00	0.0%	
2. Travel	\$15,441.00	\$0.00	\$0.00	\$0.00	\$15,441.00	0.0%	
3. Supplies	\$24,267.00	\$0.00	\$0.00	\$0.00	\$24,267.00	0.0%	
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
5. Contractual/Consultant	\$102,328.00	\$0.00	\$0.00	\$0.00	\$102,328.00	0.0%	
6. Other	\$75,300.00	\$0.00	\$0.00	\$0.00	\$75,300.00	0.0%	
7. Indirect	\$173,149.00	\$0.00	\$0.00	\$0.00	\$173,149.00	0.0%	
Total	\$948,213.00	\$0.00	\$0.00	\$0.00	\$948,213.00	0.0%	

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>	\$94,821.30	\$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 _____

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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.

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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.

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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.
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

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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 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.

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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)(i)(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.
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.

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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 (referred to as "Subrecipient").

Program Name	Public Health Preparedness	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	5 NU90TP922047-03-00	Subaward Number	SG 25275
Federal Amount	940,446.00	Contact Name	Andrea Esp
Non-Federal (Match) Amount	94,045.00	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	1,034,491.00		
Performance Period	July 1, 2021 to June 30, 2022		

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 at least quarterly by the 30th of the month following the close of a quarter during the grant period and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$940,446.00**
Required Match Percentage 10%
Total Required Match **\$94,045.00**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	55,773.00
2	Travel	\$	1,471.00
3	Contract/Consultant	\$	1,000.00
4	Supplies	\$	9,671.00
5	Other	\$	8,957.00
6	Indirect Costs	\$	17,173.00
	Total	\$	94,045.00

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 I

Acronym Key

AAR/IP: After Action Report/Improvement Plan	DMORT: Disaster Mortuary Operational Response Team
ACS: Alternate Care Site/System	DOC: Division Operations Center
AED: Automated External Defibrillators	DPBH: Division of Public and Behavioral Health
AFN: Access and Functional Needs	EDR: Electronic Death Records
ARES: Amateur Radio Emergency Services	EEG: Exercise Evaluation Guide
ARRL: Amateur Radio Relay League	EM: Emergency Management/Manager
ASPR: Assistant Secretary for Preparedness and Response	EMAC: Emergency Management Assistance Compact
BDR: Bill Draft Request	EMI: Emergency Management Institute
BHPP: Bureau of Health Protection and Preparedness	EMS: Emergency Medical Services
BNICE: Biological, Nuclear, Incendiary, Chemical, Explosive	EMT: Emergency Medical Technician
BP: Budget Period	EOC: Emergency Operations Center
C³: Command, Control, Communications	EOP: Emergency Operations Plan
CASPER: Community Assessment for Public Health Emergency Response	EPA: Environmental Protection Agency
CBRNE: Chemical, Biological, Radiology, Nuclear, and Explosive (high yield)	Epi: Epidemiology/Epidemiologist
CCHHS: Carson City Health and Human Services	ESAR-EHP: Emergency System for Advanced Registration of Volunteer Health Professionals
CDC: Centers for Disease Control and Prevention	ESF: Emergency Support Function
CEMP: Comprehensive Emergency Management Plan	EVD: Ebola Virus Disease
CERC: Crisis and Emergency Risk Communications	ExPlan: Exercise Plan
CERT: Community Emergency Response Team	FAC: Family Assistance Center
CFAN: Children with Functional Access Needs	FaR: Frontier and Rural Health
CHEMPACK: Chemical Emergency Response Package	FDA: Food and Drug Administration
CHN: Community Health Nurse	FEMA: Federal Emergency Management Agency
CIKR: Critical Infrastructure and Key Resource	FOUO: For Official Use Only
CM: County Manager	FSC: Finance Section Chief
CMP: Crisis Management Plan	FSE: Full Scale Exercise
CMS: Centers for Medicare & Medicaid Services	GSA: General Services Administration
CMT: Crisis Emergency Team	HAM: Amateur Radio Operator
Comms: Communications	HAN: Health Alert Network
CONOPS: Concept of Operations	HAvBED: Hospital Available Beds Tracking System
COOP: Continuation of Operations	HAZMAT: Hazardous Materials
CP: Check Point	HCC: Hospital Command Center
CSC: Crisis Standards of Care	HCQC: b
CSTE: Council of Statewide and Territorial Epidemiologists	HEPE: Health Emergency Preparedness Evaluator
DEM: Division of Emergency Management	HF: High Frequency
Demob: Demobilization	HHS: Health and Human Services
DHHS: US Department of Health and Human Services	HICS: Hospital Incident Command System
DHS: Department of Homeland Security	HIPAA: Healthcare Information Portability and Accountability Act
DMAT: Disaster Medical Assistance Team	HPP: Healthcare Preparedness Program
DME: Durable Medical Equipment	HRA: Health Resource Analyst
DMF: Disaster Medical Facility	HSEEP: Homeland Security Exercise and Evaluation Program
	HSPD: Homeland Security Presidential Directive
	HVA: Hazard Vulnerability Assessment

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

I&Q: Isolation and Quarantine
IAP: Incident Action Plan
IC: Incident Commander
ICAMS: Incident Cause Analysis Method
ICP: Incident Command Post
ICS: Incident Command System
IMT: Incident Management Team
IS: Independent Study
IT: Information Technology
ITERC: Inter-Tribal Emergency Response Commission
JAS: Job Action Sheets
JFO: Joint Field Office
JIC: Joint Information Center
JIS: Joint Information System
JITT: Just-in-time-training
JRA: Jurisdictional Risk Assessment
LEPC: Local Emergency Planning Committee
LHA: Local Health Authority
LO or LNO: Liaison Officer

LRN: Laboratory Response Network

LSC: Logistics Section Chief
MAA: Mutual Aid Agreement
MAC: Multiagency Coordination
MACS: Multiagency Coordination System
MAEA: Mutual Aid Evacuation Annex
MCI: Mass Casualty Incident
MCIP: Multi-Casualty Incident Plan
MCM: Medical Countermeasures
MCM ORR: Medical Countermeasure Operational Readiness Review
MERS: Mobile Emergency Response Support
MFI: Mass Fatality Incident
MHFA: Mental Health First Aid
MHz: Mega Hertz
MOA: Memorandum of Agreement
MOU: Memorandum of Understanding
MRC: Medical Reserve Corps
MSAC: Medical Services Advisory Committee
MSU: Mobile Support Unit
NAC: Nevada Administrative Code
NACCHO: National Association of County and City Health Officials
NDEM: Nevada Division of Emergency Management
NEPA: Nevada Emergency Preparedness Association
NGO: Nongovernmental Organization

RDS: Regional Distribution Sites
REMSA: Regional Emergency Medical Services Authority

NHA: Nevada Hospital Association
NHP: Nevada Highway Patrol
NIMS: National Incident Management System
NLT: No Later Than
NOGA: Notice of Grant Award
NPG: National Preparedness Goals
NPI: Non-Pharmaceutical Interventions
NRF: National Response Framework
NRP: National Response Plan
NRS: Nevada Revised Statute
NSHD: Nevada State Health Division
NSPHL: Nevada State Public Health Laboratory
NTR: Nevada Trauma Registry
NVHAN: Nevada Health Alert Network
NVPHRAT: Nevada Public Health Risk Assessment Tool
OIT: Office of Informatics and Technology
OPHIE: Office of Public Health Informatics and Epidemiology
OSC: Operations Section Chief
OSHA: Occupational Safety and Health Administration
PACE-EH: Protocol for Assessing Community Excellence in Environmental Health
PAHPA: Pandemic and All-Hazards Preparedness Act
PAIS: Preparedness, Assurance, Inspections and Statistics
PAPR: Powered Air-Purifying Respirator
Peds: Pediatrics
PHAB: Public Health Accreditation Board
PHCS: Public Health Community Services
PHDs: Public Health Departments
PHEP: Public Health Emergency Preparedness

PHP: Public Health Preparedness Program

PIC: Public Information and Communication
PIO: Public Information Officer
PMT: Performance Management Team
POC: Point of Contact
POD: Point of Dispensing
PPE: Personal Protective Equipment
PSA: Public Service Announcement
PSC: Planning Section Chief
QCHCC: Quad County Healthcare Coalition
QCPHP: Quad County Public Health Preparedness

RACES: Radio Amateur Civil Emergency Services

Rad Control: Nevada Radiation Control Program
RAILS: Radio, Internet, Landline phone/fax, Satellite phone
RCHS: Rural Community Health Services

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

RFR: Request for Reimbursement
RHPP: Rural Health Preparedness Partners
RN: Registered Nurse
RP: Release Point
RSS: Receive, Stage, Store
RTAB: Regional Trauma Advisory Board
SCEMP: State Comprehensive Emergency Management Plan
SEOC: State Emergency Operations Center
SERT: State Emergency Response Team
SERV-NV: State Emergency Registry of Volunteers – Nevada
SME: Subject Matter Expert
SNAMHS: Southern Nevada Adult Mental Health Services
SNHD: Southern Nevada Health District
SNHPC: Southern Nevada Health Preparedness Coalition
SNS: Strategic National Stockpile
SO: Safety Officer
SOP: Standard Operating Procedure
SP: Start Point
SUV: Spontaneous Unaffiliated Volunteers
SWAT: Special Weapons and Tactics
TEPW: Training and Exercise Planning Workshop
THIRA: Threat Hazard Incident Risk Assessment
TTX: Tabletop Exercise
UC: Unified Command
UHF: Ultra-High Frequency
UVIS: Unified Victim Identification System
VA: Veterans Affairs
VG: Vigilant Guard
VHF: Very High Frequency
VMF: Volunteer Management System
VRC: Volunteer Reception Center
VSA: Volunteer Staging Area
WCHD: Washoe County Health District
WebEOC: Web Based Emergency Operations Center
WHO: World Health Organization
WIC: Women, Infants and Children Program

AHSO_AH

DHO _____ KD

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 8, 2021
TO: District Board of Health
FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kpalmer@washoecounty.us
SUBJECT: Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of \$707,547.00 retroactive to October 1, 2020 through September 30, 2021 for the Air Quality Management, EPA Air Pollution Control Program, IO# 11755 and authorize the District Health Officer to execute the Agreement.

SUMMARY

The Air Quality Management Division received a Grant Agreement #00905421 from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO# 11755. A copy of the Grant Agreement is attached for the period retroactive to October 1, 2020 through September 30, 2021. The Agreement was received on July 8, 2021.

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 5. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

PREVIOUS ACTION

On June 25, 2020 the Board retroactively approved a Grant Agreement from the EPA in the amount of \$691,18000 for the period 10/1/19 through 9/30/20.

BACKGROUND

Project/Program Name: Air Quality Management, EPA 105 Base Award

Scope of the Project: The base award provides funding for a portion of Air Quality Management Air Pollution Control Program expenditures including personnel and operating expenses. Additional funding comes from fees, state dedicated funds, and general fund transfer.



Benefit to Washoe County Residents: Implementation of clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

On-Going Program Support: The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program.

Award Amount: \$707,547.00

Grant Period: October 1, 2020 – September 30, 2021

Funding Source: U.S. Environmental Protection Agency

Pass Through Entity: n/a

CFDA Number: 66.001

Grant ID Number: 00905421

Match Amount and Type: \$1,530,509. Funding for match expenditures comes from fees, state dedicated funds and general fund transfer.

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

FISCAL IMPACT

Should the Board approve the Grant Agreement, there is no fiscal impact as this award was anticipated and included in the adopted FY21 budget.

RECOMMENDATION

It is recommended the District Board of Health approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of \$707,547.00 retroactive to October 1, 2020 through September 30, 2021 for the Air Quality Management, EPA Air Pollution Control Program, IO# 11755 and authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of \$707,547.00 retroactive to October 1, 2020 through September 30, 2021 for the Air Quality Management, EPA Air Pollution Control Program, IO# 11755 and authorize the District Health Officer to execute the Agreement."

	U.S. ENVIRONMENTAL PROTECTION AGENCY Grant Agreement		GRANT NUMBER (FAIN): 00905421 MODIFICATION NUMBER: 0 PROGRAM CODE: A	DATE OF AWARD 06/24/2021
			TYPE OF ACTION New	MAILING DATE 07/01/2021
			PAYMENT METHOD: ACH	ACH# 90104
			RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept 1001 East Ninth Street, Building B Reno, NV 89512 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept 1001 East Ninth Street, Building B Reno, NV 89512		
PROJECT MANAGER Francisco Vega 1001 E 9TH ST Building B Reno, NV 89512 E-Mail: fvega@washoecounty.us Phone: 775-784-7211		EPA PROJECT OFFICER Roberto Gutierrez 75 Hawthorne Street, AIR-1-1 San Francisco, CA 94105 E-Mail: Gutierrez.Roberto@epa.gov Phone: 415-947-4276		EPA GRANT SPECIALIST Fareed Ali Grants Branch, MSD-6 E-Mail: ali.fareed@epa.gov Phone: 415-972-3665
PROJECT TITLE AND DESCRIPTION FY21 AIR POLLUTION CONTROL PROGRAM The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program-related activities. This program will protect and improve the air quality in the jurisdiction covered by the Washoe County Health District (WCHD) and reduce the risks to human health and the environment. This assistance agreement provides federal funding in the amount of \$707,547.				
BUDGET PERIOD 10/01/2020 - 09/30/2021	PROJECT PERIOD 10/01/2020 - 09/30/2021	TOTAL BUDGET PERIOD COST \$2,238,056.00	TOTAL PROJECT PERIOD COST \$2,238,056.00	
NOTICE OF AWARD Based on your Application dated 07/31/2020 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$707,547.00. EPA agrees to cost-share 31.61% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$707,547.00. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.				
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)			AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Branch, MSD-6 75 Hawthorne Street San Francisco, CA 94105			ORGANIZATION / ADDRESS EPA R9, Air and Radiation Division, AIR-1 R9 - Region 9 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY				
Digital signature applied by EPA Award Official Carolyn Truong - Grants Management Officer				DATE 06/24/2021

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$0	\$707,547	\$707,547
EPA In-Kind Amount	\$0	\$0	\$0
Unexpended Prior Year Balance	\$0	\$0	\$0
Other Federal Funds	\$0	\$0	\$0
Recipient Contribution	\$0	\$1,530,509	\$1,530,509
State Contribution	\$0	\$0	\$0
Local Contribution	\$0	\$0	\$0
Other Contribution	\$0	\$0	\$0
Allowable Project Cost	\$0	\$2,238,056	\$2,238,056

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200, 2 CFR 1500, 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	2109M7S007	21	E1	09M4	000A04	4112	-	-	\$707,547
									\$707,547

Budget Summary Page

Table A - Object Class Category (Non-Construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,299,078
2. Fringe Benefits	\$606,665
3. Travel	\$46,210
4. Equipment	\$0
5. Supplies	\$3,000
6. Contractual	\$300
7. Construction	\$0
8. Other	\$249,110
9. Total Direct Charges	\$2,204,363
10. Indirect Costs: 0.00 % Base : See IDC Condition	\$33,693
11. Total (Share: Recipient <u>68.39</u> % Federal <u>31.61</u> %)	\$2,238,056
12. Total Approved Assistance Amount	\$707,547
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$707,547
15. Total EPA Amount Awarded To Date	\$707,547

Administrative Conditions

In addition to the General Terms and Conditions below, Administrative Conditions "A" thru "D" below apply.

General Terms and Conditions

The recipient agrees to comply with the current EPA general terms and conditions available at: <https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-november-12-2020-or-later>.

These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at: <https://www.epa.gov/grants/grant-terms-and-conditions#general>.

A. Federal Financial Reporting (FFR)

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to **September 30** of each calendar year to the EPA Finance Center in Research Triangle Park, NC. The annual FFR will be submitted electronically to rtpfc-grants@epa.gov no later than **December 30** of the same calendar year. (NOTE: The grantee must submit the Final FFR to rtpfc-grants@epa.gov within 120 days after the end of the project period.)

The recipient shall identify non-federal, non-recurrent expenditures in Block 12 (Remarks) of the FFR or include the information as an attachment to the FFR on a separate page. The recipient also agrees to include a statement certifying that supplanting did not occur.

B. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR Part 200.319. In accordance 2 CFR Part 200.324 the grantee and subgrantee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications.

State recipients must follow procurement procedures as outlined in 2 CFR Part 200.317.

C. Significant Changes

To determine if a postaward change in work plan commitments is significant and requires prior written approval for the purposes of 40 CFR §35.114(a) or 40 CFR §35.514(a), the recipient agrees to consult the EPA Project Officer (PO) before making the change. The term work plan commitments is defined at 40 CFR §35.102. If the PO determines the change is significant, the recipient cannot make the change without prior written approval by the EPA Award Official.

In addition, the recipient must provide written notice to EPA's PO and Grant Specialist (GS) of proposed transfers of funds of among direct budget categories, programs, functions and activities or transfers that change amounts budgeted for indirect costs, pursuant to the "Transfer of Funds" General Term and Condition. If the PO determines that a proposed transfer of funds significantly changes work plan

commitments, or involves an item of cost subject to a prior approval requirement under 2 CFR §200.407, the recipient must consult with the PO and obtain written approval by the EPA Award Official prior to making the transfer of funds. All transfers must be reported in required performance reports.

D. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,530,508 (final MOE for FY20), whichever is greater. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

Programmatic Conditions

Programmatic Conditions "a" thru "g" below apply.

a. Quality Assurance: This grant includes the performance of environmental measurements; therefore a Quality Management Plan (QMP) and Quality Assurance Project Plans (QAPPs) are required. QA plans are current for five years, after which time they should be reviewed, revised and submitted to EPA for approval. A QMP for Washoe County Health District (WCHD) was approved on December 12, 2019. A QAPP for criteria pollutants was approved by EPA December 12, 2019. Both documents should be updated as needed and submitted to EPA for approval by December 12, 2024. EPA's Quality Assurance Office can be contacted at 415-972-3431.

b. Performance Reporting: The recipient shall submit mid-year and end-of-year progress reports (preferably electronic copies) to the EPA Project Officer.

Performance Reports: The mid-year report is due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). In accordance with 2 CFR 200.328, the recipient agrees to include in performance reports submitted under this agreement brief information on each of the following areas : 1) a comparison of actual accomplishments with the anticipated outputs/outcomes specified in the assistance agreement workplan; 2) reasons why anticipated outputs/outcomes were not met; and 3) other pertinent information, including, when appropriate, analysis and explanation of cost overruns or high unit costs.

In accordance with 2 CFR 200.328(2)(d)(1), the recipient agrees that it will notify EPA of problems, delays, or adverse conditions which materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. In addition, interim performance reports must prominently display the three Essential Elements required for state/local workplans and reports. They are:

- Essential Element 1 - Strategic Plan Goal
- Essential Element 2 - Strategic Plan Objective
- Essential Element 3 - Workplan Commitments plus time frame

Final Performance Report: The recipient agrees to submit electronic copies of the Final Performance Report to the EPA Project Officer. The Final Project Report is due within 120 days after the end of the budget/project period. Final performance reports must prominently display the three Essential Elements required for state workplans and reports. They are:

- Essential Element 1 - Strategic Plan Goal
- Essential Element 2 - Strategic Plan Objective
- Essential Element 3 - Workplan Commitments plus time frame

The report will include any agree-upon work-product(s) resulting from the project and the following: 1) an abstract or overview of the project including completed workplan activities ; 2) a comparison of actual accomplishments with the anticipated outputs/outcomes specified in the assistance agreement work plan; 3) reasons why anticipated outputs/outcomes were not met; 4) other pertinent information, including, when appropriate, analysis and

explanation of cost overruns or high unit costs; 5) the methods to be used to effectively disseminate project information and/or continue the benefits of this project (although the project itself may not be continuing); and 6) materials generated in connection with the project activities (e.g., workshop, announcements, newspaper/newsletter announcements, articles or releases, press packets, pamphlets, etc.).

c. Verification of Annual Recurring Maintenance of Effort (MOE):

In accordance with Section 105 of the Clean Air Act, a Recipient's MOE must meet or exceed its prior year's MOE level. As required by General Term and Condition 14, the Recipient shall submit an annual (interim) Federal Financial Report (FFR), Standard Form 425 (SF-425), to EPA no later than 90 calendar days after the end of each budget period year. The form is available on the internet at <http://www.epa.gov/ocfo/finservices/forms.htm>. The FFR will be submitted electronically to rtpfc-grants@epa.gov no later than December 30 of the same calendar year. An electronic copy should also be sent to the EPA Project Officer. Included with the annual FFR must be an analysis of the recipient's recurrent and non-recurrent expenditures. If such analysis is unavailable for the current period, as authorized by the statutory authority, the recipient may provide such totals for the prior year.

d. Pre-Award Costs: In accordance with 2 CFR 1500.8, the grantee may charge pre-award costs (both Federal and non-Federal matching shares) incurred from October 1, 2020 to the actual award date provided that such costs were contained in the approved application and all costs are incurred within the approved budget period.

e. Green/Environmentally Sustainable Practices : Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.

f. Cybersecurity:

(a) The recipient agrees that when collecting and managing environmental data under this assistance agreement, it will protect the data by following all State or Tribal law cybersecurity requirements as applicable.

(b)(1) EPA must ensure that any connections between the recipient's network or information system and EPA networks used by the recipient to transfer data under this agreement, are secure. For purposes of this Section, a connection is defined as a dedicated persistent interface between an Agency IT system and an external IT system for the purpose of transferring information. Transitory, user-controlled connections such as website browsing are excluded from this definition.

If the recipient's connections as defined above do not go through the Environmental

Information Exchange Network or EPA's Central Data Exchange, the recipient agrees to contact the EPA Project Officer (PO) no later than 90 days after the date of this award and work with the designated Regional/Headquarters Information Security Officer to ensure that the connections meet EPA security requirements, including entering into Interconnection Service Agreements as appropriate. This condition does not apply to manual entry of data by the recipient into systems operated and used by EPA's regulatory programs for the submission of reporting and/or compliance data.

(b)(2) The recipient agrees that any subawards it makes under this agreement will require the subrecipient to comply with the requirements in (b)(1) if the subrecipient's network or information system is connected to EPA networks to transfer data to the Agency using systems other than the Environmental Information Exchange Network or EPA's Central Data Exchange. The recipient will be in compliance with this condition: by including this requirement in subaward agreements; and during subrecipient monitoring deemed necessary by the recipient under 2 CFR 200.331(d), by inquiring whether the subrecipient has contacted the EPA Project Officer . Nothing in this condition requires the recipient to contact the EPA Project Officer on behalf of a subrecipient or to be involved in the negotiation of an Interconnection Service Agreement between the subrecipient and EPA.

g. Competency of Organizations Generating Environmental Measurement Data:

Following EPA Policy Directive Number FEM-2012-02, recipient agrees to demonstrate competency of any laboratory carrying out any activities involving the generation of environmental data on its behalf. Laboratory competency shall be maintained for the duration of the project period of this agreement and documented during the annual reporting process . A copy of the Policy is available online at http://www.epa.gov/fem/lab_comp.htm and <https://www.epa.gov/measurements>

In accordance with the Competency Policy, as Project Officer, I have determined that the recipient meets the requirements for demonstration of competence through ongoing successful "past performance to similar statement of work for this continuing environmental program.

**** END OF ASSISTANCE AGREEMENT ****

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested penalty issued to Preston Homes, Case No. 1252, Notice of Violation No. AQMV21-0031 with a \$700.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0031 be **upheld** and a fine in the amount of **\$700.00** be levied against Preston Homes 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 (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On March 4, 2020 an Air Quality Specialist (AQS) of the AQMD spoke to Preston Anderson of Preston Homes regarding the upcoming expiration of the Dust Control Permit No. APCP18-0179 for SBE64 @ Somersett on April 2, 2020. A follow up email was also sent. No response was received.

On April 2, 2020 Dust Control Permit No. APCP18-0179 expired without obtaining a new Dust Control Permit.

On May 13, 2020 Dust Control Permit APCP20-0085 was issued for the SBE at Somersett project to replace Dust Control Permit No. APCP18-0179. Therefore, continued dust generating activities on a site greater than or equal to one (1) acre had continued for approximately forty-two (42) days without an active Dust Control Permit.

NOV No. AQMV21-0031 and associated documentation supporting the NOV was sent certified mail to the offices of Preston Homes and was received on May 26, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0031 was not exercised by Preston Homes within the 10-day appeal timeframe. As such, NOV No. AQMV21-0031 was determined to be final by the AQMD with a penalty amount of \$700.00.

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 penalty issued to Preston Homes, Case No. 1252, Notice of Violation No. AQMV21-0031, with a \$700.00 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. AQMV21-0031; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0031 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 Preston Homes, Case No. 1252, Notice of Violation No. AQMV21-0031 with a \$700.00 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. 1252, Notice of Violation No. AQMV21-0031, issued to Preston Homes”, or
2. “Move to uphold Case No. 1252, Notice of Violation No. AQMV21-0031, 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 Preston Homes to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

NOTICE OF VIOLATION No. AQMV21-0031

ISSUED TO

**Preston Homes
SBE at Somerset
Elk Run at Twelve Moons
Reno, Nevada**

Date of Issuance: May 21, 2021

Case No.: 1252

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Preston Homes is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. BASIS OF VIOLATION

A. Violation

Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one 1 acre or greater.

B. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

C. Facts to Constitute the Violation

On March 4, 2020 an Air Quality Specialist (AQS) of the AQMD spoke to Preston Anderson of Preston Homes regarding the upcoming expiration of the Dust Control Permit for SBE64 @ Somersett on April 2, 2020. A follow up email was also sent. No response was received.

On March 27, 2020 another AQS sent an email to Preston Anderson of Preston Homes regarding the upcoming expiration of the Dust Control Permit for SBE64 @ Somersett on April 2, 2020.

On April 2, 2020 the specialist sent an email to Preston Anderson of Preston Homes regarding the upcoming expiration of the Dust Control Permit for SBE64 @ Somersett on April 2, 2020. Mr. Anderson responded on April 3, 2020 and requested information on how to complete the application and a copy of the old application. The specialist responded on April 3, 2020 with the requested information. Mr. Anderson responded on April 5, 2020 and requested more information. The specialist responded on April 5, 2020 with answers to Mr. Anderson's questions.

On April 16, 2020 the specialist received an email from Charlene Haw of Preston Homes regarding not being able to submit the application online.

On April 20, 2020 the specialist responded to Ms. Haw and explained that the application and check would need to be submitted via mail if she could not submit it online. Further correspondence followed regarding where to mail the application to.

On May 12, 2020 a DCP application still had not been received by AQMD. The specialist spoke to Preston Anderson via phone call and sent a follow up email with concise instructions on how to submit the application online.

On May 13, 2020 the specialist received an email from Charlene Haw of Preston Homes with additional questions regarding the application submittal. Further correspondence followed.

On May 13, 2020 Dust Control Permit APCP20-0085 for (4) acres was issued by the AQMD for SBE at Somersett.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Subject: Notice of Violation AQMV21-0031/Preston Homes

Date: May 21, 2021

Page 3 of 3

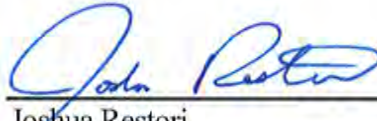
Preston Homes is advised that within (10) working days of the receipt of this Notice of Violation, Preston Homes may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$700.00.

5/21/2021

Date



Joshua Restori

Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

Company Name Preston Homes
Contact Name Preston Anderson
Case Number 1252

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

I. Recommended Penalty = \$ 700.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 700.00



Senior AQ Specialist/Supervisor

5/21/2021

Date

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

Company Name Preston Homes
 Contact Name Preston Anderson
 Case Number 1252
 Violation Number AQMV21-0031
 Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

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

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative Violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative Violation

Total Adjustment Factors (1 x 2) = **1**

B. Adjusted Base Penalty

Base Penalty \$ 700.00 x Adjustment Factor 1 = \$ **700.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 700.00 x Number of Days/Weeks/Mo **1** = \$ **700.00**

Comment: Administrative Violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation.

Penalty Subtotal

Adjusted Base Penalty \$ 700.00 + Economic Benefit \$ 0.00 = \$ **700.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

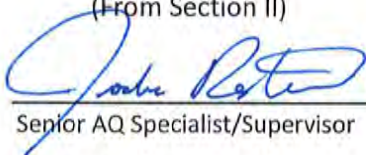
\$ 700.00	x	0%	=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 700.00	+/-	\$ 0.00	=	\$ 700.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty



Senior AQ Specialist/Supervisor

5/21/2021

Date

Administrative Penalty Table

Air Quality Management Division
Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
02 0.005	Visible Emissions	1000	2500
02 0.030	Dust Control (fugitive)	1000	2000
02 0.035	Open Fires	500	1000
02 0.040	Fire Training	500	1000
02 0.050	Incinerator	1000	2000
02 0.051	Woodstoves	500	1000
02 0.055	Odors	1000	2000
02 0.080	Gasoline Transfer (maintenance)	1000	2000
02 0.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
02 0.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030. 14 02	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021

TO: District Board of Health

FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested penalty issued to Abbet Enterprises, Case No. 1253, Notice of Violation No. AQMV21-0033 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0033 be **upheld** and a fine in the amount of **\$600.00** be levied against Abbet Enterprises 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 (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On February 11, 2020, an Air Quality Specialist Trainee contacted Mr. Roger Biale of RDC, Inc. regarding the upcoming expiration of Dust Control Permit No. APCP18-0168 on March 26, 2020. Mr. Biale said that the site was inactive, and the project was completed. The specialist followed the phone call up with an email regarding the permit expiration and an email with the Project Completion form for Mr. Biale to submit. No response was received.

On March 26, 2020, Dust Control Permit APCP18-0168 for Evans Stockpile Yard for UNR Engineering Building expired.

On May 4, 2020, the site was determined to be active as demonstrated by hauling activity and a loader working on site.

On May 20, 2020, Dust Control Permit APCP20-0089 for (2) acres was issued by AQMD for the Gaslight Yard. Therefore, continued dust generating activities on a site greater than or equal to one (1) acre had continued for approximately eighty-four (84) days without an active Dust Control Permit.

NOV No. AQMV21-0033 and associated documentation supporting the NOV was sent certified mail to the offices of Abbet Enterprises and was received on June 8, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0033 was not exercised by Abbet Enterprises within the 10-day appeal timeframe. As such, NOV No. AQMV21-0033 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 penalty issued to Abbet Enterprises, Case No. 1253, Notice of Violation No. AQMV21-0033, with a \$600.00 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. AQMV21-0033; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0033 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 Abbet Enterprises, Case No. 1253, Notice of Violation No. AQMV21-0033 with a \$600.00 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. 1253, Notice of Violation No. AQMV21-0033, issued to Abbet Enterprises", or

Subject: DBOH/Abbet Enterprises/Case No. 1253

Date: July 22, 2021

Page 3 of 3

2. “Move to uphold Case No. 1253, Notice of Violation No. AQMV21-0033, 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 Abbet Enterprises to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

NOTICE OF VIOLATION No. AQMV21-0033

ISSUED TO

**Abbet Enterprises
Gaslight Yard Project Site
Gaslight and Socrates Reno, Nevada
Date of Issuance: June 7, 2021
Case No.: 1253**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Abbet Enterprises is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity 1 acre or greater.

2. BASIS OF VIOLATION

A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On February 11, 2020, an Air Quality Specialist Trainee contacted Mr. Roger Biale of RDC, Inc. regarding the upcoming expiration of Dust Control Permit APCP18-0168 on March 26, 2020. Mr. Biale said that the site was inactive, and the project was

completed. The specialist followed the phone call up with an email regarding the permit expiration and an email with the Project Completion form for Mr. Biale to submit. No response was received.

On March 26, 2020, Dust Control Permit APCP18-0168 for Evans Stockpile Yard for UNR Engineering Building expired.

On May 4, 2020 the specialist was conducting a routine patrol when a haul truck was observed exiting the Evans Avenue Stockpile Yard Site. The site was still active as demonstrated by hauling activity and a loader working on site. The site had not been stabilized and was still active.

On May 20, 2020 Dust Control Permit APCP20-0089 for (2) acres was issued by AQMD for the Gaslight Yard. Therefore a dust control permitted area greater than (1) acre had gone 84 days without an active Dust Control Permit.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Abbet Enterprises is advised that within (10) working days of the receipt of this Notice of Violation, Abbet Enterprises may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

6/7/2021
Date



Joshua Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

Company Name Abbet Enterprises
Contact Name Doug Allen
Case Number 1252

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

I. Recommended Penalty = \$ 600.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 600.00


Senior AQ Specialist/Supervisor

5/21/2021
Date

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

Company Name Abbet Enterprises
 Contact Name Doug Allen
 Case Number 1252
 Violation Number AQMV21-0033

Violation of Section 040.030 Section C. 3. Dust Control Permit Requirements
 Permit Condition n/a

I. **Base Penalty as specified in the Penalty Table** = \$ **600.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release** (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative Penalty

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative Penalty

Total Adjustment Factors (1 x 2) = **1**

B. **Adjusted Base Penalty**

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative Penalty

D. **Economic Benefit**

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

Comment: No economic benefit was associated with this violation.

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

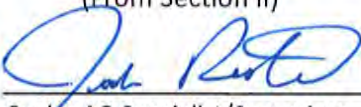
\$ 600.00	x	0%		=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 600.00	+/-	\$ 0.00		=	\$ 600.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty



Senior AQ Specialist/Supervisor

5/21/2021

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
04 0.005	Visible Emissions	1000
04 0.030	Dust Control (fugitive)	2500
04 0.035	Open Fires	1000
04 0.040	Fire Training	1000
04 0.050	Incinerator	2000
04 0.051	Woodstoves	1000
04 0.055	Odors	2000
04 0.080	Gasoline Transfer (maintenance)	2000
04 0.200	Diesel Idling	1000
050.001	Emergency Episode	2000
04 0.030	Construction Without a Dust Control Permit	
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre
	Project Size – 10 acres or more	\$1,000 + \$50 per acre

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030. 14 02	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021

TO: District Board of Health

FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested penalty issued to Ryder NV Management, LLC, Case No. 1260, Notice of Violation No. AQMV21-0029 with a \$1000.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0029 be **upheld** and a fine in the amount of **\$1000.00** be levied against Ryder NV Management, LLC for failure to control visible fugitive dust for a period or periods accumulating more than 5 minutes in any hour. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On July 31, 2020, an Air Quality Specialist observed fugitive dust emissions from the Ryder Homes Mountaingate 78 project site.

A Method 22 observation was started at 11:44 AM. By 11:58 AM, 7 minutes 13 seconds of fugitive dust had been documented which exceeded the standard of 5 minutes in any hour.

NOV No. AQMV21-0029 and associated documentation supporting the NOV was sent certified mail to the offices of Ryder NV Management, LLC and was received on May 26, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0029 was not exercised by Ryder NV Management, LLC within the 10-day appeal timeframe. As such, NOV No. AQMV21-0029 was determined to be final by the AQMD with a penalty amount of \$1000.00.

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 penalty issued to Ryder NV Management, LLC, Case No. 1260, Notice of Violation No. AQMV21-0029, with a \$1000.00 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. AQMV21-0029; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0029 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 Ryder NV Management, LLC, Case No. 1260, Notice of Violation No. AQMV21-0029 with a \$1000.00 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. 1260, Notice of Violation No. AQMV21-0029, issued to Ryder NV Management, LLC.", or
2. "Move to uphold Case No. 1260, Notice of Violation No. AQMV21-0029, 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 Ryder NV Management, LLC to be properly noticed."

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512

NOTICE OF VIOLATION No. AQMV21-0029

ISSUED TO

Ryder NV Management, LLC
Mountaingate 78
Wedge Parkway and Whites Creek Lane
Reno, Nevada
Permit No. APCP19-0074
Date of Issuance: April 23, 2021
Case No. 1260

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Ryder NV Management, LLC is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.1. Visible Emissions Prohibition.

1. BASIS OF VIOLATION

A. Violation

Failure to control visible fugitive dust for a period or periods accumulating more than 5 minutes in any hour.

B. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C.1:

VISIBLE EMISSIONS PROHIBITION: The owner and/operator of a source engaging in dust generating activities shall not allow visible fugitive dust emissions for a period or periods accumulating more than 5 minutes in any hour.

C. Facts to Constitute the Violation

On July 31, 2020 an Air Quality Specialist of the AQMD observed fugitive dust emissions from the Ryder Homes Mountaingate 78 project site.

A Method 22 observation was started at 11:44 AM. By 11:58 AM, 7 minutes 13 seconds of fugitive dust had been documented which exceeded the standard of 5 minutes in any hour. Dust was being generated by a front-end loader screening material at the site. A water truck was observed on the site but was not in operation.

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com

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



Public Health
Prevent. Promote. Protect.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Ryder NV Management, LLC is advised that within (10) working days of the receipt of this Notice of Violation, Ryder NV Management, LLC may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1000.00.

5/21/2021

Date



Joshua Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

Company Name Ryder NV Management, LLC.
Contact Name Steve Thomsen
Case Number 1260

I. Violation of Section 040.030 Section C.1 Visible Emissions Prohibition

I. **Recommended Penalty** = \$ 1000.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

Total Recommended Penalty = \$ 1,000.00


Senior AQ Specialist/Supervisor

5/21/2021
Date

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

Company Name Ryder NV Management, LLC.
 Contact Name Steve Thomsen
 Case Number 1260
 Violation Number AQMV21-0029

Violation of Section 040.030 Section C.1 Visible Emissions Prohibition
 Permit Condition Condition No. 12 of Permit No. APCP19-0074

I. **Base Penalty as specified in the Penalty Table** = \$ **1,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release** (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Particulate Matter is a Criteria Pollutant

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1**

Comment: Negligible environmental/public health risk

Total Adjustment Factors (1 x 2) = **1**

B. **Adjusted Base Penalty**

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo **1** = \$ **1,000.00**

Comment: 1 day of violation was documented

D. **Economic Benefit**

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

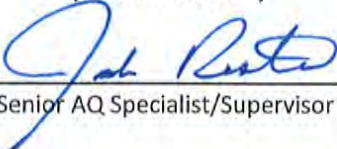
\$ 1,000.00	x	0%	= \$	0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 1,000.00	+/-	\$ 0.00	=	\$ 1,000.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty


Senior AQ Specialist/Supervisor

5/21/2021
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005	Visible Emissions	1000
040.030	Dust Control (fugitive)	2500
040.035	Open Fires	2000
040.040	Fire Training	1000
040.050	Incinerator	500
040.051	Woodstoves	1000
040.055	Odors	2000
040.080	Gasoline Transfer (maintenance)	1000
040.200	Diesel Idling	2000
050.001	Emergency Episode	1000
040.030	Construction Without a Dust Control Permit	
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre
	Project Size – 10 acres or more	\$1,000 + \$50 per acre

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

DD_FV _____	KD
DHO _____	

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division

775-784-7211, fvega@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested penalty issued to DWF V Summit Club Holdings, LLC, Case No. 1263, Notice of Violation No. AQMV21-0036 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0036 be **upheld** and a fine in the amount of **\$600.00** be levied against DWF V Summit Club Holdings, 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 (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On May 21, 2020, the AQMD sent a courtesy email to the Dust Control Permit Applicant, Whiting Turner, notifying them that Dust Control Permit No. APCP18-0215 for Summit Club Apartments was to expire on June 3, 2020. Dust Control Permit No. APCP18-0215 expired on June 3, 2020.

An application to permit the disturbed acreage covered by expired Dust Control Permit APCP18-0215 was submitted on July 21, 2020. Dust Control Permit No. APCP20-0130 for the Summit Club Apartments was approved and issued to DWF V Summit Club Holdings, LLC on July 21, 2020. Therefore, continued dust generating activities on a site greater than or equal to one (1) acre had continued for approximately forty-eight (48) days without an active Dust Control Permit.



NOV No. AQMV21-0036 and associated documentation supporting the NOV was sent certified mail to the offices of DWF V Summit Club Holdings, LLC and was received on June 9, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0036 was not exercised by DWF V Summit Club Holdings, LLC within the 10-day appeal timeframe. As such, NOV No. AQMV21-0036 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 penalty issued to DWF V Summit Club Holdings, LLC, Case No. 1263, Notice of Violation No. AQMV21-0036, with a \$600.00 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. AQMV21-0036; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0036 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 DWF V Summit Club Holdings, LLC, Case No. 1263, Notice of Violation No. AQMV21-0036 with a \$600.00 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. 1263, Notice of Violation No. AQMV21-0036, issued to DWF V Summit Club Holdings, LLC.”, or
2. “Move to uphold Case No. 1263, Notice of Violation No. AQMV21-0036, 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 DWF V Summit Club Holdings, LLC to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

NOTICE OF VIOLATION No. AQMV21-0036

ISSUED TO

**DWF V Summit Club Holdings, LLC
Location: Summit Club Apartments
NE Corner of Mt. Rose Highway and I-580
Reno, Nevada
Date of Issuance: June 4, 2021
Case No. 1263**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that DWF V Summit Club Holdings, LLC is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. BASIS OF VIOLATION

A. Violation

Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one 1 acre or greater.

B. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

C. Facts to Constitute the Violation

On May 21, 2020 the AQMD sent a courtesy email to Dave Lee and Mark Kennard of Whiting Turner, notifying them that Dust Control Permit No. APCP18-0215 for Summit

Club Apartments was to expire on June 3, 2020. Dust Control Permit No. APCP18-0215 expired on June 3, 2020 which covered a 2.4 acre active construction staging yard.

An application to permit the disturbed acreage covered by expired Dust Control Permit APCP18-0215 was submitted on July 21, 2020. Dust Control Permit No. APCP21-0130 for the Summit Club Apartments was approved and issued to DWF V Summit Club Holdings, LLC on July 21, 2020, approximately (48) days after the expiration of APCP18-0215.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

DWF V Summit Club Holdings, LLC is advised that within (10) working days of the receipt of this Notice of Violation, DWF V Summit Club Holdings, LLC may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

Date

6/4/2021

Joshua C. Restori

Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

Company Name DWF V Summit Club Holdings, LLC
Contact Name David Lee
Case Number 1263

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

I. Recommended Penalty = \$ 600.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 600.00


Senior AQ Specialist/Supervisor

6/4/2021
Date

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

Company Name DWF V Summit Club Holdings, LLC
 Contact Name David Lee
 Case Number 1263
 Violation Number AQMV21-0036

Violation of Section 040.030 Section C. 3. Dust Control Permit Requirements
 Permit Condition N/A

I. Base Penalty as specified in the Penalty Table = \$ **600.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
Adjustment Factor **1**

Comment: Administrative Violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x **Adjustment Factor** **1**

Comment: Administrative Violation

Total Adjustment Factors (1 x 2) = **1**

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative Violation

D. Economic Benefit

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

Comment: No economic benefit was determined to be associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x 0, # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

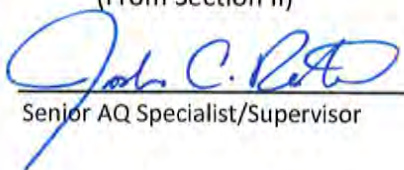
Penalty Adjustment:

\$ 600.00	x	0%	=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____
Adjusted Penalty:

\$ 600.00	+/-	\$ 0.00	=	\$ 600.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty


Senior AQ Specialist/Supervisor

6/4/2021
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000

040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested penalty issued to Tanamera Construction, LLC, Case No. 1298, Notice of Violation No. AQMV21-0027 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0027 be **upheld** and a fine in the amount of **\$600.00** be levied against Tanamera Construction, 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 (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On February 2, 2021, a Dust Control Permit application was submitted to the AQMD for the Villas II at Keystone Canyon. The Villas II at Keystone Canyon had an active Dust Control Permit with a February 26, 2021 expiration. The new application was processed, and the required fees were assessed the same day.

On February 26, 2021, the existing Dust Control Permit No. APCP19-0144 for Villas II at Keystone Canyon expired. Required fees for the new the Dust Control Permit had not been paid.

On March 12, 2021, the required fees were paid and Dust Control Permit No. APCP21-0026 was issued for the Villas II at Keystone Canyon project to replace Dust Control Permit No. APCP19-

0144. Therefore, continued dust generating activities on a site greater than or equal to one (1) acre had continued for approximately fourteen (14) days without an active Dust Control Permit.

NOV No. AQMV21-0027 and associated documentation supporting the NOV was sent certified mail to the offices of Tanamera Construction, LLC and was received on June 2, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0027 was not exercised by Tanamera Construction, LLC within the 10-day appeal timeframe. As such, NOV No. AQMV21-0027 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 penalty issued to Tanamera Construction, LLC, Case No. 1298, Notice of Violation No. AQMV21-0027, with a \$600.00 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. AQMV21-0027; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0027 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 Tanamera Construction, LLC, Case No. 1298, Notice of Violation No. AQMV21-0027 with a \$600.00 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. 1298, Notice of Violation No. AQMV21-0027, issued to Tanamera Construction, LLC.", or
2. "Move to uphold Case No. 1298, Notice of Violation No. AQMV21-0027, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter

Subject: DBOH/Tanamera Construction, LLC/Case No. 1298

Date: July 22, 2021

Page 3 of 3

being continued to the next meeting to allow for Tanamera Construction, LLC to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

NOTICE OF VIOLATION No. AQMV21-0027

ISSUED TO

**Tanamera Construction, LLC
Villas II at Keystone Canyon Project
Leadership Parkway
Reno, Nevada
Date of Issuance: May 28, 2021
Case No.: 1298**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Tanamera Construction is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one 1 acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- B. Facts to Constitute the Violation
On February 2, 2021, a Dust Control Permit application was submitted to the AQMD for the Villas II at Keystone Canyon. The Villas II at Keystone Canyon had an active Dust Control Permit with a February 26, 2021 expiration. The new application was processed and the required fees were assessed the same day.

On February 26, 2021, the existing Dust Control Permit No. APCP19-0144 for Villas II at Keystone Canyon expired. Required fees for the new the Dust Control Permit had not been paid.

On March 11, 2021, an Air Quality Specialist Trainee (AQST) conducted a site inspection of the Villas II at Keystone Canyon project. The AQST documented that the site was active with disturbance over one (1) acre.

On March 12, 2021, the required fees were paid and Dust Control Permit No. APCP21-0026 was issued for the Villas II at Keystone Canyon project.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

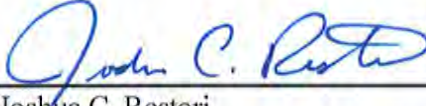
A. Appeal Procedure

Tanamera Construction, LLC is advised that within (10) working days of the receipt of this Notice of Violation, Tanamera Construction, LLC. may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

5/28/2021
Date


Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

Company Name Tanamera Construction, LLC
Contact Name Kraig Knudsen
Case Number 1298

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

I. **Recommended Penalty** = \$ 600.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

Total Recommended Penalty = \$ 600.00



Senior AQ Specialist/Supervisor

5/28/2021

Date

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

Company Name Tanamera Construction, LLC
 Contact Name Kraig Knudsen
 Case Number 1298
 Violation Number AQMV21-0027
 Violation of Section 040.030 Section C. 3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **600.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative Violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1**

Comment: Administrative Violation

Total Adjustment Factors (1 x 2) = **1**

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative Violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 600.00 x 0% = \$ 0.00

Penalty Subtotal (From Section II) Total Adjustment Factors (From Section III) Total Adjustment Value

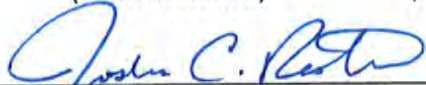
Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ 600.00 +/- \$ 0.00 = \$ 600.00

Penalty Subtotal (From Section II) Total Adjustment Value (From Section III + Credit) Recommended Penalty



Senior AQ Specialist/Supervisor

5/28/2021

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000

040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021

TO: District Board of Health

FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested penalty issued to Aspen Developers, Case No. 1299, Notice of Violation No. AQMV21-0026 with a \$550.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0026 be **upheld** and a fine in the amount of **\$550.00** be levied against Aspen Developers 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 (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On March 11, 2021, the AQMD received a Dust Control Completion for Golden Valley Force Main (APCP20-0079). The previous contractor on site submitted a project completion form after attempting to complete an administrative modification to transfer the permit to the new contractor, Aspen Developers. When both Q&D and the AQMD did not receive a response from Aspen Developers, the permit was closed.

On March 12, 2021, an Air Quality Specialist Trainee of the AQMD conducted a site inspection to and confirmed that the construction site was still active with over one (1) acre of disturbance.

On March 23, 2021, the AQMD issued Dust Control Permit APCP21-0063 for the City of Reno Golden Valley Lift Station project. Therefore, continued dust generating activities on a site greater

than or equal to one (1) acre had continued for approximately eleven (11) days without an active Dust Control Permit.

NOV No. AQMV21-0026 and associated documentation supporting the NOV was sent certified mail to the offices of Aspen Developers and was received on June 3, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0026 was not exercised by Aspen Developers within the 10-day appeal timeframe. As such, NOV No. AQMV21-0026 was determined to be final by the AQMD with a penalty amount of \$550.00.

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 penalty issued to Aspen Developers, Case No. 1299, Notice of Violation No. AQMV21-0026, with a \$550.00 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. AQMV21-0026; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0026 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 Aspen Developers, Case No. 1299, Notice of Violation No. AQMV21-0026 with a \$550.00 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. 1299, Notice of Violation No. AQMV21-0026, issued to Aspen Developers.", or
2. "Move to uphold Case No. 1299, Notice of Violation No. AQMV21-0026, 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 Aspen Developers to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

NOTICE OF VIOLATION No. AQMV21-0026

ISSUED TO

**Aspen Developers
City of Reno Golden Valley Lift Station
625 E. Golden Valley Road
Reno, Nevada**

Date of Issuance: May 28, 2021

Case No.: 1299

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Aspen Developers is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- B. Facts to Constitute the Violation



On March 11, 2021 the AQMD received a Dust Control Completion for Golden Valley Force Main (APCP20-0079). Previous contractor on site, Q&D, submitted the project completion form after attempting to complete an administrative modification to transfer the permit to the new contractor, Aspen Developers. When both Q&D and the AQMD did not receive a response from Aspen Developers, the permit was closed.

On March 12, 2021 an Air Quality Specialist Trainee of the AQMD conducted a site inspection to and confirmed that the construction site was still active with over one (1) acre of disturbance.

On March 23, 2021 the AQMD issued Dust Control Permit APCP21-0063 for the City of Reno Golden Valley Lift Station project.

3. APPEAL PROCEDURE AND TIME LIMITATIONS


A. Appeal Procedure

Aspen Developers is advised that within (10) working days of the receipt of this Notice of Violation, Aspen Developers may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$550.00.

5/28/2021
Date



Joshua C. Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

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

Company Name Aspen Developers
Contact Name Kurt Matzoll
Case Number 1299

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

I. Recommended Penalty = \$ 550.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 550.00


Senior AQ Specialist/Supervisor

5/28/2021
Date

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

Company Name Aspen Developers
 Contact Name Kurt Matzoll
 Case Number 1299
 Violation Number AQMV21-0026
 Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **550.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1**

Comment: Administrative violation

Total Adjustment Factors (1 x 2) = **1**

B. Adjusted Base Penalty

Base Penalty \$ 550.00 x Adjustment Factor 1 = \$ **550.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 550.00 x Number of Days/Weeks/Mo **1** = \$ **550.00**

Comment: Administrative violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 550.00 + Economic Benefit \$ 0.00 = \$ **550.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment Penalty by rule

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: Penalty by rule

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

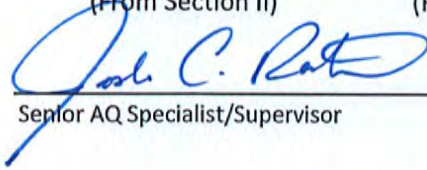
Penalty Adjustment:

\$ 550.00	x	0%		= \$	0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____
Adjusted Penalty:

\$ 550.00	+/-	\$ 0.00		=	\$ 550.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty


Senior AQ Specialist/Supervisor

5/28/2021
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000

040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

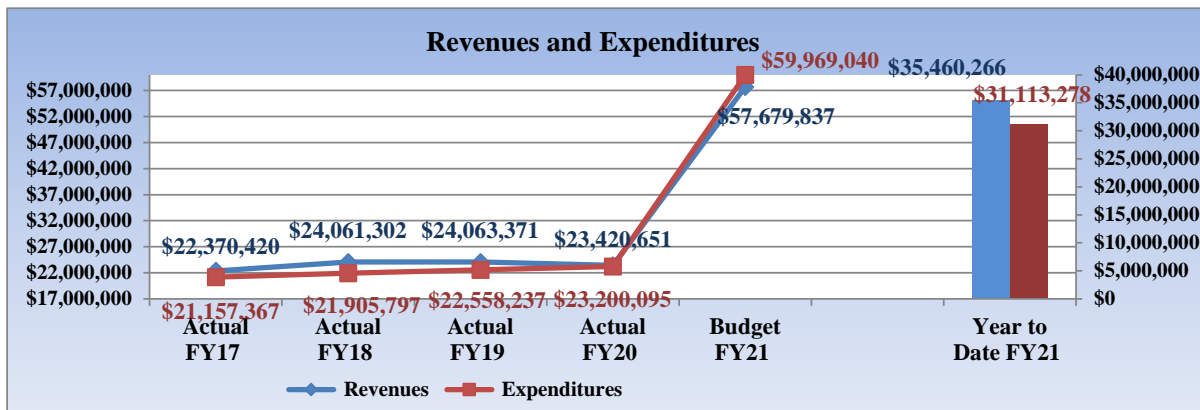
A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: July 22, 2021

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2021.

SUMMARY

At the end of June FY21 the cash balance was \$11,286,697. The total revenues of \$35,460,266 or 61.5% of budget are up 51.4% or \$12,039,615 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$31,113,278 or 51.9% of budget and are up \$7,913,183 or 34.1% 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.

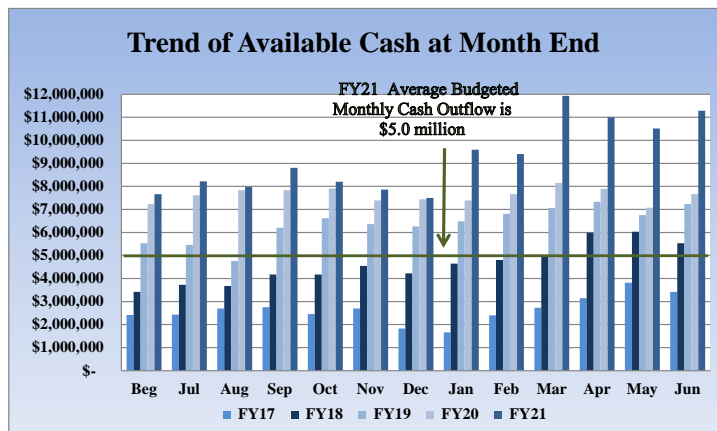
PREVIOUS ACTION

Fiscal Year 2021 Budget was adopted May 19, 2020.

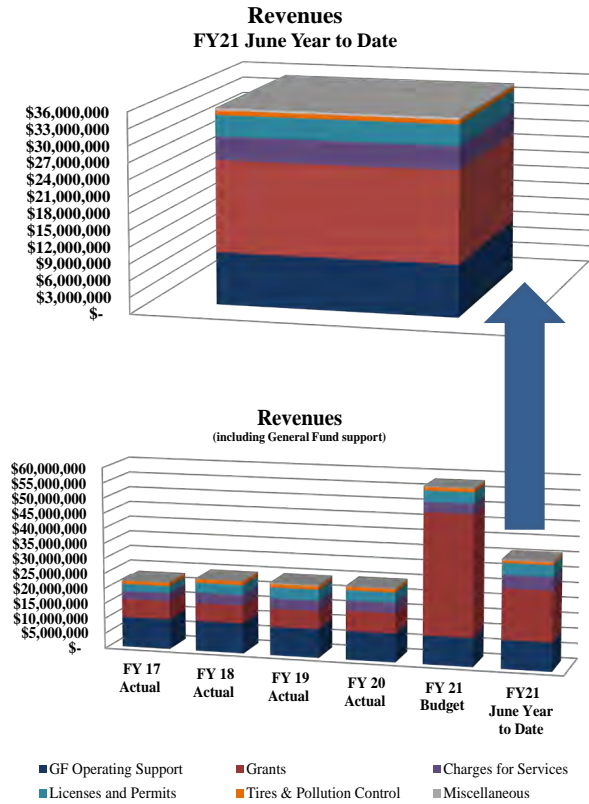
BACKGROUND

Review of Cash

The available cash at the end of June, FY21, was \$11,286,697 which is enough to cover approximately 2.3 months of expenditures. The cash balance is \$3,627,713 greater than FY20. The encumbrances and other liability portion of the cash totals \$4.4 million; the cash restricted as to use is approximately \$1.8 million (e.g., DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees, and the Hazardous Materials 1995 litigation revenue); leaving a balance of \$5.1 million.

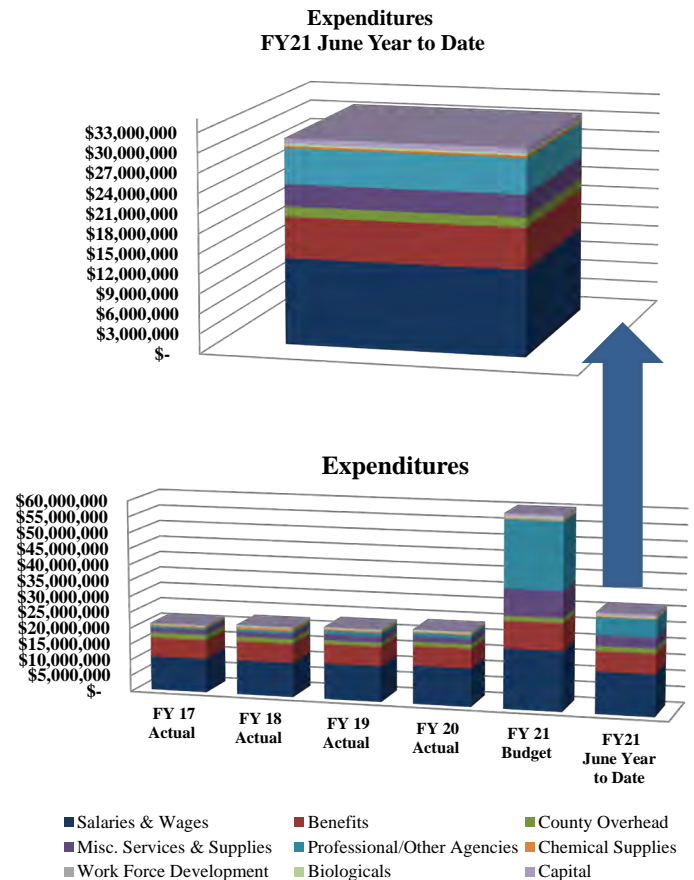


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$35,460,266 up \$12,039,615 or 51.4% compared to June FY20. The revenue categories up over FY20 were licenses and permits of \$3,813,809 up \$473,639 or 14.2%; Federal and State grants of \$16,651,982 up \$10,799,620 or 184.5% due to the COVID-19 grants; charges for services of \$4,292,445 up \$942,039 or 28.1% with the largest increase of \$469,817 in total dust plan revenue of \$1,093,046 and a \$147,101 increase in birth and death certificates revenue of \$716,654; fines and forfeitures of \$139,500 from SB4 fines; and, miscellaneous revenues of \$224,266 up \$20,905 or 10.3%. The revenue category down compared to FY20 was tire and pollution control revenue of \$821,409 down \$336,087 or 29.0% mainly in the Air Pollution funding which was down \$208,678. The County General Fund support of \$9,516,856 is level compared to FY20.

The total year to date **expenditures** of \$31,113,278 were up \$7,913,183 or 34.1% compared to FY20. Salaries and benefits expenditures for FY21 were \$19,377,217 up \$1,317,071 or 7.3% over the prior year and 71.1% of budget. The total services and supplies of \$10,949,746 were up \$5,971,719 or 120.0% compared to FY20 and 34.4% of budget. The major expenditures included in the services and supplies were the professional services, which totaled \$5,331,689 up \$4,407,289, mainly due to the increase of \$1,841,668 in lab testing and \$2,565,621 for professional and temporary help mainly for COVID-19; the biologicals of \$306,269 up \$52,161; chemical supplies of \$255,183 down \$41,403; and County overhead charges of \$1,540,871 up \$140,079 over FY20. There has been \$786,314 in capital expenditures up \$624,394 over FY20 due to the equipment needed for the COVID-19 response.



Review of Revenues and Expenditures by Division

ODHO has spent \$811,182 down \$342,004 or 29.7% over FY20 due to the reallocation of staff for COVID-19 response; savings from the vacant Director of Programs and Projects position; and a delay in spending the Community Support funding due to the COVID-19 response

AHS has spent \$1,088,761 up \$4,989 or 0.5% compared to FY20.

AQM revenues were \$3,871,180 up \$377,340 or 10.8% mainly due to an increase in dust plan revenue. The Division spent \$2,770,709 down \$215,117 or 7.2% mainly due to a decrease of \$29,768 in costs for retiree health benefits, a reduction of \$16,327 in travel costs, and a reduction of \$113,662 in capital expenditures due to the Reno4 Air Monitoring Station built in FY20.

CCHS revenues were \$4,306,875 up \$262,201 or 6.5% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$7,807,071 up \$259,707 or 3.4% more than FY20 mainly due to temporary staff and software required for the COVID19 Immunization response.

EHS revenues were \$5,198,601 up \$900,729 or 21.0% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding; \$139,500 in COVID non-compliance fines; and, \$261,229 additional in food services permits. Total expenditures were \$5,765,670 down \$50,020 or 0.9% compared to FY20.

EPHP revenues were \$12,566,756 up \$10,499,346 or 507.9% due to additional COVID19 grant funding. The division spent \$12,869,884 up \$8,255,628 or 178.9% over FY20: with the largest increase of \$3,577,013 in salaries and benefits due to additional staff, overtime, standby, and temporary staff; \$1,841,770 in lab testing; \$2,486,845 needed for additional furniture, software, equipment for temporary staff and operating supplies; and, \$350,000 for advertising campaign for the COVID19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2016/2017 through June Year to Date Fiscal Year 2020/2021 (FY21)								
	Actual Fiscal Year				Fiscal Year 2020/2021			
	2016/2017	2017/2018	2018/2019	2019/2020	Adjusted Budget	June Year to Date	Percent of Budget	FY21 Increase over FY20
Revenues (all sources of funds)								
ODHO	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	3,496,067	3,871,180	110.7%	10.8%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	8,909,381	4,306,875	48.3%	6.5%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	5,098,283	5,198,601	102.0%	21.0%
EPHP	2,027,242	1,854,862	2,126,580	2,067,409	30,659,250	12,566,756	41.0%	507.9%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	9,516,856	9,516,856	100.0%	0.0%
Total Revenues	\$ 22,370,420	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 57,679,837	\$ 35,460,266	61.5%	51.4%
Expenditures (all uses of funds)								
ODHO	904,268	826,325	1,336,494	1,153,186	2,011,598	811,182	40.3%	-29.7%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	1,315,204	1,088,761	82.8%	0.5%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	3,913,776	2,770,709	70.8%	-7.2%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	13,201,409	7,807,071	59.1%	3.4%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	7,990,705	5,765,670	72.2%	-0.9%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	31,536,348	12,869,884	40.8%	178.9%
Total Expenditures	\$ 21,157,367	\$ 21,905,797	\$ 22,558,237	\$ 23,200,094	\$ 59,969,040	\$ 31,113,278	51.9%	34.1%
Revenues (sources of funds) less Expenditures (uses of funds):								
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(2,011,598)	(811,182)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(1,315,204)	(1,088,761)		
AQM	122,763	607,078	507,427	508,013	(417,710)	1,100,471		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(4,292,029)	(3,500,197)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(2,892,422)	(567,069)		
EPHP	(589,169)	(702,490)	(729,444)	(2,546,846)	(877,097)	(303,128)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	9,516,856	9,516,856		
Surplus (deficit)	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ (2,289,203)	\$ 4,346,988		
Fund Balance (FB)	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093	\$ 5,772,891	\$ 12,409,082		
FB as a % of Expenditures	19.8%	28.9%	34.8%	34.8%	9.6%	39.9%		
Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund								

Date: DBOH meeting July 22, 2021
Subject: Fiscal Year 2021, June Financial Review
Page 4 of 4

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for June, Fiscal Year 2021.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for June, Fiscal Year 2021.

Attachment:

Health District Fund financial system summary report

Period: 1 thru 13 2021
 Accounts: GO-P-L
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act's	2020 Actual	Var from FyPr	Var's
422503 Environmental Permits	127,375.68	99,039.50	28,336.18	78	98,117.23	922.27	1
422504 Pool Permits	305,703.36	333,543.20	27,839.84	109	284,229.54	49,313.66	17
422505 RV Permits	29,385.60	36,165.28	6,779.68	123	32,087.30	4,077.98	13
422507 Food Service Permits	1,636,377.60	1,768,678.57	132,300.97	108	1,527,133.31	241,545.26	16
422508 Wat Well Const Perma	91,017.60	206,993.98	115,976.38	227	132,810.79	74,183.19	56
422509 Water Company Permits	3,297.60	15,867.20	12,569.60	481	14,211.42	1,655.78	12
422510 Air Pollution Permits	709,437.20	725,115.38	15,678.18	102	718,163.57	6,951.81	1
422511 ISDS Permits	412,744.32	439,730.08	26,985.76	107	303,702.56	136,027.52	45
422513 Special Event Permits	194,950.08	48,931.50	146,018.58	25	124,912.19	75,980.69	61
422514 Initial Applic Fee	116,021.76	139,744.22	23,722.46	120	104,802.01	34,942.21	33
* Licenses and Permits	3,626,310.80	3,813,808.91	187,498.11	105	3,340,169.92	473,638.99	14
431100 Federal Grants	38,626,377.00	15,133,585.58	23,492,791.42	39	4,954,860.88	10,178,724.70	205
431105 Federal Grants - Indirect	508,832.10	1,058,180.64	549,348.54	208	522,749.80	535,430.84	102
432100 State Grants	673,512.12	406,323.11	267,189.01	60	332,915.60	73,407.51	22
432105 State Grants-Indirect	41,013.40	53,892.39	12,878.99	131	41,835.85	12,056.54	29
432310 Tire Fee NRS 444A.090	525,000.00	400,116.54	124,883.46	76	527,526.40	127,409.86	24
432311 Poi Chrl 445B-830	628,104.68	421,292.00	206,812.68	67	629,970.00	208,678.00	33
* Intergovernmental	41,002,839.30	17,473,390.26	23,529,449.04	43	7,009,858.53	10,463,531.73	149
460160 Other General Government	10,000.00	170.00	10,000.00	17	145.00	25.00	17
460162 Services to Other Agencies	65,000.00	60,962.86	4,037.14	94	59,652.31	1,310.55	2
460173 Reimbursements - Reno	156,000.00	195,363.63	39,363.63	125	161,663.02	33,700.61	21
460500 Other Immunizations					1,336.48	1,336.48	100
460501 Medical/Clinical Services							
460508 Tuberculosis							
460509 Water Quality							
460510 IT Overlay							
460511 Birth and Death Certificates	589,467.00	716,654.00	127,187.00	122	569,553.00	147,101.00	26
460512 Duplication Service Fees		2,695.00	2,695.00			2,695.00	
460513 Other Health Services Charges	68,154.24	113,374.52	45,220.28	166	138,885.77	25,511.25	18
460514 Food Service Certification							
460516 Rom Inc-3rd Ppty Rec	223,000.00	267,121.52	44,121.52	120	239,322.38	27,799.14	12
460518 SMD Fees	15,000.00	28,853.93	13,853.93	192	33,559.92	4,705.99	14
460519 Outpatient Services							
460520 Eng Serv Health	295,254.72	391,167.21	95,912.49	132	305,987.89	85,179.32	28
460521 Plan Review - Pools & Spas	2,588.16	35,039.04	32,450.88	1,354	13,706.88	21,332.16	156
460523 Plan Review - Food Services	99,441.60	94,783.44	4,658.16	95	92,060.29	2,723.15	3
460524 Family Planning	88,000.00	114,469.17	26,469.17	130	88,774.94	25,694.23	29
460525 Plan Review - Vector	82,843.20	116,314.72	33,471.52	140	81,495.72	34,819.00	43
460526 Plan Review-Air Quality	118,044.68	108,341.24	9,703.44	92	92,981.04	15,360.20	17
460527 NRE-AQM	272,664.96	340,385.16	67,720.20	125	249,747.84	90,637.32	36
460528 NESHAP-AQM	249,213.12	231,331.78	17,881.34	93	220,197.48	11,134.30	5
460529 Assessments-AQM	120,422.40	77,450.56	42,971.84	64	82,230.28	4,779.72	6
460530 Inspector Registry-AQ	3,484.80	3,190.00	294.80	92	3,424.00	234.00	7

Period: 1 thru 13 2021
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act's	2020 Actual	Var From FYF	Var%
460531 Dust Plan-Air Quality	578,414.40	1,093,046.44	514,632.04	189	623,229.12	469,817.32	75
460532 Plan Rvw Hotel/Hotel	23,262.72	4.40	4.40		3,948.48	3,952.88	100
460534 Child Care Inspection	29,316.48	23,644.24	381.52	102	23,485.40	158.84	1
460535 Pub Accountd Inspectn	230,233.72	33,655.60	4,339.12	115	29,881.39	3,774.21	13
460570 Education Revenue	3,319,806.20	244,435.76	14,202.04	106	228,378.55	16,057.21	7
460723 Other Fees	8,950.00	4,292,445.42	972,639.22	129	3,350,406.50	942,038.92	28
* Charges for Services	6,000.00	139,500.00	139,500.00		139,500.00	139,500.00	
* 441079 COVID Non Compliance Fines	125,231.00	139,500.00	139,500.00		139,500.00	139,500.00	
* Fines and Forfeitures	48,856.68	2.03	2.03			1.64	421
481150 Interest-Non Pooled	8,950.00	6,283.55	2,666.45	70	4,963.29	1,320.26	27
484000 Donations, Contributions	6,000.00	2,149.74	3,850.26	36	5,051.91	2,902.17	57
484050 Donations Federal Pgm Income	125,231.00	88,813.59	36,417.41	71	111,725.57	22,911.98	21
484195 Non-Govt'l Grants	24,986.63	7,377.23	17,609.40	30	20,527.63	13,150.40	64
484197 Non-Govt Grants-Indirect	48,856.68	102,676.30	53,819.62	210	54,368.58	48,307.72	89
485100 Reimbursements	214,024.31	16,963.30	16,963.30		6,723.05	10,240.25	152
485300 Other Misc Govt Rev	48,162,980.61	224,265.74	10,241.43	105	203,360.42	20,905.32	10
** Revenue	11,141,667.52	25,943,410.33	22,219,570.28	54	13,903,795.37	12,039,614.96	87
701110 Base Salaries	508,539.52	10,895,420.12	246,247.40	98	10,221,596.10	673,824.02	7
701120 Part Time	504,799.73	445,880.14	62,659.38	88	456,674.18	10,794.04	2
701130 Pooled Positions	4,318.65	816,533.56	311,733.83	162	446,410.67	370,122.89	83
701140 Holiday Work	144,900.00	34,652.56	30,333.91	802	5,512.79	29,139.77	529
701199 Bad Labor Cost Savings-Wages	63,017.17	136,578.83	8,321.17	94	140,325.56	3,746.73	3
701200 Incentive Longevity	300.00	553,890.53	490,873.36	879	228,321.61	325,568.92	143
701300 Overtime	38,000.00	270.56	29.44	90	212.63	57.93	27
701403 Shift Differential	5,000.00	68,480.89	30,480.89	180	43,516.93	24,963.96	57
701406 Call Back	6,117,239.98	956.70	4,043.30	19	1,906.75	950.05	50
701412 Salary Adjustment	228,970.00	94,469.35	6,211,709.33	2-	32,920.36	127,389.71	387
701413 Vac Payoff/Sick Pay-Keim	3,851.50	139,581.55	89,388.45	61	361,003.53	221,421.98	61
701414 Vacation Denied-Payoff		73,885.77	70,034.27	1,918	16,397.57	57,488.20	351
701417 Comp Time		17,631.13	17,631.13		53,841.54	36,210.41	67
701419 Comp Time - Transfer		18,026.35	18,026.35		2,082.82	15,943.53	765
701500 Merit Awards	18,760,604.07	13,107,319.34	5,653,284.73	70	12,010,723.04	1,096,596.30	9
* Salaries and Wages	1,526,133.79	1,498,621.39	27,512.40	98	1,374,013.33	124,608.06	9
705110 Group Insurance	170,000.00	201,861.20	31,861.20	119	173,590.67	28,270.53	16
705115 Employer HSM Contributions	1,113,772.00	918,349.20	195,422.80	82	1,118,614.00	200,264.80	18
705190 OP2B Contribution	3,441,515.20	3,379,125.61	62,389.59	98	3,166,324.35	212,801.26	7
705199 Lab Cost Sav-Benef	12,577.50	163,320.09	19,207.28	112	165,599.57	16,927.80	10
705210 Retirement	46,656.29	182,527.37	46,656.29				
705215 Retirement Calculation							
705230 Medicare April 1986							
705240 Insur Budgeted Incr							

Period: 1 thru 13 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	Acct#	2020 Actual	Var from P&L	Var#
705320 Workmans Comp	77,146.37	75,230.04	1,916.33	98	71,936.85	3,293.19	5
705330 Unempoly Comp	11,501.08	14,183.16	2,682.08-	123	12,922.98	1,260.18	10
705360 Benefit Adjustment	1,931,048.47		1,931,048.47		33,578.36	33,578.36	100-
* Employee Benefits	8,493,670.79	6,269,897.97	2,223,772.82	74	6,049,423.39	220,474.58	4
710100 Professional Services	1,053,980.56	832,159.56	221,821.00	79	293,165.13	538,994.43	184
710101 Lab Testing Services	1,550,809.27	1,841,970.00	291,160.73-	119	302.00	1,841,668.00	*9824
710103 Radiology					37.49	37.49-	100-
710105 Medical Services	11,288.00	10,180.50	1,107.50	90	10,394.70	214.20-	2-
710108 MD Consultants	55,400.88	52,889.38	2,511.50	95	58,167.56	5,278.18-	9-
710110 Contracted/Temp Services	17,197,458.60	2,337,924.74	14,859,533.86	14	153,422.64	2,184,502.10	1,424
710155 Lobbying Services	600.00	300.00	300.00	50	300.00	300.00	
710200 Service Contract	436,846.76	419,000.80	17,845.96	96	62,532.94	356,467.86	570
710201 Laundry Services	2,322.00	2,322.22	0.22-	100	1,315.99	1,006.23	76
710203 Landscape Maint. Agreements							
710205 Repairs and Maintenance	10,306.93	16,788.60	6,481.67-	163	8,885.61	7,902.99	89
710210 Software Maintenance	4,200.00	10,953.96	6,753.96-	261	8,696.00	2,257.96	26
710212 Software Subscription	233,510.00	134,792.88	98,717.12	58	149.90	134,642.98	89822
710215 Operating Contracts	1,720,558.00	67,891.40	1,652,666.60	4	67,891.40	67,891.40	
710300 Operating Supplies	1,686,167.49	799,798.20	886,369.29	47	238,986.48	560,811.72	235
710302 Small Tools & Allow	1,735.00	350.28	1,384.72	20	2,292.37	1,942.09-	85-
710308 Animal Supplies	1,600.00		1,600.00				
710310 Parts and Supplies		9,021.14	9,021.14-			9,021.14	
710312 Special Dept Expense	100,000.00		100,000.00				
710319 Chemical Supplies	236,200.00	255,182.50	18,982.50-	108	296,585.02	41,402.52-	14-
710325 Signs and Markers		5,795.00	5,795.00-			5,795.00	
710334 Copy Machine Expense	54,202.58	23,420.19	30,782.39	43	19,117.15	4,303.04	23
710335 Copy Machine-Copy Charges	11,348.08	9,564.72	1,783.36	84	10,998.69	1,433.97-	13-
710347 Medical Supplies					247.83	247.83-	100-
710350 Office Supplies	192,019.24	104,764.97	87,254.27	55	41,729.62	63,035.35	151
710355 Books and Subscriptions	10,990.00	24,618.66	13,628.66-	224	7,411.23	17,207.43	232
710360 Postage	17,034.49	23,562.09	6,527.60-	138	16,874.67	6,687.42	40
710361 Express and Courier	100.00	38.45	61.55	38	106.37	67.92-	64-
710391 Fuel & Lube	8,558.00		8,558.00				
710400 Payments to Other Agencies	920,975.00	256,565.00	664,410.00	28	408,910.82	152,345.82-	37-
710412 Do Not Use							
710500 Other Expense	1,255,286.40	24,215.98	1,231,070.42	2	50,515.83	26,299.85-	52-
710502 Printing	67,729.00	87,556.07	19,827.07-	129	30,536.22	57,019.85	187
710503 Licenses & Permits	9,345.00	8,088.06	1,256.94	87	4,366.37	3,721.69	85
710504 Registration	1,900.00	8,545.25	6,645.25-	450	706.00	7,839.25	1,110
710505 Rental Equipment		23,236.34	23,236.34-		76.00	23,160.34	30474
710506 Dept Insurance Deductible		1,596.29	1,596.29-		800.00	796.29	100
710507 Network and Data Lines	60,196.00	18,284.13	41,911.87	30	17,985.99	298.14	2
710508 Telephone Land Lines	48,815.00	51,089.33	2,274.33-	105	40,948.10	10,141.23	25

Period: 1 thru 13 2021
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Acct	2020 Actual	Var from Byr	Vary
710509 Seminars and Meetings	76,690.00	35,556.88	41,133.12	46	43,141.66	7,584.78-	18-
710512 Auto Expense	18,948.00	2,653.41	16,294.59	14	4,786.21	2,132.80-	45-
710513 Property Losses					3,320.87	3,320.87-	100-
710514 Regulatory Assessments	25,000.00	23,656.76	1,343.24	95	23,391.93	264.83	1
710519 Cellular Phone	18,165.00	15,416.69	2,748.31	85	16,831.16	1,414.47-	8-
710529 Dues	21,755.00	22,294.00	539.00-	102	16,890.00	5,404.00	32
710535 Credit Card Fees	60,890.00	37,691.24	23,198.76	62	62,109.32	24,418.08-	39-
710546 Advertising	353,594.16	97,831.86	255,762.30	28	85,088.26	12,743.60	15
710551 Cash Discounts Lost		130.50	130.50-		3.62	126.88	3,505
710563 Recruitment		799.00	799.00-		978.00	179.00-	18-
710571 Safety Expense	68,000.00	27,445.52	40,554.48	40	96,230.70	68,785.18-	71-
710577 Uniforms & Special Clothing	7,800.00	41,969.44	34,169.44-	538	2,502.53	39,466.91	1,577
710585 Undesignated Budget	631,771.43		631,771.43				
710594 Insurance Premium	5,815.00	6,174.25	359.25-	106	5,604.75	569.50	10
710600 IT Lease-Office Space	83,722.20	72,955.20	10,767.00	87	71,832.00	1,123.20	2
710620 IT Lease-Equipment							
710701 Emergency Shelter Care							
710703 Biologicals	357,634.74	306,268.73	51,366.01	86	358,429.53	60.99-	100-
710714 Referral Services	9,040.00	3,616.00	5,424.00	40	5,424.00	52,160.80-	15-
710721 Outpatient	63,215.81	74,782.78	11,566.97-	118	95,743.53	1,808.00-	33-
710852 Investigation						20,960.75-	22-
710872 Food Purchases	22,710.00	16,991.35	5,718.65	75	21,673.80	881.87-	100-
711008 Combined Utilities	107,715.06	107,715.24	0.18-	100	105,282.48	4,682.45-	22-
711011 Waste Removal	25,000.00	12,088.59	12,911.41	48	2,432.76	2,432.76	2
711050 Propane		734.69	734.69-		1,807.05	10,281.54	569
711100 ESD Asset Management	46,200.00	51,380.00	5,180.00-	111	50,880.00	734.69	
711113 Equip Srv Replace	58,409.90	55,233.28	3,176.62	95	46,780.24	500.00	1
711114 Equip Srv O & M	53,014.90	55,707.30	2,692.40-	105	47,807.56	8,453.04	18
711115 Equip Srv Motor Pool	5,000.00		5,000.00		5,468.52	7,899.74	17
711116 ESD Vehicle Lease						5,468.52-	100-
711117 ESD Fuel Charge	27,210.89	25,591.43	1,619.46	94	23,640.68	1,950.75	8
711119 Prop & Liab Billings	95,845.00	95,845.00		100	95,845.00		
711210 Travel	207,561.58	2,057.30	205,504.28	1	89,987.13	87,929.83-	98-
711212 Meals and Lodging							
711213 Travel-Non City PERS	16,000.00	607.70	15,392.30	4	6,165.44	5,557.74-	90-
711300 Cash Over Short		178.77	178.77-			178.77	
711399 ProCard in Process							
711400 Overhead - General Fund	1,540,871.00	1,540,871.00		100	1,400,792.00	140,079.00	10
711410 Overhead - Administration					98,875.68	98,875.68-	100-
711502 Build Exp nonCapital					598.00	598.00-	100-
711503 Road Bridge non Capital						663.00	
711504 Equipment nonCapital	320,199.50	509,196.64	188,997.14-	159	132,795.22	376,401.42	283
711508 Computers nonCapital	213,142.75	52,544.71	160,598.04	25	24,434.00	28,110.71	115

