



MINUTES

Southern Nevada District Board of Health Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, September 25, 2008 - 8:00 A.M.

Chair Giunchigliani called the meeting of the Southern Nevada District Board of Health to order at 8:04 a.m. and led the Pledge of Allegiance. Chair Giunchigliani noted that a quorum was present. Dr. Sands indicated that Stephen Minagil, Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law.

Board Members Present:

Chris Giunchigliani	Chair, Commissioner, Clark County
Steven Kirk	Vice Chair, Councilman, Henderson
Travis Chandler	Councilmember, Boulder City Alternate
Susan Crowley	At-Large Member, Environmental Specialist
Robert Eliason	Councilman, North Las Vegas
Joseph Hardy, MD	At-Large Member, Physician
Tim Jones	At-Large Member, Regulated Business/Industry
Mary Jo Mattocks, RN	At-Large Member, Registered Nurse
Gary Reese	Councilman, Las Vegas
Bubba Smith	Councilmember, Mesquite
Lawrence Weekly	Commissioner, Clark County

Absent:

Ricki Barlow	Secretary, Councilman, Las Vegas
Jim Christensen, MD	At-Large Member, Physician
Tom Collins	Commissioner, Clark County Alternate
Frank Nemeec, MD	Alternate At-Large Member, Physician
John Onyema, MD	Alternate At-Large Member, Physician
Steven Ross	Councilman, Las Vegas Alternate
Barbara Ruscigno, RN	Alternate At-Large Member, Registered Nurse
Gerri Schroder	Councilwoman, Henderson Alternate
Stephanie Smith	Councilwoman, North Las Vegas Alternate
Linda Strickland	Councilmember, Boulder City

Executive Secretary:

Lawrence Sands, DO, MPH

SNHD Lobbyist:

Bryan Gresh

Other SNHD Board of Health Members/Alternates Present:

Lonnie Empey
Jimmy Vigilante

Alternate At-Large Member, Environmental Specialist
Alternate At-Large Member, Regulated Business/Industry

Staff: Scott Weiss; Angus MacEachern; Bonnie Sorensen; Jo Alexander; Patricia Armour; Jerry Boyd; Mary Ellen Britt; Adrian Brown; Nicole Bungum; Dennis Campbell; Rory Chetelat; Sylvia Claiborne; Alice Costello; Jan Gladen; Steve Goode; Mary Ellen Harrell; Forrest Hasselbauer; Joe Heck, DO; Julie Hurd; Amy Irani; Paul Klouse; Richard Kraske; Brian Labus; Eddie Larsen; Christina Madison; Dale Major; Ann Markle; Paula Martel; Mindy Meacham; Veronica Morata-Nichols; Robert Newton; Patricia O'Rourke-Langston; Gwen Osburn; Sheila Rivera; Patricia Rowley; Jane Shunney; Leo Vega, Jorge Viote; Leisa Whittum; Deborah Williams; Diana Lindquist and Shelli Clark, recording secretary

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Patye Balove	LEA Engineering
Bruce Bowman	Ninyo & Moore / Benchmark
Jason Boyd	KLAS-TV
Stephanie Bruning	UNLV
Cheryl Bunch	SEIU Local 1107
Nicole Compton	Red Hot Corner
Bud Cranor	City of Henderson
Katie Fellows	Jones Vargas
Bob Hendershot	R ₂ H Engineering / Benchmark
Tonya Immel	Benchmark Consulting
Steve Mattocks	Self
Pat Neuburger	Benchmark Consulting
Tammi Stigger	Bellagio
Ryan Walker	Marnell Sher Gaming, LLC
Scott Weber	Red Hot Corner
Annette Wells	Review Journal

RECOGNITION: NACCHO Model Practice – Walk Around Nevada Program

Dr. Sands noted that the Office of Chronic Disease Prevention & Health Promotion received a 2008 National Association of County and City Health Officials (NACCHO) Model Practice award for the Walk Around Nevada program. Deborah Williams, Manager of Chronic Disease Prevention & Health Promotion, stated that the CDC recommends that adults get at least thirty minutes of physical activity daily; however review of the 2007 Behavioral Risk Factor Surveillance System indicates that less than half of Nevada adults are meeting the recommendations. Staff developed an online interactive program to promote physical activity.

