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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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**Amended**  
**MINUTES**

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

625 Shadow Lane  
Las Vegas, Nevada 89106  
Clemens Room

**Thursday, July 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  
Sherry Colquitt, RN  
Susan Crowley  
Andrea Anderson  
Robert Eliason  
Donna Fairchild  
Joe Hardy, MD  
Steven Kirk  
Chip Maxfield  
Stephanie Smith

Chairman, Councilman, Las Vegas  
Appointee, Las Vegas  
Appointee, Henderson  
Councilwoman, Boulder City  
Councilman North Las Vegas  
Councilwoman, Mesquite  
Appointee, Boulder City  
Councilman, Henderson  
Commissioner, Clark County  
Councilwoman, North Las Vegas

Absent:

Jim Christensen, MD  
Mary Jo Mattocks, RN  
Rory Reid

Physician At-Large  
Appointee, Mesquite  
Commissioner, Clark County

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Karl Munninger; Glenn Savage; Fran Courtney, RN; Steve Goode; Ed Wojcik; Doug Joslin; Jane Shunney, RN; Rory Chetelat; Angus MacEachern; Linda Verchick; Mary Ellen Harrell; Jeanne Palmer; Jennifer Sizemore; David Tonelli; Michael Palmer; Forrest Hasselbauer; and Recording Secretaries Diana Lindquist and Montana Garcia

**ATTENDANCE:**

<u>NAME</u>	<u>REPRESENTING</u>
Ron Lawrence	Community Counseling Center
Antioco Carrillo	Community Counseling Center
Jacqueline Taylor	Self
Connie Clemmons-Brown	UMC Trauma
Mary Henson-Luera	UMC Trauma
Timothy Browder	UMC Trauma
Paul Harasim	Review Journal
Jonathan Boulwar	Nevada Hotel & Lodging Association
Chris Salm	SEIU Local 1107
B. Davis	Sunrise Hospital
Paul N. Valencia	Mercy Air Service
Molly Ball	Las Vegas Sun
Dan Kulin	Las Vegas Sun
Gail Yedinak	UMC
Cheryl Persinger	UMC
Dan Musgrove	Clark County Manager's Office
Pilar Weiss	Culinary Union
Bobbette Bond	Culinary Health Fund
Deborah A. Kukes	UMC, University of Nevada School of Medicine
Alisa Savetomal	UMC Trauma
David McElneel	UMC Trauma
Samantha Kimsey	Giddy-Up Coffee
Lynn Fulstone	Lionel Sawyer & Collins / Sunrise Hospital
Steven A. Stefani	The R.T. Bigelow Cos./ Budget Suites of America
Paula Alston	The R.T. Bigelow Cos.
Ann Lynch	Sunrise Hospital
Rick Andrews	TV 8

**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 Eliason moved for approval of the following consent agenda. Motion was seconded by Member Smith and carried unanimously.

1. Approve Minutes/Board of Health Meeting: 06/24/04
2. Approve Payroll/Overtime for Periods of: 05/04/04 - 05/21/04; 05/22/04 - 06/04/04
3. **Approve Accounts Payable Register: #926:** 05/27/04 - 06/03/04; **#927:** 06/04/04 – 06/10/04; **#928:** 06/11/04 - 06/17/04; **#929:** 06/18/04 - 06/23/04; **#930:** 06/24/04 – 06/30/04

4. **Petition #27-04:** Approve Adjustments to Immunization Fees
5. **Petition #28-04:** Approve New Class Specification for Human Resources Specialist to be Placed on Schedule 21 (\$45,408 - \$63,282)
6. **Petition #29-04:** Approve Redefinition of EMS Field Representative to remain on Schedule 21 (\$45,408 - \$63,282)
7. **Petition #30-04, Resolution #04-04:** Approve Resolution Authorizing Kummer Kaempfer Bonner and Renshaw and Hunterton and Associates to Represent the District Board of Health in the Suit Pertaining to Solid Waste now Pending in Federal Court
8. **Petition #31-04:** Approve Interlocal Contract with the Nevada Bureau of Family Health Services to Continue Operating the Huntridge Teen Clinic

### **III. PUBLIC HEARING/ACTION**

1. **Variance Request:** To Operate a Food Establishment Not in Compliance with the District Board of Health Regulations 1996 Governing the Sanitation of Food Establishments, Vehicle Identification Number (VIN): GBHG31U041192574, **Petitioner:** Giddy-Up Coffee, Ltd

