

Washoe County



Health District

Washoe County District Board of Health Regular Meeting Minutes August 22, 2013

PRESENT: Chair Matt Smith, Vice Chair Kitty Jung, Dr. George Furman, Dr. George Hess, Dr. Denis Humphreys, Council Member Ratti, and Council Member Sharon Zadra

ABSENT: None.

STAFF:

Leslie Admirand, Deputy District Attorney
 Kevin Dick, Interim District Health Officer
 Eileen Stickney, Administrative Health Services Officer, AHS
 Charlene Albee, Acting Division Director, AQM
 Daniel Inouye, Monitoring and Planning Branch Chief, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Randall Todd, DrPH, Division Director, EPHP
 Phil Ulibarri, Public Information Officer, AHS
 Steve Fisher, Department Computer Application Specialist, AHS
 Bill Flores, Recording Secretary

Laurie Griffey, Administrative Assistant I, AHS
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Kelli Seals, Health Educator, CCHS
 David Boland, Senior Environmental Health Specialist, EHS
 James English, Environmental Health Specialist Supervisor, EHS

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1:02 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chair Smith called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by Council Member Zadra.	
3.	Public Comment	None.	
4.	Approval / Deletions – Agenda – August 22, 2013	Chair Smith called for any deletions to the Agenda of the August 22, 2013 DBOH Meeting.	Council Member Ratti moved, seconded by Dr. Hess , that the August 22, 2013, Agenda be approved as presented. <u>MOTION CARRIED</u>

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5.	Approval / Additions / Deletions to the Minutes of the June 27, 2013 Regular Meeting and July 25, 2013 Regular Meeting	Chair Smith called for any additions or corrections to the Minutes of the June 27, 2013 Regular Meeting and July 25, 2013 Regular Meeting.	Council Member Ratti moved, seconded by Vice Chair Jung , that the Minutes of the June 27, 2013 Regular Meeting and July 25, 2013 Regular Meeting be approved as presented. <u>MOTION CARRIED</u> Council Member Zadra noted abstention from approval of the July 25, 2013 Minutes.
6.	Recognitions	Mr. Dick and Chair Smith made the following recognitions: A. Introduction of new employee(s) – None. B. Years of Service – None. C. Retirements – 1. Stacey Akurosawa – EPHP – 16 years D. Recognitions – 1. Certificate of Senatorial Recognition and plaque presented to the Washoe County Health District in recognition of sponsoring the Keep Truckee Meadows Beautiful “Beautiful Business Program” accepted by Bob Sack and Jim English of EHS.	
7.	Proclamations	Healthy Living Week – September 15 – 21, 2013 – Proclamation accepted by Kelli Seals, Health Educator, CCHS. Ms. Seals presented handouts for upcoming events (filed).	Vice Chair Jung moved, seconded by Council Member Zadra , to approve the proclamation as presented. <u>MOTION CARRIED</u>
8.	Consent Agenda	A. <u>Air Quality Management Cases:</u> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: None.	

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		2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None. 3. Recommendation for Variance: None. B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. Variance Case No. 1-13S Mr. Richard Cook 4890 Turning Leaf Way Reno, NV 89519 C. <u>Budget Amendments / Interlocal Agreements:</u> a. Approval of Notice of Grant Award dated June 21, 2013 from the Department of Health and Human Services Public Health Service for the period June 30, 2013 to June 29, 2014 in the amount of \$799,838 in support of the Family Planning Program; Approval of amendments totaling an increase of \$14,838 in both revenue and expense to the FY 14 Title X Family Planning Federal Grant Program (IO 10025).	Dr. Humphreys moved, seconded by Council Member Zadra, that the Consent Agenda be approved as presented in a single motion. <u>MOTION CARRIED</u>
9.	Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.	There were no cases for consideration this month.	
10.	<u>Regional Emergency Medical Services Authority:</u> A. Review and Acceptance of the Operations and Financial Reports for July, 2013; and	Mr. Jim Gubbels, President of REMSA, reported that in July, 2013, Priority 1 Compliance was at 92%, and Priority 2 Compliance was at 96%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 97%, and the 20-minute zone was at 98%. Looking at the average bill for the month for Care Flight, the average bill was \$7,798, bringing the year-to-date total to \$7,798. On the ground side, the average bill for the month was \$1,066, bringing the year-to-date ground average to \$1,066. Mr. Gubbels provided an update from a request from the Board of Health on July 25, 2013 regarding annexations. In 2004, there were many annexations taking place in the community which remained quite frequent until 2008. The Health District and REMSA got together to determine how they were going to deal with the influx of annexations. They called other ambulance companies across the nation, but there was not a lot of experience with annexations. This region was one of the few places dealing with this issue. Next, they went to both the planning committees in Sparks and Reno to understand how they deal with annexations and received explanations of their process	Council Member Ratti moved, seconded by Council Member Zadra, to accept the REMSA Operations and Financial Report for July 2013 as presented. <u>MOTION CARRIED</u>

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	BOARD COMMENT	with building and development of infrastructure. They then decided to develop a plan and create a process. First, the Health District would notify REMSA every time there was an annexation, and REMSA would have sixty days to look at the planned annexation and respond. Mr. Gubbels provided a handout (filed) illustrating annexations from 2004 to present with parcel number and ordinance number. These annexations are either included in an 8-minute zone or included within a study area. Out of 159 annexations on the list, 85 have been placed into the 8-minute zone, and 74 have been placed into the study area. From there, they developed a process to monitor and follow (filed). The annexations placed into the study area are studied to examine performance if placed into the 8-minute zone. As the cities look at public safety needs and placing of resources as the community grows, REMSA does the same. Double Diamond is a good example where they are just now looking at whether they should position a fire station in that area; Verdi and Spanish Springs are other examples. There is a fire station out in Wingfield Springs but not on Pyramid Highway. As the population grows, REMSA has to determine how they move forward and serve those people. Each month, REMSA sends a report to the Health District displaying who fell into the study zone. Every six months, they sit down and look at it cumulatively to see if they are going to change any of those zones. For example, during the month of July, 2013, there were 17 transports into the test area zones. Those test area zones are 15-minute zones, one is a 20-minute zone, and they studied them to an 8-minute zone. Out of those 17 calls, out of a total of 3,513 transports, representing .005%, they were late on 9 of the calls to the 8-minute standard, and 8 of the calls were on-time for a 47% compliance. There were two calls in a 15-minute zone in Arrowcreek Parkway. Both of those calls were on-time. Even though they are in a 15-minute assigned zone, they were on-time to a studied 8-minute response. There were two calls in a 15-minute zone in Double Diamond. They were late to an 8-minute standard, but they were on-time to a 15-minute standard. One call was .2 seconds late for an 8-minute standard, and the other one was 56 second late for an 8-minute standard. Therefore, Mr. Gubbels explained that they are not talking about a huge amount of time behind the 8-minute zone even though it is a defined 15-minute zone. In Northeast Sparks, there were five calls in that area for the month of which one call was late, coming in at 80%. That late call was four minutes past the 8-minute standard. That call was in a currently defined 20-minute zone, and they were there within 12 minutes and 43 seconds. These areas are not just automatically placed into the 8-minute zone due to compliance. For every one call late, he needs to be on-time ten times to make a 90% compliance. He pointed out that REMSA is not taking this lightly; this is something that is ongoing and is being studied. Dr. Hess requested clarification on the color-coded map filed. Mr. Gubbels explained that all of the pink are 8-minute response zones, all of the orange are 15-minute response zones, and all of the yellow are 20-minute response zones. The study areas are in blue with some in Somerset, Verdi, Cold Springs, Sparks, Double Diamond, and a little bit of Arrowcreek Parkway. No different when looking at public safety services or city services, as these areas enlarge and develop with transportation and population base present, REMSA changes their resources to meet those needs. In the mean time, they are studying, no different than the cities would study, when there will be the economical opportunity to go ahead and change those	

