

# MINUTES

***Southern Nevada District Board of Health Meeting***  
333 S. Valley View Boulevard, Las Vegas, Nevada 89107  
Conference Rooms 2-2a

***Thursday, January 24, 2013 - 8:30 A.M.***

Mary Beth Scow, Chair, called the meeting of the Southern Nevada District Board of Health to order at 8:39 a.m. and led the Pledge of Allegiance. 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 Crowley, Giunchigliani, Jones, Litman, Noonan, Osgood, Scow, Tarkanian, Winchell and Woodbury seated.

**BOARD MEMBERS:**  
**(Present)** Mary Beth Scow – Chair, Commissioner, Clark County  
Sam Bateman – Councilmember, City of Henderson  
Bob Beers – Councilmember, City of Las Vegas  
Susan Crowley – At-Large Member, Environmental Specialist  
Chris Giunchigliani - Commissioner, Clark County  
Timothy Jones – At-Large Member, Regulated Business/Industry  
Allan Litman – Councilmember, City of Mesquite  
Bill Noonan – At-Large Member, Gaming  
Kenneth Osgood, MD, MPH - Alternate At-Large Member, Physician  
Lois Tarkanian, Councilmember, City of Las Vegas  
Lori Winchell - At-Large Member, Registered Nurse  
Anita Wood - Councilmember, City of North Las Vegas  
Rod Woodbury – Councilmember, City of Boulder City

**(Absent)** Marietta Nelson, M.D. – At Large Member, Physician  
Frank Nemec, M.D. – At-Large Member, Physician

**ALSO PRESENT:**  
**(In Audience)** Doug Dobyne - Alternate At-Large Member, Regulated Business/Industry  
Kathleen Peterson–Alternate At-Large Member, Environmental Health Specialist

**LEGAL COUNSEL:** Annette Bradley, Esq.

**INTERIM EXECUTIVE SECRETARY:** John Middaugh, M.D.

**STAFF:** Heather Anderson-Fintak; Rory Chetelat; Dr. Thomas Coleman, Bob Gunnoe, Glenn Savage, Bonnie Sorenson, Mary Ellen Britt, Ray Chua, Richard Cichy; Judith Flores, Jason Garcia, Rose Henderson, Forrest Hasselbauer, Amy Irani, Susan Labay, Jim Osti; Mike Palmer, Mars Patricio; Rick Riech, Brian Riddle, Jane Shunney, Jennifer Sizemore, Candice Stirling, Marlo Tonge, Dr. Nancy Williams, Leo Vega, Valery Klaric and Jacqueline Wells, Recording Secretaries.

## **PUBLIC ATTENDANCE:**

### **NAME**

Chris Attanasio  
Terry Coffing, Esq.  
Scott Gibson  
Bryan Gresh  
John S. Higley  
TC Kho

### **REPRESENTING**

ALA  
Marquis Aurbach Coffing  
Caesars Entertainment  
Gresh Group  
Mesquite Fire Rescue  
Leo A. Daly

Arnie Martinez  
Rick Mazer  
Gary Millikin  
James Morgan  
Kelly Morgan  
Lora Picini  
Rick Resnick  
Gary Rogan  
Desmond Stevens  
Troy Tanner  
Patricia Townsend  
Jane Wynes

Leo A. Daly  
Caesars Entertainment  
Lobbyist  
Self  
Self  
Caesars Entertainment  
Mesquite Fire Rescue  
Caesars Entertainment  
STO Design Group  
Mesquite Police Department  
NSHD  
Self

**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 and seeing no one closed public comment.

**II. ADOPTION OF THE JANUARY 24, 2013 AGENDA**

The Chair asked to amend the agenda by moving the Closed Session to the end of Section VI, Report/Discussion/Action, and called for a motion to adopt the agenda for the November 27, 2012 meeting as amended.

*Motion made by Member Noonan seconded by Member Litman and carried unanimously to adopt the January 24, 2013 Board of Health Meeting Agenda as amended.*

**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: November 27, 2012**

*Motion made by Member Tarkanian seconded by Member Noonan, and carried unanimously to approve the Consent Agenda as presented.*

**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.**

There were no items on the agenda for Public Hearing/Action portion of the meeting.