Mindy Meacham, health educator, said that program is an online walking program designed to help participants track their steps/miles and watch their progress as they virtually walk around Nevada. Help tips and historical site information pop up throughout the journey. There is a conversion chart for those participants who swim or bike. The program was evaluated and found to be an effective way to increase physical activity. There were 125 model practice entrants, and this program was one of twenty-two recipients of the award. The program can be found at www.gethealthyclarkcounty.org. It can also be accessed from the main website (www.southernnevadahealthdistrict.org); different agencies and jurisdictions also have a links from their websites. We are working to promote the website and have links from additional agencies.

Chair Giunchigliani asked if there were any changes to the Consent Agenda. Dr. Sands indicated that item #4 had not been completed and would be brought before the Board at a future meeting. He asked that the item be pulled from consideration.

I. CONSENT AGENDA

These are matters considered to be routine by the Southern Nevada District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **Approve Minutes / Board of Health Meetings:** 8/28/08
2. **Approve Payroll / Overtime for Periods:** 8/09/08 – 8/22/08 & 8/23/08 – 9/05/08
3. **Approve Accounts Payable Registers:** #1141: 8/07/08 – 8/14/08; #1142: 8/15/08 – 8/20/08; #1143: 8/21/08 – 8/27/08; #1144: 8/28/08 – 9/03/08
4. **Petition #30-08:** ~~Approval of Interlocal Agreement between the Southern Nevada Health District and the University of Nevada School of Medicine Providing for Operation of the Southern Nevada Public Health Laboratory~~ ***Item withdrawn by staff***

A motion was made by Member Eliason to approve the Consent Agenda as presented with the exception of item #4 which was withdrawn by staff request; seconded by Member Mattocks and was unanimously approved.

III. PUBLIC HEARING / ACTION

1. **Memorandum #16-08:** Application for Approval for Las Vegas ARC International to Operate a Solid Waste Management Facility – Recycling Center, Located at 4606 Andrews Street, North Las Vegas, NV 89031 (APN 140-06-510-002)

Chair Giunchigliani indicated that some information received this morning necessitates delay in action. Dr. Sands said that there are some issues needing resolution and asked that this item be continued. Member Crowley asked if the applicants were agreeable to the continuance. Dr. Sands confirmed they were aware and in agreement.

A motion was made by Member Reese to continue Memorandum #16-08 to the next regularly scheduled Board meeting; seconded by Member Crowley and was unanimously approved.

2. **Memorandum #07-08:** ~~Application for Approval for A-1 Organics Nevada, LLC to Operate a Solid Waste Management Facility – Compost Plant located at 9325 South Jones Blvd., Las Vegas, Nevada 89139 (APN 176-23-701-009, 176-23-801-002, 176-23-801-011 and 176-26-501-003.~~ ***Continued to the October 23, 2008 District Board of Health meeting***

Dr. Sands said that applicant has some additional work to complete and asked for this item to be continued. Member Crowley asked if the applicants were agreeable to the continuance. Dr. Sands confirmed they were aware and in agreement.

A motion was made by Member Hardy to continue Memorandum #07-08 to the next regularly scheduled Board meeting; seconded by Member Reese and was unanimously approved.

III. REPORT / DISCUSSION / ACTION

1. **Petition #26-08:** Approval of Revision of Fee Schedule for Administrative Services, EMS & Trauma System, Family Planning & Medical Services

Scott Weiss, director of administration, spoke relative to this item. Mr. Weiss stated that some changes were necessary to the existing fee schedules. For public records, there were some duplicates as well as new ways to receive copies of public records due to new technology – the rate for paper copies will be consistent with City of Las Vegas and Clark County. In reference to additions to EMS & Trauma System fees, this new charge will help clients seeking to register or obtain EMS certification by having one place to meet the prerequisites. Allowing for a \$20 processing fee keeps the fee in the mid-range with other entities.

