



MINUTES

Southern Nevada District Board of Health Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, March 26, 2009 - 8:30 A.M.

Chair Giunchigliani called the meeting of the Southern Nevada District Board of Health to order at 8:30 a.m. and led the Pledge of Allegiance. Chair Giunchigliani noted that a quorum was present. Stephen F. Smith, Esq., Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law.

Board Members Present:

Chris Giunchigliani	Chair, Commissioner, Clark County
Steven Kirk	Vice Chair, Councilman, Henderson
Ricki Barlow	Secretary, Councilman, Las Vegas
Jim Christensen, MD	At-Large Member, Physician
Susan Crowley	At-Large Member, Environmental Specialist
Robert Eliason	Councilman, North Las Vegas
Tim Jones	At-Large Member, Regulated Business/Industry
Mary Jo Mattocks, RN	At-Large Member, Registered Nurse
John Onyema, MD	Alternate At-Large Member, Physician
Bubba Smith	Councilmember, Mesquite
David W. Steinman	Councilman, Las Vegas
Linda Strickland	Councilmember, Boulder City
Lawrence Weekly	Commissioner, Clark County

Absent:

Joseph Hardy, MD	At-Large Member, Physician
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Executive Secretary:

Lawrence Sands, DO, MPH

Legal Counsel:

Stephen F. Smith, Esq.

Other SNHD Board of Health Members/Alternates Present:

Lonnie Empey	Alternate At-Large Member, Environmental Specialist
Jimmy Vigilante	Alternate At-Large Member, Regulated Business/Industry

Other SNHD Board of Health Members/Alternates Not Present:

Travis Chandler	Councilmember, Boulder City Alternate
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Tom Collins
Frank Nemec, MD
Steven Ross
Barbara Ruscigno, RN
Gerri Schroder
Stephanie Smith

Commissioner, Clark County Alternate
Alternate At-Large Member, Physician
Councilman, Las Vegas Alternate
Alternate At-Large Member, Registered Nurse
Councilwoman, Henderson Alternate
Councilwoman, North Las Vegas Alternate

Staff: Scott Weiss; John Middaugh, MD; Angus MacEachern; Glenn Savage, Jennifer Sizemore; Bonnie Sorensen; Kara Bennis; Stephanie Bethel; Haley Blake; Jerry Boyd; Nichole Bungum; Dennis Campbell; Elsa Cascos; John Cataline; Rory Chetelat; Alice Costello; Fred Couzens; Joann Engler; Jing Feng; Maria Figgs; Steve Goode; Robert Gunnoe; Alexandra Gurgu; Sheila Gutierrez; Nancy Hall; Mary Ellen Harrell; Forrest Hasselbauer; Monique Johnson; Angela Jones; Jane Kopczak; Rick Kraske; Brian Labus; Ed Larsen; Christine Madison; Ann Markle; Kieawa Mason; Veronica Morata-Nichols; Sage Nagai; Robert Newton; Kim Ogren; Patricia O'Rourke-Langston; Penny Orr; Gwen Osburn; James Osti; Mars Patricio; Annaliese Peterson; Linda Rupert; Amanda Reichert; Walter Ross; Patricia Rowley; Jane Shunney; Judith Slaney; Chris Strickland; Diana Valencia; Leo Vega, Jorge Viote; Leisa Whittum; Lynda Zielinski; Valery Klaric and Shelli Clark, recording secretary

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Rob Andrades	Andrade's Cleaning Company
Petya Balova	LEA Engineering
Mary Arnold-Ronish	Professional Permanent Cosmetics
Bernard P. Ellis II	Club Tattoo
Yesenia Felix	Just Permanent Make-Up
Katie Fellows	Jones Vargas
James Horvath	Bergman Walls & Associates
Irma L. Hucata	Liberty Salvage Materials
Keith Jay	Andrade's
Ehi Lambert-Aikhionbare	Harrah's Entertainment, Inc.
Steven Kiss	Touro University
Steve Mattocks	Self
Dana Moss	PGAL
Diana Odden	Developers Maintenance
James Reding	Club Tattoo
Desmond Stevens	STO Design Group

BOARD OF HEALTH SERVICE RECOGNITION:

World TB Day

Dr. Sands introduced the TB Control staff. Patty O'Rourke-Langston, public health nurse manager, noted that a fifth grade science project was done regarding TB. TB Control staff introduced themselves and shared facts from the project with Board members. A video was shown depicting the devastation caused to individuals infected with TB globally. Proclamations from the Governor were shared with the Board officers. Dr. Sands recognized the TB Control staff for their efforts in helping the community with this disease. Chair Giunchigliani noted that there is mandated TB testing for some employees, particularly those working around children. Food handlers and health care workers are also required to have regular TB tests.

2009 Perinatal Hepatitis B Prevention Program Award

Dr. Sands introduced Bonnie Sorenson, director of clinics & nursing services. Linda Rupert and Veronica Morata-Nichols were recognized for their efforts in furthering the administration of hepatitis B vaccine to newborns and showing the most improved program. Currently Ms. Rupert is the only perinatal hepatitis B vaccine coordinator in the state of Nevada. In 2003 the perinatal hepatitis B vaccination rate was 29% in terms of follow up care to post-partum women who are carriers of hepatitis B – the current rate is 78%.

I. CONSENT AGENDA

These are matters considered to be routine by the Southern Nevada 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.

1. **Approve Minutes / Board of Health Meeting:** 2/26/09
2. **Approve Payroll / Overtime for Periods:** 2/07/09 – 2/20/09 & 2/21/09 – 3/06/09
3. **Approve Accounts Payable Registers:** **#1166:** 2/06/09 – 2/12/09; **#1167:** 2/13/09 – 2/19/09; **#1168:** 2/20/09 – 2/26/09; **#1169:** 2/27/09 – 3/05/09

Chair Giunchigliani asked if there were any further changes to the Consent Agenda or discussion on specific items; seeing none she called for a motion to approve the Consent Agenda.

A motion was made by Member Christensen to approve the Consent Agenda as presented; seconded by Member Mattocks and was unanimously approved.

II. PUBLIC HEARING / ACTION

1. **Variance Request** to Operate a Public Bathing Place not in Compliance with Nevada Administrative Code (NAC) 444.131.1. **Petitioner:** Desert Palace, Inc. a Nevada Corporation dba Caesars Palace, One Caesars Palace Drive, Las Vegas, NV 89198, Pending Health Permit 00023-#ZQ-60, Gregory Miller, Attorney-in-Fact for Jonathan S. Halkyard, Desert Palace, Inc., a Nevada Corporation dba Caesars Palace

Chair Giunchigliani declared the public hearing open.

Angela Jones, environmental health supervisor, spoke relative to this matter. The facility would like to allow gaming while patrons are in a public bathing facility, which will result in an area of non-compliance for the dealers' pit. The variance does not preclude bather access to the pool deck and will not compromise public safety. If at any future time modifications are made which may compromise public safety the variance will be revoked. If the property is sold, the variance will also be revoked.

Staff recommends approval based on the conditions outlined in the request. Ehi Lambert-Aikhionbare, Desmond Stevens and James Forvath, representing Desert Palace were present to answer questions of the Board.

Chair Giunchigliani asked if the parties were in agreement with conditions as specified; the parties responded affirmatively. Chair Giunchigliani asked if ADA compliance and access were

compromised with this variance. Lorraine Forston, senior environmental health specialist, noted that ADA accessibility is achieved with a lift – a sleeve is imbedded in the deck and a chair is provided upon request. A personal assistance lift (PAL) is also available which can be relocated throughout the property.

Member Onyema asked if the design does not compromise safety why a condition is in place that the variance will be revoked if safety is compromised. Ms. Jones said that something could be added to the design or any design modification in the future, such as storage of gaming chips.

