



MINUTES

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

Bob Beers, Vice Chair, in the absence of Chair Woodbury called the meeting of the Southern Nevada District Board of Health to order at 8:30 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, Giunchigliani, Jones, Litman, Marz, Nemec, Peterson, Scow, Smith, Tarkanian and Wagner seated.

**BOARD:
(Present)**

Rod Woodbury - Chair – Councilmember, City of Boulder City
Bob Beers – Councilmember, City of Las Vegas
Chris Giunchigliani - Commissioner, Clark County
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
Kathleen Peterson - At-Large Alternate, Environmental Specialist
Mary Beth Scow – Commissioner, Clark County
Stan Smith - At-Large Alternate, Gaming
Lois Tarkanian - Councilmember, City of Las Vegas
Wade Wagner - Councilmember, City of North Las Vegas
Lori Winchell - At-Large Member, Registered Nurse

(Absent)

Susan Crowley – At-Large Member, Environmental Specialist
Marietta Nelson – At-Large Member, Physician
Bill Noonan – At-Large Member, Gaming

**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: Richard Cichy, Heather Anderson-Fintak, Dr. Thomas Coleman, Margarita DeSantos, Elaine Glaser, Forrest Hasselbauer, Amy Irani, Shirley Oakley, Jacquelyn Raiche-Curl, Brian Riddle, Jennifer Sizemore, Bonnie Sorenson, Leo Vega, Linda Verchick, Valery Klaric and Jacqueline Wells, Recording Secretaries.

PUBLIC ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Sheila Billingsley	Blue Diamond Pool
Trent Billingsley	Blue Diamond Pool
Richard Serfas	Life Time Fitness
Steve Torell	Life Time Fitness

Oath Of Office:

Councilman Wade Wagner, City of North Las Vegas, took the oath of office for the 2013-2015 term, administered by Jacqueline Wells.

WELCOME – Dr. Joseph P. Iser, Chief Health Officer, SNHD BOH Executive Secretary – Vice Chair Beers welcomed Dr. Iser and thanked Nancy Williams, MD, MPH, Acting Chief Health Officer, during the transition.

- 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.

Seeing no one the Public Comment portion of the meeting was closed.

II. **ADOPTION OF THE SEPTEMBER 26, 2013 AGENDA**

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

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

III. **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:** August 22, 2013 and September 12, 2013

Member Giunchigliani stated that the August 22, 2013 minutes did not reflect discussion regarding the elimination of longevity in the new Chief Health Officer's contract and noted that the discussion could have occurred at another meeting. Dr. Iser noted that longevity pay is not contained in his contract. Discussion regarding longevity occurred and was documented in the August 15, 2013 Special Board of Health minutes.

2. **PETITION #25-13:** Approval of Amendment to the Interlocal Contract between Nevada State Health Division and Southern Nevada Health District (SNHD). This amendment alters, but does not increase how monies will be dispersed to SNHD's Nurse-Family Partnership Program for months seven to fifteen of the contract period originally established as from October 1, 2012 to December 31, 2013.

A motion was made by Member Giunchigliani, seconded by Member Peterson and unanimously carried to adopt the Consent Agenda as discussed.

Representatives from the Blue Diamond Pool addressed the Board stating that they missed the opportunity to speak during the Public Comment section regarding Agenda items. Member Giunchigliani reported requesting the addition of discussion of the Blue Diamond Pool inspection fees to the agenda, which is located under Health Officer and Staff Reports. She hopes to receive comments from district staff and the Blue Diamond Pool representatives regarding the inspection(s) and believed it would be better suited for them to speak during the second Public Comment period. Member Giunchigliani intends to add the item to the next Board of Health agenda for action to appeal the fines if the Board concurs.

Vice Chair Beers turned the meeting over to Chair Rod Woodbury upon his arrival at 8:35 am. Chair Woodbury informed the Blue Diamond Pool representatives that they can speak during the second public comment period.

