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

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## **MINUTES**

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

625 Shadow Lane  
Las Vegas, Nevada 89106  
Clemens Room

**Thursday, April 24, 2003 - 8:00 A.M.**

Chairman Reese called the meeting of the District Board of Health to order at 8 a.m. and the Pledge of Allegiance was held. He noted that he 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:

Gary Reese	Chairman, Councilman, Las Vegas
Jim Christensen, MD	Physician Member At-Large
Andrea Anderson	Councilman, Boulder City
Sherry Colquitt, RN	Appointee, Las Vegas
Susan Crowley	Appointee, Henderson
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Chip Maxfield	Commissioner, Clark County
Donalene Ravitch, RN	Appointee, Boulder City
Rory Reid	Commissioner, Clark County
Stephanie Smith	Councilwoman, North Las Vegas

##### Absent:

Paul Henderson	Councilman, Mesquite
Steven Kirk	Councilman, Henderson

#### Executive Secretary:

Donald S. Kwalick, MD, MPH

#### Legal Counsel:

Stephen Minagil, Esquire

Staff: Karl Munninger; Glenn Savage; Fran Courtney, RN; Jane Shunney, RN; Rory Chetelat; Angus MacEachern; Ed Wojcik; Doug Joslin; Mike Attaway; Rose Bell, PhD; Jeanne Palmer; Linda Kern; Jennifer Sizemore; David Tonelli; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

**ATTENDANCE:**

Ryan Lindquist  
Bob English  
Fred Couzens  
Bill Fairchild

Self  
Baker Commodities, Inc.  
Las Vegas Tribune  
Mesquite Leisure Services

**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.

Chairman Reese explained that under **Section III**, Report/Discussion, **\*Item 2**, Dual (Multiple) Septic Systems would be heard before **Item 1**, Committee Report/Recommendation. Also, there were two corrections on the Consent Agenda. The back up material for **Item #5, Petition 12-03**, Approval of New Classification Specification for Laboratory Manager Recommend Schedule 28, should reflect 6 years instead of 5 years. Also, the dollar amount on **Item #6, Petition 13-03**, Approval of New Classification Specification for IT Systems Administrator I/II to be Placed on Schedule 20, should reflect \$39,896.48 instead of \$34,896.48.

*There being no additional comments, Member Eliason moved for approval of the following Consent Agenda with corrections. The motion was seconded by Member Smith and carried unanimously.*

1. **Minutes/Board of Health Meeting:** 03/27/03
2. **Approve Payroll/Overtime for Periods of:** 03/14/03 thru 03/28/03
3. **Approve Accounts Payable Register:** **#862:** 2/27/03 - 3/5/03; **#863:** 3/06/03 - 3/12/03; **#864:** 3/13/03 - 3/20/03; **#865:** 3/21/03 - 3/26/03
4. **Petition #11-03:** Approval of Contract with Nevada State Health Division for Local Continuation of Federal Safe Drinking Water Act Provisions
5. **Petition #12-03:** Approval of New Classification Specification for Laboratory Manager Recommend Schedule 28 (\$60,010.08 - \$83,705.44)
6. **Petition #13-03:** Approval of New Classification Specification for IT Systems Administrator I/II to be Placed on Schedule 20 (~~\$34,896.48~~ \$39,896.48 - \$55,610.88) and Schedule 22 (\$44,164.64 - \$61,574.24)

**II. PUBLIC HEARING/ACTION**

1. **Memorandum #04-03:** Application for Approval for the Boulder City Recycling Buyback Center to Operate a Recycling Center Located at 2500 South Utah Street, Boulder City, Nevada (***Request by Applicant to Postpone to the May 22<sup>nd</sup> Board Meeting***)

Chairman Reese opened the public hearing and stated that the applicant has requested to postpone the hearing until May 22<sup>nd</sup>. He asked if any member of the public wished to speak. There was no response.

At this time, Member Smith moved to continue the public hearing until the May 22<sup>nd</sup> Board Meeting. The motion was seconded by Member Fairchild and carried unanimously.

### **III. REPORT/DISCUSSION/ACTION**

#### **\*2. Memorandum: Dual (Multiple) Septic Systems – Discussion Continued from Previous Meetings (Member Maxfield Requested Item)**

Ed Wojcik explained that during the December 19, 2002 Board of Health Meeting, the Board Members directed staff to provide a report on the pros and cons of the dual septic systems at the February 2003 meeting in order to evaluate the effects of adding more than one individual sewage disposal system (ISDS). The regulations governing ISDS states that an ISDS may serve only one (1) single family dwelling or one (1) single building. Due to other circumstances the item has been held until the April meeting.

