



Mission: To protect and promote the health, the environment and the well-being of Clark County residents and visitors.

MINUTES

**CLARK COUNTY HEALTH DISTRICT
DISTRICT BOARD OF HEALTH MEETING**

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, October 24, 2002 - 8:00 A.M.

Chairman Crowley called the meeting of the District Board of Health to order at 8 a.m. and the Pledge of Allegiance was held. She noted that she had been provided with the Affidavits of Posting and Mailing of Agenda meeting notices, as required by Nevada's Open Meeting Law. The Affidavits will be incorporated into the Official Minutes.

Board Members

Present:

Susan Crowley
Jim Christensen, MD
Sherry Colquitt, RN
Robert Eliason
Donna Fairchild
Joseph Hardy, MD
Erin Kenny (telephonically)
Steven Kirk
Chip Maxfield
Gary Reese
Donalene Ravitch, RN

Chair, Appointee, Henderson
Physician Member At-Large
Appointee, Las Vegas
Councilman North Las Vegas
Councilwoman, Mesquite
Councilman, Boulder City
Commissioner, Clark County
Councilman, Henderson
Commissioner, Clark County
Councilman, Las Vegas
Appointee, Boulder City

Absent:

Paul Henderson
Stephanie Smith

Councilman, Mesquite
Councilwoman, North Las Vegas

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Clare Schmutz; Karl Munninger; Sandi Schulz; Fran Courtney, RN; Jane Shunney, RN; Angus MacEachern; Ed Wojcik; Glenn Savage; Sherri Hurlburt; Rose Bell; Patricia Rowley; Jeanne Palmer; Nicole Bungum; Mandi York; Maria Azzarelli; Jennifer Sizemore; Tina Gilliam; Leo Vega; and Recording Secretaries Norma Jordan and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Tapan K. Bose	Gaylord India Restaurant
Kishore Kripalani	Gaylord LLC
Jay Brown	Self
Fred Couzens	Self
Shawn Schoner	Clark County
Russ Cameron	Clark County Fire Department
Steve McClintock	Clark County Fire Department
Dr. Mary Guinan	Nevada Public Health Foundation
Michael Johnson, Ph.D	Gallup Organization

I. CONSENT AGENDA

These are matters considered to be routine by the District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Member Colquitt moved for approval of the following Consent Agenda. The motion was seconded by Member Reese and carried unanimously:

1. **Approve Minutes/Board of Health Meeting:** 09/26/02
2. **Approve Payroll/Overtime for Periods of:** 08/03/02 – 08/16/02; 08/17/02 – 08/30/02; 08/31/02 – 09/13/02 & 09/14/02 – 09/27/02
3. **Approve Accounts Payable Register:** #839: 08/19/02 – 09/06/02 #839A: 08/19/02 – 09/03/02 #840: 09/09/02 – 09/20/02
4. **Petition #44-02:** Redefinition of the Classification Specification for Central Case Manager Coordinator to Remain on Schedule 24
5. **Petition #45-02:** New Classification Specification for Community Health Worker (Navigator), Recommended Schedule 12
6. **Petition #46-02:** New Classification Specification for Health Records Coordinator, Recommended Schedule 18. Change title of Senior Health Records Clerk to Senior Health Records Assistant, Remain Schedule 16
7. **Petition #48-02:** Interlocal Agreement Transferring the Emergency Medical Services Communications System from the Health District to Clark County.

II. PUBLIC HEARING/ACTION

1. **Variance Request:** Request by Clark County Fire Department for a Variance From Section 800.500 (IV) of the Emergency Medical Services (EMS) Regulations to Allow for Advanced Emergency Medical Care (AEMC) Response by Formal Variance for Volunteer Fire Departments in Bunkerville, Longandale, Overton and Renewal for Sandy Valley

Jane Shunney, Assistant to the Chief Health Officer, explained that the request from the CCFD is for a variance from the District's EMS regulations to provide paramedic services to Logandale, Overton, Sandy Valley and Bunkerville.

Sandy Valley had been granted a variance in past which expired last March. They are asking for renewal. The cities of Logandale, Overton and Bunkerville have functioned at the paramedic level for a number of years but never under a variance. The request for variance will allow them to function with less staff than required in the regulations. Staff has reviewed their trip runs for the past six months.

Dr. Heck, EMS Operational Medical Director added that the issue in the rural areas is that they do have off-duty paramedics that normally function in the urban area. With the variance, they will be able to use those paramedics to provide a higher level of service as volunteers when in their home communities. Staff felt that in the interest of public health and safety that part-time paramedic care would be better than no-time paramedic care. After reviewing the trip runs staff has put in some safeguards to make sure that the care provided by these individuals in the rural areas would continue to be reviewed by the Health District.