Period: 1 thru 13 2021
 Accounts: GO-P-L
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	ACL%	2020 Actual	Var from FYR	Variance
711509 Comp Sftw nonCap	286,821.00	118,079.46	168,741.54	41	91,319.06	26,760.40	29
* Services and Supplies	31,789,225.20	10,877,194.41	20,912,030.79	34	4,923,667.51	5,953,526.90	121
781001 Land Improvements Capital	182,626.50	182,626.50	69,736.25	100	12,383.00	12,383.00-	100-
781002 Build Imprv Capital	348,635.26	278,899.01		80	149,537.39	182,626.50	87
781004 Equipment Capital	177,616.25	177,616.25		100		129,361.62	
781007 Vehicles Capital	147,172.45	147,172.45		100		177,616.25	
781009 Computer Software Capital	856,050.46	786,314.21	69,736.25	92	161,920.39	147,172.45	
* Capital Outlay	59,899,550.52	31,040,725.93	28,858,824.59	52	23,145,734.33	624,393.82	386
** Expenses	9,516,856.00-	9,516,856.00-		100	9,516,856.00-	7,894,991.60	34
* Transfers In	9,516,856.00-	9,516,856.00-		100	9,516,856.00-		
81230 TF to Regional Permt	69,489.00	72,551.65	3,062.65-	104	54,360.19	18,191.46	33
81430 To Reg Permits Capit	69,489.00	72,551.65	3,062.65-	104	54,360.19	18,191.46	33
* Transfers Out	9,447,367.00-	9,444,304.35-	3,062.65-	100	9,462,495.81-	18,191.46	0-
** Other Financing Src/Use							
*** Total	2,289,202.91	4,346,988.75	6,636,191.66	190-	220,556.85	4,126,431.90	1,871

REMSA HEALTH

**FRANCHISE COMPLIANCE
REPORT**

JUNE 2021



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February	3,780	\$5,623,933.60	\$1,487.81	\$1,372.79	\$ 491.69
March	4,093	\$6,108,707.20	\$1,492.48	\$1,372.79	\$ 491.97
April	4,180	\$6,315,334.80	\$1,510.85	\$1,372.79	\$ 493.67
May	4,196	\$6,400,979.20	\$1,525.50	\$1,372.79	\$ 495.66
June					
Totals	41,869	\$65,844,964.00	\$1,411.68		

Current Allowable Average Bill: \$1,517.66

Year to Date: June 2021

COMPLIANCE			
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	6 Minutes 38 Seconds	87%	90%
Sep-20	6 Minutes 16 Seconds	89%	96%
Oct-20	6 Minutes 05 Seconds	89%	93%
Nov-20	6 Minutes 40 Seconds	88%	92%
Dec-20	6 Minutes 24 Seconds	89%	90%
Jan-21	6 Minutes 31 Seconds	88%	90%
Feb-21	6 Minutes 01 Seconds	90%	92%
Mar-21	6 Minutes 15 Seconds	88%	86%
Apr-21	6 Minutes 17 Seconds	88%	82%
May-21	6 Minutes 14 Seconds	88%	83%
Jun-21	6 Minutes 32 Seconds	90%	84%

Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 19 Seconds	89%	89%

Year to Date: June 2021

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	5:57	6:44	9:16
	P-2	6:32	7:35	9:32
Sep-20	P-1	5:32	6:31	8:36
	P-2	6:19	7:08	9:01
Oct-20	P-1	5:21	6:08	8:56
	P-2	6:00	7:59	9:03
Nov-20	P-1	5:54	6:39	9:24
	P-2	6:34	7:26	10:28
Dec-20	P-1	5:39	6:29	9:47
	P-2	6:18	6:28	9:30
Jan-21	P-1	5:45	6:35	9:35
	P-2	6:23	7:06	10:14
Feb-21	P-1	5:25	6:00	9:15
	P-2	5:52	6:26	9:09
Mar-21	P-1	5:25	6:20	9:16
	P-2	6:09	6:46	9:58
Apr-21	P-1	5:40	6:22	10:07
	P-2	6:22	6:59	10:34
May-21	P-1	5:33	6:22	9:30
	P-2	6:06	6:59	9:58
Jun-21	P-1	5:55	6:23	10:11
	P-2	6:41	7:41	10:20

Fiscal Year to Date: June 2021

Priority	Reno	Sparks	Washoe County
P1	5:37	6:24	9:19
P2	6:17	7:04	9:41

**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 06/01/2021 THRU 06/30/2021**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	6/1/21 1:58	6/1/21 2:05	1C05	0:11:37	0:07:17
Zone A	6/1/21 11:36	6/1/21 11:41	1C32	0:04:16	0:04:16
Zone A	6/2/21 20:28	6/2/21 20:33	1C12	0:18:00	0:05:08
Zone A	6/3/21 12:02	6/3/21 12:16	1C23	0:13:48	0:13:48
Zone A	6/3/21 18:53	6/3/21 18:53	1C06	0:00:06	0:00:14
Zone A	6/4/21 11:16	6/4/21 11:22	1C10	0:15:45	0:06:28
Zone A	6/5/21 16:40	6/5/21 16:50	1C08	0:10:46	0:10:46
Zone C	6/8/21 10:39	6/8/21 10:55	1C37	0:51:19	0:16:33
Zone A	6/11/21 16:44	6/11/21 16:52	1C18	0:13:18	0:07:49
Zone A	6/15/21 21:14	6/15/21 21:23	1X12	0:18:02	0:08:30
Zone A	6/17/21 19:59	6/17/21 20:03	1C21	0:11:16	0:03:05
Zone A	6/18/21 11:38	6/18/21 11:44	1C16	0:14:37	0:05:17
Zone A	6/18/21 17:25	6/18/21 17:26	1C44	23:59:44	0:00:23
Zone A	6/18/21 18:19	6/18/21 18:26	1C37	0:06:39	0:06:39
Zone A	6/18/21 22:52	6/18/21 22:52	1P06	0:00:17	0:00:26
Zone A	6/19/21 9:44	6/19/21 9:44	1C03	0:00:07	0:00:36
Zone A	6/21/21 10:48	6/21/21 10:53	1C03	0:13:06	0:04:49
Zone A	6/23/21 15:15	6/23/21 15:14	1C18	0:00:16	0:00:15
Zone A	6/23/21 17:12	6/23/21 17:22	1X19	0:27:27	0:09:48
Zone A	6/23/21 17:10	6/23/21 17:15	1C43	0:16:32	0:04:48
Zone A	6/23/21 23:16	6/23/21 23:22	1C24	0:09:31	0:06:09
Zone A	6/24/21 15:50	6/24/21 15:53	1C23	0:10:21	0:03:21
Zone A	6/24/21 19:03	6/24/21 19:08	1C43	0:36:12	0:04:58

UPGRADE REQUESTED				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				

EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
06/01/2021	Exemption Approved	Overload	Zone A	:10:07
06/01/2021	Exemption Approved	Overload	Zone A	:11:28
06/01/2021	Exemption Approved	Overload	Zone A	:09:58
06/01/2021	Exemption Approved	Overload	Zone A	:16:22
06/01/2021	Exemption Approved	Overload	Zone A	:09:30
06/01/2021	Exemption Approved	Overload	Zone A	:10:09
06/01/2021	Exemption Approved	Overload	Zone A	:10:47
06/01/2021	Exemption Approved	Overload	Zone A	:15:10
06/01/2021	Exemption Approved	Overload	Zone A	:12:32
06/01/2021	Exemption Approved	Overload	Zone A	:09:17
06/02/2021	Exemption Approved	Overload	Zone B	:19:24
06/02/2021	Exemption Approved	Overload	Zone A	:11:18
06/02/2021	Exemption Approved	Overload	Zone A	:09:07
06/02/2021	Exemption Approved	Overload	Zone A	:11:37
06/02/2021	Exemption Approved	Overload	Zone A	:09:03
06/02/2021	Exemption Approved	Overload	Zone A	:10:26
06/03/2021	Exemption Approved	Overload	Zone A	:09:02
06/03/2021	Exemption Approved	Overload	Zone A	:09:47
06/03/2021	Exemption Approved	Overload	Zone A	:10:49
06/03/2021	Exemption Approved	Overload	Zone A	:10:49
06/03/2021	Exemption Approved	Overload	Zone A	:09:51
06/03/2021	Exemption Approved	Overload	Zone A	:15:03
06/03/2021	Exemption Approved	Overload	Zone A	:09:41
06/03/2021	Exemption Approved	Overload	Zone A	:13:47
06/03/2021	Exemption Approved	Overload	Zone A	:11:13
06/03/2021	Exemption Approved	Overload	Zone A	:09:34
06/03/2021	Exemption Approved	Overload	Zone A	:12:08
06/03/2021	Exemption Approved	Overload	Zone A	:13:41
06/03/2021	Exemption Approved	Overload	Zone A	:14:03
06/03/2021	Exemption Approved	Overload	Zone A	:10:53
06/03/2021	Exemption Approved	Overload	Zone A	:11:11
06/03/2021	Exemption Approved	Overload	Zone A	:09:17
06/03/2021	Exemption Approved	Overload	Zone A	:10:40
06/04/2021	Exemption Approved	Overload	Zone B	:20:34
06/04/2021	Exemption Approved	Overload	Zone A	:18:27
06/04/2021	Exemption Approved	Overload	Zone A	:11:04
06/04/2021	Exemption Approved	Overload	Zone A	:13:30
06/04/2021	Exemption Approved	Overload	Zone A	:09:38
06/04/2021	Exemption Approved	Overload	Zone A	:15:57
06/05/2021	Exemption Approved	Overload	Zone A	:09:50
06/05/2021	Exemption Approved	Overload	Zone A	:13:24
06/05/2021	Exemption Approved	Overload	Zone A	:11:43

06/05/2021	Exemption Approved	Overload	Zone A	:16:27
06/05/2021	Exemption Approved	Overload	Zone A	:19:10
06/05/2021	Exemption Approved	Overload	Zone A	:10:00
06/05/2021	Exemption Approved	Overload	Zone A	:12:31
06/05/2021	Exemption Approved	Overload	Zone A	:09:17
06/06/2021	Exemption Approved	Overload	Zone A	:09:03
06/06/2021	Exemption Approved	Overload	Zone A	:11:03
06/06/2021	Exemption Approved	Overload	Zone A	:10:41
06/06/2021	Exemption Approved	Overload	Zone A	:10:03
06/07/2021	Exemption Approved	Overload	Zone A	:11:45
06/10/2021	Exemption Approved	Overload	Zone A	:10:07
06/10/2021	Exemption Approved	Overload	Zone A	:10:22
06/12/2021	No Exemption Appeal Requested	Overload	Zone A	:11:05
06/12/2021	No Exemption Appeal Requested	Overload	Zone A	:09:02
06/12/2021	Exemption Approved	Overload	Zone A	:12:01
06/12/2021	Exemption Approved	Overload	Zone A	:13:00
06/12/2021	Exemption Approved	Overload	Zone A	:10:03
06/12/2021	Exemption Approved	Overload	Zone A	:10:47
06/12/2021	Exemption Approved	Overload	Zone A	:09:05
06/12/2021	Exemption Approved	Overload	Zone A	:09:03
06/12/2021	No Exemption Appeal Requested	Overload	Zone A	:11:09
06/14/2021	Exemption Approved	Overload	Zone A	:12:03
06/14/2021	Exemption Approved	Overload	Zone A	:12:05
06/14/2021	Exemption Approved	Overload	Zone A	:09:12
06/15/2021	Exemption Approved	Overload	Zone A	:09:07
06/15/2021	Exemption Approved	Overload	Zone A	:11:59
06/15/2021	Exemption Approved	Overload	Zone A	:09:10
06/15/2021	Exemption Approved	Overload	Zone A	:09:31
06/16/2021	Exemption Approved	Overload	Zone A	:10:04
06/17/2021	Exemption Approved	Overload	Zone A	:09:08
06/17/2021	Exemption Approved	Overload	Zone A	:09:58
06/17/2021	Exemption Approved	Overload	Zone A	:13:58
06/17/2021	Exemption Approved	Overload	Zone A	:09:52
06/17/2021	Exemption Approved	Overload	Zone A	:09:06
06/17/2021	Exemption Approved	Overload	Zone A	:11:07
06/17/2021	Exemption Approved	Overload	Zone A	:15:05
06/17/2021	Exemption Approved	Overload	Zone A	:12:31
06/17/2021	Exemption Approved	Overload	Zone A	:11:46
06/17/2021	Exemption Approved	Overload	Zone A	:12:03
06/17/2021	Exemption Approved	Overload	Zone A	:09:30
06/17/2021	Exemption Approved	Overload	Zone A	:13:39

06/18/2021	Exemption Approved	Overload	Zone A	:10:38
06/18/2021	Exemption Approved	Overload	Zone A	:11:10
06/18/2021	Exemption Approved	Overload	Zone A	:19:54
06/18/2021	Exemption Approved	Overload	Zone A	:11:33
06/18/2021	Exemption Approved	Overload	Zone A	:11:11
06/18/2021	Exemption Approved	Overload	Zone A	:10:29
06/18/2021	Exemption Approved	Overload	Zone A	:09:47
06/18/2021	Exemption Approved	Overload	Zone A	:09:47
06/18/2021	Exemption Approved	Overload	Zone A	:12:14
06/18/2021	Exemption Approved	Overload	Zone A	:13:40
06/18/2021	Exemption Approved	Overload	Zone A	:09:43
06/21/2021	Exemption Approved	Overload	Zone A	:18:57
06/23/2021	Exemption Approved	Overload	Zone A	:12:21
06/23/2021	Exemption Approved	Overload	Zone A	:10:54
06/23/2021	Exemption Approved	Overload	Zone A	:09:42
06/25/2021	Exemption Approved	Overload	Zone A	:11:12
06/25/2021	Exemption Approved	Overload	Zone A	:12:14
06/25/2021	Exemption Approved	Overload	Zone A	:10:29
06/26/2021	Exemption Approved	Overload	Zone A	:10:08
06/27/2021	Exemption Approved	Overload	Zone A	:11:12
06/27/2021	Exemption Approved	Overload	Zone A	:26:55
06/27/2021	Exemption Approved	Overload	Zone A	:16:35
06/27/2021	Exemption Approved	Overload	Zone A	:19:47
06/27/2021	Exemption Approved	Overload	Zone A	:09:20
06/27/2021	Exemption Approved	Overload	Zone A	:16:23
06/27/2021	Exemption Approved	Overload	Zone A	:17:04
06/28/2021	Exemption Approved	Overload	Zone A	:09:42
06/28/2021	Exemption Approved	Overload	Zone A	:09:53
06/28/2021	Exemption Approved	Overload	Zone A	:09:13
06/28/2021	Exemption Approved	Overload	Zone A	:10:29
06/28/2021	Exemption Approved	Overload	Zone B	:21:00
06/28/2021	Exemption Approved	Overload	Zone A	:10:17
06/28/2021	Exemption Approved	Overload	Zone A	:09:01
06/28/2021	Exemption Approved	Overload	Zone A	:09:08
06/29/2021	Exemption Approved	Overload	Zone B	:18:48
06/14/2021	Exemption Approved	Status 99	Zone A	:11:41
06/14/2021	Exemption Approved	Status 99	Zone A	:09:43
06/15/2021	Exemption Approved	Status 99	Zone A	:19:26
06/15/2021	Exemption Approved	Status 99	Zone A	:10:03
06/15/2021	Exemption Approved	Status 99	Zone A	:10:20
06/16/2021	Exemption Approved	Status 99	Zone A	:22:08
06/17/2021	Exemption Approved	Status 99	Zone A	:10:25
06/17/2021	Exemption Approved	Status 99	Zone A	:10:54
06/21/2021	Exemption Approved	Status 99	Zone A	:10:16

06/21/2021	Exemption Approved	Status 99	Zone A	:11:37
06/21/2021	Exemption Approved	Status 99	Zone A	:10:22
06/21/2021	Exemption Approved	Status 99	Zone A	:10:28
06/21/2021	Exemption Approved	Status 99	Zone A	:13:09
06/21/2021	Exemption Approved	Status 99	Zone A	:11:38
06/21/2021	Exemption Approved	Status 99	Zone A	:11:50
06/21/2021	Exemption Approved	Status 99	Zone A	:09:25
06/21/2021	Exemption Approved	Status 99	Zone A	:09:36
06/21/2021	Exemption Approved	Status 99	Zone A	:10:19
06/21/2021	Exemption Approved	Status 99	Zone A	:14:08
06/21/2021	Exemption Approved	Status 99	Zone A	:17:51
06/21/2021	Exemption Approved	Status 99	Zone A	:15:04
06/21/2021	Exemption Approved	Status 99	Zone A	:18:37
06/21/2021	Exemption Approved	Status 99	Zone A	:12:00
06/21/2021	Exemption Approved	Status 99	Zone A	:16:48
06/21/2021	Exemption Approved	Status 99	Zone A	:11:15
06/21/2021	Exemption Approved	Status 99	Zone A	:09:10
06/22/2021	Exemption Approved	Status 99	Zone A	:10:23
06/24/2021	Exemption Approved	Status 99	Zone A	:12:30
06/24/2021	Exemption Approved	Status 99	Zone A	:10:38
06/24/2021	Exemption Approved	Status 99	Zone A	:17:37
06/24/2021	Exemption Approved	Status 99	Zone A	:16:05
06/27/2021	Exemption Approved	Status 99	Zone A	:09:59
06/27/2021	Exemption Approved	Status 99	Zone A	:09:16
06/27/2021	Exemption Approved	Status 99	Zone A	:12:03
06/28/2021	Exemption Approved	Status 99	Zone A	:09:38
06/28/2021	Exemption Approved	Status 99	Zone A	:10:48
06/28/2021	Exemption Approved	Status 99	Zone A	:16:18
06/28/2021	Exemption Approved	Status 99	Zone A	:09:39
06/28/2021	Exemption Approved	Status 99	Zone A	:14:55
06/28/2021	Exemption Approved	Status 99	Zone A	:12:47

GROUND AMBULANCE OPERATIONS REPORT JUNE 2021

1. Overall Statics

- a) Total number of system responses: 7,461
- b) Total number of responses in which no transports resulted: 3,203
- c) Total number of system transports: 4,258

2. Call Classification

- a) Cardiopulmonary Arrests: 1.5%
- b) Medical: 47.9%
- c) Obstetrics (OB): 0.3%
- d) Psychiatric/Behavioral: 6.5%
- e) Transfers: 14.9%
- f) Trauma – MVA: 6.2%
- g) Trauma – Non MVA: 18%
- h) Unknown: 4.8%

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: 569

Total number of above calls receiving QA Reviews: 99

Percentage of charts reviewed from the above transports: 17.3%

JUNE 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	39	127
BLS (CPR)	148	574
Heartsaver (CPR)	116	594
ITLS/PHTLS	1	3
PALS	19	55

COMMUNITY OUTREACH JUNE 2021

Point of Impact		
6/19/2021	Checkpoint with NueroRestorative: 12 vehicles and 22 car seats checked; 3 seats donated	2 staff;10 volunteers
6/01-30/2021	Two (2) office installation appointments; Two (2) cars and two (2) seats inspected.	
Cribs for Kids/Community		
6/1/2021	Aunt Bertha One on One REMSA Health Set-up/ Webinar to Aunt Bertha Community Outreach Online Resource	
6/3/2021	Immunize Nevada Community Meeting	
6/4/2021	Washoe County Child Death Review	
6/10/2021	Northern NV MCH Coalition Meeting	
6/18/2021	Ron Wood Family Resource- Cribs for Kids Partner site visit	
6/21/2021	Vision Zero Truckee Meadows Task Force Meeting	
06/21-26/2021	Child Passenger Safety Technician Class - Lead Instructor in Winnemucca, NV	6 students successfully passed
6/24/2021	State of NV - Call in and Cribs for Kids 2022 grant finalization	
06/29-30/2021	Cribs for Kids Train-the-Trainer Las Vegas - Baby's Bounty and site visit	1 participant

REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

June 1, 2021 to June 30, 2021

Your Score

95.36

Number of Your Patients in this Report

150

Number of Patients in this Report

8,246

Number of Transport Services in All EMS DB

173



REMSA
June 1, 2021 to June 30, 2021



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **06/01/2021** and **06/30/2021**.

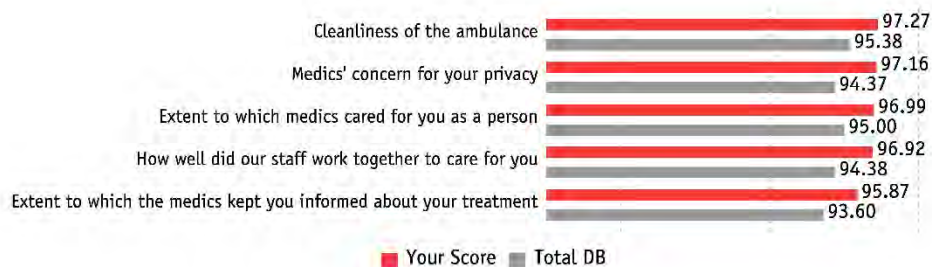
The overall mean score for the standard questions was **95.36**; this is a difference of **1.80** points from the overall EMS database score of **93.56**.

The current score of **95.36** is a change of **-1.33** points from last period's score of **96.69**. This was the **24th** highest overall score for all companies in the database.

You are ranked **8th** for comparably sized companies in the system.

86.38% of responses to standard questions had a rating of Very Good, the highest rating. **98.69%** of all responses were positive.

5 Highest Scores



5 Lowest Scores



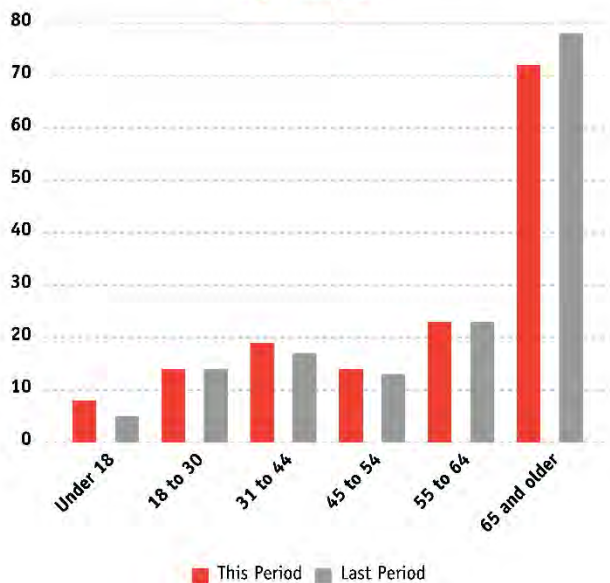
REMSA
June 1, 2021 to June 30, 2021



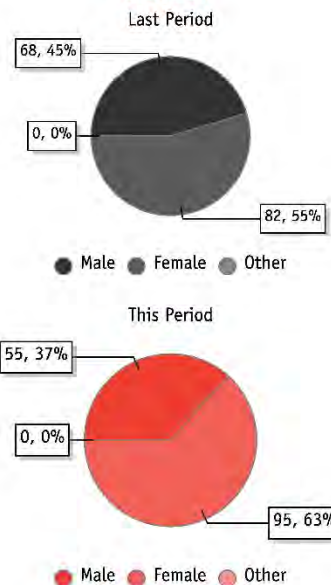
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	5	3	2	0	8	3	5	0
18 to 30	14	6	8	0	14	7	7	0
31 to 44	17	9	8	0	19	5	14	0
45 to 54	13	8	5	0	14	3	11	0
55 to 64	23	9	14	0	23	12	11	0
65 and older	78	33	45	0	72	25	47	0
Total	150	68	82	0	150	55	95	0

Age Ranges



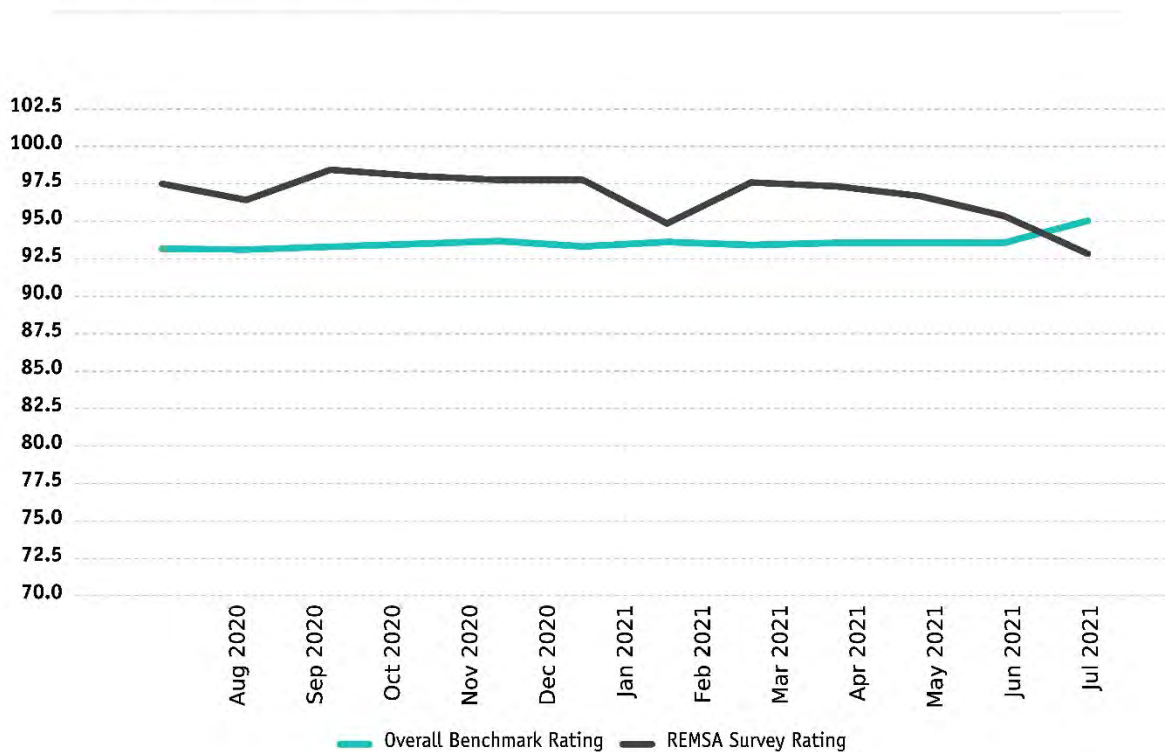
Gender



REMSA
June 1, 2021 to June 30, 2021



Monthly tracking of Overall Survey Score





Greatest Increase and Decrease in Scores by Question

	Last Period	This Period	Change	Total DB Score
Increases				
Extent to which the services received were worth the fees charged	87.21	89.50	2.29	89.65
Extent to which the medics kept you informed about your treatment	95.57	95.87	0.30	93.60
Decreases				
Degree to which the medics took your problem seriously	98.31	95.65	-2.66	95.08
Care shown by the medics who arrived with the ambulance	98.15	95.68	-2.47	95.24
Degree to which the medics listened to you and/or your family	97.41	95.05	-2.36	94.66
Helpfulness of the person you called for ambulance service	95.63	93.42	-2.21	93.56
Degree to which the medics relieved your pain or discomfort	92.98	90.88	-2.10	91.62
Extent to which you were told what to do until the ambulance arrived	96.25	94.20	-2.05	92.21
Likelihood of recommending this ambulance service to others	97.20	95.53	-1.67	94.14
Extent to which medics cared for you as a person	98.63	96.99	-1.64	95.00
How well did our staff work together to care for you	98.44	96.92	-1.51	94.38
Overall rating of the care provided by our Emergency Medical Transportation service	97.11	95.61	-1.49	94.44

REMSA HEALTH GROUND AMBULANCE JUNE 2021 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	03/15/2021		"The medics did a good job. They didn't do anything wrong."		
2	03/15/2021	"The driver did a great job." "The medics were excellent."	"The medics were very gentle and caring. They helped all that they could."		
3	03/15/2021	"Ambulance was nice inside. Driver was nice as they could be." "Everybody worked nicely together."	"It makes him feel good when the medics treat him nicely."		
4	03/15/2021	"The driver was not nice." "Medics were not kind or compassionate. One medic was a jerk. The other guy just went along with it. They were demeaning her pain and reason for calling. They told her according to what they found, she was fine. They wanted her to stay home and not go to hospital, but she would have to sign an AMA."	"Nothing was done well."		G. Jones
5	03/17/2021		"Mother said that the medics were very professional and friendly. They made her daughter feel very comfortable."		
6	03/17/2021		"The medics identified her problem. She really appreciated that."		
7	03/17/2021	"Everything the medics did for him was a ten!" "REMSA was absolutely amazing."	"The medics helped keep him calm, as he was bleeding out. They reassured him that he was going to make it, and be		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			okay."		
8	03/17/2021	"Would totally recommend REMSA."	"She appreciated how quickly the ambulance got to her house. They were super nice."		
9	03/17/2021	"Ambulance had poor shocks and was bouncing." "One medic was so intent to get an IV started in the bouncy ambulance and it was not necessary. He kept telling them that. The medics kept him informed."	"The medics were competent moving him from the floor to the gurney and then to the ambulance."		
10	03/17/2021	"They tried to relieve my pain."		"No, nothing I can think of, they were good."	
11	03/17/2021	"POA said that the medics came really quickly. They assessed the situation. They got him off of the floor and into his chair." "POA would rate REMSA a ten. The medics were wonderful. She had never had to call an ambulance before. It was an amazing experience."	"POA said that the medics came really quick. They assessed the situation. They got him off of the floor and into his chair. POA said that one medic assisted her husband, while the other got information from her."		
12	03/17/2021		"POA said that the medics treated him with respect."		
13	03/18/2021	"Breaking her leg was a terrible experience, but the medics made things better." "The three medics really worked well together."	"Super professional. They were kind and caring. They really listened well."		
14	03/18/2021	"The driver was a careful driver."	"The medics were very careful with her."		
15	03/18/2021		"The medics calmed her down. They talked to her. They were comforting."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
17	03/18/2021		"The medics listened to her. They helped her with her breathing."		
18	03/19/2021	"She has the Silver Savers membership."	"The medics did the best that she could have ever expected."		
19	03/19/2021		"Patient believes he received very good care but did not want to comment further."		
21	03/20/2021		"Patient stated everything was done well. He would give them a 10 rating if he could."		
22	03/20/2021		"Patient noted it was two female medics and that made her feel more comfortable. She said they were very kind and knowledgeable."		
23	03/20/2021		"The ambulance arrived quickly, within moments, the patient was very impressed. Top-notch service."		
24	03/20/2021		"Patient stated she doesn't remember everything about her transport, but she is very impressed with what she does remember. The medics were very efficient."		
25	03/21/2021		"Mother took the survey regarding her young son. She is pleased with the service. She did not ride in the		

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			ambulance."		
26	03/21/2021		"Patient stated the medics had good teamwork together, especially while moving her with a broken bone. They helped with the pain and got her to the hospital as quickly as possible."		
27	03/21/2021		"Patient noted the medics were very kind and helpful with her situation."		
28	03/21/2021		"Patient's medical POA took the survey. She feels everything was very professional, precise and on-point. A family member who is also a nurse was present and the POA said she was of the same thought."		
29	03/21/2021		"Patient stated he isn't in the medical field, but from his perspective the peace of mind they offered and their attentiveness was outstanding."		
30	03/21/2021		"Patient stated the medics helped with her pain and were there when she needed them."		
31	03/22/2021		"Patient stated the medics went down the checklist very quickly and found out what was going on."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			They also helped him with his breathing and that relieved a lot of discomfort."		
32	03/22/2021		"Patient stated it was very cold in the ambulance."		
33	03/22/2021		"The medics helped with the patient's young daughter, explaining what was happening and entertaining her until another family member could take her. The medics also took the patient to a hospital of her choosing."		
34	03/22/2021		"Patient's medical POA stated the medics conducted themselves professionally and arrived in a timely manner."		
35	03/22/2021		"Patient stated that the ambulance service got her to the hospital safely."		
36	03/22/2021		"The medics did everything well."		
37	03/22/2021	"The medics were very nice."	"The medics did an excellent job, He thanks them."		
38	03/22/2021		"The medics helped him with pain so that he could get up."		
39	03/23/2021		"The medics were very friendly and considerate. They took care of her needs."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
40	03/23/2021	"Very efficient" "The driver knew what they were doing." "The medics were as good as they could be with their care and compassion." "The medics worked efficiently together. Silver Savers is an excellent membership to have."			
41	03/23/2021	"The medics knew she was in pain." "The medics worked very hard."	"The medics were very polite and respectful. They relieved her pain."		
42	03/16/2021	"POA said that the medics had a kind attitude."	"POA said that the medics did a good job helping his wife with her situation."	"POA said that it would be helpful for the medics to know some Spanish."	
43	03/16/2021	"She was concerned about the medicine that the medics needed to give her. The medics reassured her that it was okay." "Overall, no complaints."	"The medics were right on top of everything that was going on with her. They were able to relax her."		
44	03/16/2021	"The medics were very kind and caring about the situation."	"The medics were very gentle with transporting her."		
45	03/16/2021	"POA said that the ambulance came very quickly." "POA said that the medics helped sedate his wife to relieve her pain. They were unbelievably professional."	"POA said that the medics were fantastic"		
46	03/24/2021		"The medics did their job well."		
47	03/24/2021	"The ambulance was very clean." "The medics are sweethearts." "They earned an A+. No complaints whatsoever with REMSA."	"The medics were very loving, understanding. They wanted to give her the best care possible. She loves every one of the		

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			medics that have come to help her."		
48	03/25/2021	"She has the Silver Saver program. She said that it saved her butt the past couple of years."	"The medics listened well. They really thought about what she was telling them. She has a rare cancer, and appreciated that they listened to her."		
49	04/01/2021		"Patient stated the ambulance was spotless inside and the medics did an excellent job."		
50	04/01/2021		"Patient noted she doesn't remember everything about the experience, but she knows she was well taken care of and safely got to the hospital."		
51	04/01/2021		"Patient stated the medics were able to calm her down and comfort her. The ambulance arrived quickly and it seemed very clean. Patient is very pleased."		
52	04/01/2021		"The medics broke everything down step-by-step and kept her informed the entire time what was happening."		
53	04/01/2021		"Patient stated the medics were so kind and helpful. They even loaded up her bike and brought that along in the ambulance, she said		

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			they were absolutely amazing and helpful."		
54	04/01/2021		"The medics were professional, courteous and kept the patient informed the entire time."		
55	04/01/2021		"The ambulance arrived quickly and took care of business."		
57	04/01/2021		"Patient stated the medics were really on top of their game, very good service."		
58	04/02/2021		"Patient stated everything was done well."		
59	04/02/2021		"Patient stated they did a good overall job."		
61	04/02/2021		"Medical POA took the survey. She said everything was done well. She did not ride in the ambulance that day."		
62	04/02/2021		"This was a transfer and the medics got her appropriately checked in and where she needed to be at the next facility."	"Slow down. The patient felt like the ambulance was going a bit too fast and it was a bumpy ride."	T. Kerfoot
63	04/02/2021		"Everything was done well."		

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64	04/03/2021		"The ambulance arrived in a timely manner."	"Patient had a head injury so she doesn't remember everything about the event. She feels the medics could have relayed more information to her daughter at the scene."	T. Kerfoot
65	04/03/2021		"Patient noted the medics were informative, considerate and careful."		
66	04/03/2021		"Patient wants to extend a big 'Thank You' to the medics who cared for him that day."		
67	04/03/2021		"Patient stated everything was ""great""."		
68	04/04/2021		"Patient stated the medics got him to the hospital in a timely manner and were compassionate and courteous along the way."		
69	04/04/2021		"The medics were good at controlling his pain."		
70	04/05/2021		"The medics were really nice. It was just a transfer to another facility."		
71	04/05/2021	"The medic on the left successfully started IV. The medic on right kept missing his vein, and stopped. They were poking him at the same time, which confused him. The medics did	"His discomfort was relieved within ten minutes. The medics showed compassion."		

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		immediately relieve his discomfort though." "One medic seemed to know what he was doing, and the other one, not so much."			
72	04/05/2021		"The medics took good care of him. They took his problem very seriously."		
73	04/05/2021	"The medics were comforting."	"The medics were good at explaining what was going on, and what they were doing."		
74	04/05/2021		"The medics did not drop him. He is always afraid of that. Everything was done just fine."		
75	04/07/2021	"The medics were very kind, efficient, and reassuring." "The medics were wonderful. She was very grateful for their care."	"The medics made her feel like everything was going to be okay. She was very frightened about her problem."		
76	04/05/2021	"The medics asked if she needed to go to the hospital."	"The medics asked a lot of questions. The care was perfect."		
77	04/07/2021	"One of the medics was very concerned, and she kept talking to her when she was passing out. This medic was an angel to her." "She wanted to rate the REMSA medics a ten!"	"The medics remained calm even though her condition was very serious. The medics were very comforting."		
78	04/07/2021		"He appreciated that the medics informed him about everything that they were doing. They did great."		

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79	04/07/2021	"The medics were able to calm his nerves."	"The medics were very professional. They made him feel comfortable and aware of the situation."		
80	04/07/2021	"The medics were wonderful. They are every time that she or her son has needed them."	"The medics were outstanding. They took care of her as best as they could. The medics were understanding. They are walking angels."		
81	04/07/2021		"The medics worked well together. They were good communicators. They were thorough with their care."		
82	04/07/2021	"The medics were too good with their compassion."	"The medics came quickly and took care of her quickly. They did an excellent job."		
83	04/07/2021	"The ambulance was in good shape." "The medics were both excellent."			
84	04/07/2021	"Very happy with the service."		"The medics were very patient and kind. They worked well together."	
85	04/07/2021		"The medics were just great. They worked beautifully together. They let her make decisions."		
86	04/07/2021		"The medics kept her comfortable. They drove appropriately for a fractured back."		

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87	04/07/2021	"The medics were awesome and wonderful. They calmed both her, and her husband, down. They took very good care of them." "She had a membership. It is great. She will keep renewing it. Nothing but good to say about REMSA."	"She really appreciated that one of the medics took her mind off of her pain, after the accident."		
88	04/07/2021			"Parent said that the medics need to learn to listen to the parent or patient. They need to be more compassionate."	G. Jones
89	04/06/2021	"POA said that the medics listened. They always do when they call REMSA."	"POA said that the medics were kind, compassionate, and professional. They were good listeners."		
90	04/06/2021	"Mother said that the medics handled her daughter with kid gloves."	"Mother said that the medics calmed her down. They took really good care of her child."		
91	04/06/2021		"The best thing the medics did was being there on time."		
92	04/06/2021		"The medics worked fast. They gave very good service. The medics got her to the hospital fast."		
93	04/06/2021	"The medics were phenomenal." "The medics worked great together."	"She was in severe pain. She appreciated that the medics were able to relieve her pain."		

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95	04/06/2021			"The ambulance ride was very rough, it wasn't the driver it was the vehicle."	
96	04/08/2021		"The medics were very patient and considerate. She stated this was a transport that went very smoothly and everyone involved was very professional."		
97	04/08/2021		"The medics did basically everything well."		
98	04/08/2021	"Very professional"	"The medics were very concerned. They listened to her, and did not take her to the hospital. They were concerned, and wanted to make sure that was the right decision. She wishes to thank the medics very much."		
99	04/08/2021		"The medics came in, and did their assessment quickly and efficiently. They asked about medications and history. They got her out to the ambulance quickly."		
100	04/08/2021	"Mother said that the medics were wonderful."	"Mother said that the medics were patient with her child. They took their time with him. The medics		

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			were good people. They would use REMSA all over again."		
101	04/08/2021		"The major thing that she appreciated is that the medics listened to her."		
102	04/08/2021		"The medics kept him informed about what they thought was wrong with him. The medics presented themselves well. The medics did a good job taking care of him, on the way to the hospital."		
103	04/08/2021		"The medics handled his situation in a professional manner."		
104	04/08/2021	"The medics were awesome."	"The medics were very comforting. The medics knew what they were doing. They need a raise."		
105	04/08/2021			"The car seat strap was twisted. The mother feels her daughter could have been strapped in better. The ambulance was slow to arrive."	G. Jones
106	04/09/2021		"Patient noted everything was done well."		