- IV. **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. **Consider/Approve** Variance Request to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code NAC 444.454.1, Life Time Fitness Foundation, d/b/a Life Time Athletic, 121 Carnegie Street, Henderson, NV 89074. [Assessor's Parcel Number (APN) 178-19-210-010] For Health Permits: PR0107335, PR1017336, PR0107337, PR0107338, and PR0107340; Steven B. Torell, C.B.O., Code Compliance Manager/Owners Agent:

Jacquelyn Raiche-Curl, Environmental Health Supervisor, presented on the variance request by Life Time Fitness, d/b/a Life Time Athletic. Life Time Athletic is petitioning for a variance as requested by Steven B. Torell, Code Compliance Manager of Life Time Fitness, to construct five public bathing places not in compliance with the Nevada Administrative Code NAC 444.454.1, which states in part: "A continuous unobstructed deck at least 4 feet (1.22 m) wide including the coping, must be provided around at least half of the perimeter of the spa..."

Lori Winchell arrived at 8:40 am

The petitioner requests a variance to grant a condition that five (5) spas at the Life Time Fitness Club in Henderson, NV be constructed with a raised wall 1'-6" above the adjacent deck. The raised wall widths vary from 12" to 23" to comply with the Americans with Disabilities Act (ADA) requirement for transfer rails and to allow sufficient depth for the proper location of skimmers for sanitation. All spas are 3'-0" to 3'-1" in depth.

The prototypical spa design for Life Time Fitness clubs includes raising the spa 1'-6" above the deck level to achieve ADA access via a transfer rail. This method of ADA access is compliant as a primary access per the 2010 ADA Standards for Accessible Design as published by the Department of Justice. The Nevada Administrative Code (NAC) Chapter 444.454.1 requires an unobstructed deck around at least half of the perimeter of the spa.

The prototypical indoor spa layouts involve placement of the spas within interior building corners. This results in an adjacent deck width of 50% around the perimeter of the spa. ADA access is required for all bodies of water and is prototypically achieved via a transfer wall and rail. If the spa is flush with the adjacent deck there are two means of primary access allowed by the ADA regulations; a ramp or a mechanical lift. A ramp is not feasible due to its inherent size within a typical spa and installation of a lift would require placement within the required 50% deck width. It is the petitioner's interpretation that accessory items, such as a lift, handrails, grabrails, etc., are permitted by code within the required deck width. However, the lift would still hinder deck access for maintenance, patrons, emergency responders, etc. and create a fixed deck obstruction.

The petitioner believes that the variance condition will allow the design to maintain public health and safety in accordance with the Code (through removal of a potential deck obstruction) and do not believe that a raised wall between the spa and adjacent deck provides any detriment to the safe and sanitary operation of the spas, or poses a danger to public health and safety. Life Time Fitness has 107 fitness clubs nationwide, with approximately 90% of those clubs including raised spas. Petitioner states there have been no past public health and safety issues in relation to the raised spas. The use of a raised wall with transfer rail will comply with all ADA regulations while allowing increased visibility and access to the water body.

All of the spas will be provided with a continuous 4' wide deck around 50% of the perimeter immediately adjacent to the exterior side of the raised spa wall, complying with 444.454. Additionally, stairs compliant with NAC 444.454 will be incorporated in the design of each spa to allow bather access. Bathers will also be able to enter the pools by sitting on the edge and rotating their bodies. The raised edge will not create a tripping hazard as it is 1'-6" in height and the top edge of both the interior and exterior edges will be marked with a 2" wide accent tile stripe of contrasting color to the field tile. Consistent with typical pool design and NAC 444.454, a positive slope from the raised pool edge towards area deck drains will ensure water splashed out from the pools is collected and directed away from the water bodies.

The evidence presented for granting a variance to permit Life Time Fitness to deviate from NAC regulation 444.454.1 accommodating a spa with a perimeter edge raised 1'-6" above the surrounding deck, is thus:

There are circumstances or conditions as follows:

- Are unique to the applicant:
Life Time Fitness' prototypical layout includes the placement of spas with interior building corners, providing 50% deck access. With the spas flush with the deck, the only feasible method of ADA compliance is through the installation of a permanent, fixed, ADA compliant lift which will hinder deck access and result in a fixed deck obstruction.