Member Jones noted the 1,400 square footage area and asked if one lifeguard would be present. Desmond Stephens, project engineer, said the actual square footage is 1,917. Ms. Forston said no lifeguard is required for pool areas under 2,000 square feet; however the property plans to provide a lifeguard.

Chair Giunchigliani asked if anyone from the public wished to speak to this matter. No one came forward to speak and she closed the public hearing.

A motion was made by Member Onyema to approve the variance as submitted with the conditions outlined in the memorandum; seconded by Member Crowley and was unanimously approved.

2. **Memorandum #06-09:** Application for Approval for Andrades' Cleaning Company, aka Romanika, LLC., to Operate a Solid Waste Management Facility – Materials Recovery Facilities (MRF), Located at 798 A Street, Las Vegas, NV 89106 (APN 139-27-701-001 & 139-27-701-002), SNHD Control No.: MRF 10-XXX-01

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health engineer/supervisor, spoke relative to this matter. Mr. Ross said that Andrades' Cleaning Company has met all requirements for a materials recovery facility (MRF) as specified in Section 4 of the MRF Regulations and satisfied all special use permits require by Clark County.

Staff recommends approval based on conditions as outlined in the memorandum and a final inspection. Robson Andrades and Petya Balova, representing Andrades' Cleaning Company were present to answer questions of the Board.

Member Crowley noted that condition #2 requires the applicant to remain in compliance as conditions change over time and asked if the facility will need to be modified which could result in a hardship to the business. Mr. Ross said if there is a case where the Solid Waste Management Authority (SWMA) regulations are promulgated and later amended and adopted the applicant will need to comply with the most recent regulations.

Stephen Smith, legal counsel, noted that businesses have the responsibility to be in compliance with regulations, both existing and what may change in the future. Member Crowley sought to ensure that the applicant is fully cognizant of this requirement. In reference to condition #5 the applicant is being granted additional time to obtain storm water permits and operational documents – she asked if these must be in place prior to operation. Mr. Ross noted that facilities are inspected several times throughout the year. The Notice of Intent (NOI) was applied for the day the application was sent to print for inclusion in the Board books. The storm water permit requirement from NDEP requires submittal of a storm water pollution plan. We are concerned with run on and off issues. Member Crowley noted this item was inserted as a

placeholder as the process is not completed and we have no authority to ensure they are in place.

Member Weekly asked how many employees will be on site. There will be sixty individuals on site and the facility will also function as construction clean-up. He noted that this process was administratively approved by the City of Las Vegas in terms of licensing and permitting. Member Steinman said this required a special use permit and could not require approval of the City Council. Mr. Ross said if a business license has been issued and land use approved, a document is provided (attachments E and F) denoting that the license officer of the respective jurisdiction allows operations as a MRF. Mr. Andrades signed a statement verifying compliance with the conditions of a salvage or reclamation products outdoor facility and the conditions required per the City of Las Vegas zoning code land use table. Member Weekly noted compliance with City requirements, but expressed further concerns with compliance with land use updates due to the lack of conditions listed. There is a large homeless problem on A Street and all land use permits for this area go before the City Council. He felt that staff should have put a condition in place that if land use is changed, the applicant would need further approval from the City.

Mr. Smith asked if subsection 3 of the listed recommendations addresses his concerns. Member Weekly said his concern is with administrative approval which bypasses the area representative and he wants to ensure conditions are in place to keep in alignment with goals for particular areas. He noted that company is in compliance with what is occurring in that particular area, however the homeless population is a primary concern. Mr. Smith said in defense of the applicant, the facility has been operating for some time and is working to come into compliance.

Chair Giunchigliani recommended that going forward language includes and/or specifies more clearly that land use and zoning may be modified and the applicant will need to comply with this component. Elected officials need to work internally with their respective jurisdictions to be notified of projects. She thanked the applicants for coming into compliance.

Mr. Ross said a special use permit is not required for the Zone M table for this type of use – conditional use is required.

Chair Giunchigliani asked if anyone from the public wished to speak on this issue. Seeing none, the public hearing was closed.

A motion was made by Member Crowley to approve the application as submitted with the conditions outlined in the memorandum; seconded by Member Steinman and was unanimously approved.

Chair Giunchigliani excused herself from the meeting at 9:05am due to another obligation and asked Vice Chair Kirk to chair the balance of the meeting.

3. Memorandum #10-09: Approval of Southern Nevada Health District Regulations Governing the Sanitation and Safety of Tattoo Establishments; Consideration of Business Impact Statement

Vice Chair Kirk declared the public hearing open.

The following is a verbatim transcription of the public hearing concerning Memorandum #10-09.

Dr. Sands: Next is Memorandum #10-09, this is approval of Southern Nevada Health District Regulations Governing the Sanitation and Safety of Tattoo Establishments and Consideration of Business Impact Statement. And Mark Bergtholdt from our Special Programs Office will be presenting along with Mr. John Cataline.

Chair Kirk: Thank you. This is a public hearing which is now open.

Mark Bergtholdt: Good morning. Thank you, Dr. Sands. Madam Chair, members of the Board, I am Mark Bergtholdt, environmental health supervisor for special programs and with me is John Cataline, lead EHS in the tattoo and body art program. It is our distinct pleasure to present to you the latest version of the tattoo regulations revising the regulations governing sanitation of tattoo establishments. These revisions are the latest since they were last amended in December of 2000. There are currently 112 permitted establishments within Clark County that will be impacted by these regulations. This revised regulations, and its predecessors, were written to regulate establishments that practice tattoo and permanent make-up in a way that will prevent the spread of infectious diseases such as hepatitis A and MRSA. Development of the regulations before you was done by staff during the previous two years. Staff worked with industry during the routine inspections to identify what was needed to be revised in the current regulations and bring them up-to-date. These changes include waiving of the autoclave requirements for facilities that exclusively use single-use pre-sterilized equipment; increase the time that pre-packaged sterile needles and equipment can be used to the stamped manufacture expiration date rather than the set six months; sets a minimum age for tattoos and entry into the work area; requires patron records to be kept at a facility unless the health district provides written permission; requires operators to keep a copy of a score test for their autoclave on site; expands the definitions and provides for supporting documentation found in the appendices; clarifies language for special events and visiting artists; clarifies the process for plan review requirements; and clarifies the process for suspension and reinstatement of a health permit. During public comment period, staff received comments and crafted changes which improved our ability to ensure the public health. I notice that there are a number of our community partners out there who may wish to testify at this workshop. John Cataline and I are here to answer any questions you may have. Thank you.

Vice Chair Kirk: Thank you. Does anyone have any questions or comments?

Member Smith: Mr. Chair? First of all I want to say I was very enlightened. I didn't realize so much went into tattoos and all the different types of tattoos. One of the things it talked about, and let me find it...it's on page 43...it talked about prohibited acts that are under this provision. And I just happened as I was reading through this, I saw on television another tattooing technique they're using in the eyes – they're tattooing eyes, I guess that would fall under 8.7.11 "any other form of unregulated invasive or extreme body modification." But it wasn't specified in 8.7

under prohibited acts, but I know a lot of the states were trying to prohibit this tattooing of the eyes because it's such a sensitive area and just one wrong move might just cause blindness. I guess you're just taking that under 8.7.

