



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, April 22, 2004 - 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 At-Large
Susan Crowley	Appointee, Henderson
Andrea Anderson	Councilwoman, Boulder City
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Joe Hardy, MD	Appointee, Boulder City
Paul Henderson	Appointee, Mesquite
Steven Kirk	Councilman, Henderson
Chip Maxfield	Commissioner, Clark County
Rory Reid	Commissioner, Clark County
Stephanie Smith	Councilwoman, North Las Vegas

Absent:

Sherry Colquitt, RN	Appointee, Las Vegas
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Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Karl Munninger; Glenn Savage; Fran Courtney, RN; Steve Goode; Ed Wojcik; Sandra Schulz; Jane Shunney, RN; Rory Chetelat; Angus MacEachern; Patricia Rowley; Mary Ellen Harrell; Maureen Fanning; Rose Marie Lee; Jeanne Palmer; Jennifer Sizemore; Michael Palmer; Forrest Hasselbauer; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Jay James	JP Enterprise dba J & J Health Foods
Andrew Penucci	JP Enterprise dba J & J Health Foods
Marcia Holmberg	UMC
Tammy VanderHeiden	Pooters Ice Cream
Mike VanderHeiden	Pooters Ice Cream
Mary Henson-Luera	UMC Trauma
Connie Clemmons-Brown	UMC Trauma
Ryan Reid	Rory Reid
Jeff Englehart	Self
Gary Milliken	GEM Consulting
Dan Musgrove	Clark County Manager's Office
Gail Yedinok	UMC
Jacqueline Taylor	UMC
Ronald W. Lawrence	Community Counseling Center
Antioco Carrillo	Community Counseling Center
Pilar Weiss	Culinary Union
Juliet V. Casey	Review Journal

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 Dr. Kwalick had asked to remove *Item #4, Petition #13-04: Approval of Revised Ryan White Title I AIDS Service Awards for Project Year 2004/2005, from the Consent section and move it to a report/discussion item.

*Member Kirk moved for approval of the following consent agenda with the removal of *Item #4, Petition #13-04, Approval of Revised Ryan White Title I AIDS Service Awards for Project Year 2004/2005. Motion was seconded by Member Fairchild and carried unanimously.*

- 1. Approve Minutes/Board of Health Meeting: 03/25/04**
- 2. Approve Payroll/Overtime for Periods: 02/28/04 - 03/12/04 & 03/13/04 - 03/26/04**
- 3. Approve Accounts Payable Register: #913: 02/26/04 - 03//03/04; #914: 03/04/04 - 03/10/04; #915: 03/11/04 - 03/17/04; #916: 03/18/04 - 03/24/04; #917: 03/25/04 - 03/31/04**
- 4. ~~Petition #13-04: Approval of Revised Ryan White Title I AIDS Service Awards for Project Year 2004/2005~~**
- 5. Petition #14-04: Renewal of Interlocal Agreement with Clark County Social Service(CCSS): HIV/AIDS Evaluation Services to CCSS Clients for Fiscal Year 2005**
- 6. Petition #15-04: Approve New Classification Specification for Director of Community Health Services**
- 7. Petition #16-04: Approve New Classification Specification for Epidemiologist to be Placed on Schedule 22 (\$45,930 to \$64,037)**

8. **Petition #17-04:** Renewal of Interlocal Agreement with Clark County Social Service (CCSS) for the Provision of Tuberculosis Test Services to CCSS Employees for Fiscal Year 2005

II. PUBLIC HEARING/ACTION

1. **Variance Request:** To Allow Carpeting Where It is Not in Compliance with the District Board of Health REGULATIONS 1996 Governing the Sanitation of Food Establishments (APN 162-06-402-001), Petitioner: JP Enterprise LLC, dba J & J Health Foods, by Andrew Pennucci and Jay James

Chairman Reese opened the public hearing and asked the applicants if they agreed with and understood the conditions.

Chairman Reese asked Paul Klouse, Environmental Health Sanitarian if he had any concerns or problems with the application. Mr. Klouse indicated that there were no problems and staff recommended approval with the following conditions:

1. The vitamin store food establishment operations must be limited to the storing and packaging of pre-sealed vitamin and food supplement powders and capsules and must exclude liquid products of any kind in the carpeted areas.
2. The carpeting in the storage and display areas must be closely woven, properly installed, easy to clean, and maintained in a clean and sanitary condition. If the carpeting is physically damaged or stained, then it must be replaced with flooring materials of equal or better quality.
3. Approved flooring consisting of, at a minimum, vinyl composition tile (VCT) or sealed concrete, will be provided in all areas where liquids are stored or displayed.
4. A hose bib or mop sink must be installed in the restroom to service a bucket for wet mopping the vinyl composite tile or sealed concrete flooring.
5. This vitamin store food establishment must be designed, constructed, maintained, and operated with all other applicable requirements of the District Board of Health REGULATIONS 1996 Governing the Sanitation of Food Establishments.
6. This variance is automatically terminated without further notice upon termination of the lease agreement or upon assignment, conveyance, or any transfer of the lessee's interest therein.