- Do not generally affect other persons subject to regulations:
Granting a variance will not affect other persons subject to regulations regarding spa decks. The design of the water bodies will comply in all respects with the requirements of NAC Chapter 444 other than for the subsection cited.
- Make compliance with the regulation unduly burdensome:
Compliance with the regulation in this particular instance will result in a detriment to public health and safety. The reduced deck access and a fixed deck obstruction that can potentially be replaced via other acceptable means of ADA accessibility creates an undue burden of liability and decreased safety for the owner.
- Hardships caused and substantial property right abridged by complying with the regulation include:
The reduced deck access and a fixed deck obstruction creates an undue burden of increased liability exposure that can be eliminated via approval of the variance, which will allow for other acceptable means of ADA accessibility that do not hinder access or create an obstruction.

Granting the Variance:

- Is necessary to render substantial justice to the applicant and enable their preserving and enjoying a property right:
Granting the variance will allow for the use of the spa without reduced safety and access incurred by a deck obstruction that can be eliminated through utilization of other acceptable means of ADA accessibility.
- Will not be detrimental or pose a danger to public health and safety:
Granting the variance will not be detrimental or pose a danger to public health and safety as the spas will be engineered to incorporate all necessary and code mandated safety provisions, as well as additional accent striping to delineate the raised spa edge condition. Public health and safety will also be improved by eliminating a deck obstruction.

Staff is of the opinion that granting the variance will not be detrimental or pose an unreasonable danger to public health and safety and recommended approval based on the following conditions:

1. The petitioner agrees to maintain the walkway area around the spas accessible and free from obstructions;
2. The petitioner agrees to adhere to all other applicable requirements of the Public Bathing Places Regulations, NAC 444.310 - 444.546 inclusive;
3. Failure of the petitioner to prevent public health and safety issues, as determined by the health authority, will result in the voiding of this variance;
4. This variance is automatically terminated without further notice upon the closing of any sale transaction involving the subject property, or upon petitioner leasing or assigning operation of these public bathing spas to any other person or entity.

Chair Woodbury opened for discussion.

During discussion regarding compliance with the Americans with Disabilities Act Member Ms. Rache-Curl stated that ADA compliance was the rationale for the variance request and

Life Time Fitness proposes they would be in compliance with ADA. Ms. Raiche-Curl reported the local building department reviews for compliance.

Mr. Steven B. Torell, Code Compliance Manager of Life Time Fitness, addressed the Board stating the proposed design is in compliance with the ADA and plans were reviewed and approved by the City of Henderson. He noted there are ways to achieve compliance; one is with a transfer wall and another is with a lift. The purpose for a raised spa is to allow for a transfer wall, which minimizes the obstruction of a lift adjacent to the spa and is also a safety concern as children tend to want to play on the lifts.

Motion by Member Giunchigliani seconded by Member Jones and unanimously carried to approve the Variance Request by Life Time Fitness Foundation, d/b/a Life Time Athletic, 121 Carnegie Street, Henderson, NV 89074, in accordance with the conditions outlined in the variance.

Chair Woodbury asked for any further comments and seeing none closed the Public Hearing/Action portion of the meeting.

V. REPORT/DISCUSSION/ACTION

1. Receive Information Regarding the TB Investigation, Plan of Care and Associated Costs for Active TB Cases

Richard Cichy, Community Health Nurse Manager, presented information regarding a current tuberculosis (TB) disease case discovered in a foreign national client while vacationing in Las Vegas. He explained that limited information could be provided to comply with HIPAA regulations. The individual's TB bordered between multi-drug and extremely resistant disease requiring twice daily visits to the SNHD TB Clinic for care. Patient treatment costs include laboratory, medication, lodging and staff totaling \$6000 per month and Mr. Cichy reported that if family members require treatment costs were estimated at \$200,000. The client is staying in the area during treatment and movement is restricted to avoid transmission to others. Reimbursement is being pursued through Administration.