The following four (4) major pros and cons for dual (multiple) septic systems/ISDS as currently required by our regulations were reviewed:

#### Pros:

1. If one (1) septic systems/ISDS fails, then the other (1) will continue to provide limited sewer service to the property while the failed system is repaired or replaced.
2. If the property is subdivided in the future, then each structure will already have its own individual system which would be required before the subdividing.
3. If a second structure with plumbing is presented to a Building Department for a permit, then the Nevada Revised Statutes (NRS) do not allow the permitting of the second structure without the Health District first issuing a new/second septic system permit.
4. If two (2) septic systems/ISDS are required when one (1) system would have adequate capacity, then the retention time in the septic tank will be greater than the 24-hour minimum retention time for one (1) tank at maximum capacity, thereby achieving greater reduction in contaminant concentrations into the groundwater.

All of those pros have advantages but the downside to those is that there are also costs involved that may not be necessary.

#### Cons:

1. If, for example, a new/second septic system/ISDS of 1,000 gallon minimum tank is constructed to serve a second structure with plumbing which can be served by the existing/first septic system/ISDS, than at a typical cost estimate of \$2.50 per gallon capacity, the property owner does not save \$2,500.000.
2. If a property contains a single-family dwelling and an unattached structure with plumbing each served by separate septic systems, then it is more restrictive than the Nevada Administrative Code (NAC) which defines a single-family dwelling as "one or more buildings, including detached accessory structures, that are designed and used as a home by the occupants of the building and which are served by an (one) individual sewage disposal system".
3. If a property owner of less than one-half (1/2) acre wants to add an unattached structure when a property is served by a community water supply, then our one-quarter (1/4) acre minimum lot area requirement for each septic system/ISDS prevents the installation of a second septic system/ISDS.

4. If a second septic system/ISDS is not necessary to treat sewage from two (2) buildings, then the addition of one (1) more septic system/ISDS will not increase risk to public health or the environment.

Brief discussion followed by Staff and the Board Members on what had occurred since the issue was last discussed by the Board Members. Staff re-read the regulations and determined that there was a little used portion under Section X.15 that states that the requirements are not covered within the current regulations for onsite waste water treatment systems. On the other hand, the uniform plumbing code has independent definitions of both single family dwelling and structures that indicates that any usual accessory building may also be served along with the main building.

Staff, Legal Counsel and Directors of Clark County and the City Building departments reviewed this information. It was determined that the detached structure did meet the definition of accessory building and therefore would be covered under the uniform plumbing code and we found an administrative fix using our regulations. However, this would not cover structures that do not fall under the definitions of single family dwelling such as multiple commercial buildings.

Another concern was to prevent multiple different uses on the same property. Staff is discussing with the various entities to consider having the Health District review maps when parcel amounts are created. Staff has prepared a draft letter to go out to all the building departments providing a rationale as to why the District would interpret the code differently from the past. As well as soliciting their input with regard to how they define accessory buildings.

Also discussed was the use of septic systems by some commercial property owners. There are perhaps 30-40 commercial septic systems within the Las Vegas Valley and Clark County where the sewer system cannot be contacted by gravity or natural barriers, washes, etc. These facilities would have to put in a lift station to connect to sewer. However, historically lift stations in commercial operations are very problematic because of maintenance problems.

Staff recommended and the Board Members agreed that staff proceed with correspondence advising all building departments of this new interpretation and asking for their cooperation to provide the District with the most current information on definitions of accessory buildings as well as how it is applied within their jurisdictions.

After brief discussion concerning where the commercial facilities were located, Member Maxfield moved to direct staff to issue the letter and report back with the understandings of the building departments within in 90 days. Member Christensen seconded motion.

Dr. Kwalick added that staff will bring back a report of the existing commercial septic systems and what kind of properties are served.

Chairman Reese called for the vote and the motion carried unanimously.

1. **Committee Report/Recommendation:** Chief Health Officer Annual Review Committee: Members Reese (Chair), Christensen and Maxfield

Member Christensen commented that the committee met on April 14<sup>th</sup>. The meeting was properly noticed and discussion was held. The Committee recommended that due to the current financial conditions, Dr. Kwalick would not receive an annual merit raise at this time. However, as the financial situation changes or improves, the Board Officers will revisit the issue. In lieu of

that it was agreed and recommended that Dr. Kwalick be granted the authority to carry over an additional 10 days of Annual Leave.

As there were no comments, Chairman Reese accepted the recommendations as a *motion and seconded* it. The *motion 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 Reese 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 presented the annual Chief Health Officer report on the State of Public Health in Clark County April 2003.