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	B. Update of REMSA's Community Activities Since July, 2013	response zones. Chair Smith asked if Mr. Gubbels had the fire response times for all of those areas. Mr. Gubbels responded that Dr. Todd had taken the period of April and matched data to determine if somebody arrived within the 8-minute standard. That one month study showed that 94% of the time, one of the agencies arrived within an 8-minute period of time. The importance of that study is to determine if there are gaps within the system. That was very limited, as we only had one month of shared data, and Dr. Todd wants to expand that further. One of the questions Mr. Gubbels raised in the EMS Working Group was if there are gaps in the community. If there are gaps, then either fire first response or REMSA needs to determine how those gaps are filled. He explained that the report was helpful in providing a picture that, between the response agencies combined, they are meeting response goals 94% of the time or greater. Even the unincorporated areas with Truckee Meadows Fire still show that one of them is still getting there within that period of time. Dr. Humphreys asked how the term “best effort” applies in this system. Mr. Gubbels responded that “best effort” does not apply here, because the annexations were defined as unincorporated areas and are now incorporated. Dr. Hess clarified that the white area on the map would be the “best effort” area. Mr. Gubbels responded in the affirmative but clarified that this area runs all the way to the Oregon border and down to Carson City as well as East and West. Vice Chair Jung asked if the Board could have a copy of the list to which Mr. Gubbels was referring. Mr. Gubbels responded that the list may be reviewed at the Health District, but, because it has addresses, it cannot be released per HIPAA. Council Member Ratti asked if a list could be created listing the 159 annexation areas and which ones were placed in the 8-minute zone and which were placed in the study area. Mr. Gubbels responded in the affirmative and provided a copy of that information to place in the record. Mr. Gubbels announced that REMSA received their reaccreditation from the International Academies of Emergency Dispatch of which the document was provided within the REMSA report. Internationally, REMSA is one of 4% that have this accreditation; they have maintained this accreditation since 2001. He is very proud of the REMSA staff to be able to continue to reach those measurements and meet these reaccreditations.	

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11.	Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including Recommendations Contained in the TriData Report and Various Other EMS Studies BOARD COMMENT	Randall Todd, DrPH, reported that the Board has been provided a fairly brief report of the last EMS Working Group due to the meeting's short length. He pointed out that he thinks it is a major accomplishment that the group got the resupply agreement signed. It had been the topic of discussion at several of these working groups. What REMSA has put together and what the fire first response agencies have agreed to try, at least on a 90-day trial basis, is a substantial improvement in terms of accountability for how these supplies get used by one agency and then resupplied by another agency. Dr. Todd noted that at the time of this meeting they had not received any of the 911 data that they were hoping to be able to merge in with the earlier study presented to the Board previously. They have received some data but not all; he believes there are some technical challenges in pulling the data the way they need it. Dr. Todd has offered his staff to assist if desired. They will continue to pull that data and refine the picture that was presented in the PowerPoint previously, providing better data going forward. Chair Smith noted that he received a call from the Reno Mayor who explained that REMSA is not reimbursing supplies to the Fire Department. He asked if that was the case. Dr. Todd responded in the negative. Mr. Gubbels responded that the supply exchange agreement is very old between the agencies, created in 1996. It is an exchange for supply goods at the scene. At that time, the fire service was supposed to complete a form indicating what supplies had been used, handing it to REMSA, which never occurred. The part of exchanging supplies did occur, but no documentation ever occurred. He pointed out that he needs to be accountable to his Board for the amount of supplies being used, and he is also asking the fire departments to be accountable. In the past, the fire department was basically taking the supplies that they felt they needed, and there was no accountability or measurement. Mr. Gubbels explained that he could not report how much money he spent last year in resupplying fire first response. Furthermore, some medications were being exchanged, and that cannot be done by law. He asked the fire chiefs back in June to work with him to change this process. At that point, medications were taken off the list, and there is another group of prescribed items, IV supplies, that by law cannot be exchanged. He admitted that even he did not know that. IV supplies are a prescription along with airway supplies. The first agreement allowed sending over a list of supplies used once per week which would then be replaced. With the items that cannot be exchanged, they will be tracked and reimbursed monetarily. Then, they agreed to reimburse monetarily on all items. REMSA agreed to reimburse on their cost. They did not like that idea, because REMSA buys supplies in bulk, resulting in different pricing. Now, the newly signed agreement involves fire agencies tracking what they use on a case. They actually login to REMSA's supply system, enter the run number, the date, and what they used. Every month, REMSA will monitor those entries, audit some of them, and then provide cash reimbursement for soft good supplies, IV supplies, and airway supplies used. This is a 90-day trial period. It puts accountability on both the fire side and the REMSA side so that they know exactly what is being spent.	

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		Council Member Ratti asked if REMSA staff ever take supplies from Fire. Mr. Gubbels responded in the negative. He continued that the one thing that will be exchanged at the scene is immobilization devices. Those are the backboards that REMSA purchased for the entire community. The Fire Department carries backboards, and REMSA carries backboards, including C collars. These are exchanged provided that they do not get depleted. They carry three in the ambulance, but once they get to the hospital, the backboard goes with the patient, creating the need to resupply the ambulance. Council Member Zadra asked if there was concurrence with the City that the IVs and drugs cannot be legally transferred. Mr. Gubbels responded that medication was an issue that obtained agreement that they will be responsible for their own. The IV and airway supplies will have remuneration through dollars. Ms. Zadra asked if this issue was just with the City of Reno or others as well. Mr. Gubbels responded that they began having conversations in June. The chiefs were more amenable, but when they got it down to their supply level, it came back up the chain of command with the chiefs voicing more concern. He had thought they were done in June, but now they are. It was signed with an effective date of August 15, 2013. No one has called him. Therefore, as far as he knows, the system is working. Ms. Zadra clarified if after this 90-day trial period this process will just continue if everything is working. Mr. Gubbels responded in the affirmative. Ms. Zadra asked if it will require a policy action from the Board. Mr. Gubbels responded in the negative and added that none of this is in the Franchise. Mr. Dick pointed out that Dr. Todd has included the resupply agreement in the Board packet and is signed by all of the fire chiefs. He thinks that this is a positive accomplishment of the EMS Working Group. Chair Smith asked Council Member Zadra if she could make sure that the Reno Mayor gets this information. Ms. Zadra agreed. Dr. Hess explained that it made no sense to him why the Sheriff wants to have medical dispatch.	

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		He asked for clarification on the Sheriff's position. Dr. Todd offered to very briefly summarize the Sheriff's position as he has heard it several times. He explained that the Sheriff maintains that when a call comes in to 911, that is purportedly a medical call, what might not be immediate apparent is that it could be a law enforcement issue. As an example, as provided by the Sheriff at the last meeting, a call came in to 911 as an apparent cardiac arrest. That is clearly a medical issue requiring an ambulance to be sent as quickly as possible. Therefore, dispatch will disconnect the call once REMSA is on the line and maintaining contact with the caller while the ambulance is en route. This is necessary so that pre-arrival instructions can be given, CPR can be started, where minutes and second can be critical with this type of event. However, as things continued to unfold, it became known that this incident was perhaps not a cardiac arrest but instead a self-inflicted gunshot wound. Apparently, the assertion was that nobody had asked about the location of the gun. When you have a gunshot wound, whether or not self-inflicted, and you do not know the whereabouts of the gun, then you have personnel potentially being in harm's way. It has been difficult to understand what percentage of the time does this happen. There were several examples like this provided. You can follow the logic that the Sheriff would be using, but Mr. Gubbels brought up the question if any of these incidents have been forwarded for review. The Sheriff's solution to this issue is that his office takes over dispatch. Dr. Todd explained that his solution at the meeting was that he believes they would all agree that better and timely exchange of information between the agencies would be useful in addressing the type of scenario that the Sheriff was describing. Dr. Todd argued, and the Sheriff agreed with him, that Mr. Gubbels' proposal was also a valid one. Looking at these specifics and finding some ways to do process improvement on how information is gathered as an event is unfolding, would also be useful. He thinks that they perhaps made some progress there. He also pointed out that the Sheriff does do emergency medical dispatch for the North Lake Tahoe Fire Protection District, falling outside the Franchise Area and acting as its own transport agency. Council Member Zadra requested clarification that the working group is going to attempt to perform some evaluation behind improving the current system versus changing dispatch. Dr. Todd responded that he believes that there is an agreement that they need better and timelier information. The TriData report suggested that this could happen through collocation of dispatch, meaning that REMSA's dispatch could simply be moved to the location of 911 dispatch. However, the TriData report also very clearly said that this could be done virtually. There are good examples of this occurring successfully in a virtual way. This means that the computer-aided dispatch (CAD) system that the PSAP is using to dispatch law enforcement and fire with a transfer to REMSA dispatch for EMD, could be linked with REMSA so that information inputted would immediately appear in both dispatch systems. Dr. Todd personally believes, and he noted that this is an area where they do not have consensus, that this would solve all of the problems that the Sheriff has identified as reasons why he should take over the dispatch operation. He also thinks that it would address many of the concerns that REMSA has expressed, from a medical standpoint, as to why they should retain EMD. In a very real sense, doing emergency medical dispatch and providing	