**VI. REPORT/DISCUSSION/ACTION**

**1. Memorandum #02-13: Mesquite Fire & Rescue for a Variance to District Emergency Medical Services Regulations Section 600.500.I.E; direct staff accordingly or take other action as deemed necessary (**for possible action**)**

Rory Chetelat, EMS Manager, presented the request made by the City of Mesquite Fire and Rescue asking for a variance to EMS regulations draw blood for blood alcohol analysis.

Mesquite Fire and Rescue were drawing blood for blood alcohol analysis for the police department as they have experienced difficulty in finding someone to provide this service, due in part to their geographical location and lack of resources. Mr. Chetelat reported this function is outside the scope of practice for EMS personnel to draw blood other than during an emergency and . He explained the concept of certification and licensure, which is somewhat unique in EMS for Nevada and described the difference between certification and licensure: an individual that is certified receives a certificate upon completion of a training program and is tested on a national level in both skills and practical and written testing to prove they have the required competencies and skills. Nevada has additional requirements for use of the skills learned in training and certification that requires them to seek employment and when employed, they fall under the protocol of the Medical Advisory Board where they can perform their learned skills and take another written test to show understanding of licensing requirements and skills necessary to perform.

This problem has been vetted since 1987 (when the question first arose) and has been reviewed numerous times. The Medical Advisory Board and Chief Health Officer at that time determined it was not appropriate and EMT's were working outside of the scope. The NRS also clearly states that EMS personnel only work on critically injured or urgency within the 911 system; SNHD regulations have the same requirement. The variance request would set a precedent placing EMS personnel into a position performing their skill outside of their scope of practice as they are no longer working under the guidance of their medical director and no longer performing in the 911 or EMS systems. The EMS would be providing a law enforcement function in addition to EMS duties putting them into a different relationship with the patient, who may view him as law enforcement. Mr. Chetelat recommended denying the request and offering a variance for a limited time while another alternative is found. SNHD is willing to assist in finding a solution.

Dr. Osgood stated that he believes the NRS only permits a licensed laboratory or physician office to withdraw and test body fluid. Mr. Chetelat stated the NRS contains permissive language stating EMS personnel can perform that function, however, in 1993 the Attorney General determined they are still governed by their local licensing board and this board does not permit them to operate outside of the emergency situation. Dr. Osgood supports the position to deny the request as there are alternatives to meet their needs.

Mr. John Higley, Mesquite Fire and Rescue Fire Chief, spoke and referenced NRS 484C.250:1(a), stating that it allows technicians at the intermediate and permit level to draw blood for alcohol analysis. Chief Higley reported that Chief Troy Tanner, Mesquite Police Department, was also present for discussion. Chief Higley stated that Mesquite is seeking the variance as the city demographics have changed since the original discussion in 1987. He reported that they have guidance from their Medical Director and legal review of their training. The blood draw is done in a controlled setting at the jail with the suspect handcuffed to a chair and not in the field and is viewed as a support function in a law enforcement environment. Their legal department assisted in establishing an approved training program for the EMTs and paramedics that would be involved in drawing blood, using the same Metro kit, documentation, approved training, chain of custody, courtroom presentation, evidence collection and maintenance. Police Chief Tanner reported that he has had a list of up to five people to draw blood, but availability when needed is a problem and they are using whomever they can find at this time. The hospital has limited resources and requires the person to be admitted as a patient costing the city \$100-1000 to draw the blood and creating an economic hardship for the city. They hope to utilize the resources in town to the betterment of the community and have a contingency of paramedics and EMTs on duty 24/7 to allow them to respond to the jail.

Chief Tanner reported the Mesquite jail houses short term misdemeanor offenders with no medical staff on site and felony and gross misdemeanor inmates are transferred to Clark County. Inmates with medical problems are released, cited and released and transported to

see a local physician upon request. The NRS requires the blood to be drawn in under two hours and there are times when they cannot get assistance for blood draws. To ensure following chain of evidence an officer must be present the entire time, complete the paperwork and hand the blood to the officer who books it into a refrigerator in the evidence vault and must be sent to the Las Vegas Metro Lab within 48 hours. Approximately 250 DUI's are arrested with an estimated 35 blood draws done annually, which does not include the Nevada and Arizona State Highway Patrols, who also bring their arrestees to Mesquite or Logandale for blood draws. If unable to get the blood drawn they must drive to Las Vegas to secure the blood draw within the two hour time frame as required by the NRS.

