

Karl Gustaveson	Councilman, Mesquite Alternate
Debra March	Councilwoman, Henderson Alternate
Frank Nemec, MD	Alternate At-Large Member, Physician
Steven Ross	Councilman, Las Vegas Alternate
Barbara Ruscigno, RN	Alternate At-Large Member, Registered Nurse

Staff: Scott Weiss; John Middaugh, MD; Angus MacEachern; Glenn Savage, Jennifer Sizemore; Bonnie Sorensen; Jo Alexander; Mark Bergtholdt; Stephanie Bethel; Sandy Bigley; Jerry Boyd; Dennis Campbell; Rory Chetelat; Alice Costello; Arta Faraday; Kay Godby; Steve Goode; Mary Hahn; Nancy Hall; Mary Ellen Harrell; Forrest Hasselbauer; Rose Henderson; Steven Kramer; Angela Jones; Brian Labus; Susan Lane; Eddie Larsen; Ann Markle; Kieawa Mason; Veronica Morata-Nichols; Patricia O'Rourke-Langston; Gwen Osburn; James Osti; Michael Palmer; Mars Patricio; Jeff Quinn; Walter Ross; Patricia Rowley; Clayton Sellers; Jane Shunney; Jorge Viote; Deb Williams; Valery Klaric and Shelli Clark, recording secretary

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Dan Ball	KVBC – Channel 3
Douglas Bell	Converse Consultant
Michael Biel	Kafoury, Armstrong and Company
David Christensen	Nevada Picapart
Theresa Cuppi	BSCC – DCFS
Debbie Donaldson	AON
Allan Faust	Fairway Chevrolet
Benjamin Fominyam	USN Pharmacy Student
Tina Fernandez	BSCC – DCFS
L. E. Hawley	NCII
Charlotte Heinsen	BSCC – DCFS
Larry Johnson	AMR – MedicWest
Stephen Johnson	AMR - MedicWest
Justin Kindy	AON
Kristin Mahler	USN Pharmacy Student
Tamara Miramontes	Kafoury, Armstrong and Company
Nichole Nichol	BSCC – DCFS
Carrie Paldi	Creative Kids
George Romero	KVBC – Channel 3
Karen St. Antoine	Creative Kids
Randy Swallow	CCTV
Michael Thompson	Childcare Association
Rob Tidwell	Republic Services
Cliff Vellinga	Silver Dollar Recycling
Tom Warden	Howard Hughes/Summerlin
Todd Whittle	Republic Services
John Wilson	AMR - MedicWest
Mark Zimmerman	Frias Management

Scott Weiss, director of administration noted that “ID Edge” should be stricken from Item #3 under Report / Discussion / Action. Dr. Sands also noted that Item #2 under Public Hearing should read: “Application for Permit to Operate a Public Waste Storage Bin Facility from Republic Silver State Disposal, Inc. for Moapa Valley Convenience Center.” The remainder of the item was listed correctly. There were no other corrections to the agenda.

- I. Meeting of the Board of Health as governing body with its attorneys regarding existing/potential litigation – **CLOSED SESSION** pursuant to NRS 241.015.2(b)(2)

A motion was made by Chair Giunchigliani to close the meeting for the Board of Health as a governing body to meet with its attorneys regarding existing/potential litigation at 8:35 a.m.

CLOSED SESSION

The meeting recessed for the Southern Nevada District Board of Health to meet in Closed Session. Chair Giunchigliani reconvened the open session at 9:04 a.m.

II. 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:** 10/22/09
2. **Approve Payroll / Overtime for Periods:** 10/03/09 – 10/16/09 & 10/17/09 – 10/30/09
3. **Approval Voluntary Furlough Program Reports for Periods:** 10/03/09 – 10/16/09 & 10/17/09 – 10/30/09
4. **Approve Accounts Payable Registers:** **#1200:** 10/01/09 – 10/07/09; **#1201:** 10/08/09 – 10/15/09; **#1201:** 10/16/09 – 10/22/09; **#1203:** 10/23/09 – 10/28/09; **#1204:** 10/29/09 – 11/05/09
5. **Petition #34-09:** Approval of Interlocal Agreement with Clark County of Behalf of Clark County Department of Social Service for Funding to Provide Ryan White Part A Services (Formerly Ryan White Title I Services)
6. **Petition #35-09:** Approval of Intrastate Interlocal Contract with Nevada Department of Health and Human Services for the Supplemental Nutrition Assistance Program Education (SNAP-Ed)
7. **Petition #36-09:** Approval of Amendment to Interlocal Agreement between Clark County, Clark County Water Reclamation District, University medical Center of Southern Nevada, Las Vegas Convention and Visitors Authority, Las Vegas Valley Water District, Clark County Regional Flood Control District, Regional Transportation Commission of Southern Nevada, Southern Nevada Health District, and Henderson District Public Libraries for Renewal of a Health, Accident and Life Benefit Program

Chair Giunchigliani asked if there were any discussion on the items brought forward on the Consent Agenda. Seeing none, she called for a motion to approve the Consent Agenda as presented.

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

II. PUBLIC HEARING / ACTION

1. **Memorandum #29-09:** Application by MedicWest Ambulance (MW) and American Medical Response (AMR) for a Variance to District Emergency Medical Services Regulations Section 800.010 "Required Staffing" (Appendix A) and Section 900.010 "Ambulance Service: Critical Care Transport Services"

Chair Giunchigliani declared the public hearing open.

Rory Chetelat, emergency medical services & trauma system manager, spoke relative to this matter. This item will change a temporary variance approved two years ago to a permanent status. The program was tested in order to secure volume and numbers to verify the efficacy of the variance. The variance allows critical care transport (CTT) trained paramedics to work in place of EMS-RNs, due to the shortage of these types of RNs; also EMS-RNs are no longer able to run 911 calls. Paramedics are now trained to a higher level, with three weeks of additional training for these advance skills which are only used in CTT situations. Over 4,000 transports have been done during the life of the variance and the program has proven to be successful.

John Wilson, representing AMR and MedicWest, noted that transport rates are regulated by local government through the franchise authority and rates for CTT are the same regardless of personnel staffing the ambulance.

Member Christensen referenced the audit report and asked if fluid levels on chest tubes were low, as 50-75% was noted. Mr. Wilson confirmed the numbers listed were low. He said the program is very successful and a huge adjunct to the community. The amount of training required to allow EMS-RNs to run 911 calls created a disparity in the industry. The franchise is working collaboratively with the district on future regulations to reflect RNs doing inter-facility transports will not need to be EMS-RNs. It is becoming more difficult to find EMS-RNs as the skills are not being used. AMR employs two full-time, six part-time EMS-RNs, seven fully-qualified CTT paramedics and an additional twelve at MedicWest. Another CTT paramedic program will begin the first quarter of 2010.

Mr. Chetelat stated that the current standards for EMS-RNs, as determined by the State Board of Nursing, was not adequate for Clark County's needs therefore an additional curriculum was added when the RNs were allowed to run 911 calls.

Mr. Wilson said the training is based on a national program through the University of Maryland – Baltimore County has built a nationally recognized program. Clark County's instructors were certified through this program. UMC is examining critical care paramedic training. Mr. Chetelat added that current regulations require a minimum number of requirements must be met for the amount and type of training received.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

A motion was made by Member Strickland to approve the variance request as presented; seconded by Member Crowley and was unanimously approved.

2. **Memorandum #30-09:** Application for Permit to Operate a Public Waste Storage Bin Facility from Republic Silver State Disposal, Inc. for Moapa Valley Convenience Center, 5205 North Moapa Valley Blvd., Moapa Valley, NV 89021 (APN: 041-16-601-001 ptn)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Arta Faraday, senior environmental health specialist, spoke relative to this matter. Mr. Ross said that Republic Silver State Disposal, Inc. has met all requirements for a Public Waste Storage Bin Facility as specified in Section 4 of the Regulations governing Public Waste Storage Bin Facilities for the Moapa Valley Convenience Center.