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		emergency medical services is the practice of medicine outside of the hospital, and the dispatch is a critical piece of that. He explained that the Sheriff makes some valid points, and REMSA makes some equally valid points. Where it comes apart is in how they resolve those points. He personally believes that technology can resolve that; he does not think the Sheriff is quite so sure of that. Ms. Zadra asked for confirmation that the EMS Working Group is committed to continue to evaluate. Dr. Todd responded in the affirmative. He is going to take the Sheriff's agreement, and he is hoping the Mr. Gubbels is going to take the Sheriff's agreement, and look at both as a yes. They should also take a look at the run numbers that he was citing so that REMSA can evaluate on a case-by-case basis. He hears the Sheriff saying that we need to look at this from a systems standpoint, not a case-by-case standpoint, but he thinks that REMSA is also correct that looking at specific cases can be useful for affecting process improvements. Ms. Zadra asked what is best practice for communities of similar size. Dr. Todd explained that there are so many differences from community to community. He thinks that we have a very fine emergency medical dispatch system with REMSA that is state of the art. The fact that it is staffed with people who are certified as EMTs or paramedics and who have significant field experience makes them very well able. EMD does require the ability to provide specific instructions and make modifications based on information obtained from the caller. There are many communities who use their PSAP for dispatching fire, law enforcement, and ambulance. He explained that if they did not have the state of the art dispatch that they have for EMD, that might be a good way to go. However, he explained that they have this system, it is working very effectively and has worked very effectively for a number of years. He noted that he has a hard time seeing why they should be changing this system except through technology to make it better and more transparent across the disciplines. Ms. Zadra asked if Dr. Todd is aware if any of the EMS recommendations will be on the next September 16th concurrent meeting agenda between the cities, County, school district, and potentially the Health Board. Mr. Dick responded that he has been told that it will not be on the concurrent meeting agenda for September 16th, and the Board of Health will not be part of the concurrent meeting. The 120-day period that commenced at the June 10th concurrent meeting is going to be coming to a close on or about October 2nd. He has continued to meet with the City and County Managers, or their representatives, to discuss the approach forward with the modernization of the Franchise Agreement, and they do not see how they can get to closure on this in that timeframe. They do not have any concurrent meeting that will be occurring before that timeframe; therefore, they have discussed working together to bring pretty much an identical item to each of the governing bodies to request an extension so that they can continue to work on the Franchise negotiations. In regard	

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		to the Franchise negotiations, they are working together with the City and County Managers and have developed an outline format structure for a franchise agreement where they have looked at a lot of different agreements in place in different counties in California and the types of components that are included in those agreements. They are trying to incorporate the types of components they think are important to have a more comprehensive and detailed franchise agreement than is currently in place. They are also assessing the overall EMS structure and coming up with some conceptual structures of how EMS oversight might work over all of the EMS agencies, not just oversight of the REMSA Franchise Agreement. He communicated this information to the REMSA Board at their most recent meeting. The Managers had intended to visit with the REMSA Board on August 16th, but they pushed that back to September 20th, due to Shaun Carey's injury. He also mentioned that he received the Board of County Commissioners' August 27, 2013 meeting agenda, and Item 14 is a status report on the EMS Working Group, including progress on previous direction, etc. It says that the Sheriff and Truckee Meadows Fire Protection District will be reporting on that item at the request of Chairman Humke. Mr. Dick expressed that he found that to be odd since they are working with the County Manager on this project. Chair Smith commented that when he was in front of the County Commission, when Commissioner Breternitz was there, Commissioner Breternitz asked him if after taking a look at a report, if he found anything in there that could better the system, if he would be willing to partake in that. Chair Smith explained that he told him that he would absolutely be willing. He explained that this EMD issue, the only way to better it, or get close to it, is to be accredited and have every single person up there at dispatch be a paramedic or EMT. He expressed frustration, because he feels that this effort is not bettering things; it is a downgrade. It is all about bettering the system. Dr. Todd mentioned that he believes the EMD that is at REMSA is accredited. Chair Smith clarified that the Sheriff should have every single person up there at least a paramedic to take that call and also be accredited even to be equal to what is in place right now. He added that it is not making the system better by giving it to the Sheriff for the one or two phone calls where there might be a gunshot, etc. Council Member Ratti commented that she thinks they all need to be cautious about drawing any lines in the sand this early in the process, because the working group is still working on it. She thinks that there still could be a great collaborative solution that could come from the ongoing conversations. She also mentioned that she agrees that medical dispatch is the practice of medicine and that they need to be very careful in toying with that. She pointed out that it is the first step in the data collection process. She added that when they are only talking about dispatch, they also need to make sure that they are talking about it as part of accountability in the data collection process that has failed them in the past in terms of being able to blend the information from fire departments, law enforcement, and REMSA. She does not want to be in a place where she has to pay \$60,000 to an outside consultant to tell her what is going on in her own community. She does not want to be in a place again where staff is spending many hours with an intern to look at one	

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		month's worth of data. She added that they need to get to a place where they can have regular, transparent data that starts with a shared dispatch or shared dispatch protocol and good communication between the two. It has to be examined globally in terms of a starting point for the data collection for everybody, including unique identifiers for each rollout and vehicle locators. The final decision has to be holistic to make sure that data can be collected, showing red flags. Having annexations that happen at the pace they did between 2004 and 2008, she does not want to wait until 2013 to know if there is a problem in the system. It is only through the regular collection of that data that they will know whether they have gaps in the system on a regular basis. Dr. Todd responded that the good news is that he is hearing consensus around the EMS Working Group table on everything Ms. Ratti just said; there is agreement that they need the data, they need the AVL (automatic vehicle location), and they need it timely. Unfortunately, they are about a year to a year and a half away from a full blown technological solution to that. They would probably be that far away even if they dismantled REMSA dispatch and collocated. There is no fast answer; the time that he and his staff are spending crunching some data and trying to match things up is a band-aid. Every time they get some answers, additional questions are raised, which is not a bad thing. However, they do not want to continue this band-aid effort. They will get it down to where it is a little bit less labor-intensive so that they can get a little bit more data, but it is not the final solution. The really good news is that no one is disagreeing on what is needed; there is a little bit of disagreement as to how they go about accomplishing that. Ms. Ratti commented that she is merely saying that those things also inform what our dispatch should look like. Chair Smith asked since it is a year and a half before they are ready to go, what has to happen. Dr. Todd responded that in order to put in place a CAD-to-CAD linkage, the PSAPs need to upgrade their CAD software. There is the collocated 911 center; Washoe County Sheriff collocated with Reno ECom Dispatch Center. In Sparks, there is the Sparks 911 Dispatch. Mr. Smith asked who needs to upgrade in order to make it work. Dr. Todd responded that those two need to upgrade. The Sheriff and Reno are currently using a CAD system that is called "Tiburon." It is at the end of its life. It makes no sense to try to upgrade and spend money putting in a CAD-to-CAD linkage with REMSA when that software has to go away. Fortunately, the Sheriff has obtained grant funding to upgrade the Tiburon system so that it will be worth putting in a CAD-to-CAD linkage. REMSA would need to obtain the software necessary to link their TriTech CAD system so that it will talk in real-time to the upgraded Tiburon system. Sparks is using the West Covina system which is a fairly antiquated CAD system. There appears to be consensus that it also needs to be upgraded. The Sheriff hopes that the City of Sparks will decide to upgrade to the same version of Tiburon software that he is using. That would certainly provide some interoperability and make it easier to shift calls if one PSAP goes down.	

