



MINUTES

Southern Nevada District Board of Health Meeting
330 S. Valley View Boulevard, Las Vegas, Nevada 89107
Conference Room 2
Tuesday, November 26, 2013 - 8:30 a.m.

Rod Woodbury, Chair, called the meeting of the Southern Nevada District Board of Health to order at 8:35 a.m. Annette Bradley, Legal Counsel, confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law.

Annette Bradley noted a quorum was present at the start of the meeting with Members Beers, Crowley, Jones, Litman, Marz, Nemec, Noonan, Scow and Woodbury seated.

BOARD:
(Present) Rod Woodbury, Chair – Councilmember, Boulder City
Bob Beers – Councilmember, City of Las Vegas
Susan Crowley – At-Large Member, Environmental Specialist
Timothy Jones – At-Large Member, Regulated Business/Industry
Allan Litman – Councilmember, City of Mesquite
John Marz - Councilmember, City of Henderson
Frank Nemec – At-Large Member, Physician
Bill Noonan – At-Large Member, Gaming
Mary Beth Scow – Commissioner, Clark County
Lois Tarkanian - Councilmember, City of Las Vegas
Lori Winchell - At-Large Member, Registered Nurse

(Absent) Chris Giunchigliani - Commissioner, Clark County Commissioner
Marietta Nelson – At-Large Member, Physician
Wade Wagner - Councilmember, City of North Las Vegas

ALSO PRESENT:
(In Audience) Douglas Dobyne – At-Large Alternate, Regulated Business/Industry

LEGAL COUNSEL: Annette Bradley, Esq.

EXECUTIVE SECRETARY: Joseph Iser, MD, DrPH, MSc, Chief Health Officer

STAFF: Mike Bernstein, Stephanie Bethel, Mary Ellen Britt, Dennis Campbell, Richard Cichy, Heather Anderson-Fintak, Dr. Thomas Coleman, Margarita DeSantos, Forrest Hasselbauer, Rose Henderson, Julie Hurd, Paul Klouse. Linh Nguyen, Shirley Oakley, Jim Osti, Michael Palmer, Mars Patricio, Brian Riddle, Jane Shunney, Bonnie Sorenson, Deb Williams, Christian Young, MD, and Valery Klaric and Jacqueline Wells, Recording Secretaries.

PUBLIC ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Brian Blennan	KLAS TV
Kash Cashell	KLAS TV
Eileen Davies	Life Guard International
Anh Doan	Student Pharmacist
Tom Donahue	PBTK
David Fink	Medical Recycling Innovations

Jacquín Heinrich	KTNV TV
Andy Glass	Self
Gerry Julian	Mercy Air
Yin Htaik	Student Pharmacist
Ann Markle	Self
Carl Markle	Self
Donna Russell	PGAL
Glenn Savage	Mirage
Steven Smallwood	KTNV TV
Bob Valdez	Valdez Associates, LLC

- I. **PUBLIC COMMENT:** Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. The Chair asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Glenn Savage, The Mirage, questioned downgrade rates for 2013 referenced in the Food Audit Program as compared to those prior to the audit in place. He asked if the food safety training mentioned in the presentation would be provided at the \$239 rate. Mr. Savage reported a number of companies that are not credentialed or Registered Environmental Health Specialists (REHS) are performing audits in the community at a cost of \$800 per audit, and not providing much of a service. During a recent inspection conducted at The Mirage Starbucks the inspector was there less than one hour and did not provide an inspection report because he was not credentialed. The inspector was required to send the report to a clearinghouse in Minnesota that would release the report. Mr. Savage asked the inspector about internal temperatures required for a breakfast burrito menu item; he responded that it should be 500 degrees, which Mr. Savage stated would result in something like ash. When asked about handwashing temperatures, the inspector responded the temperature should be 135-140 degrees, which Mr. Savage stated would be scalding. He stated that the auditors are not registered and are not providing good food safety training. Mr. Savage reported concern in the industry regarding possible regulations, stating the Food and Drug Administration (FDA) released a 700 page document of changes. He suggested establishing a committee for food safety consisting of industry members and SNHD staff for discussion of regulations and administrative policies. He commended SNHD staff and enjoys working with them.