Chair Giunchigliani said that if someone has already been fingerprinted, the applicant will not need to have the service done again. Member Hardy asked if the fingerprint service could satisfy the requirements of the Board of Medical Examiners and the Nursing Board. Rory Chetelat, EMS & trauma system manager, said that the fingerprints are obtained on a digital screen and are sent to the state repository and to the FBI for processing. Applicants identify where results should be sent. At present the state cannot receive digital records. Anyone needing fingerprints would be able to use this service.

Member Hardy asked about the \$1.00 fee per page fee for medical records and said that there is a cap of \$.60 per page. Mr. Weiss said this fee applies to public records; however he will ensure that medical records are at the rate of \$.60 per page. Dr. Sands said that this fee is for requests related to legal matters and public record items, such as Board of Health meeting minutes.

Chair Giunchigliani acknowledged that the information has been publically noticed for any individuals impacted by the increase in fees.

A motion was made by Member Reese to approve the revisions of the fee schedules as submitted; seconded by Member Crowley and was unanimously approved.

2. **Memorandum #20-08:** Results of Assessment of Main Building and Provide Recommendations / Direction to Staff

Dr. Sands said previous reports identified some cracks in the exterior walls of the main building and engineers were retained to do an assessment as to how to rectify the situation. Mr. Weiss said the engineers were available to answer any technical questions the Board may have. The building is safe for employees and customers and is acting as a forty-year old building should. The areas where cracks exist can be shored with a short-term repair, with a three to five year time frame. A long-term repair with more in-depth shoring of all walls would be in excess of \$3 million. Staff recommends the short-term repairs which equates to approximately \$73,000 and setting aside an additional \$87,000 for possible water remediation. Landscaping and sprinklers in interior open areas have been removed to avoid any water damage. Staff also recommends contracting with the engineering firm to do four-month reviews of the area to ensure continued safety and structural integrity.

Chair Giunchigliani said the Water Authority should be contacted to look for leaks. She asked if the water damage is resulting in some of the mold issues. Mr. Weiss said that all inspections resultant of mold concerns are below the levels for concern. The current issue is groundwater, not standing or roof water. The sewer lines will be inspected as well. A plumber is quoting

repairs for the sewer lines as well. If additional funding is necessary, staff will bring the report back to the Board for discuss and approval. Mr. Weiss said the focus is to ensure the building is structurally safe and make the necessary remediation changes to maintain structural integrity as well, including the monitoring.

Member Crowley asked the timing for a new building. Dr. Sands said there are no plans to move forward at present as funding still needs to be secured. There is a need for a new building and the expense for the long-term repairs equates to a pay down for one year of a bond. We need to focus on looking for a replacement facility; however we must complete the necessary repairs to ensure the existing facility is properly maintained and habitable.

Member Weekly asked if the cost estimates are coming from general funds or the set-aside for capital. Dr. Sands confirmed that the funding will come from capital funds and will not affect the general operating budget. Member Weekly said that the costs to continue maintaining this building can eventually deplete the funding for a new building.

Member Weekly asked how long the short-term repairs will last, particularly with potential for seismic activity. Mr. Weiss said that the building was built to code in the 1960s and codes have changed over time, including seismic standards. How the building will perform in seismic activity is dependent upon the type of size of the said activity.

Member Smith verified that the repairs will be \$73,000, and with the potential for repairs to the sewer lines the amount doubled. Mr. Weiss said that the engineers estimated \$87,000 for water remediation. At present we do not know if this will be necessary or not. Staff is asking for the monies to be approved if remediation is necessary. If a greater need exists, staff will come back to the Board for further approval.

Member Jones asked if the quotes came from engineers or contractors. Mr. Weiss said that the engineers priced out the remediation through their internal mechanisms. If work is necessary, it will go out for bid.