Staff recommends approval based on conditions as outlined in the memorandum and a final inspection. Todd Whittle, Republic Silver State Disposal, Inc. and Doug Bell, Converse Consultants were present to answer questions of the Board.

Chair Giunchigliani asked if the parties understood and are in agreement with the conditions as specified; they each responded affirmatively. The facility will only accept residential waste, including trash, limbs and trees – asbestos, asphalt, rock and concrete will not be accepted. Items not meeting posted criteria will need to be taken to a transfer station. There is no charge for residents of Moapa Valley – proof of residency must be provided. The facility will operate one day per month.

Chair Giunchigliani noted her concern about the limits of acceptable residential waste. Searchlight Convenience Center will accept all materials; however a fee will be charged for accepting rock, concrete and asphalt.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

A motion was made by Member Crowley to approve the application with the conditions as outlined; seconded by Member Wood and carried with Chair Giunchigliani opposing.

3. **Memorandum #31-09:** Application to Modify a Public Waste Storage Bin Facility from Republic Silver State Disposal, Inc. for Mount Charleston Convenience Center, Recycle Center Road North of Intersection with Kyle Canyon Road, Mount Charleston, NV 89124 (APNs: 128-27-099-001 ptn and 128-27-000-001 ptn)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Arta Faraday, senior environmental health specialist, spoke relative to this matter. Mr. Ross said that Republic Silver State Disposal, Inc. has met all requirements for a Public Waste Storage Bin Facility as specified in Section 4 of the Regulations governing Public Waste Storage Bin Facilities for the Mount Charleston Convenience Center. This modification to an existing permit documents a historic ownership transfer and addresses the regulations adopted in 2007.

Staff recommends approval based on conditions as outlined in the memorandum and a final inspection. Todd Whittle, Republic Silver State Disposal, Inc. and Doug Bell, Converse Consultants were present to answer questions of the Board.

Chair Giunchigliani asked if the parties understood and are in agreement with the conditions as specified; they each responded affirmatively. The facility will operate Thursday – Saturday between the hours of 9:00 a.m. and 3:00 p.m. weekly. There is an agreement with NDOT for restroom access. A generator is on site – there is no grid power. Residential waste will be accepted, with the same restrictions as the Moapa Valley location (asbestos, asphalt, rock and

concrete will not be accepted); there is a fee to use the facility. As both Moapa Valley and Sandy Valley operate one day per month there is no charge to residents to use these facilities.

Chair Giunchigliani stated she had the same concerns on this item as the previous item.

The health district does not enforce franchise agreements – each jurisdiction is responsible for enforcement. The town boards for these areas also ensure compliance with the franchise agreement.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

A motion was made by Member Fairchild to approve the application with the conditions as outlined; seconded by Member Strickland and was carried with Chair Giunchigliani opposing.

4. Memorandum #28-09: Adoption of the Proposed Amendments to the Southern Nevada Health District Regulations Governing the Sanitation and Safety of Child Care Facilities – ***held from the October 22, 2009 meeting***

Chair Giunchigliani declared the public hearing open.

The following is a verbatim transcription of the public hearing concerning Memorandum #28-09.

Dr. Sands: Next is Memorandum #28-09. This is the adoption of the proposed amendments to the Southern Nevada Health District Regulations Governing the Sanitation and Safety of Child Care Facilities and Consideration of Business Impact Statement. This was held from the October 22nd Board of Health meeting. And Mark Bergtholdt, our environmental health supervisor of special programs will be presenting, along with Rose Henderson, environmental health supervisor from our Henderson office as well as Susan Lane.

Mark: Madam Chair, members of the Board – good morning. At my left is Susan Lane, and to her left is Rose Henderson. Rose Henderson will be able to talk to you about the history of the child care program; Susan Lane will be able to provide you with the technical aspects of the child care program.

The Southern Nevada Health District has been conducting inspections of child care facilities since before 1979. The reason that SNHD conducts these inspections is because Nevada Revised Statutes 432A.180 requires that the State Health Officer or his designate conduct annual inspections of each licensed child care facility. Before regulations were first promulgated in 2002, staff were using guidelines to inspect licensed child care facilities – so between 1979 and 2002 they were using guidelines. The regulations were later amended in 2003 and are the ones currently being used by staff to ensure that the child care facilities operate in a manner that protects public health and safety of the children in care. The regulations before you today for consideration are intended to serve as an update to improve the clarity, language and reflect the current trends in the industry today.

These regulations were presented to you at the October meeting. At that meeting there was discussion regarding the prohibition of air fresheners and the requirement for notification of pesticide applications. Industry opposed these two sections. Between that hearing and today, staff drafted compromise language for these two sections that are now supported by industry. Mr. Thompson, who is in the audience today, had a chance to review them and found them to be adequate. Rather than prohibit the use of air fresheners and mandate pesticide notification, the proposed changes will require the facility to provide the parent or guardian, on an annual basis, an acknowledgement that air fresheners and/or pesticides are used in the facility. Proof of receipt of this acknowledgement will be kept on file at the facility. Additionally, if pesticides are used, and the facility has a plan in place to notify parents or guardians of an upcoming application of that pesticide, then a description of that notification must be included in the acknowledgement.

At the October meeting there was much discussion about play surfacing underneath play equipment at family care and group care homes. The purpose of the surfacing is not to protect children from fractures or sprains but to protect them from life-changing or life-ending head injuries that result from falls from play equipment. The CPSC reports that about 50,000 children visit the hospital emergency rooms each year with injuries that are from the use of home playground equipment. 80% of those injuries occur during the falls from that home equipment. Both the Consumer Product Safety Commission [CPSC] and the American Society for Testing Materials agree that grass is not a shock-absorbent surface and provides no safety factor should a child fall from the elevated play equipment.

Not to bore you with the science but in order to understand how an injury occurs, it is necessary to understand what we mean first when we talk about shock-absorbent surfacing. To determine how much impact attenuation is provided by a surface, a device is used to measure how fast something stops when it hits that surface. This measurement of deceleration determines if a surface has enough impact attenuation to decrease the risk of a life-changing injury to the head. Currently 200 g, which is basically 200 times the force of gravity, is the industry standard for determining if an impact will have an irreparable or life-ending head injury. Studies have found that the risk of injury from falls onto surfaces that had decelerations that exceeded 200 g were three times greater than those falling to surfaces with decelerations at less than 150 g. As a point of reference 200 g is the equivalent to a person of average stature striking a windshield at 35 mph. Studies have found that grass has an impact attenuation of 246 g at forty-eight inches above the surface – this is well above the industry standard of 200 g.

Established manufacturers of playground equipment indicate that adequate shock absorbent surfacing, not concrete, asphalt, packed earth or grass, is required under their equipment for a proper installation. I have for an example the installation instructions for a piece of playground equipment that we see out in the field (**attachment #1**). Underneath the warnings on the first page of the instructions, which goes on to state “to prevent serious injuries and death,” the fourth item says: “falls onto hard surfaces could result in head injuries or other serious injuries. Do not install over concrete, asphalt, grass, carpet, packed earth or other hard surfaces. Always use protective surfacing on the ground under and surrounding the playground equipment according to the enclosed ‘Consumer Information Sheet for Playground Surfacing Materials’ found on page 5 of this owner’s manual.” And this is a commercially...you can find in your Home Depot, what have you.