Chair Woodbury asked if anyone else wished to comment and seeing no one closed the Public Comment portion of the meeting and seeing no one closed this portion of the meeting.

- II. **RECOGNITIONS:** Dr. Iser reported the addition of Recognitions to the Board of Health agenda recognizing staff for extraordinary work both in and out of the district.

Dr. Iser and Chair Woodbury recognized the following staff:

1. Mars Patricio – Certificate of Achievement for Excellence in Financial Reporting awarded to SNHD by the Government Finance Officers Association of the United States and Canada (GFOA) for its comprehensive annual financial report (CAFR). Mr. Patricio thanked the Finance staff for their work to be recognized as recipients of this award.
2. Patricia Armour, Southern Nevada Public Health Laboratory (SNPHL) Laboratory Manager, Linh Nguyen, Epidemiologist, Michelle Lutman (former Intern) and Dr. John Middaugh (former CHO) – Research Article “Evaluation of the Novel Respiratory Virus Surveillance Program: Pediatric Early Warning Sentinel Surveillance (PEWSS)” published in *Public Health Reports*, September 2013. Linh Nguyen thanked Dr. Iser and Chair Woodbury and reported that the PEWSS program is expanding to survey 19

respiratory viruses instead of the current 10. This level of surveillance is unprecedented and will greatly benefit public health.

III. ADOPTION OF THE NOVEMBER 26, 2013 AGENDA

The Chair called for a motion to adopt the agenda for the November 26, 2013 meeting as presented.

A motion was made by Member Tarkanian, seconded by Member Crowley and unanimously carried to adopt the November 26, 2013 Board of Health meeting agenda as presented.

IV. 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 MEETINGS:** October 24, 2013 (*for possible action*)
2. **PETITION #29-13:** Ryan White CARE Act-Part A: Approval of Amendment One of the Contract with Clark County for Medical, Core and Support Services for HIV/AIDS Infected and Affected Clients in the Las Vegas Transitional Grant Area (TGA); direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **PETITION #30-13:** Approval of Intrastate Interlocal Contract Amendment #1 with the Nevada State Division of Environmental Protection for Local Underground Storage Tank (LUST) Program for FY14 only; direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **PETITION #31-13:** Approval of Amendment to Interlocal Agreement between Clark County; Clark County Water Reclamation District; University Medical Center of Southern Nevada; the Las Vegas Convention and Visitors Authority; the Las Vegas Valley Water District; Clark County Regional Flood Control District; the Regional Transportation Commission of Southern Nevada, the Southern Nevada Health District, and the Henderson District Public Libraries for Establishing New Rates and Adopting the Amended Self-Funded Health Benefits Plan, effective January 1, 2014; direct staff accordingly or take other action as deemed necessary (*for possible action*)
5. **PETITION #34-13:** Approval of Interlocal Contract Between the Southern Nevada Health District and the Nevada Division of Child and Family Services to Provide Services to Support the A,B,C & D's of Drowning Prevention Campaign; direct staff accordingly or take other action as deemed necessary (*for possible action*)
6. **PETITION #35-13:** Approval of Interlocal Contract between the University Medical Center of Southern Nevada and Southern Nevada Health District to Provide an Epidemiologist for a Minimum of 7.5 hours per week for the treatment and care of SNHD TB Prevention Program clients; direct staff accordingly or take other action as deemed necessary (*for possible action*)
7. **PETITION #36-13:** New Classification Specification for Emergency Medical Services and Trauma System Supervisor; (direct staff accordingly or take other action as deemed necessary (*for possible action*))

A motion was made by Member Scow seconded by Member Crowley and unanimously carried to adopt the Consent Agenda as presented.

- V. **PUBLIC HEARING / ACTION:** Members of the public are allowed to speak on Public Hearing/Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

Chair Woodbury declared the public hearing open.