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		They are probably nine months to a year away from the installation of the upgrade to Tiburon for Reno and Washoe County. He does not know where Sparks is with theirs. Mr. Smith asked for clarification that the Sheriff wants to take EMD and place it in an antiquated system and do the dispatch. Dr. Todd clarified that the Sheriff wants to take it and put it into a new Tiburon system. Mr. Smith commented that if he has a new Tiburon then they can do CAD-to-CAD. Dr. Todd responded in agreement. Mr. Smith added that they cannot do CAD-to-CAD now, because they are not upgraded enough to do it. Therefore, what he wants to do, since they do not have the software to do the CAD, he is going to take it and do the EMD. Dr. Todd explained that that would presuppose there is a timeline on this effort, and he has not heard anybody talk timelines. He has heard them talk conceptually if EMD should be collocated with the Sheriff's Office. The other thing that has not been raised is where this leaves Sparks. Mr. Smith commented that this comes back to the same question of whether or not this system will be better, which he cannot yet see. Until they get upgraded, he explained, it is not going to be better. Council Member Zadra commented that there may be an opportunity for discussion with the Sheriff federal framework. Dr. Todd added that Stacey Akurosawa's retirement took his EMS staff down to zero. Therefore, they have expedited with the Human Resources Department, who has posted the vacancy, and he has been able to bring in an intermittent-hourly employee who is learning as she goes along. He also has to get her EMD-certified in order to take on some of the auditing processes that they do to validate some of these numbers that Mr. Gubbels provides to the Board every month. Dr. Humphreys asked how often the EMS Working Group is meeting, and who are the members of this working group. Dr. Todd responded that they have been meeting more or less a couple times a month. They had some scheduling issues; the meeting he just reported took place on August 9th, and the next meeting will be held on September 6th. Normally, they get together for a couple hours every couple weeks. This came out of an earlier concurrent meeting of the boards. The two City Managers, the County Manager, and the District Health Officer were assigned to the working group. In practice, there has been some expansion of that. For example, he attends that group regularly, the cities	

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		and the County have brought in their respective Fire Chiefs, and the City of Sparks Assistant City Manager, Steve Driscoll, has been routinely there and has taken over chairmanship during Mr. Carey's recovery. The Reno City Manager brings along the City of Reno Finance Director, Robert Chisel. It is a good group, and he believes they have the right people to debate and discuss and hopefully get to some consensus and improvements. Dr. Humphreys asked if REMSA is represented in this working group. Dr. Todd responded that REMSA was not initially but is now represented as well. Mr. Gubbels is regularly in attendance at that meeting.	<u>NO MOTION</u>
12.	PUBLIC HEARING: Proposed Approval and Adoption of Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 040.051, Woodstove / Fireplace Insert Emissions, and Section 040.052, Outdoor Wood-Fired Boilers	Charlene Albee, Acting Division Director of Air Quality Management, noted that before the Board today are some proposed amendments to the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.51, which regulates the woodstove / fireplace insert emissions, and Section 040.52, regarding outdoor wood-fired boilers. The proposed amendments for the woodstove Section 051 is primarily to bring commercial facilities that have solid fuel burning devices into compliance with the regulations in the same way that residential properties have been done for a number of years. This has been happening more and more recently with the old historic homes in Downtown Reno and Sparks that are being converted to business property. The zoning has changed prior to them becoming a business; once the zoning changes to commercial, they no longer have any authority to make sure that the solid fuel burning devices in those houses are up to the cleanest standards. They end up with basically a doughnut in the neighborhood where all of the residential homes around it have clean burning devices and there is one old smoker in the middle which causes neighborhood complaints regarding why theirs has to be clean when that one does not. What really pushed this into the forefront is they actually had a new warehouse that was being built out in Sparks, in the industrial area, where there was a desire to have a caretaker's residence built in the back of the warehouse with a wood stove inside the residence. Since it was on a commercial property, they could not make them put in a clean burning stove, potentially creating some real smoke impacts for the businesses in the area. Luckily, the fire department stepped in and did not allow that to happen, alleviating the problem. However, this incident really brought the issue to their attention that they needed to have the commercial properties brought in. They are not asking them to do anything that the private residences are not already doing. The other change that is put into this 051 amendment is in Subsection 051.C.3.c., as a result of the Caughlin Fire and the Washoe fires, they had made a policy decision to allow the people who had lost their homes to rebuild with whatever they had preexisting. They decided that it would be best to build that into the regulations so that they have something as a foundation to stand upon. Therefore, that is why the statement of being rebuilt following a natural disaster was included. The rest of the changes in that section are really just cleanup language. Section 040.052, Outdoor Wood-Fired Boilers, is proposing to be renamed as Hydronic Heaters. This is actually the result of a citizen that came in who is looking to build an off-the-grid house out in the Northeast end of Palomino Valley, approximately seven to ten miles off the main highway. He wanted to put in one of these hydronic heaters, and they had specifically prohibited the installation of those heaters, based on experiences	

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		they had heard from other air agencies. The first generations of these hydronic heaters were basically a little metal shed where you opened the door and stacked a whole bunch of wood that was set on fire and left to smolder to the point where they did have highways up in the Northeast that were having to close due to high levels of smoke with several of these located close together. They had put the prohibition in place to stay away from those. There are not a lot of timber resources; therefore, they did not think it would be a problem. Since those first generation units came out, there has been a lot of work by EPA, in conjunction with the manufacturers, to come up with some cleaner burning units. They are now qualifying the units similarly to how they certify the wood stoves. In recognition of the work that they have done and this request that they received, they decided to go ahead and acknowledge the hydronic heaters and go ahead and approve the installation under certain conditions, primarily being on a minimum 40-acre parcel, attempting to prevent overlapping impacts. In addition, it would also have to be located outside of a non-attainment basin so that they do not have any problems meeting their ambient air quality standards. They held a public workshop. One member of the public showed up from the Reno-Sparks Association of Realtors. He is neutral on this subject, realizing that in Section 051, bringing the commercial buildings up to the same standards as the residential was probably the right thing to do. Chair Smith opened the public hearing and asked for any public comment. There was no public comment.	Vice Chair Jung moved, seconded by Dr. Hess, to adopt amendments to Sections 040.51 and 040.52 of the Washoe County District Board of Health Regulations Governing Air Quality Management as presented. <u>MOTION CARRIED</u>
13.	Presentation of Environmental Health Services Division Programs, Mandates, Fees – Activities and Mandates for the Waste Management Program	Bob Sack, Division Director of Environmental Health Services (EHS), noted that this is the third and final presentation from Environmental Health Services in an overview of the Division's different programs, today taking a look at the Institutions Program, Land Development, and Vector Program. He mentioned that he included within the agenda packet all of the enabling statutes that they deal with, not the regulations, but the actual NRS statutes that are associated with each of these programs. He mentioned specifically that Well Construction, Tattoo Invasive Body Decorations, and Vector-Borne Disease and Mosquito Abatement programs are not mandated specifically, but the Health District is the only agency carrying out these programs. He showed the structure of Environmental Health Services as also provided within the staff report. The Land Development and Drinking Water Program processes are oriented around protecting groundwater supplies and ensuring that the groundwater is acceptable for drinking and other recreational uses. They oversee all of the public water systems, such as Truckee Meadows Water Authority (TMWA) and the County, totaling 94 regulated water systems. They inspect one-third of those systems per year. Although this is mandated, there is some state Safe Drinking Water Act money received from the feds that helps offset the costs. They also respond to water- and sewage-related complaints. They often work with the cities on sewage backups and water line breaks, ensuring that they are properly repaired and still safe for the public. They do consider those leaks to be imminently dangerous issues, especially on the sewage side. They perform plan review and construction inspections for domestic wells, septic tanks and water systems. Even though they are not mandated directly, domestic wells are almost impossible to separate on a residential basis from the residential septic systems. For example, within Historic Verdi, there are drinking water wells and septic systems that	