- Mr. Bergtholdt: No actually it is defined under 1.67, tattoo defined, in an indelible mark into or under the skin, so the eyes would not be part of the skin.
- Member Smith: Oh, OK. Well...
- Member Christensen: There's skin over the eyes...
- Member Smith: The lids...
- Member Christensen: ...and if they're going to do the...
- Dr. Sands: I believe it does allow for permanent make-up, eyeliner, on the skin, but not on the white part of the eye – that's a different type of tissue.
- Member Smith: That's where it was – on the white part of the eye.
- Member Christensen: Some of them do their sclera. Not my idea of fun. So you might be able to just say tattooing other than the skin is off-limits.
- Member Smith: I'd be more comfortable with that. I don't know if it would fall under that over provision, but I think we need to identify...
- Dr. Sands: So are you suggesting to modify the definition?
- Member Christensen: OK. Yeah, I would change the definition to tattooing involves the skin.
- Mr. Bergtholdt: That is the definition.
- Member Christensen: The skin and skin only.
- Member Smith: And 6.1.84, it talked about personal hygiene. That seemed kind of subjective that they should have good personal hygiene and I think we all have a different take on what good personal hygiene is and I don't know how you'd define that any better. I think maybe that's something we can define is that they have to have good personal hygiene – it just seems very subjective; who's decides whether or not they have good personal hygiene or not.
- Vice Chair Kirk: You want my 10-year old to define it.
- Member Christensen: Well, this is a consensual process.
- Member Smith: OK, well it's very enlightening, I must say, to go through this. I didn't realize that so much went into that. But I did have some concerns about...
- Member Christensen: Your appointment's been made?

- Member Smith: No, I'm going to pass.
- Vice Chair Kirk: Mr. Jones and then Commissioner Weekly.
- Member Jones: One comment. I had some discussion with staff with regard to the special event permit fees and just trying to accommodate a couple of conventions that may be coming in the future – up to 1,000 booths and the fee process that would allow for a more economic process there.
- Mr. Smith: I don't believe this item has been agendized specifically so I don't know if we can take any action on any discussion. We're dealing with substantive regulations not necessarily fees. Perhaps that's something better saved for public comment and then to place on an agenda at another time. I believe the statute would prohibit us from taking any action on any fee schedule that hasn't been properly agendized and not in compliance with Open Meeting. Sorry.
- Member Jones: I'm not asking to take action, but to bring it up to comment and so we can work on it in the future.
- Vice Chair Kirk: Thank you.
- Member Weekly: Just a quick question and Dr. Sands I was wondering have we noticed the industry in terms of our proposed modifications here today?
- Dr. Sands: Yes – this has gone through public workshops. I think Mark can probably give you more details. And that's listed in the memorandum.
- Mr. Bergtholdt: We held three public workshops: one here, one in Laughlin and one in Mesquite in the month of February.
- Member Weekly: Thank you.
- Vice Chair Kirk: Very good.
- Member Steinman: I'm reading in here about ages, eligibility to be pierced or tattooed. Can you straighten me out on what the regulations say relative to age of minors who can be subjected to various techniques?
- Mr. Bergtholdt: These regulations here only govern the practice of tattooing –piercing is in a separate regulation that we'll cover later on. For tattooing, basically we set up the minimum age that a person can be tattooed at 14. They also can only be within the worksite if they're either being tattooed on or over the age of 18 in the tattoo area. So those previous regulations did not specify any age. We looked around and figured that 14 would be a good age to have, so that we could at least have some control over the age of getting tattooed.
- Member Steinman: Is there evidence that tattoos who are put on youngsters like that, younger people, are distorted with the movement in age?

- Mr. Bergtholdt: I'd have to refer to our medical staff.
- Dr. Sands: I think it is likely with growth and development. But I think the other is also being able to, people might question this, but at what age is someone able to make an informed decision about getting a tattoo, and just on there, I remember seeing, there are provisions that they still would need to have a parent or legal guardian...
- Member Steinman: Parent authorization up to 18?
- Dr. Sands: Up to age 18 regardless of process.
- Member Steinman: Parent has to be present or parent just signs something...somebody signs as parent.
- John Cataline: Parent should be present.
- Member Steinman: Must or should be?
- Dr. Sands: Should be.
- Member Steinman: Should be, so there's no regulation there. And so they can bring in written authorization and you perform the work.
- Mr. Bergtholdt: The parent would have to sign the consent form at the site.
- Member Steinman: But who's the parent? That becomes my issue in the whole thing is do we know the parent that will sign? If the parent comes in, we hopefully know the parent is available. There's too much forgery attempt allowed here, especially at that age. And I think we're opening it up a little bit.
- Dr. Sands: Well, Mark may want to go over it, because I remember there were specifics on that in terms of how that was done so that it, I believe, they had to show ID, the person signing, so that you could verify ...
- Glenn Savage: In the regulation it says, under 7.1.4 "a tattoo must be done in the presence of a parent or guardian."
- Member Steinman: Must. Well then that answers it.
- Member Christensen: That answers that question.
- Vice Chair Kirk: Thanks. Thank you, Glenn.
- Member Weekly: I would just think, Mr. Chair, that in the presence...I think just in terms of being present, you know is one thing, but to me it gets out of the scope of the health district in terms of enforcement. I mean, we have the regulations and you would just hope that those licensed facilities would do the right thing. But I notice, my son plays middle school basketball, and you'd be so surprised at so many of those young boys who have tattoos and you're sitting there looking like "are you kidding

me, he's like 12, 13 years old" but they see some of their superheroes and role models and their bodies are tattooed and these kids are trying to emulate those. I think that's a very good thought and I'm thinking in terms of what if we are able to do something in the future to tell those coaches they should put their parents on notice that this is not permissible for kids of that age to have tattoos at 12 and 13...

Member Steinman: This whole group is going to pay for it when they're 50, 60 years old. That's what's going to happen – they have no idea.

Member Weekly: Well, Councilman, you've got to remember, what did you go through at 12 and 13.

Member Steinman: I didn't do that but others things, yes.

Member Weekly: Were you a flower child?

Member Steinman: Actually I'm older than that.

Member Weekly: So it's deeper? Alright.

Member Steinman: This is Elvis Presley time.

Vice Chair Kirk: Any other comments?

Member Jones: I just think that the regulations puts us into a position where there's some control for public health and if we go overboard, it pushes all this underground and they'll go wherever they can to get a tattoo, and it may be really unsanitized kind of conditions.

Vice Chair Kirk: It's a fine line that we walk. Thank you. Any other comments? I'll entertain a motion then. Oh, is there anyone else who'd like to speak on this? Please.

Mary Arnold-Ronish: Hi, my name is Mary Arnold-Ronish. I'm a retired registered nurse, but I've been in the field of cosmetic tattooing for the last practically seventeen years. I've worked with Mr. Savage. In 2008 we had Assemblywoman Valerie Weber put together a bill for the state legislature to try to improve the regulations state-wise and not just in Clark County to improve regulations in community safety and also in education. I know the feeling of the department of environmental health is that they don't regulate training. First off, I'd like to congratulate the department of environmental health for doing, revising these regulations here – it's very long overdue. I do training and I do probably 70% of my practice is fixing other people's messes and I'm able to do that, but these people shouldn't have to go through that and the only way that's going to change is if there's a change in the training process. As I said, I realize the health district is not responsible for training, but it already put under section 10.3.1 – through section 10.3.3 and 10.3.4 information as to requiring if they don't have proof of six months of experience or training, they have to do a six month apprenticeship. Well as far as I'm concerned that

means training. The health district says, you know you have to have at least been doing this for six months. My problem with that back in 2005 as it is today is that six months has no hours. Even the State Board of Cosmetology has hours. They have no regulations as to what should be taught, there's no examination as to show proof that they learned anything. I'm actually fixing work of people in town that are doing training of other people – that's pretty disheartening. If our people out there that are trained and all you have to do is train is, I think be what, an artist, a cosmetic artist for how long, for like maybe a year, unless there's no regulation on that. But they don't have to know anything to be able to train other people. I remember when computers came up, I can't believe I'm that old, it's garbage in-garbage out. And my...I'm not sure that you guys can do anything about it right now, but certainly I'd like to address this problem, this issue, that there has to be some bones in that six months. As it stands right now, someone goes to someone else who does tattooing or permanent cosmetics and that person agrees to train them for a fee, the fee could be who knows. The person who's going to the training writes a letter to the health district stating that they are going to be doing training of this person for the next six months. Now during that six-month period that trainee or student might show up for an hour a month for six months and that constitutes training. There's nothing that can be done about it and believe me that is being done. There's no, I mean, the thing I'd like to see if I had my way with this whole situation is put some strict hours, put how many hours, show proof of the hours that they did and have a curriculum they follow and I'd even go to the point of saying there should be an exam showing just basic sanitation, they have a test regarding the regs, but also something in there that shows they know what they're doing before they start tattooing people's faces and bodies. And I can't emphasize that enough. Thank you.

