



MINUTES

**Southern Nevada District Board of Health Meeting
January 28, 2016 – 8:30 A.M.
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Conference Room A**

Bob Beers, Chair, called the Southern Nevada District Board of Health meeting to order at 8:32 a.m.

BOARD: Bob Beers – Chair – Councilmember, City of Las Vegas
(Present) Cynthia Delaney – Councilmember, City of Mesquite
Douglas Dobyne – At-Large Member, Regulated Business/Industry
Chris Giunchigliani – Commissioner, Clark County
Marilyn Kirkpatrick – Commissioner, Clark County
Scott Nielson – At-Large Member, Gaming
Lois Tarkanian, Secretary – Councilmember, City of Las Vegas (*arrived at 8:35 a.m.*)
Rod Woodbury, Vice-Chair – Mayor, Boulder City (*arrived at 8:35 a.m.*)

(Absent): Richard Cherchio – Councilmember, City of North Las Vegas
Frank Nemec – At-Large Member, Physician
John Marz – Councilmember, City of Henderson

ALSO PRESENT: Michael Collins, Advisory Board Member, Registered Nurse
(In Audience)

LEGAL COUNSEL: Annette Bradley, Esq.

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

STAFF: Heather Anderson-Fintak, Karen Carifo, Richard Cichy, Jason Frame, Andrew Glass, Jeff Good, John Hammond, Shandra Hudson, Paul Klouse, Cassius Lockett, Sharon McCoy-Huber, Michelle Nath, Veralynn Orewyler, Jacqueline Reszetar, Jennifer Sizemore, Leo Vega, Jacqueline Wells

**CALL TO ORDER
PLEDGE OF ALLEGIANCE**

I. RECOGNITIONS:

Southern Nevada Health District “Owned It” in 2015 by leading the Action Planning Group. The SNHD HIV Nursing Case Management team took the lead and actively participated in the APG meetings by promoting intra-agency collaborations aimed at meeting the shared goals of improving the lives of the population served and preventing further spread of HIV.

The Nursing Case Management program sees a large proportion of clients with complex medical needs, including pregnant women and adolescents. SNHD also provided critical early intervention services to stabilize clients who were newly diagnosed with HIV or have fallen out of care. The staff who “Owned It” and were recognized for their efforts to improve our workplace and for embodying the Clark County Social Services belief statements are Case Management, Early Intervention Services, Eligibility, and Outpatient Ambulatory Medical Care. The Nurse Case Managers representing this team are:

Margarita DeSantos
Edith Burns
Lorena Reyes

Theresia Younes
Merylyn Yegon

Dr Iser announced that Dr. Cassius Lockett, Director of Community Health Services, will be leaving the District and relocating to California.

Dr. Tony Frederick will be replacing Dr. Nancy Williams as the new Medical Epidemiologist.

Dr. Iser thanked Leo Vega, Maintenance Technician, for his hard work in ensuring that the conference room would be available in time for the board meeting.

- II. **PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. 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.

Victoria Harding, SNHD, SEIU, noted the position of Payroll Technician has not been Board approved and is not on the agenda with the other new classification specifications. Also, the new position of Employee Health Nurse, which is primarily responsible for employee fit testing, is being moved to Human Resources as a confidential position. Ms. Harding does not agree that this position should be confidential or assigned to Human Resources. Ms. Harding also intends to take the new classification of Vital Statistics Supervisor to the EMRB as it is not a union eligible position.

Seeing no one else, the Chair closed this portion of the meeting.

III. **ADOPTION OF THE JANUARY 28, 2016 AGENDA (for possible action)**

A motion was made by Member Woodbury seconded by Member Dobyne and unanimously carried to adopt the January 28, 2016 agenda as presented.

- IV. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item 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 19, 2015 ***(for possible action)***
2. **PETITION #01-16:** Approval of Interlocal Contract between the Southern Nevada Health District and State of Nevada, Acting by and Through Its Department of Transportation; direct staff accordingly or take other action as deemed necessary ***(for possible action)***
3. **PETITION #02-16:** Approval of Banking Services Agreement between Wells Fargo and Southern Nevada Health District; direct staff accordingly or take other action as deemed necessary ***(for possible action)***
4. **PETITION #03-16:** Approval of the purchase and implementation of the OneSolution Enterprise Resource Planning (ERP) system software from SunGard Public Sector; direct staff accordingly or take other action as deemed necessary ***(for possible action)***
5. **PETITION #04-16:** Approval of new classification specifications for Employee Health Nurse, Schedule 24 (\$63,024 - \$87,942); Executive Administrative Secretary, Schedule 19 (\$48,817 - \$64,646); Medical Assistant, Schedule 12 (\$34,070 - \$47,611); and Vital Statistics Supervisor, Schedule 26 (\$69,846 - \$97,427); direct staff accordingly or take other action as deemed necessary ***(for possible action)***
6. **PETITION #05-16:** Approval of establishment of Employee Events Fiduciary Fund; direct staff accordingly or take other action as deemed necessary ***(for possible action)***

A motion was made by Member Woodbury seconded by Member Giunchigliani and unanimously carried to approve Item IV.1 (November 19, 2015 Board of Health Meeting Minutes), IV.2 (Petition #01-16), and IV.6 (Petition #05-16) of the Consent Agenda as presented.

A motion was made by Member Giunchigliani seconded by Member Delaney and unanimously carried to defer Item IV.3 (Petition #02-16) to the February agenda.

IV.4. - Petition #03-16: Sharon McCoy-Huber, Financial Services Manager, clarified for Member Giunchigliani that the Enterprise Resource Planning (ERP) system is an integrated system for Human Resources, payroll, financial, purchasing and grants management, not the medical records management system.

A motion as made by Member Giunchigliani seconded by Member Woodbury and unanimously carried to approve Item IV.4., Petition #03-16, as presented.

IV.5. - Petition #04-16: Member Kirkpatrick is concerned with costs to ERMB related to unresolved management/employee issues and does not feel that the job description matches Human Resources.