Such requirements in the installation instructions are an indication that the manufacturers are not accepting the liability of outcomes should a individual ignore this safety warning, and a child falls onto a surface that lacks proper shock-absorbent surfacing. Staff has confirmed with the Nevada Bureau of Services for Child Care that in family care or group care homes, elevated play surfaces are not mandated by the licensing agency. So if a family care or group care home chooses to install elevated play equipment, then they are required to have impact attenuation surfacing under the equipment. Licensed and permitted child care facilities, whether commercial or residential, have the obligation to provide a safe environment for the children in care. This is not a new mandate – current regulations require surfacing under elevated play equipment. To remove this provision and allow elevated play equipment in the absence of shock-absorbent surfacing is allowing those facilities to be negligent in protecting the children in their care.

Thank you. And we’re here to answer any questions.

Chair Giunchigliani: And just for the Board’s...remember we had the CD that was there, but if there’s anyone from the public do we automatically have at least a paper copy for them if anybody wanted to review it?

Dr. Sands: Yeah.

Member Christensen: Yes.

Chair Giunchigliani: Yes, Mr. Barlow.

Member Barlow: I wanted to know, what happened to the day...

Chair Giunchigliani: I know, when we just...

Member Barlow: ...when you just swing on a monkey bar...

Chair Giunchigliani: ...and just fall on your own head.

- Member Barlow: ...get up, brush yourself off...
- Chair Giunchigliani: Exactly.
- Member Wood: Well, times have changed.
- Mr. Bergtholdt: We've improved our science; we've improved our technology. It's the same kind of thing that you knew would pass when you had childhood diseases.
- Member Barlow: But we all survived!
- Chair Giunchigliani: Exactly.
- Member Barlow: But then again, maybe I bumped my head too many times.
- Chair Giunchigliani: We bumped up against each other, how's that?
- Dr. Sands: But falling in the sand, I mean, that's a...a sandy surface is considered to be safe. And if you've ever seen a child or adult, or treated someone with a close head injury, I mean it's life-altering. It's permanent damage and again they have lifetime costs, impossible to estimate. But it's something that can be easily prevented by taking extra precautions.
- Member Barlow: I say the same thing about the cushion, and we had this same conversation with Mark in my office. The rubber, what is it, the rubber foundation...you mentioned that it's soft. I stepped in it and twisted my ankle...
- Chair Giunchigliani: Mm-hmm.
- Member Barlow: ...you know. And at the same time, Mark you responded, that the fact that it wasn't life-changing, but it hurt.
- Mr. Bergtholdt: It hurt.
- Chair Giunchigliani: We get a little over-regulated in many, many ways.
- Mr. Bergtholdt: We're still allowing children to get hurt, suffer some injury...
- Laughter
- Member Christensen: Is that part of regulation?
- Mr. Bergtholdt: ...we're not allowing children to have life-changing, life-ending injuries on the playground.
- Member Barlow: And I'll never forget it.
- Rose Henderson: May I comment on this from...

Chair Giunchigliani: Yes.

Ms. Henderson: ...a historical perspective. My name is Rose Henderson and I'm the current environmental health supervisor for the Henderson area. Children are going to get hurt; but when they're in a licensed child care facility, it is the assumption of the parent that if they drop them off whole, when they pick them up they're going to be whole. I started in the child care program back in about 1990. We did develop the child care guidelines. About the same time is when the CPSC published the Public Playground Safety Manual. We, through a lot of education and conversation, because there were guidelines, the vast majority of child care centers, by the time I left the program in 2001 and Mark took it over, had resilient surfacing on their playground. I don't know if it was our program that did that or if it was their insurance agencies when they were having some life-altering injuries insisting that they install shock-absorbent surfacing on their playground. One needs to recognize whether the playground that is in a backyard at a licensed family care home that is choosing to conduct a business in their home, or if it's a child care center. If you have a piece of playground equipment four or five feet high, if that child falls, they're going to incur the same injury be it a family care home or be it a child care center. The only thing that's going to prevent that injury is something which you install beforehand, and that's that resilient surface. If you fail to do that, it is nothing short of negligence knowing the science right now; even the CPSC, after I left the program in 2005, published a document specific to home care. In many instances the complexity and the expense of playground equipment is less because it's things such as Little Tikes®, which people can purchase at Home Depot. But the one thing that really mirrors what you see in the Public Playground Safety Manual is the importance of the shock-absorbent surfacing, because when that child starts to fall there's nothing that child care provider can do to prevent that injury – they have to do it ahead of time.

Chair Giunchigliani: And did you say it's not mandatory for the home care...

Ms. Henderson: It...

Chair Giunchigliani: ...but if they choose to have that kind of equipment...

Ms. Henderson: Yes...

Chair Giunchigliani: ...that's when that kicks in?

Mr. Bergtholdt: Correct.

Ms. Henderson: Exactly. They don't have to have...

Chair Giunchigliani: Ms. Henderson from Henderson? I wanted to make sure I got that...

Ms. Henderson: Yes, it is.

- Member Jones: I bet you wondered where that came from.
- Chair Giunchigliani: Yeah, I was wondering where that name came from.
- Ms. Henderson: Coincidence only. So, you know, I can't emphasize this enough. After eleven years in child care, being a registered nurse for over thirty years and why I went into environmental health and left the nursing field is that I saw injuries, and I want to prevent those injuries. I saw illnesses, I want to prevent those illnesses – that's what public health is all about. This basic prevention...if the child care provider can't afford the surfacing they should not install the equipment. They need to maintain those children safe and whole when their parents pick them up – they have that obligation.
- Chair Giunchigliani: And how do we make sure we don't get a loophole there, because..I guess because you license all child care facilities, regardless of what it is...but who does the onsite inspections to see...
- Mr. Bergtholdt: Madam Chair, I can probably answer that question. We permit family care, who serves one to six; group care, who serve seven to twelve; and child care centers that serve thirteen or more. The state or the county, at this time, is the one who provides the license. That license requires the permit be in place from the health department. So we are part of the insurance to ensure that the child...playground is safe.
- Chair Giunchigliani: So your permit kicks our licensing? And then we used to do the outside inspections but I found out our two people that we had doing all inspections in the entire county no longer work for our department. Before the Board has made a decision...it's a whole other issue. And so I don't know who's inspecting anymore.
- Mr. Bergtholdt: There are two...I believe there are two. Susan will answer that question.
- Susan Lane: For county?
- Mr. Bergtholdt: For county, yeah.
- Ms. Lane: For county we have new inspectors that we've just actually met this week via email – I connected with them a couple of days ago. And...
- Chair Giunchigliani: So we got rid of two inspectors to create two new inspectors. Oh, that's very interesting. I'll have to check into that.
- Ms. Lane: ...and if it's not a county jurisdiction and it's a state inspection I know that we have Theresa Cuppi here today and some other staff members from the Bureau of Services for Child Care Licensing. If you have any questions they may be able to answer them.
- Chair Giunchigliani: And what are the names of the two new inspectors?
- Ms. Lane: I will get them to you.

- Chair Giunchigliani: Can you email them?
- Ms. Lane: Yeah.
- Chair Giunchigliani: Thank you.
- Member Barlow: And I know at the City, Madam Chair...
- Chair Giunchigliani: Yes.
- Member Barlow: ...that we turned ours over to the state.
- Chair Giunchigliani: You did quite awhile ago.
- Member Barlow: Just last year.
- Chair Giunchigliani: Just last year? But you do it by Board motion?
- Member Barlow: Yes, we did.
- Chair Giunchigliani: Ah, what a concept. Sorry. I have my own beefs from time to time with my own government. But that's how it should be. The Board has not made a decision and I'm bothered that we had the only two inspectors told that they had to leave because it was gone. They're gone now and now we've hired two new people – that's just something I'll have to deal with bureaucratically, I guess, to some extent. Mr. Anthony?
- Member Anthony: So is there a re-inspection process where after you're inspected them, how do that they've...
- Mr. Bergtholdt: We inspect every child care center and child care/family care home/group care home at least once annually, preferably twice. So we're following up to ensure that it's in compliance.
- Chair Giunchigliani: Do you only look at health district issues or, because that's what we find sometimes is on inspections people go in with blinders and say I'm in this department and I don't look for anything else.
- Mr. Bergtholdt: No, I train my staff to be a little cognizant of the issues that are out there with the licensing authority...
- Chair Giunchigliani: And then you can let them know...
- Mr. Bergtholdt: ...and we can refer a complaint, basically, as an anonymous complaint or referral to that licensing agency.
- Chair Giunchigliani: And you document that for your own purposes, though, that you also then informed the other party that they have a responsibility to follow up.
- Mr. Bergtholdt: Yeah.