1. **MEMORANDUM #09-13:** Public Hearing to Consider/Adopt Amendments to District Emergency Medical Services Regulations; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mary Ellen Britt, Emergency Medical Services and Trauma System Manager, introduced Dr. Christian Young, Medical Director. Dr. Iser reported that Ms. Britt is the new manager of that group.

Ms. Britt presented the changes to the EMS Regulations and reported the most significant changes resulted from two bills that passed during the last legislative session.

SB 100 revised the terms used to refer to the three levels of Emergency Medical Technicians (EMT) to be consistent with terms used in the National Emergency Medical Services Education Standards. The standards establish the minimum educational competencies required for EMS providers. Effective January 1, 2014, the new titles will be changed from EMT Basic to EMT, EMT Intermediate to Advanced EMT and EMT Paramedic to Paramedic. Senate Bill 285 (SB 285): NRS 450 (b) governs the provisions of Emergency Medical Services in the state including the requirement for ambulance services to be permitted and their attendants to be licensed to operate. Previously 450(b).830 exempted air ambulance services and their attendants based outside the state for requirements to be permitted or to be licensed. Provisions of SB 285 limit the exemptions for air ambulance services and the attendants based outside the state to those that deliver a patient from a location outside the state to a location within the state and do not receive any patients within the state. Further, the new law narrows the scope of certain provisions governing the operation of air ambulances to only the medical aspects of the operation. To address these requirements staff reviewed the regulations and found provisions needing clarification or deletion. The Airline Deregulation Act of 1978 preempts states from economic regulation including rates, routes and services. Various court cases and Department of Transportation advisory letters to states support the FAA's rule in regulating aircraft safety and operations and the state role in regulating medical care. The proposed changes are consistent with opinions published in the National Association of State EMS Officials, National Association of EMS Physicians and Association of Air Medical Services Air Medical Task Force findings. They are also in line with proposed changes to the State EMS Regulations and pending federal legislation.

Ms. Britt provided a brief overview of the changes:

- Selected abbreviations and definitions.
- Reorganized existing content.
- All training section requirements moved into Section 200 (Training Center Section)
- Continuing education requirements moved into Section 300 related to certification, recertification and reciprocity.
- Section 400 was created to address endorsements and all of that content was moved to that section.
- The authorized activities for each level of certification were moved into Section 500 (Licensure)

Language was revised in the following sections:

- Section 300 – added requirements for weapons of mass destruction training, which is required by NRS 450 (b).180. WMD training is outlined by the NRS and provided by authorized trainers.
- Section 400 – added requirements for critical care training currently outlined in the procedure manual. Requirements were added for EMS RN training, also currently outlined in the procedure manual.
- Section 500 – changed terms describing the three levels of EMT's to be consistent with the terms used by the National EMS Education Standards and recent revisions to 450 (d) through Senate Bill 100. The same changes were also made in Sections 800, 900 and 1100.
- Deleted a partial list of authorized activities and instead referenced the Emergency Medical Care Protocols authorized by the Health Officer.
- Deleted air ambulance attendants based outside the state as exempt from licensure.
- In Section 800, deleted requirements for the State Health Officer approval of applications for medical helicopters and also in Section 1000.
- In Section 900 added language to allow permitted agencies to train employees of other permitted agencies to encourage collaboration. The same change was made in Section 1000 and 1100.
- Added language to verify the Special Purpose Permit Services that they must comply with applicable county and municipal and local codes or ordinances related to ambulance services.
- Section 1000 – deleted requirements for accreditation by the Commission on Accreditation of medical transport systems based on the recent changes to 450 (b) limiting the scope of regulation of air ambulances only to the medical aspects of the operation of services. As noted in the comment section related to this change the requirement for accreditation is preempted by the Federal Airline Deregulation Act as documented in the Government Accountability Office 2010 Air Ambulance Report to Congressional Requestors.
- Deleted non-medical aircraft specifications and the requirement for back-up aircraft and clarified the language related to required aircraft maintenance records.
- Section 1300 – added language regarding the process for managing infectious disease exposures as required by NRS 450 (b).340
- Section 1800 – added language regarding action against persons that hold an endorsement and added language to clarify the selection process for hearing officers.