Dr. Iser explained that the former Employee Health Nurse, prior to retirement, was not assigned to Nursing, she reported to the Office of Public Health Emergency Preparedness Manager. Once moved to Human Resources, he or she will have access to confidential information and will be involved in discussions related to other employees. Shandra Hudson, Human Resources Administrator, explained the former Public Health Preparedness Nurse job description was modified to create the Employee Health Nurse job description and it could be further modified at the Board's will to include Workers' Compensation and safety, however, it was designed to be global as opposed to confined to Human Resources. In the event Human Resources staff is dispatched to the field, the Employee Health Nurse will be a part of those functions. Ms. Hudson noted this position will be a part of the Human Resources team and all members of Human Resources are confidential employees. Dr. Iser added that part of the duties will included reviewing FMLA files, which was not done by the former nurse, that is now HR specific and confidential.

When asked by Member Giunchigliani, Ms. Hudson referenced NRS 288.170 as the authority governing Human Resources employees as confidential.

Ms. Hudson believes absence of Board approval for the Payroll Technician job description was an oversight and requires review.

Ms. Hudson informed that the Vital Statistics Supervisor position has been discussed with Robert (Urzi), SNHD Supervisory Unit, who raised some very good points regarding this position, and it is being reconsidered.

A motion was made by Member Giunchigliani seconded by Member Kirkpatrick and unanimously carried to approve the positions of Executive Administrative Secretary as presented and Vital Statistics Supervisor as a union eligible position.

A motion was made by Member Kirkpatrick seconded by Member Dobyne and unanimously carried to approve the position of Medical Assistant as presented.

Member Giunchigliani noted a confidential employee by NRS as "an employee who is involved in the decisions of management affecting the collective bargaining." Member Giunchigliani does not believe that the class specification of the Employee Health Nurse, as written, should not be a confidential employee.

A motion was made by Member Woodbury seconded by Member Tarkanian and approved by a vote of 6-2 to amend the job description of the Employee Health Nurse to include language reflecting that this individual will participate in the decision of management affecting collective bargaining.

For: Members Nielson, Woodbury, Beers, Tarkanian, Dobyne and Delaney
Against: Members Kirkpatrick and Giunchigliani.

Member Kirkpatrick asked for follow up this item in the next couple of months. Dr. Iser assured it will be brought back under the March CHO report.

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

There were no items to be heard.

VI. **REPORT/DISCUSSION/ACTION**

1. **FDA Presentation on Food Program Standards;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

John Marcello, Food and Drug Administration, Pacific Retail Food Specialist, presented "Voluntary National Retail Food Regulatory Program Standards". (**Attachment 1**)

There was no action was taken on this item.

2. **Discuss Status of Advisory Board;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Iser reported that the efforts to hold an Advisory Board meeting have been unsuccessful. The first meeting was scheduled for January 25 but was rescheduled to January 28 due to building logistics. There was not a quorum for this date. On January 20, a poll was sent to the board suggesting several potential dates; however a quorum has not been reached for any of those dates, the closest with four members available on two different dates. Three members did not respond. A new poll will be sent in the near future.

There was no action taken on this item.

3. **Review/Discuss Change in Budget Reserve Requirements (Tabled from 11/19/15);** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Iser noted that in 2014, the Board approved a waiver of the Southern Nevada Health District's Ending Fund Balance Policy for Fiscal Year 2015 to permit the budgeted Ending Fund Balance in the General Fund to fall below the 16.6% minimum reserve balance approved by the Board to 10% for one year. In November, the Board tabled this item to January when more members were present to determine whether to raise the minimum back to 16.6% or leave at 10%.

A motion was made by Member Giunchigliani seconded by Member Tarkanian and carried unanimously to leave the ending fund balance as is.

4. **Review/Discuss Guidelines/Regulations Regarding Dogs on Patios (Tabled from 11/19/15);** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Paul Klouse, Environmental Health, Manager presented "The Dog-Friendly Patio". (**Attachment 2**) additional information regarding dog friendly

There was no action taken on this item.

Member Nielson left the meeting at 10:55 a.m. and did not return

5. Review/Discuss Southern Nevada Health District's Goals and Long/Medium/Short Range Planning; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Dr. Iser presented the District's internal and external goals and expectations.

Member Giunchigliani left the meeting at 11:18 a.m. and returned at 11:22 a.m.

Member Dobyne left the meeting at 11:22 a.m. and returned at 11:26 a.m.

There was no action taken on this item.

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.

- Member Kirkpatrick would like to collaborate with Jackie Reszetar, Director of Environmental Health, to set up additional workshops with smaller ethnic businesses
- Member Kirkpatrick asked if the SNHD Board, at some point, was going to implement medical marijuana food preparation guidelines, however, Dr. Iser advised that is a State authorized program.
- Member Kirkpatrick noted there was a new Lobbyist contract and inquired about the process of obtaining a new lobbyist. Member Beers requested a presentation at the next meeting regarding our lobbying efforts, and asked that no one is hired in response to the RFP. Member Giunchigliani asked that costs paid to lobbyist over the last few years also be included in this report.
- Member Giunchigliani asked for an updated litigation report, to include how many outside attorney firms are used and costs.
- Member Dobyne inquired about the status of the Grant Writer position. Dr. Iser reported an existing approved classification has been updated and the position is currently in recruitment.

VIII. HEALTH OFFICER & STAFF REPORTS

Member Kirkpatrick left the meeting at 11:43 a.m. and did not return

Member Delaney left the meeting at 11:43 and returned at 11:46 a.m.

Member Giunchigliani left the meeting at 11:45 a.m. and did not return

- CHO Comments
- Shandra Hudson, Human Resources Administrator, reported bi-monthly training will start soon in the new building on subjects such as employee morale, contract and personnel code.
- Steve Youles, IT Project Coordinator, informed a request for proposal has been developed for the electronic health records system in October and is now in its final stages.
- Andy Glass, Director of Administration, provided the building update (**Attachment 3**)

IX. INFORMATIONAL ITEMS

- A. Chief Health Officer and Administration Monthly Activity Report – November and December 2015
- B. Community Health Monthly Activity Report – November and December 2015
- C. Environmental Health Monthly Activity Report – November and December 2015
- D. Clinics and Nursing Monthly Activity Report – November and December 2015

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.

Seeing no one, Chair Beers closed this portion of the meeting.

XI. ADJOURNMENT

The Chair adjourned the meeting at 11:51 a.m.

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

/jw

Voluntary National Retail Food Regulatory Program Standards



“Standards of Excellence for Continual Improvement”

Developed and recommended by the U.S. Food and Drug Administration with input from federal, state, and local regulatory officials, industry, trade associations, academia, and consumers.