Chair Giunchigliani said that government buildings generally last fifty years; however with the extensive use of this building the lifecycle has been compounded. Dr. Sands said the sewer lines are under the building and the costs for possible repairs and bringing the building up to code are included in the estimate.

Member Eliason disclosed that his company contracts with Benchmark and will need to abstain from voting on the item.

A motion was made by Member Crowley to accept the report and authorize up to \$165,000 to make necessary repairs to the main facility, and for staff to come back to the Board if additional funds are necessary for approval; seconded by Member Reese and was approved with Member Eliason abstaining.

3. Appointment of a Replacement Facility Committee

Chair Giunchigliani indicated that Dr. Sands wants to ensure we continue moving forward with a replacement facility despite issues of available financing and committee will be established to research different options. She suggested Mr. Weiss contact Fred James of the library district for ideas. She suggested having Mr. Weiss chair the committee and representatives from Real Property Management and finance, as well as three members of the Board.

Chair Giunchigliani appointed Scott Weiss as Chair of the replacement facility committee, with Members Crowley, Empey and Jones to represent the Board of Health; and directed staff to contact Virginia Valentine to appoint two representatives from Clark County Real Property Management and finance.

4. Committee Report / Recommendation / Action: Southern Nevada District Board of Health Attorney Selection Committee: (Committee Chair Giunchigliani and Members Hardy, Kirk, Strickland and Weekly)

Dr. Sands noted that following the last Board of Health meeting, the committee met and a candidate was recommended. Dr. Sands extended an offer, which was accepted; however the candidate later declined due to a change in his personal situation. Staff reviewed the remaining applications and reconvened the Attorney Selection Committee earlier this week. The committee recommended a second candidate and an offer was extended. Stephen Smith has been hired as the attorney for the health district and all terms of employment have been accepted. Mr. Smith will start in his position on October 6th. Mr. Minagil will complete his service on September 30th; however he will continue on a contract basis for the Board and staff in cases where he is listed as the attorney of record – Dr. Sands is negotiating the terms of the contract.

Chair Giunchigliani said that committee originally reviewed three applicants, and the female candidate withdrew. The committee then reviewed the next two candidates, including one from the original group. The committee made a recommendation to Dr. Sands following discussion of the candidates' qualifications and experience.

Chair Giunchigliani asked the agreed upon salary for Mr. Smith. Dr. Sands said that the amount was mid-range for the position and is around \$117,000. Chair Giunchigliani asked that this information be made available to the Board.

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 invited any individuals wishing to address the Board on matters under their jurisdiction to come forward. Seeing no one, Chair Giunchigliani closed the Public Comment portion of the meeting.

V. HEALTH OFFICER & STAFF REPORTS

Temporary Permits to Operate Solid Waste Disposal Sites: Dennis Campbell, Solid Waste & Compliance Manager

Chair Giunchigliani expressed her appreciation to staff for their assistance in the planning process, including septic systems, and their attendance at various meetings.

Mr. Campbell said that staff has been working with business licensing with the different jurisdictions to develop regulations to issue temporary permits for solid waste disposal sites, including recycling centers currently in operation. This would allow the businesses to continue operations while in the

permit application process. Regulations are being developed and public workshops will be conducted; the plan is bring the regulations before the Board for approval in by January 2009.

Mr. Campbell clarified that following land use approval, the client applies for a permit at the health district as well as at the appropriate jurisdiction for a business license. When the permit is issued by the Solid Waste Management Authority, the applicant must have a business license. The plan is to issue a temporary solid waste permit to allow continuance of operations and a temporary business license while the application process is being finalized. The temporary permits will be for a 6-month period, with a possible 3-month extension. This will allow business owners to continue operations while the permit process is underway. Inspections will be conducted during this temporary period by compliance staff to ensure there is no public nuisance and that progress is being made in the application process. If the business is not complying, the temporary permit would be revoked and business would be shut down.

