



## MINUTES

### ***Southern Nevada District Board of Health Meeting***

625 Shadow Lane  
Las Vegas, Nevada 89106  
Clemens Room

***Thursday, July 23, 2009 - 8:30 A.M.***

Chair Giunchigliani called the meeting of the Southern Nevada District Board of Health to order at 8:31 a.m. and led the Pledge of Allegiance. Chair Giunchigliani noted that a quorum was present. Stephen F. Smith, Esq., Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law.

#### Board Members Present:

Chris Giunchigliani  
Stavros Anthony  
Travis Chandler  
Donna Fairchild  
Joseph Hardy, MD  
Tim Jones  
Mary Jo Mattocks, RN  
Anita Wood

Chair, Commissioner, Clark County  
Councilman, Las Vegas  
Councilmember, Boulder City Alternate  
Councilmember, Mesquite  
At-Large Member, Physician  
At-Large Member, Regulated Business/Industry  
At-Large Member, Registered Nurse  
Councilwoman, North Las Vegas Alternate

#### Absent:

Ricki Barlow  
Jim Christensen, MD  
Susan Crowley  
Robert Eliason  
Linda Strickland  
Lawrence Weekly

Secretary, Councilman, Las Vegas  
At-Large Member, Physician  
At-Large Member, Environmental Specialist  
Councilman, North Las Vegas  
Councilmember, Boulder City  
Commissioner, Clark County

#### Executive Secretary:

Lawrence Sands, DO, MPH

#### Legal Counsel:

Stephen F. Smith, Esq.

#### SNHD Lobbyists:

Bryan Gresh  
Gary Milliken

Other SNHD Board of Health Members/Alternates Present:

Barbara Ruscigno, RN	Alternate At-Large Member, Registered Nurse
Jimmy Vigilante	Alternate At-Large Member, Regulated Business/Industry

Other SNHD Board of Health Members/Alternates Not Present:

Tom Collins	Commissioner, Clark County Alternate
Lonnie Empey	Alternate At-Large Member, Environmental Specialist
Karl Gustavson	Councilman, Mesquite Alternate
Frank Nemec, MD	Alternate At-Large Member, Physician
John Onyema, MD	Alternate At-Large Member, Physician
Steven Ross	Councilman, Las Vegas Alternate

Staff: Scott Weiss; Angus MacEachern; Glenn Savage, Jennifer Sizemore; Bonnie Sorensen; Jo Alexander; Pat Armour; Mike Bernstein; Stephanie Bethel; Jerry Boyd; Mary Ellen Britt; Adrian Brown; Nicole Bungum; Dennis Campbell; Rory Chetelat; Alice Costello; Arta Faraday; Steve Goode; Mary Ellen Harrell; Forrest Hasselbauer; Daniel LaRubio; Eddie Larsen; Brian Labus; Christina Madison; Ann Markle; Patricia O'Rourke-Langston; Gwen Osburn; Mars Patricio; Walter Ross; Patricia Rowley; Jane Shunney; Leo Vega; Valery Klaric and Shelli Clark, recording secretary

**ATTENDANCE:**

<u>NAME</u>	<u>REPRESENTING</u>
Fred Couzens	LV Tribune
Cesar Ceballos	CCRPM
Gregory J. Elmo	Tanna Pride
William Fairchild	Self
Jennifer Green	Clark County
Scott Hansen	City of Boulder City
Shaun Haley, Esq.	Fisher & Phillips
Camela Maupin, PAS	Touro University
Brian Masters	USN Student Pharmacist
Samira Macon	USN Student Pharmacist
Joe Mercado	NVCCU
Bob Motis	Impact
Richard Niell	A1 Organics
Mark J. Riccardi, Esq.	Fisher & Phillips
Bob Yost	A1 Organics

**OATH OF OFFICE:**

**Southern Nevada District Board of Health Elected Members and Alternates**

Chair Giunchigliani asked Mr. Smith to proceed with administering the Oath of Office to the elected and alternate members present.

Stephen F. Smith, Board Legal Counsel, administered the Oath of Office to the following elected members and alternates: Stavros Anthony – Councilman, City of Las Vegas; Donna Fairchild – Councilmember, City of Mesquite; Chris Giunchigliani – Commissioner, Clark County; Travis Chandler – Councilman, City of Boulder City alternate; Anita Wood – Councilwoman, City of North Las Vegas.

Chair Giunchigliani asked if there were any modifications to the agenda. Dr. Sands confirmed the agenda stands as prepared. Chair Giunchigliani called for a motion to accept the agenda as presented.

*Member Mattocks motioned to accept the agenda as presented; seconded by Member Fairchild and carried unanimously.*

## **I. REPORT / DISCUSSION / ACTION**

### **1. Receive Report from the Nomination of Offices Committee; Election of Southern Nevada District Board of Health Officers for FY 2009-10:** (Committee: Chair Giunchigliani, Members Christensen, Crowley, Empey, Jones, Strickland and Vigilante).

Dr. Sands reported that the Nomination of Officers Committee met on July 8 and recommended members serve as officers for FY10: Chris Giunchigliani as Chair; Linda Strickland as Vice Chair; and Tim Jones as Secretary. The full report is included in the Board members' packets.

Chair Giunchigliani asked if there were any discussion. She said that annually a committee meets to consider nominations for the Board Officers. She thanked Shelli Clark for preparing a form to solicit nominations from Board members. There was good feedback and the committee brought forth recommendations. She noted that next year a committee will convene to consider at-large members for the Board. She confirmed that any Board member, elected or at-large, is able to serve as an officer.

*A motion was made by Member Mattocks to elect the following members as Southern Nevada District Board of Health Officers for FY 2009-10: Chair, Chris Giunchigliani; Vice Chair, Linda Strickland; and Secretary, Tim Jones; seconded by Member Jones and was unanimously approved.*

## **II. 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: 6/25/09**
- 2. Approve Payroll / Overtime for Periods: 5/30/09 – 6/12/09; 6/13/09 – 6/26/09**
- 3. Approve Accounts Payable Registers: #1183: /05/09 – 6/10/09; #1184: 6/11/09 – 6/18/09; #1185: 6/19/09 – 6/24/09; #1186: 6/25/09 – 7/01/09**

Chair Giunchigliani asked if there were any discussion on the items brought forward on the Consent Agenda; seeing none she called for a motion.