- Chair Giunchigliani: Linda?
- Member Strickland: Yeah, I just wanted to say I see this as a development of safety standards in our country. I mean, we never used to have seatbelts...
- Chair Giunchigliani: Or helmets.
- Member Strickland: ...yeah, or there's requirements to wear motorcycle helmets, and that's kind of controversial. But you know there's head injuries involved in accidents there, and this is just a development of safety standards over time and I think a lot of it has to do with litigation to be honest with you. If you drop your child off at a healthcare facility and that facility is not complying with standards of care, the parent is going sue them if their children is injured. So I think it behooves the healthcare facilities, the child care facilities to comply with these things for their own protection. I do have a question, though. In the event that you inspect and they have not installed these resilient surfaces and you give them an opportunity to do so, and you come back and they haven't, then what is the ramification? Do they lose their license?
- Mr. Bergtholdt: We would basically do progressive actions on that; they probably come in...they would come and talk to me about it; I would then refer it to my manager and eventually if they were totally non-compliant in correcting that issue we would probably go for a suspension of the permit.
- Member Strickland: Yeah, well you might probably...
- Mr. Bergtholdt: I mean...
- Member Strickland: What are the guidelines here, I mean are you giving them a certain amount of days and the reason I ask is because there could be a child that falls during that period of time and have we then allowed this dangerous condition to exist with knowledge?
- Member Wood: We would.
- Ms. Henderson: One thing we could go, which expedites the process, if we see a gross negligence and an unsafe environment, we can close that playground. Now one thing that is in child care licensing regulation is that they have to have an outdoor play area, so then licensing then could coordinate with us as far as they don't have a component that is required under the license; but if it's that unsafe we can close it and we can do that...
- Member Strickland: OK.
- Ms. Henderson: ...if we maintain this regulation. Otherwise, the liability can continue...
- Member Strickland: OK.

- Ms. Henderson: ...and the danger.
- Member Strickland: But as we sit here right now we don't have, I don't want to say guidelines, but standards as far as give them a certain amount of days, if they don't respond or do or comply, then you're going to give them a certain more amount of days. What are the steps?
- Mr. Bergtholdt: That would be a...it's basically a policy question. The regulations do go to the hearing officer, so that would be the process that we would use. Steps would be 1) staff documents it down, gives them time to correct it, closes down – say the children should not be on this playground equipment period. So if there is anything that happens in the intervening time that we're addresses this problem we've already told the facility that they cannot have children on that equipment so they're violating our regulation right there.
- Chair Giunchigliani: OK, let's clarify it. Go ahead.
- Member Strickland: Well, I was going to say from due process standpoint, don't you need to let the child care facility know what the steps are going to be in case they do get shut down?
- Mr. Bergtholdt: It is in the regulations on the due process steps on how we go about with the hearing officer towards the suspension of the permit.
- Member Strickland: OK.
- Mr. Bergtholdt: But the first step is to say basically to the operator, "do not allow children on this playground equipment, period."
- Chair Giunchigliani: Until you get to the next...
- Mr. Bergtholdt: Until you get it fixed...
- Chair Giunchigliani: OK, you're able to...
- Mr. Bergtholdt: We're able to lock it in that way, so that's why we can kind of take our time in correcting it, because we already gave them fair notice that they cannot have children on that playground equipment.
- Chair Giunchigliani: Do you then automatically notify whoever, whether it's the state or the county then of that...
- Mr. Bergtholdt: They are notified through our inspection report, all licensing authorities get copies of our routine inspection reports.
- Chair Giunchigliani: My question would have to be what's that follow-up on that.
- Ms. Lane: Well, as a field inspector I can tell you that if I went out and I found a piece of equipment that was in disrepair or had inadequate surfacing around it, I would take either, if it was just the equipment that had the problem, I would take that piece of equipment out of use, in writing I

would tell them that they needed to get it repaired within thirty days. Sometimes there are hardships, you know, we have in this economic time, there are a lot of centers who may need wood chips, additional surfacing and they're running into problems where they look at me and they say, "I can't afford \$10,000 right now for surfacing."

Ms. Henderson: That's for a center.

Ms. Lane: For a center, yes, for a child care center. And so we try to do a compliance schedule; I try to keep part of their playground open. If it's...they use stone around the equipment, that's the problem, we can leave the rest of the playground open where there less layer of wood chips or whatever the surfacing may be, because there is no equipment there that requires impact attenuation – the kids can still go out, run around, play, play ball, whatever they're going to do. But, I know that, I think I can speak for all of the other inspectors in our group, that the very first thing we do the next day when we get back in the office is notify the appropriate licensing authority that that playground is out of use...

Chair Giunchigliani: Do you notify the parents? Is there a requirement for parental notification that this particular...

Ms. Lane: No, not currently.

Mr. Bergtholdt: Not currently.

Chair Giunchigliani: Then will there be in this new regulation, other than the air freshener, or the pesticide.

Mr. Bergtholdt: That wasn't something that we put into the regulation.

Chair Giunchigliani: Then that's something that we could request to be added. Is there any objection to the Board to have parents notified that the playground equipment has been taken out of commission?

Member Strickland: I think it'd be a good idea; it would allow the parent to follow up with their child and let the child know that they're not supposed to be playing on that...

Member Jones: Can we do that today without an agenda item?

Chair Giunchigliani: Yeah, you can make amendments to the piece without substantiation...you can add to the notification, though, I think, is what we could do, which is what we're still going to talk about on how you notify about the pesticide and that type of...

Ms. Henderson: I believe there's something in that notification for the air fresheners and for the pest control...

Chair Giunchigliani: You can just maybe add...

- Ms. Henderson: ... you can probably mention this more, but I believe the wording that's been discussed with industry was a notification that these items are in use when they enroll the child and annually thereafter. There would be a more immediacy if the Board would want to have some sort of notification process at any given time when a health inspector goes out and finds some inadequate surfacing below play equipment could take it out of service, but I think they'd had to look at what type of notification, whether it would be the sign-in sheet or at the parent bulletin board or something like that – it might have to be a different type of notification...
- Chair Giunchigliani: OK.
- Ms. Henderson: ...but if that's what the Board wishes, of course...
- Chair Giunchigliani: I'm not, personally, envisioning a cumbersome process – it could...
- Ms. Henderson: Yeah...
- Chair Giunchigliani: ...even pre-made signs, that if an inspector goes out and says swing-sets off-duty, that has to be posted in the building so at least as the parents come in. And then that way, you're not, you can take it down when that thirty days is over, they've complied with it and then you've met a standard. I'm just throwing that out as an idea.
- Member Crowley: Madam Chair?
- Chair Giunchigliani: Absolutely, Susan.
- Member Crowley: Rather than regulate on the fly, I'd rather see them come back with a suggestion, you know, if we want to vote on the rules as they are right now...
- Member Strickland: That sounds fine.
- Member Crowley: I'd hate to pull something together, like within ten minutes, to try and...
- Chair Giunchigliani: I'd think they would still have to come back with us, but I think...
- Dr. Sands: Right.
- Chair Giunchigliani: ...including within any motion could be “and explore the notification process for when equipment items are taken off because of safety concerns...”
- Mr. Bergtholdt: We can draft them...
- Chair Giunchigliani: ...and they can come back to us with that component on how to do it, but it should be part of our motion today.