Preparedness Program: Paula Martel, Medical Reserve Corps (MRC) Coordinator

September is National Preparedness Month. Ms. Martel provided preparedness materials to Board members. Board members were encouraged to have emergency kits for family members and pets. Ready.gov is a website that details information about personal, business and pet preparedness. National Preparedness Month is designed to increase public awareness in preparing for emergencies. Employees are also encouraged to be prepared. Each employee has a 72-hour kit at their desk in the event of an emergency. Information is provided in the Rotunda regarding emergency kits in both Spanish and English. The information is distributed at health fairs and various events throughout the county. Weather-band radios were given to the Board members, courtesy of the Medical Reserve Corps. The radios are also given to volunteers and public health preparedness staff. The radios are available from a Florida-based website for \$10; the 72-hour kits are \$17, with a five-year shelf life.

Copies of all preparedness materials are available by calling public health preparedness staff. The materials are purchased with CDC preparedness funds.

Immunization Program Update: Veronica Morata-Nichols, Community Health Nurse Manager

Ms. Morata-Nichols said that immunizations are often taken for granted and if one outbreak occurs, people will listen to the message. She shared a handout with Board members to illustrate the role of the health district to the public and the pending changes to the State vaccine program effective January 1, 2009.

SNHD is a sub-grantee to the Nevada State Health Division (NSHD) for CDC's immunization program and is a designated federally qualified health center (FQHC). In our role as a Vaccines for Children (VFC) provider, we are bound by the same regulations as a pediatrician's office: screening for eligible children (Medicaid, Nevada Check-Up, American Indians, Alaskan natives, un- and under-insured). It is most difficult to determine eligibility for underinsured children.

SNHD has a two-tiered system with labeled vaccines in two designated vaccine refrigerators. The walk-in freezers and refrigerators each contain at least \$1.5 to \$2 million of vaccine, one for state-supplied vaccines and one for purchase. "Purchase" vaccines include those with private insurance, travel, healthcare and workplace vaccines. As a FQHC, SNHD can provide vaccinations to children who are un- or under-insured. Children become underinsured when the family has insurance but the insurance does not fully pay for vaccinations. Private providers should not use VFC vaccines for under-insured and insured children – they should be referred to SNHD. Providers can administer the vaccine, however they will not be reimbursed for doing so, nor should they administer VFC vaccines to ineligible children.

As part of funding from NSHD, two coordinators visit the 186 VFC providers each year. CDC requires SNHD to visit 25% of VFC providers annually. Due to the lack of personnel, it is nearly impossible to monitor whether or not providers are misusing vaccine. Also as a sub-grantee, the Nevada Information Learning Exchange (NILE) was instituted to educate providers who administer VFC vaccines and screen children.

SNHD has five clinics to provide immunizations, in addition to twenty-three satellite clinics in libraries, senior centers, grocery stores and where else they may be needed in the community. NSHD provides grant funding for a perinatal hepatitis B coordinator and she works with each of the fifteen birthing sites, and there are approximately 30,000 doses of hepatitis B administered annually in the hospitals to newborns. The coordinator tracks those infected mothers and newborns; newborns born to infected mothers are given prophylaxis at birth. Midwife deliveries are also monitored. Our perinatal hepatitis B program is the only program in the state and the funding could possibly be cut. We currently rank 11th in the country and loss of funding would be devastating to the perinatal hepatitis B program, as well as elevating the number of positive hepatitis B cases in the county.

For 2007, there were over 100,000 children seen in SNHD immunization clinics and over 250,000 vaccines administered, and there were over 88,000 thousands doses of hepatitis A vaccine administered for health cards. Since the inception of this program, there has been a decrease in occurrence of hepatitis A.