- Vice Chair Kirk: Great comment. Thank you very much. Is there anyone else who'd like to speak on this item? I think the training of those doing this...I'm not sure how we regulate that but it's something we might want to consider. The industry, apparently, is not going to regulate themselves, and I don't know if this is a public health issue necessarily, but you know, I think it's worth at least a discussion.
- Member Crowley: I'd like to ask a question, then.
- Vice Chair Kirk: Sure.
- Member Crowley: Well this isn't about tattooing, but who gives licenses to say hair stylists, beauty parlors, that kind of thing.
- Member Christensen: State Board of Cosmetology.
- Member Crowley: Cosmetology? Seems like that would be the same kind of body. I know you say no, but I don't know that it's us.

- Ms. Arnold-Ronish: That's why I thought state-wide would be good. The State Board of Health could oversee it.
- Member Mattocks: And there is in, if you look at 10.4, it does say the health district would administer a written exam based on sanitation knowledge, which is probably what we're most interested in, are they following the basic sanitation, at least from our point of view.
- Vice Chair Kirk: Yeah, you get more training from someone who gives you a bad cut than you do from someone a bad tattoo and the results are significantly different. You get rid of a bad haircut in two weeks, right?
- Member Barlow: For some.
- Vice Chair Kirk: No offense intended, Councilman. Any other comment on this item? Then the public hearing is closed.
- Member Crowley: Move for approval.
- Vice Chair Kirk: Motion for approval. Is there a second?
- Member Eliason: Second.
- Vice Chair Kirk: There's a second. Any discussion? All those in favor please signify by saying "aye."
- Board members: Aye.
- Vice Chair Kirk: Any opposed? That motion carries. Dr. Sands?

A motion was made by Member Crowley to adopt the proposed regulations as presented; seconded by Member Eliason and was unanimously approved.

4. Memorandum #11-09: Approval of Southern Nevada Health District Regulations Governing the Sanitation and Safety of Body Piercing Establishments; Consideration of Business Impact Statement

Vice Chair Kirk declared the public hearing open.

The following is a verbatim transcription of the public hearing concerning Memorandum #11-09.

- Dr. Sands: Next is Memorandum #11-09, approval of Southern Nevada Health District Regulations Governing Sanitation and Safety of Body Piercing Establishments and Consideration of Business Impact Statement. Again, Mark Bergholdt from our special programs department as well as John Cataline.
- Vice Chair Kirk: This is a public hearing, right? I declare the public hearing open.
- Member Weekly: I think we have a presentation.

- Vice Chair Kirk: OK, sorry.
- Mark Bergtholdt: Because these are separate regulations I have a different statement to read. Just for the record, again I'm Mark Bergtholdt, environmental health supervisor for special programs and again with me is John Cataline, he's the lead of the piercing program. It's our pleasure to present to you the latest revisions of the regulations governing the sanitation of piercing establishments. These revisions are the latest since they were last submitted in 2000. There are currently 39 permitted facilities that will be impacted by these regulations. Again, these regulations and its predecessors were designed to regulate the practice of piercing, and make up the way that will prevent the spread of infectious diseases such as hepatitis B and MRSA. We developed them the same way as the tattoo regulations you previously heard. They are basically the same changes – the only addition we have is the removal of the exemptions of the regulations for ear lobe piercing. The current version allows an exemption for ear lobe piercing establishments – they do not fall under our regulations. The regulations before you now will have those facilities fall under it, but not to the same degree as traditional body piercing establishments. The ear lobe piercing business will not need to have privacy screenings or health cards for the technicians, however a permit will be need to be obtained. Again, John and I are here if you have any questions.
- Vice Chair Kirk: Anyone want to comment on this? Do you have a presentation you'd like to make or a comment?
- James Reding: I do.
- Member Crowley: Can I ask a question before we get started...
- Vice Chair Kirk: Sure.
- Member Crowley: ...then you can address it, maybe, as you go through yours. I just have to ask about jewelry counters that do ear piercing. Are they going to come under these regulations?
- Mr. Bergtholdt: They will now fall under these regulations. Previously they were exempt.
- Member Crowley: OK. That's a lot.
- James Reding: I'm Jim Reding. I'm the business manager for Club Tattoo. This is Bernie Ellis – he's the head body piercer at Club Tattoo. Club Tattoo has been in operation in the Phoenix area for about twelve years and it's just opened its first store out of their major market here in Las Vegas at the Miracle Mile Shops at Planet Hollywood – huge facility, 3,200 square feet. We spent about \$3 million building it out. Sales are absolutely tremendous, the response from the public. It's doing wonderfully. Club Tattoo is owned by, one of the principals is Sean Dowdell. Sean Dowdell is the leader in his industry in body piercing

and he has done piercings at all levels, and has also innovated a lot of new techniques. One of those techniques that he pioneered in innovating was invented about three years ago, has been in use for at least two years, here in Nevada but it's kind of been under the radar with the health district and it is an innovation in the direction that I think this Board would want to see. It is a technique called single-point piercing and it is less evasive than your typical dual-point piercing. Obviously dual-point being where you have needle-in/needle-out – two points sticking out of the skin and a single-point piercing is one-point in – it sits in the very top layer of the tissue, the epidermis, it does not go into the dermis or subcutaneous layer, and it is anchored by a very small element that is there not to be considered an implantation that would change the shape of the skin and that sort of thing, but to be less invasive than a dual-point piercing post going through the skin and hold a piece of jewelry. The reason we're here today is because of a couple of changes in the definitions that are in this document. First of all implantation is a form of extreme body modification for items such as shaped metal are placed under the skin producing an outline and texture of the desired image on the surface of the skin or a protrusion from the surface of the body. I think we can all agree that Mark and John have a pretty fun job as they get into all this stuff, from eyeball tattooing to now this stuff. If you're interested I brought some pictures (**attachment #3**) of what implantation is, wholeheartedly agreeing that this is something that should be avoided – it's pretty extreme and makes us look like different creatures and have stuff underneath our skin and there's a process of cutting open the skin and putting these implants deep in the skin so that they can be there. If you're interested, I can pass these around – I think I have five copies. Just go ahead. And Bernie is here if you want him to comment on the process of doing the implantations. In other jurisdictions he's done some extreme piercing to extreme body modification like that. In contrast I would like to send around pictures (**attachment #4**) of a microdermal anchor – this is what we'd like to be able to do in our store. We actually did this in our store until we were asked to cease and a lot of your tattoo and body piercing shops here in Nevada have been doing this for about two years without incident. This shows the microdermal with the little foot that goes under that top layer and then the resulting where you see a piece of body jewelry floating above the skin, which is like the effects you get when you put a post in and out – it's there to hold a piece of jewelry, it's not there to change the shape of the skin. When in fact a post going through part of the body, whether it's a surface-to-surface or whatever, is more invasive than this microdermal. If I could read again, so the definition that is going to make this an illegal practice is 1.43 where extreme body modification is defined. This small apparatus is safely holding a piece of jewelry is now referred to as single-point piercing and is right next to the words voluntary amputation. Voluntary amputation, where someone is tired of their arm or something is pretty extreme, where this single-point piercing is less invasive than dual-point piercing. We've also brought some of the actual jewelry and some tools used in the trade if you're interested in looking at this. What I was hoping to accomplish here today is for you

to consider the fact that this innovation, this new technique, works with your mission statement, not against it, to promote public health. It is actually better than a dual-point piercing where it is used. A very popular place for this microdermal is in the nape, on the back of the neck. You notice a lot of young people today, they have a piercing that goes in and out where it's under the skin, and there's two little pieces of jewelry on the back of their neck. This now puts one little piece of jewelry on the back of their neck.