Chairman Reese asked the applicants if they accepted all the conditions outlined by staff. Mr. Pennucci and James stated, "Yes, we do". There being no further comment he closed the public hearing.

Member Crowley moved for approval of the variance request with the conditions stipulated by Staff. The motion was seconded by Member Smith and carried unanimously.

III. REPORT/DISCUSSION - ITEMS ON WHICH ACTION MAY BE TAKEN

Item #4 From Consent Agenda:

Petition #13-04, Approval of Revised Ryan White Title I AIDS Service Awards for Project Year 2004/2005

Dr. Kwalick commented that Staff had asked for this item to be pulled because of correspondence received from Community Counseling of Southern Nevada concerning the transition of mental health patients to a new provider.

Staff is working with Southern Nevada Mental Health Services (SAMHS) to assume responsibility for mental health patients. The SAMHS requested additional time to commence services; two months of the SAMHS award became available for reallocation. Staff entered into discussions with Community Counseling Center (CCC) for a two month interim agreement and Community Counseling Center has agreed to be an additional provider offering transition services until SAMHS comes on line.

There is a desire to increase the transition time period from May 1, 2004 to July 1, 2004 to allow for a smooth transition. Therefore the amounts of money for NSMHA and CCC would change from \$91,545 to \$73,237 and \$18,308 to \$36,616 respectively.

Chairman Reese asked if any one from the public wished to speak on this item.

There being no response Member Eliason moved for approval. The motion was seconded by Member Hardy and carried unanimously.

1. Update on the Impact of Emergency Medical Services Wait Time on Access to Care – Rory Chetelat, Emergency Medical Services (EMS) Manager

Mr. Chetelat explained that there were no numbers at this time as the proposal started on April 1st. However, he reported that the process seems to be working very well for the EMS community. Although, wait times have appeared to drop, we will not have those statistics available until a full month has completed. A number of crews have reported that their wait times seem significantly less. Additionally, several of the hospital nurse managers as well as physicians indicate that the flow of patients is steady. Overall we have not had any other complaints and have not heard from any of the hospitals or EMS that the new process is not working.

There has been one internal disaster declared during this period but it was done inappropriately. When the hospital administration found out, the District was immediately notified and told that the incident had been done inappropriately and that they were dealing with the incident in-house. The situation was the result of a new employee who did not understand the policy. The situation had been corrected.

He informed the Board that this step was only one part of several steps. The biggest concern of paramedics practicing medicine in the hallways of hospitals is still a concern. Staff will continue to work with the Board of Health, Medical Advisory Board and the Facilities Advisory Board to find other solutions that will allow for a quick and rapid transfer of patient care from EMS to the hospital as fast as possible in the best interest of the patients care. Also, to allow a rapid turn around time for the EMS providers to get them on the streets for their next 911 call.

Staff is still working with the EMS community of providers which includes the hospitals to find solutions. Apparently this is a good time to pilot this process as many hospitals report that the patient count tends to be down during this time of year. However, it will not be the full test until we roll back around in the flu season to see if it's going to complete the process.

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.

Tammy Vanderheiden, ice cream truck owner, expressed concern over the Environmental Health Staff indicating that, because of a new rule effective May 2004, staff was going to revoke her permit because of not putting a generator or inverter on her truck. She explained that for over 10 years she had used dry ice during

the hot summer months without incident and could not understand why that was not sufficient. The items on the ice cream trucks are prepackaged and the freezers already keep the items at a temperature of 40 degrees or below according to Health District regulations.

Ms. Vanderheiden said dry ice is widely used because it is simple and economical to use and it keeps the ice-cream solid frozen during the hot summer months. The dry ice is put on top of the ice-cream in a brown paper bag, then put in a plastic grocery bag that is not sealed so it may escape. Dry ice is heavier than the air and will accumulate in low places. When the freezer doors open the dry ice will escape not allowing it to accumulate; and even if it did, it will be low in the freezer therefore posing no health danger to customers.

If the EH department is allowed to impose this new rule, it will put a great burden on her small business both economically and operationally. The department has suggested one of two options either generator or converter.

A generator is a great expense for ice-cream trucks. It would cost hundreds of dollars, if not thousands of dollars. Also, ice-cream trucks attract children of all ages and children are curious, so by putting a generator on the vehicle it would create more of a health hazard than by using the dry ice either by the heat or the fumes or by the children being able to touch or climb on it or by trying to stick something into the moving parts of the generator. It would also be very loud and pose a danger for the children crossing the street because it would stifle the sounds of traffic. As far as economically, it would put a burden on her ice-cream truck due to having to fill it up at least twice of day and with the price of gas being over \$2.00/gal right now. The truck operator would not be able to constantly watch the unit as it would interfere with the normal operations of our business. On the other hand, it is not just a matter of putting a converter on the truck. There are a lot of changes that would need to be made to the trucks. The ice-cream trucks are not built or manufactured for all the extra unnecessary equipment.

She felt that the Environmental Health staff was attempting to make a simple thing that has worked for years without health risks or complaints into a complicated and unnecessary process. Therefore, she asked that the Board allow her to continue with dry ice, as it does not endanger her or our customers in any way and asked to be placed on the next Board of Health agenda to resolve the issue.