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	BOARD COMMENT	are 10-15 feet apart. In essence, they are directly drinking their sewage in some of that older part of town. Therefore, making sure that these systems are designed properly and generally taking the needs of each into account on a piece of property is really needed and works real well. They provide continuous support and guidance to all public water systems in Washoe County. There are a lot of regulatory requirements at the federal and state level that they report to the Health District, such as when they get a bad Bac-T sample, requiring a lot of interaction to ensure that the law is being implemented, which is extremely complex. They also regulate the drinking water hauler and sewage pumper trucks. They have found that there are very few actual drinking water haulers out there; there is not much of a need for just drinking water, except on an emergency basis. There are some issues with being able to haul drinking water on a bulk basis if they had a large emergency with a lot of water outage. That is something that they have been discussing with TMWA and the County. Council Member Zadra left at 2:18pm. Dr. Furman left at 2:19pm and returned at 2:22pm. Dr. Hess asked if there is a record of who is out there and easily accessible in the event of an emergency. Mr. Sack responded that as an example, there is a planning effort that is just now being undertaken to plan for a large outage and how they are going to get water to specific areas. That could be a problem. There are mechanisms to get bottled water in, but actually supplying bulk water into a system could be problematic. They are finding with the sewage pumper trucks, totaling about 50 or 60, that there are quite a few that are unpermitted. They are in the middle of an effort to identify the unpermitted trucks and bring them into compliance. There has been a problem with waste products being discharged into storm drains. Part of their permitting process is knowing where they are dumping waste and ensuring that it is an acceptable location. Mr. Sack showed an example of a septic system and aquifer system as provided within the staff report but also displayed animation illustrating the injection of sewage from an improperly installed septic system, contaminating groundwater and surface water with fecal matter, and the flow of groundwater protected from contamination as sewage flows from the septic tank out to the leach field, dispersed not at a point source but over a wider area. Mr. Sack showed an example of an overturned sewage truck as provided within the staff report. When this type of incident occurs, there is an immediate sewage contamination issue that must be resolved, causing active response from staff. Some of the efficiencies implemented over the last few years include streamlining of plan submittal requirements. They had received quite a few complaints from the public who did not understand why they had to have all of the things that were required with plans. They determined that they were requiring too many things. Since that time, they have changed those submittal requirements, and he has not received any such complaints over the past year and a half. These improvements take away the need for the public to come back multiple times as they attempt to satisfy all of those requirements. It can still happen, but the lessening of requirements has been quite successful.	

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		They have implemented a health information system where they are scanning new septic and well data into GIS. They have historical data back into the early sixties on microfilm. Over the last six or seven years, all new information has been scanned into GIS rather than being placed on microfilm. Records are a lot more readily available, but they still have probably over 30,000 records on microfilm that require resources to transfer into the new system. They experienced a reduction in workload on septic system inspections. They used to perform about 1,000 per year, dropped to about 100 at the low. Wells went from over 300 inspections to 40 or 50. They reduced staff resources in this area; as some retirements occurred and they lost almost 30% of staff, a number of them came from this area. Workload is now going back up on both the commercial and residential development side. They negotiated with both TMWA and the State whereby small water projects do not have to be submitted to them for review and approval; small pipe replacements, etc. were just being handled the same way that TMWA or the County was already doing. They just agreed upon the process, the other entities do them that way, and the Health District receives a list of small-scale water projects. Their relationship with the County and TMWA is very good. Their Vector Program has a goal of no human disease outbreaks in Washoe County. They do early surveillance in order to target disease outbreaks. They are also implementing design standards in public and private infrastructure to minimize habitat for disease-bearing rodents and insects. One, if the habitat is not there then they do not have to go back every year, multiple times, and treat the area with larvicide, perform plague dusting, or trap rodents to try and remove them. They have a very high level of collaboration with stakeholders in the cities, Washoe County's Community Development and Public Works Departments, homeowner's associations, and the Nevada Department of Agriculture Animal Disease Lab. They especially have a very tight relationship with the Animal Disease Lab. Animal bite investigations and residential insect infestation advisory inspections include rabies cases. They are going to develop a formal agreement with Washoe County Regional Animal Services to memorialize what is working real well. They perform the dog and cat bite investigations while EHS does all of the wild animal, high-risk investigations where they would typically see rabies from bats, foxes, etc. If Regional Animal Services has a problem, EHS will come in on the routine dog and cat bites to exercise their rabies authority. On the residential insect infestation advisory, it used to be pretty much related to roaches, such as in an apartment building, but now, by far, it is bed bugs. They are not a huge, immediate health hazard, but they are an "ick" factor. Even within the hotel statutes, they are required to respond to those bed bug infestations. On an advisory basis, their vector staff provides advice to the public as well. They perform the proactive, reactive habitat treatment to prevent disease, such as spraying for mosquitoes and dusting boroughs in the spring for fleas to try and reduce plague problems. Their mosquito abatement program is by far the biggest aspect of the program. They perform larviciding on a proactive basis, applications by helicopter, which is the best control they have for mosquitoes. On a reactive basis, the fogging they do is specific to areas where the adults are there and they know there is going to be a problem or the problem already exists in that area. They know that they have West Nile Virus out there; there have been press releases regarding the positive mosquito pools. Currently, the reports are coming from the East Valley side. When their robust surveillance indicates that they have a problem in an area, before they get a human case, they try and go out	

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		and perform fogging. Whatever insects it hits will die on that particular day. However, that does not assist with mosquitoes that hatch after the period of time when the fogging is out there, typically done under ideal conditions early in the morning. This is an area where they have reduced quite a bit of monetary resources over the last few years. The larviciding is dramatically lower; the products they use are very specific to mosquitoes and very expensive to not affect other insects. Furthermore, it requires a helicopter to apply in the larger areas. They have to do more by hand. Some of the areas they can no longer fly; therefore, they are hitting areas that are very close to residential housing, such as Mira Loma, Spanish Springs, and Washoe Valley. They are not hitting all of the acreage that needs to be treated, but they are hitting the highest risk areas in order to try and prevent interaction. In 2007, they performed 11 aerial treatments, treating 6,000 acres, and they performed 25 fog applications, treating 1,600 acres. They take mosquito pools or sample, trapping a group of mosquitoes at a particular location, blending them together and testing for West Nile Virus. Vice Chair Jung asked in regard to mosquito abatement if they introduce the mosquito-eating fish. Mr. Sack responded in the affirmative and confirmed that the fish is the gambusia. Ms. Jung asked if introducing the fish is the cheapest form of abatement. Mr. Sack responded that in small sources, such as ponds, it is quite effective, but in larger sources, the fish will often not survive. The gambusia are inexpensive, because they grow them. Rancho San Rafael is one of the spots used to grow them, and they procreate quite rapidly. They provide them to the public free of charge. In 2012, they were down to 5 total aerial treatments with an increase in fogging applications. In 2007, West Nile Virus was hitting pretty hard with a lot of positive samples, including positive human cases. The more larviciding they do, the less fogging they have to do, in general, and vice versa. They utilize a small plastic cup to obtain samples to determine presence of mosquito larvae as shown in a picture, as provided within the staff report. He also showed an example of a storm drain inlet, as provided within the staff report, which could produce thousands of mosquitoes within one day under the right conditions. They are discovering that the use of treated sewage for irrigation is very safe from the standpoint of bacteria and virus, but it still has a chemical soup that mosquitoes find extremely nutritious. They are seeing an increase in larvae in some of these storm drain basins around those areas where treated sewage is being used. He is not saying that treated sewage should not be used, but it is an interesting byproduct that they are seeing. There are over 25,000 of these catch basins within the urban environment here. They have GPS-mapped a large number of those basins. They are treating 7,000 to 8,000 catch basins annually, including in the Incline area that has quite a few catch basins with mosquito problems. In regard to design standards in development, they are trying to reduce wetlands that will have to be treated. They use low-flow channels, a picture of which is provided within the staff report, which compresses stagnant water into a smaller area that will continue to runoff. In regard to plague suppression, dog and cat owners do not really see fleas here, but they do exist in rodent boroughs on the rodents. When there is plague active in an area and a lot of	