Ms. Britt reported that staff conducted two public hearings to seek community input and the SNHD Medical Advisory Board (MAB) (includes Fire Departments representation who are part

of the MAB) reviewed the proposed amendments and unanimously endorsed the revisions and recommended that the Board of Health adopt these amendments to the EMS Regulations. Member Crowley expressed her appreciation that the format of the regulations submitted for Board of Health for review as they contained strike-out and comments indicating why changes were made.

Chair Woodbury opened the meeting for questions or comments and seeing none closed that portion of the meeting.

Motion made by Member Tarkanian, seconded by Member Crowley and unanimously carried to approve Amendments to the Southern Nevada Health District Emergency Medical Services Regulations as presented.

VI. REPORT/DISCUSSION/ACTION

1. **MEMORANDUM #10-13 FY 2013 AUDIT REPORT:** Receive Fiscal Year 2013 Audit Report by External Audit Firm and Receive and Accept Recommendation from the November 14, 2013 Audit Committee Meeting; direct staff accordingly or take other action as deemed necessary (***for possible action***)

Member Beers, Chairman of the Audit Committee, reported Mr. Thomas Donahue, Piercy Bowler Taylor & Kern, CPA's, presented the Comprehensive Annual Financial Report (CAFR) at the November 14, 2013 meeting.

Mr. Donahue reported the finalized audit resulted in an unqualified opinion on the financial statements and grant compliance issues resulted in the qualified opinion in that area.

Mr. Donahue reported capturing grant recording on timecards was a repeat finding noted in the FY12 audit; the remediation plan put in place was not fully executed at the time of the audit and is in the implementation process now. Dr. Iser reported the decision not to implement those findings was made prior to his arrival and resulted in the audit finding again and stated that he is aware of this requirement and has been involved in recording grant related time while working in other positions. Dr. Iser has asked Mars Patricio, Financial Services Manager, and Shirley Oakley, Human Resources Administrator, to write regulations with implementation expected to occur by February. Dr. Iser will provide a report and timeline for implementation in January.

Member Noonan inquired if the new time and attendance system discussed at previously meetings would aid in making the grant time recording more foolproof and less onerous than manual reporting currently used. Dr. Iser responded that some staff are creating dual timecards, recording time both electronically and manually and he has directed IT to work with Mr. Patricio and Ms. Oakley to correct this problem with resolution expected in the near future.

Member Beers recommended accepting the CAFR and looks forward to the presentation on remediation at the next board meeting.

Motion made by Member Beers, seconded by Member Crowley and carried unanimously to accept the Fiscal Year 2013 Comprehensive Annual Financial Report as presented.

VII. BOARD REPORTS: The Southern Nevada District Board of Health members may identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action.

There were no reports.

VIII. HEALTH OFFICER & STAFF REPORTS

• **2013 Think Risk Initiative and Audit Update**

Rose Henderson, Environmental Health Manager, provided a recap on the 2013 Think Risk Initiative and Audit Update and Plan for 2014. She reported 2010 regulations were approved by the Board of Health in February 2010 and implemented November 1, 2010. Extensive training was provided to all industry partners and district staff on all regulation updates. At first inspections no demerits were assessed for violations and she noted a Food Establishment Resource Library was established for industry. Ms. Henderson reported that upon full implementation increased downgrades were experienced in 2012 despite the education provided. Goals of both SNHD and industry partners is to focus on prevention of Foodborne illness in the community. Focus is on the five Foodborne Illness (FBI) risk factors:

1. Poor personal hygiene
2. Foods from unsafe source
3. Improper cooking temperatures
4. Improper holding time and temperature
5. Contamination

Ms. Henderson discussed foods from unsafe sources stating when something is grown onsite there is no assurance that every food establishment would comply with requirements. A grower's certificate is specific to that year and under the jurisdiction of the State Department of Agriculture. Member Beers stated that whether or not a facility is organic is strictly a marketing tool that can be acquired by telephone with a credit card and has no oversight or health based elements; Ms. Henderson responded her discussion was related to food source, not regarding organic, adding that is unfortunate because the Department of Agriculture website indicates they do look at the sites. She stated that discussion with the State Department of Agriculture (DOA) may be warranted regarding what they do or don't do. Ms. Henderson reported that if the food is in the ground it falls upon the State Department of Agriculture and not under SNHD's jurisdiction. Ms. Henderson stated that may present a gap in assuring source and further conversation on that issue is warranted. Dr. Iser stated that further investigation will be conducted.