Member Giunchigliani stated hardship is not always justification for changing policy and suggested there are other solutions to resolve the situation. The state also does not permit this function and jeopardizes the independent review of the EMS staff to start embarking into the area of law enforcement.

Member Wood asked why this issue is such a critical separation and Mr. Chetelat responded the NRS and SNHD regulations clearly state where the license is applicable and that is within the 911 system responding to an emergency. The jail environment is past the emergency and in a controlled environment and requires another alternative as a permanent solution.

In response to Member Jones question about drug testing, Chief Tanner responded that overdoses are immediately sent to the hospital; arrests are made for DUI, not drug charges. Mr. Chetelat stated that the issue is the skill set of drawing the blood.

Mr. Chetelat reported this has also been challenged by Laughlin and denied and they resolved their situation.

Member Winchell suggested dividing their roles by separating EMT's out when drawing blood as licensed phlebotomists who would act in a separate capacity when drawing blood and not as part of the EMT service. Chief Higley responded that his budget does not provide the funds to send staff to phlebotomy school adding that it is a skill set that EMT's possess. Member Winchell suggested challenging the phlebotomy course and test with some kind of protocol with the hospital or supervising physician and Chief Higley responded that the solution could take a year or two to establish. Member Winchell suggested exploring professions that do not go through regulatory boards that can act in the capacity of a medical technologist under the supervision of a physician when off the clock to resolve any immediate problems.

Member Giunchigliani expressed concern that much of the information being presented lacks documentation and justification and the need exists to resolve the problem, but all options must be explored before changing policy, which could send ripples across the state with the number of rural communities throughout Nevada.

Member Noonan requested clarification on Mesquite's request. Mr. Chetelat responded the variance is requested because EMT's are not allowed to perform this procedure outside their emergency system and could potentially create problems throughout the community with NHP and Laughlin requesting variances. He reiterated that SNHD is willing to work with Mesquite toward resolving the problem and suggested granting the variance ending July 1, 2013 to provide time to find a solution.

Member Bateman suggested exploring methods implemented in other rural jurisdictions. The issue may take time to resolve and it may not result in arriving at a decision today.

Mary Ellen Britt, Acting Emergency Medical Services and Trauma Systems Manager, reported speaking with Pat Irwin, Nevada State EMS Manager, who stated this is prohibited

in all Nevada counties and not supported by the state EMS office. Member Winchell responded the bigger picture is the scope of practice issue with a national standard, and when licensed in a profession there is a specific scope of practice. When changing a scope of practice for a profession regulatory agency it could impact national standards, which is a bigger issue.

Member Wood commented that it appears state law as discriminatory towards the rural areas and has been an issue in surrounding rural areas for over ten years and agrees that we can come up with a better solution to resolve this problem for Mesquite and other similar communities and state officials may need involved. Member Giunchigliani noted this is the first time she heard of this situation during her six year board appointment, adding Mesquite may want to ask their legislators for assistance. She agreed that scope of practice is key and contacting other jurisdictions for input and forming a work group to return with suggestions for resolution in 30-60 days.

Chair Scow asked for a motion on the City of Mesquite Fire and Rescue Variance request.

Member Giunchigliani presented a motion to table the variance request and suggested forming a work group that will present recommendations to resolve the situation to the board in 30-60 days.

*Motion made by Member Giunchigliani, seconded by Member Osgood to table the variance request and establish a work group to bring back recommendations for a solution to this board in not less than sixty days. **Discussion continued.***

Annette Bradley, Legal Counsel, recommended providing a variance for a specified amount of time, 30-90 days while under review. Member Giunchigliani responded that she is against granting a variance and does not believe the argument was made that other avenues were explored to find a solution. Annette Bradley stated that we are caught between a law that says that the EMTs operate under their scope at the scene of an emergency and have a situation that says that we need to have EMTs coming to a non-emergency situation to draw this blood. They have the skill set to perform the function, but are not technically following what the NAC says and the board must determine how best to handle this situation. Annette Bradley asked if Mesquite could continue their current method while we are working through this process and working on a solution. Mr. Chetelat responded that Mesquite stopped blood draws when notified several months ago and are struggling to find other sources.

Member Woodbury stated requested clarification between the people performing blood draws whether in the hospital or someone on call they are also performing a law enforcement function and are not law enforcement staff and how are they different from EMS performing the same function. Rory Chetelat stated that the EMS only extend to the emergency scene; the nurse or phlebotomist is working under a different scope of practice through the direction set by the physician they are working with. The scope of practice issue is that we are asking the EMS to step out of the emergency scene to perform the function and skill that they have outside of the scope of practice outside defined by the NRS and our regulations. Member Woodbury stated that the focus is scope of practice and agreed this issue is beyond today's discussion and a temporary solution may be in order.