Southern Nevada Health District Board of Health Briefing January 28, 2016

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BACKGROUND

Achieving national uniformity among regulatory programs responsible for retail food protection in the United States has long been a subject of debate among the industry, regulators and consumers. Adoption of the *FDA Food Code* at the state, local and tribal level has been a keystone in the effort to promote greater uniformity. However, a missing piece has been a set of widely recognized standards for regulatory programs that administer the *Food Code*. To meet this need FDA has developed the “Voluntary National Retail Food Regulatory Program Standards” (Program Standards) through ideas and input from federal, state, and local regulatory officials, industry, trade and professional associations, academia and consumers on what constitutes a highly effective and responsive retail food regulatory program.

In March of 1996, the FDA hosted a meeting to explore ways in which its retail food protection program could be improved. Participants in the meeting included FDA Retail Food Specialists, FDA headquarters personnel, state and local regulatory officials from the six FDA regions, the president of the Association of Food & Drug Officials, and industry representatives. Following that meeting, FDA established a National Retail Food Team comprised of the Regional Retail Food Specialists, CFSAN personnel and other FDA personnel directly involved in retail food protection. A Retail Food Program Steering Committee was established and tasked with leading the team to respond to the direction given by the participants in the meeting, i.e. providing national leadership, being equal partners, being responsive, providing communication and promoting uniformity.

The Steering Committee was charged with developing a five-year operational plan for FDA’s retail food program. The Steering Committee was also charged with ensuring the operational plan was in keeping with the goals and mission of the President’s Food Safety Initiative. FDA solicited input from the regulatory community, industry and consumers in developing the plan. The resulting Operational Plan charted the future of the National Retail Food Program and prompted a reassessment of the respective roles of all stakeholders and how best to achieve program uniformity.

From the goals established in that first Operational Plan, two basic principles emerged on which to build a new foundation for the retail program:

- Promote active managerial control of the risk factors most commonly associated with foodborne illness in food establishments, and
- Establish a recommended framework for retail food regulatory programs within which the active managerial control of the risk factors can best be realized.

These principles led to the drafting of standards that encourage voluntary participation by the regulatory agencies at the state, local, and tribal level. The Program Standards were developed with input obtained through a series of meetings over a two-year period including: the 1996 stakeholders meeting, FDA Regional Seminars, meetings with state officials hosted by the Retail Food Specialists, and six Grassroots Meetings held around the country in 1997. Valuable input from industry associations, associations of regulatory officials, and others was also obtained. The Program Standards were provided to the Conference for Food Protection for further input and to achieve broad consensus among all stakeholders.

In developing the Program Standards, FDA recognized that the ultimate goal of all retail food regulatory

programs is to reduce or eliminate the occurrence of illnesses and deaths from food produced at the retail level and that there are different approaches toward achieving that goal. Federal, state, local, and tribal agencies continue to employ a variety of mechanisms with differing levels of sophistication in their attempt to ensure food safety at retail.

While the Program Standards represent the effective, focused food safety program to which we ultimately aspire, they begin by providing a foundation and system upon which all regulatory programs can build through a continuous improvement process. The Standards encourage regulatory agencies to improve and build upon existing programs. Further, the Standards provide a framework designed to accommodate both traditional and emerging approaches to food safety. The Program Standards are intended to reinforce proper sanitation (good retail practices) and operational and environmental prerequisite programs while encouraging regulatory agencies and industry to focus on the factors that cause and contribute to foodborne illness, with the ultimate goal of reducing the occurrence of those factors.

PURPOSE

The Program Standards serve as a guide to regulatory retail food program managers in the design and management of a retail food regulatory program and provide a means of recognition for those programs that meet these standards. Program managers and administrators may establish additional requirements to meet individual program needs.

The Program Standards are designed to help food regulatory programs enhance the services they provide to the public. When applied in the intended manner, the Program Standards should:

- Identify program areas where an agency can have the greatest impact on retail food safety
- Promote wider application of effective risk-factor intervention strategies
- Assist in identifying program areas most in need of additional attention
- Provide information needed to justify maintenance or increase in program budgets
- Lead to innovations in program implementation and administration
- Improve industry and consumer confidence in food protection programs by enhancing uniformity within and between regulatory agencies

SCOPE

The Program Standards apply to the operation and management of a retail food regulatory program that is focused on the reduction of risk factors known to cause or contribute to foodborne illness and to the promotion of active managerial control of these risk factors. The results of a self-assessment against the Standards may be used to evaluate the effectiveness of food safety interventions implemented within a jurisdiction. The Standards also provide a procedure for establishing a database on the occurrence of risk factors that may be used to track the results of regulatory and industry efforts over time.

PROGRAM STANDARDS

STANDARD 1 – REGULATORY FOUNDATION

This Standard applies to the regulatory foundation used by a retail food program. Regulatory foundation includes any statutes, regulation, rule, ordinance, or other prevailing set of regulatory requirements that governs the operation of a retail food establishment

STANDARD 2 – TRAINED REGULATORY STAFF

This Standard applies to the essential elements of a training program for regulatory staff and includes:

- Completion of basic food safety curriculum courses prior to conducting independent routine inspections.
- Completion of joint field training inspections with the jurisdiction's trainer.
- Completion of independent inspections and advance curriculum coursework.
- Completion of a standardization process similar to the FDA standardization procedures.
- Completion of continuing education contact hours.

STANDARD 3 – INSPECTION PROGRAM BASED ON HACCP PRINCIPLES

This Standard applies to the use of Hazard Analysis Critical Control Point (HACCP) principles to control risk factors in a retail food inspection program.

STANDARD 4 – UNIFORM INSPECTION PROGRAM

This Standard applies to the jurisdiction's internal policies and procedures established to ensure uniformity among regulatory staff in the interpretation of regulatory requirements, program policies, and compliance / enforcement procedures.

STANDARD 5 – FOODBORNE ILLNESS & FOOD DEFENSE PREPAREDNESS & RESPONSE

This Standard applies to the surveillance, investigation, response, and subsequent review of alleged food-related incidents and emergencies, either unintentional or deliberate, which results in illness, injury, and outbreaks.

STANDARD 6 – COMPLIANCE AND ENFORCEMENT

This Standard applies to all compliance and enforcement activities used by a jurisdiction to achieve compliance with regulation. This Standard includes a review of compliance and enforcement activities that result in follow-up actions for out-of-control risk factors and timely correction of code violations.