Staff uses WebIZ at the health district to enter immunization records, from which the data is uploaded weekly to the NSHD WebIZ program, which are not the same program. There are continuing technological problems between SNHD and NSHD. Having a functioning WebIZ program is vital in improving immunization rates throughout the state as accurate records will be kept. Once an immunization registry is developed and maintained, immunization records will be consolidated and help to prevent over-vaccination of children. Currently only eight of the 186 VFC providers are using WebIZ. Dr. Sands said that beginning July 1, 2009 all VFC providers will be required to report all vaccinations but the mandate did not specify how the reporting was to be done, which further necessitates the need for a working registry. The technological part of the registry is ready, but providers need education regarding data entry, as we need to be sure all interfaces work properly. Additional funding is needed in order for the registry to move forward. Board members are favorable to seeking grant funding for this important issue. There has been one person hired at the state level, however she is doing provider education and not data entry for the registry. Another problem is that many provider offices are not automated and this adds to the problem as a large technology gap exists. An assessment needs to be done to see where the needs are and how best to provide assistance to providers to enter immunization information into the registry. Once a record exists, the information is entered on a go-forward basis. The problem exists in entering previous information. Member Crowley said that if we start today and enter information, the data will be up-to-date in a few years. It is important to be in real time and move forward. The registry will be a good data source in case of an outbreak.

There are 50.6 FTEs in the immunization department. The public is requesting the clinics to be open until 6:30pm and provide weekend services. Currently evening and weekend services are only provided during special events.

Currently Nevada ranks 51st in the nation for pre-school immunization rates for 2007. The current rate is 63.3% and the goal is over 80%, so there is much work to be done. Moving to a VFC-only state program from a universal select program will further complicate the issue. Thirty VFC providers have left the program and underinsured patients will increase at SNHD.

School nurses are not authorized to administer vaccinations, due to district policies and the primary care they provide to students. The immunization rate for school-aged children is 80% - our deficit is for children ages 0-3. The school district uses SASI to input student information, and there is no compatibility with the WebIZ system. Staff is working with the state to have all school districts, in addition to providers, enter immunization information into the state-based WebIZ registry.

Public meetings were held earlier in the month: one was sponsored by the American Academy of Pediatrics and the other by the health district. Providers, office managers, medical billers, vaccine vendors, UNLV and school district staff were in attendance. Common questions included how will service delivery be affected for southern Nevada residents; will client traffic increase for certain centers such as the health district, Nevada Health Centers, UNLV and Lied Clinic; how can the health district provide services needed in a more efficient manner than currently being done due to the increase in serving underinsured clients; how can the health district better partner with the private sector to keep the community safe; and is the health of Nevada's children being compromised? There are many uncertainties as we progress to a VFC-only state.

In 1985, seven vaccines were required for children, at a cost of \$45 up through age 11; in 1995 there were 10 recommended vaccines at a cost of \$155; and in 2006 there are 16 recommended vaccines at a cost of \$900 for males and \$1,200 for females. As of 2008, from birth to age 11 months, for single antigen (non-combined vaccines) the cost is \$575, for combination vaccines, the cost rises to \$680. For children ages 12 to 24 months, there is an extra \$235 added for additional vaccines. If all vaccines are administered properly and on time, a 24-month old child will receive twenty-six immunizations for vaccine-preventable diseases, and if given as single antigen the cost is \$810, combination vaccines equate to \$853.

There are approximately 30,000 births annually in Clark County. If all children age 0-2 were vaccinated at little or no cost, our immunization rates will increase and this high-risk population will be protected. Our community would be very well served.

Member Jones asked about the cost of medical care for unvaccinated children. The comparison was made between \$300 for vaccinating a child against measles versus \$10,000 for hospitalization of a measles-infected child and lost work time for the parents. Member Jones asked if staff could provide community equations for the impact of vaccination versus non-vaccination.

There are eleven states which have mandatory insurance coverage for immunizations and child wellness. In Nevada there are several self-funded insurance providers, such as Culinary. There is also no law requiring mandatory immunization from self-funded insurances. Other states who are VFC only had this mandate in place prior to becoming VFC only.