He commented that his position is among the most complex in healthcare and he could not have fulfilled the role as chief health officer without a dedicated staff from top to bottom, especially in this last year, and the time following September 11, 2001. He thanked all employees for their day-to-day commitment in improving the health of Clark County with the tightest budget in CCHD's history while:

- Keeping revenues at approximately \$50 million dollars with increased fees and Federal Bioterrorism funds.
- Freezing vacancies in our 480 FTE workforce resulting in a 20 percent staff shortage.
- Strengthening, expanding and modernizing our infrastructure with existing resources to improve our health status continues to be my primary goal. Our accomplishments in these critical times have been remarkable as evidenced by the following:
- Planning continually to better utilize our existing 35-year old headquarters on Shadow Lane and make it safer, secure and more comfortable for clients and staff, as well as improving parking access.
- Expanding into new satellite public health centers to provide nursing, environmental health and health card services in various locations strategically placed throughout the valley. These center sites are North Las Vegas, East Las Vegas, Spring Valley, Henderson and Cambridge Community Center. We are rethinking how to better utilize these sites.
- Developing the Diversity in Action Team (DAT) representing all CCHD divisions and programs to address the issue that minorities of color in Nevada and the United States are unhealthier than their white counterparts. The team's goal is establishing culturally appropriate and linguistically competent community health promotion and disease prevention programs for racial and ethnic minority populations. Its first activity was assessing signage needs at all CCHD locations to develop consistency and reflect sensitivity to these minorities needs. The team will be addressing translation and interpreter needs of the district.
- Partnering with the Clark County Health Access Consortium in implementing the first primary care clinic at the Cambridge Community Center with Nevada Health Centers. The goal of the

consortium is to develop a network of sites to improve access to care for the un- and underinsured throughout Clark County.

- Expanding the activities of our Human Resources Department to revitalize our Safety Committee, improve our incident reporting system, institute an Employee Assistance Program, improving our recruitment and retention programs and strengthening supervisory, management and employee orientation training programs.
- Instituting a comprehensive epidemiology unit that has expanded our disease surveillance capabilities through programs such as: Influenza-like Illness and Gastroenteritis surveillance programs and a newly initiated electronic syndromic surveillance program designed to aid in the identification of a communicable disease outbreak, including a bioterrorist event.
- Improving the reporting of diseases and sending timely information to the health care community through the Health Alert Network. The recent developments regarding Severe Acute Respiratory Syndrome (SARS) are a perfect example: new information, including case definitions have been forwarded to physicians, hospitals, EMS providers, in order to help them identify a suspect case and execute the appropriate precautions if a probable case were to occur in Clark County.
- Increasing District investigation of foodborne illness reports through a joint response involving epidemiology and environmental health staff.
- Developing and updating plans and strategies to effectively deal with all types of disasters, including bioterrorist incidents, while training staff on their respective roles using the Incident Command Structure, a system, so successfully used by our public safety partners - fire departments and the Metropolitan Police Department - in all types of emergencies.
- Updating all Emergency Medical Services Regulations and Procedures.
- Developing and implementing a Smallpox Preparedness Program for health care and public health providers in Clark County.
- Responding rapidly and professionally 24 hours a day to numerous emergencies, after-hour concerns, complaints and nuisance-related calls for various facilities, locations, diseases and unknown substances.
- Strengthening our Public Information Office in responding to the print and electronic media to inform the public-at-large on public health issues
- Expanding School Based Health Centers to 3 sites to provide students with health education, nutrition, mental health and primary care services on a voluntary, parental permission, menu-driven basis.
- Continuing hepatitis A immunization for foodhandlers, and day care attendees and attendants, resulting in marked decrease in the number of reported cases of hepatitis A in Clark County from almost 200 in 1998, to 26 in 2002, and only 4 in the first quarter of 2003. This is truly remarkable.
- Establishing a public health laboratory in Southern Nevada, with bioterrorism funds from the Centers for Disease Control and Prevention. As you all know, Las Vegas is the only major U.S. city without a public health laboratory within 100 miles. This public health lab facility will provide services in conjunction with University of Nevada School of Medicine's State Public Health Laboratory as part of the National Public Health Laboratory Network. Construction, equipment procurement and staffing are proceeding towards a summer of 2003 opening.
- Completing more than 60,000 inspections of the various CCHD permitted facilities to protect the health of visitors to, and residents of Clark County. This equates to 1250 inspections per week or 250 per day by our staff of 60 environmental specialists.
- Implementing a Solid Waste Management hearing officer process for Disposal violators yielding about \$400,000 in penalties.
- Developing Environmental Health regulations addressing prevention and/or remediation activities for Public Accommodations to include methamphetamine lab cleanup; water-system borne disease such as Legionella; indoor airborne diseases such as molds – stachybotrys; and Public Health Nuisances e.g., unsanitary residential and commercial properties.