STANDARD 7 – INDUSTRY AND COMMUNITY RELATIONS

This Standard applies to industry and community outreach activities used by a regulatory program to solicit a broad spectrum input into a comprehensive regulatory food program, communicate sound public health food safety principles, and foster and recognize community initiatives focused on the reduction of foodborne illness risk factors.

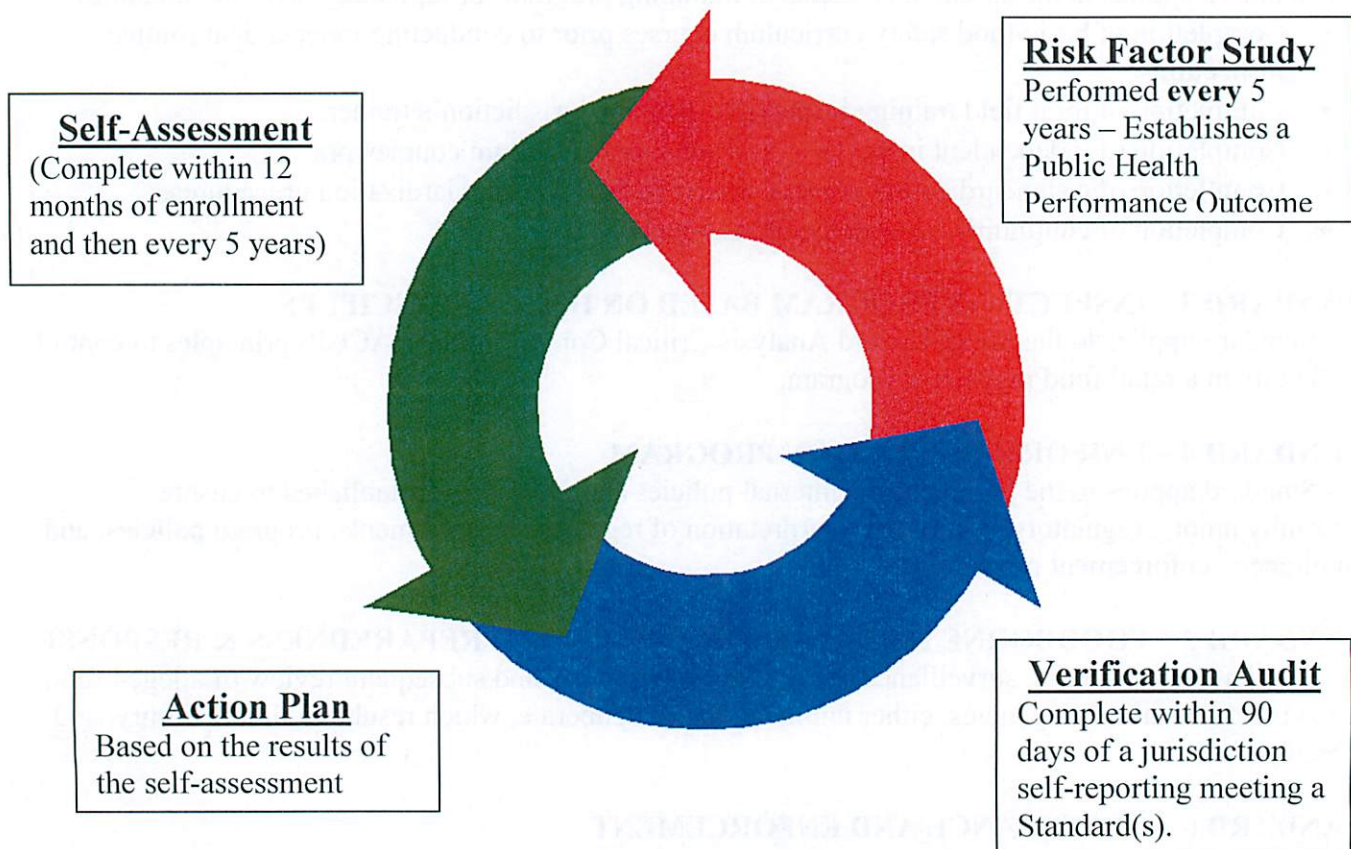
STANDARD 8 – PROGRAM SUPPORT AND RESOURCES

This Standard applies to the program resources (budget, staff, equipment, etc.) necessary to support an inspection and surveillance system that is designed to reduce risk factors known to contribute to foodborne illness.

STANDARD 9 – PROGRAM ASSESSMENT

This Standard applies to the process used to measure the success of a jurisdiction's program in reducing the occurrence of foodborne illness risk factors to enhance food safety and public health in the community.

PROGRAM STANDARDS – A CONTINUOUS IMPROVEMENT PROCESS



NEW DEVELOPMENTS

The Program Standards were pilot tested in each of the five FDA regions in 1999. Each regulatory participant reported the results at the 2000 Conference for Food Protection. Improvements to the Standards were incorporated into the January 2001 version based on input from the pilot participants. Further refinements to the Standards were made in subsequent drafts leading up to the endorsement of the March 2002 version of the Program Standards by the 2002 Conference for Food Protection. Subsequent changes and enhancements have been made following concurrence of the stakeholders at the biennial meetings of the Conference for Food Protection.

In maintaining these standards, FDA intends to allow for and encourage new and innovative approaches

to the reduction of factors that are known to cause foodborne illness. Program managers and other health professionals participating in this voluntary program who have demonstrated means or methods other than those described here may submit those to FDA for consideration and inclusion in the Program Standards. Improvements to future versions of the Standards will be made through a process that includes the Conference for Food Protection to allow for constant program enhancement and promotion of national uniformity.