- Dr. Sands: And, Madam Chair, I think that, if it's OK with the Board, we could come back just with that alone as a revision or an update to the regs, and if you decide to pass them today, but with that condition on it, I think we could work with that.
- Chair Giunchigliani: I think just so it's clear that we're looking at additional notifications, which may include "x," and then you'd still have to come back and say here's how we are thinking of implementing it.
- Dr. Sands: Yeah. Right. And I think we would need to sit down with industry and...
- Chair Giunchigliani: Right.
- Dr. Sands: ...have that discussion about what the best way to do that.
- Chair Giunchigliani: Yeah, keep it simple. I mean K-I-S-S is still the best way to go for both parents as well as anybody else. I mean, sometimes we overdo...it gets lost because we inundate people with information, too, to some extent.
- Ms. Lane: And Madam Chair, I'd like to tell you what we do currently in the field. If an entire playground is closed, if there is no way to keep part of it open, and we're going to close the entire thing, or a lot of centers have yards...
- Chair Giunchigliani: Right.
- Ms. Lane: ...and maybe one specific yard is out of use, but the others are OK...we have a hot pink closed sign, which is the same one that I would put on a food establishment if I closed it, and that I will fill out...and it says SNHD, closed, and that gets posted on...either on the yard, or on the entrance to it from an interior door out...parents see that. And I can tell you that industry does not like it. I mean, obviously they really don't like it. I've gone back sometimes and found that centers have taken down my sign because they don't want parents to see it. So just a heads up that...
- Mr. Bergtholdt: And...
- Chair Giunchigliani: And that might be a simplest way to go, but that's bothersome...What would happen if somebody took your sign down, because that's the proper notification. Is there then a suspension of their license?
- Mr. Bergtholdt: Well, we don't suspend their permit. What we do is note in on the report that they took the sign – they were non-compliant with the signage. Because there can be any number of causes that caused that sign to come down, such as weathering. So before we suspend a permit on that type of violation, we need to look into what caused the sign to come down, whether it was the intent of the operator to tear the sign down or...

- Chair Giunchigliani: And does that take another thirty days then?
- Mr. Bergtholdt: No, it doesn't take another thirty days. But also staff, when we come across facilities that have inadequate playground equipment, that is unsafe, we also screen-off or tape-off entrances to that playground, so that even if there was some weathering and the sign gets dislodged there's still the tape up that has to be torn down in order to get by it by...
- Chair Giunchigliani: Kind of like a caution tape.
- Mr. Bergtholdt: ...somebody. It's exactly like a caution tape – it's actually, unfortunately we probably need to get some new tape to do it, but it's our hold tape that we use to hold food at our facilities.
- Chair Giunchigliani: And do you take photographs of the equipment or the surfaces...
- Mr. Bergtholdt: Yes, we...
- Chair Giunchigliani: ...so you've got your own documentation.
- Mr. Bergtholdt: ...we document every condition. In fact all my staff are trained as certified playground safety inspectors, so we know what causes injuries out on the playground equipment.
- Member Jones: I would say overall on any other inspection deficits that you find from hot water to fencing, or et cetera, that's not particularly noticed to the parents? And maybe in this whole ball of wax we take a look at making that a notice to the parents? That would be my recommendation.
- Chair Giunchigliani: OK, so are we to the point where I should, do we need an open hearing to see if there are...open up the public hearing to see if there's anyone on the audience that wishes to make any comments regarding regulations that have been brought back to us?
- Stephen Smith: Yes.
- Chair Giunchigliani: Seeing none, we close the public hearing. I think we could entertain a motion to have...depending on what you want to do, recommend the approval of the child care regulations and request that staff bring back implementation of various notifications with regard to safety issues and, what was your?
- Member Christensen: Deficiencies.
- Chair Giunchigliani: Deficiencies. Would that be acceptable to the Board? OK, so then, do I have a maker?
- Member Jones: Move.
- Chair Giunchigliani: So moved. Is there a second?

Member Wood: Second.

Chair Giunchigliani: Moved and seconded. Any discussion from the Board? Seeing none, all those in favor say "aye."

Board members in unison: Aye.

Chair Giunchigliani: Opposed? Motion carries. Thank you very much. Appreciate your work.

A motion was made by Member Jones to approve the approve the child care regulations as presented and request that staff come back to the Board with recommendations for implementation of various notifications with regard to safety and inspection deficiency issues; seconded by Member Wood and was unanimously approved.

III. REPORT / DISCUSSION / ACTION

1. Petition #38-09: Approval of Increased Reward Amount for Citizen Witness of Illegal Dumping Cases

Glenn Savage, director of environmental health presented this item. In 2002 then Senator Dina Titus worked on a desert dumping bill which allowed establishment of an administrative hearing process to cite those illegally dumping waste and have due process. Additionally staff designed an incentive program to encourage citizens to report instances of illegal dumping – at that time a reward of \$100 was instituted payable upon receipt of all fines. Hearing officer penalties over time have totaled \$3.7 million and staff has collected \$2.1 million of those fines.

There has been a surge of illegal dumping in the desert areas of Summerlin, particularly on the lands owned by the Howard Hughes Corporation. Tom Warden, senior vice president of the Howard Hughes Corporation, brought their concerns to staff in hopes of defining a proactive solution to this growing problem, including sponsoring clean-up days, providing education relative to negating illegal dumping, and increasing the reward amount from \$100. The health district paid \$3,000 in rewards in 2008, and approximately \$2,800 to date in 2009.

Mr. Warden thanked staff for their efforts in addressing this important issue. A clean-up day was held on October 17th and engaged many Summerlin residents – 114 tons of trash were collected, as well as 220 tons of concrete. He believes that by increasing the reward amount reports of dumping will increase, particularly in light of the current economic situation. The Howard Hughes Corporation will match the reward amount as it applies to the more than 7,000 acres held by the Corporation. Other developers throughout the valley are being encouraged to match the reward amount as well. He recognized the collaborative effort of community partners and government agencies in helping to abate this issue.

Chair Giunchigliani noted that Channel 4 was in attendance today to promote this information and help the public better understand the reporting process. Dennis Campbell, solid waste and compliance manager noted that citizens are encouraged to either call (702) 759-0600 or access the online complaint form at www.snhd.info to report illegal dumping. Complainants need to complete a witness statement with as many details as possible, including photos and identifying information (such as license plates or logos on vehicles). An inspector will then investigate the complaint, document the site and follow up on any identifying information – this information will be used to prepare a Notice of Violation to go before the hearing officer. The hearing officer

may then assess a penalty. Once the penalty is paid in full, the witness receives monetary compensation.

Illegal dumping can occur on any piece of vacant land, whether in the “desert” or in local jurisdictions throughout all of Clark County. Any penalties collected for illegal dumping are paid directly to the solid waste and compliance section. It can take several months for the entire process to occur – from reporting to notice of violation to collection of fines. There are payment plans available for large penalties assessed by the hearing officer.

Scott Weiss, director of administration reported the district historically has only been able to collect 25% of assessed fines – if rewards are paid prior to collection of fees the environmental health budget would be impacted, and would affect all permitted businesses by the need for higher fees to offset this expenditure. To date only \$95,000 of \$424,000 assessed fines have been collected, which is less than 23%.

Chair Giunchigliani expressed concern that rewards are paid after the penalties are collected; she suggested that a small portion of funds could be placed in an interest-bearing account so that rewards could be paid up front to acknowledge the witness coming forward and assist in abating illegal dumping. Other Board members echoed their support for this suggestion. Mr. Weiss stressed that paying awards up front will impact environmental health’s budget and ultimately all permittees when fee increases are sought to account for any shortfalls.