Chairman Crowley opened the public hearing and asked if member of the public wished to speak. Since there was no response, she closed the public hearing.

Member Reese moved for approval with staff conditions. The motion was seconded by Member Ravitch and carried unanimously.

Mr. Minagil, Board Legal Counsel added that the formal variance order will be signed off by representatives of the Clark County Fire Department whereby they will be expressly agreeing to the specific conditions of the variance.

2. Variance Request: Request by Gaylord, LLC, dba Gaylord India Restaurant at the Rio Hotel and Casino to Install and Operate Tandoor Ovens Not in Compliance with the 1996 District Board of Health Regulations Governing the Sanitation of Food Establishments

Clare Schmutz remarked that the variance request was to install a Tandoor Oven that is used in East India for cooking purposes. The oven does not meet the National Sanitation Foundation (NSF) Standards adopted by the Board of Health in 1965 for cleanability, materials, construction and installation. The Tandoor Oven is made of clay, which is considered not cleanable or washable. Also, there are no toxicity reports on the clay. Since the oven is not NSF approved staff recommended denial.

Sherri Hurlburt, Environmental Health Supervisor, gave an overview of the NSF standards. The standards cover any piece of food service equipment. Staff uses them as a minimum. They are a starting place to evaluate equipment. They have testing laboratories in the United States, Europe and throughout the world.

When NSF test a piece of equipment they test for performance, design and construction. Additionally, they always test for toxicology, cleanability, impact, abrasion and durability. These things are tested in relationship to each piece of equipment independently and reviewed individually for food zone, splash, and non-splash zones. All of the other criteria for performance, design, and the materials are applied to each of these zones when a standard is written. The NSF is the only testing agency that writes standards. Underwriters' Laboratories (UL) tests for electrical and gas performance. Recently, UL began food service testing along with ETL. Both UL and ETL test to the NSF standards. They are the only three testing agencies that certify food service equipment for safe performance in a food facility. The NSF

standards or equivalent provide a minimum basis for Staff review for every piece of equipment under the regulations. "Equivalency" allows for either of the other two laboratories or an outside agency to test to the NSF standards.

Chairman Crowley opened the public hearing.

Discussion followed by the Board Members and Staff on the toxicology report, process for testing for heavy metals, possible alternations to the oven to meet the NSF standard and continuing the hearing. Staff could consider approval of the oven if toxicology report on the clay was performed indicating its safety from heavy metal materials such as lead, mercury, arsenic, etc., were provided. The oven operates at a 900-degree temperature so bacteriologically nothing will survive except heavy metals so the toxicology report is imperative. The toxicology report submitted by the applicant only tests for equipment safety and not food safety.

There are approximately four existing Tandoor ovens in the community. One of these ovens was approved by Staff and the applicant was required to sleeve the oven with stainless steel. The other three ovens were put in without Staff's knowledge and will be investigated at later time.

Jay Brown, Attorney for the Gaylord Restaurant stated that they were expecting to open in early December. This type of oven is common in East Indian restaurants. He expressed concern that if the Board were to continue the meeting until November they have no assurance that they could get the information to the Board by that time.

A brief discussion ensued by the Board and Staff concerning possible reports or statistics on toxic poisoning from these types of ovens. Staff has not taken any blood tests from people eating in these establishments, so there are no statistics available for any illness in heavy metal poisoning from these establishments. However, falling ill or having acute symptoms is not necessarily the only indication that there has been exposure to metals. Also, it is rare to have acute toxicity to heavy metals. It is usually cumulative over years of exposure so the only data to answer the question would be the accumulative toxicity data for the heavy metals from a variety of exposures.

Mr. Kishore Kripalani, Gaylord India Restaurant Owner, commented that the special breads made in the Tandoor Oven are impossible to make in a stainless steel sleeved oven. Additionally, he explained that he had operated 6 restaurants in California and several others that serve over 200 meals daily and each meal consists of several items from the Tandoor oven. These ovens had been tested by the British Standards and heavy metals items were just recently brought to his attention.

Lengthy discussion ensued by the Board, Staff and the applicant about obtaining the information on heavy metals content in a toxicology report, having a local laboratory perform the testing and the Tandoor ovens that are not permitted. The Board suggested that since Mr. Kishore was operating a Tandoor oven in San Francisco the toxicology information might be readily available from either that source or the manufacturer. Staff noted that the British BSI standard did not test for foodstuff and used for sanitary purposes.

Chairman Crowley asked if any other members of the public wished to speak. There was no response, so she closed the public hearing.