Member Tarkanian agreed that a study is necessary and providing a time period to study and find a solution to the problem allowing a temporary variance to July 1, 2013 for resolution and wanted to present a motion with this recommendation.

Chair Scow will entertain both motions to table the permanent variance as motioned by Member Giunchigliani followed by a motion from Member Tarkanian permitting a variance and provide a temporary timeframe.

*Motion made by Member Giunchigliani, seconded by Member Osgood and carried unanimously to table the permanent variance request, form a work group to and bring back recommendations for a solution to this board in not less than sixty days.*

Member Tarkanian made the following motion to allow a variance.

*Motion made by Member Tarkanian, seconded by Member Litman to permit a temporary variance to July 1, 2013 while the situation is resolved. **Discussion continued.***

Member Beers asked for clarification stating that SNHD regulations and state law prohibit the activity requested in the variance and we are entertaining the variance of the regulation, but have no authority to grant authority overlaying the state law, so the activity we are being asked to approve would remain illegal. Mr. Chetelat stated NRS 450b.130 states the board of health or the state board for counties with populations less than 700,000 will adopt regulations around the following items: for the treatment of patient who are critically ill or in urgent need of treatment and part of that direction is that we develop those regulations in focus with the regulation, which is the question we are answering today. Annette Bradley, Legal Counsel, stated that the NAC or NRS is out of step with how our rural areas practice and what we need. There are many things that we may need to do to fix this, talking with legislators to get additional language in here to provide more flexibility in what we need to do to meet the needs of our rural area. We can do the best in a bad situation, which is to look at the issue, decide what we need while still allowing rural communities to function when they need to function. It is a Board of Health regulation as the SNHD Board of Health approves our regulations which is given that direction under NRS 450B.130 to establish regulations.

Member Crowley asked Mr. Chetelat to read the statute again and Mr. Chetelat complied:

NRS 450B.130.1f(2) Establishment of minimum standards and additional requirements

1. The board shall adopt regulations establishing reasonable minimum standards for:

(f) Treatment of patients who are critically ill or in urgent need of treatment.

Mr. Chetelat stated this is governance from the NRS to the Board of Health to develop those regulations, which have been in place since the early 1980's and renewed and updated as needed. Member Beers stated it is under that legal authority that the board has promulgated regulations 600.500.i.e., which prohibits EMT's, over which we do have authority, from drawing blood for non-medical purposes. Mr. Chetelat stated the NRS is written broadly enough to allow this board to further define it and that is what this board has done through our EMS regulations. Member Beers stated the board is being asked to grant Mesquite the ability to allow their EMT's to draw blood for any purpose and we do not have any authority over persons in jail and do in emergency situations. The variance is very specific in its request.

Dr. Middaugh stated that this occurs on an average of three instances a month for two months if Mesquite is willing to accept this temporary solution and get through the next two months we might be able to come to a solution that does not engage us in dealing with issues of statutory authority and scope of practice today. The situation can be studied with a solution returned in sixty days.

Member Woodbury stated the variance would be to our own regulation and suggested an alternative for the fire and police chiefs and would amend the motion to qualify that it would

continue in that respect in that setting under the parameters already agreed to through July 1, 2013 to give them a temporary variance to draw blood alcohol in the jail setting.

Member Jones suggested taking an emergency process within the Mesquite HR and putting the burden on Mesquite to find a solution within their personnel system. Rory responded this would also require medical direction and finding a willing physician to act in that capacity.