FUNDING OPPORTUNITIES

Enrollees in the Retail Program Standards may be eligible for a number of funding opportunities. These funding opportunities are intended to help the enrollees achieve meaningful success in the Retail Food Program Standards by helping defray the cost for things such as food safety equipment, outreach materials, and training opportunities. At this time, funding is available to enrollees through:

- FDA's Office of Partnerships – Retail Food Program Standards Cooperative Agreements for \$70,000/year for 5 years (pending availability of funding).
 - Currently 68 Awards have been issued totaling \$4,623,276
 - In 2015 SNHD was awarded \$70,000/year for 5 years
- Cooperative Agreement with AFDO to administer Retail Food Program Standards funding related to three categories:
 - Small Projects (such as completion of a self-assessment or verification audit) - \$3,000/jurisdiction
 - Larger Projects (such as conducting a study on the occurrence of foodborne illness risk factors in their community or enhancing food program computer capabilities) - \$10,000 - \$20,000/jurisdiction.
 - Training Opportunities - \$3,000/jurisdiction
 - This year SNHD received:
 - ✓ Small Project Award of \$3,000 to provide training materials to industry
 - ✓ Larger Project Award of \$18,000 to work with counties from two neighboring state on the Program Standards
 - ✓ Training Award of \$3,000 to attend and serve on a Conference for Food Protection Council
 - In 2015, 348 Awards totaling \$1,969,863 were approved through the AFDO Cooperative Agreement.
- Cooperative Agreement with the National Association of County City Health Organizations (NACCHO) – Mentor/Mentee Program - (Approximately \$10,000/jurisdiction)
 - SNHD previously received an Award to participate as a Mentee
 - This year SNHD has received an Award to serve as a Mentor for two counties
 - ✓ Tippecanoe County Health Department, IN
 - ✓ Ogle County Health Department, IL

PROGRAM STANDARDS RESOURCES – WEB LINKS

Subscribe for e-mail updates on retail food protection postings:

https://public.govdelivery.com/accounts/USFDA/subscriber/new?topic_id=USFDA_426

FDA Retail Food Protection Links

- Retail Food Protection main page – <http://www.fda.gov/RetailFoodProtection>
- Program Standards main page – <http://www.fda.gov/retailprogramstandards>
- **Voluntary National Retail Food Regulatory Program Standards**
This page provides a copy of each Standards, along with corresponding forms and worksheet for completing a self-assessment or verification audit.
- **Listing of Jurisdictions Enrolled in the Voluntary National Retail Food Regulatory Program Standards**
This page provides information about jurisdictions that have enrolled in the Retail Food Program Standards. This information reflects enrollment changes such as new enrollments (currently 688 jurisdictions are enrolled), as well as to recognize accomplishments of current enrollees.
- **Clearinghouse Work Group Questions and Answers for Implemented 2011 Standards**
The Clearinghouse Work Group is an ad hoc group composed of regulators from state, local, and tribal jurisdictions representing the 5 FDA regions and the Conference for Food Protection's Program Standards Committee. The members work with FDA staff to answer questions about the Retail Food Program Standards.
- **Crosswalk on Public Health Accreditation and Retail Program Standards**
This document provides an overview of the similarities between the Retail Program Standards and the PHAB accreditation process and details the connections between the criteria that apply within each initiative. The detailed crosswalk provides specific examples of where documentation generating when implementing the Retail Program Standards can be used to satisfy documentation requirement associated with the accreditation process. This document will assist those who pursue conformance with the Retail Program Standards and PHAB Accreditation concurrently, without duplicating resources or effort.
- **Sharing Sessions about the Retail Program Standards**
The sharing sessions provide an opportunity for regulatory partners to share and discuss

innovative practices used to reduce the incidences of foodborne illness, improve service to stakeholders, and continuously improve retail food regulatory programs.

ADDITIONAL RESOURCES

- Food Code main page – <http://www.fda.gov/FoodCode>
- Oral Culture Learners Project main page – <http://www.fda.gov/foodemployeeetraining>
- Food Code Reference System main page -
<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm391534.htm>
- Resources that will be made available in early 2016 on the FoodSHIELD site:
 - Program Standards Resource Center
 - Retail Food Risk Factor Study Database

**FDA's Voluntary National Retail Food Regulatory Program Standards
and
CDC's 10 Essential Public Health Services within the
National Public Health Performance Standards Program
DRAFT August 25, 2006**

CDC's Essential Public Health Services (<http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>) provide the fundamental framework for the National Public Health Performance Standards Program (NPHPSP) (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>) describing the public health activities that should be undertaken in all communities. The NPHPS Program is a National Partnership initiative that has developed National Public Health Performance Standards for state and local public health systems and for public health governing bodies.

The FDA Voluntary National Retail Food Regulatory Program Standards compliment the NPHPSP by providing a performance-based system for the design and management of one important component of the public health program - the regulation of retail food and foodservice establishments. Although the scope of the NPHPS Program is much broader than that of the Retail Food Program Standards, the philosophical approach for each program is the same. Both provide a strategic framework for the continuous improvement of environmental health activities and programs. In addition, participation in either or both of these initiatives will encourage individuals in public health to think more holistically. The CDC and FDA (*use this order for CDC's site & reverse for FDA's site*) encourage state, local, and tribal public health programs to consider the use of both of these symmetrical initiatives for program improvement.

Environmental health programs that are considering using the NPHPSP would likely find the food program a good place to begin. Local and state food safety programs are generally well structured and organized relative to other areas of environmental health. In addition, other environmental health programs may not have nationally recognized standards (i.e., the FDA Program Standards) in place to evaluate the effectiveness or quality of their activities. The nationally recognized FDA Voluntary National Retail Food Regulatory Program Standards (<http://www.cfsan.fda.gov/~dms/ret-toc.html>) provide step-by-step tools to enable program assessment, identify gaps, develop strategies to address gaps, and measure the progress and impact of program improvements. This approach could also be applied to other environmental health programs.

Food programs that are already enrolled or considering enrollment in the Retail Food Program Standards may find it beneficial to also consider the National Public Health Performance Standards Program. The NPHPSP can be used to describe an optimally functioning environmental health unit to achieve the purpose and practice of public health.

The continuity between the National Public Health Performance Standards Program and the Retail Food Program Standards demonstrates both CDC's and FDA's commitment to improve public health. The opportunity to work collaboratively and share leadership in this effort can decrease confusion by our state and local health department partners and lead to an economy of scale by maximizing resources.

The following summary depicts an example of how the Retail Food Program Standards can be used to achieve the 10 Essential Public Health Services of the NPHPSP in food programs.