*A motion was made by Member Fairchild to approve the Consent Agenda as presented; seconded by Member Mattocks and was unanimously approved.*

## **II. PUBLIC HEARING / ACTION**

- 1. Variance Request** to Operate a Compost Plant not in Compliance with Nevada Administrative Code (NAC) 444.670.2(a), Located at 9325 S. Jones Blvd., Las Vegas, NV 89139 (APN: 176-23-701-009, 176-23-801-002, 176-23-801-011 and 176-23-501-003). **Petitioner:** A-1 Organics Nevada, LLC, dba A1 Organics Nevada, LLC, Bob Yost, Manager

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health engineer/supervisor and Arta Faraday, senior environmental health specialist presented this item. Mr. Ross said at the November 20, 2008 Board of Health meeting A-1 Organics was approved to operate a compost plant. One condition on approved Memorandum #07-08 was for the applicant to request a variance with respect to the buffer zone requirements to adjoining properties and public roads. Robert Yost was present to answer questions of the Board.

Staff recommends approval of the variance based on the following conditions:

1. The compost plant must utilize tested and proven methods and procedures in the approved Report of Design and Report of Operating Plan to mitigate the potential for creating nuisance conditions and to remediate such conditions quickly and effectively should they be created as a result of an upset or unplanned situation. These include in-vessel composting systems, proven bio-filter systems, reduced aeration processes, liquid management processes, fly abatement procedures, daily site monitoring, and monitoring of wind blowing toward the Clark County Public Works facility and Jones Blvd.;
2. The compost plant must establish a contact person and a routine communication procedure with the Clark County Department of Public Works to quickly ascertain and respond to any potential nuisance condition event and to maintain the consent of the Department of Public Works with respect to the location of the compost plant;
3. The compost plant must hold quarterly open house events, which must be advertised on its web site, to allow adjoining neighbors and the public access to the site to (a) personally see what the compost plant does and how it does it, (b) receive educational information on the benefits to the community that composting provides, and (c) have any questions or concerns addressed.

Chair Giunchigliani asked Mr. Yost if he was in agreement with the conditions as outlined; Mr. Yost responded affirmatively. A-1 Organics is located next to the new Clark County Public Works building and any problems which may arise will be addressed with the designated individual directly. Odors had previously been a concern and this has been addressed.

Walter Ross said the proposed Clark County Public Works building is in the planning stages and has not been constructed.

Member Jones asked the nature of materials being composted. Mr. Yost said the facility is permitted to compost non-toxic, non-hazardous organic materials, including wood, green waste and foods – they are excluded from composting dead animals, mortalities, septage, and bio-solids. The business has been in operation for 35 years and management protocols are in place to control odors, including first, second and third line processes to addresses issues. Public Works staff toured the facility, in additional to health district staff inspections, and no concerns were brought forward.

Member Chandler expressed concern that toxic materials may be present as wood is accepted for composting. Mr. Yost said that painted and treated materials are excluded from receipt. Staff has assisted the facility in determining how waste is received, including waste clarification and classification processes. There have been few complaints lodged during their operation.

Chair Giunchigliani asked if anyone from the public wished to speak on this issue.

Bob Motis, Vice President of Impact Sand and Gravel testified that he has been in association with A-1 Organics for three years. In the past his company imported soil products from California, which resulted in a large carbon footprint. He feels this is a progressive move to enhance recycling in Clark County and expressed his full support. Chair Giunchigliani thanked Mr. Motis for his comments and efforts to reduce carbon footprints.

Chair Giunchigliani asked if anyone else wished to testify on this item. Seeing none, she closed the public hearing.

*A motion was made by Member Mattocks to approve the Variance Request with the conditions as outlined; seconded by Member Hardy and was unanimously approved.*

- 2. Variance Request** to Install an Individual Sewage Disposal System (ISDS) on an Undersized Lot Served by an Off-site Public Water Supply with a Shallow Absorption Field and Septic Tank within Eight Feet of a Building and within Ten Feet of a Property Line located at 3 Aspen Avenue, Mount Charleston, Clark County, NV (APN: 129-36-510-090). **Petitioner:** Tanna Prince, Sole Owner

Chair Giunchigliani declared the public hearing open.

Dan LaRubio, environmental health supervisor/engineer and Adrian Brown, environmental health engineer I presented this item. The petitioner is requesting to install an Individual Sewage Disposal System (ISDS) on an under-sized lot in Old Town, Mt. Charleston. Staff must confirm that (1) the variance will not endanger or tend to endanger human health or safety and (2) compliance with regulations from which the variance is sought would produce serious hardship without equal or greater benefit to the public. Greg Elmo, representing Tanna Prince, was present to answer questions of the Board.

Staff recommends approval of the variance based on the following conditions:

1. The ISDS will be limited to a 1,000 gallon septic tank with at least 315 square feet of shallow absorption chambers;
2. The ISDS may not be constructed in an area subject to vehicular traffic, any area to be paved, or within ten (10) feet of any tree;
3. Construction of the ISDS must be commenced within one (1) year of the date hereof. If the construction has not been commenced within that period of time, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by the applicant of the applicant's successor(s) in interest;
4. The ISDS shall be designed, constructed, and maintained to comply with all other requirements of the *District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management*;
5. The applicant and his successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage

system constructed in the future to within four hundred (400) feet of the applicant's closest property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so by the public entity owning and operating the community sewage system.

Chair Giunchigliani asked if Ms. Prince agrees to the conditions as outlined, and Mr. Elmo responded affirmatively.

Chair Giunchigliani disclosed that she and her husband have a home in Echo and this will not affect her decision. Mr. Elmo noted that Ms. Prince purchased an additional fifty feet on the back of her property to make this installation workable.

Member Jones asked how many lots currently have septic systems in place and how many lots still are not compliant. Mr. LaRubio said that there are twenty-one existing variances in Old Town, and twenty-four lots remain requiring variances. Chair Giunchigliani said that although the resort is serviced by the Las Vegas Valley Water District (LVVWD), most lots are on septic. Mr. Brown confirmed that there is no sewer service at Mt. Charleston.

Member Hardy asked if there are any wells in the immediate area, as the variance notes that there cannot be any wells upstream and within 600 feet of the proposed ISDS. Mr. Brown said the area is served by municipal water; though there is one well within the 600 feet radius with a static water level of 325 feet. All wells are serviced by the LVVWD and there is no problem – no impact to the well is anticipated. Installation of the ISDS will assist with the compliance issue as there was previously an unpermitted cesspool in use. Installing a permitted ISDS will alleviate environmental concerns.