A suggestion was made to establish a financial reserve that rolls over annually for this type of expense for reimbursement. Bonnie Sorenson, Director of Clinics and Nursing Services, reported that the State of Nevada eliminated TB funding and placed the financial responsibility on the county. When asked how financial responsibilities differed between the salmonella outbreak and TB case, Mr. Cichy responded that TB treatment is mandated by the state.

Dr. Iser stated that generally, wherever a patient is diagnosed that jurisdiction is responsible. Programs from the federal to state level have decreased funding and may continue with the enactment of the Affordable Care Act for TB, sexually transmitted diseases (STD's) and other programs. Regular TB case treatment drugs are inexpensive and normally the person becomes non-transmittable, but multiple-drug resistant TB is resistant to a number of routine medications used for treatment. Extremely drug resistant TB is even more resistant requiring more costly medications, has more complications, requires more thorough monitoring and takes longer to become non-transmissible.

Mr. Cichy stated that precautions are taken to protect staff from transmission and reported the TB clinic has a reverse air system, UV light in the air ducts and staff are trained and fitted for N-95 masks and monitored to protect against transmission.

A suggestion was made to look into insurance for facing such an expense in the future. Dr. Iser responded there were particular problems in this case and SNHD would normally pursue this on a regular basis.

In response to a question regarding precautions taken to maintain monitoring on the patient, Mr. Cichy stated that when a patient's acid-fast test is negative the client is non-transmissible and free to travel. Family members would be on an enhanced latent disease treatment control program.

Ms. Sorenson responded to the inquiry regarding laboratory costs stating that SNHD has agreements for reduced pricing. The Centers for Disease Control and Prevention (CDC) is involved and performs DNA testing and genetic matching, assisting with costs of that nature. Treatment costs are a general fund expense.

Mr. Cichy reported that the CDC is assisting with monitoring airplane passengers and case contacts are being pursued. He noted that Clark County contacts are limited. Dr. Nemec commended Mr. Cichy and staff on their work and efforts to protect the two million Clark County residents and forty million travelers and stated that this is a very important expenditure. Dr. Iser reported that SNHD is aware of how the patient was discovered, but cannot divulge the information due to HIPAA regulations.

Mr. Cichy noted local hospitals were not assuming costs for associated treatment of the disease in response to a question. This client has seen a primary care provider that not funded by the TB clinic. Ms. Sorenson reported identification of suspected TB cases must be reported to a health department within 24 hours, adding that notification can come from multiple sources.

Chair Woodbury thanked Mr. Cichy for the report and providing insight regarding efforts behind the scenes to protect the public.

Member Nemec left at 9:01 a.m. and returned at 9:03.

VI. 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.

Chair Woodbury opened for Board of Health members to report or discuss.

Member Giunchigliani requested the following November Board of Health agenda items:

- Update on the Food Audit program started approximately two years ago.
- The legal definition of confidential information. She stated that SNHD has deemed information confidential separate from HIPAA issues that do not meet the threshold of the Public Open Meeting Law. She requested that SNHD staff review documents that have been deemed confidential, who made that determination and on what basis. She stated that the law was changed requiring information must meet specific thresholds to become private. She stated it could be crafted to see if information is truly confidential or proprietary versus someone just making that determination. Ms. Bradley reported previous discussions regarding this topic with Member Giunchigliani and stated it was her intent to add the topic to the agenda.

Member Scow requested an update on pool codes. Amy Irani, Acting Director of Environmental Health, reported the department is actively working on pool regulations and hoped for implementation in early 2014. She reported that public workshops and public comment will be provided before presentation for Board approval.

Member Nemecek reported the Nevada Colon Cancer Partnership is sponsoring an event providing information regarding colon cancer screening modalities at the Smith Center on October 12, 2013, 11:00 am – 3:00 pm. He noted that Nevada cancer colon screening rates are low.