Summary of 10 Essential Services and Corresponding Program Standard

10 Essential Public Health Services	Corresponding FDA Program Standard
1. Monitor environmental and health status to identify community environmental health issues	<ul style="list-style-type: none"> • Standard 3 - Inspection Program Based on HACCP Principles • Standard 5 - Foodborne Illness & Food Security Preparedness Response • Standard 8 - Program Resources
2. Diagnose and investigate environmental health problems and health hazards in the community	<ul style="list-style-type: none"> • Standard 3 - Inspection Program Based on HACCP Principles • Standard 5 - Foodborne Illness & Food Security Preparedness Response • Standard 8 - Program Resources
3. Inform, educate and empower people about environmental health issues	<ul style="list-style-type: none"> • Standard 7 - Industry & Community Relations
4. Mobilize community partnerships to identify and solve environmental health problems	<ul style="list-style-type: none"> • Standard 7 - Industry & Community Relations
5. Develop policies and plans that support individual and community environmental health efforts	<ul style="list-style-type: none"> • Standard 3 - Inspection Program Based on HACCP Principles • Standard 7 - Industry & Community Relations
6. Enforce laws and regulations that protect health and safety	<ul style="list-style-type: none"> • Standard 1 - Regulatory Foundation • Standard 3 - Inspection Program Based on HACCP Principles • Standard 4 - Uniform Inspection Program • Standard 6 - Compliance and Enforcement
7. Link people to needed environmental health services and assure the provision of environmental health services when otherwise unavailable	<ul style="list-style-type: none"> • Standard 7 - Industry & Community Relations
8. Assure a competent environmental health workforce	<ul style="list-style-type: none"> • Standard 2 - Trained Regulatory Staff • Standard 4 - Uniform Inspection Program • Standard 6 - Compliance and Enforcement • Standard 8 - Program Resources
9. Evaluate effectiveness, accessibility and quality of personal and population-based environmental health services	<ul style="list-style-type: none"> • Standard 9 - Program Assessment
10. Research for new insights and innovative solutions to environmental health concerns	<ul style="list-style-type: none"> • Using the continuous improvement model promoted in the Program Standards, jurisdictions conduct a self-assessment of their program against the criteria specified in the Standards and develop a strategic plan to address any identified gaps. Intervention strategies are implemented to reduce factors most likely to contribute to foodborne illness. The effectiveness of programmatic changes and innovative strategies is measured over time by conducting periodic studies of the occurrence of foodborne illness risk factors in the jurisdiction. Trend analysis data obtained from these studies provides information that is used to develop new strategies to positively impact risk factor reduction.

Violation #16: Effective pest control measures. Animals restricted as required.

- ◆ *Note: See violation #12 for application of pesticides in open food area during food preparation. {7-202.12}*
- ◆ Pests such as rodents, flies, cockroaches, birds, or other vermin observed in the facility. {6-501.17}
 - Pests observed in outdoor dining areas. This may also require a risk control plan. {6-202.15(E)}
- ◆ Evidence of pests such as droppings from rodents, cockroaches, birds, or other vermin observed in the facility. {6-501.17}
- ◆ Household-use pesticides used in the food establishment. {7-206.11}
 - *Note: Sticky fly paper is acceptable for use away from open food or food storage areas not creating contamination or nuisance conditions (such as over water heater, electrical rooms, chemical storage area, etc.).*
 - *Note: Fly swatters are not approved for use inside a food establishment.*
- ◆ Pesticides not approved by NV Department of Agriculture being used in the food establishment. {7-206.11(B)}
- ◆ Home-use insect baits used within the facility. {7-206.11(D)}
- ◆ Pesticides used outside of labeling requirements (including statement of household use). {7-202.12(A)}
- ◆ Premises found to be in a condition that allows the harboring or feeding of pests. {6-501.17(D)}
- ◆ Rodent bait not in a covered, temper-resistant bait station. {7-206.12}
 - *Note: Snap style traps are not allowed inside food establishments (even when non-toxic bait is used) due to potential of splatter.*
- ◆ Tracking powders, toxic or non-toxic, used in a food establishment. {7-206.13}
- ◆ General use automatic spray dispensers; limited to pyrethrins, piperonyl butoxide and MGK-264; directly above food, or within 15 linear feet of packaged or unpackaged food, or any surface that may come into contact with food or utensils. {7-206.11(C)}
- ◆ Pesticide application record, either by an operator or a Certified Pest Operator, not maintained for 2 years. {7-206.11(D)}
 - *Note: Records should have name of applicator; name of chemical; dates of application; methods used to protect food, equipment, and persons; method used for cleaning the establishment after the application*
 - *Note: Pest control records are not required to be on-site. Allow 5 business days for operator of food establishment to provide records.*
- ◆ Exterior doors are not tightly fitted/weather proof or left open, allowing an entry point for vermin. {6-202.15(A)}
- ◆ Exterior doors not self-closing unless emergency exit or alarmed. {6-202.15(A), {6-202.15(C)}}
- ◆ Exterior doors and windows opening directly into food preparation area (except marked emergency exit doors) do not have an air curtain/fly fan except drive-thru/pass through windows. Drive-through/pass through windows either not self-closing or do not have air curtain (only one required). {6-202.15(A), 6-202.15(D)(2)}
- ◆ Installed air curtains/fly fans are not operating properly. This includes being bypassed, disabled or turned off. {6-202.15(D)(2)}
- ◆ Open windows not screened. {6-202.15(D)(1)}
- ◆ Insect catcher/zapper unapproved (does not contain insects) or located above food or food contact surfaces (cannot properly clean or service unit while in place). {6-202.13(A-B)}
- ◆ Ineffective measures to control or minimize the presence of rodents, flies, cockroaches, birds, or other pests. {6-501.17}
- ◆ Racks or other equipment stored outside, not in use, observed attracting pests, or covered with pest droppings. {4-203.11(H), 6-501.20}
 - *Note: See equipment stored outside SOP.*