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107	04/09/2021		"Everything was done well."		
108	04/09/2021		"The medics let the patient know everything as it was happening, what hospital she was going to and everything else along the way. She said she felt very informed."		
109	04/09/2021	"The medics were kind and thoughtful." "She would highly recommend REMSA."	"The medics were very concerned for her welfare. They explained what they were doing."		
110	04/09/2021		"Mother said that the medics did a very good job with everything."		
111	04/09/2021		"The medics were very kind."	"Ask easier cognitive skills questions. The medics asked how many supreme court justices that there are. She said she did find some humor in it though."	
112	04/09/2021		"The medics operated very well as a team. He was impressed that the medics knew what to do."		
113	04/10/2021	"She was found outside her house, unconscious. A neighbor called for the ambulance, and the medics were kind, and woke her husband up." "She spoke to one of the	"The medics showed kindness and concern for her."		

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		medics on another day, and he expressed his concern for her. The \$90 a year membership is well worth it."			
114	04/11/2021	"He was having a heart attack and the medics made him walk down a flight of stairs, unassisted. He felt scared, and uninformed about what was going on. He just saw a lot of needles, and action, but did not know what they were doing."	"He felt that he was in good hands medically."	"The medics need to improve on assisting patients better, and communicating to relieve being scared."	G. Jones
115	04/11/2021		"The medics were friendly and helpful."		
116	04/11/2021		"The medics gave great care. They got her strapped onto the gurney well. They made sure she was safe. The medics calmed her."		
117	04/11/2021	"The operator was wonderful." "The driver was a good driver." "The medics did a wonderful job."	"The medics helped him out to the ambulance. They did a good job putting him on the gurney."		
118	04/12/2021		"The medics took care of him well."		
119	04/12/2021	"The ride in the ambulance was a smooth and easy going ride." "The medics talked to her, and let her know what they planned on doing." "She would recommend REMSA above anyone."	"The medics did everything very well. The medics were very careful with her."		
121	04/12/2021	"The ambulance was here like... right now." "The medics were just wonderful. They were kind and sweet. She was a	"The medics were very gentle, and nice."		

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		nurse. The medics did their work so well."			
122	04/12/2021		"The medics took their time to make sure that he was on board with what they were doing. They were good at explaining things, and not pressuring him."		
123	04/12/2021		"There was a medic next to her side the entire time relaying everything that was going on."	"Use a GPS or know the area better."	
124	04/12/2021		"Patient noted he is not able to recall everything about the event, but does know the service was quick and the medics confirmed before departing that the VA hospital would accept him."		
125	04/12/2021		"Patient noted the ambulance was very organized."		
126	04/12/2021		"The ambulance service got her to the hospital."		
127	04/12/2021		"Patient stated the medics were professional and courteous."		

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128	04/12/2021		"Patient noted this was a very short transfer that went smoothly. The medics got her checked in and right where she needed to be."		
129	04/12/2021		"Patient stated she doesn't remember everything about the event, but the medics absolutely saved her life that day. She is grateful and wants to extend a Thank You to the medics for their care. ""Thank you for everything that you do."""		
130	04/13/2021		"Everything was done well regarding the medical care."	"The ride was much too rough."	
131	04/13/2021		"Everything was done well and the ambulance service got him quickly to the hospital."		
132	04/25/2021	"Someone else called."		"No, everything was fine, he was well taken care of."	
133	04/25/2021			"They were great and the service was excellent!"	

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134	04/25/2021	"Dispatcher was very helpful." "The paramedic in the back was very caring, and skilled."		"These two paramedics were great, they were very knowledgeable. I wish more were like them. Many of the paramedics are indecisive, and say it's your decision to go to the hospital. I think it would be better if they were sure and more knowledgeable like these two."	
135	04/25/2021	"Someone else called."		"They have always been amazing the only way they could be better is if I was instantly cured. Thank you for all the great service."	
136	04/25/2021	"The driver did not miss the pot holes." "They were excellent all round, kind, funny, and professional."		"See if the driver could notice the pot holes, the highway there is horrible."	
137	04/26/2021	"My paramedics were amazing, and really could be no better!!!"		"I really appreciated them and I was extremely grateful for the amazing service."	
138	04/26/2021	"Dispatcher was extremely kind, and made me feel at ease. She listened and had the ambulance not come with all the horns blazing, it wasn't a huge emergency. But they were excellent!" "They helped my husband of the floor, and were amazing very caring you really could not ask for better care." "I		"No, they did a tremendous job, and you really could not ask for a better crew! Thank you so much for all your help."	

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		would rate them a 6 on everything."			
139	04/26/2021	"Urgent care forced the call, but my husband or my sister could have taken me." "Overall they were great!"		"REMSA is great my late husband actually worked for them for a long time as a paramedic."	
140	04/28/2021	"They really went above and beyond, I can't say enough great things about them!" "I can't thank them enough."		"They were excellent all around terrific! These paramedics were the best all the way to the ER."	
141	04/28/2021	"They were amazing with my wife. I was very satisfied, they showed lots of care and concern."		"They really could have not done any better!"	
142	04/28/2021	"The hospital arranged the ride."		"No, I think they were very good and could not have been any better."	
143	04/28/2021	"Someone else called." "They saved my life. They were caring, compassionate, and all around great!"		"They were fantastic, I really want to thank them for all they did. They were amazing!!!"	
144	04/27/2021	"My mother called, and the dispatcher stayed on the phone the whole time." "I was in too much pain for them to relieve."	"No, I think they did great and really couldn't be any better."		
145	04/29/2021	"Someone else called."		"I had a lot of discomfort, so maybe if they had something they could give me so I would not have to be in pain."	
146	04/27/2021	"I was not the person who called."		"No, I think everything was handled very well."	

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147	04/27/2021	"My boss was the one who called." "I was having a panic attack, and they were very comforting."		"The service was excellent, and could not be any better. I sure was not expecting everything they did, they were amazing and attentive to me."	
148	04/29/2021	"Someone else called." "They tried to relieve my pain but were unable to do so."		"Nothing they were good!"	
149	04/30/2021	"Both times service was great!"		"Nothing I can think of, they were awesome!"	
150	04/30/2021	"The transfer went very smoothly."		"No, they were amazing and could not be any better!"	
FOLLOW UP					
4	Message left 1000 7/7. – G. Jones				
62	I spoke with the patient. She said "It was the first time I rode in the ambulance. I was nervous I was going to tip over but I knew I wasn't going to". She said our crew was attentive and she felt they did a good job. Patient's comments relayed to the crew. – T. Kerfoot				
64	I spoke with the patient. She said that we should have relayed the hospital destination to her daughter so she didn't have to figure out where to go. "There are a lot of Renown's". She said that her daughter didn't know where the patient was going to be taken. She mentioned that she didn't know if her daughter had been told where she was being transported to by our crew. I asked her if her daughter said we did/did not tell her which hospital she was going to and she said she didn't know. I told her that she had a senior crew and that was out of character and asked her how the care was otherwise. She said she thinks it was good but doesn't remember much. – T. Kerfoot				
88	I spoke with the father of this patient and apologized for the negative interaction with our crew. He stated his whole family has health problems and they require service from REMSA frequently, and he reiterated this crew needs to learn compassion and listening skills. The medic on the call is no longer employed at REMSA, I spoke with the other crew member and asked him to be polite and compassionate with all patients. - G. Jones				
105	I spoke with the mother of the patient. Her child experienced a febrile seizure and she was concerned about the time it took for the ambulance to arrive. Our response time to the Lemmon Valley residence was 15 minutes, and Reno Fire arrived before us. I explained our higher than normal call volume and that we typically have units posted in the North Valley. She said she understood and that it seemed like forever				

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		because she was concerned for her child. She also noted a twisted strap on the car seat but felt that it caused no discomfort or safety hazard to her child. - G. Jones			
114		The complainant stated the patient was made to walk down a flight of stairs to the ambulance. The narrative states the patient was walking toward the ambulance upon their arrival. I asked the pt. if it was possibly the fire department that walked him down stairs, and he said it was, now that he thought about it. I asked him about his experience inside the ambulance and he said it was "excellent service". He said he was frightened, especially when the medics got out the "cardiac needle", which he described as "long and scary". I asked him if that was used on him and he said no. I asked him if he had further comments and he said no, and again stated the care was excellent. – G. Jones			

JUNE 2021

REMSA HEALTH 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



HEAT SAFETY FOR THE COMMUNITY

Executive Director, Adam Heinz, shared how individuals can stay safe in the heat this summer and spoke on the signs of a heat emergency.

REMSA HEALTH HOSTS WATER WATCHER EVENT

Ahead of July 4th, REMSA Health shared information on preventing drownings and what to do if a drowning occurs. This event included a mock 911 call and an on-scene scenario with REMSA Health paramedics.





**REMSA INQUIRIES
JUNE 2021**

No inquiries for June 2021.



STAFF REPORT
Washoe County District Board of Health
July 22, 2021

DATE: July 1, 2021
TO: Washoe County District Board of Health
FROM: Aaron Abbott, REMSA Health Executive Director
SUBJECT: Discussion and possible approval of the revisions to the REMSA Exemption Guidelines Letter to better define exemptions related to construction, hospital evacuations and criteria for declared emergency exemptions.

SUMMARY

REMSA Health proposes an update to the late call exemption criteria to better define the criteria used by the District Health Officer (DHO) for approval of late call exemptions requested by REMSA Health and granted by the DHO.

PREVIOUS ACTION

The previous exemption criteria was approved and memorialized in a letter from the DHO dated May 26, 2016 (attached).

BACKGROUND

Previous exemption criteria approved in 2016 is recommended to be updated to better meet the needs of the current EMS system. REMSA Health is recommending language to: Add language to account for impacts to response times during multiple construction projects affecting traffic congestion; Intermittent road or lane closures during known construction times; Activation of the Multi Agency Evacuation (MAE) plan to accomplish emergency evacuation of hospitals; Changing due dates for exemption requests to meet a five day deadline for all requests (previous was three or five days); Language amendments to better define exemption criteria for local, state, or federal declared emergencies that also accounts for recovery phases of a response and local disaster responses.

FISCAL IMPACT

None.

RECOMMENDATION

Recommendation is to approve the changes to the REMSA Health response time exemption criteria as proposed.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: "Move to approve the changes in the REMSA Health late call exemption criteria letter and direct the District Health Officer to approve future exemption requests based on the revised criteria."

July 1, 2021

Dean Dow, President/CEO REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2021.

All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

1. MCI/MAEA

An exemption will be granted during a declared multi-casualty incident (MCI) or Multi Agency Evacuation for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI and/or evacuation is declared. However, the first responding unit must meet response requirements if the incident occurs within the Franchise service area.

2. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

Exemptions to be reviewed and approved by the WCHD:

1. Miscellaneous

A request for a miscellaneous exemption must be submitted in writing within 5 business days from which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, "an exemption to response time penalties may be granted by the District Health Officer (DHO), or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel."

REMSA shall use the approved REMSA Communications Blanket Weather Exemption Request Form for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification within 3 business days.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA's response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within 5 business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one-hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A retroactive request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions within 3 business days and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

3. Local, State or Federal Declared Emergency

A blanket exemption will be granted for late calls occurring during a local, state or federally declared emergency for which REMSA's resources have been utilized, formally requested through the appropriate emergency management process or as a function of managing the local EMS system. The exemption begins at the time the declared emergency is affirmed or the event causing the declaration occurs. Applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

Calls to be exempted will be tracked and documented through the regular exemption process for tracking and data collection purposes. REMSA will be provided the option to continue to be assessed for fines associated with the late calls, to be accrued in the penalty fund, or discontinue fines, until the emergency event is declared over. REMSA may petition the District Health Officer to continue the exemptions for ongoing impacts for a period of time after the declaration of emergency has ended. The DHO may elect to continue the blanket exemption for a specified period of time to account for recovery phases of the response.

4. System Overload

REMSA shall use a third-party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

A request for a system overload exemption should be made to the EMS Oversight Program, within 5 business days of the initial real time system overload notification. The submitted documentation should include quantitative system information and will encompass the timeframe of beginning no sooner than one hour after the system overload trigger is recognized and ending no later than one hour after the system returns below the system overload threshold.

If there is not enough supporting documentation, then the WCHD may deny the exemption.

5. Construction

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within 5 business days of the incident. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.

- REMSA sent notifications to field staff of closures and delays.
- REMSA authorized additional unit hours (staffing) for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA. Additionally, intermittent closures for construction operations during a known project are unpredictable. REMSA may submit for exemptions related to intermittent closures for known project.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the EMS Oversight program within 3 business days.

Aggregate multiple construction projects occurring throughout the franchise area are likely to cause overall traffic congestion and emergency response alternative routing and preposition/posting delays. REMS may submit exemption requests for aggregate construction-related delays within 5 business days following the end of the month for consideration. The DHO may approve exemptions for response delays.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patient(s) at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time. Written documentation to support the Status 99 exemption request must be submitted within 5 business days to the EMS Oversight program.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will review and Status 99 exemption requests within 3 business days and verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for late response, such as equipment failure, vehicular accident - regardless of cause - or any other causes within REMSA's reasonable control, shall justify an exemption from response time requirements.

Sincerely,

Kevin Dick
District Health Officer

~~May 26, 2016- July 1, 2021~~

Dean Dow, President/CEO REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective ~~July 1, 2016- July 1, 2021~~

All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

1. MCI/MAEA

An exemption will be granted during a declared multi-casualty incident (MCI) or Multi Agency Evacuation for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI and/or evacuation is declared. However, the first responding unit must meet response requirements if the MCI incident occurs within the Franchise service area.

2. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

Exemptions to be reviewed and approved by the WCHD:

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A request for a miscellaneous exemption must be submitted in writing within 5 business days ~~following the end of the month in from~~ which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, "an exemption to response time penalties may be granted by the District Health Officer ([DHO](#)), or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel."

REMSA shall use the ~~District Health Officer approved~~ [approved REMSA Communications Blanket Weather Exemption Request Form checklist](#) for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSPProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification ~~at the earliest convenience~~ [within 3 business days](#).

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA's response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within ~~three~~ [5](#) business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one-hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions within 3 business days and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

3. Local, State or Federal Declared Emergency

A ~~blanket~~ exemption will be granted for late calls occurring during a local, state or federally declared emergency for which REMSA's resources have been utilized, formally requested through the appropriate emergency management process or as a function of managing the local EMS system. The exemption begins at the time the declared emergency is affirmed or the event causing the declaration occurs. Applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

Calls to be exempted will be tracked and documented through the regular exemption process for tracking and data collection purposes. REMSA will be provided the option to continue to be assessed for fines associated with the late calls, to be accrued in the penalty fund, or discontinue fines, until the emergency event is declared over. REMSA may petition the District Health Officer to continue the exemptions for ongoing impacts for a period of time after the declaration of emergency has ended. The DHO may elect to continue the blanket exemption for a specified period of time to account for recovery phases of the response. If the exemption extension is denied, REMSA may petition the Washoe County District Board of Health for approval.

4. System Overload

REMSA shall use a third-party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

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If there is not enough supporting documentation, then the ~~WCI~~ HHD may deny the exemption.

5. Construction

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within ~~three~~ 5 business days of the ~~incident~~ call. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.
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- REMSA authorized ~~utilized~~ additional unit hours (staffing) for large road construction projects (i.e. major lane closures).
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No other reasons for late response, such as equipment failure, vehicular accident - regardless of cause - or any other causes within REMSA's reasonable control, shall justify an exemption from response time requirements.

Subject: Exemption Guidelines
Date: ~~May 26, 2016~~ July 1, 2021
Page 5 of 5

Sincerely,

Kevin Dick
District Health Officer

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

May 26, 2016

Dean Dow, President/CEO
REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

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An exemption will be granted for a local, state or federally declared emergency for which REMSA’s resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All

applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

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- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the EMS Oversight Program.

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Subject: Exemption Guidelines

Date: May 26, 2016

Page 4 of 4

Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

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Sincerely,



Kevin Dick
District Health Officer



STAFF REPORT
Washoe County District Board of Health
July 22, 2021

DATE: July 1, 2021
TO: Washoe County District Board of Health
FROM: Aaron Abbott, REMSA Health Executive Director
SUBJECT: Discussion and possible approval of the recommended Consultant Fitch & Associates to prepare a market survey study report.

SUMMARY

REMSA Health proposes the EMS consultancy firm, Fitch & Associates perform the upcoming franchise market study analysis.

PREVIOUS ACTION

No previous action

BACKGROUND

The current REMSA Amended and Restated Franchise Agreement (2014) requires REMSA to recommend for approval, an independent consultant firm to perform a market study every seven years as indicated in Section 4.1(a), (b),(c), and (d). The attached letter details this recommendation and seeks approval to retain Fitch & Associates to perform the scope of work required in the Franchise Agreement. Additionally, the market study must be completed by close of calendar year 2021.

FISCAL IMPACT

None to the Health District.

RECOMMENDATION

Recommendation is to approve the requested consultancy firm to perform the required market study.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: "Move to approve the selection of Fitch & Associates to perform the REMS Market Study analysis, to be completed by the close of this calendar year 2021."

Mr. Kevin Dick
District Health Officer
Washoe County Health District

June 23rd, 2021

Topic: Market Survey
REMSA Franchise Agreement Amended May 22nd, 2014
Article number four.

Dear Mr. Dick,

Please allow this correspondence to be placed forward to the “DISTRICT” and agenzized for their consideration.

In follow up to our past conversations related to the REMSA upcoming market survey. I’d like to address the pertinent sections 4.1, 4.1(a), 4.1(b), and 4.1(c) all listed on page five of the current agreement.

In this correspondence we acknowledge that the Market Survey is required as part of the current agreement. Additionally, as per section 4.1 the second sentence, there is acknowledgment that the current survey will be conducted and delivered by the close of the calendar year 2021.

Related to Section 4.1(a) REMSA is recommending that the DISTRICT consider approval of the below listed organization, then with that approval allowing REMSA to retain said, at REMSA’s cost, that independent entity to provide the upcoming market survey. In looking at the current national organizations that can do this work, have the experience and the current capacity to conduct an in-depth analysis we would like to put forth, ***Fitch and Associates of Platte City, Missouri (816)-431-2600*** for the DISTRICT’s consideration.

Fitch and Associates has earned both a national as well as international reputation as a leading EMS/Public Safety Consulting firm. This entity has decades of experience within the public safety, EMS and Fire Services background. Concurrently, Fitch and Associates has an extensive background and understanding of the concept, execution, operations and future of the Public Utility Model (PUM) delivery model of health care (REMSA model) throughout our country.

Additionally, Fitch and Associates provides extensive services to the Fire and Rescue profession, on-site management services, healthcare integration, finance and compliance services, system design and establishment of systems, leadership development and education opportunities i.e., Pinnacle National Conference.

Further, they provide consulting services which address critical care transport systems, 911 communication centers and the associated technologies, air medical program consulting as well as consulting to law enforcement and homeland security.

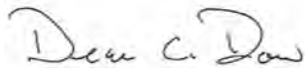
With this robust portfolio we are confident that they will provide the Health District, DBOH as well as our community a complete and transparent market survey of REMSA.

Related to sections 4.1 (b) and 4.1(c). REMSA has clearly communicated to Fitch and Associates the following related to these two sub-sections. REMSA's executive leadership as well as the Fitch consultants will closely work with the DISTRICT as well as the EMS Oversight Group to present comparative EMS markets as well as intra and extra-model comparisons. Fitch and Associates will (if approved) be recommending agencies for your consideration and possible approval.

In relation to these subsections as well as the general scope of the work involved. Our intent is to keep the DISTRICT and their representatives updated and engaged in the monthly progress in the development of this market survey as we prepare to present it at the end of this year.

If there are any questions or communications, please contact me directly at ddow@remsa-cf.com or at 845-220-6307.

Best Regards,



Dean C. Dow,
President and CEO REMSA Health-Care Flight

DD <u>FV</u>	<u>KD</u>
DHO _____	

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 22, 2021
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211, fvega@washoecounty.us
SUBJECT: Public Hearing for review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 - Emergency Episode Plan.

SUMMARY

The Washoe County District Board of Health must adopt any revisions to the District Board of Health Regulations Governing Air Quality Management.

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

District Board of Health Regulations Governing Air Quality Management, Section 050.001 Emergency Episode Plan was last revised on March 23, 2006. This revision superseded the previous federally enforceable version that was in effect since February 1, 1972.

BACKGROUND

The Emergency Episode Plan is an element of the federally enforceable Truckee Meadows PM10 and Carbon Monoxide State Implementation Plans. It is activated by the Health Officer (acting as the Air Pollution Control Officer) when air pollution levels reach Emergency Episode levels defined in the rule. The primary actions related to the Emergency Episode Plan are to: 1) Implement actions to reduce emissions contributing to the air pollution episode, and 2) provide recommendations to the public to reduce exposure and severity of health impacts of the air pollution episode. Since the Emergency Episode Plan was most recently revised in 2006, the particulate matter and ozone National Ambient Air Quality Standards (NAAQS) have been strengthened.

Following is a summary of the proposed revisions:

1. To improve clarity of the geographic applicability of this rule, the term “Health District” was replaced with “Washoe County”.
2. Definitions have been removed as the proposed revision does not include definitions unique to Section 050.001.
3. Emergency episode stage levels reflect the current NAAQS.
4. To improve clarity, actions that may be taken under emergency episode stages were reorganized to build upon each Stage. In addition to issuing public health notifications, the following actions will be implemented at each Stage.
 - a. Stage 1: Mandatory curtailment of residential wood-burning devices, open burning, and prescribed burning.
 - b. Stage 2: Stage 1 actions, and possible curtailment of all commercial solid fuel burning and incinerator and crematorium operations.
 - c. Stage 3: Stage 1 and 2 actions, and possible shelter-in-place or evacuation order and curtailment of specific public, commercial, and industrial sources of air pollution.
 - d. Stage 4: Stage 1, 2, and 3 actions, and possible curtailment of all air pollution stationary sources.
5. Inspection of stationary sources subject to curtailment to evaluate compliance with the appropriate emergency episode stage.
6. New recordkeeping requirements for the Health District.

The following methods were used to provide notice of the proposed revisions and public workshops:

1. A public notice of the proposed revisions and public workshops was published in the Reno Gazette-Journal on May 5, June 7, and July 6, 2021.
2. A notification of the proposed revisions and public workshop information was:
 - a. Posted in the “Public Notices” section of the AQMD website (OurCleanAir.com).
 - b. Posted with a link to OurCleanAir.com on AQMD’s Facebook and Twitter.
 - c. Emailed to the Reno and Sparks City Managers, Washoe County Manager, Washoe County School District, and National Weather Service - Reno.

Virtual public workshops were held on May 12 and May 19, 2021, with zero attendees from outside of the AQMD. The AQMD also met virtually with NAIOP (National Association for Industrial and Office Parks) to discuss the proposed revision and Business Impact Statement. As of July 2, 2021, one written comment was received. The comment, from the National Weather Service - Reno was neutral.

On June 24, 2021, the DBOH adopted the BIS for the proposed revisions and set July 22, 2021, as the public hearing date for possible adoption of the proposed revisions.

Attached to this staff report are the following:

1. “As Proposed” and “As Adopted” versions of the rule dated July 2, 2021. (These versions include a minor typographical correction to the May 5, 2021, versions.)
2. Public workshop materials from the May 12 and May 19, 2021 meetings, including:
 - a. Sign in sheets.
 - b. Presentation.
 - c. “As Proposed” and “As Adopted” versions of the rule dated May 5, 2021.

If the proposed revisions are adopted, they will be forwarded to the Nevada Division of Environmental Protection for submittal to the U.S. Environmental Protection Agency as a revision to the Washoe County portion of the Nevada State Implementation Plan.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the proposed revisions to District Board of Health Regulations Governing Air Quality Management, Section 050.001 Emergency Episode Plan.

RECOMMENDATION

Staff recommends the District Board of Health adopt the proposed revisions to District Board of Health Regulations Governing Air Quality Management, Section 050.001 Emergency Episode Plan.

POSSIBLE MOTION

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

“Move to adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 Emergency Episode Plan.”

Attachment A

“As Proposed” and “As Adopted” versions of the rule dated July 2, 2021

EXPLANATION: Matter in: (1) *blue bold italics* is new language to be added to the existing rule; (2) ~~red strikethrough~~ is language to be deleted from the existing rule; (3) green bold underlining is language to be added in the proposed revision dated May 5, 2021; (4) ~~purple double strikethrough~~ is language to be deleted from the proposed revision dated May 5, 2021.

~~[050.1]~~ 050.001

EMERGENCY EPISODE PLAN (Adopted 03/23/2006; *Revised 07/22/2021*)

SECTION A – GENERAL:

1. PURPOSE: The purpose of this ~~regulation~~ *rule* is to:
 - a. Advise ~~persons~~ *the residents of Washoe County* ~~[with respiratory or cardiac problems]~~ of air pollution levels which may be harmful to their health; and
 - b. Initiate corrective control measures to prevent ~~buildup~~ *elevated concentrations* of *criteria* air ~~contaminants~~ *pollutants* to levels which would cause ~~significant~~ harm to ~~a significant portion of~~ the population ~~[in the]~~ *within* Washoe County ~~[Health District]~~.
2. APPLICABILITY: The provisions of this ~~regulation~~ *rule* shall apply to *identified geographies* ~~[the entire Health District]~~ *within Washoe County*.

SECTION B – DEFINITIONS: For the purpose of this ~~regulation~~ *rule*, the following definitions shall apply.

- ~~1. [Air Quality Index. The Air Quality Index (AQI) is an index for reporting daily air quality. It reports how clean or polluted the air is, and what associated health effects might be a concern. The AQI focuses on health effects that may be experienced within a few hours or days after breathing polluted air.]~~
- ~~2. Control Officer. Control Officer means the District Health Officer of the Washoe County Health District or the person designated by said District Health Officer to enforce these local air pollution control ordinances and regulations as approved by said District Board of Health created pursuant to the interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada. (As noted also in Section 010.042)~~
- ~~3. District Health Officer. The District Health Officer is the person appointed by the District Board of Health of the Washoe County Health District to administer activities of the District Health Department of said Health District in all matters directly or indirectly affecting public health, pursuant to the authority of state and local health laws, ordinances, and regulations. (As noted also in Section 010.048)~~
- ~~4. PM2.5. PM2.5 means particles with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers.~~
- ~~5. PM10. PM10 means particles with an aerodynamic diameter less than or equal to a nominal 10 micrometers.~~
- ~~6. Solid Fuel Burning Device. Solid fuel burning device means a device that burns wood, or any other nongaseous or non-liquid fuels, and includes any device burning any solid fuel used for aesthetic or space heating purposes including but not limited to a fireplace, wood stove, or pellet stove.]~~

~~[None]~~ [See Definitions 010.001-010.265 of these Regulations.](#)

SECTION C – STANDARDS

1. ~~[Whenever the concentrations of an air contaminant]~~ *An emergency episode stage will be declared after prompt acquisition of forecasts of atmospheric stagnation conditions and updates of such forecasts by the National Weather Service and ambient air monitoring networks:*

a. *whenever the concentrations of a criteria air pollutant at ~~[an]~~ a state or local air monitoring station (SLAMS) or a special purpose monitor (SPM) operated in accordance with 40 CFR 58 Appendix D or 40 CFR 58.20, respectively and under the jurisdiction of the Washoe County Health District ~~[Health Department];~~*

- (1) reach or are predicted to reach the levels specified in Table 1 of this section; and
- (2) are expected to persist at or above the levels specified in Table 1 of this section;

~~[The Control Officer shall declare that an emergency episode stage exists and take the actions specified in Sections C.2 and D of this regulation.]~~

TABLE 1
EMERGENCY EPISODE
~~[CRITERIA]~~ STAGE LEVELS^{#1}

[Pollutant]	Averaging Time	Stage 1 (Alert)	Stage 2 (Warning)	Stage 3 (Emergency)
Carbon Monoxide	8 Hour	9.4 ppm	15.4 ppm	30.4 ppm
Particulates (PM10)	24 Hour	154 ug/m³	354 ug/m³	424 ug/m³
Particulates (PM2.5)	24 Hour	65.4 ug/m³ (AQI 150)	150.4 ug/m³	250.4 ug/m³
Ozone	8 Hour	0.084 ppm	0.124 ppm	0.404 ppm]

~~[* Stage 1 (Alert), Stage 2 (Warning), and Stage 3 (Emergency) episode criteria levels are associated with an AQI of 100, 200, and 300 respectively, unless otherwise noted.]~~

<i>Air Pollutant</i>	<i>Averaging Time</i>	<i>Stage 1</i>	<i>Stage 2</i>	<i>Stage 3</i>	<i>Stage 4</i>
<i>Particulates (PM_{2.5})</i>	<i>24 Hour</i>	<i>35.4 µg/m³</i>	<i>55.4 µg/m³</i>	<i>150.4 µg/m³</i>	<i>250.4 µg/m³</i>
<i>Particulates (PM₁₀)</i>	<i>24 Hour</i>	<i>154 µg/m³</i>	<i>254 µg/m³</i>	<i>354 µg/m³</i>	<i>424 µg/m³</i>
<i>Ozone (O₃)</i>	<i>8 Hour</i>	<i>0.070 ppm</i>	<i>0.085 ppm</i>	<i>0.105 ppm</i>	<i>0.2 ppm</i>
<i>Carbon Monoxide (CO)</i>	<i>8 Hour</i>	<i>9.4 ppm</i>	<i>12.4 ppm</i>	<i>15.4 ppm</i>	<i>30.4 ppm</i>
<i>Sulfur Dioxide (SO₂)</i>	<i>1 Hour</i>	<i>75 ppb</i>	<i>185 ppb</i>	<i>304 ppb</i>	<i>n/a</i>

2. The Control Officer ~~[and the appropriate law enforcement and public health officials]~~ shall *issue a public health notification and* take the following ~~[control]~~ actions *based* upon declaration of the following stages:
- a. Stage 1:
- ~~(1) [A health warning for sensitive persons shall be included in all notifications given pursuant to Section D.1 of this regulation.]~~
 - ~~(2) All open and prescribed burning must be terminated.~~
 - ~~(3) The use of permitted incinerators shall be terminated. Crematoriums or pathological incinerators may continue to operate if the Control Officer determines that cessation of operation will cause a greater health hazard.~~
 - ~~(4) A request shall be made to the public to curtail any unnecessary motor vehicle operations.]~~
 - ~~(5)~~
 - (1) Whenever the measurements of PM_{2.5}, PM₁₀, or carbon monoxide reach, or are predicted to reach a Stage 1 ~~[levels]~~ *level* and adverse meteorological conditions are ~~[predicted]~~ *expected* to persist, ~~[operation of any solid fuel burning device shall be suspended unless it can be demonstrated, in accordance with the procedures established by the Control Officer.]~~
 - i. Operation of any wood-burning device shall be curtailed unless it can be demonstrated, in accordance with procedures established by the Control Officer, that such fuels supply the only heat available within the dwelling unit.*
 - ii. Open Burning and Prescribed Burning as defined in Sections 040.035 and 040.037, respectively, of these Regulations shall be curtailed.*~~[that such fuels supply the only heat available to the person burning it. The suspension shall remain in effect until all episode stages have been terminated.]~~
 - ~~(6) [Sources subject to Section E.1 of this regulation must commence curtailment of operations as per their submitted and approved plans.]~~
- b. Stage 2: ~~[All of the control]~~ *Control* measures specified in Section C.2.a of this ~~[regulation]~~ *rule* ~~[shall]~~ *may* be implemented under a Stage 2 episode. *The Control Officer may also:*
- ~~(1) [The public notification shall be updated to reflect the more severe conditions.]~~

~~(2) For ozone episodes programs which involve physical exertion by persons using public parks or public recreational facilities shall be suspended. All commercial and industrial activities such as dry cleaning, spray painting and degreasing that emit reactive organic compounds shall be notified to cease operations. Such activities as roofing, asphalt paving and surface coating where the use of large quantities of volatile organic material is involved shall also be prohibited.~~

~~(3) For carbon monoxide episodes if the occurrence of this stage is determined to have been due to traffic congestion in that area, take measures to reduce the traffic congestion in that area.~~

~~(4) For PM10 episodes dust-emitting construction and agricultural activities such as grading, leveling, plowing and digging shall be prohibited.~~

~~(5) A request shall be made to the general public to avoid the area of the episode.]~~

(1) *Curtail all commercial solid fuel burning.*

(2) *Curtail all incinerator and crematorium operations.*

c. Stage 3: ~~[In addition to the control]~~ **Control** measures specified in Sections C.2.a and C.2.b of this ~~[regulation]~~ **rule**, ~~the appropriate law enforcement and civil defense agencies]~~ may be ~~[requested to:]~~

~~(1) [Close all public, commercial and industrial establishments which are not immediately necessary for public health and safety and are within the affected area;~~

~~(2) Close principal streets within the affected area to the general public;~~

~~(3) Require emergency carpooling or use of mass transit by the public; and~~

~~(4) Setup and implement evacuation procedures if deemed necessary.]~~

(1) *Issue a shelter-in-place or evacuation order.*

(2) *Curtail operations of specific public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.*

d. Stage 4: **Control** measures specified in Sections C.2.a., C.2.b., and C.2.c. of this rule may be implemented under a Stage 4 episode. The Control Officer may also:

(1) *Curtail all ~~public]~~ **public**, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.*

- ~~3.~~ The Control Officer shall declare an episode stage terminated when the *criteria air pollutant* ~~[concentration]~~ *concentration(s)* ~~[of contaminant falls]~~ fall below the ~~[criteria level shown]~~ *emergency episode stage levels indicated in Section C.1 of this [regulation and/or when meteorological data indicate that the contaminant concentration will decrease to below the criteria level.] rule.*

SECTION D – ADMINISTRATIVE REQUIREMENTS

1. Notification of an episode stage. When an episode stage is declared, the Control Officer shall notify:
 - a. The news media and shall request that they publish or broadcast all appropriate ~~[warnings, notices and advisories]~~ *public health notifications*;
 - b. The Washoe County Manager and the managers of the cities of Reno and Sparks;
 - c. *The* managers and operators of ~~[all stationary sources subject to Section E.1 of this regulation]~~ *public, commercial, and industrial establishment which are not deemed necessary by the Control Officer for public health and safety that may be subject to curtailment of operations*; and
 - d. Other agencies which, in the opinion of the Control Officer, should be notified.
2. Notification *Information. Notification* of an *emergency* episode stage shall include information as to which stage has been ~~[predicted]~~ *forecasted* or reached, the expected duration of the episode, the geographic boundaries of the affected area, the specific *criteria air* ~~[contaminant]~~ *pollutant(s)* for which the stage has been declared, a statement of the public health significance of the episode stage, and the appropriate voluntary or mandatory control measures to be taken, as described in Section C.2 of this ~~[regulation]~~ *rule.*
- ~~3. [If an episode Stage 2 or 3 is declared, the Control Officer may request that the Director of the Division of Emergency Management for Washoe County coordinate all emergency control measures.]~~
3. Episode Termination. Upon declaration of termination of an episode stage, the Control Officer shall notify those persons and offices specified in Section D.1 of this ~~[regulation]~~ *rule.* The notice shall also advise which *public, commercial, and industrial establishments and* curtailed activities may resume, and which *operations and/or* activities must remain curtailed, as specified in Section C.2 of this ~~[regulation]~~ *rule.*

SECTION E – COMPLIANCE AND RECORDS

- ~~1. [Control Plan for Emission Curtailment. The owner or operator of any stationary or mobile source with the potential to emit fifty (50) tons or more per year of an air contaminant shall, upon request of the Control Officer, prepare and submit a plan for reducing or eliminating such emission in accordance with the episode stages of Alert, Warning and Emergency as defined in these regulations.]~~
1. *Upon declaration of any emergency episode stages listed in Section C.2. of this rule in which the Control Officer requires the curtailment of activities or of public, commercial, or industrial establishments, an inspection of curtailed sources until Episode*

Termination detailed in Section D.3. of this rule shall be conducted.

- 2. All records, public health notifications, and supporting documentation deemed necessary in the determination, justification, declaration, and termination of all emergency episodes shall be retained by the Control Officer.*

*"As Proposed"
July 2, 2021*

050.001 EMERGENCY EPISODE PLAN (Adopted 03/23/2006; Revised 07/22/2021)

SECTION A – GENERAL:

1. PURPOSE: The purpose of this rule is to:
 - a. Advise the residents of Washoe County of air pollution levels which may be harmful to their health; and
 - b. Initiate corrective control measures to prevent elevated concentrations of criteria air pollutants to levels which would cause harm to the population within Washoe County.
2. APPLICABILITY: The provisions of this rule shall apply to identified geographies within Washoe County.

SECTION B – DEFINITIONS: For the purpose of this rule, the following definitions shall apply.

See Definitions 010.001-010.265 of these Regulations.

SECTION C – STANDARDS: The following standards shall apply:

1. An emergency episode stage will be declared after prompt acquisition of forecasts of atmospheric stagnation conditions and updates of such forecasts by the National Weather Service and ambient air monitoring networks:
 - a. whenever the concentrations of a criteria air pollutant at a state or local air monitoring station (SLAMS) or a special purpose monitor (SPM) operated in accordance with 40 CFR 58 Appendix D or 40 CFR 58.20, respectively and under the jurisdiction of the Washoe County Health District:
 - (1) reach or are predicted to reach the levels specified in **Table 1** of this section; or
 - (2) are expected to persist at or above the levels specified in **Table 1** of this section;

**TABLE 1
EMERGENCY EPISODE
STAGE LEVELS**

Air Pollutant	Averaging Time	Stage 1	Stage 2	Stage 3	Stage 4
Particulates (PM _{2.5})	24 Hour	35.4 µg/m ³	55.4 µg/m ³	150.4 µg/m ³	250.4 µg/m ³
Particulates (PM ₁₀)	24 Hour	154 µg/m ³	254 µg/m ³	354 µg/m ³	424 µg/m ³
Ozone (O ₃)	8 Hour	0.070 ppm	0.085 ppm	0.105 ppm	0.2 ppm
Carbon Monoxide (CO)	8 Hour	9.4 ppm	12.4 ppm	15.4 ppm	30.4 ppm
Sulfur Dioxide (SO ₂)	1 Hour	75 ppb	185 ppb	304 ppb	n/a
Nitrogen Dioxide (NO ₂)	1 Hour	100 ppb	360 ppb	649 ppb	1249 ppb

2. The Control Officer shall issue a public health notification and take the following actions based upon declaration of the following stages:
 - a. Stage 1:
 - (1) Whenever the concentrations of PM2.5, PM10, or carbon monoxide reach, or are predicted to reach a Stage 1 level and adverse meteorological conditions are expected to persist:
 - i. Operation of any wood-burning device shall be curtailed unless it can be demonstrated, in accordance with procedures established by the Control Officer, that such fuels supply the only heat available within the dwelling unit.
 - ii. Open Burning and Prescribed Burning as defined in Sections 040.035 and 040.037, respectively, of these Regulations shall be curtailed.
 - b. Stage 2: Control measures specified in **Section C.2.a.** of this rule may be implemented under a Stage 2 episode. The Control Officer may also:
 - (1) Curtail all commercial solid fuel burning.
 - (2) Curtail all incinerator and crematorium operations.
 - c. Stage 3: Control measures specified in **Sections C.2.a.** and **C.2.b.** of this rule may be implemented under a Stage 3 episode. The Control Officer may also:
 - (1) Issue a shelter-in-place or evacuation order.
 - (2) Curtail operations of specific public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.
 - d. Stage 4: Control measures specified in **Sections C.2.a., C.2.b.,** and **C.2.c.** of this rule may be implemented under a Stage 4 episode. The Control Officer may also:
 - (1) Curtail all public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.
3. The Control Officer shall declare an episode stage terminated when the criteria air pollutant concentration(s) fall or are expected to fall below the emergency episode stage levels indicated in **Section C.1** of this rule.

SECTION D – ADMINISTRATIVE REQUIREMENTS:

1. Notification of an episode stage. When an emergency episode stage is declared, the Control Officer shall notify:
 - a. The news media and shall request that they publish or broadcast all appropriate public health notifications;
 - b. The Washoe County Manager and the managers of the cities of Reno and Sparks;

- c. The managers and operators of public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety that may be subject to curtailment of operations; and
 - d. Other agencies which, in the opinion of the Control Officer, should be notified.
2. Notification Information. Notification of an emergency episode stage shall include information as to which stage has been forecasted or reached, the expected duration of the episode, the geographic boundaries of the affected area, the specific criteria air pollutant(s) for which the stage has been declared, a statement of the public health significance of the episode stage, and the appropriate voluntary or mandatory control measures to be taken, as described in **Section C.2.** of this rule.
3. Episode Termination. Upon declaration of termination of an episode stage, the Control Officer shall notify those persons and offices specified in **Section D.1.** of this rule. The notice shall also advise which public, commercial, and industrial establishments and curtailed activities may resume, and which operations and/or activities must remain curtailed, as specified in **Section C.2.** of this rule.