Member Winchell asked for direction for referring complaints regarding skilled nursing or long term care facilities. Dr. Iser responded that they are state and federal functions and complaints can be referred to the Department of Healthcare Quality.

VII. HEALTH OFFICER & STAFF REPORTS

CHO Comments:

- Dr. Iser reported receiving wonderful support at SNHD and reported that he met with all of the senior staff, except Ms. Sorenson as she was out of the office. He plans to meet with Board of Health members, county commissioners, council members, city managers, fire chiefs, sheriff and other officials.
- Evaluations are not current at SNHD and it is important for employees to be evaluated in a timely fashion.
- The SNHD budget is not balanced. Dr. Iser will attempt to bring forward a balanced budget within a few months and expressed doubt that can occur. He reported plans to bring a balanced budget to the Board within three years. The District cannot continue to spend in a deficit fashion, especially with unforeseen circumstances that arise.
- Building sites will be viewed to get an idea both geographically as well as related costs involved.
- He suggested a Board retreat, which may be helpful during the budget process and may shed light on the complexity of the functions of District. The retreat would also have a small degree of clinical information and discuss programmatic issues. He proposed a retreat for late 2013 or early 2014. Chair Woodbury agreed to reach out to Board of Health members regarding dates for the retreat. Alternate member involvement was suggested to provide continuity.
- The CDC is assisting the District on another TB contact investigation.

Member Peterson reported the Japanese government created a special chlorine dioxide patch for individuals to wear on aircraft and for the TSA that may be feasible for use at SNHD. She proposed presenting information on the patch at the retreat. Dr. Iser stated that she could report at the retreat or another Board meeting as the intent of the retreat is for an information exchange to include senior staff members unless otherwise directed and not to have Board action.

Neonatal TB Investigation Update: Richard Cichy, Community Health Nurse Manager, provided an update on the neonatal tuberculosis investigation that resulted in three TB associated deaths in Clark County (a mother and two infants). Two deaths occurred at a Clark County medical center and one patient expired at UCLA approximately 48 hours after arrival. SNHD began contact tracing with exposed family members and healthcare providers and results of the contact investigation showed a high rate of converters, described as people that tested negative and now testing positive. Two secondary active tuberculosis cases were identified that can be linked to the primary case. Approximately 80 tests completed on family and member contacts resulted in a 15% conversion rate. Tests conducted on 126 medical based employees yielded a 6% conversion rate. Mr. Cichy reported that one particular subset of employees

showed an extremely high 35% conversion rate and a secondary active case was identified in that subset of employees. Due to the high conversion rate SNHD requested assistance from the CDC to reach the maximum number of people, identify converters to provide treatment and prevent further active cases. The CDC accepted the District's request for assistance, arriving yesterday and working the case within hours of arrival.

Member Peterson asked how the extreme rise occurred and Mr. Cichy responded that the 6% was overall of healthcare employees with a particular subset of 17 employees who had an extremely high conversion rate of 35% and much higher than expected. Dr. Iser reported that in the hospital setting there are employee work groups that are at risk and a subset of the employee population that was exposed.

Member Beers asked if the involved medical facility was taking measures due to the high conversion rate of the employee subset and Mr. Cichy responded that SNHD and the CDC Epidemiology team are working with the facility. Bonnie Sorenson, Director of Clinics and Nursing Services, stated when an initial TB investigation is conducted, the people in close contact with the primary case should receive a baseline and a second set of tests are conducted because it takes 3 months before they convert. She stated there is nothing ongoing in the unit and it is related to the people that were exposed and retested to check for conversion and if any, they are treated. She stated that these patients have the organism in their body and are given medication to encapsulate the organism so that it does not attach to a body organ and become communicable. Treatment occurs on the concentric circle theory beginning with the primary group and working outward as positive results occur. Dr. Iser responded that the District and CDC will review the hospital protocols and determine whether they were followed. He reported the three original cases developed tuberculosis without anyone knowing and the exposures occurred without staff or anyone aware that they had active disease.