If a business is found in violation of illegal dumping and assessed a penalty, staff contacts the appropriate business licensing office. Chair Giunchigliani suggested that Board member work with their local jurisdictions to ensure that appropriate action occur for businesses found in violation. Mr. Savage referenced an individual trying to obtain a business license in North Las Vegas who owes the health district in excess of \$20,000 in penalties – staff will not process a permit until all fees are paid. Chair Giunchigliani stressed that businesses owing penalties should not be allowed to operate until all fines and penalties are paid in full – she wants to ensure the local jurisdictions do their part to prevent delinquent operators from conducting business.

Mr. Savage reported the breakdown on collection of fees since 2002: 2002 – 89%; 2003 – 81%; 2004 – 79%; 2005 – 53%; 2006 – 56%; 2007 – 62%; 2008 – 49%; and to date in 2009 – 22.5% – these figures represent a steady decline in collection of fees, particularly since the economic downturn. Illegal dumping is a serious concern in Clark County and we need to provide worthwhile incentives to those reporting instances, as well as finding mechanisms to collect penalties for those found in violation.

Board members suggested that staff define ways to implement a plan to pay the rewards to citizens upon an individual being found in violation, as well as providing an analysis of fiscal impact on paying rewards at time of the hearing officer order versus waiting for collection of penalties. Howard Hughes Corporation will match the reward up front, as it provides an incentive for citizens to make reports of illegal dumping.

A motion was made by Member Wood to approve the increased reward amount for citizen witness of illegal dumping cases with an administrative directive to bring recommendations to the Board on paying rewards at time of administrative order and fiscal impact; seconded by Member Strickland and was unanimously approved.

2. **Memorandum #32-09:** Approval of Fiscal Year 2008-2009 Audit Report by External Audit Firm Kafoury, Armstrong & Co.

Scott Weiss and Mars Patricio, Jr., financial services manager, presented this item. Tamara Miramontes and Michael Biel from Kafoury, Armstrong & Co. were also present to discuss the findings of the audit and answer questions of the Board.

Member Jones, chair of the audit committee, noted the positive working relationship between the auditors and the committee – the committee was very satisfied with the outcome.

Ms. Miramontes thanked the audit committee for their time and comments. The audit was conducted in accordance with all government auditing standards and OMB Circular A-133, as federal funding is received. All financial statements were found to be materially correct as presented. The district expended \$11.6 million of federal funds and the auditors found the report to be materially correct as well. No significant deficiencies or material weaknesses were found in internal controls over financial reporting. There were no compliance issues noted with laws or regulations.

In reference to federally funded programs, the auditors reviewed the public health preparedness and preventive health services/sexually transmitted disease programs. Again no significant deficiencies or materials weaknesses were found in internal controls; nor were compliance issues noted. The public health preparedness program is part of the Community Health Division, created seven years ago when homeland security funds were distributed to state and local health departments. The program's function is to prepare the district and the community to respond to public health emergencies, including our current H1N1 response.

Those items addressed in the management letter have been brought back to the auditors; staff's comments on how to address these items also go to the Department of Taxation along with the Comprehensive Annual Financial Report.

Mr. Weiss addressed the items specifically addressed in the management letter. Staff amended the password policy nine months to ensure passwords expire after ninety days and require a strong password (inclusion of a symbol). Another provision was the inventory adjustment for yearend reconciliation – staff now has both month and year end processes in place to ensure adjustments are completed in a timely manner. All back-up mechanisms for IT are now located off-site to ensure redundancy and a secure back-up in place of all technological systems.

Deborah Donaldson and Justin Kindy of AON Consulting were present to discuss the GASB 45 (Government Accounting Standards Board) report (**attachment #2**). The district was required to do the GASB 45 for the first time this year, as part of the audit by Kafoury, Armstrong & Company, resultant of revenues between \$10 million but less than \$100 million for each plan year after December 15, 2007. Health district retirees enjoy postemployment employee benefits (OPEB) such a healthcare plans (medical, prescription drug and dental) and life insurance. Liabilities are required to be valued as either explicit subsidy (direct contributions) or implicit subsidies (rate pooling between actives and retirees).

Employees are eligible to retire under one of two plans based on the following criteria:

- Group 1: retirees currently participating in the Public Employees Benefit Program (PEBP) who retired prior to October 31, 2008 may either remain in PEBP or convert to the Clark County Plan – a one-way option to switch to the Clark County plan occurs every even number year

- Group 2: employees who retired between November 1, 2008 and July 31, 2009 had the option to remain in PEBP or join the Clark County Plan – a one-way option to switch to the Clark County plan occurs every even number year
- Group 3: employee who retire on or after August 1, 2009 will retire under the Clark County Plan

The present value of benefits (PVB) as of July 1, 2008 is \$29,125,000; the actuarial accrued liability (AAL) is \$21,540,000. No assets are set aside in an OPEB trust, so the actual unfunded AAL is \$21,540,000. The annual required contribution (ARC) is \$2,221,000 which equates to the annual OPEB Cost (AOC). These are GASB 45 required compliance and disclosure items.

The \$29,125,000 PVB represents the total present value of all expected future benefits, which are defined as paid claims and expenses from the plan, net of retiree contributions. The value of the plan benefits as of July 1, 2008 for current and future retirees, including any benefit changes communicated to members. Of this \$29 million, 68% is the liability for active employees and future retirees.

The AAC is \$21,540,000, which represents the liability accrued as of July 1, 2008 through past service. This is determined by allocation of the PVB over past and future periods. SNHD uses the entry age normal cost method, which allocates on a level basis over earnings during the service period rendered by an employee from entry age to assumed retirement age. An assumption was made that 10% of current retirees would potentially migrate to the Clark County plan; additionally all future retirees were valued under the Clark County plan.

GASP 45 requires disclosure pieces. The ARC of \$2.2 million represents the normal cost plus an amortization payment of the Unfunded AAL, which equals the actuarial accrued liability minus the assets. Assets at the beginning of the plan year (7/1/08) was \$0; therefore the unfunded AAL is \$21.5 million is amortized over the GASB maximum period of thirty years – there were no funds set aside at the beginning of the plan year in an OPEB trust to fund the “pay as you go” option.

Then annual OPEB cost of \$2.2 million equals the annual required contribution in the first year of adoption. Future years will equal the ARC plus interest on the net OPEB obligation and an adjustment to the ARC. The net OPEB obligation as of June 30, 2009 is \$1.6 million, representing the accumulated difference between the AOC and contributions plus the new OPEB obligation at the beginning of the FY09. The estimated benefit payment for the “pay as you go” option is \$596,000 for the 118 retirees as of July 1, 2008.

A motion was made by Member Crowley to accept the audit report for FY09 as presented; seconded by Member Barlow and was unanimously approved.

3. Review/Discuss Public Health Foundation Enterprises, Inc. (PHFE) v. Southern Nevada Health District; Direction to Staff

Scott Weiss, director of administration, asked the Board to approve a settlement agreement in the amount of \$112,000 for a current conflict related to a previous software contractor – \$100,000 to PHFE and \$12,000 for attorney fees, which was a clause of the contract in dispute. Stephen Smith, Board legal counsel recommends this settlement as it is in the best interest of the District and minimizes any potential future liability. This recommendation is based on minimizing any potential exposure the District would face in this dispute, as well as ending protracted litigation. The litigation also stalled progress on other pending software contracts. Mr. Weiss noted that defense costs could be as much as \$75,000; other costs, including

exposure, could range between \$0 and \$800,000 – it is impossible to gauge the actual amount of exposure.

An IT Steering Committee has been established to review all IT projects for business needs, return on investment and cost consideration. Staff will also use an outside consultant with expertise in software contracts to ensure deliverables and payments are in line and that benchmarks are in place to communicate with the vendor regarding target progression.

Chair Giunchigliani suggested that staff work with other local government IT experts in certain circumstances. Further she stated that professional services contracts should come to the Board to ensure transparency and public awareness of expense. Vice Chair Strickland suggested that a database of attorneys with expertise in specialized areas be developed as a resource for future reference.