Paul Klouse, Environmental Health Supervisor stated that staff recommended approval of the variances with the following conditions:

1. The menu for this mobile unit food establishment must be limited to:
  - (a) Prepackaged Non Potentially Hazardous Foods (Non PHF) that require no preparation on the mobile unit food establishment; and
  - (b) Preparation and service of tea, espresso, including preparation of associated milk products, blended espresso specialty drinks, and Non PHF including blended smoothies.
2. The mobile unit food establishment modifications and equipment must include:
  - (a) Thirty-eight (38) gallons of fresh water storage; forty-three and a half (43.5) gallons of waste water storage; with a sight gauge.
  - (b) A drop-in three-compartment sink with integral drain boards (installed on the left side of the vehicle).
  - (c) Stainless steel skinning of all exposed horizontal counter and vertical backsplash surfaces in the food zones (preparation and three-compartment sink).
  - (d) Fluorescent lighting over preparation and wash areas (to 50 ft./candles in food zones).
  - (e) All equipment to meet National Sanitation Foundation, International (NSFI) or equivalent standards.
3. This mobile unit food establishment shall not be operated in adverse weather conditions that would significantly increase the possibility of contamination. If adverse weather conditions (e.g., high wind conditions, dust storms, driving rain) exist, then the operator shall close this mobile unit food establishment until proper conditions exist to ensure no increase in contamination of food or food contact surfaces.

4. This mobile unit 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*** in general, and specifically the requirements of Sections 96.10.0100 (Mobile Units and Servicing Depots – General Provisions) and Nevada Administrative Code (NAC) 446.665-815 inclusive.
5. This variance is automatically terminated without further notice upon the closing of any sale transaction involving this mobile unit food establishment, Vehicle Identification Number (VIN) 1GBHG31U041192574.

Chairman Reese opened the public hearing. He asked if anyone was representing the petitioner and if she had read and agreed with the conditions.

Samantha Kimsey, representing Giddy-Up Coffee stated that, "Yes" she had read and agreed with the conditions.

Chairman Reese asked if any members of the public wished to speak. There being no further comment, Chairman Reese closed the public hearing.

*At this time Member Eliason moved for approval of the variance request with the conditions as recommended by staff. The motion was seconded by Member Smith and carried unanimously.*

#### **IV. REPORT/DISCUSSION - ITEMS ON WHICH ACTION MAY BE TAKEN**

##### **A. Trauma System Development Committee Report:**

- Citizen Task Force Update
- Deliberations/Recommendations to the State, and;
- State Health Administrator Approval of Sunrise Hospital's Request for Provisional Licensure of Trauma Services

Committee Chairman Colquitt gave an overview of what had transpired over the past seven months with regards to the Trauma System issue and commented on the most recent action by the Nevada State Health Division.

In November 2003 the administrator of the Nevada State Health Division received a letter from Sunrise announcing its intent to seek designation as a Level II trauma center in Clark County. After receiving this letter the administrator requested input from the Clark County Health District on this expansion of the Trauma System in Southern Nevada. The Board of Health appointed a committee of the Board to explore this issue. At the initial meeting of the committee staff was directed to contract with the Abaris Group and the American College of Surgeons to perform a needs assessment. A Citizen Task Force was also appointed at this time to receive the information from these two groups and to make recommendations to the committee which would then be forwarded to the entire Board of Health for its consideration. This Task Force consisted of 9 members all of whom had a great deal of expertise in either the medical field or the community and were all very involved in the community.

The Task Force began its meetings in January 2004 and met monthly until June 2004 when the Task Force met three times to accept the report of both the Abaris Group and the American College of Surgeons. The Abaris Group interviewed over 100 stakeholders in order to obtain information for its report and findings.

One of the major findings of both the Abaris Group and the American College of Surgeons was that Clark County is not in a crisis situation. Clark County has one of the finest Trauma Units in the nation at UMC. What both groups found was that we were woefully lacking in the infrastructure necessary for the development of a Trauma System. It was stressed that a Trauma Unit —no matter how excellent — is not a Trauma System. The major difference in the two reports is that the Abaris Group recommended a designation of a Level III Trauma Unit in the southern portion of the region.