The food inspection report form was modified to provide greater focus for gaining active managerial control over risk factors. Complex food establishments previously in good standing that had potential for all five FBI Risk Factors and would have earned a B or C grade that day, but received a consequence free risk assessment on the initial 2013 visit. She noted that 20% would have received a B or C Grade. Facilities receiving audits were inspected 15-30 calendar days later to assess food safety compliance with grade card posted at that time. Ms. Henderson reviewed the following detailed report:

Audit Detail Report Used to capture data on facilities that received audits between January and November 4, 2013 – 1276 audits were performed		
Top 4 facility types having 5 of 5 risk factors that received audits (complex food operations)	Number of facilities that would have earned a B or C, but received an audit	Overall number of permits of this type inspected by SNHD
Restaurant	526	2351
Restaurant/Take Out	394	2042
Restaurant/Take Out/1 drive up	70	78
Special Kitchen	64	887
Total for Top 4 facility types	1054	5358
4 types of facilities that most often received audits account for 83% of audits (1054 / 1276 x 100 = 83%)		
Audits were performed on \leftarrow 20 % of overall permits in these category types – Those that would have received a “B” or “C” 1054 / 5358 x 100 = 19.7%		

Post Audit Routine Inspections Compared to Routine Inspections of All Food Facilities January – November 4, 2013 data			
Post audit 15-30 Day Routine Inspection Result	Count	Overall unannounced, routine inspection of food establishments	Count
A	967	A	15,589
B	213	B & C	1406
C	59	Closures	97
Closure	2	Total	17,092
Not Inspected	35		
Total	1276		

Calculations:
 1276 – 35 = 1241 facilities received routine inspection post audit
 # Facilities that did not pass 15-30 day inspection = 274
 Downgrade/Closure % 274 / 1241 = 22%

Calculations:
 # downgrades and closures combined = 1503
 Downgrade/Closure % 1503 / 17,092 = 9%

Ms. Henderson summarized how well audited facilities did at the post-audit routine inspections as compared to all food facility inspection and noted information from the slide:

- Downgrade/closure % at 15–30 day post-audit inspection = 22%
- Overall downgrade/closure % for all food facilities = 9%

Ms. Henderson concluded that the audit was not a factor that improved food safety based upon compliance seen 15-30 days afterward. Overall numbers indicated that industry is doing better in compliance; modification of the inspection focus may have been a contributing factor. The key is to adopt a THINK RISK culture to monitor and control FBI risk factors. The plan for 2014 is support without removing responsibility and EH will continue to answer operator questions and for the next six months. Those Persons in Charge (PICs) struggling with risk factors and interventions can schedule an onsite meeting with the SNHD training office and will be asked to take responsibility for the

information provided and implement at their facility. She thanked industry partners for their efforts.

Board Member Questions:

When inspecting a small restaurant, how much time is taken with the inspection and with the person(s) handling food to get a sense of what is going on?

Ms. Henderson responded that time spent in the facility varies. Due to possible language barriers, facilities are urged to have someone available to communicate and appropriate staff is sent to inspect if a language barrier is anticipated. During the inspection staff speaks with the person in charge and responsible for training and will question their staff regarding food processes in a conversational manner. Environmental Health staff is receiving interaction skill training.

Member Jones asked how well audited facilities performed at the post-audit routine inspection as compared to all food facility inspections with a 9% downgrade rate overall, and 22% on those participating in audit. In breaking down the 22% that were not successful after the audit, how many were corporate style operators versus ethnic restaurants and small scale operators that may not have had the resources of a corporate model. He reported hearing from industry as a whole there has been good support for audit program and they would like to see continuation. The rationale for making changes is understood.