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		rodents die, those fleas then come out of the boroughs due to hunger. That is when they can transmit plague to animals, such as a dog in a field, possibly bringing plague back to the home. They have had historically at least one death from the plague in this area. They do identify plague almost every year somewhere in the area. It is cyclical, and the area is overdue for a pretty large event involving plague. In regard to efficiencies, acres treated with larvicide has decreased, they have made changes to survey and treatment procedures for plague reduction, just doing enough to determine that indeed they need to apply dusting, implemented engineering controls to reduce vector habitat, and increased use of handheld GIS devices in order for the helicopter pilot to have the exact area that he needs to treat, reducing overspray and ultimately less pesticide necessary to apply per area. The Institutions area category is a combination of many smaller programs. In general, they are required to have these programs to protect and prevent disease and injury or adverse health effects and contamination in these environments. They inspect child care facilities and respond to complaints. Most of these complaints deal with some sort of EPI outbreak, requiring the need for them to go in and help interdict. The Hand, Foot, and Mouth Disease outbreak last year existed within child care. Giardia and Norovirus have a lot of transmission within these facilities as well. Invasive Body Decorations (IBDs), tattoo and piercing facilities, total about 60 active facilities, previously totaling about 40. The Health District is the only agency authorized to implement health and safety regulations. The first set of these types of regulations were brought to the Board about 15-20 years ago. No other agency does these which EHS feels is important in order to protect the patrons that are getting these tattoos and body piercings done. A lot of tattoo parlors have artists who do not have a lot of technical expertise or medical training. Therefore, there is a lot that goes into permitting one of these parlors to ensure that they are operating correctly. They performed 896 inspections. Unique to them, part of being the "Special Events Capital of the World" is that the area is now getting tattoo conventions. There can be upwards of 40 or 50 booths, and they have to perform multiple inspections to ensure that they are sterilizing their equipment, etc. There are 5 or 6 of these conventions on an annual basis. Vice Chair Jung asked if there is a licensing or state standard. Mr. Sack responded in the negative. The only regulations that are there are the Health District's regulations. Ms. Jung asked if the Board of Health has considered taking a Bill Draft Request (BDR) to the legislature. Mr. Sack responded that they have not. Almost every health agency in the country is in a similar situation. The state has taken its own regulations, Southern Nevada Health District has taken its own regulations, all of which are fairly similar, modeled after Washoe County Health District. He does not think that the demand has been there, because it is actually effectively regulated. What	

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		they are getting into, and they are starting to see it in Southern Nevada, is things like implants and digitizing where people are intentionally removing fingers or joints or implanting a shark fin in their back. They want to do these things in these piercing places, and that is crossing the line into medical practice. They are starting to run into those types of pressures where they are trying to do some pretty invasive modifications. The Medical Board is looking at that as well. Ms. Jung commented that she still thinks that there should be some sort of training and/or certification that makes the person legitimate in terms of knowing how to properly sanitize and dispose the needles. As a policy board, she feels that they need to potentially bring back a bill request. Mr. Sack responded that they do not have the ability to offer bill drafts, but they can bring something back to the Board. Ms. Jung responded that the Board of County Commissioners only gets two BDRs, but they can always find somebody to carry it. She continued by asking about the age limit for acquiring piercings and tattoos. Mr. Sack responded with the general answer of age 18. Ms. Jung asked if their parents can waive that age limit. Mr. Sack responded that parents can sign for it. They have ran into a problem, but not in the last few years, where a 16-year old would come in with his parent who looked about 17 or 18 and sign as the parent. Part of what they do on these inspections is making sure that they have checked for parental authorization. Ms. Jung inquired about the minimum age. Mr. Sack recalls a State law where it may be a minimum age of 15 or 16. Ms. Jung asked if the Health District would be the reporting agency if a known 14-year old has tattoos. Mr. Sack responded that it is not illegal for somebody underage to have tattoos; it is illegal for somebody to tattoo them. The complaint would be regarding where they got tattooed. It would be against the facility, and they would be the reporting agency in that case. Mr. Sack continued with Hotel / Motel Room / Mobile Home / RV Facility Inspections, explaining that they all require routine inspections, responding to complaints, and plan reviews. They have a pretty high reinspection rate on their RV parks and a portion of their motels, which are the “weeklies”, and they are really the only agency on the “weeklies” that keep them in compliance. He explained that some of these motels are in deplorable condition; therefore, they have a high reinspection rate and problems	

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		associated with them. They are also seeing a tremendous turnover with these weekly motels, sometimes three or four times per year. Therefore, it is a continuous process of going in, evaluating, trying to get them up to code. Some of it is due to the clientele abusing their physical facilities. It is something that has to be chased, staying after those owners. They have about 800 annual and seasonal pools and spas that they regulate. An improperly operated pool is extremely high risk from both a chemical basis and safety aspect. Therefore, they take them pretty seriously. They have cut down the number of inspections. In the past, they did one inspection per month on both annual and seasonal pools. Now, they are doing about two to three per each on an annual basis and putting more on the pool operators and their certifications to keep them in compliance. In the Certified Pool Operator Program that has been in place for about one year, they already have 260 operators. They are also required to perform school and jail facility inspections. By statute, they must inspect schools one time per semester, including regulating the kitchens associated with them. There are only a couple jail facilities. They perform one annual inspection of those and respond to quite a few complaints, usually from inmates. Additionally, on a complaint basis, typically from other agencies, such as Social Services, they inspect housing to assist in determining if it is an environment safe for kids or any person to live. They will ask EHS to make an evaluation on whether or not the conditions are considered a health hazard. They can see these issues both in weekly hotels or residential apartments or houses. They are probably responding to one or two of these types of complaints every month. Mr. Sack explained that some of them are incredibly deplorable, usually with multiple agencies involved. If kids are involved, it is a lot easier to get everybody out. Often times on the adult side, and they are not considered elderly but possibly mentally ill or have a hoarding complex, it is very difficult to get resources to help these people. In regard to Institutions, they have created the CPO (Certified Pool Operator) program, allowing approved businesses to open seasonal facilities, eliminating a round of inspections on a detailed basis. They have reduced pool and spa inspections by 75%. They have streamlined change of ownership inspections of all institution facilities. They are focusing on disease prevention in major resort properties. For example, instead of inspecting every room at the Nugget, they will inspect about 10% of the rooms and really concentrate on the floors, how are they cleaning the rooms, how are they cleaning up a vomiting event, how are they cleaning the trash cans and ice buckets. Mr. Sack calls it more of a norovirus prevention inspection, because if what they are doing will prevent norovirus, then it is going to take care of virtually every other disease transmission problem within those facilities. In regard to school and child care facility inspections, they are focusing on disease prevention and child safety. Mr. Sack explained that their biggest value to the community is performing risk assessments to determine risk from both a general health hazard standpoint and in a regulatory environment. Mr. Sack displayed a picture of a special event crowd and explained that their goal is to ensure that those crowds continue to come to the area. Dr. Humphreys commented that he was out at Red Hawk Golf Course about four weeks ago, fairly early in the morning, and stopped for about 10 minutes to watch the application of larvicide. He explained that seeing the helicopter maneuver to apply the larvicide is quite interesting to watch.	

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		Mr. Sack commented that the guy they currently use and have used for the past 20+ years, Joel, is a former Vietnam helicopter pilot, can fly those mosquito applications very precisely and very low. Mr. Sack added that he is an incredibly good pilot. They still get some complaints that he is too close to the houses, etc., and they try to keep the helicopter as far away as possible. The areas they are working right now involve them working the interface close to residential neighborhoods. Vice Chair Jung asked if there is a reason why they use a helicopter and not a crop duster. Mr. Sack responded that it is basically due to the preciseness. A lot of those products do not handle well out of a plane. It is too fast, spreading around a lot more, whereas the helicopter application is incredibly precise. Dr. Humphreys added that one thing he witnessed was the helicopter maneuvered as if the pilot had backed up and was able to hover and then go right down to hit a specific target area and then right back up. That would be tough for a plane.	<u>NO MOTION</u>
14.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure Report for July, 2013	Eileen Stickney, Administrative Health Services Officer, presented the Monthly Public Health Fund Revenue and Expenditure Report for July 2013, beginning of Fiscal Year 14, stating that Staff recommends the Board accept the report. Ms. Stickney pointed out the top of the second page, stating that Holiday Work is at 73% this month and 7% last month. She explained that she did confirm with Mr. Sack that he had four EHS staff that were working special events on Fourth of July. She will highlight items like this at a variance so that when they prepare the budget for Fiscal Year 15, they will make appropriate adjustments.	Dr. Hess moved, seconded by Vice Chair Jung , to accept the Health Fund Revenue and Expenditure Report for July, 2013. <u>MOTION CARRIED</u>
15.	Presentation, Discussion, and Possible Direction to Staff regarding a Fundamental Review	Mr. Dick commented that since the last meeting, he has been in contact with two individuals that had been referred by NACCHO, Dr. Les Beitsch and Mr. Matt Stefanak, who both have significant experience with public health, both at the local and state levels. Mr. Stefanak is a leading expert in financial management for health districts, and Dr. Beitsch is an expert in the focus area of performance management and quality improvement. Ms. Stickney made several calls to the President of Management Partners, but she did not receive any response back regarding if they had, or knew companies who had, experience performing reviews of health districts. Links were included within the staff report to papers authored by these two individuals. Mr. Stefanak authored one on financial turnaround at the health district that he managed in a county in Ohio. The other one was sent to them by Dr. Beitsch. The paper outlines how the accreditation framework was used in a county in Illinois that experienced a 50% staff reduction as a way of aligning their resources and their programs with those limited resources to attempt to address the needs of the community. Both of the papers indicate that there is really a lack of studies of health districts with these kinds of projects. Mr. Dick noted that late yesterday afternoon, he received draft scopes of work from Mr. Stefanak and Dr. Beitsch. Dr. Beitsch does consulting work in conjunction with the Public Health Foundation, and he suggested that the Health District work with them so that they could provide some staff support for a fundamental review here. When they first contacted these	