Chair Giunchigliani asked if anyone from the public wished to speak on this issue. Seeing none, she closed public hearing.

*A motion was made by Member Fairchild to approve the Variance Request with the conditions as outlined; seconded by Member Wood and was unanimously approved.*

### **III. REPORT / DISCUSSION / ACTION**

#### **1. Receive Report on 2009 Legislative Session; Direction to Staff**

Jennifer Sizemore, public information manager, and SNHD Lobbyists Bryan Gresh and Gary Milliken spoke relative to this item. Dr. Sands said the district had an aggressive agenda during the recent session which yielded a number of successes. He expressed his appreciation to Member Hardy for working with staff on various bills and all the assistance he provided. Member Hardy noted the team was well-coordinated and expressed his appreciation to Bryan, Gary and Jennifer for their availability. He said the process was very effective and he appreciates the participation of staff members, particularly with issues related to childhood lead poisoning prevention. He said that process was smooth and efficient. Chair Giunchigliani said his perspective was helpful.

Ms. Sizemore shared a legislative report with the Board (**attachment #1**) which highlights the bills having impact on the health district. AB249, proposed by Member Hardy, provides a mechanism for the health district to recoup costs for West Nile Virus efforts and establishes a hearing officer for rental properties, which will result in environmental health drafting regulations. AB426 enacts provisions governing the recycling of certain electronic devices – NDEP is conducting a study and putting forth recommendations, which may impact our Solid Waste

management program. SB60 deals with remediation of establishments used as meth labs and the health district will be required to inspect the buildings to ensure proper clean up – regulations will be adopted by the State Environmental Commission however our local regulations may need to be further refined. SB137 provides for the placement of recycling containers in certain locations which may result in additional local regulations. SB186 provides for the issuance of permits for motor vehicle tire recycling centers, which we currently permit, and staff is working on revisions to our existing regulations.

Mr. Gresh thanked Dr. Hardy for his assistance in all health district issues throughout the session. The district enjoyed numerous successes this session due to the communication flow between Carson City and Las Vegas. Staff was better utilized and worked cooperatively to ensure information was provided as necessary. Our current framework for the session was built on past experience and learning from what worked and what needed improvement. The result was a successful session, a streamlined process for conveying information and a more effective lobbying effort. Mr. Gresh provided a synopsis of several key bills:

- SB233 sought to improve children's health by providing for free immunizations for children aged 0-4 within limits of available money. Member Weekly and Bonnie Sorenson testified in support of Senator Woodhouse's bill; however the Senate Health and Education Committee amended the bill and changed the bill's intent. As a result, the pharmaceutical industry announced it would leave the state if the amended bill progressed, as it would be forced to make public their sales and pricing data, and the bill limited them to no more than 115% of what they charged the CDC. The health district withdrew their support and the bill died in the Senate Finance Committee.
- SB381 would have required most individuals and group policies of health insurance provide coverage for immunization for children not subject to a deductible or co-payment. States which have implemented mandatory coverage of vaccine by insurance companies experience a much higher vaccination rate. Again the health district testified in support of this bill, which was then amended to remove the deductible or co-payment prohibition and was re-referred to the Senate Finance Committee due to a fiscal note. In Committee, an attempt was made to put back in the prohibition on deductibles, or "first dollar coverage." The bill died in this Committee.
- AB219 encourages blood level screening for children in the most susceptible age group and requires the results be reported to the appropriate health authority. In Southern Nevada, of the 20,000 children screened for lead, one out of every four tested has been discovered to have some level of lead in their blood. Keith Zupnik, project coordinator for the Childhood Lead Poisoning Prevention Program, described the history of the bill and the plan to be implemented. The bill passed unanimously out of both houses and was signed by the Governor May 18<sup>th</sup>.
- AB249 was an important bill for SNHD. The first part of the bill provides that an employee who orders the extermination or abatement of mosquitoes, flies, other insects or rats may abate the nuisance. If the owner does not abate the nuisance within the specified period, SNHD is required to abate the nuisance and take necessary action to prevent recurrence. All money expended in abatement and preventing reoccurrence constitutes a lien against the property which may be recovered in an action against the property owner. The bill specifically authorizes SNHD to adopt regulations relating to any health hazard, as well as ensure of the enforcement of laws that protect the public health and safety associated with the conditions of residential property, a rental dwelling unit or commercial property. Section 4.5 authorizes a district board of health, to take any enforcement action it deems necessary and establishment an administrative hearing process. Both Glenn Savage and Vivek Raman were

instrumental in walking the various legislative committees through the bill, which passed unanimously through both houses and was signed by the Governor.

- SB322 was a bill the Board of Health instructed our lobbyists to oppose. The bill, according to the sponsor, was mistakenly drafted. In its original form, the bill authorized the board of county commissioners to authorize the district board of health to establish and maintain an integrated system to provide comprehensive health and social services, including: (1) adoption services; (2) alcohol and drug abuse prevention services; (3) child abuse prevention services; (4) child welfare services; (5) delinquency prevention services; (6) determination of eligibility for public assistance; (7) employment and training services; (8) foster care services; (9) health services; and (10) mental health services. In addition the bill authorized the board of county commissioners to place any county agency which provides health or social services under the direct control and supervision of the district health department. When the bill was heard in Committee, the amendment offered did just the opposite, authorizing the board of county commissioners to establish and maintain an integrated system to provide comprehensive health and social services including all of the previously mentioned services with the addition of public health services and medically indigent program services. Dr. Lawrence Sands testified in opposition of this bill. The bill died in Committee. On the Assembly side, an attempt was made to amend SB322, as a legislative study, into SB278, which requires the Legislative Committee on Health Care to look at establishing health districts in the rural counties. As Clark County was interested in looking at integrating some of the aforementioned services, the district agreed to the amendment, as long as every reference to “public” and “public health” was stricken from the bill. The bill that passed authorizes an interim legislative study to look at the feasibility of integrating or consolidating certain health and social services in Clark County, but none of the public health functions of the Southern Nevada Health District.
- SB231 required an amendment by the health district. As written all childcare facilities are required to have commercial kitchens, including those with private kindergartens. The bill would have exempted those with private kindergartens from the commercial kitchen requirement, which is a proven health hazard. After some intervention, we worked with the bill's sponsor and affected parties to develop a workable amendment with very specific language. The bill which was signed by the Governor only allows for commercial kitchen exemption to licensed kindergarten programs conducted on the premises of a licensed childcare center.
- SB397 imposed a \$.10 fee on all plastic bags at retail establishments, including grocery and convenience stores. The health district would then be responsible for the annual inspection of those establishments to ensure compliance with the law, resulting in more than 34,000 additional facilities to be inspected annually – a minimum four-fold increase in the number of facility audits annually. The bill passed out of the Commerce and Labor Committee but was re-referred to the Senate Finance Committee due to a fiscal note. The bill died in Committee.