SECTION E – COMPLIANCE AND RECORDS:

1. Upon declaration of any emergency episode stages listed in **Section C.2.** of this rule in which the Control Officer requires the curtailment of activities or of public, commercial, or industrial establishments, an inspection of curtailed sources until Episode Termination detailed in **Section D.3.** of this rule shall be conducted.
2. All records, public health notifications, and supporting documentation deemed necessary in the determination, justification, declaration, and termination of all emergency episodes shall be retained by the Control Officer.

Attachment B

Public workshop materials from the May 12 and May 19, 2021 meetings

Proposed Revisions to District Board of Health
Regulations Governing Air Quality Management
Section 050.001 Emergency Episode Plan

May 12, 2021
&
May 19, 2021

Daniel Inouye
Monitoring and Planning Branch Chief
&
Brendan Schnieder
Air Quality Specialist

Keep It Clean WASHOE COUNTY HEALTH DISTRICT

1

050.001 Emergency Episode Plan

- Revised Emergency Episode Stages found in Table 1
 - Corresponds with current National Ambient Air Quality Standards (NAAQS)
 - Added Sulfur Dioxide and Nitrogen Dioxide
 - Removed Warning, Alert, Emergency Stage Labels
 - Added Stage 4.


Air Pollutant	Averaging Time	Stage 1	Stage 2	Stage 3	Stage 4
Particulates (PM ₁₀)	24 Hour	35.4 µg/m ³	55.4 µg/m ³	150.4 µg/m ³	250.4 µg/m ³
Particulates (PM _{2.5})	24 Hour	15.4 µg/m ³	25.4 µg/m ³	35.4 µg/m ³	42.4 µg/m ³
Ozone (O ₃)	8 Hour	0.070 ppm	0.085 ppm	0.105 ppm	0.2 ppm
Carbon Monoxide (CO)	8 Hour	9.4 ppm	12.4 ppm	15.4 ppm	30.4 ppm
Sulfur Dioxide (SO ₂)	1 Hour	75 ppb	185 ppb	304 ppb	n/a
Nitrogen Dioxide (NO ₂)	1 Hour	100 ppb	360 ppb	649 ppb	1249 ppb

Keep It Clean WASHOE COUNTY HEALTH DISTRICT

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050.001 Emergency Episode Plan

- Emergency Episode Stages must be declared by the Control Officer (Health Officer) or his/her designee.
- Every Emergency Episode Stage declared results in a public health notification being issued.
- Every Emergency Episode Stage terminated results in an updated public health notification (if going to a lower Stage) and what curtailments are rescinded/remains.



Keep It Clean WASHOE COUNTY HEALTH DISTRICT

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050.001 Emergency Episode Plan

- Due to last year’s PM2.5 max 24-hour average at Spanish Springs monitoring station (189.7 µg/m³), we are considered a Priority II area according to 40 CFR 51.151 and 51.152.
- A Priority II area is must provide:
 - (1) *Prompt acquisition of forecasts of atmospheric stagnation conditions and of updates of such forecasts as frequently as they are issued by the National Weather Service.*
 - (2) *Inspection of sources to ascertain compliance with applicable emission control action requirements.*

Keep It Clean. WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL QUALITY OF LIFE

4

050.001 Emergency Episode Plan

- Under a PM10, PM2.5, or CO Stage 1 Emergency Episode during stagnant air conditions, residential wood-burning, prescribed and open burning shall be curtailed (Red Burn Code).
- For any pollutant in a Stage 2 or higher, commercial/industrial solid fuel sources and incinerators/crematoriums may be curtailed.
- For any pollutant in a Stage 3 or higher, specific public/commercial/industrial sources may be curtailed.
- For any pollutant in a Stage 4, all public/commercial industrial sources may be curtailed.
- Inspections must be conducted during any curtailments.

Keep It Clean. WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL QUALITY OF LIFE

5

What’s next?

- Public comments – Business Impact Statement
- Business Impact Statement
 - District Board of Health (DBOH) June 24, 2021
- Adoption of revised regulation
 - DBOH July 22, 2021
- If adopted by the DBOH, revision will be submitted to the U.S. Environmental Protection Agency (EPA) as a revision to the Washoe County portion of Nevada State Implementation Plan (SIP).

Keep It Clean. WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL QUALITY OF LIFE

6

Discussion and Questions

Contact Information:
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Monitoring and Planning Branch Chief
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dinouye@washoecounty.us
(775) 784-7214
Revised Regulation: OurCleanAir.com

Keep It Clean WASHOE COUNTY HEALTH DISTRICT

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SECTION A – GENERAL:

1. PURPOSE: The purpose of this ~~[regulation]~~ rule is to:
 - a. Advise ~~[persons]~~ *the residents of Washoe County* ~~[with respiratory or cardiac problems]~~ of air pollution levels which may be harmful to their health; and
 - b. Initiate corrective control measures to prevent ~~[buildup]~~ *elevated concentrations* of *criteria* air ~~[contaminants]~~ *pollutants* to levels which would cause ~~[significant]~~ harm to ~~[a significant portion of]~~ the population ~~[in the]~~ *within* Washoe County ~~[Health District]~~.
2. APPLICABILITY: The provisions of this ~~[regulation]~~ rule shall apply to *identified geographies* ~~[the entire Health District]~~ *within Washoe County*.

SECTION B – DEFINITIONS: For the purpose of this ~~[regulation]~~ rule, the following definitions shall apply.

- ~~1. [Air Quality Index. The Air Quality Index (AQI) is an index for reporting daily air quality. It reports how clean or polluted the air is, and what associated health effects might be a concern. The AQI focuses on health effects that may be experienced within a few hours or days after breathing polluted air.]~~
- ~~2. Control Officer. Control Officer means the District Health Officer of the Washoe County Health District or the person designated by said District Health Officer to enforce these local air pollution control ordinances and regulations as approved by said District Board of Health created pursuant to the interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada. (As noted also in Section 010.042)~~
- ~~3. District Health Officer. The District Health Officer is the person appointed by the District Board of Health of the Washoe County Health District to administer activities of the District Health Department of said Health District in all matters directly or indirectly affecting public health, pursuant to the authority of state and local health laws, ordinances, and regulations. (As noted also in Section 010.048)~~
- ~~4. PM2.5. PM2.5 means particles with an aerodynamic diameter less than or equal to a nominal 2.5 micrometers.~~
- ~~5. PM10. PM10 means particles with an aerodynamic diameter less than or equal to a nominal 10 micrometers.~~
- ~~6. Solid Fuel Burning Device. Solid fuel burning device means a device that burns wood, or any other nongaseous or non-liquid fuels, and includes any device burning any solid fuel used for aesthetic or space heating purposes including but not limited to a fireplace, wood stove, or pellet stove.]~~

None

SECTION C – STANDARDS

1. ~~[Whenever the concentrations of an air contaminant]~~ *An emergency episode stage will be declared after prompt acquisition of forecasts of atmospheric stagnation conditions*

and updates of such forecasts by the National Weather Service and ambient air monitoring networks:

- a. whenever the concentrations of a criteria air pollutant at an a state or local air monitoring station (SLAMS) or a special purpose monitor (SPM) operated in accordance with 40 CFR 58 Appendix D or 40 CFR 58.20, respectively and under the jurisdiction of the Washoe County Health District Health Department:
- (1) reach or are predicted to reach the levels specified in Table 1 of this section; and
 - (2) are expected to persist at or above the levels specified in Table 1 of this section;

The Control Officer shall declare that an emergency episode stage exists and take the actions specified in Sections C.2 and D of this regulation.

TABLE 1
EMERGENCY EPISODE
CRITERIA STAGE LEVELS:

<u>Pollutant</u>	<u>Averaging Time</u>	<u>Stage 1 (Alert)</u>	<u>Stage 2 (Warning)</u>	<u>Stage 3 (Emergency)</u>
<u>Carbon Monoxide</u>	<u>8 Hour</u>	<u>9.4 ppm</u>	<u>15.4 ppm</u>	<u>30.4 ppm</u>
<u>Particulates (PM10)</u>	<u>24 Hour</u>	<u>154 ug/m3</u>	<u>354 ug/m3</u>	<u>424 ug/m3</u>
<u>Particulates (PM2.5)</u>	<u>24 Hour</u>	<u>65.4 ug/m3 (AQI-150)</u>	<u>150.4 ug/m3</u>	<u>250.4 ug/m3</u>
<u>Ozone</u>	<u>8 Hour</u>	<u>0.084 ppm</u>	<u>0.124 ppm</u>	<u>0.404 ppm</u>

* Stage 1 (Alert), Stage 2 (Warning), and Stage 3 (Emergency) episode criteria levels are associated with an AQI of 100, 200, and 300 respectively, unless otherwise noted.

<i>Air Pollutant</i>	<i>Averaging Time</i>	<i>Stage 1</i>	<i>Stage 2</i>	<i>Stage 3</i>	<i>Stage 4</i>
<i>Particulates (PM_{2.5})</i>	<i>24 Hour</i>	<i>35.4 µg/m³</i>	<i>55.4 µg/m³</i>	<i>150.4 µg/m³</i>	<i>250.4 µg/m³</i>
<i>Particulates (PM₁₀)</i>	<i>24 Hour</i>	<i>154 µg/m³</i>	<i>254 µg/m³</i>	<i>354 µg/m³</i>	<i>424 µg/m³</i>
<i>Ozone (O₃)</i>	<i>8 Hour</i>	<i>0.070 ppm</i>	<i>0.085 ppm</i>	<i>0.105 ppm</i>	<i>0.2 ppm</i>
<i>Carbon Monoxide (CO)</i>	<i>8 Hour</i>	<i>9.4 ppm</i>	<i>12.4 ppm</i>	<i>15.4 ppm</i>	<i>30.4 ppm</i>
<i>Sulfur Dioxide (SO₂)</i>	<i>1 Hour</i>	<i>75 ppb</i>	<i>185 ppb</i>	<i>304 ppb</i>	<i>n/a</i>
<i>Nitrogen Dioxide (NO₂)</i>	<i>1 Hour</i>	<i>100 ppb</i>	<i>360 ppb</i>	<i>649 ppb</i>	<i>1249 ppb</i>

2. The Control Officer and the appropriate law enforcement and public health officials shall issue a public health notification and take the following control actions based upon

declaration of the following stages:

a. Stage 1:

~~(1) [A health warning for sensitive persons shall be included in all notifications given pursuant to Section D.1 of this regulation.]~~

~~(2) All open and prescribed burning must be terminated.~~

~~(3) The use of permitted incinerators shall be terminated. Crematoriums or pathological incinerators may continue to operate if the Control Officer determines that cessation of operation will cause a greater health hazard.~~

~~(4) A request shall be made to the public to curtail any unnecessary motor vehicle operations.]~~

~~(5) —~~

(1) Whenever the measurements of PM2.5, PM10, or carbon monoxide reach, or are predicted to reach a Stage 1 ~~[levels]~~ *level* and adverse meteorological conditions are ~~[predicted]~~ *expected* to persist.; ~~[operation of any solid fuel burning device shall be suspended unless it can be demonstrated, in accordance with the procedures established by the Control Officer.]~~

i. Operation of any wood-burning device shall be curtailed unless it can be demonstrated, in accordance with procedures established by the Control Officer, that such fuels supply the only heat available within the dwelling unit.

ii. Open Burning and Prescribed Burning as defined in Sections 040.035 and 040.037, respectively, of these Regulations shall be curtailed.

~~[that such fuels supply the only heat available to the person burning it. The suspension shall remain in effect until all episode stages have been terminated.]~~

~~(6) [Sources subject to Section E.1 of this regulation must commence curtailment of operations as per their submitted and approved plans.]~~

b. Stage 2: ~~[All of the control]~~ *Control* measures specified in Section C.2.a of this ~~[regulation]~~ *rule* ~~[shall]~~ *may* be implemented under a Stage 2 episode. *The Control Officer may also:*

~~(1) [The public notification shall be updated to reflect the more severe conditions.]~~

~~(2) For ozone episodes — programs which involve physical exertion by persons using public parks or public recreational facilities shall be suspended. All commercial and industrial activities such as dry cleaning, spray painting and degreasing that emit reactive organic~~

~~compounds shall be notified to cease operations. Such activities as roofing, asphalt paving and surface coating where the use of large quantities of volatile organic material is involved shall also be prohibited.~~

~~(3) For carbon monoxide episodes — if the occurrence of this stage is determined to have been due to traffic congestion in that area, take measures to reduce the traffic congestion in that area.~~

~~(4) For PM10 episodes — dust emitting construction and agricultural activities such as grading, leveling, plowing and digging shall be prohibited.~~

~~(5) A request shall be made to the general public to avoid the area of the episode.~~

(1) *Curtail all commercial solid fuel burning.*

(2) *Curtail all incinerator and crematorium operations.*

c. Stage 3: ~~[In addition to the control]~~ *Control* measures specified in Sections C.2.a and C.2.b of this ~~[regulation]~~ *rule*, ~~[the appropriate law enforcement and civil defense agencies]~~ may be ~~[requested to:]~~

~~(1) [Close all public, commercial and industrial establishments which are not immediately necessary for public health and safety and are within the affected area;~~

~~(2) Close principal streets within the affected area to the general public;~~

~~(3) Require emergency carpooling or use of mass transit by the public; and~~

~~(4) Setup and implement evacuation procedures if deemed necessary.]~~

(1) *Issue a shelter-in-place or evacuation order.*

(2) *Curtail operations of specific public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.*

d. Stage 4: *Control* measures specified in Sections C.2.a., C.2.b., and C.2.c. of this rule may be implemented under a Stage 4 episode. The Control Officer may also:

(1) *Curtail all public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.*

3. The Control Officer shall declare an episode stage terminated when the *criteria air pollutant* ~~[concentration]~~ *concentration(s)* ~~[of contaminant falls]~~ *fall* below the ~~[criteria level shown]~~ *emergency episode stage levels indicated* in Section C.1 of this ~~[regulation and/or when meteorological data indicate that the contaminant concentration~~

~~will decrease to below the criteria level.] rule.~~

SECTION D – ADMINISTRATIVE REQUIREMENTS

1. Notification of an episode stage. When an episode stage is declared, the Control Officer shall notify:
 - a. The news media and shall request that they publish or broadcast all appropriate ~~[warnings, notices and advisories]~~ **public health notifications**;
 - b. The Washoe County Manager and the managers of the cities of Reno and Sparks;
 - c. **The managers and operators of ~~[all stationary sources subject to Section E.1 of this regulation]~~ public, commercial, and industrial establishment which are not deemed necessary by the Control Officer for public health and safety that may be subject to curtailment of operations;** and
 - d. Other agencies which, in the opinion of the Control Officer, should be notified.
2. Notification **Information. Notification** of an **emergency** episode stage shall include information as to which stage has been ~~[predicted]~~ **forecasted** or reached, the expected duration of the episode, the geographic boundaries of the affected area, the specific **criteria** air ~~[contaminant]~~ **pollutant(s)** for which the stage has been declared, a statement of the public health significance of the episode stage, and the appropriate voluntary or mandatory control measures to be taken, as described in Section C.2 of this ~~[regulation]~~ **rule**.
- ~~3. ~~[If an episode Stage 2 or 3 is declared, the Control Officer may request that the Director of the Division of Emergency Management for Washoe County coordinate all emergency control measures.]~~~~
3. Episode Termination. Upon declaration of termination of an episode stage, the Control Officer shall notify those persons and offices specified in Section D.1 of this ~~[regulation]~~ **rule**. The notice shall also advise which **public, commercial, and industrial establishments and** curtailed activities may resume, and which **operations and/or** activities must remain curtailed, as specified in Section C.2 of this ~~[regulation]~~ **rule**.

SECTION E – COMPLIANCE AND RECORDS

- ~~1. ~~[Control Plan for Emission Curtailment. The owner or operator of any stationary or mobile source with the potential to emit fifty (50) tons or more per year of an air contaminant shall, upon request of the Control Officer, prepare and submit a plan for reducing or eliminating such emission in accordance with the episode stages of Alert, Warning and Emergency as defined in these regulations.]~~~~
1. **Upon declaration of any emergency episode stages listed in Section C.2. of this rule in which the Control Officer requires the curtailment of activities or of public, commercial, or industrial establishments, an inspection of curtailed sources until Episode Termination detailed in Section D.3. of this rule shall be conducted.**
2. **All records, public health notifications, and supporting documentation deemed**

necessary in the determination, justification, declaration, and termination of all emergency episodes shall be retained by the Control Officer.

REVISED DRAFT
May 5, 2021

050.001 EMERGENCY EPISODE PLAN (Adopted 03/23/2006; Revised 07/22/2021)

SECTION A – GENERAL:

1. PURPOSE: The purpose of this rule is to:
 - a. Advise the residents of Washoe County of air pollution levels which may be harmful to their health; and
 - b. Initiate corrective control measures to prevent elevated concentrations of criteria air pollutants to levels which would cause harm to the population within Washoe County.
2. APPLICABILITY: The provisions of this rule shall apply to identified geographies within Washoe County.

SECTION B – DEFINITIONS: For the purpose of this rule, the following definitions shall apply.

None

SECTION C – STANDARDS: The following standards shall apply:

1. An emergency episode stage will be declared after prompt acquisition of forecasts of atmospheric stagnation conditions and updates of such forecasts by the National Weather Service and ambient air monitoring networks:
 - a. whenever the concentrations of a criteria air pollutant at a state or local air monitoring station (SLAMS) or a special purpose monitor (SPM) operated in accordance with 40 CFR 58 Appendix D or 40 CFR 58.20, respectively and under the jurisdiction of the Washoe County Health District:
 - (1) reach or are predicted to reach the levels specified in **Table 1** of this section; or
 - (2) are expected to persist at or above the levels specified in **Table 1** of this section;

**TABLE 1
EMERGENCY EPISODE
STAGE LEVELS**

Air Pollutant	Averaging Time	Stage 1	Stage 2	Stage 3	Stage 4
Particulates (PM _{2.5})	24 Hour	35.4 µg/m ³	55.4 µg/m ³	150.4 µg/m ³	250.4 µg/m ³
Particulates (PM ₁₀)	24 Hour	154 µg/m ³	254 µg/m ³	354 µg/m ³	424 µg/m ³
Ozone (O ₃)	8 Hour	0.070 ppm	0.085 ppm	0.105 ppm	0.2 ppm
Carbon Monoxide (CO)	8 Hour	9.4 ppm	12.4 ppm	15.4 ppm	30.4 ppm
Sulfur Dioxide (SO ₂)	1 Hour	75 ppb	185 ppb	304 ppb	n/a
Nitrogen Dioxide (NO ₂)	1 Hour	100 ppb	360 ppb	649 ppb	1249 ppb

2. The Control Officer shall issue a public health notification and take the following actions based upon declaration of the following stages:
 - a. Stage 1:
 - (1) Whenever the concentrations of PM2.5, PM10, or carbon monoxide reach, or are predicted to reach a Stage 1 level and adverse meteorological conditions are expected to persist:
 - i. Operation of any wood-burning device shall be curtailed unless it can be demonstrated, in accordance with procedures established by the Control Officer, that such fuels supply the only heat available within the dwelling unit.
 - ii. Open Burning and Prescribed Burning as defined in Sections 040.035 and 040.037, respectively, of these Regulations shall be curtailed.
 - b. Stage 2: Control measures specified in **Section C.2.a.** of this rule may be implemented under a Stage 2 episode. The Control Officer may also:
 - (1) Curtail all commercial solid fuel burning.
 - (2) Curtail all incinerator and crematorium operations.
 - c. Stage 3: Control measures specified in **Sections C.2.a. and C.2.b.** of this rule may be implemented under a Stage 3 episode. The Control Officer may also:
 - (1) Issue a shelter-in-place or evacuation order.
 - (2) Curtail operations of specific public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.
 - ci. Stage 4: Control measures specified in **Sections C.2.a., C.2.b., and C.2.c.** of this rule may be implemented under a Stage 4 episode. The Control Officer may also:
 - (1) Curtail all public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety and are contributing to the declared emergency episode.
3. The Control Officer shall declare an episode stage terminated when the criteria air pollutant concentration(s) fall or are expected to fall below the emergency episode stage levels indicated in **Section C.1** of this rule.

SECTION D – ADMINISTRATIVE REQUIREMENTS:

1. Notification of an episode stage. When an emergency episode stage is declared, the Control Officer shall notify:
 - a. The news media and shall request that they publish or broadcast all appropriate public health notifications;
 - b. The Washoe County Manager and the managers of the cities of Reno and Sparks;

- c. The managers and operators of public, commercial, and industrial establishments which are not deemed necessary by the Control Officer for public health and safety that may be subject to curtailment of operations; and
 - d. Other agencies which, in the opinion of the Control Officer, should be notified.
2. Notification Information. Notification of an emergency episode stage shall include information as to which stage has been forecasted or reached, the expected duration of the episode, the geographic boundaries of the affected area, the specific criteria air pollutant(s) for which the stage has been declared, a statement of the public health significance of the episode stage, and the appropriate voluntary or mandatory control measures to be taken, as described in **Section C.2.** of this rule.
3. Episode Termination. Upon declaration of termination of an episode stage, the Control Officer shall notify those persons and offices specified in **Section D.1.** of this rule. The notice shall also advise which public, commercial, and industrial establishments and curtailed activities may resume, and which operations and/or activities must remain curtailed, as specified in **Section C.2.** of this rule.

SECTION E – COMPLIANCE AND RECORDS:

1. Upon declaration of any emergency episode stages listed in **Section C.2.** of this rule in which the Control Officer requires the curtailment of activities or of public, commercial, or industrial establishments, an inspection of curtailed sources until Episode Termination detailed in **Section D.3.** of this rule shall be conducted.
2. All records, public health notifications, and supporting documentation deemed necessary in the determination, justification, declaration, and termination of all emergency episodes shall be retained by the Control Officer.

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 9, 2021
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: Recommendation and possible adoption of the July 22, 2020, Washoe County Public Records Request Policy.

SUMMARY

Staff proposes that the Board adopt a Public Records Request Policy to establish a process for responding to public records request made to the Washoe County Health District (WCHD).

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The WCHD has historically conformed with the Washoe County Public Record Request Policy and processes. However, the DBOH has not adopted a Public Records Request Policy.

BACKGROUND

The 2019 Nevada Legislature made various changes to the Public Records Law by passing SB287. On July 21, 2020, the Washoe County Commission adopted the newest version of its public records policy for Washoe County agencies and departments which is attached. The framework of the policy was based on changes to the Nevada public records law enacted in the 2019 legislative session.

The WCHD does not currently have a policy in place regarding public records. By adopting a public records request policy the DBOH can provide policy direction regarding how public records requests are to be handled by the Health District to comply with the law.

Adopting the Washoe County Public Records Request Policy for the WCHD will allow the Health District to follow the same processes for responding to public records requests as do Washoe County agencies and departments in conformance with Nevada Public Records Law.

FISCAL IMPACT

There is no fiscal impact associated with these changes.

Subject: Public Records Request Policy

Date: July 22, 2021

Page 2 of 2

RECOMMENDATION

Staff recommends that the DBOH adopt the Washoe County July 22, 2021 Public Records Request Policy for use by the WCHD.

POSSIBLE MOTION

Move to adopt the Washoe County July 22, 2021 Public Records Request Policy for use by the WCHD.



PUBLIC RECORDS REQUEST POLICY

1. Purpose

This Washoe County public-records-request policy is intended to establish a process for responding to public records requests that are made to Washoe County governmental agencies.

2. Records Official

Each agency must appoint a person (a “records official”) to oversee the agency’s response to public records requests. An agency shall immediately forward to its records official or the official’s designee all public records requests that the agency receives. On receiving the public records request, the records official or designee shall determine the timeline required to promptly respond to the request and the response’s content. In handling the records request, the records official shall follow the procedure in this policy’s section 4.

3. What is a Public Record?

Under Nevada law, a governmental entity’s books and records are considered public, unless declared by law to be confidential. A governmental entity’s books and records include information and other documents created or accumulated in the course of conducting public business that document the activities and business of public employees.

A public record is generally a documentary “record” and not simply a request for information. If a record does not already exist, there is generally no duty to create a record in response to a public records request. But when an agency has a computer program that can readily compile the requested information, the agency is not excused from its duty to produce and disclose that information.

A record is not available to the public if it is declared by law to be confidential. A record may also be confidential if it is privileged or if a common-law balancing-of-the-interests test shows that the public interest in disclosure is outweighed by other interests such as privacy, the ability of the agency to perform its function, or other substantial concerns. However, there is a strong presumption in favor of disclosure, so exemption, exception, or balancing tests must be narrowly construed.





PUBLIC RECORDS REQUEST POLICY

4. Procedures

a. All requests for public records should be immediately forwarded to the agency's records official or the official's designee who shall ensure that the request is logged in the agency's records request log.

i. The records official or designee shall acknowledge receipt of the request in writing to the requester. If the requestor submits the request by e-mail, this acknowledgement also may be sent by e-mail.

ii. The records official or designee shall forward the request to the employee who may best be able to respond or where the records are maintained.

b. The records official shall ensure that, within five business days from the date the agency receives the request, one of the following occurs:

i. the requester inspects the record or receives copies of the record, as requested;

ii. if the agency does not have legal custody of the record, written notice of that fact and the name and address of the governmental entity that has legal custody of the record, if known, is provided to the requester;

iii. if the record has been destroyed under the agency's records-retention schedule, written notice of that fact is provided to the requester;

iv. if the agency cannot provide the record by the end of the fifth business day after the request is received, written notice of that fact and a date and time on which the record will be available for the person to inspect or copy is provided to the requester; or

v. if, when acknowledging receipt of the records request under this policy's section 4(a)(i), the records official knows that the agency cannot provide the record within five business days of receiving the request, the acknowledgement shall so state and provide the date and time on which the records will be available for the requestor's copying or inspection.





PUBLIC RECORDS REQUEST POLICY

c. Throughout the process set forth in section 4(b), a reasonable effort should be made to assist the requester to focus the request in such a manner as to maximize the likelihood the requester will be able to inspect, copy or receive a copy of the public book or record as expeditiously as possible.

5. Fees

An agency may charge a fee for providing a copy of a public record. However, the fee is limited as described herein and must not exceed the actual cost to the agency to provide the copy of the public record unless a specific statute or regulation sets a fee that the governmental entity must charge for the copy. An agency shall not charge a fee for providing a copy of a public record if a specific statute or regulation requires the governmental entity to provide the copy without charge. An agency may waive all or a portion of a charge or fee for a copy of a public record.

“Actual cost” means the direct cost incurred by the agency in providing the public record, including without limitation, the cost of ink, toner, paper, media, and postage. The term does not include a cost that a governmental entity incurs regardless of whether or not a person requests a copy of a particular public record.

An agency shall prepare and maintain a list of the fees that it charges at each office in which the agency provides copies of public records. An agency shall post, in a conspicuous place at each office in which the governmental entity provides copies of public records, a legible sign or notice which states:

- (a) The fee that the governmental entity charges to provide a copy of a public record; or
- (b) The location at which a list of each fee that the governmental entity charges to provide a copy of a public record may be obtained.

An agency may budget the agency’s projected-annual costs for receiving, reviewing, and responding to public records requests. Regardless of the costs an agency includes in determining its public-records-request costs for budget purposes, the agency shall not charge a requestor more than the actual cost of responding to a request, unless otherwise provided by law.

Postage:

The requestor is responsible for estimated postage.





PUBLIC RECORDS REQUEST POLICY

Payment:

Payment may be made by check or money order made out to the agency. A department may also accept payment by cash or credit card if those means are readily available and deemed acceptable by the department.

Court reporter transcripts:

In addition to the actual cost of the medium in which the copy of the transcript is provided, the fee charged for a copy of each page of a court reporter transcript is the fee per page set forth in the contract between the governmental entity and the court reporter.

6. Penalties

In addition to any relief awarded pursuant to NRS 239.011, if a court determines that a governmental entity willfully failed to comply with the provisions of this chapter concerning a request to inspect, copy or receive a copy of a public book or record, the court must impose on the governmental entity a civil penalty of: (a) For a first violation within a 10-year period, \$1,000. (b) For a second violation within a 10-year period, \$5,000. (c) For a third or subsequent violation within a 10-year period, \$10,000.

7. General Policies for Processing Public Records Requests

- a. All public records, unless declared by law to be confidential, must be open at all times during office hours to inspection by any person, and may be copied.
- b. Original public records must not be removed from the agency during inspection by members of the public and must be monitored by an employee while any review is being conducted.
- c. An agency shall make reasonable efforts to assist the requestor to focus the request in such a manner as to maximize the likelihood the requester will be able to promptly receive a copy of the information being requested.
- d. Confidential records of federal, state, and local governments shared with the agency **MUST NOT** be disclosed without prior written authorization from that government agency. Further, mere possession of records or information may not mean that the agency has legal custody or control over those records.





PUBLIC RECORDS REQUEST POLICY

e. If a record contains information deemed confidential, a request to inspect or copy the record cannot be denied if the confidential information can be redacted, deleted, concealed or separated from the record so the remainder of the record can be inspected or copied.

f. If an agency denies a request because the public book or record, or part thereof, is confidential, the agency shall provide notice of that fact and a citation to the specific statute or other legal authority that makes the public book or record, or a part thereof, confidential.

g. Public records must be provided in any medium in which they are readily available. The records official or the official's designee shall not refuse to provide a copy of the record in a readily available medium because the official or designee has already prepared or would prefer to provide the copy in a different medium.

h. If requested, an agency shall provide a copy of a public record in an electronic format by means of an electronic medium. But nothing requires an agency to provide a copy of a public record if an electronic format or by means of an electronic medium if:

- (i) the public record was not created or prepared in an electronic medium; and is not available in an electronic format; or
- (ii) providing the public record in an electronic format or by means of an electronic medium would give access to proprietary software or would require the production of information that is confidential and that cannot be redacted, deleted, concealed or separated from information that is not otherwise confidential.

i. Electronic databases that contain the electronic mail addresses or telephone numbers of individuals that have provided the addresses or numbers for the purpose of or in the course of communicating with the agency are confidential and may not be disclosed in its entirety as a single unit unless in response to an order issued by a court. However, individual telephone numbers or electronic mail addresses of a person are not confidential and may be disclosed individually.

j. Public Records Requests must be responded to no later than the end of the fifth business day after the date on which the request is received by the agency. The response may include an estimate of the time it will require to provide access or a copy.





PUBLIC RECORDS REQUEST POLICY

k. Public records requests may be written or verbal.

l. If the person responding in the agency where the records are maintained or who is responsible for the subject matter of the request has questions concerning inspection or reproduction of a requested document, he or she should consult the records official and/or his or her designee. Likewise, if the records official and/or his or her designee have questions concerning inspection or reproduction of a requested document, he or she should consult the chief or his or her designee in the agency where the records are maintained or which is responsible for the subject matter of the request.

m. In appropriate situations, the agency's assigned deputy district attorney should be consulted for determining whether:

i. the item requested is a public record, available for review and reproduction;

ii. the item requested is a public record which some special legal considerations might dictate should not be made available for inspection and reproduction; and

iii. if a legal balancing test is to be performed, the requestor should be informed and then notified as soon as a decision has been made. Balancing tests should be performed without delay.

n. Copyrighted materials may be duplicated—without risk of infringement—when reproduction is for the specific purpose of: "criticism, comment, news reporting, teaching, scholarship, or research.". When the records official or designee is aware that some other use is intended, consultation with the District Attorney's Office

may be necessary to insure there is no infringement by reproduction of copyrighted material.

o. The number of hours spent on a matter is generally not confidential information.





PUBLIC RECORDS REQUEST POLICY

8. Definitions

“Record of a local governmental entity” or “record” means information that is created or received pursuant to a law or ordinance, or in connection with the transaction of the official business of any office or department of a local governmental entity, including, without limitation, all documents, papers, letters, bound ledger volumes, maps, charts, blueprints, drawings, photographs, films, newspapers received pursuant to NRS 247.070, recorded media, financial statements, statistical tabulations and other documentary materials or information, regardless of physical form or characteristic.

“Non-record materials” means published materials printed by a governmental printer, worksheets, unused blank forms except ballots, brochures, newsletters, magazines, catalogs, price lists, drafts, convenience copies, ad hoc reports, reference materials not relating to a specific project and any other documentation that does not serve as the record of an official action of a local governmental entity.

“Agency” means as agency, board, commission bureau, council, department, division, authority or other unit of Washoe County.



DD_LL____
DHO _____ KD

Staff Report
Board Meeting Date: July 22, 2021

DATE: July 1, 2021
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
775-328-6159, llotritz@washoecounty.us
SUBJECT: Recommendation to Approve the delay of Community and Clinical Health Services (CCHS) scheduled fee revision analysis until September 2022, and possible adoption of the new fees to January 2024.

SUMMARY

The Washoe County District Board of Health must approve changes to the adopted fee schedule.

Community and Clinical Health Services (CCHS) is requesting approval to delay the scheduled fee revision analysis until September 2022.

District Board of Health strategic priority:

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

On October 22, 2015, the Board approved revisions to the fee schedule for the CCHS Division and authorized yearly increases using the Consumer Price Index for the Western Region.

BACKGROUND

CCHS last conducted a fee revision analysis in 2015 and was scheduled to conduct an analysis in 2021. Due to CCHS's engagement in the COVID-19 Pandemic Response this analysis was delayed. When conducting a fee revision analysis, staff are required to complete time studies over the course of a year. Due to the ongoing impact of COVID-19 Pandemic Response, staff assignments and activities are not currently representative of normal operations. CCHS is requesting to delay in the commencement of the fee revision analysis until September 2022. The new fee schedule will be adopted January 1, 2024.

Date: July 22, 2021

Subject: Approve the Delay of CCHS Scheduled Fee Revision Analysis

Page: 2 of 2

FISCAL IMPACT

Should the Board approve the delay of the fee revision analysis, there is no impact to the adopted FY22 budget. CCHS fees will increase on January 1, 2022 and January 1, 2023, utilizing the Consumer Price Index for the Western Region

RECOMMENDATION

Recommendation to Approve the delay of Community and Clinical Health Services scheduled fee revision analysis until September 2022, and possible adoption of the new fees to January 2024. New fee schedule to be adopted January 2024.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the delay of the CCHS fee revision analysis until September 2022, and possible adoption of the new fees to January 2024.

STAFF REPORT
Board Meeting Date: July 22, 2021

DATE: July 8, 2021
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: Presentation, discussion and possible adoption of revised Bylaws, and Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board.

SUMMARY

Staff has drafted revised language for the governing principles for District Board of Health (DBOH) meetings, as an update to the existing Bylaws and Rules, Policies and Procedures.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

District Board of Health Rules, Policies and Procedures were adopted November 17, 1993, and revised in 1995, 1998, 2000 and 2016. Click the following link to access the document:

[Washoe County District Board of Health RPPs](#)

District Board of Health Bylaws, Rules and Regulations (Bylaws) were adopted February 28, 1990, and revised in 1998, 2003, 2006, and 2016. Click the following link to access the document:

[BYLAWS \(washoecounty.us\)](#)

BACKGROUND

The Policies and Bylaws documents that guide the DBOH were last updated in 2016; however, changes are proposed based on concerns that DBOH members have expressed regarding attendance of DBOH meetings.

Staff reviewed documentation developed to guide other governing boards and developed the proposed compilation of Rules, Policies and Procedures (RPPs) for the Board's consideration.

Subject: Bylaws and RPPs
Date: July 22, 2021
Page 2 of 2

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

Staff recommends adoption of revised Bylaws and Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board.

POSSIBLE MOTION

Move to adopt the revised Bylaws and Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board.

BYLAWS
OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH

ARTICLE I

NAME

The name of this organization shall be the Washoe County District Board of Health, hereinafter referred to as “District Board of Health”.

ARTICLE II

OBJECT

The object of the District Board of Health shall be set forth under Chapter 439 of the *Nevada Revised Statutes* and the *Interlocal Agreement Concerning The Washoe County Health District*.

- 21 The District Board of Health shall protect and promote the public health and the environment within the health district through the abatement of nuisances, the regulation of sanitation and sanitary practices; the sanitary protection of water and food supplies, and the suppression and control of contagious or infectious diseases.
- 22 The District Board of Health shall be responsible for assessment, monitoring, and surveillance of health district’s health problems and needs of resources for dealing with them.
- 23 The District Board of Health shall be responsible for policy development and leadership that foster local involvement and a sense of ownership, that emphasize health district needs, and that advocate equitable distribution of public resources and complementary private activities commensurate with health district needs.
- 24 The District Board of Health shall be responsible for assurance that high quality services needed for the protection of public health within the health district are available and accessible to all persons.

ARTICLE III

MEMBERS

The members of the District Board of Health shall be set forth under Chapter 439 of the *Nevada Revised Statutes* and the *Interlocal Agreement Concerning The Washoe County Health District*.

- 3.1 The District Board of Health shall consist of two members from each county, city or town which participated in establishing the health district, to be appointed by the governing body of the county, city or town in which they reside, together with one additional member to be chosen by the members so

appointed. Washoe County Board of County Commissioners, Reno City Council and Sparks City Council shall each appoint two members of the District Board of Health, only one of who shall be an elected member of the governing body.

- 32 The additional member of the District Board of Health shall be a physician licensed to practice medicine in Nevada.
- 33 If the members of the District Board of Health appointed by Reno, Sparks and Washoe County fail to choose the additional member within 30 days after the term of the additional member becomes vacant or expires, that member may be appointed by the State Chief Medical Officer.
- 34 Members of the District Board of Health shall serve four-year terms. Each member may be re-appointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his/her successor is appointed and qualifies. When a person appointed to the District Board of Health as a member of the governing body of Reno, Sparks or Washoe County no longer qualifies as a member of that governing body, his/her term of office on the District Board of Health expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in Section 3.1.

ARTICLE IV OFFICERS

- 4.1 Titles. The officers of the Board shall be:
- a. Chair, who shall preside at all meetings, maintain order, call special meetings as they are needed, appoint committees, and generally represent the Board.
 - b. Vice Chair, who will perform all of the Chair's functions in the absence of the Chair.
 - c. The District Health Officer shall be the chief executive officer of the Health District and Secretary (non-voting), to the District Board of Health who shall maintain the Board records. The District Health Officer shall be appointed by the Board in accordance with NRS 439.400 (2) and the Interlocal Agreement establishing the Health District.
- 4.2 Election of Officers.
- a. During even-numbered years, the December Board meeting shall include on the agenda the election of officers.
 - b. The Chair and Vice Chair will take office at the meeting held the following January.
- 4.3 Terms of Office.
- a. Each officer of the Board shall be elected by the Board and shall serve for two years or until their successor is elected and takes office.

4.4 Board Member Attendance.

- a. Due to the important role of the District Board of Health as the public health authority for Washoe County, every effort should be made by each Board member to attend Board meetings in person or virtually
- b. In the event that a Board member is absent for more than 3 meetings during a 12-month period, an item will be placed on the next DBOH meeting agenda for discussion and possible action by the board to consider a request to the appointing body to replace the member due to lack of attendance.

ARTICLE V

MEETINGS

- 5.1 All meetings of the District Board of Health are subject to the provisions of the *Nevada Open Meeting Law*.
- 5.2
 - a. Regular meetings shall be scheduled at least once each month. Regular meetings will normally convene on the fourth Thursday of the month at 1:00 p.m., in the Board of Commission Chambers, or other properly noticed location identified by the Chair. In the months of November and December, the meetings will be scheduled on the third Thursday.
 - b. Should the regular meeting date fall on a holiday or conflict with a special event within the complex or at a neighboring facility, the meeting may be held on an alternate date and/or at an alternate meeting facility as determined by the Chair.
- 5.3 Special meetings may be called by the Chair or by other Board members and shall be called upon written notice. The purpose of the meeting shall be stated in the notice. Except in cases of an emergency, as defined in Chapter 241 of the Nevada Revised Statutes, at least three working days advance notice shall be provided to the public and the Board.
- 5.4 Four members of the District Board of Health shall constitute a quorum.

ARTICLE VI

COMMITTEES AND ADVISORY BOARDS

- 6.1 The following hearing and advisory boards shall act as advisors to the District Board of Health. The object of these hearing and advisory boards shall be as set forth in the Statutes, regulations, resolutions, or agreements authorizing their creation.
 - a. An Air Pollution Control Hearing Board in accordance with NRS 445B.275.
 - b. A Sewage, Wastewater and Sanitation Hearing and Advisory Board, In accordance with Regulations Governing Sewage, Wastewater, and Sanitation Section 170.
 - c. A Food Protection Hearing and Advisory Board, In accordance with Regulations Governing Food Establishments 190.600.

- d. An Emergency Medical Services Advisory Board in accordance with the 2014 Interlocal Agreement for Emergency Medical Services Oversight.
- e. Such other committees, standing or special, as deemed necessary by the District Board of Health to carry on its work shall be appointed in a duly noticed public meeting.