A motion was made by Member Strickland to accept the settlement agreement the amount of \$112,000; seconded by Member Crowley and was unanimously approved.

Chair Giunchigliani referenced a copy of a letter she received from the Attorney General concerning an Open Meeting Law complaint regarding the Solid Waste Hearing Officer process. She asked that this item be agendaized for the next meeting and a copy of the letter provided to the Board.

4. Discussion on Senate Bill 278; Direction to Staff

Dr. Sands reported that he and Chair Giunchigliani both testified before the Legislative Committee on Health Care earlier in the month regarding SB278. During the 2009 Legislative Session SB322 was introduced, which would have consolidated certain health and social services – this item was previously discussed at the March 26, 2009 Board meeting and the Board gave direction to staff and our lobbyists to oppose the bill. Councilman Steve Kirk, then Board Vice Chair, also testified in opposition of the bill. The bill did not move forward, but was incorporated into SB278 which was to study consolidation in three different areas: 1) consolidation of public health functions in rural areas to create a health district between Carson City, Lyon and Douglas Counties; 2) consolidation of certain health and social services in Clark County; and 3) alcohol and substance abuse treatment agencies in Clark County. When the bill was finalized all reference to public and public health were stricken from the language to focus more fully on health and social services in Clark County. The direction from the Committee was to discuss the information with the Board and any plan developed should go back to the Committee.

Chair Giunchigliani noted that Senator Parks introduced legislation during the session and she testified in support of the original bill as an individual and a County Commissioner – the Board took an opposing position. She said the bill's intent was to look at reorganizing and co-locating possible services for health delivery based on a model in Humboldt and San Diego Counties. Though the bill did not move forward a portion was placed in the interim study component. She provided additional testimony that health and social services should not be exclusive of each other.

The purpose of the agenda item today was to keep the Board informed on the status of the bill. She offered to provide copies of the studies from Humboldt County's restructuring. Clark County is looking at some restructuring in social services and public guardianship due to current economic conditions. She would like to leave the door open for future dialogue in the next six months concerning possible partnerships with UMC and health delivery.

5. Report on Statewide H1N1 Vaccine Distribution; Direction to Staff

Dr. Sands acknowledged the recent media attention concerning distribution of vaccine in the community. Copies of the letters from Richard Whitley, administrator of the Nevada State Health Division (NSHD); the director of the Centers for Disease Control and Prevention (CDC), and Dr. Sands' response to Mr. Whitley (**attachment #3**) were included in the Board materials.

Dr. Sands recognized the incident command team, who are working in concert in our response efforts: Bonnie Sorenson and Jeff Quinn – Operations; Kay Godby and Veronica Morata-Nichols – Planning; Steve Kramer and Jerry Boyd – Logistics; Jim Osti and Mars Patricio – Administration/Finance; Rory Chetelat – Safety; Scott Weiss and Jane Shunney – Liaisons; Jennifer Sizemore and Stephanie Bethel – Public Information. He also noted that it can take up to 100 employees to operate Points of Distribution (PODs) and clinics and thanked staff for the time and effort put forth in providing vaccine to our community. A PowerPoint presentation was shared with the Board (**attachment #4**).

Initially there was limited amount of vaccine and staff took a cautious approach, in collaboration with NSHD, in distributing vaccine only to the sub-priority groups as defined by the CDC's Advisory Committee on Immunization Practices. As the vaccine supply increased, vaccine was distributed to all priority groups. Vaccine supply was limited due to manufacturers' availability to produce vaccine – the vaccine virus did not grow as well as hoped in the primary stages. To date 43 million doses have been made available, which was the targeted amount for the original distribution of vaccine in early October.

Initial planning strategies included:

- Assuring access to vaccine for CDC/ACIP highest risk sub-groups
- Providing public education to support targeting vaccine until supplies more plentiful
- Working with State to direct vaccine initially to private providers with access to highest risk sub-groups
- Gauging public demand through initial clinics at Ravenholt Public Health Center (PHC) before conducting mass clinics at high schools
- Matching vaccine supply to demand and venues

Staff also faced planning challenges, such as:

- Unpredictability of vaccine supply
- Rejection of FluMist by both providers and the public
- Objections to limiting initial vaccine supply to high risk sub-groups
- Need for injectable vaccine for many of those at greatest risk for whom FluMist cannot be used
- Lack of information on the number of vaccine doses administered by private providers

Dr. Middaugh, director of community health stated that staff planned for 215,000 doses of vaccine to arrive by October 15th; in actuality 20,600 doses of FluMist were received on October 6th. Though FluMist has been used nationally for five years for seasonal flu vaccination, health care providers rejected using this vaccine due to false and erroneous information. Staff conducted a special clinic on October 9th to vaccinate up to 12,000 health care workers and first responders – only 340 actually arrived for vaccination.

The following week yielded an additional supply of FluMist along with the initial shipment of injectable vaccine – the community also rejected FluMist in favor of injectable vaccine at the second clinic. Mass clinics planned for the third week were canceled due to an extremely small shipment of vaccine – our expected shipment of injectable vaccine was diverted to northern

Nevada for use at special clinics, which equated to 9,000 doses of injectable vaccine. FluMist only clinics were held during weeks five and six to allow for rebuilding of injectable supply to accommodate the needs of those ineligible to receive FluMist due to medical contra-indications (pregnant women, children under the age of 2, individuals over the age of 49, and people with underlying medical conditions). Mass clinics continued to be held with expected turnout of large numbers of individuals. While turnout at each clinic was high, the expected numbers were not met.

The shipment for week seven did not arrive, but due to the supply on hand staff was able to continue with clinics planned for two high schools – without the inventory on hand, these clinics would have been canceled. Now vaccine is arriving in greater supply; however last week the state's allocation was cut in half. Some states are experiencing difficulty in receiving vaccine so Nevada's supply could have been allocated to another state to help with vaccination needs.

In week one 340 doses were administered to healthcare workers and first responders. Vaccination rate increased as vaccine was made available to more high-risk sub-groups. Numbers dropped the week of October 26th due to the FluMist only clinics resultant of lack of injectable vaccine. To date 44,000 individuals have been vaccinated; by the end of the week we should exceed 60,000 vaccinated individuals.

SNHD's program was built to target vaccine to the high-risk sub-groups. There are 263,044 members of the high-risk sub groups; there are over 938,000 individuals in the full priority groups. With only 117,000 doses of vaccine received since October 6th, it could be impossible to provide vaccine to the full priority groups; however we have been able to meet the demand for vaccine with the limited supply of vaccine received.

The health district is substantially above the national average in reaching the high risk sub-group populations, though there is still a tremendous amount of work to be done. Vaccination results for the high risk sub-groups are:

- Pregnant women – 6.74%
- People who provide care for infants less than six months of age – 12.98%
- Health care workers and EMS personnel with direct patient contact – 10.83%
- Children aged 6 months to 5 years – 6%
- Children aged 5 to 18 years with underlying medical conditions – 10.13%

Washoe County Health District has received 11,700 doses and administered 52% of those doses; Southern Nevada Health District received 78,700 doses and has administered 52%. Both health districts have reached 2.75% of the population.

NSHD is responsible for enrolling providers in the immunization program to receive H1N1 vaccine for their patients. Initially SNHD assisted in making vaccine available to those providers who would vaccinate their patients in the high risk sub-groups which included hospitals, pediatricians and OB/GYNs. The first week vaccine shipment was only sent to SNHD and six hospitals who were enrolled in the program; the second week all sixteen hospitals received vaccine but the shipment contained only FluMist. By the third week 117 providers received vaccine directly, including injectables. There were 246 providers who received vaccine in week six. From the beginning SNHD acknowledged the daunting task of vaccinating this community and relied on private providers, hospitals and pharmacies to reach the target populations.