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		two individuals, it was somewhat a shot in the dark to see whether they might be willing to work with each other and bring their expertise to the table in their different areas. Coincidentally, they had been on a panel together the previous month at a conference. While they had not worked together previously, they knew of each other, and they were happy to do a collaborative project. The scopes of work received are designed to work in conjunction with each other. The process would be that they would come out and meet with management, the Board, and stakeholders within the community to obtain information input on the front-end. Staff would then work to conduct a self-assessment; there is a tool that has been created using the accreditation framework. That would be work that would be done internally. They would also be doing some work on the financial aspects of the Health District as well to provide that information to them. They would then come out again and basically meet to ground truth the information provided to them through the self-assessment. They would then work on synthesizing that information and developing a report which they would provide as a draft and then come out and present a final report to the Board. The timeline that they have outlined is assuming that there is a contract in place to commence work October 1st. The end date for the final report that they identified is March 7th. One of Mr. Dick's task, if proceeding with the fundamental review, would be to work with them on moving up the final report presentation to the February meeting. The Board budget meeting is anticipated to take place in early March; this could be helpful to address the financial situation at that time. Vice Chair Jung asked if the Board will see the scope of work and the contract. Mr. Dick responded that in order to proceed, showing the draft scopes of work provided to the Board today (filed), he would request approval to proceed with finalizing the scopes of work and getting the contract in place, because he does not want to delay another month to bring it back to the Board, continuing to shoot for that October 1st timeframe. He did discuss with them the comments received from the Board. Also, in response to some of Ms. Zadra's concerns, Dr. Beitsch also has a J.D. He feels very comfortable in doing the NRS review. Mr. Dick feels that it is really an exceptional team, and he is excited about being able to have these leaders in their areas working with the Health District. Ms. Jung noted to keep in mind to look at what areas would be cheaper to outsource rather than insource, because that is an efficiency that many commissions and boards and elected department heads are examining as well. Mr. Dick responded that he will mention that, and he believes Mr. Stefanak would have some of the background to be able to assess that. Dr. Hess asked if this includes the other individual even though that name is not on the scope of work. Mr. Dick responded that one of the things he will request with the proposal received from the Public Health Foundation is that it specifically designate Dr. Beitsch's time. It turns out that Mr. Stefanak is	Vice Chair Jung moved, seconded by Council Member Ratti, to proceed. <u>MOTION CARRIED</u>

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		actually a board member of the Public Health Foundation; therefore, he preferred to have a separate contractual relationship so that he does not get into conflict of interest issues with that organization. Council Member Ratti commented that the proposal discussed today is significantly improved upon last month's proposal, and she is really excited about the direction they are headed.	
16.	Discussion and Possible Direction to Staff regarding process for appointing a permanent District Health Officer BOARD COMMENT	Chair Smith pointed at that when the Board appointed Mr. Dick as the Interim District Health Officer, part of that motion was that they were not going to talk about it for at least six months. Dr. Hess commented that he thought it was for just six months. Mr. Smith responded that it was for at least six months at which time the Board would review Mr. Dick's performance and decide if that want to solicit applicants. Dr. Hess commented that that was not his understanding. Vice Chair Jung commented that that could be easily rectified by looking at the Minutes. Mr. Smith commented that he does not mind explaining the process to allow the Board to proceed. Dr. Hess commented that he does not know why they need to wait until the end of six months; it seems to him that the process needs to get started. Mr. Smith commented that his feelings are that they currently have an Interim District Health Officer who is doing a fantastic job. He wanted to give him six months to really get his feet on the ground. At that point, the Board can talk about it. His feelings are, and he explained that he has been on the Board for a long time, that they need an administrator for this position, not a doctor. They have had numerous doctors over the years, and they need somebody to run an organization rather than a doctor. That is his personal feelings, and he does not know what the other board members feel. Dr. Hess commented that he would like to counter that. He feels that the previous doctor who was their administrator, from his perspective on the outside looking in, he thinks that there were some issues. However, he personally feels that in living in Washoe County for 20 years, and with interactions with those folks, due to his work at the University, the last director was the best they have ever had in those 20+ years. He also thinks that they need to start laying the groundwork, if Mr. Dick is going to be the selection, in figuring out how they go contrary to state law. He explained that NRS Chapter 439 says that the District Health Officer needs to have a graduate education in public health or what is called a class specification for District Health Officer which he stumbled upon during a web search. He explained that he does not have a problem with people finding alternative ways to meet those qualifications, but he thinks that the Board needs to sit down and	

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		decide what it is that they are looking for in their administrator. Deputy District Attorney Leslie Admirand requested the NRS section cited by Dr. Hess. Dr. Hess responded that it was NRS 439.400, Paragraph 2. Ms. Admirand commented that she wanted to ensure that the section applied to this population. Dr. Hess continued that one of the problems with this situation is that he feels that a free flowing discussion cannot truly take place. He personally thinks that they should have a subcommittee that can sit down and decide what they are looking for and bring it back to the Board for approval or disapproval and get on with the process. He explained that he did not go through this process in the past when they picked Dr. Iser or Dr. Anderson. As the new kid on the block, he does not think that they are properly approaching this process at the current time. Council Member Ratti commented that she thinks that they have not even started the process; she feels that there are many different ways to do it. She has had the benefit of being part of the process on the District Board of Health but also doing it for the City of Sparks for different positions that have been open. There are different philosophies, such as developing folks from the inside and providing them opportunity to promote, or conducting a national search. She thinks that those are some of the questions that need to be answered first. She thinks that they have put Mr. Dick in a very awkward position, as the Interim Director, of having to defend or tell them whether or not he meets the minimum qualifications. She needs somebody to verify for her the answer to that question. Ms. Admirand responded that she is able to do that. Dr. Hess explained that he has been in situations where he has been on the search committee for a dean and for a variety of people, and he has never been in a situation where he has been forced into voting, not voting, or abstaining on a particular position without at least having a curriculum vitae and a resume in front of him. Ms. Ratti commented that she does not think there is any proposal in front of her today to vote on any position. Dr. Hess responded in the negative, but added that for the interim appointment, there was, and he is still angered by that situation. Ms. Ratti responded that that is fair. Dr. Furman commented that they had a previous director, Barbara Hunt, who did not meet these qualifications. She did not have a Master of Public Health, and she was not a physician. This was	

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		allowed, because it was felt that there are other things that can happen; it is not an absolute. He was unsure if there had been any changes to the requirements since then. Ms. Admirand responded that there have not been any changes in the statute; therefore, she can outline what the NRS says and their parameters in choosing a health officer. Mr. Smith commented that they should start with that. Based on her conclusion on that, this discussion can continue. He does not want to put Mr. Dick in any kind of position whatsoever at this point. He feels that Mr. Dick is doing a very good job and advised Mr. Dick to continue doing what he is doing. They are going to look at a couple of statutes and have a discussion next month. Then, they will have to find out what they did with Barbara Hunt. Ms. Admirand commented that there is the Personnel and Administration Committee as a Board of Health committee. That is something that the Board could utilize. Mr. Smith commented that they will get that information and then get the committee going. Ms. Ratti asked if assignments were made to that committee. Ms. Admirand believes that there are assignments but does not have the updated list; she would have to check for the updated list. Ms. Ratti commented that that would be good to know. Dr. Furman commented that they also looked at other candidates, and they were also not physicians. Dr. Hess commented that it does not have to be a physician; it needs to be somebody with a graduate degree in public health or the equivalent. Dr. Furman explained that some of the people they interviewed did not have either a graduate degree in public health or a M.D.	<u>NO MOTION</u>
*17.	<u>Staff Reports and Program Updates</u> A. <u>Director, Epidemiology and Public Health Preparedness</u>	Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record. Dr. Todd added that under the first item of the report, Communicable Disease – Pertussis, they have had a couple of clusters of pertussis cases. He just today received a report from the State that Washoe County is not alone in Nevada of having pertussis (whooping cough). The statewide year-to-date total is 107 cases of whooping cough, compared to 112 cases for all of last year within the State. They are only a little over halfway through the year, because communicable diseases are counted on the calendar year, not the fiscal year. Of those 107 cases, Clark County accounts for 84. Washoe County has had 13 cases. Of those 13, 12 have been reported since May, and 10 of those have	