Vice Chair Kirk: Can I ask you a question? These implants that, the pictures you've shown to us, were those surgically done or were those done like at a body piercing or tattoo...

Bernie Ellis: The very first one? Those implants?

Vice Chair Kirk: The implants.

Mr. Ellis: They weren't done in a subject environment – it's done in a studio.

Vice Chair Kirk: Typically where is it done?

Mr. Ellis: Phoenix, that's where those are from.

Vice Chair Kirk: But not, what I mean is, is it done under the care of a surgeon?

Mr. Ellis: Us.

Mr. Reding: Bernie's not a surgeon. He wore a tie today.

Member Christensen: I just have serious concerns about this. When you do a through and through piercing, you can achieve hemostasis here, even though you're saying that you're planting this in the superficial layer of the skin at the epidermis, you know what, that's probably in the best hands. OK, fine, if you guys are really good at doing this, great, but now I'm making regulations that are going to regulate all sorts of people that do this. We've already heard about the question of training issues and six-month apprenticeship. I'm going to be uncomfortable creating any sort of a cavity in the skin with something protruding – I think that's a medical procedure. The difference between this and a pacemaker is depth. Now if you keep it in the superficial part of the skin, God love you, but oops. If it goes deeper, then we can get into trouble and the tenet is only do those procedures that you can handle the complications that erupt. And unfortunately I don't think you are equipped to handle the complications of this procedure.

Mr. Reding: Well the way this piece of jewelry is designed, I don't know if it's possible to go as deep as you might be concerned, like as deep as a pacemaker, or...

Member Christensen: I understand the design, I understand how it is, but I also understand that sometimes things go oops.

- Mr. Reding: Sure, sure, as they can go oops with a dual-point piercing.
- Member Christensen: They can, but I just have grave concerns about implantation into the skin. I think that this is a medical procedure.
- Mr. Reding: Well, perhaps a dual-point piercing could also be called implantation because the post is underneath the skin at certain points, I mean it's implanted there for the purpose of holding a piece of jewelry. What we're talking about here...
- Member Christensen: Dual-point is through and through.
- Mr. Reding: Yes.
- Member Christensen: Right, so it goes through, but then it's held. So in, out, and you have entrance wound, exit wound.
- Mr. Reding: I understand. So if this piece of jewelry had another small needle that poked out the other side, it would then be a through and through, as it is it would be OK to use.
- Member Christensen: Perhaps.
- Mr. Reding: That would be more invasive than what we're proposing, and I understand what you're saying, I'm just asking that we consider is this decision in the best interest of the public where you're taking something that is less invasive than a dual-point piercing and making it illegal simply because it doesn't have an exit wound.
- Member Christensen: No, I'm saying that I think that the best interest of the public is to have a certified physician or a medical professional do the alteration that they want on something like this, because they can handle any complication. The biggest complication that you're going to have at this point in time that I'm seeing all over the place is MRSA. I mean, that is rampant and the problem is once you create any portal into the skin, you don't know who's going septic and you don't know who's not going septic. And...
- Mr. Reding: Well it certainly does need to be regulated.
- Member Christensen: Oh, yeah.
- Mr. Reding: Just like body piercing needs to be regulated.
- Member Barlow: I have a question.
- Vice Chair Kirk: Councilman.
- Member Barlow: Actually it's for the doctor here. You mentioned MRSA. Are you finding the same cases in the dual-piercing versus the one-point, what do you call it...

- Member Christensen: Single-point piercing.
- Member Barlow: ...single-point piercing.
- Member Christensen: MRSA is on the rise in the community – it's at 30% of the people walking in that have cellulitis is now Methicillin-resistant staph and it requires prompt recognition and it also requires different antibiotics. Am I seeing a difference in dual-point piercing versus single-point piercing? No, I'm not seeing enough of that – I see, in my population of clientele, people that get piercings, they get secondary infections – I see those all the time. And you know, the through and through I can deal with. Usually when you have a skin infection and you have a foreign body in the skin, you remove the foreign body, because that just becomes another area of inflammatory response. So if someone shows up in my office and they have some sort of an infection, whatever is there is being removed. It's just, you're not going to sterilize it.
- Member Barlow: So should...so my question then becomes should we be addressing the dual-point as well as the single or is it one versus the other?
- Member Christensen: Dual-point has been around and has a great track record. This is something that is new, possibly innovative, that probably needs to be looked at and studied. But, you know, the problem I have is you're creating a pocket or an anchor in the skin with one exit wound. With a dual-point there's two exit wounds. There's infection...the infection can go out two ways versus one way. It's just a question of relative risk. Bottom line is if it becomes infected you have to remove it anyway.
- Member Barlow: Right. Mr. Chair, just so that I'm clear, what is it that we're being asked to do today in respect to this item?
- Vice Chair Kirk: We're adopting these regulations involving body piercing. And the way I understand it, based on the regulation we have before us, the procedure that these gentleman are proposing is prohibited under the regulations that we have...
- Member Christensen: Would be prohibited...has been sub rosa for the last two years.
- Member Barlow: And just so I have a level of comfort going forward, and I don't know how my other colleagues feel here, I would like to propose that we abey this item a couple of weeks, or at least to the next Board meeting, to give us more time to really understand the level of severity that's been asked.
- Vice Chair Kirk: I think, and I'm fine with that, I'll do whatever the Board wants to do, I'm totally fine with it. I think there are certain things that we do as setting public health policy that requires medical expertise and in my opinion, this is one of them. I mean, in one month, or we can be more educated, we ought to be more educated on the procedure and the processes and I think there are times when we really ought to be

relying on one of our medical professionals to help us and so perhaps this is one of those times and so I'm OK with holding this for a month, if that's the direction. If we need to make a motion...

Member Onyema: Just a question for you. For the items on that 8.6, the prohibited acts, that process of selecting items 1-10 was done not because you got some comments from the public – you went through a process based on the information available to you before you did that, right?

Mr. Bergtholdt: Correct. A number of these items also are considered medical practices which would be under the regulation of a medical board.

Member Onyema: Sure.

Member Strickland: I have a question. And this goes to the single-point piercing. In the event that it does become infected such as you discussed, would you then have to remove the anchor that is below the skin and does that then have to be done surgically?

Member Christensen: The answer would be yes. The doctor's not going to be comfortable figuring out how to get it undone – he's going to surgically remove it, which means you would open it up.

Member Onyema: In addition, apart from MRSA you have necrotizing factious, which is a very deadly form of skin injection and in those cases you don't only remove the implanted body, you might end up amputating part of that individual. So there's a potential risk of very bad complication when there's infection and I think the Board should consider that and I think that is what we are called to do to protect the public and look out and see what is a potential risk or what is going to be done to the public who are unaware of potential risks and that is very important.