After numerous hours of meeting and study the Citizen's Task Force recommended the following:

1. That the State Board of Health delegate to the Clark County Health District the designation process for trauma centers as well as the development of patient catchment areas and that the Clark County Health District establish fees for trauma systems participation.
2. That there be adequate resources to develop and implement the system plan in Southern Nevada and that those funds be collected from participants as well as exploring other funding opportunities.
3. That the recommendations from the American College of Surgeons regarding a durable commitment, measured in several years, to be determined by a regional oversight committee, be adopted and that substantive analysis of financial, medical, and operational issues consistent with designation be undertaken to include the past performance of any entity seeking designation.
4. That the State Board of Health make appropriate changes to the administrative code to allow a trauma center applicant's access to trauma patients based on recommendations to be made by the Clark County Health District.
5. That the ACS and Abaris reports be carefully considered by the Clark County District Board of Health in its deliberations.

*She moved that these recommendations be forwarded to the State Division of Health along with the final reports of the Abaris Group and the American College of Surgeons. Motion was seconded by Member Fairchild.*

Discussion followed and concern was expressed by Staff, Legal Counsel and Board Members concerning the recent actions of the State Health Division Administrator granting a provisional licensure for trauma services to Sunrise Hospital in light of the ACS and Abaris Group recommendations.

*Member Colquitt moved to direct staff to prepare a report for the next meeting to keep the Board apprised. Member Fairchild seconded motion*

Further discussion followed by Board Members, Staff and Legal Counsel concerning developing a resolution, and direction to staff and counsel to pursue the legal ramifications of the state's action, specifically the issuance of provisional licensure and to formulate possible strategies on how best to proceed with the trauma planning process.

*Member Maxfield moved to direct staff and legal counsel to:*

1. continue with the trauma system planning process and formulate strategies that are made available to the Board as an action item on the August 26th agenda.

2. develop a resolution that states the Board's concerns.
3. develop and send an Interlocal Agreement to the state for delegation of authority.
4. proceed with the letter to the Health Division Administrator requesting clarification of his actions and furnish copies of letter along with all reports to the Governor's office and all pertinent legislative committees.

*Member Colquitt withdrew her motion and Member Crowley stated that she would withdraw her second and seconded Member Maxfield's. Member Maxfield reiterated that his motion included direction to staff and legal counsel to pursue possible strategies and that an action item be placed on the August Board of Health agenda in order to explore all options.*

Chairman Reese asked if there were any other questions or comments. There being no response he called for the vote. The motion carried unanimously with Member Hardy abstaining.

The Board Members directed staff to continue to use the Board committee in the interim and to write letter of thanks to the members of the Citizen's Task Force for their efforts, to keep them apprised of the Board's efforts and ask if they would have any interest in continuing on task force as the process continues to develop a trauma system.

## **2. Community Counseling Center Update**

Ron Lawrence, CEO, Community Counseling Center (CCC) commended the Board members for their dedication as public servants to the community. He noted that that Community Counseling Center provides mental health and substance abuse services for persons with AIDS and presented a report from the center's psychiatrist, Dr. Michele Lisoskie.

He explained that Dr. Lisoskie's had concerns over the services that have been established at Southern Nevada Adult Mental Health Services (SNAMHS).

There are several stages that the patients have to go through and, given their mental and physical conditions, Dr. Lisoskie was concerned that many of patients would not be able to go through the entire intake process. Therefore CCC will continue to try to offer immediacy of services.

He commended Health District Staff and commented that they have had several conversations with Mary Ellen Harrell who has been meeting with CCC staff approximately once a month as recommended by the Board. These meetings have been very productive and gratifying.

Currently, CCC has approximately 80 patients in-house and serves approximately 450 patients a year. About 40 of the patients are extremely fragile and up to this time no funding has been offered for those patients but CCC will continue to offer services. He presented the Board Members with a document from the center's auditors indicating that CCC has rendered more services than those billed.

In conclusion he informed the Board Members that CCC had been funded to continue HIV services. CCC will continue to work closely with the Clark County Health District.

## **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 have 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 subsequent meeting.

Chairman Reese asked if any member of public wished to be heard.

Pilar Weiss, representing Danny Thompson of the Nevada State AFLCIO, wanted to make sure that all the Board Members had received a copy of his letter dated July 20, 2004 to Alex Haartz, Nevada Health Division Administrator and requested that it become part of the official record (see attached).