Mr. Milliken said going into the session it was understood that there would be discussions of the Nevada Clean Indoor Air Act (NCIAA), tobacco and smoking. As NCIAA was passed by voters, the Act would not be changed due to a timeline set forth by the Act itself. The district's stance is that we will enforce the law. The health district has done the best we can to enforce the Act within the scope of the law.

- SB372 sought to revise NCIAA, providing new definition to adult stand-alone taverns – which would have allowed for smoking in these establishments regardless of whether or not food was served as no one under the age of 21 would be allowed in the facility. The



- bill would also seize enforcement authority from the local health authorities and all enforcement would be from the State Health Officer. The bill passed through the Senate with one hearing in the Senate Judiciary Committee and then died.
- AB309 was introduced originally as a “stalking” bill and later amended four times. The final amendment allowed for smoking in certain convention facilities. In the past, amendments were considered only if the proposed amendment addressed a similar topic or within the same statute as the original bill. LCB turned down the amendment due to lack of relevance to the original bill; however the decision was reversed as the amendment also addressed an illegal activity. The bill then passed with the amendment, allowing for smoking of tobacco in certain convention facilities under certain circumstances.
  - AB543 calls for temporary redirection of a portion of ad valorem taxes from Washoe and Clark Counties to the state general fund. This severely impacts the health district as we receive funding from county property taxes. The life of this bill was nineteen days from introduction to passage. The budget is an ongoing problem and we will need to wait and see what occurs in the next session.
  - SB304 requires testing for certain communicable disease in pregnant women in the first trimester, including syphilis. This bill was supported by the health district and passed.

The following bills were a result of the Interim Session and the hepatitis C outbreak and subsequent investigation. Three bills passed unanimously and one bill had one negative vote cast. It is hoped that the passage of these bills will resolve those issues discovered during the outbreak and investigation.

- AB123 requires physicians’ offices and related facilities to obtain a permit and national accreditation before providing certain services involving anesthesia and sedation.
- SB362 concerns suspension of licenses issued by the Board of Medical Examiners, Board of Homeopathic Medicine and the State Board of Osteopathic Medicine and provides more power to these respective Boards.
- SB10 prohibits certain retaliations or discrimination against registered nurses, licensed practical nurses and assistants who report certain information to public bodies.
- AB206 calls for provisions relating to certain sentinel events. The Department of Health & Human Services will take control of certain medical records under certain circumstances. There was much concern about medical records, who has access to them and where they would be stored – this bill addresses these issues.

Mr. Milliken noted the Legislative Committee on Health Care is a permanent Interim Committee and we do not know what they will focus on during this interim session – the last session focused on the hepatitis C outbreak and investigation. A certain number of BDRs can come forward from this Committee for the 2011 session. The Interim Committee on Tax may discuss reassignment of services, which could affect the district by having additional services assigned with no funding attached.

The 2011 Legislative Session will see seventeen new legislators due to term limits, with eleven in the Assembly alone (there could be fifteen or sixteen new members as some make seek election to other offices). This is problematic for the health district as many of our issues are very technical. Having seasoned legislators is beneficial because they understand the history of certain issues. The upcoming session will be an educational process due to the number of new legislators. Many people have ideas regarding improving health care, but they do not always understand the whole scope of the system. Staff has been vital in helping educate legislators and providing an understanding of fiscal impact. Mr. Milliken and Mr. Gresh will monitor the electoral process as well as who will serve on various committees. We will need to meet with

prospective members and provide education on public health, any financial impact and answer any questions which may arise. The coming session will be a challenge due to the new faces in the legislature and changes to various committees.

Mr. Gresh noted that he and Mr. Milliken are constantly meeting with candidates as well as current elected officials. They are able to wear the "district hat" in any meeting they happen to be involved in – issues may arise and they can seize the opportunity to answer questions and address concerns immediately. In meeting with candidates, they start the educational process from the get-go. The primary elections are now in June and the close of filing is in March. Chair Giunchigliani suggested that following the close of filing and/or the primary election that candidates tour the health district and meet with key staff and Board members to preempt some of the education process that occurs during the session.

Mr. Milliken reiterated that people always have good ideas and health is a prime example; though the ideas are good there is not always funding to implement those ideas. Chair Giunchigliani said that local governments continue to have more services assigned to them and revenue streams do not always come forward with the bills. The next fiscal year will have an even greater budget shortfall. She said that we need to look at consolidations, efficiencies and cost containment. She asked for suggestions on how we can have better coordination, possibility with relocation, education and cross-training. These are opportunities to make cases for funding.

Chair Giunchigliani asked is AB543 called for a sunset. This is a provision of the bill; however there is no payback included. She called attention to SB17 which revises provision governing health care records and asked if records could be scanned to alleviate paper. She referenced the Broadband stimulus dollars for electronic medical records and partnership with UMC. Scott Weiss, director of administration, said that AB543 causes a \$2.3 million funding loss to the health district; due to decreasing property values we saw an additional \$900,000 funding loss, which equates to a total budget shortfall of \$3.2 million. In reference to SB17, staff is looking at a district-wide records retention policy. Staff will also evaluate all paper records and how best to store in a different format. This will be a costly, labor intensive process as most health district records are currently on paper. Current storage costs are significant and we are hopeful that with implementation of a records retention policy and destruction of old records we can develop a more streamlined and complete approach to records retention, particularly when records go from paper to other storage media. Dr. Sands noted that he has met with Kathy Silver and is waiting for her to send some additional information. Chair Giunchigliani shared with Board members that Clark County qualifies for stimulus dollars by converting to an electronic medical records system. She suggested that a consortium be developed to better use federal stimulus dollars, and wanted to ensure that the health district was part of this working group, as a federally qualified health center along with Great Basin, who provides direct delivery service.