Vice Chair Kirk: Right.

Member Barlow: Mr. Chair?

Vice Chair Kirk: Who was that, Tim? Ricki?

Member Barlow: This question is actually directed to Dr. Sands. Who would be able to brief us more in detail in regards to this, because I agree that this is more of a medical question that we need to be briefed on. At least I need to be briefed on so I'm comfortable with language when I approach my vote. So how would you suggest or recommend at least being more thoroughly briefed with the questions that have been posed here today for the benefit or detriment of the industry. I mean, by no means do I want to put anyone out of business but I want to make sure that this industry that have come before us in good faith have an opportunity to at least understand why this Board takes the position or the stance that it does for the safety and security of the public. And that's what we're here to do – to make sure that your business is carried out safely and practice out in a way which is not

harmful to the public. At the same time, we want you to be successful.

Dr. Sands: Let me preface this with, and you remember the regs are for what our staff feel comfortable, that they're able to enforce and be able to regulate. I think that to look at this procedure a little more and do a little more research in it, and certainly we can consult, I don't know if they'll give us a definitive answer, but with the medical board...

Member Christensen: They probably won't turn this around in a few days.

Dr. Sands: They probably won't turn it around in a few days, and probably also we can talk to some people with the School of Medicine Department of Surgery and get some of their feedback on it as well. I think the thing is what we're saying is we don't feel comfortable regulating it, and maybe that it needs to be regulated but through some other means.

Vice Chair Kirk: Susan and then Tim.

Member Crowley: I would love to see, before we vote on this, I would love to see an annotated version of the regulations to see what changes are being made. We don't see it here – I mean there's lots of text to describe this and that but not...we don't understand what words have been changed, what additions have been made. We got that last meeting when we were dealing with some other set of regulations and we complemented that person. I would love to be able to compliment the people that are doing this. So that we can actually read them and see what changes are being made.

Dr. Sands: Right. I mean, we can do that, and part of your packet is in a different format, and the matrix format they had listed the different comments they received, who provided them. I know it's different...

Member Crowley: It's different. When we're reading the regulations to vote upon a new set of language, it's nice to see what language has been changed.

Vice Chair Kirk: Very good. Tim?

Member Jones: I think in an overall picture we're looking at approving some type of regulation for body piercing, and if by definition the single-point is something that's been prohibited by now there is some technique that makes it more sanitary, less of a health risk, we ought to come up with a method of at least considering that so it gets thrown into the bucket of single-piercing is no good...

Mr. Reding: It actually hasn't been prohibited before, it's been around.

Member Jones: So in the previous regulations, single-point was not prohibited.

Member Christensen: This is a new technology.

- Member Jones: So this terminology of single-point being prohibited is new to this regulation – we did not see this in previous...
- Mr. Reding: Yes sir. When we opened our store on March 5th until we were given a letter, I believe it was on March 12th, about a week, microdermal was representative of about 15% of our piercing services. In Phoenix for the past two years microdermal represents about 20 or 25% of our body piercing services.
- Member Christensen: And those other implants you showed us came from the Phoenix area, right?
- Mr. Reding: Not from Bernie.
- Member Christensen: No, I know, not from Bernie, but it came from the Phoenix area.
- Mr. Reding: They did, and I wholeheartedly agree...
- Member Christensen: And so my point goes to that's what loose regulations can produce.
- Mr. Reding: Absolutely, Dr. Christensen. And what I'm asking is that we don't put the line as far as where we stop right after dual-point piercing – we look at single-point piercing and of course, we're going to have to come up with regulations so we don't take the large star imbedded in the forehead and put a piece of jewelry on it and call it microdermal. We're going to have to have...and perhaps that can be expressed in millimeters of depth and whatever. I mean, I understand this needs to be regulated, but we need to evolve our regulation with the technology that's out there. And this is good technology and I'm hoping that if it is analyzed before a medical board and so forth that it will be determined that this is something that's good.
- Vice Chair Kirk: I think that I'm getting here is that we'd like to get more input from the medical professional committee. Dr. Sands, we'll leave that up to you as to who this needs to go to. We'll admit it needs to be regulated, but I think I'll entertain a motion to continue this for how many days, Dr. Sands, would you recommend? Sixty days?
- Member Christensen: Sixty.
- Vice Chair Kirk: Sixty, because we're not going to get anything back from the medical community in thirty. May not get anything back in sixty. So let's continue this for sixty days and we'll see what happens.
- Member Jones: What's in place in absence of taking any action on this today. What regulation is in place?
- Dr. Sands: The current regulation...
- Vice Chair Kirk: The current regulation will stay in place.
- Member Crowley: Which is silent on this.

- Vice Chair Kirk: Right. Which will allow these guys to do their business, which will probably give us more data for the medical community, and if we have infections, we're going to find out about it. You're going to be in the spotlight now...
- Member Christensen: Well, no, you're not necessarily going to find out about infections, because unfortunately most of the infections that are seen in the office aren't reported to the health district.
- Vice Chair Kirk: Oh.
- Member Christensen: You know...
- Vice Chair Kirk: Well said.
- Member Christensen: We don't have 100% reporting of infectious agents.
- Vice Chair Kirk: Well said.
- Mr. Reding: We welcome the opportunity to be of use in this – we built our facility beyond the expectations...
- Member Christensen: Since you've brought this technology to town, obviously there has been inquiries elsewhere. Could you produce that information?
- Mr. Reding: Well, I've tried. Unfortunately I cannot find another state that explicitly allows microdermal anchors; nor can I find another state that explicitly disallows it.
- Member Christensen: But my question is as a developer of the technology, it would really behoove you guys to give this information so that appropriate decisions can be made. We're having to go out now and basically do your work for you.
- Mr. Reding: Well, Dr. Christensen, I think we do have a lot of information that will be of us for you, but I'll find out after the meeting how to deliver that information...
- Member Christensen: Perfect.
- Mr. Reding: ...and we do have quite a bit. We've got training DVDs that they show, the installation and removal and all of that. And I do want to clarify that we did not bring this technology to town – there are at least a handful of body piercing studios in this town that have been doing it for two years.
- Member Christensen: Well, I understand that the technology spreads quite quickly. Yeah, it's just the people that developed the technology, the owners, at least in my field, the owners is on the people that develop the technology to prove its safety, prove its efficacy, beyond the shadow of a doubt, and through rigorous standards, which is why I do investigational drug studies, and I have to prove these things, I have to use informed

consent and I have to use all sort of rules and regulations before we can bring something to market. Obviously that standard does not exist here.

Mr. Bergtholdt: Excuse me for one minute here. I would like to say that our current regulations prohibit this act, because we consider it implantation. We have contacted all the body piercing facilities here to find out whether or not they do this type of practice by calling them on a cold call. If they claimed to us that they did do the practice, John went out and cease and desisted them on that practice. So currently, our current regulations, even though they claim it's silent on it, it actually prohibits implantation into the skin.

Member Christensen: OK.

Mr. Reding: If I could comment on that, though, your current regulation also defines implantation to be something different that what we're doing here.

Vice Chair Kirk: I don't think we're going to debate our current regulations. We're not going to get in a legal argument as to what is and what isn't – you can take that up with our lawyer. I think what we're going to do here is move on, continue this item for sixty days. You can talk to our lawyer about what is defined by implantation with him offline, but let's move on to the next item and we're done with this discussion. Is there anyone else who'd like to comment on this item? Then the public hearing's closed. I'll entertain a motion.

Member Mattocks: I make a motion to postpone this item for sixty days pending further medical information.

Vice Chair Kirk: Thank you.

Member Barlow: I'll second that motion.

Vice Chair Kirk: Good. A motion and a second. And the medical information will come from Dr. Sands, your recommendation.