- Note: See equipment stored outside SOP.
 - Note: If racks with contamination by pests used for open foods causing contamination, violation #6.
 - ◆ Live animals (including dogs and birds) are found to be on the premises unless prior approval by health authority is given. {6-501.21}
 - Note: Does not apply to service animals, security dogs accompanying police officers, edible fish, crustaceans, shellfish, or fish in aquariums. {6-501.21}
 - Note: See FERL documents on service animals. Operator or EHS may only ask if the dog is a service animal required for a disability and what work or task has the dog been trained to perform. You cannot ask for proof of animal certification, require medical documentation, require training documentation or identification for the dog or details of medical condition requiring service. Service dogs are not required to wear a vest or emblem. {6-501.21}
 - Note: Companion animals are not considered service animals and must be restricted as any other animal (such as a pet) would be. {1-202 definition of service animal}
 - Note: Suggestion if animal does not appear to be a service animal: Have manager tell person with animal "Sorry, no pets are allowed." and see how person responds; not giving them "service animal" cue.
 - Note: Food Establishment operating a "Dog-Friendly Patio" without a waiver – Provided establishment has an externally-accessible patio (gate to patio that does not require passing through interior of the restaurant) – **DO NOT VIOLATE** - advise operator of website access to obtain waiver application and allow at least 30 days for processing. <http://www.southernnevadahealthdistrict.org/food-establishments/dog-friendly-patio-waivers.php>
 - ◆ Racks or other equipment with contamination by pests inside facility and being used for packaged foods. {4-203.11(H)}
 - ◆ Animal (including service animals) sitting on table or chair. {6-501.21(C)}
 - ◆ Foodhandlers caring for or handling animal while on duty, except for their own service animal and fish in aquariums or molluscan shellstock in display tanks. {6-501.21}
 - Note: Proper handwashing must still be practiced when handling animals, violation #2. {2-403.11(B)}
- Pest Infestation SOP
- ◆ Indications of infestations requiring immediate (48 hours) action:
 - Multi generational cockroaches.
 - Rodent droppings.
 - Live rodent(s) observed.
 - Multiple birds.
 - Substantial amount of house flies or fruit flies.
 - ◆ Known infestations warranting closure of facility:
 - Pest infestation directly contaminating food or food contact surfaces.
 - Severe rodent droppings or urine contaminating food and food contact surfaces.
 - Substantial bird infestation allowing harborage without any barriers preventing ingress and egress, no pest management, easy access to food, droppings on food.
 - Pest infestation without an active and effective pest management program.
 - Substantial fly infestation, breeding, nuisance level high, foodhandlers swatting flies away from food and food contact surfaces.
 - Ceiling fans can assist in preventing flies from landing on surfaces in dining rooms or with plan review approval.
 - ◆ Seasonal or unusual pest issues may not require immediate action or closure. Evaluate with supervisor on a case by case basis.
- Equipment Stored Outside SOP
- ◆ Racks or other equipment stored outside, not in use, observed attracting pests, or covered with pest droppings, violation #16.
 - ◆ Racks with evidence of contamination by pests inside and being used for packaged foods, violation #16.

- ◆ Racks with evidence of contamination by pests inside and being used for proofing or storage of open foods with obvious contamination to food, violation #6. Discard foods.
- ◆ If violations are documented, must create a plan to address storage issues and if not successful, refer to Plan Review.

EXCERPTS FROM FDA FOOD CODE 2013

Animals 2-403.11 Handling Prohibition.

(A) Except as specified in ¶ (B) of this section, FOOD EMPLOYEES may not care for or handle animals that may be present such as patrol dogs, SERVICE ANIMALS, or ^{Pf}pets that are allowed as specified in Subparagraphs 6-501.115(B)(2)-(5).

6-501.115 Prohibiting Animals.

(A) Except as specified in ¶¶ (B) and (C) of this section, live animals may not be allowed on the PREMISES of a FOOD . PfESTABLISHMENT

(B) *Live animals may be allowed in the following situations if the contamination of FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES are not likely to result:*

- (1) *Edible FISH or decorative FISH in aquariums, shellfish or crustacea on ice or under refrigeration, and shellfish and crustacea in display tank systems;*
- (2) *Patrol dogs accompanying police or security officers in offices and dining, sales, and storage areas, and sentry dogs running loose in outside fenced areas;*
- (3) *In areas that are not used for FOOD preparation and that are usually open for customers, such as dining and sales areas, SERVICE ANIMALS that are controlled by the disabled EMPLOYEE or PERSON, if a health or safety HAZARD will not result from the presence or activities of the SERVICE ANIMAL;*
- (4) *Pets in the common dining areas of institutional care facilities such as nursing homes, assisted living facilities, group homes, or residential care facilities at times other than during meals if:*
 - (a) *Effective partitioning and self-closing doors separate the common dining areas from FOOD storage or FOOD preparation areas,*
 - (b) *Condiments, EQUIPMENT, and UTENSILS are stored in enclosed cabinets or removed from the common dining areas when pets are present, and*
 - (c) *Dining areas including tables, countertops, and similar surfaces are effectively cleaned before the next meal service;*
- (5) *In areas that are not used for FOOD preparation, storage, sales, display, or dining, in which there are caged animals or animals that are similarly confined, such as in a variety store that sells pets or a tourist park that displays animals.*
- (6) *Pet Dogs (Canis familiaris) may be allowed in outdoor dining areas of food establishments provided:*

- a) *Self-closing gates, doors, and effective partitioning separate indoor dining areas and FOOD storage or FOOD preparation areas from the outdoor patio area;*

- b) Pet Dogs shall only access the patio area from the public right-of-way by means of an outdoor patio gate;
- c) Pet Dogs must remain on the floor, and may not be allowed on seats, benches, and tables, or other furniture, or to be held by the owner at any time;
- d) Restaurant staff/employees will not touch, directly serve, or bus the dishes of a pet dog allowed on the patio – patrons will be advised that such activities are solely the responsibility of the pet dog owner;
- e) In cases where excrement or other bodily fluids (feces, urine, vomit) are deposited on the premises of the patio, a staff member/employee shall immediately provide a disposable waste bag and customer clean up kit to use to clean the area;
- f) Waste clean-up kit will contain nitrile gloves, liquid absorbent, scoop, scraper to be used to remove soil matter;
- g) Permit Holder will maintain a final clean-up kit containing disinfectant, mops and other tools to complete the clean-up and Disinfection of the area – these tools will not be used for other purposes; Staff will wash hands after clean-up;
- h) Permit Holder will provide and use stanchions / cones to isolate the area while the disinfectant dries;
- i) Permit Holder will provide and stock a dispenser stand for pet dog waste bags shall and it shall be conveniently placed for patron use;
- j) Pet Dogs must be leashed and under the control of the owner at all times;
- k) The Permit Holder understands and agrees that the regulation does not address safeguards to potential animal behavior - damage to persons and animals related to interactions with Pet Dogs are the sole responsibility of the Permit Holder;

(C) Live or dead FISH bait may be stored if contamination of FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES can not result.

PET DOGS: PET DOGS shall mean any dog (*Canis familiaris*) that is not a SERVICE ANIMAL.

THE DOG-FRIENDLY PATIO





The Problem:

- Current Regulation 6-501.21 prohibits animals on the “premises” of a food establishment, with the premises being defined as “The physical facility, its contents and the ***contiguous land or property under the control*** of the PERMIT HOLDER...”