Chair Giunchigliani also referenced AB350 and noted she received calls from constituents regarding Section 21.3 or 5 regarding HOAs. She sought an LCB opinion from Assemblyman Segerblom yesterday, and he believes that the health district was not removed from authority of inspecting HOA and private pools. She will share the information with staff. Dr. Sands noted that Mr. Smith also did an analysis and came to the same conclusion. Chair Giunchigliani said the intent was for HOAs to allow food in their pool areas and the language does not read as such. HOAs do want inspection and monitoring of their pools to ensure safe conditions.

Lastly Chair Giunchigliani referred to SB137 and asked for further clarification of recycling containers. She said that the County changed their ordinance to allow the commission and zoning to permit one parking space to be given up if apartments and/or commercial businesses

designate a recycling area. Ms. Sizemore said that solid waste staff will meet with all interested parties to better understand the full implications of the bill. Chair Giunchigliani said that with the County taking action it should help and suggested that other entities consider doing the same. Parking variances must be done as x number of parking spots are allocated per apartment complex and commercial buildings. A business decision was done to encourage recycling in apartment complexes and commercial businesses by automatically giving up one parking space to have a recycling container. Ms. Sizemore said staff is planning to meet with NDEP and Republic Services to discuss this bill.

Chair Giunchigliani expressed her appreciation for the report and thanked Ms. Sizemore and her staff for their efforts. Chair Giunchigliani, on behalf of the Board, said we have good staff and the electronic BDR tracking lists were especially helpful with the links to the various bills.

Member Mattocks also expressed her appreciation to Ms. Sizemore and her staff for their hard work and diligent communication during the session.

**2. Review / Update Membership on Standing Board of Health Committees:** *Replacement Facility Committee* (Members Crowley, Empey and Jones) and *Audit Committee* (Members Barlow, Christensen, Crowley, Jones, Mattocks and Smith)

Dr. Sands said that we established two standing committees last year, one of which is the *Replacement Facility Committee* to help the district move forward with securing a funding plan for a new main building; the other is the *Audit Committee*, resultant of a recommendation from a previous audit, to oversee and provide direction for the audit including selection of an auditor at the appropriate time.

Current members of the *Replacement Facility Committee* include Members Crowley, Empey and Jones; members of the *Audit Committee* include Members Barlow, Christensen, Crowley, Jones, Mattocks and Smith. Member Smith is no longer on the Board and Member Barlow was not listed on the agenda item. Member Fairchild expressed interest in serving on the *Audit Committee*. Dr. Sands noted that Member Barlow had expressed his interest in serving on the *Replacement Facility Committee*.

Chair Giunchigliani asked if other members wished to serve on either standing committee. Member Jones said he would like to continue serving on both committees.

**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 asked if anyone wished to address the Board. Seeing none, she closed the Public Comment portion of the meeting.

**V. HEALTH OFFICER & STAFF REPORTS**

Dr. Sands said division directors are working as a team to review the budget to make necessary changes, including the evaluation of programs and core services. Staff is working on a plan to address the budget shortfall, as well as prepare for FY11, which we expect to be another difficult

budget year. He said he plans to come back to the Board in coming months with recommendations. Chair Giunchigliani asked if employees were involved in this process. Dr. Sands said that each division director is engaging their staff to identify cost containment opportunities and several ideas have been received. Each suggestion is being considered. Unless a suggestion is raised to management it cannot be evaluated; once received the ideas are evaluated to determine if it will help us reach our goals.

Chair Giunchigliani further asked if a hiring freeze is in place. Dr. Sands said that all open positions are being held and evaluated to determine if a position is deemed critical to further the health district's mission or if essential services are impacted by not filling the position. If a position is based on workload and subsequently workload increases, the position can be filled. These measures are in place to better manage the budget. Other grants may be forthcoming, including stimulus package funds for health services – as more information is available the Board will be updated.

Chair Giunchigliani asked if Dr. Sands continues to meet with staff monthly in his employee meetings. Dr. Sands said the program has been changed to a quarterly basis; however he continues to visit the public health centers and attend staff meetings monthly.

Member Jones asked the status of the recruitment for the Public Health Informatics Scientist position. Dr. Sands said that staff has met with a qualified candidate and Human Resources staff is working to make an offer to the candidate. This position will help with the development and acquisition of new grants to offset the salary of the position as well as bring additional project money to the health district.

Member Hardy said the Interim Finance Committee is meeting on August 3<sup>rd</sup> and will appoint a sub-committee over the stimulus money and grants. He suggested that a direct pipeline from the health district and local entities to the committee be in place to keep everyone informed of priorities and how to use stimulus dollars most effectively. Chair Giunchigliani asked that each jurisdiction submit names of contacts to Member Hardy.

#### **Novel H1N1 Influenza Virus Update: Patricia Rowley, Epidemiology Manager**

Dr. Sands introduced Patricia Rowley, epidemiology manager, to update the Board on the recent novel H1N1 influenza virus, and planning for the upcoming flu season. 103 confirmed cases of influenza were reported in June to the Nevada State Health Division, of which 75% were positive for swine flu. A pediatric influenza surveillance system was put in place in June, with four sentinel sites, to monitor the types of influenza circulating in the community. Each sentinel site submits up to ten specimens per week from children presenting with influenza-like symptoms. 98 specimens have been submitted to date and half were positive for swine flu. Swine flu is in the community and is very mild. There have been few patients hospitalized; though there have been three deaths, two patients had underlying medical conditions which led to a more severe case of illness. As of July 17<sup>th</sup> there have been 161 confirmed cases of swine flu detected in Clark County.

The health district is planning for the upcoming flu season, including vaccinations for both seasonal flu and novel H1N1 influenza. There will an increased demand on the healthcare system. We are also developing policy for community mitigation strategies based on different scenarios which might occur as the season progresses. We are also strengthening communication strategies with our partners with regard to different scenarios.

We are hoping that some grant monies will be made available for novel H1N1 influenza. At present, the amount allocated to Nevada is undetermined, and we do not how much will be given to

Clark County. There are two focal areas for the grant dollars: mass vaccinations and epidemiology/surveillance, which includes state labs and testing.