*Motion made by Member Tarkanian, seconded by Member Litman and carried to grant a temporary variance to the City of Mesquite Fire and Rescue to conduct blood draws in the jail setting to July 1, 2013. (Voting YES: Members Bateman, Crowley, Jones, Litman, Noonan, Tarkanian, Winchell, Wood and Woodbury). (Voting NO: Members Beers, Giunchigliani, Osgood and Scow)*

2. **Memorandum #03-13:** Approve/Consider Application by James Morgan for a Variance to District Emergency Medical Services Regulations Section 400.100.II; direct staff accordingly or take other action as deemed necessary (**for possible action**)

Rory Chetelat reported that EMS regulations require three years experience during the last five years to apply for an EMS ambulance attendant license. Mr. Morgan does not have the EMS field experience and is requesting the variance to include time that he worked as a cardiac stress technician in a physician office setting to qualify as field experience. EMS regulations recognize working as a paramedic within the EMS system while the skills are similar the scope of practice is different. Mr. Chetelat does not support the variance request stating skills acquired in a different setting outside of his licensure do not apply in the EMS system. The required standards have been in our system for some time and are also a national standard set by the American Association of Paramedical Services. Two EMS regulation workshops were conducted in the last several months and are reviewed regularly and will be coming to the February 2013 Board of Health meeting for approval. Mr. Chetelat stated that this question has been put before the community who continue to support the three year standard and current interpretation of the field of experience meaning time spent within the 911 system as a licensed individual.

Mr. James Morgan spoke stating that he is a nationally registered paramedic soon to be a certified flight paramedic. He currently works as a flight paramedic in Arizona and expects to be licensed in California soon. He noted the NRS statute says nothing about being licensed and is solely based on certification and he has been certified in Nevada by SNHD for four years and obtained his first temporary licensure on November 14, 2008 and functioned as a paramedic for two years in Las Vegas before working for a cardiologist doing medical stress testing that requires administering medications far beyond the normal scope of practice for a paramedic and working under the direction of a physician. He stated EMS regulations actually state that you must be certified, not licensed. CAMES, the accrediting body for paramedical air ambulance, CareFlight (his employer), and the state of Arizona accepted his medical office experience as part of the three year experience required. He currently works for CareFlight working in three states, is licensed in Arizona and working on licensure in California and Nevada and was working in Nevada until it was discovered that he did not meet the eligibility requirement.

Mr. Chetelat reported the time Mr. Morgan works for CareFlight in the other states does count toward his time requirement and stated that Mr. Morgan additionally wants to count the provisional licensing period as part of the time requirement creating another controversy on whether his experience is six or nine months apart. A provisional license is granted upon graduation from the didactic portion of paramedic training. Field experience is acquired when a Clark County certified paramedic is hired by a permitted agency that responds to 911 calls and completes 120 hours of field evaluation. Although field experience is not defined specifically, we hold with the fact that field experience is that time

while working with a permitted agency holding a license working in the 911 system. Each local community sets their standards and they may differ from Arizona and California. At the time of application for licensure Mr. Morgan was nine months short and we are willing to consider the time worked elsewhere in this environment. He is eligible to reapply for licensure upon obtaining the required three years experience. Concerns for watering-down regulations and liability were expressed and after discussion the following motion was made:

*Motion made by Member Giunchigliani, seconded by Member Wood and carried unanimously to deny the Variance to District Emergency Medical Services Regulations Section 400.100.II, requested by James Morgan.*

3. **Consider/Approve Variance Request** to Operate a Public Bathing Place not in Compliance with the Nevada Administrative Code (NAC) 444.134.1 and 444.454.1, Located at Bill's Gamblin' Hall & Saloon, (APN: 162-21-101-001); or take other action deemed appropriate. **Petitioner:** Lee Monfort, for the Owner(s), Corner Investment Company, LLC d/b/a Bill's Gamblin' Hall & Saloon, 3595 Las Vegas Blvd. South, Las Vegas, NV, 89109; direct staff accordingly or take other action as deemed necessary **(for possible action)**

Susan Labay, Environmental Health Supervisor, reported that Corner Investment Company, LLC d/b/a Bill's Gamblin' Hall & Saloon, is requesting two bodies of water to have 100% back obstruction. This is unique as they are dish pools set-up off the deck and both bodies of water will be completely unobstructed on both bodies of water for a pool and spa on the 10<sup>th</sup> and 11<sup>th</sup> floor of their building. The issue is that structurally the building cannot have a pool sit directly on the desk, which is the reason for requesting the variance to raise it off the deck, 14" for the pool and 18" for the spa. They have satisfied full plan review and mitigated any risks associated with bringing this body of water up off of the deck. There is another pool that sits in the same situation in Clark County at the Hard Rock Hotel and Casino. Environmental Health staff is of the opinion that granting this variance will not be detrimental or pose an unreasonable danger to public health and safety and recommended approval in accordance with conditions outlined in the variance