Member Jones requested a meeting with SNHD and industry for collaboration before making additional changes to the program, which he noted, has been well constructed and received.

Ms. Henderson stated that audited facilities are a cross section of large and small facilities, adding that it is a small percentage that seems to not be successful and SNHD focuses resources on those, versus an overall audit with everyone and she noted they are seeing improvement in food safety. When doing an inspection without posting the grade card earned on that given day, the public does not know what the risk factors existed that day; SNHD may not be serving the public in the best way possible. Education was provided to every food establishment in Clark County and SNHD wants to focus resources on facilities that are struggling as they are still serving the public and it is essential to protect the public health.

How often are inspections conducted?

Ms. Henderson reported Nevada state law requires SNHD to perform one annual inspection, but inspections occur as needed for compliance. Those experiencing problems meet with EH representatives at SNHD and food safety principles are reinforced and if needed, SNHD can require them to have a Certified Food Safety Manager on staff. Every opportunity is provided through a series of supervisory conferences and increased frequency of inspections to control risk factors for foodborne illness. Staff concentrates on those needing the most help.

What does the District have in place to ensure consistency with the different inspectors?

Ms. Henderson responded prior to instituting Think Risk, supervisors were required to accompany staff in the field to review interaction. She reported plans to build more stabilization with the program and hopes to enhance the training section. Dr. Iser reported a new Director of Environmental Health will be coming on board in approximately three

weeks. Dr. Iser plans to discuss priorities with senior staff and most risk based issues will receive the highest priority in the interest of protecting public health, adding that SNHD is looking at a training section to standardize staff utilizing the FDA food standardization process. Priorities include a building and budget, among other items.

Is an evaluation tool in place for those we are inspecting and is a common theme found in non-compliant facilities such as culture or language barriers, and what is being done to address these issues?

Ms. Henderson reported challenges both in culture and economically, and stated food service workers have a high turnover rate. The audit contained a survey requesting input and discussions were conducted with the restaurant association. She recommended that anyone with a concern about the inspection call SNHD to speak with that inspector's supervisor. Ms. Henderson stated the district does not want industry to fear any retaliation and is interested in good public health.

Does SNHD staff profile look for features that might result in poor compliance, e.g., new facility, high staff turnover or types of facilities that might have a higher likelihood of non-compliance?

Ms. Henderson responded that SNHD staff absolutely does not profile in any way and the focus with any food establishment inspection is the Five Foodborne Risk factors.

- **TB Investigations Update**

Dr. Iser reported SNHD conducts daily activities dealing with tuberculosis (TB), sexually transmitted diseases and a variety of other diseases, and has 80-100 individual cases of active TB. The newborn intensive care unit investigation resulted in four active people and the investigation will expand to contacts of each one of the four individuals. These two particular outbreaks came to focus attracting media interest as one involved a young mother who died and exposure to premature newborns; and the second case involving an individual in a high school with active TB. Dr. Greenburg (SNHD consultant) will be assessing individuals with a positive indication of latent TB for risk factors. Neonatal case assessments involved over one thousand individuals are not completed and the information is not ready for release as the figures will change as testing is conducted. Dr. Iser stated that he expects to provide an interim report in the near future. Identification of TB in the mother and newborn case was made by a southern California hospital where she died and was not diagnosed before her death. In the high school case a physician questioned whether the patient had TB and made the diagnosis and reported the case to SNHD and he noted that to date no additional active TB cases were found. Dr. Iser reported that an out of state diagnostic laboratory that handles specimens for the western United States mishandled SNHD testing and the district is following up with retesting. He stated that it usually takes a long time for someone exposed to TB to come down with it, but those with compromised immune systems are more likely to contract the disease if exposed and he expected very few students or faculty members will fall into the high risk categories.

Responding to a request for clarification of how an exposure is defined and determination made as to who is tested Dr. Iser responded the district looks at where an individual has been physically, close family members, work and social environments where prolonged contact may have occurred. Due to the nature of immigrants in Las Vegas and some that attend school, we are likely to find people with latent TB or those exposed to the vaccine. It is a disease of congregate living, nursing homes, jails, prisons, airplanes, so someone with active TB will likely expose people around them to active TB and they may come down with latent TB and potentially active TB.