62 The Chair shall be ex-officio member of all committees.

63 All committee meetings shall be noticed and conducted in accordance with the *Nevada Open Meeting Law*.

ARTICLE VII

RECORDS AND DOCUMENTS

7.1 Minutes and Audio/Video Recordings.

- a. All approved minutes, including items presented at the meetings as part of public record pertaining to the work of the Board shall be kept in safe, orderly files maintained under the supervision of the District Health Officer. Said records shall be accessible to the members of the Board and to the public as required by Nevada Revised Statutes and Washoe County’s Public Records Policies and Procedures.
- b. All audio and video recordings pertaining to the work of the Board shall be kept in a safe, orderly location maintained under the supervision of the District Health Officer. Said records shall be accessible to the members of the Board and to the public for one year and then may be destroyed pursuant to Nevada Revised Statutes.
- c. The District Health Officer shall provide a Recording Secretary for each meeting who shall be responsible for preparing a written record of the meeting. Said minutes will bear the name of and be executed by the Recording Secretary.
- d. Copies of unapproved minutes of the past regular meeting, or meetings, shall be furnished to the Board members in advance of a regular meeting.

ARTICLE VIII

AMENDMENT OF BYLAWS

These bylaws may be amended at any regular meeting of the District Board of Health by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting.

Effective, September 23, 1998

Amended February 26, 2003

Amended March 23, 2006

Amended July 28, 2016

Amended July 22, 2021

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 - d. An Emergency Medical Services Advisory Board in accordance with

the 2014 Interlocal Agreement for Emergency Medical Services Oversight.

- e. Such other committees, standing or special, as deemed necessary by the District Board of Health to carry on its work shall be appointed in a duly noticed public meeting.

6.2 The Chair shall be ex-officio member of all committees.

6.3 All committee meetings shall be noticed and conducted in accordance with the *Nevada Open Meeting Law*.

ARTICLE VII

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7.1 Minutes and Audio/Video Recordings.

- a. All approved minutes, including items presented at the meetings as part of public record pertaining to the work of the Board shall be kept in safe, orderly files maintained under the supervision of the District Health Officer. Said records shall be accessible to the members of the Board and to the public as required by Nevada Revised Statutes and Washoe County's Public Records Policies and Procedures.
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ARTICLE VIII

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Effective, September 23, 1998

Amended February 26, 2003

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Amended July 22, 2021

Washoe County District Board of Health
BYLAWS

ADOPTED July 28, ~~2016~~, 2021

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Washoe County District Board of Health
RULES, POLICIES AND PROCEDURES

Adopted July 22, 2021

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Article 1 DEFINITIONS AND GENERAL POLICIES

1.1 Definitions. The following words have the following meanings for purposes of these rules, policies and procedures:

- a. **District** means the Washoe County Health District or the department designated by the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County.
- b. **Interlocal Agreement** means the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County on August 26, 1986 and amended by the Amendment to the Interlocal Agreement Concerning the Washoe County District Health Department signed by Reno, Sparks and Washoe County and having an effective date of August 24, 1993.
- c. **District Health Officer** means the District Health Officer of the Health District, or his/her designee.
- d. **General Business matter** includes taking action on general business items and procedural matters such as election of officers, appointment of committees, ceremonial or administrative resolutions, and amendments to these rules.
- e. **Board Determines Rules, Policies and Procedures.** The Washoe District Board of Health, under State statute and by the Interlocal Agreement, has the responsibility for policy development and leadership that fosters local involvement and a sense of ownership, that emphasizes health district needs, and that advocates equitable distribution of public resources and complementary private activities commensurate with health district needs.

1.2 Duties and Responsibilities.

- a. POLICY
 - i Members of the Board shall keep themselves informed on health laws, policies, procedures and trends in public health, and ethics laws of Nevada.
 - ii The seven Board members shall represent the best interests of the citizens and visitors to Washoe County.
 - iii Board members shall endeavor to provide questions on agenda items to the managers or staff of the District prior to the meeting on which the agenda item is scheduled (24 hrs. when possible).
 - iv. Board members who are not officers shall serve as liaisons to Health District Divisions or Programs
 - 1. The Chair shall annually assign members who are not Board officers to serve as liaisons to divisions or programs.
 - 2. The member(s) shall meet with the division director(s) of the area they have been assigned to regularly (quarterly recommended) to be informed of the Division/Program activities, plans, and issues.
 - a. The District Health Officer will be present
 - b. The member will report back to the Board on Division/Program activities, plans, or issues as they deem appropriate

b. RULE

- i. Members shall be prompt and diligent in attendance.
 - a. Due to the important role of the District Board of Health as the public health authority for Washoe County, every effort should be made by each Board member to attend Board meetings in person or virtually.
 - b. If members are unable to attend a DBOH meeting they shall contact the Board Secretary to report their absence for the meeting by phone, or by email, as soon as they are aware they will not be able to attend.
 - c. Board members shall review the meeting packet materials before the meeting in order to be prepared and engaged during the meeting, and to make informed decisions.

1.3 Communications outside of public hearings or meetings.

- a. **POLICY. General:** Members should avoid ex parte communications (i.e., private communications outside a public meeting with interested parties not employed as Health District staff) and limit any communication to matters not coming for appeal before the Board.

b. RULE

- i. A Board member will disclose on the record any ex parte communication and any relevant information pertaining thereto on matters before the Board for decision.
- ii. Members shall not solicit, offer, or accept any offer for any business relationship or arrangement with any interested party. Any preexisting, ongoing or expected business relationship with any interested party must be disclosed and may be grounds for abstention under NRS Chapter 281A.

1.4 Ethical Principles for Board Conduct; Disclosures and Abstentions.

a. **POLICY**

- i. The Board is governed by Nevada's ethics laws, including NRS Chapter 281A

b. **RULE**

- i. **Potential Conflicts of Interest.** In connection with matters coming before the Board, NRS 281A.420 discusses three circumstances where disclosure and abstention may be required. These three circumstances include when a Member
 - has accepted a gift or loan,
 - has a significant pecuniary interest, or
 - would reasonably be affected by the Member's commitment in a private capacity to the interests of another person in connection with the matter.

In any of those circumstances, the Member should check current statutes and rulings of the Nevada Board on Ethics to determine what disclosures should be made and when abstention is warranted. If disclosure is required, it should be made before the matter is discussed by the Board, and at that time the Member must also discuss whether or not he/she is abstaining, and why. If abstaining, it is not necessary to leave the room during deliberation and vote, but the Member should leave his/her seat at the dais until after the vote.

If a Member has an ownership or pecuniary interest in an item being considered, the Member must abstain but may address the Board to discuss facts about the proceeding but must not ask, advocate or give any reasons for or against a vote.

Article 2 VOTING

2.1 Voting.

a. Unless otherwise provided by bylaws, code or statute, all matters and motions may be resolved by a majority of votes of those present at the meeting.

2.2 Motions to reconsider. A motion to reconsider any action taken by the Board may be made only during the meeting at which the action was taken or at the next regularly scheduled meeting. A motion to reconsider must be made by a Member who voted on the prevailing side of the motion being reconsidered, but a motion to reconsider may be seconded by any member of the Board. A previous motion failing by virtue of a tie vote may be reconsidered upon motion of any Member. If a motion for reconsideration relates to an item requiring legal notice, only the motion itself shall be debated and, if passed, reconsideration of the item continued to a future date to allow for the provision of legal notice.

Article 3 MEETINGS

3.1 Rules

- a. The Board is a public body and must comply with the laws of Nevada regarding public and open meetings, including NRS Chapter 241 (the “open meeting law”)
- b. All meetings of the Board will be held in accordance with the open meeting law.

3.2 Agenda

- a. Items scheduled on the regular Board agenda shall ordinarily be limited to those matters that have prior staff review and are in a form suitable for Board action. . The District Health Officer will list the matters according to the order of business and furnish a copy of the agenda with background materials prior to the Board meeting to each member of the Board, the District Attorney, and Division Directors. No item may be submitted to the Board, except through the District Health Officer.
- b. In establishing the agenda, the District Health Officer may vary the order of business set forth in Section d by grouping items involving related subject matter or the same personnel, regardless of whether the items are public hearings, action items or informational items.
- c. The draft agenda is not considered final until approved by the Chair.
- d. Order of Business. Regular meetings shall be conducted substantially in the following order:
 1. Roll Call and Determination of a Quorum
 2. Pledge of Allegiance
 3. Public Comment
 4. Approval of Agenda
 5. Recognitions
 6. Proclamations

7. Consent Items
 - a. To include approval of minutes of previous meeting(s).
8. Public Hearings
9. Business Items
10. Staff Reports and Program Updates
11. Board Comment
12. Public Comment
13. Adjournment

FOR POSSIBLE ACTION language will be added to Agenda headings and items to correctly indicate whether or not an item is an action.

3.3 Continued Items.

- a. The Board may vote to grant a continuance on an agenda item upon request of a Member, and, in addition, in the case of an Appeal, the Appellant. If the Board decides to continue an item, the Chair shall first ask if anyone in the audience wishes to testify on the matter even though it may be continued to another date, time and location certain.

3.4 General Expectations of Members During Meetings.

- a. Members shall treat each other and all persons at a meeting with respect before, during and after the meeting. The decorum rules stated below apply to Members as well as members of the public, and a Member may be removed by the Chair for disruptive conduct.

3.5 Meeting Decorum; Removal for Disruptive Conduct.

- a. Meetings of the District Board of Health are limited forums for the governmental purpose of making health policies and decisions for the community in accordance with its duties under state and local law. That governmental purpose is efficiently accomplished only when the process established by law is followed and all participants in a meeting conduct themselves within the limits established and with decorum, civic responsibility, and mutual respect.
- b. It is the intent of the Board to maintain the highest level of decorum. The Chair is authorized to take appropriate actions to maintain such decorum to include declaring recesses, admonishing speakers and other remedies set forth below.
- c. The viewpoint of any speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place, and manner of speech at the meeting. Remarks which are irrelevant, impertinent, unduly repetitious, or which contain personal attacks, implied or actual threats, fighting words, or profanity are not consistent with efficiently accomplishing the governmental purpose.
- d. The Chair may remove (with or without warning) any person who willfully makes the kind of remarks described above or engages in other disorderly conduct, if such remarks or conduct makes the orderly conduct of the meeting impractical.

3.6 Public Hearings or Individual Agenda Items.

- a. The following rules apply to persons speaking during public hearings or individual agenda items (as opposed to speaking during general public comment periods).
 - i. Public hearings and receiving public input during individual agenda items are part of a governmental process and, in order to efficiently pursue that process, persons addressing the Board during such items are to speak only to the topic being considered. Irrelevant or overly repetitions comments by the same person delays and disrupts the process.
 - ii. Speakers must sign and deliver to the Recording Secretary a “Request to Speak” form.
 - iii. The Chair shall determine the order of speakers.
 - iv. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes for appellant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.
 - v. The speaker will also be encouraged to limit his/her comments regarding the background of the topic. When speakers have exceeded the allotted time, the Chair will endeavor to remind them that they have gone past the recommended time limits and request they conclude their remarks. The Chair may rule the speaker out-of-order should the speaker not obey the Chair’s admonition.
 - vi. Alterations to the above time limits may be permitted by the Chair in the following circumstances.
 - a. All public testimony. The Chair may modify speaker time limits for all public testimony during any item and will announce the modification at the beginning of the agenda item, if possible, or as soon as is practicable during the agenda item. The modified time limits will remain in effect only for that specific agenda item.
 - b. Individual time limits for public speakers. The Chair may adjust individual speaker time limits to accommodate questions by Members
 - c. Appellants and amicus organizations. Appellants or his/her representative, or a person representing an amicus group (a group with special knowledge or interest in the agenda item who desires to testify as a friend of the Board) may notify Department staff 24 hours prior to the start of a noticed meeting at which action may be taken that a longer time is requested to make a presentation. When making the notification, an approximate amount of time needed to make the presentation must be provided. The department will notify the Chair, who has the discretion to grant, modify, or deny such a request at the beginning of the agenda item.
 - d. During individual presentations by appellants, or amicus organizations, the Chair may adjust the time limit to accommodate questions by Members or if the Chair believes that extra time is essential to a complete presentation of probative and non-repetitive information.

3.7 Procedures for Individual Agenda Items.

- a. General Principles. These rules are intended to promote consistency and efficiency, maximize public input, and afford the appropriate amount of due process in the conduct of meetings of the Board. These rules apply to all proceedings before the Board.
- b. Consent Agenda.
 - i. The consent agenda may be used for matters which need not be individually discussed and acted on and may be more efficiently handled on a block vote. Examples of items typically handled on the consent agenda are Air Quality Management cases that have not been appealed, budget amendments, interlocal agreements, contracts and acceptance of donations.
 - ii. Items which require a public hearing shall not be placed on the consent agenda.
 - iii. When announcing the Consent agenda, the Chair shall ask for and allow public comments on any item. Any Member may ask for removal of an item from the consent agenda and it shall be removed and handled as a general business item under Rule C(9)(c). Otherwise, consent agenda items may be voted on as a block.
- c. Motions.
 - i. Motions must be seconded before acceptance or debate. If a motion is not seconded, it is considered moot and the Chair may call for further discussion or a new motion. Unless otherwise directed by the Chair, motions may be made and voted upon by the board members present.
- d. Vote.
 - i. The Chair shall call for a vote.
 - ii. If a motion to approve an adjudicative matter does not receive the required number of affirmative votes, it is deemed denied.

Article 4 BOARD COMMENTS

- 4.1 Board comments will be limited to announcements or issue(s) for a future agenda.

Article 5 USES OF STAFF

- 5.1 Board members may request assistance of Department staff in research, responses to complaints, and other matters. The request must be made to the District Health Officer who will determine the appropriate level of assistance to be provided to meet the request. If the District Health Officer determines that the request will entail more than two hours of staff time and it is a request made by one Board member only, the request will have to be acted upon by the Board.

Article 6 MEMBERS

- 6.1 The physician member appointed by the Board shall be expected to serve as a Board liaison to the physicians of Washoe County and the Washoe County Medical Society.

Article 7 AMENDMENT OF RULES, POLICIES AND PROCEDURES

- 7.1 Amendments. The Rules, Policies and Procedures may be amended or added to by majority vote of the Members present. The proposed amendment or addition shall be placed as an action item on a Board meeting agenda, and would become effective at the next Board meeting upon a majority affirmative vote of the full Board.

Adoption:

PROPOSED

Washoe County District Board of Health
 RULES, POLICIES AND PROCEDURES

Adopted ~~August 25, 2016~~ July 22, 2021

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Article 1 DEFINITIONS AND GENERAL POLICIES

- 1.1 Definitions. The following words have the following meanings for purposes of these rules, policies and procedures:
- a. **District** means the Washoe County Health District or the department designated by the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County.
 - b. **Interlocal Agreement** means the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County on August 26, 1986 and amended by the Amendment to the Interlocal Agreement Concerning the Washoe County District Health Department signed by Reno, Sparks and Washoe County and having an effective date of August 24, 1993.
 - c. **District Health Officer** means the District Health Officer of the Health District, or his/her designee.
 - d. **General Business matter** includes taking action on general business items and procedural matters such as election of officers, appointment of committees, ceremonial or administrative resolutions, and amendments to these rules.
 - e. **Board Determines Rules, Policies and Procedures.** The Washoe District Board of Health, under State statute and by the Interlocal Agreement, has the responsibility for policy development and leadership that fosters local involvement and a sense of ownership, that emphasizes health district needs, and that advocates equitable distribution of public resources and complementary private activities commensurate with health district needs.
- 1.2 Duties and Responsibilities.
- a. POLICY
 - i Members of the Board shall keep themselves informed on health laws, policies, procedures and trends in public health, and ethics laws of Nevada.
 - ii The seven Board members shall represent the best interests of the citizens of and visitors to Washoe County.
 - iii Board members shall endeavor to provide questions on agenda items to the managers or staff of the District prior to the meeting on which the agenda item is scheduled (24 hrs. when possible).
 - iv. Board members who are not officers shall serve as liaisons to Health District Divisions or Programs
 - 1. The Chair shall annually assign members who are not Board officers to serve as liaisons to divisions or programs.
 - 2. The member(s) shall meet with the division director(s) of the area they have been assigned to regularly (quarterly recommended) to be informed of the Division/Program activities, plans, and issues.

- a. The District Health Officer will be present
- b. The member will report back to the Board on Division/Program activities, plans, or issues as they deem appropriate

b. RULE

- i Members shall be prompt and diligent in attendance.

- a. Due to the important role of the District Board of Health as the public health authority for Washoe County, every effort should be made by each Board member to attend Board meetings in person or virtually.
- b. If members are unable to attend a DBOH meeting they shall contact the Board Secretary to report their absence for the meeting by phone, or by email, as soon as they are aware they will not be able to attend.
- c. Board members shall review the meeting packet materials before the meeting in order to be prepared and engaged during the meeting, and to make informed decisions.

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13 Communications outside of public hearings or meetings.

- a. POLICY. General: Members should avoid ex parte communications (i.e., private communications outside a public meeting with interested parties not employed as Health District staff) and limit any communication to matters not coming for appeal before the Board.

b. RULE

- i A Board member will disclose on the record any ex parte communication and any relevant information pertaining thereto on matters before the Board for decision.
- ii Members shall not solicit, offer, or accept any offer for any business relationship or arrangement with any interested party. Any preexisting, ongoing or expected business relationship with any interested party must be disclosed and may be grounds for abstention under NRS Chapter 281A.

14 Ethical Principles for Board Conduct; Disclosures and Abstentions.

a. POLICY

- i. The Board is governed by Nevada's ethics laws, including NRS Chapter 281A

b. RULE

- i. Potential Conflicts of Interest. In connection with matters coming before the Board, NRS 281A.420 discusses three circumstances where disclosure and abstention may be required. These three circumstances include when a Member
 - has accepted a gift or loan,
 - has a significant pecuniary interest, or
 - would reasonably be affected by the Member's commitment in a private capacity to the interests of another person in connection with the matter.

In any of those circumstances, the Member should check current statutes and rulings of

the Nevada Board on Ethics to determine what disclosures should be made and when abstention is warranted. If disclosure is required, it should be made before the matter is discussed by the Board, and at that time the Member must also discuss whether or not he/she is abstaining, and why. If abstaining, it is not necessary to leave the room during deliberation and vote, but the Member should leave his/her seat at the dais until after the vote.

If a Member has an ownership or pecuniary interest in an item being considered, the Member must abstain but may address the Board to discuss facts about the proceeding but must not ask, advocate or give any reasons for or against a vote.

Article 2 VOTING

2.1 Voting.

- a. Unless otherwise provided by bylaws, code or statute, all matters and motions may be resolved by a majority of votes of those present at the meeting.

2.2 Motions to reconsider. A motion to reconsider any action taken by the Board may be made only during the meeting at which the action was taken or at the next regularly scheduled meeting. A motion to reconsider must be made by a Member who voted on the prevailing side of the motion being reconsidered, but a motion to reconsider may be seconded by any member of the Board. A previous motion failing by virtue of a tie vote may be reconsidered upon motion of any Member. If a motion for reconsideration relates to an item requiring legal notice, only the motion itself shall be debated and, if passed, reconsideration of the item continued to a future date to allow for the provision of legal notice.

Article 3 MEETINGS

3.1 Rules

- a. The Board is a public body and must comply with the laws of Nevada regarding public and open meetings, including NRS Chapter 241 (the "open meeting law")
- b. All meetings of the Board will be held in accordance with the open meeting law.

3.2 Agenda

- a. Items scheduled on the regular Board agenda shall ordinarily be limited to those matters that have prior staff review and are in a form suitable for Board action. . The District Health Officer will list the matters according to the order of business and furnish a copy of the agenda with background materials prior to the Board meeting to each member of the Board, the District Attorney, and Division Directors. No item may be submitted to the Board, except through the District Health Officer.
- b. In establishing the agenda, the District Health Officer may vary the order of business set forth in Section d by grouping items involving related subject matter or the same personnel, regardless of whether the items are public hearings, action items or informational items.
- c. The draft agenda is not considered final until approved by the Chair.
- d. Order of Business. Regular meetings shall be conducted substantially in the following order:

1. ~~*~~Roll Call and Determination of a Quorum

2. *Pledge of Allegiance
3. *Public Comment
4. Approval of Agenda
5. Recognitions
6. Proclamations
7. Consent Items
 - a. To include approval of minutes of previous meeting(s).
8. Public Hearings
9. Business Items
10. *Staff Reports and Program Updates
11. Board Comment
12. *Public Comment
13. Adjournment

~~FOR POSSIBLE ACTION language will be added to Agenda headings and items to correctly indicate whether or not an item is an action. Asterisks (*) are used to denote non-action items. Agenda headings will be modified to correctly indicate whether or not an item is an action (no asterisk) or a non-action action (*).~~

3.3 Continued Items.

- a. The Board may vote to grant a continuance on an agenda item upon request of a Member, and, in addition, in the case of an Appeal, the Appellant. If the Board decides to continue an item, the Chair shall first ask if anyone in the audience wishes to testify on the matter even though it may be continued to another date, time and location certain.

3.4 General Expectations of Members During Meetings.

- a. Members shall treat each other and all persons at a meeting with respect before, during and after the meeting. The decorum rules stated below apply to Members as well as members of the public, and a Member may be removed by the Chair for disruptive conduct.

3.5 Meeting Decorum; Removal for Disruptive Conduct.

- a. Meetings of the District Board of Health are limited forums for the governmental purpose of making health policies and decisions for the community in accordance with its duties under state and local law. That governmental purpose is efficiently accomplished only when the process established by law is followed and all participants in a meeting conduct themselves within the limits established and with decorum, civic responsibility, and mutual respect.
- b. It is the intent of the Board to maintain the highest level of decorum. The Chair is authorized to take appropriate actions to maintain such decorum to include declaring recesses, admonishing speakers and other remedies set forth below.
- c. The viewpoint of any speaker will not be restricted, but reasonable restrictions may

be imposed upon the time, place, and manner of speech at the meeting. Remarks which are irrelevant, impertinent, unduly repetitious, or which contain personal attacks, implied or actual threats, fighting words, or profanity are not consistent with efficiently accomplishing the governmental purpose.

- d. The Chair may remove (with or without warning) any person who willfully makes the kind of remarks described above or engages in other disorderly conduct, if such remarks or conduct makes the orderly conduct of the meeting impractical.

3.6 Public Hearings or Individual Agenda Items.

- a. The following rules apply to persons speaking during public hearings or individual agenda items (as opposed to speaking during general public comment periods).
 - i. Public hearings and receiving public input during individual agenda items are part of a governmental process and, in order to efficiently pursue that process, persons addressing the Board during such items are to speak only to the topic being considered. Irrelevant or overly repetitious comments by the same person delays and disrupts the process.
 - ii. Speakers must sign and deliver to the Recording Secretary a "Request to Speak" form.
 - iii. The Chair shall determine the order of speakers.
 - iv. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes for appellant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.
 - v. The speaker will also be encouraged to limit his/her comments regarding the background of the topic. When speakers have exceeded the allotted time, the Chair will endeavor to remind them that they have gone past the recommended time limits and request they conclude their remarks. The Chair may rule the speaker out-of-order should the speaker not obey the Chair's admonition.
 - vi. Alterations to the above time limits may be permitted by the Chair in the following circumstances.
 - a. All public testimony. The Chair may modify speaker time limits for all public testimony during any item and will announce the modification at the beginning of the agenda item, if possible, or as soon as is practicable during the agenda item. The modified time limits will remain in effect only for that specific agenda item.
 - b. Individual time limits for public speakers. The Chair may adjust individual speaker time limits to accommodate questions by Members
 - c. Appellants and amicus organizations. Appellants or his/her representative, or a person representing an amicus group (a group with special knowledge or interest in the agenda item who desires to testify as a friend of the Board) may notify Department staff 24 hours prior to the start of a noticed meeting at which action may be taken that a longer time is requested to make a presentation. When making the notification, an approximate amount of time

needed to make the presentation must be provided. The department will notify the Chair, who has the discretion to grant, modify, or deny such a request at the beginning of the agenda item.

- d. During individual presentations by appellants, or amicus organizations, the Chair may adjust the time limit to accommodate questions by Members or if the Chair believes that extra time is essential to a complete presentation of probative and non-repetitive information.

3.7 Procedures for Individual Agenda Items.

- a. General Principles. These rules are intended to promote consistency and efficiency, maximize public input, and afford the appropriate amount of due process in the conduct of meetings of the Board. These rules apply to all proceedings before the Board.
- b. Consent Agenda.
 - i. The consent agenda may be used for matters which need not be individually discussed and acted on and may be more efficiently handled on a block vote. Examples of items typically handled on the consent agenda are Air Quality Management cases that have not been appealed, budget amendments, interlocal agreements, contracts and acceptance of donations.
 - ii. Items which require a public hearing shall not be placed on the consent agenda.
 - iii. When announcing the Consent agenda, the Chair shall ask for and allow public comments on any item. Any Member may ask for removal of an item from the consent agenda and it shall be removed and handled as a general business item under Rule C(9)(c). Otherwise, consent agenda items may be voted on as a block.
- c. Motions.
 - i. Motions must be seconded before acceptance or debate. If a motion is not seconded, it is considered moot and the Chair may call for further discussion or a new motion. Unless otherwise directed by the Chair, motions may be made and voted upon by the board members present.
- d. Vote.
 - i. The Chair shall call for a vote.
 - ii. If a motion to approve an adjudicative matter does not receive the required number of affirmative votes, it is deemed denied.

Article 4 BOARD COMMENTS

- 4.1 Board comments will be limited to announcements or issue(s) for a future agenda.

Article 5 USES OF STAFF

- 5.1 Board members may request assistance of Department staff in research, responses to complaints, and other matters. The request must be made to the District Health Officer who will determine the appropriate level of assistance to be provided to meet the request. If the District Health Officer determines that the request will entail more than two hours

of staff time and if it is a request made by one Board member only, the request will have to be acted upon by the Board.

Article 6 MEMBERS

6.1 The physician member appointed by the Board shall be expected to serve as a Board liaison to the physicians of Washoe County and the Washoe County Medical Society.

Article 7 AMENDMENT OF RULES, POLICIES AND PROCEDURES

7.1 Amendments. The Rules, Policies and Procedures may be amended or added to by majority vote of the Members present. The proposed amendment or addition shall be placed as an action item on a Board meeting agenda, and would become effective at the next Board meeting upon a majority affirmative vote of the full Board.

Adoption:

REDLINE



STAFF REPORT
Board Meeting Date: July 22, 2021

DATE: Wednesday, July 14, 2021
TO: District Board of Health
FROM: Dania Reid, Deputy District Attorney
dreid@da.washoecounty.us
775-337-5700

SUBJECT: Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.

SUMMARY

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and that recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

District Health Strategic Priority supported by this item:

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

BACKGROUND

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

The Interlocal Agreement will be calendared for review annually.

The Interlocal Agreement may be amended by mutual consent of the Cities and County not later than 90 days before its annual renewal date of January 1, 2022.

FISCAL IMPACT

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss and provide direction to staff regarding the provisions of the Interlocal Agreement entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Staff further recommends the Board take action to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County."



DISTRICT HEALTH DEPARTMENT

June 28, 1993

TO: John MacIntyre, Manager
FROM: Dave Rice
SUBJECT: Interlocal Agreement



At the regular scheduled meeting of the Washoe County District Board of Health (DBOH), June 23, 1993, the DBOH approved an amendment to the Interlocal Agreement Concerning the Washoe County District Health Department. This amendment brings our interlocal agreement into compliance with changes made to the Nevada Revised Statutes during the last legislative session, which ended in June, 1991. A copy of the amendment has been included for your consideration.

To summarize the changes to NRS 439.390 District board of health: Composition; qualifications of members, the requirement for the physician appointment was moved from the Board of County Commission appointed member to the DBOH appointed member. Currently, the DBOH appointed member is a non physician whose term will expire in December 1994. Upon completion of this term, the DBOH appointed position will be required to be a physician licensed to practice medicine in the state of Nevada.

Please place this needed change to the Interlocal Agreement Concerning the Washoe County District Health Department on your next available agenda for consideration by the Board of County Commissioners. We will be able to attend your meeting and will be prepared to present this item.

Thank you for your time and assistance.

David E. Rice, MPH
District Health Officer

DER/ct

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93-731

INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

MATERIAL CONTAINED IN BRACKETS IS TO BE DELETED, WHILE UNDERLINED LANGUAGE IS NEW.

SECTION 2.D.

Two members of the Board shall be appointed by the Board of County Commissioners [. One of those members shall be a physician licensed to practice medicine in this State and the other] only one of whom shall be an elected member of the governing body.

SECTION 2.E.

The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine in this state. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

93-731

A RESOLUTION IN SUPPORT OF AMENDING
THE INTERLOCAL AGREEMENT CONCERNING
THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS the Washoe County District Health Department has been established in accordance with Chapter 439 of the Nevada Revised Statutes; and

WHEREAS the City of Reno, the City of Sparks and Washoe County entered into an Interlocal Agreement adopted on November 27, 1972, outlining the composition of the representatives appointed by the respective governing bodies; and

WHEREAS the District Board of Health has exercised all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS the 1991 Nevada Legislature amended Nevada Revised Statute 439.390(2) requiring that the additional member of the Board of Health be a physician licensed to practice medicine in the state; and

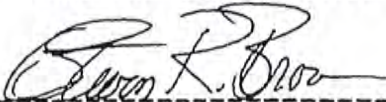
WHEREAS the District Board of Health at their meeting of June 23, 1993 approved amendments to the Interlocal Agreement and directed the District Health Officer to forward the amendments to the City of Reno, the City of Sparks and Washoe County to be placed on the next available agenda for ratification;

NOW THEREFORE, BE IT RESOLVED, that the Interlocal Agreement Concerning the Washoe County District Health Department be amended to read as follows:

Section 2.D. Two members of the Board shall be appointed by the Board of County Commissioners [. One of those members shall be a physician licensed to practice medicine in the this State and the other] only one of whom shall be an elected member of the governing body.

Section 2.E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine the this state. If the members of the Board appointed by the Reno, Sparks and Washoe County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

ADOPTED AND APPROVED this 23RD day of JUNE, 1993.



Chairman

ATTEST:



Secretary of the Board



93-731

AMENDMENT TO THE
INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

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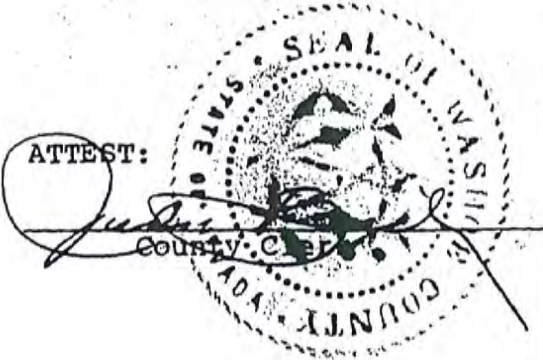
93-731

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By *James Cornwall*
Chairman

Date *July 20, 1993*



CITY OF RENO, by and through its City Council

By _____
Mayor

Date _____

ATTEST:

City Clerk

CITY OF SPARKS, by and through its City Council

By _____
Mayor

Date _____

ATTEST:

City Clerk

93-731

AMENDMENT OF INTERLOCAL AGREEMENT
 CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE
 WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

1. "Board" means the Washoe County District Board of Health.

2. "Chairman" means the chairman of the Board.

3. "County" means Washoe County, a political subdivision of the State of Nevada.

4. "Department" means the Washoe County District Health Department.

5. "Health Officer" means the health officer of the Washoe County Health District.

6. "Reno" means the City of Reno, Nevada.

7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.

2. The singular number includes the plural number, and the plural includes the singular.

3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

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I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivision is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used

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in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statutes, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

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D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

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F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

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D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date.

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

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IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By [Signature]
Chairman

Date August 26, 1986



ATTEST

[Signature]
County Clerk

CITY OF RENO, by and through its City Council

By [Signature]
Mayor

Date 8/25/86



ATTEST

[Signature]
City Clerk

CITY OF SPARKS, by and through its City Council

By [Signature]
Mayor

Date 8/25/86



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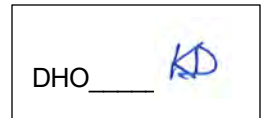
ATTEST

[Signature]
City Clerk

OFFICIAL RECORDS
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Staff Report
Board Meeting Date: July 22, 2021

DATE: July 12, 2021
TO: District Board of Health
FROM: Joelle Gutman, Government Affairs Liaison
 (775) 636-4079, Jgutman@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
 775-328-2416, kdick@washoecounty.us
SUBJECT: Washoe County Health District Government Affairs Update.

SUMMARY

This summary includes the bills that passed during the 2021 Nevada State Legislative Session that have become (or will become) Nevada law. The bills described below impact or involve the Washoe County Health District and public health throughout the state. The Washoe County Health District was actively involved in testifying, providing expertise, or amending many of these bills. The bills are organized into: public health, each division that the bill impacts, or are a part of the Washoe County Community Health Improvement Plan (CHIP).

Public Health

AB59 Revises various provisions relating to tobacco.

- Increases the minimum legal sales for tobacco products, revises the punishment for certain acts relating to the sale of tobacco products
- Requires to the “extent possible” an inspection of each location that sells tobacco products must be conducted every three years
- Makes selling tobacco products to a person under 21 years of age through telephonic, computer or electronic network punishable by certain administrative or civil penalties. Requires a third part independent age verification service to establish the age of the customer before sending the items
- Revises the term to include sale of cigarette paper and other tobacco products
- Effective July 1, 2021

AB118 Revises provisions relating to the transportation of children in motor vehicles.

- Removes the weight requirement for a child less than 6 years of age and adds the requirement that the child be less than 57 inches tall and;

Subject: Legislative Update

Date: July 22, 2021

Page 2 of 8

- Adds the requirement that a child less than 2 years of age be secured in a rear facing child restraint system in the back seat
- Effective January 1, 2022

AB119 Revises provisions relating to the Maternal Mortality Review Committee.

- Requires the Committee within the limits of available resources to identify and review disparities in the incidences in maternal mortality in the State and include a summary of those disparities in the report required by existing law
- Requires the MMRC to collaborate with the Advisory Committee of the Office of Minority Health and Equity of the Department of Health and Human Services
- Effective May 25, 2021

AB177 Revises provisions relating to prescriptions.

- Requires certain pharmacies to provide certain information regarding a prescription in a language other than English under certain circumstances
- Requires pharmacies to post notice of the rights of a patients to request information in a language other than English
- Effective July 1, 2022

AB189 Establishes and requires the expansion of coverage of Medicaid for certain pregnant women under the State Plan for Medicaid. Effective July 1, 2022.

AB191 An act relating to Medicaid requiring the State Plan for Medicaid to include coverage for the services of a community health worker. This bill authorizes the State Plan to include coverage for certain preventative services recommended by a physician or licensed practitioner. Effective July 1, 2021.

AB197 Revises provisions relating to persons experiencing homelessness. Revises requirements concerning the provision of health care to a minor without the consent of his or her parents or legal guardian in certain circumstances. Requires the State to provide certain certificates to a homeless person free of charge in certain circumstances.

- Prescribes the manner in which a minor may demonstrate that he or she is living apart from parents are legal guardian
- Prescribes that the legal custodian of the minor is not responsible for costs unless they have consented to the treatment
- Prohibits a provider from delaying or denying an examination or services because the minor refuses to consent with his or her parent or legal guardian
- Eliminates the requirement of the submission of a signed affidavit and instead requires the submission of a statement signed under penalty of perjury
- Effective May 27, 2021

AB205 Makes various changes concerning the acquisition, possession, provision, and administration of auto-injectable epinephrine and opioid antagonists by schools. The bill authorizes certain health

care professionals to issue an order for an opioid antagonist to a public or private school for the purpose of the treatment of an opioid related drug overdose and authorizes public and private schools to obtain and maintain opioid antagonists. Effective July, 1, 2021.

AB278 Provides for the collection of certain information from physicians. The bill requires a physician to complete a data request when renewing their medical license and registration and requires Department of Health Human Services to collect, maintain and report on the information received from the data requests. Effective October 1, 2021.

AB343 Provides for walking audits of urbanized areas. The bill authorizes the regional transportation commission in a counties with populations of 100,000 or more in collaboration with certain other state and local agencies to develop and submit to the district health departments and the Legislative Committee on Health Care a written plan for conducting walking audits of urbanized areas within the county not later than June 1, 2022.

AB360- Revises provisions relating to vapor products.

Requiring a person to conduct age verification through enhanced controls before selling tobacco products to a person under 40 years of age; valid driver's license, tribal identification, or written documentary evidence. Enhances controls that utilize a scanning technology or other automated software based system to verify age. Effective January 1, 2023.

SB190 Provides for the dispensing of self-administered hormonal contraceptives. Requires the State Board of Pharmacy to establish protocol under which a pharmacist can dispense self-administered hormonal contraceptives (up to a 12 month supply). Effective January 1, 2022.

SB209 Revises provisions relating to employment.

- Requires an employer to provide paid leave for the purpose of the employee receiving a vaccination for the SARS-CoV-2
- Requiring the Legislative Committee on Health Care to conduct a study concerning the response by this State to COVID and to make recommendations for legislation concerning the response to future public health crises. Effective June 9 2021.
- Expires December 31, 2023.

SB211 Establishes requirements relating to testing for sexually transmitted diseases. Requires providers of emergency services to ask if the patient wish to be tested for sexually transmitted diseases and requiring such a provider to assist a patient to obtain a test where practicable. Effective July, 1 2022.

SB318 Makes various changes relating to improving access to government services for person with limited English proficiency.

- Requires the Division of Public and Behavioral Health and each health district to take reasonable measures to ensure that person with limited English proficiency have meaningful and timely access to services

- Requires the collaboration with community based organizations that serve persons with limited English proficiency
- Authorizes the research and application for available federal and private funding that could be used to financially support such activities
- Requires the Executive branch of the government to develop and biennially revise a language access plan.
- Effective June 7, 2021

SB325 Establishes provisions relating to preventing the acquisition of human immunodeficiency virus.

- Requires the State Board of Pharmacy to prescribe a protocol to allow a pharmacist to order any laboratory test necessary for therapy that uses a drug approved by the USFDA for preventing the acquisition of HIV. any.
- Requires public and private health plans to provide coverage
- Effective June 6, 2021 (administrative October 1, 2021)

Administrative Health Services

SB109 Revises provisions relating to the collection of certain information by governmental agencies.

- Requiring certain governmental agencies to request certain persons' information related to sexual orientation and gender identity or expression, and providing that certain information is confidential and to annually report information to the Director of the Legislative Counsel Bureau.
- Effective October 1, 2021

Air Quality

AB349 Revises provisions governing motor vehicles.

- Revises provisions that govern an owner of an old timer vehicle, classic rod, or classic car and provide that such motor vehicles must not be used for general transportation, defined as being driven more than 5,000 miles during the preceding year
- Requires that for the issuance of special license plates that the motor vehicle must have proof satisfactory that the vehicle is covered by insurance designated specifically for classic vehicles or includes an endorsement
- Exempts new motor vehicles from the test of emissions until the fourth registration (first three years of life)
- Authorizes that the Board of County Commissioners to impose by ordinance an additional fee for certifying emission control compliance and requires the DMV to collect the additional fee on behalf of the county. Additional fees imposed must be used to support local air pollution control agencies to reduce emissions from motor vehicles with at least 50% of such money being used to support programs that reduce emissions in historically underserved communities (Pollution Control Account)

- Sections 2, 5, and 9 effective October 1, 2021. Section 10 effective January 1, 2022, Sections 1, 2, and 4 effective January 1, 2023

Community and Clinical Health Services

AB192 Revises provisions governing the testing of pregnant women for certain sexually transmitted infections. This bill revises provisions relating the reporting of cases of syphilis, requiring with certain exceptions the testing of pregnant women for certain sexually transmitted infections and revises provisions concerning the testing and treatment of pregnant women for syphilis.

- Requires the State Board of Health to designate syphilis as communicable disease
- Requires a report of a pregnant women who has syphilis to include certain information relating to the treatment – If treatment was provided, type of treatment, and if the woman refused treatment
- Requires physicians and others persons who attend to pregnant women to make or ensure the performance of an examination and testing of a pregnant women for Chlamydia trachomatis, gonorrhea, hepatitis B and hepatitis C unless the pregnant woman opts out
- Requires the person or facility performing the testing to provide or refer for treatment if the pregnant woman consents and that a pregnant woman is only authorized to refuse testing for religious reasons
- Revises the time a pregnant woman must be tested for syphilis; first trimester at the first visit and during the third trimester between 27 and 36 weeks gestation, at delivery of if woman did not receive prenatal care, lives in a designated area of high syphilis morbidity, or delivers a stillborn after 20 weeks gestation
- Effective July 1, 2021

SB2 Revises provisions relating to education. Revises requirements of school districts to collect the height and weight of students every other year (was previously every year) and eliminated the collection of high school students. Effective July 1, 2021.