Future challenges include:

- Reaching the high priority populations
- Transitions from mass clinics to routine access

- Balancing between free vaccination at the health district versus administration fees at private providers/pharmacies
- Making wise decisions on outreach strategies to reach those priority groups
- Balancing public messaging on motivation to get the vaccine without causing undue fear or alarm

The good news is that both nationally and in Nevada surveillance data suggest that the number of cases on influenza A H1N1 is decreasing and the outbreak could be over in the coming weeks. Community support for the public health response to the outbreak also remains high, which is very encouraging. The public continues to support the idea that the limited supply of vaccine be targeted to the high risk priority groups.

Nationally there are 160 million members of the high risk priority groups and only 43 million doses of vaccine have been distributed. The need to prioritize vaccine remains until vaccine delivery increases, which is occurring very slowly. It could be as late as January before enough vaccine is on hand in Nevada to make it available to the general public. Staff is maintaining a just-in-time supply and it only takes a few hours to prepare a shipment of vaccine for distribution. Staff is preparing a week out the needs for clinics and ensuring an appropriate supply of vaccine is on hand, in addition to staffing the clinics. If enough vaccine is on hand for planned clinics, no vaccine order is placed.

In the early weeks of vaccine deployment large quantities of vaccine was ordered in anticipation of demand at mass clinics; however response was not as great as hoped, which resulted in a great inventory of supply than we planned on having. The health district will continue to provide H1N1 vaccine at no cost – private providers and pharmacies may charge an administration fee and other charges.

We need to continue to encourage the public to receive the seasonal flu vaccine – clients can receive both injectable vaccines simultaneously; however those who receive FluMist must wait four weeks between vaccine administration. Had the H1N1 flu strain appeared in January or February, the vaccine would have been included in the seasonal flu vaccine currently being administered. When H1N1 vaccine first became available we had no way of knowing that initial shipments would be solely FluMist.

To date SNHD has received 117,000 doses of vaccine, some of which will be reallocated in conjunction with NSHD. Per the letter received from Dr. Frieden health departments have been directed to provide vaccine to only priority group members, to ensure there is an adequate supply for those groups (**attachment #5**).

Staff has administered 41,000 doses of FluMist and there are 11,000 doses on hand – there is a growing receptivity to FluMist thanks, in large part, to the screeners explaining the vaccine to clients. Bonnie Sorenson, director of clinics & nursing services noted that for the last five years there has been resistance to FluMist by the medical community. Staff conducts workshops to promote the safety and efficacy of this vaccine and will continue to do so. Other communities are experiencing the same resistance to FluMist.

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.

Chair Giunchigliani asked if anyone wished to address the Board. Seeing none, she closed the Public Comment portion of the meeting.

V. HEALTH OFFICER & STAFF REPORTS

Chair Giunchigliani asked for a list of what census areas where marketing would be targeted for the *Communities Putting Prevention to Work* grant for which the district is currently applying.

Food Establishment Regulations Update – Mary Hahn, Environmental Health Supervisor

Dr. Sands invited Mary Hahn and Rose Henderson, environmental health supervisors, to highlight the major areas that are being affected in regard to the food establishment regulations, which will come to the Board for consideration early next year. Ms. Hahn reported that when the health district was created in the early 1960's the state regulations were the standard used for food establishments in Clark County, which was a forty-one page document. Clark County Health District regulations were developed in the late 1960's, which resulted in more stringent standards for food establishments. These regulations were revised in the 1995 and 1999 to the most recent version in use. In 2001 the FDA Food Code was created with revisions every few years. In 2007 a team was created composed of environmental health specialists and industry representatives to review the 2005 Food Code and current regulations. As a result a 178-page document was shared with industry last month to review prior to scheduled workshops through Clark County. The committee tried to mirror the FDA Food Code to alleviate confusion and have consistency with national standards.

The first public workshop was held November 18th in Mesquite and there was positive feedback. A workshop will follow the Board meeting today; and an evening workshop is also scheduled. Staff will work with industry to address any concerns and bring a completed document to the Board for consideration in January. Once approved by the Board, the State Board of Health will also consider the regulations and Clark County will record the approved regulations. Prior to implementation, staff will cross-train all inspectors and industry on the new standards. Staff hopes to implement the new regulations in mid-2010. There may be issues coming to the Board at the Public Hearing and staff will work with industry as best as possible, but we must ensure that public health and safety is maintained when revising the regulations.

Member Jones noted the entire process has been very good and open.

Inspectors are required to use their own vehicles and must have a valid Nevada driver's license and proof of insurance. Employees are reimbursed for mileage and excess use. Chair Giunchigliani suggested installing a GPS on health district vehicles to monitor use and whereabouts. Ms. Hahn stated that inspectors photo document arrival and departure at a facility for inspection. This information is stored on the network. Chair Giunchigliani asked Mr. Savage if he would provide her with information about the photo documenting. He noted that this was instituted as a result of problems with inspectors and their whereabouts in the past – this policy has been in practice for over four years and has been very successful.

Ms. Hahn reminded Board members to cook turkey and stuffing to 165° and to wash their hands.

Novel H1N1 Influenza Update: John Middaugh, MD – Director of Community Health; Bonnie Sorenson – Director of Clinics & Nursing Services; Jennifer Sizemore – Public Information Manager

This report was included in the Report/Discussion/Action item above.

VI. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-October 2009 – Mid-November 2009
 - a. Email expressing Appreciation from Jordan Ross, 20th Assembly District Precinct Manager to Dr. Sands
 - b. Note of Appreciation from Congresswoman Dina Titus to Dr. Sands
 - c. Note of Congratulations from Senator Harry Reid to Dr. Sands
 - d. Letter of Appreciation from Kevin Orrock of the Howard Hughes Corporation to Dr. Sands
 - e. Emails to Dr. Sands from Staff and Clients Concerning the H1N1 Vaccination Clinics
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of October 2009
 - a. Grant and Agreement Tracking Report, as of November 9, 2009
3. Public Information Monthly Report, Mid-October 2009 – Mid-November 2009

B. Community Health:

1. Monthly Activity Report, October 2009
 - a. Technical Bulletin – Swine Flu Update #9
 - b. CDC Health Advisory: Recommendations for Early Empiric Antiviral Treatment in Persons with Suspected Influenza who are at Increased Risk of Developing Severe Disease
 - c. Southern Nevada Influenza Surveillance Update #1 – Week Ending October 17th
 - d. Influenza Surveillance Testing Update
 - e. Southern Nevada Influenza Surveillance Update #2 – Week Ending October 24th
 - f. October 2009 Disease Statistics

C. Environmental Health:

1. Monthly Activity Report, October 2009
 - a. Letter of Appreciation from Kevin Orrock of The Howard Hughes Corporation to Glenn Savage
 - b. Letter of Appreciation from the Nevada Association of Code Enforcement to Andy Chaney, EHS II

D. Clinics and Nursing:

1. Monthly Activity Report, October 2009
 - a. In-service calendar
 - b. Flyer – NCOD 09 Street Festival
 - c. NSHD Technical Bulletin
 - d. Email of Appreciation from John Oeltmann, CDC and Susanne Paulsen (NSHD) regarding Kim Do
 - e. Letter of Appointment for Gwen Osburn to serve on the Advisory Committee for the State Program for Oral Health
 - f. Article by Christina Madison, Pharm.D. from NVSHP Fall Newsletter

Chair Giunchigliani referenced the number of health card applicants. She asked that a discussion on the health card process come to the Board at a future meeting. The increase in applications last month was due to the opening of City Center. Some City Center employees transferred from other facilities and health card applicants are back-filled to other positions.

VII. ADJOURNMENT

There being no further business to come before the Board, Chair Giunchigliani adjourned the meeting at 11:40 a.m. and wished everyone a Happy Thanksgiving.

SUBMITTED FOR BOARD APPROVAL

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

/src

attachments