Dr. Sands: I'll work with Dr. Christensen.

Vice Chair Kirk: That's great. There's a motion on the floor. Is there any discussion? Those in favor please signify by saying "aye."

Board members: Aye.

Vice Chair Kirk: Any opposed? The motion carries. Thank you.

A motion was made by Member Mattocks to postpone adoption of the proposed regulations for sixty days pending further medical information being provided by Dr. Sands; seconded by Member and was unanimously approved.

REPORT / DISCUSSION / ACTION

1. **Petition #17-09, Memorandum #12-09:** Approval of Tentative Budget for Fiscal Year 2010
Scott Weiss, director of administration presented on this item. Mars Patricio, the new financial services manger was introduced to the Board. It was a challenge to prepare the budget and financial scenarios may change following the legislative session; however staff went forward on the Board's direction and with current information on revenues and expenditures.

Mr. Weiss thanked staff for their efforts in preparing the budget, as well as the Board for the opportunity to brief them relative to the budget. He shared a PowerPoint with the Board which was an overview of the FY10 budget (**attachment #5**).

The beginning fund balance is projected to be \$16,800,000, with \$73,484,000 projected revenue and \$73,395,000 general expenditures and an additional \$7,199,000 in transfers for a total of \$80,594,000 in expenditures, leaving a reserve of \$9,694,000.

The transfers are comprised of \$2,649,000 in capital, \$2,237,000 proprietary for the Southern Nevada Public Health Laboratory, and \$300,000 for self-insured workers compensation and the bond reserve transfer of \$2,013,068.

Decreases in revenue are the result of decreases in federal grant funding, fees for service, regulatory fees and state grant funding, as well as decreases from Medicaid. Small increases are noted in program and contract services, interest income and pass-through grants. Property tax funding was up from the initial projected figure last year.

2% of health district funding comes from the State, 13% is from federal grants, property tax revenue accounts for 38%, and regulatory fees comprise the remaining 47%.

FY10 personnel expenditures increased 5.7% compared to the FY09 budget, and includes the PERS contribution of 21.5%; however overall expenditures are expected to increase by only 2.6% – a 5% reduction in services/supplies will offset the increase. One new position is needed for an informatics specialist in the Community Health division. The new Mesquite Public Health Center (PHC) will open soon and the lease figures are included; the North and East Las Vegas PHCs will combine in an effort to generate savings.

Member Weekly asked for additional details on the new position requested. Dr. John Middaugh, director of community health, noted the position will enable the district to better use the data collected in an attempt to increase the ability to apply for CDC grants and cooperative agreements. Currently Nevada does not get many of these grants, which do not require a match of hard dollars, which primarily focus on obesity, arthritis, heart disease and can equate to millions of dollars. Current staff is unable to analyze data in a manner which would allow us to compete for these grants. Any grant money received will fund the position after the first year.

Member Weekly expressed concern that no new positions were sought for environmental health with the growing number of issues related to West Nile Virus and enforcement. Dr. Sands noted that we currently have sufficient staff for enforcement activities. Pending legislative changes will allow the health district to recoup expenditures for remediation and enforcement activities, as well as other unfunded mandates. In the proposed budget, the activities are funded through property tax dollars and any reimbursements forthcoming would go back to the general fund. Member Weekly asked if there is room to reconsider requests for additional staff if needed. Dr. Sands said this is possible. Other health district programs that are driven by business and industry demand, such as health cards, are not filling vacant positions – if demand increases, positions will be filled.

Member Weekly asked for clarification of the \$88,000 budgeted for vehicles. Mr. Weiss said this is to replace older cars in our existing fleet. There are thirty-six cars currently and four cars will be replaced this year, as some have over 100,000 miles logged. Cars are only replaced when it is costing more to maintain the vehicles than it would cost to replace them.

Member Smith asked if the informatics specialist position would be grant funded. For the first year, the position would be funded via general funds; however grants received would later fund this position as well as positions in other areas, such as OPHP and other grant-funded areas.

Member Barlow noted that personnel expenses are 5.7% higher in FY10 and asked for an explanation. Mr. Weiss said this is due to three reasons: the 3% general salary increase included in the recently approved collective bargaining agreement; approval of a 2.5% step increase; and the increase in PERS contributions from 20.5% to 21.5%. Some employees are maxed out on step increases, and the 2.5% increase does not affect them. Divisions were asked to keep all expenses flat for the coming year and all non-payroll expenses were reduced by 5% to account for the difference; small increases in revenue also make up the shortfall.

Vice Chair Kirk expressed concern of a proposed fee increase during the economic downturn. Mr. Weiss stated the Board directed the environmental health division be self-sufficient in November 2003 – budgets have since been built based on that directive. Member Christensen noted the negotiation process for the collective bargaining agreement (CBA) began well before the full impact of the fiscal crisis was understood and we've been caught with our hands tied. Mr. Weiss said the budget is coming forward with a fee increase; however public workshops need to be held with industry to discuss the pending changes. Staff will continue to look for other modes of cost savings and keep any fee increases to the lowest percentage possible. Once the legislative session concludes a better picture of the budget will be available.

Vice Chair Kirk verified that the budget includes a projected fee increase for environmental health fees, but until workshops are held the exact amounts are unknown. Mr. Weiss said a 6.7% fee increase was projected across the board, with the exception of underground storage tanks, which will now be per tank versus per facility in order to generate additional revenue. The proposed fee increases will be for FY10 and FY11. If the fee increase is not approved, staff will come back with an amended budget. Staff is required by NRS to provide a tentative budget to Clark County by April 1st.

A motion was made by Member Barlow to approve the tentative budget for FY10; seconded by Member Crowley and carried unanimously.

2. Receive Report on Legislative Planning for 2009; Direction to Staff

Jennifer Sizemore, public information manager, spoke relative to this item. Member Weekly thanked Ms. Sizemore for the reports and noted how helpful the information has been. Ms. Sizemore reported there are two issues before the legislature this week: one is in reference to West Nile Virus and the ability to recoup costs for remediation efforts – AB249 was introduced by Dr. Hardy and was heard in committee Monday; the second item was an amendment to allow environmental health to establish a hearing officer process to recoup costs from remediation efforts with rental properties and this information was well received. The committee asked to expand this state-wide and there was no opposition. Another bill introduced was SB372, which changes the Nevada Clean Indoor Air Act – this bill essentially takes away local control and puts other limitations on the bill. Our primary concerns are preemption and keeping local control over the Act. Member Steinman said the businesses do not want to be regulated and we need to fight to keep the Act in place.

3. Discussion on SB322 – Provides for the establishment and maintenance of an integrated system for the provision of health and social services in certain counties; Direction to Staff

Dr. Sands noted that Senator Parks introduced SB322, which calls for the establishment and maintenance of an integrated system for the provision of health and social services in certain counties. The bill was actually intended to consolidate services under the umbrella of Clark County. Dr. Sands noted that he does not support the consolidation of public health services with social services and other programs as public health's mission is vastly different from other programs. Public health would be diluted and the focus of vital public health services, such as monitoring health status, improving health status and response to community concerns would be lost. All jurisdictions in Clark County have ownership of the health district and each has a voice at the table.

Member Jones expressed concern that public health funding, which is already difficult to secure, could be lost and the district's mission would fade away. Member Christensen referenced the report from the Robert Wood Johnson Foundation which notes Nevada being fifty-first in public health funding.

Vice Chair Kirk echoed the benefit of equal representation on the Board by each jurisdiction, as well as the value of experts in different fields, as was shown today with the body piercing discussion. He feels this bill is bad government and bad policy and he wanted to state his position for the record. He urged Board members to contact their legislators and express their feelings regarding this bill.