SB275 Revises provisions relating to human immunodeficiency virus.

- Revises procedures followed by a health authority when isolating, quarantining, or treating certain persons
- Requires any order to investigate and control the spread of communicable diseases are the least restrictive means available to prevent, suppress or control a communicable disease. The bill also prescribes certain limitations on the circumstances under which a health authority may take such actions including that the communicable disease must pose a risk to public health
- Requires that the health authorities in the state must establish a process by which a person may appeal an order to submit to examination or testing
- The bill sets forth legislative findings that the spread of communicable disease should not be criminalized and repeals the category B felony for a person who has tested positive

for HIV to intentionally, knowingly, or willfully engage in a conduct or manner that is intended or likely to transmit the disease

- Revises provisions that authorized a person to be tested for a communicable disease upon the petition of law enforcement and first responders if the court determines that is probable cause to believe that a transfer of bodily fluids occurred between the person and petitioner. The bill now authorizes a court to order such a test only if the court determines that there is probable cause the petitioner was likely exposed and the testing of the person is necessary to determine the appropriate medical treatment of the petitioner
- Removes the requirement of a mandatory STD test of an alleged perpetrator and instead requires the information concerning testing for STDs to be included in the information provided to victims of sexual assault under the Sexual Assault Survivors' Bill of Rights
- Makes various revisions to antiquated language referring to persons living with HIV
- Effective June 6, 2021

SB460 Makes appropriations to certain state agencies for certain purposes.

- Appropriates \$2.5 million dollars for fiscal year 2021-2022 and \$2.5 million for fiscal year 2022-2023 from the State General Fund for the Chronic Disease budget account
- Appropriates \$621, 707 dollars for fiscal year 2021-2022 and \$621, 707 for fiscal year 2022-2023 to the Account for Family Planning
- Effective July 1, 2021

Environmental Health Services

AB341 Provides for the licensure and regulation of cannabis consumption lounges. Effective October 1, 2021.

SB114 Authorizes food that contains hemp to be produced or sold at a food establishment under certain circumstances.

- Requires the Department of Health and Human Services to adopt certain regulations relating to food that contains certain components of hemp and authorizes operators of certain food establishments to engage in certain activities related to the production and sale of food that contains certain components of hemp
- Revises provisions of existing law concerning hemp and operation of food establishments at which food is not prepared or served for immediate consumption
- The bill defines "approved hemp component" to mean any component of hemp that the United States Food and Drug Administration has determined safe for human consumption
- Authorizes a person who holds an approved food establishment permit at which food is not prepared or served for immediate consumption to purchase hemp from a grower registered with the State Department of Agriculture and use hemp to manufacture or prepare food that contains an approved hemp component
- Effective October 1, 2012 (Administrative changes January 1, 2022)

SB386 An act relating to employment practices.

- Removes the language in Section 28.1.a that describes and regulated the use of cleaning products for the use against the spread of SARS-CoV-2
- Removes certain provisions that required the cleaning of certain objects in hotels and makes other provisions for specific cleaning requirements, changing the requirement from “multiple times a day” to “daily”
- Removes a large portion of Section 28.2 describing protocols of social distancing, employee breaks, workstations, and SARS-CoV-2 testing of employees
- Effective July 1, 2021 and expires on the later of the date on which the Governor terminates the emergency declaration related to SARS-CoV-2 or August 31, 2022.

Epidemiology and Public Health Preparedness

AB16 Revises provisions related to the issuance of copies of certificates and records of birth. Existing law prohibits the charging of fees for the issuance of copies of certificates and records of birth to homeless persons and persons released from prison within the immediate preceding 90 days; this bill prohibits the charging of such fees to persons who are imprisoned. No fiscal impact to WCHD. Effective May 4, 2021.

SB36 Revises provisions relating to plans for responses to crises, emergencies and suicides by schools.

- Changes the name of a development committee for a school district or charter school that develops a plan for responding to a crises, emergency or suicide to an emergency operations plan development committee
- Requires the Committee to include at least one representative of the county or district board of health
- Effective May 27, 2021

Behavioral Health (CHIP)

AB345 Revises provisions relating to substance use disorders. Providing that it is not unlawful to provide, administer or use a testing product for certain purposes to determine whether a controlled substance contains chemicals, toxic substances or hazardous compounds. The bill also exempts a person or entity who acts in good faith. Effective May 28, 2021.

SB69 Revises provisions relating to behavioral health. (Washoe County Regional Behavioral Health Board)

- Requires Peer Support Recovery Specialists to be certified
- Requires the Department of Education to publish a list of evidence-based curricula and programs concerning the prevention of substance misuse and substance use disorder
- Requires the participation of public schools in a biennial survey to collect youth risk behavior data in certain grades and prescribes duties of substance use prevention coalitions

- Effective June 4, 2021

SB156- Revises provisions relating to crisis stabilizations centers. Expands authority of Department of Health and Human Services to issue an endorsements to anyone that holds hospital licensure and is properly accredited. The bill exempts rural hospitals from the accreditation requirement. Effective July 1, 2021.

SB390 Provides for the establishment of a statewide suicide prevention and mental health crisis hotline.

- Requires the Division of Public and Behavioral Health to perform certain activities to support the implementation of a hotline for persons who are considering suicide or otherwise in a behavioral health crises that may be accessed by dialing 9-8-8
- Requires the Division to establish at least one support center to answer calls to the hotline and coordinate the response to those calls
- Encourage the establishment of mobile crises teams to respond to calls and perform certain other duties
- Requires the Division to submit a report to the Legislature and each behavioral health board report concerning the usage of the hotline
- Effective June 4, 2021 (administrative January 1, 2022)

Housing (CHIP)

SB12 Requires certain notices before the termination of a restriction relating to the affordability of certain housing. Requires an owner of any housing unit financed by federal low-income housing tax credit or money provided by a government agency that is subject to affordability restrictions to provide written notice before terminating an affordable restrictions before the expiration of the affordability restrictions and require the notice to be provided to each the Division, the tenant, the county, and the city not less than 12 months before the affordability restriction will expire. Effective October 1, 2021.

SB284 Revises provisions relating to transferable tax credits for affordable housing. Revises the procedure for the issuance of transferable tax credits so that the transferable tax credits are issued before rather than after the project is completed, limits the amount that may be issued, provides for an expiration date on the tax credits and other matters properly relating. Effective July 1, 2021.

**Air Quality Management
Division Director Staff Report
Board Meeting Date: July 22, 2021**

DATE: July 22, 2021
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us
SUBJECT: Program Update - Clean Cars Nevada Webinar, Electric Vehicle Infrastructure Gets \$15 Billion, Electrification of Medium and Heavy-Duty (MHD) Vehicles, Monitoring and Planning, Permitting and Compliance.

1. Program Update

a. Clean Cars Nevada Webinar

On June 17, 2021, the Nevada Division of Environmental Protection (NDEP) held the last of their informal outreach activities regarding the Clean Cars Nevada (CCN) initiative. A diverse group of stakeholders, including representatives from the Auto Alliance, Tesla, Rivian, Nevada Franchised Automobile Dealers, Plug in America, Western States Petroleum Association, NV Energy and others, gave presentations via webinar. In general, all speakers were supportive of the CCN initiative and thanked NDEP for their outreach work.



Eclectic Vehicle (EV) manufacturers Tesla, Rivian and Lucid provided strong support for the proposed legislation and touched on the growing amount of federal support.

Chispa Nevada, a program of the League of Conservation Voters, suggested in their presentation that state and local leaders “support the availability of charging infrastructure in low-income communities of color, which will be critical as the state implements SB448 and its commitment to build charging infrastructure in historically underserved communities”.

During their presentation, NV Energy provided information on the current EV programs, 2020 Nevada Specific Electric Vehicle Market Research and an overview of the SB448

transportation electrification legislation. Regarding its EV programs, the image to the right summarizes its current and proposed offerings.

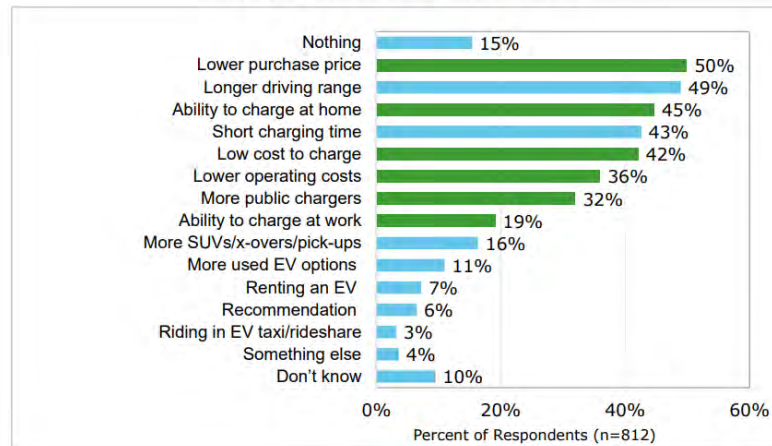
As for the EV market research conducted by NV Energy in 2020, the charts below provide valuable information as to what individuals and fleets see as the most significant barriers to EV adoption.

Current Electric Vehicle Offerings

- Electric Vehicle rates
 - Time of use rates (residential, multi-family, commercial)
 - Commercial charging rider for DC fast chargers
- Infrastructure and vehicle incentives
 - Multifamily
 - Lower income multi-family – *GOE Partnership*
 - Fleet, Public, Workplace
 - Governmental – *GOE Partnership*
 - Electric School Bus (infrastructure and vehicle)
 - Nevada Electric Highway – *GOE Partnership*
 - *Residential (proposed)*
 - *Lower income electric vehicle incentive (proposed)*

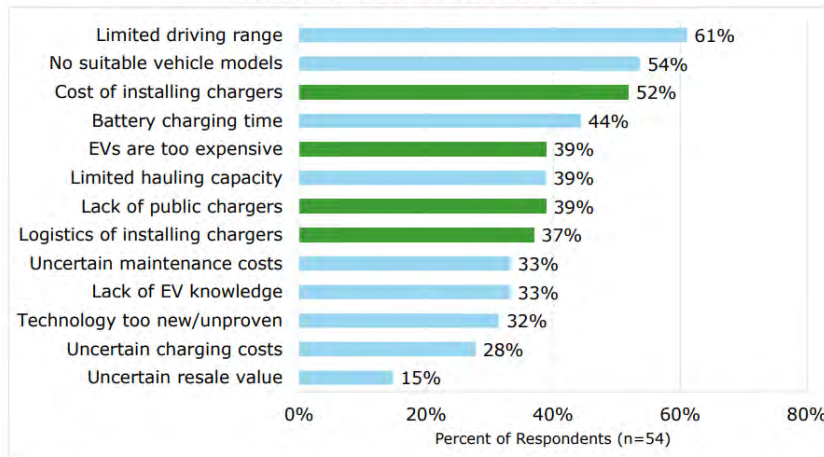
Residential Electric Vehicle Barriers to Adoption

“Which of the following would make you more likely to buy or lease an electric vehicle?”



Fleet Electrification Barriers to Adoption

“What are the biggest barriers to purchasing or leasing electric vehicles for your fleet?”



The NDEP is scheduled to complete the regulatory process by the end of calendar year 2021 for model year 2025 Vehicles (Available Sometime in 2024). Below is the schedule for the remaining regulatory activities.

- Jul 9: Notice of Public Workshop
- Jul 27: LCB Return of Draft Regulation
- Jul 28: Public Workshop
- Aug: DMV Approval Process
- Sep 1: SEC Hearing and Approval
- Nov: Legislative Commission
- Dec: Secretary of State Filing

For more information, recordings of the webinars and presentations, please go to the Clean Cars Nevada website at <https://ndep.nv.gov/air/clean-cars-nevada>.

b. Electric Vehicle Infrastructure Gets \$15 Billion

Electric Vehicle (EV) infrastructure is poised to get \$15 billion in US government funding through a new bipartisan infrastructure proposal scheduled to go to the Senate. The proposed framework would include funding to deploy charging stations, electric buses and transit vehicles, and may include an EV rebate down the road.

Bipartisan Infrastructure Framework

This bipartisan infrastructure framework will usher our nation's infrastructure into the 21st century. It would represent the largest infrastructure investment in American history. The plan includes \$579 billion in new spending to rebuild America's roads and bridges, improve public transit systems, expand passenger rail, upgrade our ports and airports, invest in broadband infrastructure, fix our water systems, modernize our power sector, and improve climate resilience.

The plan would be paid for in part by closing the tax gap, redirecting unspent emergency relief funds, and other offsets.

The framework that is reportedly going to get support from the Senate and the White House can be seen in the image to the right. It shows \$7.5 billion for "EV infrastructure," which is going to include money to deploy charging stations, and another \$7.5 billion for electric buses and transit vehicles. According to a White House fact sheet, the investments will be financed by a combination of the IRS collecting taxes that are overdue, repurposing billions from prior pandemic relief bills and unspent emergency funds as well as "public-private partnerships" and "asset recycling."

	Amount (billions)
Total	\$579
Transportation	\$312
Roads, bridges, major projects	\$109
Safety	\$11
Public transit	\$49
Passenger and Freight Rail	\$66
EV infrastructure	\$7.5
Electric buses / transit	\$7.5
Reconnecting communities	\$1
Airports	\$25
Ports & Waterways	\$16
Infrastructure Financing	\$20
Other Infrastructure	\$266
Water infrastructure	\$55
Broadband infrastructure	\$65
Environmental remediation	\$21
Power infrastructure incl. grid authority	\$73
Western Water Storage	\$5
Resilience	\$47

*New spending + baseline (over 5 years) = \$973B
 *New spending + baseline (over 8 years) = \$1,209B

More information available at:
<https://www.caranddriver.com/news/a36851491/bipartisan-infrastructure-plan-details/>

c. Electrification of Medium and Heavy-Duty (MHD) Vehicles

The Electrification Coalition sent a letter signed by over 40 businesses, including large manufacturers such as Volvo, Mack and Rivian, to Governor Sisolak urging his administration to support the electrification of trucks and buses by joining 15 states and District of Columbia in the Multi-State Medium- and Heavy-Duty (MHD) Zero Emission Vehicle Memorandum of Understanding, which would pledge that at least 30 percent of all new trucks and buses sold in Nevada will be zero-emission vehicles by 2030 and 100 percent by 2050.



The letter states that “MHD electrification cuts emissions and improves public health. MHD

vehicles represent just 11% of vehicles on the road, but they produce 29% of all vehicle greenhouse gas emissions, in addition to high levels of air pollutants. These emissions drive climate change and threaten public health. Disadvantaged communities located along transportation corridors are disproportionately impacted”.

The letter concludes by urging Governor Sisolak to take the following policy actions:

- Support incentives, utility investments and state targets that will accelerate the electrification of trucks that travel along our highways and through our neighborhoods to deliver goods to our homes and businesses.
- Electrify public transit and school buses to provide clean, healthy ways for Nevada’s residents to travel to and from school, work, and home.
- Invest in the development of MHD charging infrastructure to ensure that Nevada does not miss out on the economic opportunities afforded by the electrification of transportation.

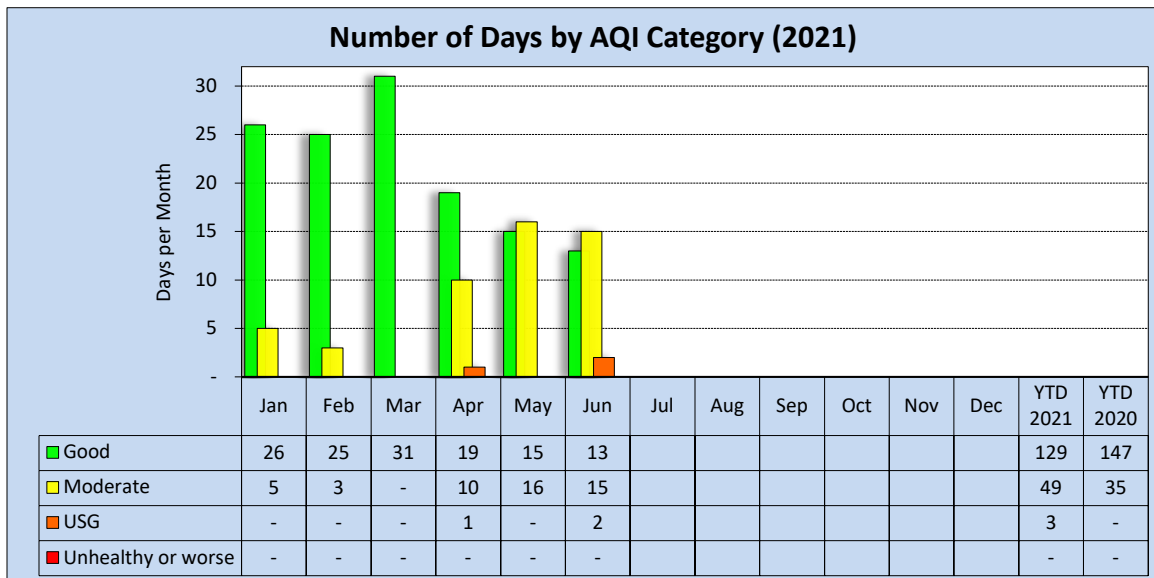
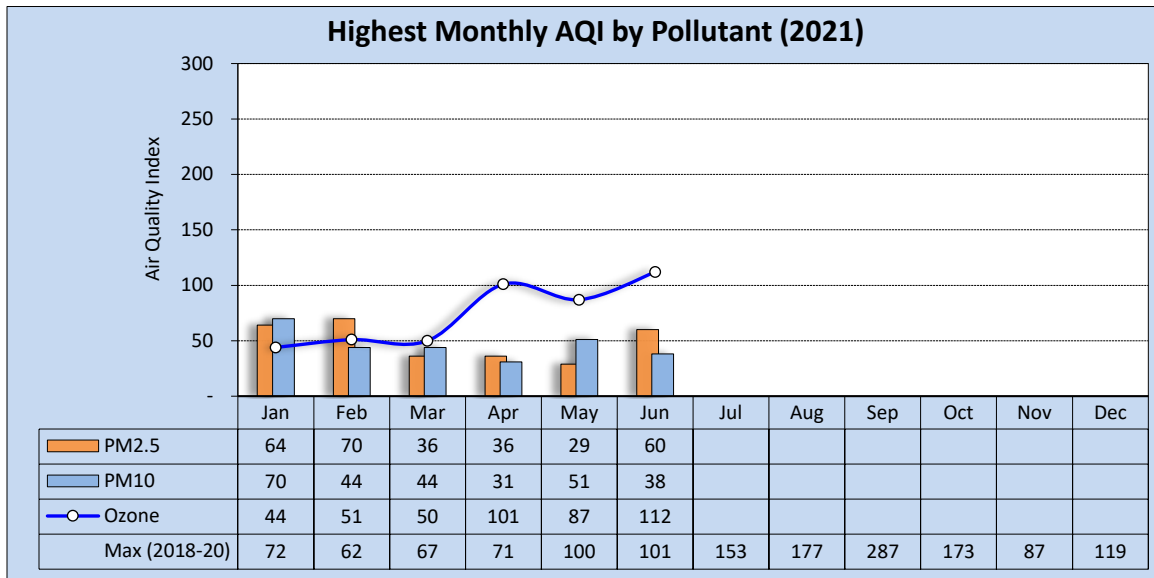
A copy of the letter is available here:

<https://www.electrificationcoalition.org/wp-content/uploads/2021/06/Gov-Sisolak-Letter-NV-Electric-Trucks-Buses-June-2021.pdf>

Francisco Vega, P.E., MBA
Division Director

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These 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.

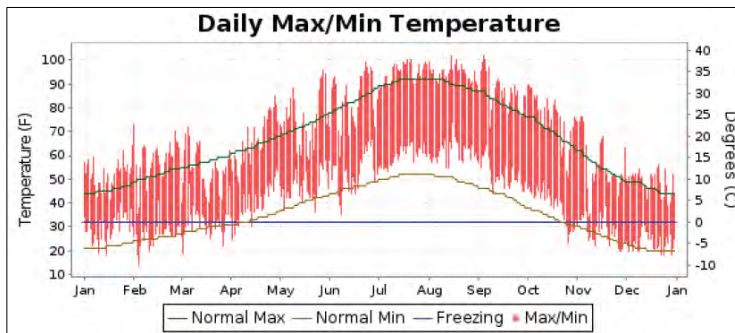
3. Program Reports

a. Monitoring and Planning

June Air Quality: There were two exceedances of the ozone National Ambient Air Quality Standard (NAAQS) during the month of June. The highest ozone, PM_{2.5}, and PM₁₀ concentrations for the month are listed in the table below.

Pollutant	Concentration	Date(s)	Site(s)	Notes
Ozone (8-hour)	0.074 ppm	6/06 6/16	Lemmon Valley Incline	--- Petrilla Fire, AZ/NM Fires
PM _{2.5} (24-hour)	16.2 µg/m ³	6/19	Sparks	Willow Fire, AZ/NM Fires
PM ₁₀ (24-hour)	41 µg/m ³	6/29	Toll	Thunderstorm Outflows

The Good, Bad, and Ugly of a Warmer Truckee Meadows (Part 1): This chart summarizes the official 2020 temperature data for Reno. The daily highs and lows were consistently above historic normals. Last year continued the long-term trend of warmer temperatures. This is good if you don't like cold weather, but the energy savings in winter to heat homes are cancelled out by the extra energy needed for cooling in summer.



Our frost-free season has been extended by several weeks in Spring and Fall. That's good for gardening, however, it's bad and ugly for lengthening the mosquito season.

Of course, ground-level ozone is influenced by a warming climate. Higher temperatures directly speed up the chemistry of ozone formation. It also contributes to a feedback loop that increases the energy used to cool buildings and cars. These are just three examples of how a changing climate impacts our environment and pocketbooks. When it comes to a warmer Truckee Meadows, there's more Bad and Ugly than Good. Next month, I'll share ways how our community can change the trajectory of our warming climate.

Daniel K. Inouye
 Supervisor, Monitoring and Planning

Most Popular Tweet for June

Impressions: 4,407

b. Permitting and Compliance

June

Staff reviewed fifty-two (52) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In June 2021, Staff conducted thirty-two (32) stationary source inspections; twenty-two (22) gasoline station inspections; and four (4) initial compliance inspection. Staff was also assigned eleven (11) new asbestos abatement projects, monitoring the removal of approximately seven thousand seven hundred and thirty-eight (7,738) square feet and nine hundred thirty (930) linear feet of asbestos-containing materials. Staff received four (4) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were twenty-three (23) new construction/dust projects comprised of an additional two hundred and seven (207) acres. Staff documented forty-six (46) construction site inspections. During the month enforcement staff also responded to thirty-nine (39) complaints.

Type of Permit	2021		2020	
	June	YTD	June	Annual Total*
Renewal of Existing Air Permits	103	606	104	1,088
New Authorities to Construct	6 (New and Major Modifications)	32	5	60
Dust Control Permits	23 (207 acres)	122 (2,197 acres)	22 (309 acres)	238 (3,708 acres)
Wood Stove (WS) Certificates	29	194	46	418
WS Dealers Affidavit of Sale	6 (4 replacements)	47 (31 replacements)	4 (3 replacements)	108 (65 replacements)
WS Notice of Exemptions	780 (13 stoves removed)	4,696 (49 stoves removed)	599 (2 stoves removed)	8,740 (58 stoves removed)
Asbestos Assessments	63	356	53	648
Asbestos Demo and Removal (NESHAP)	15	125	27	242

*Totals have been adjusted to reflect the addition of April 2021.

COMPLAINTS	2021		2020	
	June	YTD	June	Annual Total
Asbestos	0	0	2	10
Diesel Idling	0	2	1	3
Dust	28	82	11	141
Nuisance Odor	11	42	2	36
Permit to Operate	0	5	1	4
Burn Code	0	0	0	0
General	0	0	0	0
TOTAL	39	129	17	194
NOV's	June	YTD	June	Annual Total
Warnings	0	41	0	5
Notice of Violation	1	25	0	3
TOTAL	1	66	0	8

Joshua C. Restori,
 Supervisor, Permitting & Compliance

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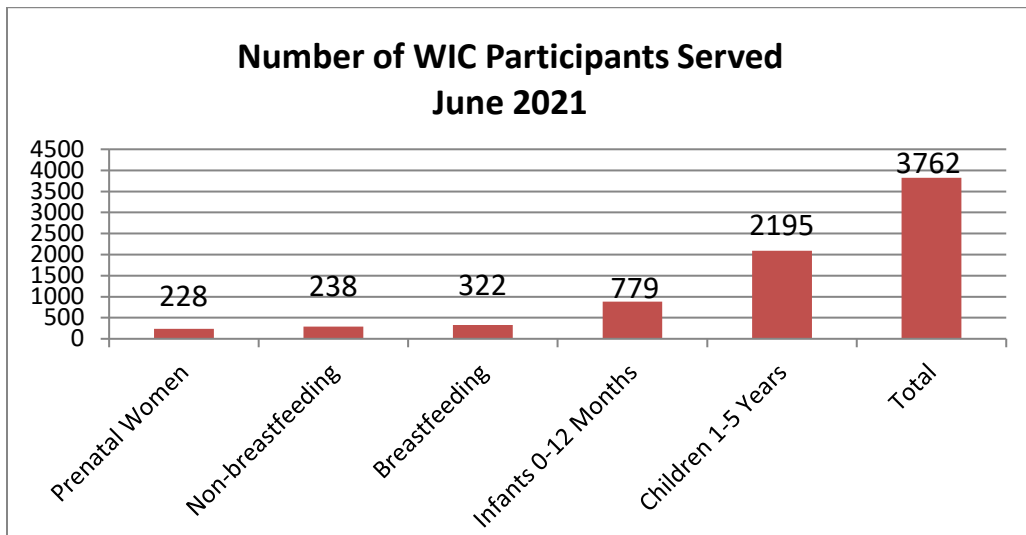
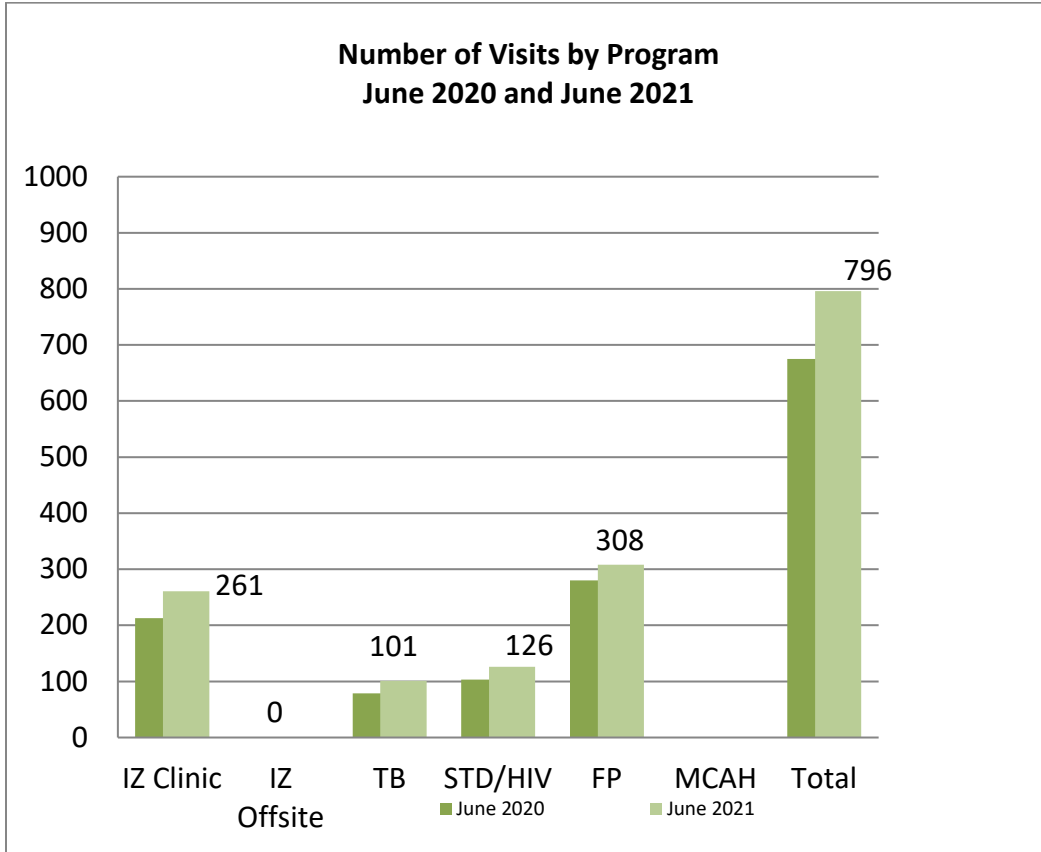
**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: July 22, 2021**

DATE: July 7, 2021
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – CCHS Leadership Changes, 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; COVID-19 Vaccinations.

1. Divisional Update –

- a. **CCHS Leadership Changes** – CCHS has experienced significant changes to the leadership team in 2021, including promotions and retirements. Kara Roseburrough was selected as the Clinic Office Supervisor. She supervises the billing and clerical staff. Kelli Seals was selected as the new Public Health Supervisor, and she supervises the Chronic Disease Prevention Program (CDPP) and WIC. Victoria Nicolson Hornblower was selected as the new Public Health Nurse Supervisor, and she will be supervising the Tuberculosis program and training with Kathy Sobrio to take over the Immunization program. This training is in anticipation of Kathy’s retirement in December 2021. Sonya Smith, Public Health Nurse Supervisor will supervise Sexual Health Disease Investigations and the HIV program. Kelly Verling will continue to supervise Family Planning/Sexual Health Services and the MCH/FIMR program. Angela Penny retired July 8, 2021.

b. Data & Metrics



Changes in data can be attributed to several factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** - An application for additional funding to support STD/HIV DIS staffing was submitted to the Division of Public and Behavioral Health for consideration. Funds are passed down to local health jurisdictions through the state from the CDC. This funding is from the American Rescue Plan Act of 2021, investing in Disease Intervention Specialist (DIS) Workforce Development (<https://www.cdc.gov/std/funding/pchd/development-funding.html>). The goal of this investment is to:

1. Expanding and enhancing frontline public health staff
2. Conducting DIS workforce training and skills building
3. Building organizational capacity for outbreak response
4. Evaluating and improving recruitment, training, and outbreak response efforts

This application requests the following new staff positions: a STD Epidemiologist, a Public Health Investigator, Office Support Specialist, Intermittent Hourly Health Educator and Community Health Aide hours. These positions will support addressing the ongoing increase in STD cases, namely gonorrhea and syphilis. Data collection, quality assurance, data entry and reporting will be supported by these positions as well. The intent is to adjust the workload of the DIS to be able to conduct more timely case investigations and shift the burden of data entry, reporting, and evaluation to other positions.

The program has staffing updates to report. Sonya Smith is the Public Health Nursing Supervisor responsible for the STD/HIV DIS and the HIV activities of the Sexual Health Program. This is a re-assignment from COVID responsibilities. A Public Health Nurse assigned to STD DIS duties started on July 6, 2021, with the program. Kaelyn York completed her BSN in 2017 and has diverse work experience to include Med/Surg, ICU and Hospice.

- b. **Immunizations** – Joseph Crump and Jordan Petrilla joined the Immunization Program as Public Health Nurses on July 6, 2021. Joseph has been working as an intermittent hourly RN with the WCHD COVID-19 response team since July 2020 testing at the POST and vaccinating at the POD. He will continue to work with COVID-19 response with this permanent position. Jordan graduated from Orvis School of Nursing May 2020 and recently came to us from Digestive Health Center and Renown. Additionally, she worked as an AmeriCorps member with Urban Roots and is passionate about health and nutrition. Jordan will start training in our Immunization clinic. They both bring with them a passion for public health and service to our community. Sahara Cruz joined the Immunization Program on July 6, 2021, as an Office Assistant II. She recently came to us from The Life Change Center where she was the lead front desk person. Immunization clerical staff continue to provide service to our community with our onsite Immunization clinic.

Immunization Program staff continue to lead and support COVID-19 vaccination activities five days a week at the Reno Livestock Event Center Point of Dispensing (POD) as well as at community PODs. Additionally, staff are busy with an increase in COVID-19 vaccine redistribution to community providers. This decreases vaccine wastage and helps to ensure providers have adequate vaccine on hand to vaccinate community members. Staff continue to support and assist community partners with vaccine storage and handling questions as well as providing loaner vaccine storage and temperature data loggers for vaccination events.

Immunization staff continue to support Vaccine for Children (VFC) providers by training new vaccine coordinators and staff on proper vaccine storage and handling procedures as well as vaccine inventory. Staff completed five VFC provider trainings in the month of June and contacted each VFC provider to remind them to complete their required yearly VFC training.

Immunization Program staff are gearing up for four Back-to-School clinics. The first one will be in collaboration with Family Health Festival at North Valley's High School on Saturday, July 24, 2021. The Immunization Program will conduct three additional Back-to-School clinics at the WCHD Immunization clinic location on July 31, August 7, and August 14. We will be offering all vaccines for kids 4-18 years old in partnership with Community Health Alliance and Immunize Nevada. COVID-19 vaccines will also be available. Scheduled and walk-in appointments will be available.

The Immunization Clinic served 261 community members and administered 702 doses of childhood and adult vaccines during the month of June.

- c. **Tuberculosis Prevention and Control Program** - TB program workload has increased over the past months. Staff are currently managing 35 open cases including suspect cases, latent TB infection (LTBI), immigration evaluations and three confirmed active TB cases. Active cases consist of one pulmonary case, one kidney and one ocular case. The pulmonary case is new and still infectious in status; workplace contact investigation is pending with approximately 20 coworkers to screen. With pandemic travel restrictions easing, immigration cases are increasing with a steady inflow of Civil Surgeon referrals. Program staff completed an Epi News article which was published in June. Staff hope the article reaches many community providers as its focus is on TB screening and diagnosing with testing considerations for high-risk foreign-born individuals. New PHN, Tasha Pascal, has joined the team full time and is proving herself to be a great asset. The team is grateful for the return of Mary Ellen Matzoll, program Per Diem RN. Program manager, Angela Penny, retires July 8, 2021, staff welcome Victoria Nicolson Hornblower as she assumes this role.
- d. **Reproductive and Sexual Health Services** – Family Planning staff continues to provide outreach to the Washoe County Sheriff's Office, the Women and Family Homeless Shelter and the Eddy

House. Staff continue to educate and administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older through a grant funded by the State of Nevada. This grant was renewed through June 20, 2023. Staff submitted the Annual Title X Report on June 29, 2021, to the Office of Population Affairs. Staff are beginning to prepare for the upcoming Title X competitive grant application by identifying individuals for a community needs assessment, focus groups, and client survey.

- e. **Chronic Disease Prevention Program (CDPP)** – Three staff members participated in a health equity training course to foster a deeper understanding of health equity and identify ways health equity can be included in chronic disease prevention work. Staff presented to the NAACP Wellness Committee on tobacco flavoring, e-cigarettes, and Tobacco Advocacy in Nevada.

Staff supported the Green Team's Worksite Garden at the County Complex and helped with the coordination of planting day on June 10th to promote physical activity and healthy eating in the workplace.

Staff collaborated with statewide partners to send educational postcards to tobacco retailers about changes in NRS related to "Tobacco 21," the law that updates NV statute to align with federal law to only sell tobacco product to those 21 and older. Postcards were sent to all 461 Washoe County tobacco retailers. Retailers received a postcard each week for four weeks. Postcards contained tobacco and e-cigarette facts and a QR code/link to the retailer tobacco sales training website <https://responsibletoabacconv.com/>.

Staff facilitated promotion of the My Life My Quit™ youth cessation program on radio, billboards, and social media throughout Washoe County, and sponsored youth vaping prevention articles in This Is Reno and Reno Dads.

A collaboration between WCHD and SNHD, the statewide flavoring website www.AttractingAddictionNV.com went live with information about flavoring in e-cigarettes for parents and youth and was also promoted in Northern Nevada on broadcast media.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff volunteered at the Pregnancy Infant Loss Organization of the Sierras (PILSOS) annual garage sale on June 12, 2021. The National Center for Fatality Review and Prevention published an article on the on Washoe County Health District Fetal Infant Mortality Review (FIMR) program. The article highlighted the WCHD FIMR Team, Northern Nevada Maternal Child Health Coalition and the Nevada Division of Health and Human Services Division of Behavioral Health for the efforts put forth to prevent delays in prenatal care during the pandemic. Staff attended the Virtual Still Birth Summit 2021 on June 23rd and 24th, hosted by the Star Legacy Foundation. Staff continue to attend

partnership meetings with PILSOS, Child Death Review and National FIMR. Maternal Child Health staff continue to follow lead cases in children and newborn screenings upon request.

- g. **Women, Infants and Children (WIC)** – A majority of WIC staff attended the virtual Annual National WIC conference from June 15th- June 17th. The conference theme was “Engage, Connect and Inspire: Bolstering Health Equity in WIC”. Staff had the opportunity to: ENGAGE with the 1,500+ attendees scheduled to attend the conference; CONNECT on important topics around breastfeeding, nutrition, leadership, diversity and inclusion, workforce development, and technology; and take the knowledge learned to INSPIRE and strengthen their communities. This was the first time that most WIC staff were provided with the opportunity to attend a National Conference, the virtual format making this possible.

WIC continues to serve eligible families under federal waivers which grant clients the “opportunity to not be physically present”. Clients seen remotely continue to be served safely and effectively. Clients can choose to come in person or may be asked to come in person to one of the two WCHD WIC offices if staff are concerned about the individual/ family.

The WIC Farmers Market Nutrition Program is providing an additional \$20/per eligible member with a maximum of \$80/household to purchase locally grown fresh fruit and vegetables during the farmer market season that ends in September. This dollar amount is in addition to \$35 for fruits and veggies per eligible person that is being provided under the American Rescue Plan Act from June-September of 2021 (for use in retail establishments).

- h. **COVID-19 Vaccinations** - There were 24 COVID vaccination clinics in June at the Reno-Sparks Livestock Events Center and 9 community vaccination PODs. Approximately 8,084 individuals were vaccinated in June.

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Environmental Health Services

**Division Director Staff Report
Board Meeting Date: July 22, 2021**

DATE: July 2, 2021
TO: District Board of Health
FROM: Erin Dixon, Division Director
 775-328-2644; edixon@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division: **Program Updates;**
Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities);
Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne
 Diseases, Waste Management); and **Inspections.**

Consumer Protection

Food/Food Safety

- The Food Safety Program completed FDA (United States Food and Drug Administration) Field Standardization for five staff, including four at the level of Training Standards that allows them to train additional staff. Having additional Training Standards in the division will create more uniformity across the division during routine inspections of food establishment in Washoe County. Having a food inspection program that is fully standardized is a requirement for the FDA Voluntary National Retail Food Regulatory Program Standards.
- The Food Safety Program is currently drafting a revision to the Food Establishment Regulations to implement term limits for the Food Protection Hearing Advisory Board and be in conformance with the 2017 FDA Food Code with its Supplement. Revisions are to be completed by the end of July and public workshops anticipated in August.
- Epidemiology (EPI) –
 - The Epidemiology Program closed a childcare due to the inability of the facility to control an outbreak.

Epidemiology	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	2021 YTD	2020
Foodborne Disease Complaints	8	6	4	8	9	11	46	130
Foodborne Disease Interviews	4	5	2	5	4	7	27	66
Foodborne Disease Investigations	0	1	0	0	1	2	4	7
CD Referrals Reviewed	13	13	13	18	20	12	89	82
Product Recalls Reviewed	13	19	26	27	26	20	131	61
Child Care/School Outbreaks Monitored	1	1	2	10	6	6	26	64

- Temp Foods/Special Events – The Reno Rodeo was the first large event since the community reopened due to COVID-19. Multiple large events are scheduled for the remainder of the season.

Commercial Plans

- Commercial plan reviews have increased over the last three months, as identified with the increase above the monthly average.
- Plan reviews continue to meet the regional goal of ten business days.
- Staff met with the City of Sparks to begin training on an electronic plan review platform that, hopefully, will be implemented in the Region. This will bring more consistency to the regional plan review system, as well as aid the Health District in creating additional efficiencies.

Community Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	2021 YTD	2020
Development Reviews	41	28	50	34	32	29	214	357
Commercial Plans Received	83	73	113	100	102	103	574	1,059
Commercial Plan Inspections	22	33	36	41	35	40	207	396
Water Projects Received	1	5	1	10	5	10	32	64
Lots/Units Approved for Construction	251	233	197	192	228	95	1,196	1,685

Permitted Facilities

- Public Bathing – As of June 30, 86% of all permitted pools and spas have received their first inspection for 2021. It is anticipated that 10% may not open at all in 2021 and EHS staff are visiting all remaining facilities to ensure they are either closed properly and securely or receive an inspection prior to opening. Public Bathing Facilities that are found to have opened in 2021 without an inspection are being closed until an opening inspection can be completed and approved.
- Training – One REHS trainee will complete their Environmental Health Services Permitted Facilities Training Program in mid-July with another starting into the training program in early August. The trainee currently learning Permitted Facilities has gained competencies in Childcare, School, Hotel/Motel and Public Bathing inspections.