The proposed novel H1N1 influenza vaccine will require two doses administered a month apart, and will be separate from the regular seasonal flu vaccine. Vaccine will arrive at different times and we anticipate that the regular flu vaccine will arrive early this fall; arrival of the novel H1N1 influenza vaccine could be as early as mid-October but could be as late as January, due to difficulty in growing the virus. Once the vaccine arrives we may not have enough supply to administer to the four federally identified target groups, which include: (1) students and staff in K-12 schools and children and  $\geq 6$  months and staff in child care centers; (2) pregnant women, children 6 months – 4 years, new parents and household contacts of children  $\leq 6$  months of age; (3) non-elderly adults (<65) with medical conditions that increase complications of influenza; and (4) healthcare workers and emergency services sector personnel. At present it is estimated that the initial bolus of vaccine for Nevada will be approximately 400,000 doses. An analysis of the recommended tiers resulted in at least 1,000,000 people requiring vaccination in Clark County alone. There is no schedule for subsequent vaccine shipments.

Member Jones asked the current flu vaccination rate. Bonnie Sorenson, director of clinics and nursing said that that rate varies between 64-66% - this represents individuals 18 years of age and older. Dr. Sands said that there is a concerted effort to promote flu vaccination among healthcare workers, particularly those in healthcare facilities. New strategies such as providing vaccination at employee work stations versus the employee health office have yielded higher vaccination rates.

Chair Giunchigliani confirmed that the proposed novel H1N1 influenza vaccine will require two separate doses one month apart. She asked if CDC was specifically targeting young people. Mrs. Rowley noted that there is overlap in the defined tiers. CDC has not identified priorities among the four tiers. The internal planning committee is working on strategies to cope with lack of vaccine for recommended individuals and prioritizing of the tiers.

Chair Giunchigliani asked if any of the 161 individuals with swine flu are healthcare workers. Mrs. Rowley said that of the 161 cases, about 50 were pediatric cases. Fewer adult cases are manifest as most adults are not being tested. As the illness is relatively mild many adults are not seeking medical care. Dr. Sands said that it appears that younger age groups are more likely to become infected; few individuals over the age of 50 are becoming ill, and there are very few cases in individuals over the age of 65. The prioritization of vaccination is dependent upon guidelines from CDC, which has not been received to date – the Advisory Committee for Immunization Practices will meet next week to review the tiers. Our internal committee will review the guidelines once received and further determine how we will prioritize within those tiers with the limited supply of vaccine available. Staff continues to track the virus in Clark County as well as guidance coming in from CDC.

Chair Giunchigliani noted the positive working relationship with the school district and suggested that if school-aged children are a priority target that staff go on site and deliver the vaccination. Mrs. Rowley said that as the committee continues its planning this will be considered.

Member Hardy said the newspaper reported that volunteers are being sought for to receive the initial novel H1N1 influenza vaccine and asked if we are part of that effort. Mrs. Rowley said she was not aware of testing samples coming to Nevada. Dr. Sands said that in addition to developing the vaccine, testing for efficacy and safety is very important. In 1976 vaccination programs for the swine flu were halted due to safety issues. Manufacturing processes have greatly improved since that time; however we want to be sure that any vaccine has been properly tested and is safe for the masses. Member Hardy said that article stated that testing must take place and asked if we are

collecting contact information of interested individuals. Dr. Sands said we have not been asked to do so at present. Mrs. Rowley said that pre-identified healthcare centers are working with the trial and none have been identified in Nevada.

Dr. Sands said that a novel H1N1 influenza update will be given at each Board meeting, as the virus will not go away for some time.

**Drowning Prevention Update: Mary Ellen Britt, Regional Trauma Coordinator; Mike Bernstein, Health Educator II**

Dr. Sands noted that drowning is still a concern in the community and he wanted to update the Board on current statistics and prevention measures. He said there has been much activity by community partners in promoting the drowning prevention campaign in the last several years. He invited Mary Ellen Britt, regional trauma coordinator and Mike Bernstein, health educator II to address the Board.

Ms. Britt reported that the EMS and Trauma System Office has maintained a pediatric registry of fatal and non-fatal drownings since 1994. The point of capture for those incidents are children for whom the 911 system is activated following submersion. Staff is alerted via email when a submersion has occurred and the fire departments provide information about the scene, including how and when the incident occurred. Year-to-date there have been forty submersion incidents involving children in the 0-14 age group, seven of these were fatalities – all of the children with one exception were under the age of four. Of the deaths, four occurred in residential swimming pools, one was in a public swimming pool, one was in a bucket and one in a bathtub. Of the thirty-three non-fatal submersions, eighteen occurred in residential swimming pools, ten were in public pools, four in bathtubs and one at Lake Mead. The most at-risk population for submersion incidents are children under the age of four. The district's campaign has focused on constant adult supervision as the number one strategy to prevent childhood drowning. Other prevention strategies include barriers around swimming pools, ensuring children have appropriate swimming lessons, having each adult family member be trained in CPR, and having appropriate rescue devices around the pool. In open bodies of water, children should wear appropriate personal floatation devices.

Mr. Bernstein shared copies of the *A, B, C & D's of Drowning Prevention* pamphlet with Board members ([attachment #2](#)). The acronym stands for adult supervision, barriers, classes and devices, which provides for a "layers of protection" concept. Mr. Bernstein said he serves on the National Drowning Prevention Alliance (NDPA) Board of Directors and this concept is universally accepted, particularly where there are residential swimming pools. Active adult supervision is key, and the other layers are in place for when the child may be out of sight.

Staff has run a public information campaign since 2000 with competitive grant dollars, including a partnership with Clark County. In years past, the grant has averaged \$25,000; staff requested \$35,000 for this year. The media campaign includes three television commercials focusing on different protection elements. Fox 5 has provided the best package for the last three years and the commercials have aired in 512 spots from May 16<sup>th</sup> through Labor Day. The station also has a weather channel on cable and an additional 560 spots run on that channel, for a total of 1,072 spots. Air personalities also promote the program, including pre-recorded spots. Staff is interviewed when necessary and a link to [gethealthclarkcounty.com](http://gethealthclarkcounty.com) is available on the station's website. An ad was also placed in *Better Homes and Gardens* magazine. There are also three sixty-second radio spots which air on five stations, including *Classic Hits 96.3 KKLZ-FM*, *Fresh 102.7 KFRH-FM*, *Coyote Country 104.3 KCYE-FM*, *NewsTalk 720 KDWN-AM* and *790 KBET-AM*, for a total of 928 radio spots running evenly on all stations May 16<sup>th</sup> through Labor Day weekend. There are 256 spots running on Univision – channel 15 and 326 spots on Telefutura – channel 27 for the same time period, to ensure the Hispanic community also receives this important message.