Jonathan Boulwar, Chairman of the Nevada Hotel & Lodging Association, wanted to recognize Glenn Savage, Environmental Health Director and his staff and commended them for their ability to balance protection of public health with industry concerns on the proposed Environmental Health regulations. Mr. Savage had been more than cooperative in balancing different personalities and sensitivities from different organizations during discussions on the proposed regulations. He had asked staff to establish a committee using the expertise of the association. He sent out letters to approximately 186 association members as well as wrote an article in the association magazine to help the industry understand the working relationship with the Health District. Approximately ten properties have signed up for the committee. Their goal is to have over 50 members on the committee representing Mesquite, Laughlin, Las Vegas and possibly even some of the Northern Nevada communities. The group, in conjunction with the Health District, will develop a plan that protects public health and allows them to operate efficiently.

## **V. HEALTH OFFICER & STAFF REPORTS**

Dr. Kwalick stated that Mr. Glenn Savage would be providing a brief update on a recent conference with the resort industry on Norovirus.

Mr. Savage gave a brief overview and provided a brief videotaped presentation of the Norovirus Summit that was held on July 13, 2004 at the Las Vegas Hilton. The summit was well attended with over 450 participants including attendees from communities in Missouri, California, New York and Michigan. Dr. Kwalick made the opening remarks and welcomed the group stressing that Norovirus is in our community and we have to work together to take control of this pathogen. Glenn was the moderator during the Summit. Various speakers from several organization spoke such as Laura Podewils, Phd., of the Centers for Disease Control and Prevention (CDC) who explained how CDC works together with the Health District and local industry to solve problems; Dr. Grant Tarling, Medical Officer for Princess Cruises International, spoke about how cruise lines are basically floating hotels and what interventions they have taken to prevent, control, and eliminate this virus. Brian Labus of the Epidemiology Section worked together with Dr. Podewils on a presentation concerning the history of Norovirus and the outbreak investigation. Captain Charlie Otto from U.S. Public Health Services stressed an environmental health systems approach bringing together all the different groups from food and beverage, security, maintenance and safety - everyone within a hotel has to work together to try to address this issue. Commander Ames from CDC talked about dust and sanitation programs, inspection programs, management and sanitation controls, and how industry can do that on its own but it is a very good idea to work with the local public health department. Proper hand washing procedures were demonstrated. Also, approximately eight vendors were present with exhibits showing everything from biohazard and spill kits to hand-washing facilities along with chemicals that are used in disinfecting and sanitizing including various hand-washing stations.

Glenn concluded that this was done in conjunction with the community and industry and demonstrates partnering to achieve this goal. He commended Dan Maxson, Jennifer Sizemore, David Tonelli and Environmental Health staff for helping to bring this workshop together and Ben Sasaki of the Las Vegas

Hilton for hosting the event. Staff has received positive feedback from the industry and anticipate similar conferences on a yearly basis.

Dr. Kwalick explained that the District received CLIA approval for the Southern Nevada Public Health Laboratory and we are waiting for the public health service to come in for the biosafety level 3 inspections. However, the lab can now perform level 2 clinical testing based upon state licensure.

West Nile virus is in Nevada. It is one of several viruses transmitted by mosquitoes bites. There is a case identified in northern Nevada and staff is looking into a possible case in Clark County. People should be protecting themselves for mosquitoes and if they know of any places where there are mosquitoes around or where there is standing water, they should let the District know. Use DEET or some other pesticide, wear long sleeves and long pants if you are out at dusk. The symptoms are very similar to flu like illness with fever, headache, etc. More than 80% of the cases are minor and only about 5% become serious.

## **VI. INFORMATIONAL ITEMS**

*Duly Noted*

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

1. Monthly Activity Report, Mid June 2004 - Mid July 2004
2. Financial Data: Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of June 2004
3. Health Education Monthly Report, June 2004
4. Epidemiology Monthly Report, June 2004
5. Public Information Monthly Report, June 2004

### **B. Environmental Health:**

1. Monthly Activity Report, June 2004

### **C. Nursing and Clinics:**

1. Monthly Activity Report, June 2004

## **VII. ADJOURNMENT**

There being no further business to come before the Board, Vice-Chairman Christensen adjourned the meeting at 9:10 a.m.

SUBMITTED FOR BOARD APPROVAL

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

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