- **Building Update**

Dr. Iser presented the following information regarding the building update and reported the appraisals were completed. All of the properties are privately owned.

He reviewed two choices related to 400 Shadow Lane:

Parcel No. 139-33-211-001
Address: 400 Shadow Lane
Yr Built: 1998

Appraised at \$5.5 million. Asking price - \$8 million

Acreage: 2.58 acres
Rentable SF: 41,849 sf
Parking Spaces: 193 spaces (23 covered)

Asking Sales Price:	\$ 8,000,000	\$191.16/sf
Estimated TI Cost:	\$ 690,000	
Est. Total Project Costs:	\$ 8,690,000	(SNHD estimated TI Costs)
Appraised Value:	\$ 5,500,000	\$131.42/sf
Estimated TI Cost:	\$ 5,050,900	\$210.45/sf (24,000 sf)
Est. Total Project Costs:	\$11,268,900	(County constructed)

Both options reflect build out costs:

- The first option shows the SNHD cost estimate; the building is basically usable as is.
- The second option includes an estimate for buying a building much like Shadow Lane and estimated build out estimated by Clark County.

Another building approximately the same size would have higher estimated build out costs.

Notes: The District currently leases ±24,000 sf of the building at a rental rate of \$1.73.

He reviewed the buildings located in Summerlin:

Parcel No. 138-30-113-007
Address: 9948 Covington Cross
Yr Built: 1996

Acreage: 5.57 acres
Rentable SF: 61,101 sf
Parking Spaces: 300 spaces

Asking Sales Price:	\$ 9,912,102	\$162.22/sf
Appraised Value:	\$ 6,100,000	\$99.83/sf
Estimated TI Cost:	\$ 7,382,882	\$120.83/sf
Est. Total Project Costs:	\$17,455,860	(County constructed)

Note: Property consists of 4 separate buildings. Three buildings are finished, 47,269 sf. and one building is unfinished 13,832 sf. Estimated Total Project Costs includes the asking sales price.

Parcel No. 138-30-510-002

Address: 1551 Hillshire Dr.

Yr Built: 1993

Acreage: 4.55 acres
Rentable SF: 68,418 sf
Parking Spaces: 273 spaces

Estimated Total Project Costs includes the asking sales price

Asking Sales Price:	\$10,703,250	\$156.44/sf
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Appraised Value:	\$ 4,660,000	\$68.11/sf
Estimated TI Cost:	\$12,523,400	\$183.04/sf
Est. Total Project Costs:	\$24,708,925	(County constructed)

Note: Building is unfinished. Estimated Total Project Costs includes the asking sales price.

Dr. Iser asked Jerry Boyd, Facilities Manager, to estimate build out costs, which would be less than the Clark County estimate.

The 400 Shadow Lane building would house clinical services and he noted that relocation of the TB Clinic to Shadow Lane would cost \$100,000 or more; the remaining space has a variety of uses and provides room for expansion. The proposal is to purchase two separate buildings; one for clinical services and the other for administrative staff that would include Administration, Human Resources, Finance, IT and EH. Relocation of administrative services to Summerlin is not believed to present a problem. Costs to relocate all services to Valley View building would be unwieldy to plumb for clinical facilities and SNHD would be required to bring the building into ADA compliance, an expensive proposition. Shadow Lane is the only clinical building option as there are not many alternatives available for clinical services. Dr. Iser reported that one property was removed from the list because Clark County wanted that building. Dr. Iser hopes to have more information in approximately two months and reported that SNHD is partnering with Randy Tarr, Assistant County Manager. The Valley View lease will expire in 1-1/2 years (July 2015) and requires a ten month notice and the district is looking at a one year lease extension on Shadow Lane. The board will be provided information regarding the buildings and how they would fill SNHD's needs going forward and will be called upon to make a decision when that time arrives. The issue of whether SNHD can own real property is still before the Nevada Supreme Court and oral argument will be heard in February and could be solved, depending on how the agreement with the county is structured in terms of buying the building.