The final elements are the brochures which are shared with sponsors, including pool builders, and interested parties in the community. Response from the community has been overwhelming.

The campaign totaled \$81,000 for the past year. In previous years the campaign totaled \$93,000 – the decrease this year was due to lack of contributions from local business sponsorship and the economic downturn.

Since the inception of the pediatric submersion registry, the average drowning death rate for children four years of age and younger has decreased from ten per 100,000 population per year to four and one half per 100,000 population per year. In the last few years incidents have increased, despite our best efforts to promote drowning prevention. This same trend is occurring across the country, particularly in California, Arizona, Texas and southern Florida. NDPA is analyzing the data to see if the increase is related to the economy, people staying home more and the like.

Member Hardy said that there will be an impetus with the realtors to ensure that homes with pools have drowning prevention literature and program information; he suggested that staff work with Mr. Gresh to obtain further information.

Chair Giunchigliani mentioned the neighborhood stabilization plan, NSP 1 and NSP 2 done with all local governments with federal stimulus dollars to try and put families into homes. She said one component she asked to be included, in addition to weatherization, was healthy homes. She suggested that an additional component be added that if it is a resident home, the NSP plan must include a pool barrier. She suggested making contact with Mike Pollack at Clark County and find a way to use federal dollars to have pool barriers as a requirement in the neighborhood stabilization plan to implement some prevention measures.

Chair Giunchigliani asked if the brochure is available in a PDF format, or in a format where it could be included in constituent newsletters. Mr. Bernstein said the information is available on the [gethealthclarkcounty.com](http://gethealthclarkcounty.com) website, both in English and Spanish. She asked if she could reproduce the brochure and have the county pay printing expenses. Mr. Bernstein said there is a concern with having outside parties print the brochures, as changes could be made to accepted practice and prevention guidelines. He said that if someone had funding available we could work with our printing vendor to make the brochures available. Brochures are also available in the Chronic Disease Prevention & Health Promotion office. Chair Giunchigliani stressed that she would like to get the information available as widespread as possible, including sending home with children in their school packets.

Mr. Bernstein said that he and Ms. Britt were very involved in the legislative efforts this past session. Southern Nevada has very strong pool codes which are being mirrored by other areas. Pools built since April 2003 are required to have secondary access barriers; however approximately 90,000 of the 100,000 residential pools in our community were built prior to that time. Staff supported legislation that would have required homes with pools that sold to be brought to code with a secondary access barrier; with the current economic situation this bill did not progress.

Ms. Britt noted the importance of remembering the children hospitalized as a result of submersion incident who have severe or permanent neurologic damage. There is talk of those that walk away and those that pass away, but there is little mention of those who suffer other medical problems as a result of submersion.

Member Hardy shared a personal experience with the importance of adult supervision and secondary barriers. He has a fence around his pool with the appropriate rescue devices. His grandchildren were playing in the backyard, and his son was watching the activities in the yard.



Member Hardy saw the pool gate open and his 17-month old grand-daughter ran to the pool. His son was able to intervene before she entered the pool. Another grandchild had propped the gate open so he could enter the pool area at will. Even though a barrier was in place, adult supervision was critical in this situation. He said that adult supervision cannot be underscored or underrated enough – it is extremely important.

Chair Giunchigliani asked if the Spanish newspapers were involved in the media campaigns. Mr. Bernstein said that all funding had been used for television ads. Chair Giunchigliani volunteered to speak with Mr. Escobedo about public service announcements.

Dr. Sands said that the [gethealthyclarkcounty.org](http://gethealthyclarkcounty.org) website has phenomenal information about healthy lifestyles, including all the drowning prevention information – the ads are also on the website. Channels 2 and 4 also show the TV spots in their rotation, as the fire department is a large sponsor of the program. North Las Vegas EMTs carry the brochures on their rigs.

#### **OATH OF OFFICE:**

##### **Southern Nevada District Board of Health Officers for FY 2009-10**

Member Fairchild noted that the newly elected officers had not taken their oaths of office. Chair Giunchigliani asked Mr. Smith to proceed with administering the Oath of Office to the newly elected officers.

Stephen F. Smith, Board Legal Counsel, administered the Oath of Office to the new officers for FY 2009-10: Chris Giunchigliani – Chair; and Tim Jones – Secretary.

#### **VI. INFORMATIONAL ITEMS**

***DULY NOTED***

##### **A. Board of Health**

1. Letter from the City of Boulder City appointing the following as members of the Southern Nevada District Board of Health for the term July 1, 2009 – June 30, 2011: Linda Strickland as member; and Travis Chandler as alternate
2. Letter and Email from the City of Las Vegas appointing the following as members of the Southern Nevada District Board of Health for the term July 1, 2009 – June 30, 2011: Ricki Barlow and Stavros Anthony as members; and Steven Ross as alternate
3. Email from the City of Mesquite appointing the following as members of the Southern Nevada District Board of Health for the term July 1, 2009 – June 30, 2011: Donna Fairchild as member; and Karl Gustaveson as alternate
4. Letter from the City of North Las Vegas appointing the following as members of the Southern Nevada District Board of Health for the term July 1, 2009 – June 30, 2011: Robert Eliason as member; and Anita Wood as alternate

##### **B. Chief Health Officer and Administration:**

1. Monthly Activity Report, Mid-June 2009 – Mid-July 2009
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of June 2009
  - a. Grant and Agreement Tracking Report, as of June 15, 2009
3. Public Information Monthly Report, Mid-June 2009 – Mid-July 2009

##### **C. Community Health:**

1. Monthly Activity Report, June 2009
  - a. Smokefree Multi-housing Unit Article
  - b. June 2009 Disease Statistics



**D. Environmental Health:**

1. Monthly Activity Report, June 2009
  - a. Certificate of Appreciation from the American Society of Safety Engineers Presented to Christine Sylvia, EH training officer
  - b. Certificates of Accomplishment Presented to Christine Sylvia and Susan LaBay, EH training officers
  - c. Letter of Appreciation from Barry Lovgren to Steve Goode, EH operations manager
  - d. Letter from Virginia Valentine Referencing a Letter Received from a Citizen Acknowledging Outstanding Customer Service Provided by Victoria Wilson, EHS
  - e. Letter from the FDA and Standardization Certificate to Susan LaBay, EH training officer

**E. Clinics and Nursing:**

1. Monthly Activity Report, June 2009
  - a. In-service calendar
  - b. Certificate of Appreciation with Letter

**VII. ADJOURNMENT**

There being no further business to come before the Board, Chair Giunchigliani called for a motion to adjourn the meeting.