Dr. Nemec stated that transmission occurs due to unidentified cases and Dr. Iser noted that tuberculosis is a congregate living or residing kind of disease that occurs in nursing homes, jails, homeless shelters and a variety of places where people tend to congregate and spend more than an hour or two together.

Member Jones asked if this TB case had financial impacts as discussed in the other TB case and Mr. Cichy responded the investigation costs are absorbed in operating fund. Mr. Cichy reported the CDC Epidemiology team is analyzing data to determine what areas to expand surveillance to prevent the further spread of disease.

Member Giunchigliani asked how many of these individuals, if any, are treated at the county hospital and what is the District's coordination in that area. Mr. Cichy responded that none of the individuals required hospitalization due to early identification and were treated effectively though the SNHD TB prevention clinic. Member Giunchigliani suggested prevention screening to areas such as homeless facilities and may need to look at legislation to coordinate better with the District to provide awareness to jurisdictions and agencies.

Pertussis Update: Linda Verchick, Disease Surveillance Supervisor, provided an update on the pertussis investigation. Ms. Verchick reported case counts year to date totaled 103 and showed an increase in cases when compared with the 2011 "normal" rate of 20 cases in the age range for 2013 from 2 weeks to 73 years. Break-through was noted in the immunized groups with confirmed cases in patients that received the vaccine. Higher numbers were due in part to active Pertussis surveillance initiated on July 30, 2012 with numerous situations where multiple persons in close-contact settings became ill with no further spread from those settings to others within the community noted. Ms. Verchick reported that SNHD identified clusters in households and did not

identify an outbreak. Audit of 238 daycare facility records identified and enabled facilitation of vaccination of attendees behind schedule on vacations with improvement from 82% to 94%. Nursing audited 25,654 records and offered Tdap vaccination that resulted in administration of 800 doses. Vaccination of daycare staff members helped eliminate the spread of Pertussis. Ms. Verchick noted that the incidence of Pertussis in the state and county was low when compared with other states. Ongoing Pertussis related activities are being conducted by the Office of Epidemiology and Nursing services.

Member Giunchigliani asked if it would be helpful for Clark County to add a condition requiring facilities to meet SNHD immunization requirements to business licensing regulations. Ms. Verchick responded that state law requires the immunizations and noted that the cases were not acquired at childcare facilities. Dr. Iser reported the State of Nevada also requires immunization for 7th grade students and does not permit personal belief exemptions. He suggested that adults also request pertussis immunization.

Blue Diamond Pool Inspection: Amy Irani, Acting Director of Environmental Health, and Jacquelyn Raiche-Curl, Environmental Health Supervisor, presented information regarding the recent closure of the Blue Diamond Pool as a result of a damaged drain cover discovered during the August 8, 2013 inspection.

Ms. Irani reviewed the August 8, 2013 Inspection Results:

Inspector was unable to access pump room at time of inspection

- Lifeguard on duty reported that he was unable to contact pool operator and pool manager was at her day job so she was unavailable to speak with the inspector to answer any questions – Pool Operator information was not posted as required
- Pool was posted closed due to observation of a damaged main drain cover

Ms. Irani reported the pool inspector closed the pool due to a damaged main drain cover. A photo of the main drain cover was included in the slide presentation and the photo showed several rows of broken fins. Ms. Irani stated that when a drain cover is compromised it allows for an increase in velocity. Most pools have gutters and the main drain is part of the filtration system and gutters and skimmers alleviate pressure and velocity on the main drain with 50% going to the main drain and 50% to the gutters. The gutters were not functioning at this pool resulting in 100% velocity going to the main drain. Alteration of any of the fins increases the velocity and also increases the possibility for suction and traction.

Ms. Irani explained that pool inspectors use drain manufacturer specifications in compliance with the Virginia Graeme Baker Pool and Spa Safety Act and ANSI/ASP 16-2011 standards and explained that the particular product is third party tested by either the National Safety Foundation or the International Association of Plumbers and Mechanical Operators and certified by this third part testing and meeting that ANSI standard. Ms. Irani reported manufacturer specifications state if any part of the drain cover is damaged it must be replaced immediately. Slides showed injuries from slight drain cover damage to demonstrate what could happen without showing extremely graphic injuries. In addition to the physical injuries submersion occurred that can result in secondary side effects, e.g., brain damage, reduced mobility and possibly a vegetative state although they survived.