Chairman Reese asked that the item be placed on the next agenda for discussion.

Ronald Lawrence, Chief Executive Officer, Community Counseling Center (CCC), indicated that they serve approximately 7,000 people a year in mental health, substance abuse recovery, HIV intervention and other infectious diseases such as Hepatitis C counseling. Recently they have had a situation occur where the program was de-funded under Ryan White Title I. We currently have 80 AIDS patients under our roof and I very much need to place on record with this particular body that community counseling center would never - after 14 years in involvement and pioneering to serve this population - would never choose not to serve this population.

Community Counseling was de-funded under a technicality by not having filed a letter of intent. Of course the letter of intent to renew funding requirement was faxed to us and as you know when those types of methodologies are used, various things can happen whereby the information can get lost. He indicated that CCC definitely wanted their program to continue to receive funding and asked that the item be placed on the next Board of Health agenda.

Chairman Reese asked that the item be placed on the next agenda for discussion.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick introduced Maureen Fanning, RN, Public Health Nurse Manager to give a report on Maternal and Child Health Services.

Ms. Fanning explained that the goals of the Maternal Child Health Program are to ensure and protect the health of the children the Health District serves. Ensure that parents enjoy and anticipate their child's development as well as to protect infants/children from communicable diseases.

The program staff works on the premise that children should be born healthy, immunized against preventable infectious diseases, have good nutrition and achieve optimum health. Each child is a unique individual developing in the context of the family and society. The family has the right to be included in the planning process regarding their children's health care and should be given the knowledge for preventive care and maintenance. All Clark County residents should have preventive care from pregnancy to birth, birth to school age, and beyond. Additionally, all Clark County residents should have the ability to access medical care when needed. Finally, by assisting our clients to achieve these goals the children and families we serve will be prepared for a healthy future.

The MCH program accepts referrals from hospitals, public and private agencies, and private individuals. A number of years ago, referrals were taken on any newborn or child. In the year 2002 we received 6,626 referrals; however due to budget restraints, only at risk newborns are being seen. In the year 2003 we received 8,150 referrals of which we were only able to admit 3,248 due to the change in the criteria. In the first quarter of this year, 297 NICU referrals have been received. These referrals include those babies who have spent time in NICU, have a mother with a history of drug or alcohol abuse, have themselves been drug or alcohol exposed in utero or babies from families that have an involvement with Children Protective Services. In special circumstances staff will also visit babies with teenage moms, who are under sixteen and have no family support, drop-in births, babies whose mom's have had C-Sections, Pre-eclampsia, vaginal bleeding, some multiple births, and any situation where support can be offered through PHN visit services.

Additional Services offered by the MCH Program are the Healthy Kids Exams for those children who are covered by Medicaid. The public health nurses (PHN) are able to perform a "Healthy Kids Exam", which includes a comprehensive physical exam as well as applying a fluoride varnish to their teeth. The public health nurses in the MCH program also perform Healthy Kids Exams to monitor growth and development and recognize signs of illness and identify developmental delays in infants, children and adults from newborn through 20 years of age. Also, staff began the Fluoride Varnish application program in October of 2003 and by the end of the year 88 children had been treated. In 2002 approximately 280 Healthy Kids exams were completed. In 2003 staff completed 350 exams in the satellite clinics and another 1,081 the home for a total of 1,431. Staff also provide services at multiple satellite clinics throughout Clark County and in the rural areas of Overton, Mesquite, Sandy Valley, Jean, Laughlin and Indian Springs.

Brief discussion occurred by Board Members and Staff concerning the reduction in services being due to the reduction in funding from the State. However, since the District's financial situation has improved there are potential recruitments for five vacancies in that area.

Dr. Kwalick briefly gave an update on Norovirus. He explained that things seem to be quieting down at the California Hotel. The hotel has been cooperating with staff and undertaking all the necessary steps to eliminate the problem. There is another establishment where staff is getting piecemeal information as to whether there is another outbreak. Staff is unsure of the numbers at this point in time but will keep the Board Members apprised.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid March 2004 - Mid April 2004 and Letters from the State of Nevada Health Division Indicating that the Health District's Audit of the Tobacco Control, Ryan White Title II and Women's Health Connection Programs Satisfied all Pertinent Requirements, 3/24/04
2. Financial Data: Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of March 2004
3. Health Education Monthly Report, March 2004
4. Epidemiology Monthly Report, March 2004

5. Public Information Monthly Report, March 2004
6. Letter from Nevada State Medical Association Congratulating Dr. Kwalick on the Distinguished Physician of the Year Award.
7. March 2004 Trauma Study Status Report

B. Environmental Health:

1. Monthly Activity Report, March 2004

C. Nursing and Clinics:

1. Monthly Activity Report, March 2004

VII. ADJOURNMENT

There being no further business to come before the Board, Vice-Chairman Christensen adjourned the meeting at 8:35 a.m.

SUBMITTED FOR BOARD APPROVAL

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

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