Member Scow left the meeting at 10:12 am

Clark County will demolish the 625 Shadow Lane site and has asked SNHD to participate in demolition costs. The Valley View facility is a substandard building and the cost to bring the facility into ADA compliance and renovations is prohibitive. Length of time to build on the Ravenholt site would leave SNHD in the Valley View facility and would cost an additional \$60 million. Cost of construction of a new building is prohibitive with land, construction and in discussion with Clark County there is no interest in constructing a new building for SNHD. Rehabbing the Valley View facility is not a bad choice as it is close to

bus lines, but cost of rehabbing the building and meeting ADA compliance is significantly more than the other two options together.

- **Blue Diamond Pool Update**

Ms. Bradley reported Mr. Billingsley submitted documentation regarding the Blue Diamond Pool, but they were not the correct documents; he is contacting the IRS to secure a letter for the Blue Diamond Charitable Association. Ms. Bradley reported contacting him yesterday and noted he is still waiting for the information. Ms. Bradley stated that she believes that staff has the authority to regulate the HOA's and that Blue Diamond is not a private club. She will continue to provide updates as they occur.

IX. INFORMATIONAL ITEMS

1. Chief Health Officer and Administration

A. Monthly Activity Report - October 2013

2. Community Health:

A. Monthly Activity Report - October 2013

3. Environmental Health:

A. Monthly Activity Report - October 2013

4. Clinics and Nursing:

A. Monthly Activity Report - October 2013

- X. PUBLIC COMMENT:** 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. Comments will be limited to five (5) minutes per speaker. Please step up to the speaker's podium, clearly state your name and address, and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

Chair Woodbury opened for public comment.

Dr. Coleman, Director of Community Health, reported that he assumed a position in San Diego as Branch Chief of Maternal Child and Family Health Services. The position provides a great professional opportunity, which he noted, arose during the CHO succession process. He stated that it is very difficult to leave and commented that the board selected a good CHO and implored the board to work together with Dr. Iser to resolve some of the issues at the district. Dr. Coleman stated that is very difficult to practice public health in Nevada and will remain challenging. Chair Woodbury thanked Dr. Coleman for his service.

Mr. Glenn Savage, The Mirage, stated that he was happy to hear of the expansion of food safety training and standardization and noted that one training officer in EH will be very difficult to provide standardization and training for the industry. He proposed that SNHD meet with industry for input regarding training and education and suggested including training on decorum during the inspection process. He cited a recent incident that occurred at the carving station at The Mirage where the inspector took the person carving roast beef and turkey out of play to provide their health card, testing of sanitizer bucket, answer questions, although a chef, who was the responsible party, was standing there. Mr. Savage stated the inspector should have stepped back, observed and asked the questions at the correct time, and not interrupt operations, thinking about decorum in addition to food safety and science. He reiterated his

suggestion to establish a forum for food safety consisting of a standing committee with industry members and SNHD employees, not only including the restaurant association.

In response to how many inspections were done, Mr. Savage stated that years ago the EH division was thought of as the insurance policy for food protection and if only one inspection is done per year that insurance policy is not as it once was. Third party auditors are coming in providing other inspections, monthly, quarterly, bi-annually, to provide the insurance policy for corporate independent franchise groups, but most are not properly credentialed and cause for concern regarding food safety protection in the community.

Member Winchell asked about Board of Health Retreat plans. Dr. Iser responded that he and Chair Woodbury will meet to discuss the retreat, which he expects will occur in early 2014.

David Fink, Medical Recycling Innovations, inquired about the Medical Waste Management Act of 2011 and if there are any updates in regulations brought forth to correlate with other agencies. Member Jones reported that regulations were brought forth and put on hold in attempts to correlate with some other existing agencies. An update will be provided at the January 2014 meeting.

Chair Woodbury asked if anyone else wished to speak during Public Comment and seeing no one closed the Public Comment portion of the meeting.

XI. ADJOURNMENT

Meeting adjourned at 10:35 am

Joseph P. Iser, MD, DrPH, MSc
Chief Health Officer/Executive Secretary
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