- Fostering community-wide public health initiatives in several areas:
  - First - expanding tobacco control activities through numerous, well received radio and television advertisements and educational programs, resulting in over 100 voluntary smoke-free restaurants in Clark County and decreased adolescent smoking from 33 percent to 25 percent with over 1,000 teen XPOZ advocates. The District has been informed that XPOZ will receive the "Advocate of the Year" award from the National Campaign for Tobacco Free Kids.
  - Passage of advisory question on ballot by a 2:1 margin for prohibition of cigarettes in areas frequented by children. The legislature continues to ignore this popular mandate!
  - Second - Acting as the catalyst for and working closely with Nevadans for Antibiotic Awareness (NAA) to educate healthcare providers and the public on the dangers of antibiotic misuse leading to antibiotic resistant microorganisms. NAA received a congratulatory Senate Concurrent Resolution for its educational efforts.
  - Third - drowning prevention education which has resulted in a decreased incidence of drownings in children less than 4 years old from 6 per 100,000 to less than the U.S. mean of 3 per 100,000 and led to enhanced preventive requirements for new pools in Clark County.
  - Decreasing new active cases of tuberculosis from over 100 to 70 and surpassing the national objective of 90 percent treatment completion rate of TB cases through aggressive, active surveillance, case management, directly observed therapy and intensive contact tracing and prophylaxis.
  - Providing more than 600,000 clinically related services per year in tuberculosis, sexually transmitted diseases, HIV/AIDS, family planning, immunizations, well baby checkups, senior foot care, nutrition services for moms and babies, home visits, and case management from our multiple sites throughout the county. The cost of these nursing services is very economical, \$35 per service and includes providing more than 60 home visits per day on average.

He thanked the Board Members for their continued support and commitment to improve public health and asked if there were any questions.

Member Crowley asked about the potential difficulty of obtaining qualified staff for the new Public Health Laboratory (PHL).

Dr. Kwalick explained that the District was in the process of advertising for the PHL manager. Laboratory employees will be hired by the District and administratively assigned to the Medical School's Public Health Laboratory. Therefore, the District will have control so if something happens at the state level the staff will be retained.

Member Eliason asked if the Health District had gotten approval from the Clark County School District on the CP Squires as a school based health center (SBHC) site as 95% of homeless shelter children attend the school.

Dr. Kwalick explained that discussions are proceeding and there is some concern about the Health District moving into the school. The Health District is interested in this site because of the homeless children situation and he believes a SBHC will be established.

Member Fairchild asked what the reporting process was if someone with a suspected SARS case was picked up by paramedics and transported out of state to either Utah or Arizona.

Dr. Kwalick explained that in the case of transporting a suspected case out of state, the health care providers within Clark County proper would report them to the Health District. At that time, Health

District staff would take appropriate measures to inform the public as well as review contacts and confirm whether it is a suspect or probable case.

The World Health Organization had a definition for "probable" cases and CDC was using the 'suspect' definition. So, there are a lot of cases that probably were not SARS but were suspect. To be considered probable there has to be symptoms of pneumonia and or x-ray evidence that something is going on in the lungs. At present, there are 35 probable cases of SARS. Of those 35 cases, one was in a health care worker, another in a contact of a health care worker from an individual who had SARS. The other 33 cases were individuals who traveled to Asia and came back with symptoms.

People are asking why there are so few cases and not many deaths, etc. Perhaps this is due to rapid diagnosis and good hospital care even though there are no definitive treatments as far as antibiotics. Also, patients can receive ventilator assistance almost immediately. New information about the virus continues to be forthcoming.

To put things in perspective, the mortality rate is higher than what was originally indicated. This is probably because of the change in definition. At this time, the more severe cases have a higher mortality rate. The corona virus is believed to be the agent. The CDC is attempting to come up with confirmatory tests. However, at this point in time, none have been accepted by FDA or CDC. In the U. S. there have been no deaths. Each year there are probably 35,000 - 50,000 deaths in the U.S. caused by influenza for which a vaccine is available and many chose not to get. Rather than people being concerned enough to stay home, perhaps there should be more concern about hand washing and covering their nose and mouth when they cough or sneeze. The chances of acquiring it casually are remote. Cases occur when there is contact with someone that traveled to an affected area and has the disease or cared for an individual in a health care facility. All local health care facilities are taking precautionary preventive measures.