The Board and Staff briefly reviewed the possibility of conditionally approving the variance until the facility met the NSF standard or equivalency to Staff's satisfaction by providing enough

information about heavy metal content. Staff would not issue a permit until that time. If the conditions were not met, the applicant would have to apply for another variance.

At this time, Member Reese moved to hold the variance in abeyance until the November 14, 2002 meeting and asked staff to come back with a recommendation for approval or denial. The motion was seconded by Member Kirk and carried unanimously.

III. REPORT/DISCUSSION/ACTION

- 1. Petition #47-02, Memorandum #14-02:** Fiscal Year 2002/2003 Revised Budget
Karl Munninger, Administrative Services Director, stated that the Revised Budget represented a revision of the Tentative Budget approved by the Board in March 2002. The Tentative Budget was a tight budget and since that time, the District has been subject to some funding cuts as well as certain cost increases that had to be addressed. More specifically, the budget reflects the loss of Health Aid to Counties funding from the state. He introduced, Sandi Schulz, CPA and Financial Services Manager, to present a brief overview of the Revised Budget.

Councilman Reese asked if it was necessary to act on the Revised Budget now or could it wait until after the legislative session next year to see what the legislature decides in terms of finding more money for the various entities.

Mr. Munninger stated that it would be the Board's discretion to approve or disapprove the budget but the legislature would not be completed until the end of May 2003 and any legislative action would pertain to only the forthcoming biennium. This particular document relates to adjustments that have to be made for the current fiscal year.

Councilman Reese felt that it was important for the Health District to keep operating.

Sandi Schulz gave an overview and Powerpoint presentation of the Revised Budget explaining how the District is funded, the manner in which dollars are expended and the impact of certain budgetary trends.

Estimated total Revised Budget revenue for fiscal year 2002-2003 is \$47,158,550. Proposed expenditures for the current fiscal year is \$47,085,682 with a proposed ending fund balance of \$4.3 million, representing 9.23% of expenditures. The Tentative Budget recommended an ending fund balance of \$4 million and it was at 8.6% of expenditures. The District received additional funding in the amount of \$3,076,117 for the bioterrorism grant. Without the bioterrorism grant the budget would have actually decreased by \$1,924,391.

This budget reflects a \$500,000 reduction in Clark County consolidated tax receipts and a loss of \$831,189 in Health Aid to Counties funding. On the expenditure side \$175,000 has been included to support the poison center hotline, \$70,000 has been added to replace a compressor and cooling tower, an additional \$50,000 has been added to fund the increase in industrial insurance and \$250,000 has been added to fund the increase in group insurance that takes effect on January 1, 2003. The combined revenue losses and expenditure increases total \$1,876,189.

To deal with some of the losses of income and increase in expenditures, the following have been implemented:

- June 2002, the Addiction Treatment was closed.

- October 2002, the Home Health Services program was closed.
- The Health Cards Section at the North Las Vegas Public Health Center will close after November 25, 2002.
- Fourteen positions have been eliminated and 41 positions are vacant due to a hiring freeze.
- Newer more expensive lab tests and related medical supplies have been replaced with more traditional tests.
- IT hardware and software upgrades, non-grant funded travel and equipment maintenance costs have been reduced.

To generate new revenue, it was determined that a new immunization administration fee of \$15 per child per visit should be instituted effective January 2003. The Revised Budget reflects revenue of \$335,655 from this fee, which is a conservative estimate based on a 50% collection rate. The District will need to continue to look at new revenues or ways of cutting expenditures.

Member Maxfield suggested that Staff look for other ways to offset the immunization fee in order to keep the immunization rates up and not discourage but continue to reach a segment of the population that might not be able to pay. Clients will be offered a form, similar to what is being used in Washoe County, to determine a sliding fee scale or exemption.

Mr. Munninger commented that the District has been confronted with some budgetary challenges but is running in black and will continue to do so through the remainder of the year. Staff will continue to work hard to implement the resolution that the Board approved. Namely, that the populated counties be treated equally with other state agencies in terms of how reductions are imposed to address state revenue short falls; that the 2003 legislature follow through on the directive from Senator Raggio and Assemblyman Arberry to restore the \$1.10 capitation rate; and that for future biennia the legislature apply a Department of Labor cost of living increase. Staff is anticipating reporting to the Board in January on the status of the District's finances through the end of the calendar 2002.

Member Eliason asked about the impact of the closing of the health cards program at the North Las Vegas Clinic.

Mr. Munninger explained that the health card volume in North Las Vegas has been averaging approximately 200 applicants a month over the last 5 months, a volume too low to justify staffing at that facility. However, the District is continuing with the health card movies at that location as they are well attended.