Environmental Protection

Land Development

- Septic plan numbers are 33% higher than June 2020. These numbers appear to be in line with pre-COVID-19 plan review demand.
- Well plan numbers are even with June 2020, but 33% higher than May 2019. Local drillers have stated they are scheduling 6-9 months in advance for the drilling of new wells.
- Inspection slots for construction and plan review related activity remain full most days. Local contractors are experiencing supply and labor disruptions causing many last-minute requests. The team is making every attempt to accommodate the requests.

Land Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	2021 YTD	2020
Plans Received (Residential/Septic)	79	75	83	90	80	81	488	705
Residential Septic/Well Inspections	109	99	136	114	107	115	681	1,075
Well Permits	13	11	16	23	13	12	88	131

Safe Drinking Water (SDW)

- As of July 1, 2021, with the approval of the new contract by the District Board of Health in April, staff resumed the regulatory oversight of all public water systems serving groundwater.

Vector-Borne Diseases (VBD)

- An aerial larvicide treatment was conducted on June 9 that included a total of 805 Acres.
- The program utilized a new product, VectoMax FG, for the June aerial and has conducted regular post-treatment surveillance to determine the product's duration of efficacy. Preliminary observations are showing that the product has maintained acceptable control of larval mosquito populations for the three weeks following treatment. Monitoring continues until the July larvicide application on July 14.
- Receding water levels in the region have allowed staff to shift from large acreage surveys and treatments to focusing on small sources under one acre.
- Program staff have been treating storm drains in special event areas and in response to mosquito service requests.
- Program management was invited to observe a drone larvicide application with Douglas County Mosquito Abatement District on June 23. The application process showed great potential for incorporation into Washoe County's program for improving efficiency, reducing costs, and improving targeted applications.

Vector	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	2021 YTD	2020
Total Service Requests	1	0	2	9	12	15	39	135
Mosquito Pools Tested	0	0	0	0	5	54	59	280
Mosquito Surveys and Treatments	0	2	1	63	66	345	477	72

Waste Management (WM)/Underground Storage Tanks (UST)

- Quarterly meetings with NDEP (Nevada Department of Environmental Protection), Bureau of Sustainable Materials Management and the Southern Nevada Health District have resumed.
 - These discussions cover the State of Nevada and work to understand areas of interest, compliance, and potential issues in areas of the State resulting from other jurisdictions.
 - Program staff will participate in joint inspections with NDEP regarding select facilities as well as a mechanism to ensure consistency and training.
- NDEP will sponsor a free Mercury collection event and has contracted with a local company to handle all waste collected.
 - Location, date, and times are to be determined.
 - There have been a few collection events in the rural areas that yielded a great response to deal with mining waste that is prevalent in the community.
- Staff will resume monthly meetings with Waste Management to discuss and review community issues.
- WCHD is working with NDEP to re-establish the Underground Storage Tank contract and resume oversight over this program at the local level.

- Staff is continuing to complete permitted WM facility inspections and distribute renewals in a timely manner.
- Three new garbage exemptions were issued in June.

Inspections

EHS 2020 Inspections	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	2021 YTD	2020
Child Care	5	8	5	4	8	13	43	142
Food/Exempt Food	354	496	602	558	365	490	2865	4,264
Schools/Institutions	9	25	32	35	37	6	144	199
Tattoo/Permanent Make-Up (IBD)	5	7	9	8	9	13	51	112
Temporary IBD Events	0	0	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	0	15	30	110
Mobile Home/RV Parks	6	8	5	10	14	6	49	202
Public Accommodations	17	19	22	6	6	8	78	130
Aquatic Facilities/ Pools/Spas	4	19	13	35	31	212	594	408
RV Dump Station	2	1	1	1	1	1	7	17
Underground Storage Tanks	0	0	0	0	3	1	4	10
Waste Management	11	6	8	19	8	21	73	211
Temporary Foods/Special Events	0	0	0	5	12	92	109	48
Complaints	47	40	41	55	55	91	329	911
TOTAL	465	633	742	738	829	969	4,376	6,765
EHS Public Record Requests	331	393	655	375	719	318	2,791	3,249

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**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: July 22, 2021**

DATE: July 6, 2021

TO: District Board of Health

FROM: Nancy Diao, ScD, EPHP Division Director
775-328-2443, ndiao@washoecounty.us

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

Communicable Disease (CD)

SARS-CoV-2 (COVID-19) - By end of June, Washoe County Health District’s COVID Epidemiology nit received reports of 46,325 cumulative cases of COVID-19. November case counts were the highest on record to date, contributing to one-quarter (24.1%) of cumulative cases reported by month.

At this time, 98% of the cases reported in the past 14 days have been assigned to a disease investigator.

Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – June 2021			
Month Reported	# COVID-19 Cases Reported	Avg # Cases per Day	% of Cumulative Cases
2020			
March	143	5	0.3%
April	766	26	1.7%
May	658	21	1.4%
June	1228	41	2.7%
July	2366	76	5.1%
August	2095	68	4.5%
September	2300	77	5.0%
October	4029	130	8.7%
November	11171	372	24.1%
December	10158	328	21.9%
2021			
January	5513	178	11.9%
February	1637	58	3.5%
March	1425	46	3.1%
April	1482	49	3.2%
May	725	23	1.6%



June	629	21	1.4%
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Figure 1 below provides an overview to date of the total number of confirmed COVID-19 cases reported to Washoe County on a weekly basis since MMWR week 21 in 2020.

Fig 1: Total Number of Confirmed COVID-19 Cases by Week Reported in Washoe County, 2020-2021

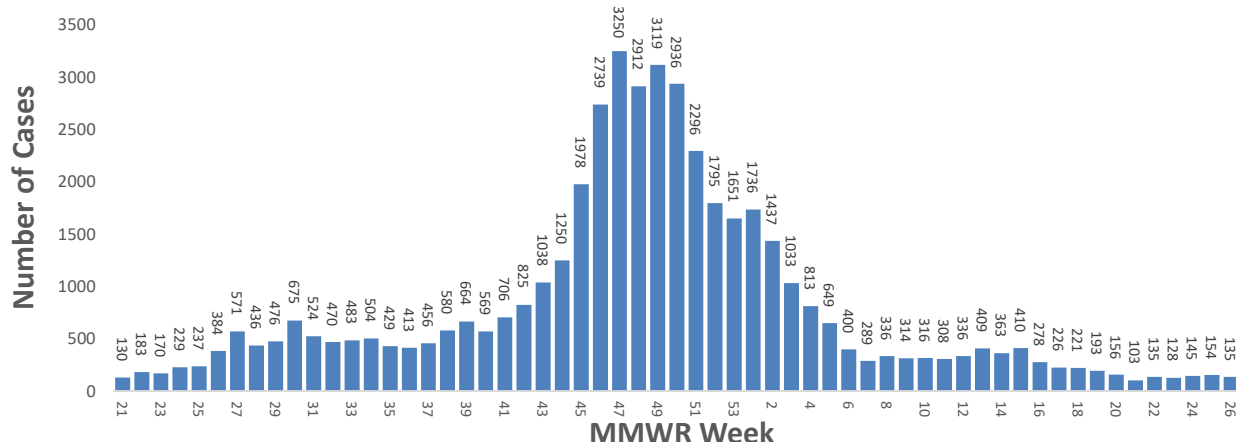
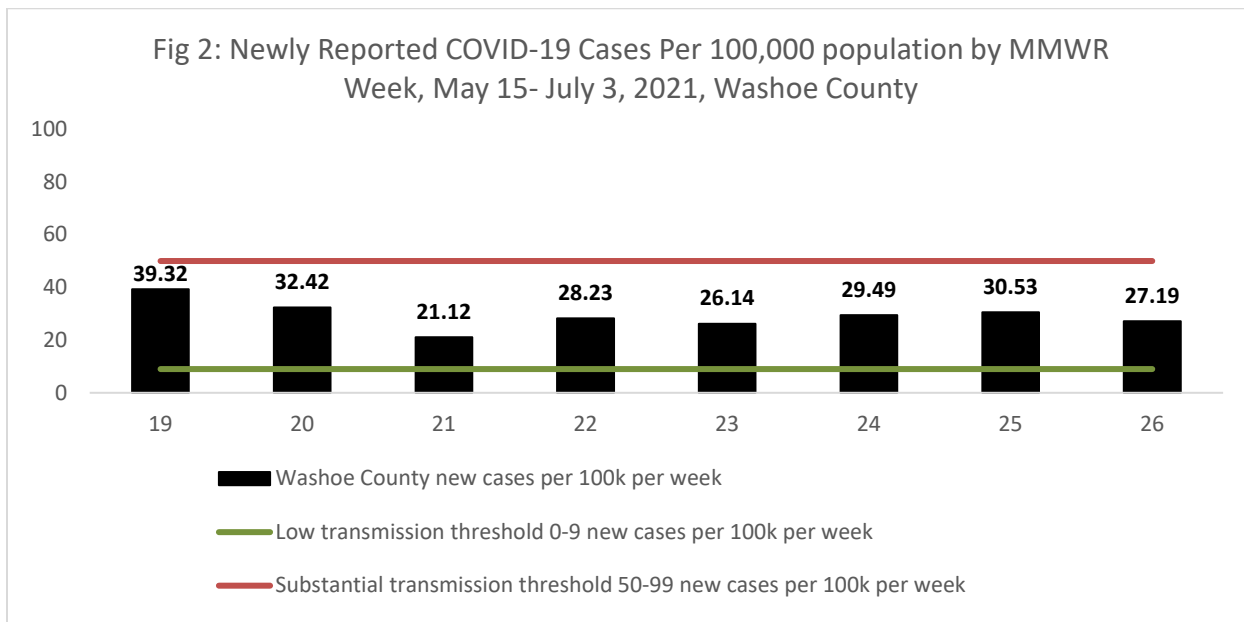
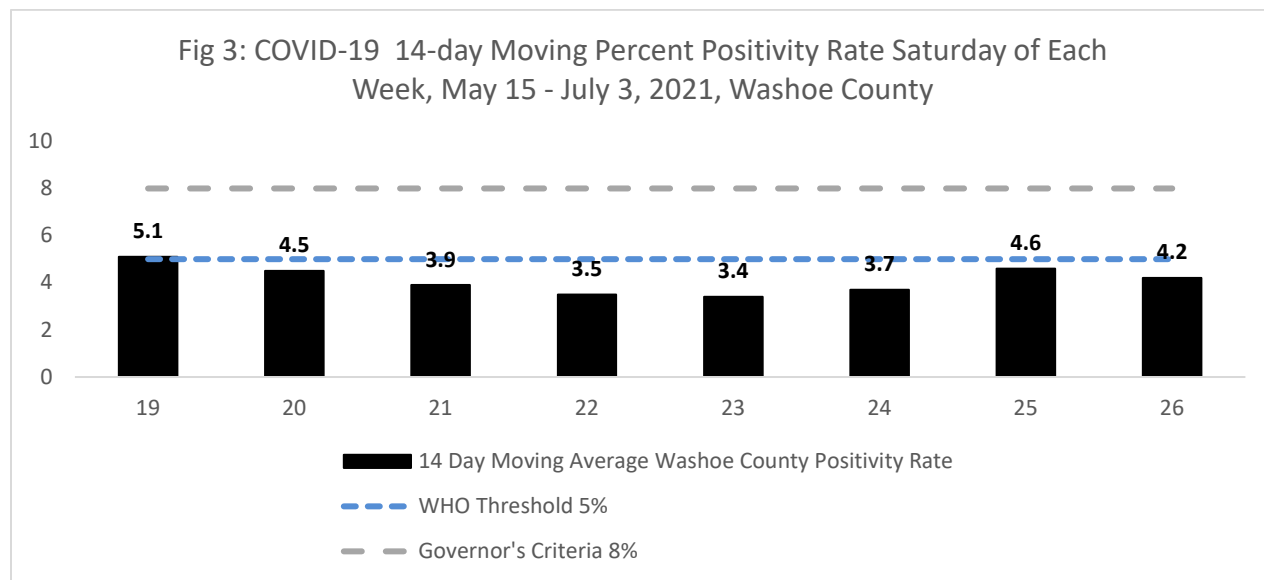


Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, starting from the second week in May to end of June. The case rates fluctuated weekly ranging from 21.12 cases (MMWR week 21) to 39.32 cases (MMWR week 19) per 100,000 population. The low and substantial thresholds per 100,000 population are based on the CDC's indicators of community transmission.¹



¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#footnote-1a>

Figure 3 illustrates the percent positivity on the Saturday of each week. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. These data are calculated daily by the Nevada Department of Health and Human Services and the trends are provided in context with the Governor's COVID-19 Task Force threshold of 8% and the World Health Organizations' threshold of 5%. The percent positivity has fluctuated between 3.4% and 5.1% over the past 8 weeks.



In August 2020, a Pediatric Task Force was created to triage the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force was composed of 17 members, with at least six working each day, seven days a week, prioritizing investigations of any case 0 to 18 years, to identify possible school and daycare exposures.

During from January through June of 2021, the County redirected approximately 30 County staff to conduct disease investigation and contact tracing for Washoe County School District. These individuals were trained by the Epidemiology Program and COVID disease investigation staff and guided by Pediatric Technical Advisors who are experts in contact tracing in school settings. The Epidemiology Program Manager and Disease Investigator Team Leads meet weekly with the Washoe County School District's Student Health Services staff and School District leadership to update processes.

On May 25, 2021 the Washoe County School District Board of Trustees (BoT) voted to approve full in person learning for elementary, middle and high school starting fall of 2021. The Epidemiology Program Manager attended the meeting to answer any questions regarding a presentation to the BoT which included a summary of a contact tracing pilot program being implemented for the 2021 summer school session. The contact tracing pilot program drastically reduces the burden on principals, school nurses, and teachers as it relates to contact tracing efforts and utilizes Washoe County School District clinical aides, who will be incorporated into the WCHD COVID Epidemiology Unit to help expedite information necessary to complete contact tracing in the classroom setting. If successful, this pilot program will be extended into the fall for the 2021-2022 school year in public schools.

From January 2020 through May 2021, the Epidemiology Program Manager has hosted a weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local physicians to provide updates and ask questions as they relate to COVID-19. As of late September, vaccine partners joined this call to provide weekly updates. On average there were 65 persons who attended this virtual meeting each week. Weekly updates are now occurring via email, sent out Friday of each week.

Outbreaks – There have been eight declared outbreaks over the course of June, four of the eight were gastrointestinal (GI) outbreaks in school/daycare/childcare settings. There are two classified as COVID or COVID-like illness (CLI), and two “other” types are both RSV outbreaks, which do not commonly occur outside influenza season, however these types of viral respiratory increases outside the typical season are occurring nationwide.² All outbreaks have been in school/daycare/childcare settings.

Type	January	February	March	April	May	June
GI - Gastrointestinal	1	1	2	12	4	4
ILI - Influenza Like Illness	0	0	0	1	0	0
CLI - COVID Like Illness	1	0	0	0	1	2
Other	0	0	0	1	1	2
Total	2	1	2	14	6	8

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Washoe County Health District Epidemiology Program since 1997. Epi News publications are emailed and faxed to 200-300 subscribers and are available on the County website at <https://www.washoecounty.us/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

During June, Epi News topics included the following:

- Washoe County Youth Vaping Report
- Tickborne Diseases – Series Tularemia
- CDC HAN Increased RSV Activity in Parts of the Southern United States
- Tuberculosis Program Update
- STD HIV Update
- Tickborne Diseases - TBRF

General Communicable Diseases – During the month of June, 323 positive labs for reportable conditions were investigated by the Epidemiology team, an increase from May (n=250).

² The Center for Disease Control and Prevention. Health Alert Network. HAN00443: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States. DOI: <https://emergency.cdc.gov/han/2021/han00443.asp>

There was a backlog of data in the 2020 calendar year, during which the epidemiology staff were operating in the COVID response. To date the epidemiology program has caught back up with all diseases, with the exception of hepatitis B and C.

Public Health Emergency Preparedness (PHEP)

Preparedness Planning Efforts – The PHEP program did not present the Medical Countermeasures Distribution and Dispensing (MCM) Annex and Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Annex to the Local Emergency Planning Council (LEPC) on June 17, 2021 as originally planned due to concerns raised by the assigned Deputy District Attorney (DDA). Questions were raised based on the applicability of Nevada Revised Statute and the confidentiality of response plans. This concern is in the process of being evaluated by the DDA and once the appropriate process for engaging our LEPC stakeholders is identified the PHEP program will solicit feedback on the annexes.

As part of the COVID-19 After Action Report-Improvement Plan (AAR-IP) it was identified that it would be very helpful to have a concise one (1) page summary of each of the plans that the Health District may be responsible for activating. This would allow for leadership to quickly make decisions on which plans should be reviewed as part of an event. In the case of COVID-19 multiple plans were activated: the Health District Emergency Operations Plan, the Pandemic Influenza Preparedness and Response Plan, the Isolation and Quarantine Plan with Benchbook, and the Alternate Care Site Plan. In addition to the one (1) page summaries, it was also identified that a quick review of the responsibilities of the Health Officer in each of these plans would also be useful, especially if the event were to occur when the Health Officer was unavailable, and a designee had been assigned. The PHEP, EMS and HPP programs have started work on the creation of these documents and it is expected that they will be available by the end of July 2021.

The Isolation and Quarantine Benchbook has been updated and will be distributed to applicable partners in July.

The MRC Program applied for and was awarded a \$10,000 national MRC Operational Readiness Award to strengthen current capabilities for evolving missions. The MRC Program brought on an intern to work on the scope of work for this award. The intern has developed two mission sets: Point of Dispensing and Sheltering. In addition, the intern has drafted training curriculum for MRC volunteers. The goal is to make this training sustainable by having it available in a user-friendly format on the internet and to provide continuing education credits.

COVID-19 Response – The PHEP program is taking on the management of POST and POD field operations beginning in July 2021. This change is due in part to the changing dynamics of the COVID-19 response to include the continuing demobilization of the National Guard and FEMA. This demobilization also stretches across other resources such as the Reno-Sparks Livestock Events Center (RLEC) staff and the decreasing availability of temporary staffing due to reduced hours of operation. As resources are discontinued, the PHEP program will be working

to coordinate the provision of testing and vaccinations while contracting/demobilizing back towards the pre-COVID-19 organizational structures.

The PHEP program is also taking on the demobilization planning for COVID-19 as well as capturing documentation on operational processes for inclusion in future planning updates and exercises. The intent of this is to take the benefit of the experience and apply it to future events.

The Medical Reserve Corps (MRC) volunteers are individuals who are either medical (e.g., EMT, RN, MD) or non-medical experience/professional training. These volunteers staff a variety of positions such as Medical Recovery Lot, Vaccinators, Forms, etc., based on their professional certification(s). Public Health Preparedness (PHP) is also coordinating with a variety of community partners who are volunteering their time to support the COVID-19 Vaccine Operations. Due to the reduction of vaccinations being distributed, the number of active volunteers involved at the PODs has decreased.

Organization	Role	Number of Volunteers
WCHD MRC	Medical and Non-medical, vaccinators, evaluators, recovery lot, traffic	461
National Guard	POST & POD	22
State of Nevada Board of Pharmacy	Pharmacists and Pharmacy Techs, drawing vaccine	62
CERT	Traffic	3
Federal Agencies* (FEMA, USDA)	Operations	11
Total		559

In the month of June, WCHD partnered with Sparks Fire to host the final remote COVID-19 vaccination PODs. These PODs occurred throughout the County at parks and community centers. The WCHD provided approximately 12 MRC volunteers in support of these PODs.

The COVID-19 Call Center received a total of 537 risk assessments over the month of June, with some entered by end-users through the web portal, and others entered by the Call Center staff.

As of July 1, 2021, the COVID-19 Call Center was staffed with a total of 18 personnel, comprised of two UNR paid contractors, eight members of the National Guard, seven temporary agency staff and one Washoe County Health District employee. All personnel were assigned to COVID-19 testing and vaccine related communications with the community and POST and POD preparation and support.

Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)

Exercises and Trainings - On June 7, 8 and 10, IHCC held 3 different workshop series based on emergent evacuation. There were approximately 30 people in attendance from various agencies (ex. Fire, REMSA, WCSO, hospitals, Washoe County Emergency Manager and Long-term care facilities) on each day.

- Workshop 1: This workshop went over lessons learned from previous real-world events from Subject Matter Experts. We had the Coastal Valleys EMS Agency speak about the Sonoma Complex fires in 2017 and the Kinkadee fire in 2019. Dr. Joshua Weil from Kaiser Hospital in Santa Rosa spoke about his firsthand experience evacuating from fires and lessons learned.
- Workshop 2: This was a virtual exercise that included an augmented reality scenario that featured both large and small group discussions focused on the identification of critical planning components for an immediate evacuation.
- Workshop 3: This was the final workshop and looked at the implementation of best practices and lessons learned into immediate evacuation planning. Participants were presented with the results from the discussion-based exercises.

Moving forward, an after-action report / improvement plan (AAR/IP) will be written and used to update the Mutual Aid Evacuation Annex for Washoe County to ensure better response and readiness for all our partners in the event of an immediate evacuation. Healthcare facilities also were able to take some lessons learned from these workshops to incorporate into their Emergency Plans for immediate evacuations.

The final planning meeting was held for the Reno Rising 2021- National Disaster Medical System (NDMS) TTX, which will take place on July 22.

EMS Oversight Program

EMS Planning

The Mutual Aid Evacuation Agreement (MAEA) was approved by the Inter-Hospital Coordinating Council (IHCC) on June 11, 2021 and was approved and signed by the District Health Officer on June 23, 2021. Planning meetings for the revisions to the Multi-Casualty Incident Plan (MCIP) will begin in July, with the revisions of the MCIP completed by June 2022.

Exercises and Training

The EMS Oversight Program participated in the following exercises and trainings in June:

- Immediate Evacuation Course and Tabletop exercise - June 7, 8 and 10
- Reno Fire: Pediatric Drowning, Med-Sled and Fire-fighter down – June 11
- Emergency Operations Center: Air Races Mass Casualty Exercise – June 15
- Reno Fire: Dispatch – June 25

EMS Joint Advisory Committee (JAC)

The EMS Oversight Program and JAC are meeting bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan. A summary of the current strategies being discussed include:

- Goal 1, Strategy 1.1.5: EMS first response; prioritize and determine who responds to what calls.
- Goal 2, Strategy 2.2.4: Research and review full and unrestricted automatic response arrangement with EMS partners.

Emergency Medical Services Advisory Board (EMSAB)

On June 24, 2021, EMSAB Chairman Krutz provided an update to the DBOH on the by-law revisions, EMS Oversight Program Strategic Plan revision, Trauma Data Report and CAD update. Chair Krutz will be providing an update to the DBOH quarterly.

REMSA Exemption Requests

On June 28, 2021, REMSA transported a record number of patients (190) and had a record number of Hospital offload delays: 30 total Status 99s for a total loss of 20 hours and 57 minutes waiting for hospital beds to become available. Table 1 summarizes REMSA Exemption Requests.

Table 1. REMSA Exemption Requests							
Exemption	System Overload	Status 99	Weather	Other	Total	Under Review	Approved
January 2021	23	2	*3 (BWE)		28		28
February 2021	5				5		5
March 2021	13				13		13
April 2021	52				52		52
May 2021	34						34
June 2021	118	40			*158		158

*Blanket Weather Exemption (BWE) requests received were for three separate weather incidents which lead to 13 late calls. Of the total System Overload and Status 99 exemptions, 24 of those qualified for both System Overload and Status 99 for the call and are not double counted.

REMSA Call Compliance

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.

Table 2 summarizes REMSA's compliance.

Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones				
Month	Zone A	Zone A – Blanket Exemption	Zone B, C, and D	Zone B, C, and D – Blanket Exemption
July 2020	*88%	100%	*84%	100%
August 2020	*85%	100%	*88%	100%
September 2020	*89%	100%	*96%	100%
October 2020	*88%	100%	*93%	100%
November 2020	*87%	100%	*90%	100%
December 2020	*89%	100%	*90%	100%
January 2021	*86%	100%	*87%	100%
February 2021	*89%	100%	*90%	100%
March 2021	*87%	100%	*83%	100%
April 2021	*87%	100%	*81%	100%
May 2021	87%	87%	83%	83%
June 2021	90%	90%	84%	84%
FY YTD** Average	89%	98%	84%	97%

* The blanket exemption effective July 1, 2020 to April 26, 2021. Compliance percentage shows the actual response compliance percentage in Zone A and B/C/D compared to response compliance under the blanket exemption.

**Fiscal Year (FY) Year-to-Date (YTD)

REMSA Franchise Agreement Updates

The EMS Oversight Program is working with Washoe County Geographic Information Systems (GIS) to conduct the annual review of the REMSA Franchise Map. The review will be conducted for FY19-20 and FY20-21. The Program reviewed map analysis, and call volumes comparisons between Year 1 (FY 2015) to Year 6 (FY 2020) provided by Washoe County GIS Tech Services for REMSA Franchise Map Review Fiscal Year 2020 on June 22, 2021. Population census data will be available in July 2021 and will be used for the FY20-21 review along with call volume comparisons.

The Program is also working with REMSA to revise the Exemption Letter that became effective July 1, 2016. The revisions will include consistency to the number of days for REMSA to submit requests as well as the Program to review and approve the requests. Additionally, language will be added to further clarify the Declaration of Emergencies and Construction exemptions.

Community of Service Development – Memo Review

The EMS Oversight Program reviews and analyzes project applications received from the Planning and Building Division and Community Services Department (CSD) and provides comments and/or conditions for the applications to the CSD. Relevant agency comments are included in the staff report and agency conditions are incorporated as Conditions of Approval. The Program reviewed seven project applications for the month of June and had no comments.

Mass Gatherings/Special Events

The EMS Oversight Program has reviewed three special events from April to June, with no comments or concerns. These events did not meet the requirements for EMS Mass gathering EMS criteria.

Regional EMS Project(s)

The EMS Oversight Program received a data request from Reno Fire Department for their exploration of Medicaid GEMT funds for fiscal year 2020. Our team continues to provide data, technical assistance related to incident summaries, and EMS response performance in Washoe County.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 505 deaths and 502 births, and no corrections were made during June. Vital statistics also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

June	In Person	Mail	Online	Total
Death	1654	69	388	2111
Birth	865	71	403	1339
Total	2519	140	791	2450

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: July 22, 2021**

DATE: July 12, 2021

TO: District Board of Health

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

SUBJECT: District Health Officer Report – COVID-19 Response, Joint Information Center, Public Health Accreditation, Community Health Improvement Plan, Strategic Planning, Workforce Development, NACCHO 360, and Public Communications and Outreach.

COVID-19 Response

On June 28, 2021, the COVID-19 response efforts for testing, disease investigations, contact tracing and vaccinations became a Health District response rather than a regional response under an Incident Management Team. Over the past month Washoe County has experienced an increase in new daily cases as well as the test positivity rate. Fortunately, Washoe County has not experienced the level of surge that has been occurring in Clark County. As of July 12, 2021, 92.5% of new cases in Nevada were occurring in Clark County as opposed to 6.2% occurring in Washoe County.

As of July 12, 2021, the test positivity rate under the State County Tracker system was 5.0% and the case rate per 100,000 over 30 days was 137. In contrast, in Clark County the test positivity rate under the State County Tracker system was 10.7% and the case rate per 100,000 over 30 days was 405.

Cases are increasing in Washoe County, however, and on July 12, 2021, the 7-day average of new cases was 28. This represents a 40% weekly increase and is the highest 7-day average since May 16. The Delta variant has become the dominant variant in Washoe County. That variant is up to 60% more transmissible than the Alpha variant and has been shown to double the risk of hospitalization. It is important to note that vaccination remains effective against the Delta variant and 99% of COVID-19 deaths in the U.S. in June were among unvaccinated people.

Health District staff continue to conduct disease investigations of cases occurring to isolate them and notify close contacts. The Health District continues COVID-19 testing three times per week at the Reno Sparks Livestock Events Center (RSLEC) which are analyzed by the Nevada State Public Health Laboratory which also conducts genomic sequencing of the positives.

The Health District continues to operate the vaccine point of dispensing (POD) at the RSLEC and is now conducting numerous community-based vaccination clinics. Vaccination clinics have been held and are scheduled at churches, schools, parks/events, brewpubs, shelters, and community centers. As of July 12,

55.75 percent of the population twelve and older were fully vaccinated and 61.60 percent of the population twelve and older had initiated vaccinations. Nevada National Guard and FEMA staff numbers have been declining steadily as personnel are demobilized.

The Health District is transitioning into a longer-term effort that will become an ongoing part of the Health District operations into the foreseeable future to continue disease investigation and contact tracing, testing, and vaccinations. Other community providers in the pharmacy and healthcare system are now providing a much larger share of the vaccinations and the Health District will be increasing efforts to bring additional providers into the system and to ensure they are properly handling and administering the vaccine.

Joint Information Center (JIC)

The Washoe County COVID-19 Regional Information Center remained active in June but ceased sending out weekday COVID-19 updates and weekly COVID-19 media briefings. The communication strategy is to keep COVID-19 in the news with updates on the contagious variants in the area, community vaccine PODs and any updated guidance at the local, state or federal level. June saw three media requests from some of the largest news outlets in the country. District Health Officer Kevin Dick conducted an interview with ABC World News Tonight with David Muir, which ran on June 24 on every ABC affiliate in the country. We also had requests from ABC Good Morning America and the New York Times, but both ended up not needing an interview. The number of press releases dropped with the cease of the daily updates, but our website numbers and social media reach are still doing well.

Public Health Accreditation

In anticipation of the second Annual Report, Section I is due to PHAB by August 30, 2021. Work is underway to gather information regarding one priority measure that didn't meet conformity during the site visit. In addition, the report will include information about the WCHD's ability to continue to be in conformity with the Standards and Measures to maintain accreditation status. Section II of the Annual report is required to be submitted by September 30, 2021.

Community Health Improvement Plan

Implementation of the community health improvement plan is well underway.

Nutrition/Physical Activity: The Family Health Festival committee is planning for the "Back to School" event on July 24th at North Valley High School from 8:00am-12:00. The event will include school vaccinations, pediatric screenings as well as other direct services for families.

Strategic Plan

Planning efforts are underway to prepare for the Strategic Plan Retreat on November 4, 2021. More information will be available soon.

Workforce Development

The 2021-2022 Customer Service Survey is now open until June 30, 2022. The survey window was extended from two weeks to one year to gather data that better represents the community's feedback about the quality of services provided by staff. The data will be analyzed monthly to inform opportunities for improvement. Planning efforts are also underway to conduct a Workforce Development Survey to assess staff competencies against the adopted Core Competencies for Public Health Professionals.

Date: July 22, 2021

Subject: ODHO District Health Officer Report

Page: 3 of 3

NACCHO 360

The annual conference of the National Association of County and City Health Officials was held virtually the week of June 28th. Several members of the ODHO and Board member Dr. Novak attended. Keynote Speakers included Surgeon General Dr. Vivek Murthy and CDC Director Dr. Rochelle Walensky. The theme of the conference was “Driving Public Health *FORWARD*,” with much discussion around what we have learned from the COVID-19 pandemic and how we need to invest in and develop public health capacity for the future.

Att.: June Media Mentions

DATE	STORY	Inquiries
6/1/2021	<p>Associated Press: Mobile Vaccination Units Hit Tiny US Towns to Boost COVID Immunity – quote from Nancy Diao</p> <p>KTVN: Health District accepting walk-ins for COVID-19 vaccine BollyInside.com: Health District, Community Foundation Partner to Install Bike Racks at Village on Sage Street KRVN: COVID-19 vaccine clinic for Latinx community at Reno church this weekend KOH: COVID-19 positivity rate down to 4.1%</p>	<p>Allen Pierleoni, a freelance writer in Sacramento, had questions about updated COVID-19 mitigation measures.</p>
6/2/2021	<p>RGJ: Most Washoe County School District graduations to be held at school football fields</p> <p>KOLO: Health District reports 39 cases over the weekend KTVN: Washoe County open at 100 percent capacity with no social distancing - Board member Tom Young interviewed KRVN: More and more Nevadans getting vaccinated KOH: 39 new cases reported, positivity rate down to 3.6 percent</p>	<p>Nevada Independent: Jackie Valley requested an interview with Lisa Lottritz regarding vaccinations for those 12-17. Interview is tomorrow.</p>
6/8/2021	<p>KTVN: Have we reached 'herd immunity'? - Jim English interviewed KTVN: Vaccine available everywhere in Washoe County - Jim English interviewed</p> <p>Nevada Independent: School-based vaccination sites open as health workers focus on boosting COVID-19 shots to teens</p> <p>KOH: Test positivity rate in Washoe County under 3% KTVN: Natural immunity is good, but vaccine immunity is better</p>	<p>KTVN: Jim English was interviewed by Paul Nelson about incentives for the COVID-19 vaccine. RGJ: Siobhan McAndrew asked what are breakthrough cases and is it a significant trend. For the purpose of this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-COV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after they have completed all recommended doses of a U.S. Food and Drug Administration (FDA)-authorized COVID-19 vaccine. Not a significant trend. KTVN: Michelle Lorenzo interviewed Jim English on Monday about COVID-19 vaccine.</p>
6/10/2021	<p>KTVN: Vaccines to continue while Reno Rodeo resumes after year off</p> <p>KOH: More than 50% of residents 12+ fully vaccinated</p> <p>KRVN: More than half of those 12+ in Washoe County fully vaccinated</p> <p>KOLO: More than half of residents in Washoe County 12+ fully vaccinated</p>	<p>New York Times: Laney Pope requested a whole bunch of information on COVID-19 response. Compa Lalo 107.7 and Juan 101.7: Christabell Sotello was interviewed yesterday about the COVID-19 vaccine.</p> <p>KTVN: Jim English was interviewed by Paul Nelson regarding the new POD configuration and the Reno Rodeo yesterday.</p>
6/14/2021	<p>KRVN: Great Basin Brewing Company hosts COVID-19 vaccine event, offers free beer</p>	
6/15/2021	<p>This is Reno: COVID-19: Health district hosts 'pop-up' vaccine events KTVN: Washoe County Health District still vaccinating residents at Livestock Events Center KOH: COVID-19 update in Washoe County, vaccines available at Stead Airport on Thursday KRVN: Shots and beer at Great Basin Brewery KOLO: Health District announces pop-up COVID-19 vaccine events</p>	
6/21/2021	<p>RGJ: Odds of tick bite-induced Lyme disease low in Nevada but higher in Tahoe, Sierra foothills</p> <p>RGJ: Nevada COVID-19 cases holding steady</p>	<p>RGJ: Amy Alonzo requested information on Lyme disease in Washoe County. RGJ: Jason Hidalgo requested an interview about the return of special events and how that plays with COVID-19 transmission. KTVN: Alexandra Reyes interviewed Erin Dixon about Reno Rodeo/special event food inspections KOLO: Terri Russell requested an interview about syphilis in Nevada per this report. Jen Howell to handle tomorrow. KOLO: Terri Russell requested an interview about school PODs for Thursday.</p>
6/22/2021	<p>KTVN: Rodeo Food Court Vendors Ensuring Safe Sanitation As Events Return To Reno This is Reno: COVID-19 vaccine offered a(sic) three schools this week KOH: WCHD to provide COVID-19 vaccines at three schools this week</p>	<p>Latinos de Nevada: Luis Latino reached out about COVID-19 vaccine progress. Working on an interview. KOLO: Terri Russell interviewed Jen Howell about syphilis in Nevada per this report. Will air Friday. RGJ: Jason Hidalgo will interview Nancy Diao on Wednesday. The National Center for Fatality Review and Prevention: Rosemary Fournier will include information about WCHD Fetal and Infant Mortality Review (FIMR) in its quarterly newsletter.</p>

6/23/2021 [RGJ: BREAKING: Hunsberger kindergarten confirmed to have cluster of Delta variant of COVID-19](#)
[KTVN: 17 Delta Variant COVID-19 Cases Reported In Washoe County, Three Clusters](#)
[KRNV: Two cases of Delta COVID-19 variant tied to Hunsberger Elementary in Reno](#)
[KOLO: 17 COVID-19 Delta variants in Washoe County; Hunsberger Elementary has a cluster](#)
[KUNR: Nevada's Test Positivity Rate Ticks Up And Vaccination Rate Decreases](#)
[KOLO: COVID-19 vaccines available at Sparks Middle School today](#)
[KTVN: WCHD to provide COVID-19 vaccines at Sparks Middle School today](#)

6/24/2021 [ABC World News Tonight: Delta variant strikes Washoe County elementary school – Kevin Dick interviewed, will air at 6 pm locally](#)
[KOLO: Four Delta COVID-19 cases were hospitalized](#)
[991 Talk: Delta cases on the rise in Washoe County](#)
[KOLO: School District never consulted Health District regarding masks, other Delta information](#)
[KUNR: 17 known cases of Delta COVID-19 variant](#)
[KRNV: 4 test positive at Hunsberger, two cases are Delta variant](#)
[KOLO: WCHD administered vaccines at Wooster High](#)
[KOLO: Hearing set for Reindeer Lodge today](#)

6/25/2021 [KOLO: Reindeer Lodge demolition fine upheld](#)
[RGJ: What we know about the Delta COVID cluster linked to a WCSD kindergarten class](#)
[KOLO: Nevada ranked number one in U.S. for syphilis cases – Jen Howell interviewed](#)
[Nevada Independent: Coronavirus Contextualized, 50th edition: Delta variant responsible for growing share of COVID-19 cases in Nevada](#)
[KOLO: Vaccination clinics held at school parking lots – Susie Deller interviewed](#)
[Associated Press: Most Nevada workplaces can relax sanitation procedures](#)

6/26/2021 [KOLO: Nevada Attorney General opens investigation into e-cigarette company JUUL](#)
[KEX \(Radio in Portland, Ore.\): ABC news story about Delta COVID-19 cases in Washoe County \(it ran throughout the U.S.\)](#)
[This is Reno: Reno mom searches son's backpack, startled by what she found \(Sponsored by Washoe County Health District\)](#)

6/29/2021 [KOH: Nevada leads the nation in syphilis cases](#)
[KRNV: More than 60% partially vaccinated in Washoe County](#)
[Washoe County: Celebrating The Fourth: Safety Tips And Office Closures](#)
[KTVN: Nevada Reports 625 New Cases of COVID-19, Test Positivity Climbs To 5.1%](#)

Total **58**

Press Releases

6/1/2021 [COVID-19 weekday updates come to a close – residents urged to follow COVID-19 Dashboard](#)
6/15/2021 [Pop-up COVID-19 vaccine events to be held at four locations this week](#)
6/21/2021 [COVID-19 vaccine events to be held at three WCSD schools this week](#)
6/23/2021 [17 Delta variant COVID-19 cases reported in Washoe County](#)

Total **4**

Social Media Followers

WCHD Facebook: 5,414 (+9 since June 1)
WCHD Twitter: 2,525 (+6 since June 1)

Latinos de Nevada: Luis Latino will interview Liliana Wilbert on Tuesday regarding COVID-19.
RGJ: Jason Hidalgo interview Nancy Diao about Delta cases.
KTVN: Valentina Bonaparte interviewed Nancy Diao about Delta cases.
RGJ: Siobhan McAndrew asked a dozen followup questions to the Delta release
KRNV: Kenzie Margiott reached out about the Delta release.
KTVN: Ryan Canaday asked about the Delta release.

ABC World News Tonight: Cheyenne Haslett interviewed Kevin Dick about Delta variant
ABC Good Morning America: Anastasia Williams reached out regarding Delta, but ended up bailing on an interview with Nancy Diao.
KOLO: Steve Timko asked for an update regarding Reindeer Lodge.
RGJ: Siobhan McAndrew asked another dozen questions about Delta cases.
KTVN: Paul Nelson requested an interview about Delta cases, but was told KTVN already did one yesterday. Instead, they shot some b-roll at the POD.
KOLO: Terri Russell interviewed Susie Deller regarding community POD operations.

KTVN: Michelle Lorenzo inquired about Delta variant cases and asked to get b-roll of the POD.

KOLO: Elizabeth Rodil inquired about snake bite prevention. Directed her to Washoe County Regional Animal Services.

KOLO: Rodil will interview Lisa Sheretz about youth vaping on Thursday.

Latinos De Nevada: Luis Latino interviewed Liliana Wilbert about COVID-19 vaccines.

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