Health Risks

The presence of animals in a dining area presents a potential source of contamination in an area where such sources ideally should be minimized:

- Bacterial – salmonella, e.coli, leptospirosis*, MSRA
 - Fungal – histoplasmosis, cryptococcosis and coccidioidomycosis
 - Protozoan – cryptosporidium & giardia;
 - Roundworms - toxocariasis
 - Hookworms
 - Fleas - Plague
 - Ticks – Lyme Disease, RMSF (bite of vector)
 - Tapeworms - echinococcosis
- Spread to dogs and humans through fecal contamination or contact urine*

Zoonotic Risk Factors (CDC):

- ◉ Coming into contact with the saliva, blood, urine, or feces of an infected animal;
- ◉ Being bitten by a tick or mosquito (often called a “vector”)
- ◉ Eating or drinking something unsafe (foods that are contaminated with feces from an infected animal)

Current Solution (short-term):

- ***Administrative Waiver*** – Regulatory Waiver authority was created with the 2010 Food Regulations - allows EH Administration to waive regulatory requirements, provided the applicant provides documentation and/or agreements that show mitigation of potential or actual health hazards or nuisances;

Waiver Conditions

Elements "conditions" for the waiver:

- The waiver applies to only to dogs;
- Dogs may only enter the patio area by means of the outdoor patio access;
- Dogs must remain on the floor;
- Doggie treats served in single-service bowls;
- Employees don't touch dogs;
- Employees keep the area clean;
- Employees have a sanitary clean-up kit;
- Accident bags provided for patrons;

Waiver Conditions (cont)

- Applicant understands that the Waiver is part of the permit;
- Applicants understands that the waiver is for food-safety issues only & does not cover dog behavior;
- Applicant understands that nothing in the waiver is meant to address ADA requirements;

Requested from Applicant:

- Application for Waiver;
- FLOOR PLANS showing the patio in relation to the restaurant;
- Rules for Patrons;
- Rules & Procedures for staff;
- Biological Spill Clean-up procedures;
- Menus for Dogs;
- Signed written agreement that the applicant will follow the agreed-upon procedures at all times;

Once reviewed to determine that all elements were in place for the Waiver, a letter granting the Waiver is prepared, signed, and given to the applicant;



Long-term Potential Solution:

- Draft Regulations for 2013 Food Code adoption allowing dog on patios within certain regulatory requirements;
- 2013 FDA Food Code has new language allowing *Pets in the common dining areas of institutional care facilities at times other than during meals provided certain conditions are met...*
- *New suggested draft language in your packet;*

Direction to Staff :

- ◉ When a Food Establishment is found to be operating a Dog-Friendly Patio, staff:
 - Advise & educate rather than violate if the operation meets the general parameters required of a Waiver;
 - Provide the operator 30 days to make application for a Waiver;



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PET FRIENDLY PATIO!

WE WELCOME YOUR PET TO OUR PATIO DINING AREA.
PLEASE BE RESPECTFUL OF THE RULES BELOW
SO WE CAN CONTINUE TO DO SO.

- 1 PLEASE DO NOT PLACE YOUR PET, HOWEVER SMALL, ON THE TABLE, ON YOUR LAP OR ON A CHAIR. (RULES OF THE HEALTH DEPARTMENT)
- 2 AVOID THE "THREE B'S" **BEGGING, BARKING & BITING**
- 3 YOUR PET CAN'T EAT OFF YOUR PLATE OR DRINK FROM YOUR GLASS. WE HAVE SPECIAL BOWLS JUST FOR THEM.
- 4 YOUR SERVER IS NOT ALLOWED TO TOUCH YOUR PET WHILE WORKING... IT'S NOTHING PERSONAL!
- 5 PETS MUST BE KEPT ON A LEASH AND BE WITHIN REACH OF THEIR OWNER AT ALL TIMES.

DOGS ARE NOT ALLOWED INSIDE OUR RESTAURANT (WITH THE EXCEPTION OF SERVICE DOGS)



DOG FRIENDLY PATIO

We welcome your pooch to our patio dining area.
Please be respectful of the rules below
so that we can continue to do so.

PATIO RULES:

1. Please do not place your dog, even a small one, on the table, in your lap or on a chair. (Because the Health Department says so.)
2. Avoid the "Three B's": Begging, Barking & Biting
3. Your canine friend can't eat off your plate or drink from your glass. We have special bowls just for them.
4. Your Lazy Dog server is not allowed to touch your pup while working...It's nothing personal!
5. Dogs must be kept on a leash and be within reach of their owner at all times.

DOGS ARE NOT ALLOWED INSIDE OUR RESTAURANT (WITH THE EXCEPTION OF SERVICE DOGS)



BONE APPETIT!

COMPLIMENTARY BOWL OF WATER
GRILLED HAMBURGER PATTY & BROWN RICE 4.95
GRILLED CHICKEN BREAST & BROWN RICE 4.95
PLAIN BROWN RICE 1.95



Building Project
Presentation to Board of Health
January 28, 2016

Funds Available	
Beginning Balance	\$15,005,809
2014/15 - Transfer & Interest	1,449,920
2014/15 - Expenses	-6,865,914
Ending balance 6/30/15	\$9,589,816
2015/16 - Transfer	1,350,639
Additional Transfer 11/19/15	1,000,000
City of Las Vegas-Redevelopment	200,000
Funds available	\$12,140,455
2015/16 Expenses to date	-8,658,696
Funds remaining 1/12/16	\$3,481,759

Building
Funding
as of
1/12/16



Building
Funding
as of
1/12/16

Funds Needed	
Construction, Demolition, CMAR	\$2,117,407
Architectural Services - balance	35,928
Furniture, Fixtures & Equipment	363,974
Moving Costs	100,000
Landscaping & signage	98,103
Contingency - SNHD	97,356
	\$2,812,768
Renovation - Henderson Relocation	225,000
Funds needed	\$3,037,768



Construction Changes as of 1/12/16

Construction Changes to Date	
Original Contract	\$ 9,557,274
Solar Tubes	102,186
Redevelopment Improvements	135,670
Unforeseen Conditions	99,268
Owner Changes	4,429
Value Added	666,059
Net Increase to Date	1,007,612
	\$ 10,564,886

Funding Still Needed	
Landscaping	64,330
Signage	33,773
	\$ 98,103