In reference to closure of the Home Health program, Member Colquitt asked if there was adequate coverage in the community for the uninsured and those unable to pay. She also expressed concern over the reduction in physician and medical supply expenditures.

Mr. Munninger commented that over the years the patient volume had gradually declined from over 100 to approximately 20 or 30. Additionally, private agencies have found the new Medicare reimbursement system more attractive. More and more patients had been going to private agencies. The initial thought was to eliminate Medicare certification and continue with non-Medicare safety net patients. However, after the elimination of Medicare, it was discovered that these other patients were being referred to other agencies as well.

In terms of medical supplies and physicians, the main reductions would revolve around nucleic acid amplification for chlamydia, gonorrhea testing and the thin-film pap smear method where

the testing is more sensitive, yet more expensive. The reduction in physician and other medical professional services has been minimized.

Member Reese moved to accept staff recommendation and the revised budget. The motion was seconded by Member Eliason and carried unanimously.

2. Individual Sewage Disposal System Variances (Member Requested Item: Reese, Smith and Maxfield)

Member Reese moved to continue Item 2, Report/Discussion/Action on the Individual Sewage Disposal System Variances until the November 14, 2002 Board of Health meeting. Motion was seconded by Member Maxfield and carried unanimously.

IV. CITIZEN PARTICIPATION

Citizen participation is a period devoted to comments by the general public about matters relevant to the Board's jurisdiction. Items raised under this portion of the Agenda cannot be acted upon by the Board of Health until the notice provisions of Nevada's Open Meeting Law has been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any action on such items will have to be considered at a later meeting.

Chairman Crowley asked if any member of the public wished to be heard on subjects that are relevant to the Board's jurisdiction. There was no response.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick introduced Fran Courtney, to present the new Public Health Nursing Manager.

Fran Courtney, Director of Nursing and Clinics introduced the District's new Public Health Nurse Manger, Bonnie Sorenson.

Dr. Kwalick introduced Nicole Bungum to give an update on tobacco control.

Nicole Bungum, Health Educator introduced Dr. Johnson from the Gallup Organization and briefly commented that last year the District commissioned the Gallup Organization to access information an adult survey on the residents of Clark County regarding tobacco use and related behaviors. The findings that were presented last November have been used to establish baseline, create media campaigns and enhance the District's programming. This year the District commissioned the Gallup Organization to conduct a second adult telephone survey on tobacco.

Dr. Michael Johnson, representing the Gallup Organization gave the Board a brief summary of selected findings from the 2002 adult tobacco survey along with some comparisons from the 2001 survey. The Gallup Organization has a contract with the Health District to provide to expert technical assistance on tobacco control program and evaluation activities based on the experience from Gallup in working with 12 states throughout the country.

Chairman Crowley asked Dr. Kwalick to bring back to the Board information on the advisory questions that are on the November 5th ballot.

Dr Kwalick explained that he had asked Dr. Mary Guinan, who is the previous State Health Officer and now the Executive Director of the Nevada Public Health Foundation (NPHF) to speak to the advisory questions as well as what is going on with NPHF and other things as it relates to tobacco.

Dr. Guinan remarked that the NPHF is dedicated to improving the health of Nevadans. NPHF is working closely with the county and health districts to try and get the questions on the ballot passed. The two advisory questions are on the Clark County and Washoe County ballots. Nevada has one of the strictest tobacco preemption laws in the nation if not the strictest and many attempts to get the legislature to amend or repeal it have never gotten out of committee. This is an attempt to let the legislators know what the voters want on local control of tobacco prevention regulations. She stressed the importance of educating the public to support the questions and to help to improve the health of Nevada's children, residents and visitors.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer & Administration:

1. Monthly Activity Report, Mid September 2002 - Mid October 2002
2. Financial Data - Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of September 2002
3. Health Education Monthly Report, September 2002
4. Epidemiology Monthly Report, September 2002
5. Public Information Monthly Report, September 2002
6. Clark County Department of Air Quality Management Monthly Activity Report, September 2002
7. Emergency Medical Services Medical Advisory Board Minutes, September 2002 Annotated Agenda for September 2002

B. Environmental Health:

1. Monthly Activity Report, September 2002
2. Listing of Food Establishments in Plan Review for the Period of 09/01/02 to 9/30/02

C. Nursing and Clinics:

1. Monthly Activity Report, September 2002

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Crowley adjourned the meeting at 10:05 a.m.

SUBMITTED FOR BOARD APPROVAL

Donald S. Kwalick, MD, MPH, Chief Health Officer
Executive Secretary

/mg