Ms. Irani reported that in 2004 SNHD met with the pool industry to determine the most important items of concern that would be cause for immediate closure resulting in what staff refers to as the “nasty nine”. She reviewed the list of Pool Closure Issues with Immediate Fee Assessment, which she stated were also listed on the SNHD website and stated that if any one of those items are violated or fail during the inspection the pool is closed until it is repaired. Ms. Irani stated that

loose, damaged or missing main drain covers was listed as number one on the “nasty nine” list. Industry agreed that the District charge a closure fee for one of the nine items to show the importance of the severity of these items.

Ms. Irani provided the Facility History:

- June 2005 advised that gate was not self latching (pool closure item with immediate fee assessment) – facility given a 7 day compliance schedule with notice that \$250 fee would be assessed, which was the closure fee assessment at that time.
 - > Missing Signs and pump room inaccessible
- July 8, 2005 – gate still not properly latching – 48 hour notice provided
- July 12, 2005 – gate was properly repaired.
- June 2006 – Compliance schedule established for climbable fence
- Sent a letter requesting an extension on the fencing compliance schedule
- Reply letter sent August 30, 2006 allowing for the compliance schedule to be extended until 2007 season opening.
- Full compliance not gained until 2011
 - >1st attempt on fence compliance not made until 2008
 - >Violations documented 2008, 2009 and 2010
- 2009 Closed due to gate not self closing or positively latching – latching mechanism had been completely removed – barrier issue was again addressed with a new compliance schedule.
- Operator was informed about the Virginia Graeme Baker Act (VGB) that was enacted on 12-19-08 with a letter explaining the new law and a request to inform SNHD if any modifications were made by the operator to comply with the new law. That act was designed addressing specific issues of drain covers, barriers and was based upon the death of an individual’s granddaughter was disemboweled on a suction drain cover.

Ms. Irani reported that SNHD does not enforce the VGB, but needs to inform pool owners and operators that they need to notify the District if pool modifications occur on the cover or portion of the pool that may affect filtration and sanitation. The district was not enforcing, but suggesting that if they should come into compliance with VGB that SNHD must be notified. She reviewed statistics showing that at least 39 children died or were seriously injured from 2008-2012 when they were trapped or eviscerated by the powerful force of pool drains. Children surviving drain cover entrapment can face lifelong brain injuries due to the time spent trapped under water. CDC statistics indicate that for every 15 children that die in pool or drain related deaths 10 children suffer irreparable life damage attributed to entrapment and submersion and suffer brain damage and/or become in a vegetative state. As public health officials any of the items on the Pool Closure Issues with Immediate Fee Assessment (“nasty nine” list) are a huge danger and risk to the life and health of any person using that facility with the same responsibility extended to all of “The Strip” properties and municipal or community pools because the risk is inherent, high and not something as health officials charged with protecting the public health can be ignored if found on property. It is taken very seriously by the District and Ms. Irani stated staff tries to work with every owner-operator and understands there is a financial burden and will assist with payment plans or assist them get into compliance.

Jacquelyn Rache-Curl responded to Member Giunchigliani’s question asking if Blue Diamond’s drain cover complied with VGB that the drain cover was in compliance, however, the broken fins in the cover were the problem. Member Giunchigliani stated that in review of pool policies SNHD should keep in mind the non-profits, small partners, homeowner associations and groups of that nature that have small pools and possibly reaching out to them in a different way than the district deals with the larger pools. Ms. Irani stated the main issue emphasized by the District that when there is a permitted entity the onus falls upon the District to protect any public member going there,

but the inherent risk and SNHD's duty to protect public health does not mitigate it, but the District will work with the facility on compliance times, payment plan or whatever they can to come into compliance. Ms. Irani reported the cover was replaced and the pool is operational.