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		been reported within the last week. They are seeing this spiral upwards; he was feeling pretty good last year when neighboring states had pertussis outbreaks and Nevada did not. It may be Nevada's turn. There are concerns that a number of these cases have been fully immunized. Vice Chair Jung commented that she has had the worst allergies of her life. She explained that she went to the urgent clinic yesterday, unable to go to her own primary care physician due to a current wait of one and a half months, but when she examined her, the physician's assistant explained that she was draining like crazy without necessarily feeling sick. The nurse had told her that in her 20 years of practicing in the West, this season has been the worst allergy season of all ages, genders, and socioeconomic status, and her theory was that this year's weird weather has reactivated certain things that would be dead by now. She has seen tons of ear infections, tons of throat infections, and bronchitis. Ms. Jung wondered if there was any correlation between the two. Dr. Todd commented that there is not likely a correlation, because the majority, at least 9 of 13 cases confirmed from the laboratory, that they actually have pertussis. Council Member Ratti left at 3:17pm. Dr. Hess asked about the current DTaP vaccine and if these kids would have received that immunization. Dr. Todd responded that the wholesale pertussis vaccine, although it did not cause too many side effects in young people, when you became an adult and got your tetanus booster, you got a TD and not a DTP, because pertussis was not good for you. To make the pertussis vaccine safer, they went to an acellular formulation of the vaccine that is safer, but they are now just getting to the point where they have an age cohort of kids where all they have had is the acellular pertussis. There is a theory out there that maybe it is not as effective unless you have had at least a dose of whole-cell. Dr. Hess asked if any of these cases required hospitalization. Dr. Todd responded that he is not aware of any hospitalizations. Dr. Hess commented that there was some discussion that when they do get it with this vaccine, they do not get as sick; it is modified. Dr. Todd responded that that is correct. He also explained that this is a cough that is extremely severe to the point where you can literally turn blue due to inability to take in enough oxygen.	
	B. <u>Director, Community and</u>	Mr. Steve Kutz, Director, Community and Clinical Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record. He highlighted that under the Immunization Program, he wanted to remind the Board of Health that they had performed almost	

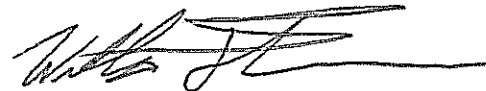
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	<u>Clinical Health Services</u>	50 school-located vaccination clinics over the past year. This really assisted with the launch of the new school year. In speaking with Dana Baltunas, Director of Student Health Services, there were around 200 students in need of immunizations at the start of school, a far lower number than they had experienced in the previous year. Therefore, their efforts are paying off. Under the Tuberculosis Prevention and Control Program, over the last week or so, they have put in two applications for additional funding related to their ongoing cases of tuberculosis here. A program through the vendor who provides them with QuantiFERON testing, called the TBoss Reimbursement Program, and they are looking forward to about \$10,000 in reimbursement costs for the tubes and the testing through the Nevada State Public Health Laboratory. He expressed appreciation to Ms. Stickney and her staff for helping them to make that happen. They also just put in an application for \$10,000 for intermittent / hourly staff to help support the TB Program with the additional staffing needs in order to meet the demands in the community, helping to prevent and control TB. Dr. Hess asked about how many active cases of TB are being investigated. Mr. Kutz responded that they have two cases. One is in an aggregate dormitory-type setting, and one is at a hospitality-type setting. They actually had two cases that were positive which initiates testing in concentric rings. The risk assessments take a lot of time, with the blood draws and testing, and he acknowledged and expressed appreciation for Dr. Todd's staff as well as the Nevada State Health Division Tuberculosis Prevention and Control Program. In regard to the Chronic Disease Prevention Program, Mr. Kutz acknowledged Kelli Seals for highlighting some things that will be done for the Fifth Annual Obesity Forum. Flyers were provided at the meeting (filed) for the Obesity Forum. Mr. Kutz explained that he attended last year for the first time, and it one of the best day-long conferences, locally produced, well-polished and impressive, and he was very proud of staff's efforts.	
	C. <u>Director, Environmental Health Services</u>	Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record. He highlighted the additional three positive mosquito pools the received for West Nile Virus this week, bringing them up to six. Dr. Humphreys asked about the locations of those findings. Mr. Sack responded that the latest findings were in the Rosewood Lakes area. Everything is on the east side of the valley, Damonte Ranch, up to the south of the river.	
	D. <u>Acting Director, Air Quality Management</u>	Ms. Charlene Albee, Acting Division Director, Air Quality Management, presented the monthly Division Director's Report, a copy of which was placed on file for the record. She provided an update on their smoke impacts from the American Fire. The fire started on August 10th, with Truckee Meadows impact starting on Sunday, August 11th. They have been seeing a dramatic change in the Air Quality Index, due to PM2.5 impacts. The highest to date for the 24-hour rolling	

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		average is 128, occurring on Saturday, August 17th. That is Unhealthy for Sensitive Groups. On August 18th, when thunderstorms rolled into the valley, a video of the increasing smoke was captured by the National Weather Service camera (filed). That is something they usually cannot see on average. The video is only about five minutes of elapsed time. They went from a single digit of 6 PM2.5 to 130. The American Fire is expected to be contained by Sunday, September 1st. Unfortunately, the Yosemite Rim Fire impacts have hit the Truckee Meadows Basin during this meeting. They have conducted four interviews in the past hour, and AP has actually picked up the story as well. There is not expected containment on the Rim Fire. Dr. Humphreys asked about changes in air quality other than the obvious change in visibility. Ms. Albee explained that there are health impacts associated with this air quality, such as an increase in allergies, burning eyes, drainage, and sore throats. Anybody who is sensitive to bronchitis can suffer with this type of air quality. The ozone numbers and all of the other pollutants have not really been impacted by the fires. Mr. Dick expressed appreciation to Ms. Albee and Mr. Inouye for the fantastic job they have been doing as they continue to do their own jobs and his job in Air Quality. Mr. Inouye has been on the run with the media, doing multiple interviews every day.	
	E. <u>Administrative Health Services Officer</u>	The Administrative Health Services Officer's Reports for this month were addressed in other agenda items. Ms. Stickney added that she would start including a WIC update to provide some data. Dr. Hess commented that he was very impressed with her ability to get a contract renegotiation with the owner of the property. He feels that they need to thank that person, making a substantial contribution to the Health District. Mr. Stickney responded that they could provide a certificate. She knows that property values have reduced, and there are a lot of places available.	
	F. <u>Interim District Health Officer and Health District Updates</u>	Mr. Kevin Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record. Mr. Dick highlighted steps taken with the Health District's Quality Improvement (QI) initiative. The Accreditation Readiness Team (ART) has been meeting for over the course of the last year or more to discuss QI and training and a QI plan. They are moving forward. Veronica Frenkel, Organizational Development Coordinator with the County Manager's Office, assisted them in designing and implementing a survey of staff on QI which was just completed. Tomorrow, they will be having a special session with her and the Division Directors to discuss their approach to QI. They will then hold a series of meetings with the Division Directors and Supervisors to launch the	

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		initiative. QI is the jargon in public health, but it is also process improvement and continuous improvement and continuous quality improvement. In order to have a successful approach to QI, you need leadership behind that, and that is what they are working to do through the upcoming sessions. This will be foundational to be able to respond to recommendations received through the fundamental review.	
*18.	Board Comment – Limited to Announcements or Issues for Future Agendas	None.	
19.	Emergency Items	None.	
*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	None.	
21.	Adjournment	There being no further business to come before the Board, the meeting was adjourned.	Vice Chair Jung moved, seconded by Dr. Humphreys, that the meeting be adjourned. <u>MOTION CARRIED</u> The meeting was adjourned at 3:28 p.m.



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER



WILLIAM FLORES,
RECORDING SECRETARY