Member Jones further expressed concern that the rural areas could be forgotten with a consolidation of services. Ms. Sizemore said a similar bill went before the legislature in 2005, and it didn't go further. Former Board Chair Gary Reese spoke in opposition of the bill at that time and the Board did not support the bill either.

Vice Chair Kirk called for a motion to state the Board's position. Board members in attendance at this time who voted on this item included: Vice Chair Kirk and Members Jones, Onyema, Steinman, Crowley, Christensen, Eliason, Smith, Strickland and Mattocks.

A motion was made by Member Christensen to direct lobbyists and staff to vigorously oppose this bill; seconded by Member Mattocks and carried unanimously.

4. Pool Plan Review Update; Direction to Staff

Glenn Savage, environmental health director and Angela Jones, pool plan review supervisor, updated the Board relative to the pool plan review program. Dr. Sands noted that meetings have been held with the public and other stakeholders since the last Board meeting to address concerns raised at the February Board meeting.

Mr. Savage said in addition to meetings with stakeholders, staff has reviewed the minor remodel plan review process to determine how to expedite the process and over 300 pools and spas have been released. Property owners and operators have been empowered to open pools and spas based on the work the contractors have committed to complete and a final inspection will be done – any problems will be addressed as soon as possible. Vice Chair Kirk commended staff for moving on this so quickly. Mr. Savage noted that Ms. Holland and Ms. Lovato, who addressed the Board last month, are very pleased with the results. There has been extensive media coverage detailing our process and an HDtv episode has also been planned.

Regular seasonal pool inspections commenced this past week and owners and operators are aware of the conditions which necessitate closure, and they are empowered to close the facilities themselves if necessary. Staff will do announced visits to allow for all parties to be present at inspections and be informed.

Member Steinman asked if a pool can still be opened if it is not compliant with federal regulations. Mr. Savage said owners and operators are taking a chance and are concerned if we will report them for non-compliance. We will document the non-compliance; however the law can only be enforced by the Consumer Product Safety Commission (CPSC).

Member Crowley said we should be cognizant of pools not in compliance even though we have no enforcement authority. Mr. Savage said we will continue to provide information and education to owners and operators. Staff is educated regarding the required drain covers and necessary changes to pumps to accommodate the changes – this information is being shared with the regulated community. Staff will continue to perform routine inspections and any entrapment issues can result in pool closure.

IV. PUBLIC COMMENT

Public Comment is a period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

Vice Chair Kirk asked if anyone else wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Sands noted that the Nevada Supreme Court will hear oral arguments on the Nevada Clean Indoor Air Act filings in 2007. Public Health Week begins April 6th and all Board members are invited to events occurring throughout the week. Dr. Sands, Dr. Middaugh, and Par Armour, SNPHL manager will be in Carson City to participate in a statewide assessment of public health laboratory needs and how to better shore up the public health laboratory system in Nevada. As Dr. Christensen noted, the Board books include a report from the Robert Wood Johnson Foundation on public health funding and disbursement of CDC grants.

Clark County Health Status Report 2007 Supplement, Volume II: Jing Feng, Biostatistician

Dr. Sands introduced Jing Feng to present on the latest supplement to the Clark County Health Status Report. The executive summary was provided to the Board (**attachment #6**). The report featured risk behaviors for the youth population. The Youth Risk Behavior Survey (YRBS) was developed by CDC to monitor changes in youth risk behaviors as well as monitor their health education needs. Surveillance is conducted every two years. Behaviors monitored include use of tobacco, alcohol and drug use, as well as sexual activity, dietary behaviors, nutrition, physical activity, recreation, obesity and the like. In 2007 more than 1,700 Nevada high school students participated in the YRBS, among which 1,093 were from Clark County. Results showed that students are less likely to drink and drive or ride with someone who had been drinking and use drugs or tobacco. Students also demonstrated an increased use of condoms. There is a higher-than-the-nation rate of students attempting suicide and being offered illegal drugs on a school campus; certain minority groups show a higher indicator for risk behaviors than other groups.

There have been declines in some risk behaviors that result in positive health indicators. The entire status report is available on the health district's website at www.southernnevadahealthdistrict.org.

Vice Chair Kirk and Dr. Sands thanked Ms. Feng for her efforts and good work.

10 in 10 Challenge: Nicole Bungum, Health Education Supervisor

Dr. Sands introduced Nicole Bungum, health education supervisor, to present on the *10 in 10 Challenge*, which was launched in February. Ms. Bungum shared a PowerPoint with the Board (**attachment #7**). Approximately two-thirds of adults in Clark County are overweight or obese. Research shows that overweight adults at risk for diabetes who lose five to seven percent of their body weight and increase physical activity reduce that risk by 60%. The *10 in 10 Challenge* is the first weight loss online program sponsored by SNHD. The program is designed to help users lose ten pounds in ten weeks by reducing caloric intake by 250 calories daily and increasing caloric burn rate by 250 calories daily. Healthy food choices for breakfast, lunch, dinner and snacks are suggested for other less healthy options, such as a 6-inch Philly cheese-steak sandwich versus a 6-inch meatball sandwich. As the food swaps are minor changes to a food regime, participants will be more likely to continue the behavior changes after the program ends. Email support is provided to participants and a blog is available for interaction between participants. The website is very interactive and participants can personalize their page to include personal goals and motivators. There are approximately 2,000 enrollees and over 1,700 pounds have been lost to date. Some participants do not update their information regularly, so the data is not entirely accurate at present. Ms. Bungum acknowledged Amanda Reichert, health educator, for her efforts in supporting the program.

Member Crowley asked if participants could join the program mid-way. Ms. Bungum said this is possible, but the program is ending soon. Staff plans to run the program again in the future. Member Crowley asked if the Board could be notified in advance when the program launches again. Member Jones asked how the program was promoted to the public. The Fox-5 television station partnered with the health district to promote the program and community partners shared the information. Anyone who registered with other online programs also received an email notification.

VI. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-February 2009 – Mid-March 2009
 - a. Letter of Appreciation from the Nevada Public Health Association (NPHA) to Dr. Lawrence Sands; copy of Dr. Sands' speech delivered March 3, 2009 to NPHA
 - b. "How Public Health is Funded" from the Robert Wood Johnson Foundation
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of February 2009
 - a. Grant and Agreement Tracking Report, as of March 16, 2009
3. Public Information Monthly Report, Mid-February 2009 – Mid-March 2009

B. Community Health:

1. Monthly Activity Report, February 2009
 - a. "Leaving Las Vegas May Reduce Odds of Suicide" Article from Psychiatric News, February 6, 2009, Volume 44, Number 3
 - b. Influenza Update
 - c. February 2009 Disease Statistics
 - d. February 26, 2009 Invitation to Nancy Gerken from Governor Jim Gibbons to serve on Nevada's Statewide Evacuation, Mass Care, and Shelter-In-Place Task Force

C. Environmental Health:

1. Monthly Activity Report, February 2009
 - a. Letter of Appreciation from La Michoacana Market to Steve Goode, EH Manager
 - b. Email of Appreciation from Short Line Express Market to Lynn Cintron, EH senior administrative assistant

D. Clinics and Nursing:

1. Monthly Activity Report, February 2009
 - a. In-service calendar
 - b. Letters of Appreciation
 - c. Flyer for World TB Day
 - d. Award – 2009 Perinatal Hep B Prevention

VII. ADJOURNMENT

There being no further business to come before the Board, Vice Chair Kirk adjourned the meeting at 10:55 a.m.

SUBMITTED FOR BOARD APPROVAL

Lawrence Sands, DO, MPH, Chief Health Officer
Executive Secretary

/src

attachments