John Marz left at 10:09 am

Frank Nemec left at 10:09 am/Returned at 10:12 am

Building Update: Elaine Glaser, Director of Administration, reported that the building update will be included on the agenda monthly. Clark County is pursuing appraisals on four properties at a cost of \$1500 per appraisal and are expected to be completed this week. She will provide an update at the October meeting.

VIII. INFORMATIONAL ITEMS

A. Chief Health Officer and Administration

1. Monthly Activity Report - August 2013

B. Community Health:

1. Monthly Activity Report - August 2013

C. Environmental Health:

1. Monthly Activity Report - August 2013

D. Clinics and Nursing:

1. Monthly Activity Report - August 2013

- IX. 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 asked if anyone wished to speak during public comment.

Trent Billingsley, Blue Diamond Pool Operator, introduced himself. Mr. Billingsley has been the pool operator since 2006 and stated the pool was built around 1940 and was closed from 1970-1990 when the community rebuilt the pool bringing it to operational status. Mr. Billingsley is a volunteer that works to keep the pool operating at a cost of approximately \$15,000 annually and spending around \$11,000 spent to provide lifeguards. Mr. Billingsley is a swim team coach and volunteers hundreds of hours annually. There are no public funds that support this pool and he reported that he and his wife have raised \$20,000 toward building a new pool.

Mr. Billingsley reported a good working relationship with SNHD, but one of the biggest problems he encountered is that occasionally the District closed the pool and levied a fine without providing the option of remedying the issue(s) before fining and understands the pool closure due to a safety issue, but being fined before it could be corrected is his biggest issue. He believed that Ms. Irani left items out of her report and stated that the lifeguard is on duty daily from 10:00 am to 6:00 p.m. during operating hours, which is not required. He reported that the pool has two drains and stated that it is difficult to block two drains at one time. The

drain was repaired as soon as they were able, as the cover was not in stock and had to be ordered; they were cited on Thursday and it was repaired on Monday. Regarding the gate issue the gate was repaired that afternoon and was not an issue because a lifeguard was on duty. Mr. Billingsley stated that he renewed his operator license this summer and was not provided a list of the "nasty nine" and was unaware that it existed. He stated that his biggest concern is that he does not believe that he was provided any notice. Mr. Billingsley understands the need to maintain safety and stated that he has done his best to do so throughout his tenure as pool operator, but when inspectors come in and close him down, he understands, but when he is fined when he is using his best efforts to keep the pool functioning that does not sit so well.

Mr. Billingsley stated the facility is private, located on private land and is open to members and guests only and he cited NRS 444.065 2(e) as follows:

NRS 444.065 - "Public swimming pool" defined.

2: The term does not include any such structure at: that defines a public swimming pool.

(e) Any location if the structure is a privately owned pool used by members of a private club or invited guests of the members

Mr. Billingsley believes the above city statute applies to the Blue Diamond Pool and stated that his is not sure the Blue Diamond Pool is under the auspices of SNHD. He appreciates SNHD's help and wants to continue working with the district, but cannot afford the fines stating that it is everything they can do to keep it running and they are trying to raise the money to bring it to modern standards.

He responded to a question on the fines: The first fine was \$250 for both fence closures and the last fine increased to \$750. He also cited NRS 444.100 that says the permittee must be allowed from the time he or she receives notices of the suspension a reasonable time of not less than 48 hours to correct the offensive condition and each time it occurred it was corrected as soon as he could get it done, but the fine was automatic.

Chair Woodbury reported that Member Giunchigliani requested that this item be presented as a Board of Health agenda item to allay the fees. Member Giunchigliani suggested researching the NRS regulations regarding the private versus public status and Member Beers concurred that both items should be combined with the state law mandating the period of time to cure the defect prior to a fine and addressed as one item on the agenda.

Chair Woodbury asked for anyone else wishing to speak and seeing no one closed the Public Comment portion of the meeting.

X. ADJOURNMENT

The meeting was adjourned at 10:22 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/vk