NSHD has started a workgroup which meets twice per week to identify the issues facing the state, such as retention of VFC providers, maintenance of a dual-stock inventory in separate refrigerators, billing and coding for reimbursement, vaccine fraud and abuse, health insurer contracting and enforcement of VFC only rules.

Dr. Sands said that the state is working on a delegation process for private providers to become deputized as FQHC for the purposes of keeping underinsured children in their medical homes. NSHD has made provisions with Nevada Health Centers in the Las Vegas area for private providers. All insurance plans cover immunizations differently – some have high coverage and others low. It is important to ensure that all children have coverage and access to vaccine; however though a child may be covered for vaccine the physician may not be fully reimbursed for providing vaccination. A local physician fronts \$25,000 each month to maintain vaccines and he may or may not be fully reimbursed or if the vaccines are not used, that money is also lost. VFC vaccines are

federally funded and are provided free to both children and providers, but can only be used for specific population groups. We need to ensure that every child has a source to receive vaccination, but also that the provider is fully reimbursed. Additionally controls are needed when deputizing providers for vaccine fraud and abuse.

Hepatitis C Exposure Registry Update: Brian Labus, Senior Epidemiologist

Brian Labus updated the Board on the hepatitis C exposure registry. All data has been entered into the registry and forms continue to come in daily. Staff is analyzing the data and trying to determine how many potential cases can be linked to the clinic and what they numbers actually represent. This is the last step of the registry and notification to patients will follow. The investigation is coming to a conclusion and a final report will be given at the completion.

Chair Giunchigliani asked the status of clients' requests for records. Mr. Labus said that Metro has responded to numerous requests and have been successful in their response to records in their possession; however some clinic records were stored off-site and Metro is in the process of retrieving these records. This information is available on our website for interested clients.

Chair Giunchigliani thanked staff for the presentations and commended them for a job well done.

VI. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-August 2008 – Mid-September 2008
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of August 2008
 - a. Grant and Agreement Tracking Report, as of September 11, 2008
3. Public Information Monthly Report, Mid-August 2008 – Mid-September 2008

B. Community Health:

1. Monthly Activity Report, August 2008
 - a. West Nile Virus Update
 - b. August 2008 Disease Statistics

C. Environmental Health:

1. Monthly Activity Report, August 2008
 - a. Letter of Appreciation from the NV Department of Education to EH Special Programs Supervisor Mark Bergtholdt concerning EHS II Susan Lane
 - b. GIS May 2008 depicting Stagnant Pool Locations, re: page 22
 - c. Fish at Work Sign, re: page 22
 - d. Certificate of Recognition to Glenn Savage from the Clark County Summer Business Institute 2008
 - e. Email from Subway Meeting Planner to EH Supervisor Gregg Wears concerning EHS II Eddie Rubic
 - f. Cards of Appreciation from Clark County School District to Training Officer Susan LaBay and Solid Waste & Compliance EHS II Andrew Chaney
 - g. August 2008 Disease Statistics

D. Clinics and Nursing:

1. Monthly Activity Report, August 2008
 - a. Monthly Statistical Report – August 2008
 - b. In-service Schedule – August 2008

- c. TB Scare
- d. Letters of Appreciation

VII. ADJOURNMENT

Chair Giunchigliani established a committee to review the Bylaws consisting of the following Board members: Chair Giunchigliani and Members Crowley, Empey, Jones, S. Smith, Strickland and Weekly.

Member Jones asked for an update on the Nevada Clean Indoor Air Act regulations. Dr. Sands responded that the state will work in collaboration with the local health authorities to arrange a new series of workshop, but no timelines have been established. Prior to the workshops, the local health authorities will meet to review the rules and the feedback from the first round of workshops, including proposals received from industry. Enforcement strategies are being developed and the new attorney will take the lead in this effort.

There being no further business to come before the Board, Chair Giunchigliani adjourned the meeting at 9:29 a.m.

SUBMITTED FOR BOARD APPROVAL

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

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attachment