Karl Munninger, Administrative Services Director, gave a brief update on Information Technology & Communications (IT) for the Clark County Health District and introduced Linda Kern the Information Technology Manager. He explained that the District is not only concerned about routine everyday public health functions but the ability to respond and contain a major incident. There are several overriding principles and areas of focus that are guiding the Health District's IT development. These include becoming more independent so that the District has a free standing IT communications capacity and is not dependent on any sister agencies for performance. The District is anticipating a complete fail over capability so that there is not a single point of failure. For example, if one of the internet providers is knocked off the air by a traffic accident, there will be another provider to rely on until repairs are made. Additionally, if the digital phone system goes out, there will be another running all the time until repairs are made.

In reference to costs, past experience has demonstrated that spending too much money on IT projects guarantees a less acceptable outcome and the project will take longer to complete. Therefore, spending less money has proven to produce a better result.

He briefly reviewed the goals and implementation plan that the IT staff was concentrating on.

Linda Kern, Information Systems Manager presented a PowerPoint presentation and elaborated on the principles, goals and focus of the IT Department. In reference to the internet connections staff has implemented safeguards against malicious attacks.

Through bioterrorism funding a disaster recover plan has been established. This plan will enable staff to recover critical applications if the main site is not available. Also, measures are in place to ensure that District Staff will be able to access District information from anywhere in case of a

bioterrorist attack or some other emergency. Staff is continuing work on the Wide Area Network and connectivity has successfully been implemented to the Spring Valley, Cambridge and Laughlin sites.

In an effort to cut telecommunications costs, a Voice Over IP System (VOIP) has been brought in house. This system will allow staff to use telephones over the network. Additionally, this will eliminate the need for staff to obtain a new number if or whenever they are physically relocated. Currently, over 250 VOIP phones are deployed.

In the next couple of months computer operations will be moving moved into the first floor of the new warehouse building. Approximately 31 servers and the District's core communication will be relocated along with some IT support staff.

To help staff better perform their jobs, the District is on a technology refresh program that will update close to one-third of the computers every year. The District is moving toward using Microsoft Exchange and Outlook as its new messaging system. This system will eventually allow staff to access email and fax information from a telephone using a module that will read email messages. A high speed broadcast fax system has been implemented. It is mainly used by the Epidemiology Section at this time. Staff is able to send over 2000 faxes in 3 to 4 hours. This system has helped improve the dissemination of information to the public. The District's new centralized patient registry is Web-based and will provide Staff the capability of accessing information from any location. This registry will be made available with secure access through the Internet within the next month. Staff can access information based on the appropriate security level. The School Based Health Centers and TB tracking modules will be on line in June or July. The IT staff is trying to take a component approach to migrating from the Family Planning and Environmental Health Division legacy systems to current technology. Staff is still working on the goal of replacing the VAX system by 2004 which includes Health Cards and Vital Records applications. Also, since the implementation of the registry has been so successful, staff is going to be using it to support the Ryan White HIV Care Information Management System. The integrated data base has the proper security in place and will allow funded agencies to access that information. This will enable the system to treat the total client.

In the past, the Health District has been dependent on the County to do the payroll. However, payroll is now completed in house. Over the last few months, IT staff initiated a new financial package with the help of Administration, Financial Services and Human Resources sections.

She commended the IT staff and expressed appreciation to all other District departments for their help in providing services.

Dr. Kwalick briefly explained the new format of the Nursing Monthly Report.

## **VI. INFORMATIONAL ITEMS**

*Duly Noted*

### **A. Chief Health Officer and Administration:**

1. Monthly Activity Report, Mid March 2003 - Mid April 2003
2. Financial Data: Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of March 2003
3. Health Education Monthly Report, March 2003
4. Epidemiology Monthly Report, March 2003
5. Public Information Monthly Report, March 2003
6. Emergency Medical Services March 2003 Annotated Agenda & Minutes

7. Dr. Kwalick's Testimony to the Legislative Committee on Taxation in Opposition To Senate Bill 308
8. Letter from the State of Nevada Assemblyman Morse Arberry, Jr, Regarding Health Aid to Counties
9. Letter from the U. S. Senator John Ensign Concerning Appropriations Bill for the Department of Labor, Health and Human Services and Education Funding for the National Institutes of Health

**B. Environmental Health:**

1. Monthly Activity Report, March 2003

**C. Nursing and Clinics:**

1. Monthly Activity Report, March 2003

**VII. ADJOURNMENT**

There being no further business to come before the Board, Chairman Reese adjourned the meeting at 8:54 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/mg