*Motion made by Member Bateman seconded by Member Beers and carried unanimously to approve the variance requested by Corner Investment Company, LLC d/b/a Bill's Gamblin' Hall & Saloon, 3595 Las Vegas Blvd. South, Las Vegas, NV, 89109; subject to conditions presented in the variance request.*

4. **Petition #02-13:** Approve/Consider Approval of Amendment 4 to Interlocal Agreement with Clark County on behalf of Clark County Department of Social Service for funding for the period March 1, 2012 through February 28, 2013 for Ryan White Part A Services; direct staff accordingly or take other action as deemed necessary **(for possible action)**

Rick Reich, Acting Communicable Disease Manager, discussed amendments to the Ryan White Part A Services Interlocal Agreement for the remainder of the year. The amendment increased the funding from \$1,569,686.43 to \$1,611,585.43. The grantee moved \$150,000 of the grant to the UMC Wellness Center and we received a different allocation of carryover dollars into our other categories with the adjustment is \$191,899 and an actual increase of \$41,899.

*Motion made by Member Bateman, seconded by Member Woods, and carried unanimously to approve Amendment 4 to the Ryan White Part A Services Interlocal Agreement as presented.*



5. **Discuss Board of Health Meeting Time;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Chair Scow reported on the poll of Board of Health members regarding the suggestion to change the start time of the Board of Health Meetings. Members responding to the poll indicated the majority of board members preferred to retain the 8:30 a.m. start time.

Chair Scow reminded Board of Health members that a professional photographer was in the Meeting Room #3 for anyone wanting a new photograph. Orientation for new members is scheduled at 9:00 a.m. on Saturday, February 2, 2013, at the Valley View Building. Please use the rear entrance.

- V. **CLOSED SESSION:** The Closed Session was moved to follow Item VI. The meeting recessed for the Southern Nevada District Board of Health to meet in Closed Session at 10:17 a.m.

Chair Scow reconvened the open session at 11:03 a.m. A quorum was present following the conclusion of the Closed Session with Members Bateman, Beers, Crowley, Giunchigliani, Jones, Litman, Noonan, Osgood, Scow, Tarkanian, Winchell, Wood and Woodbury seated.

- 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 none.

Chair Scow called for a motion for the Board to enter into Closed Session.

*Motion made by Member Tarkanian, seconded by Member Woodbury and carried unanimously to enter into Closed Session.*

VIII. **HEALTH OFFICER & STAFF REPORTS**

In the interest of time Dr. Middaugh quickly reviewed the following items. Items not addressed will be carried forward to the February 2013 meeting:

- Announcement - Director, Division of Administration: Elaine Glaser, Director of Administration, will start on February 11, 2013
- Chief Health Officer Recruitment Update: Will move to the February agenda.
- Food Handler Safety Training Program Update will be provided at the February meeting. Member Noonan requested feedback on the food inspection program process
- Organizational charts were distributed depicting reorganization of Epidemiology Program and establishment of the Office of Public Health Informatics.
- Pertussis Outbreak/Daycare Vaccination Initiative: Immunization rates in childcare facilities were raised to 90+% from 20% a few years ago due to the activities of our Immunization Department and will further discussed at the February meeting.
- The Health Card program is moving along smoothly with positive feedback.
- Dr. Middaugh introduced lobbyists Brian Gresch, and Gary Milliken, Gresch Group, who represent the health district in the legislative session. Two items of interest are the Farm-to-Fork issue and a committee looking a recycling that will result in a bill. Jennifer Sizemore will provide a report at the February meeting and weekly legislative updates.

**IX. INFORMATIONAL ITEMS- DULY NOTED**

**A. Chief Health Officer and Administration:**

1. Monthly Activity Report, Mid-November 2012 to Mid—January 2013

**B. Community Health:**

1. Monthly Activity Report, November-December 2012

**C. Environmental Health:**

1. Monthly Activity Report, November-December 2012

**D. Clinics and Nursing:**

1. Monthly Activity Report, November 2012 and December 2012

- 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 Scow opened the Public Hearing and asked if anyone wished to comment and seeing no one closed the Public Hearing portion of the meeting.

**XI. ADJOURNMENT**

*Motion made by Member Beers, seconded by Member Tarkanian and carried to adjourn the Board of Health Meeting at 11:14 a.m.*

SUBMITTED FOR BOARD APPROVAL

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John Middaugh, M.D., Interim Chief Health Officer  
Executive Secretary

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