*Member Fairchild motioned to adjourn the District Board of Health meeting; seconded by Member Mattocks and carried unanimously.*

Chair Giunchigliani adjourned the meeting at 10:13 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/src

attachments

Southern Nevada Health District  
2009 Legislative Bills  
July 23, 2009

Summary	Impact
<b>ADMINISTRATIVE</b>	
<a href="#">AB543</a>	<p>Temporarily redirects a portion of the taxes ad valorem levied in Clark and Washoe Counties to the State General Fund and revises the provisions governing the imposition and use of a supplemental governmental services tax in certain counties. (BDR 31-1187)</p>
<p>Requires the deposit into the State General Fund of the portion of the property taxes levied for the next 2 fiscal years for operating purposes by Clark and Washoe Counties at the rate of 4 cents per \$100 of assessed valuation. Currently, the health district receives an allocation of property tax from the county at a rate of 3.5 cents on each \$100 of assessed valuation. As a result of this redirect in funding, coupled with the decline property tax revenue, the health district's annual allocation from the county has been reduced by 11 percent from \$28,182,950 to \$24,942,525.</p> <p>The SNHD management team has been conducting program reviews in order to identify potential cost-saving measures that will allow the preservation of core services while providing an acceptable level of service to the community. In anticipation of the reduction in the current fiscal year's budget SNHD identified approximately \$1.5 million in additional cost savings to its initial 2009-2010 budget.</p>	
<a href="#">SB 17</a>	<p>Revises provisions governing health care records. (BDR 54-607)</p>
<p>Requires records for adolescents be maintained until they reach the age of 23 and maintained for at least 5 years. This will affect the District by requiring additional storage of medical records. The change also requires providers to post a sign that discloses that medical records may be destroyed after the set period, in addition it requires providers to "deliver to the patient a written statement which discloses to the patient that the health care records may be destroyed after the period." Federal law only requires the records be maintained for 6 years after their receipt or production.</p>	
<b>CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION</b>	
<a href="#">AB191</a>	<p>Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827)</p>
<p>Allows for the systematic collection of BMI data among youth in Nevada. Provides health data previously unavailable in Nevada and allows the establishment of a credible prevalence baseline for childhood obesity. Staff has offered to assist in identifying resource personnel to help CCSD with data collection and has offered to provide analysis of Clark County data for NSHD.</p>	

<a href="#">SB 72</a>	Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376)	Authorizes registered pharmacists to perform blood glucose tests. This legislation will result in an increase of resource personnel available to participate in screening activities at community events.
<b>CHILDREN'S HEALTH ISSUES</b>		
<a href="#">AB219</a>	Enacts provisions governing certain blood tests for children. (BDR 40-682)	Encourages providers of health care or other services to perform blood tests to ascertain the amount of lead in the blood of children receiving services at certain ages and requires reporting to the appropriate health authority. The bill supports the health district and the CLPPP in its efforts to identify and remove harmful sources of lead in the community.
<b>COMMUNICABLE DISEASES</b>		
<a href="#">SB304</a>	Revises provisions relating to tests for certain communicable diseases. (BDR 40-844)	Requires physicians and persons who attend to pregnant women to conduct testing during the first trimester of pregnancy in addition to testing during the third trimester as already required by law. No direct or fiscal impact on SNHD. However, may lead to increased identification of syphilis cases and prevention of congenital syphilis.
<a href="#">SB325</a>	Requires hospitals to establish a program concerning methicillin-resistant Staphylococcus aureus. (BDR 40-42)	Authorizes each hospital to establish a MRSA infection control program and the development of a method to report information in conjunction with NSHD. Hospital-acquired infections are reportable under current state law.
<b>EMERGENCY MEDICAL SERVICES</b>		
<a href="#">AB 16</a>	Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600)	This bill allows a designated officer from an emergency response employer to submit a request for further evaluation to the health officer in order to make a determination of whether an emergency response employee was exposed to an infectious disease after first requesting the information from the appropriate hospital administrator. This bill codifies a practice already adopted by SNHD.
<a href="#">AB 107</a>	Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208)	The committee will make recommendation concerning the notification and response of emergency medical services. SNHD will monitor committee activities and potential impact of recommendations on EMS.
<b>ENVIRONMENTAL HEALTH</b>		
<a href="#">AB249</a>	Revises provisions governing the abatement of certain nuisances. (BDR 40-1043)	Authorizes a district health officer or designees to take actions to abate nuisances, provides that all money expended by the health district in abating and preventing the recurrence of nuisances constitutes a lien and establishes an administrative hearing process related to rental dwellings. Regulations will be drafted by staff for consideration and adoption by the district board of health.
<a href="#">AB350</a>	Makes various changes relating to real property. (BDR 10-620)	June 2 amendment exempts privately owned swimming pools used only by members of a private club from the definition of

		“public swimming pool” for purposes of supervision by the Health Authority. Staff and attorney are researching to discern the legal ramifications and determine category of pools that may now be exempt from health district regulations.
<a href="#">AB426</a>	Enacts provisions governing the recycling of certain electronic devices. (BDR 40-466)	Requires NDEP to conduct a study concerning program for reusing and recycling computer and other electronics. NDEP is also required to submit a least one recommendation for legislation as a result of the study. Recommendations may impact the SNHD Solid Waste Management program.
<a href="#">SB60</a>	Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542)	Requires state and district boards of health to evaluate the removal and remediation of methamphetamine and certain other substances. Requires the State Environmental Commission to adopt regulations. Regulations may require further refinement by SNHD staff for adoption at the local level.
<a href="#">SB137</a>	Provides for the placement of recycling containers in certain locations. (BDR 40-741)	Provides for the placement of recycling containers on the premises of certain apartment complexes, condominiums, and the Nevada System of Higher Education. SNHD staff, the franchise officers from each of the affected jurisdictions, Republic Services and NDEP will meet to determine implementation activities and any associated regulatory actions that may be needed.
<a href="#">SB186</a>	Provides for the issuance of permits for the operation of motor vehicle tire recycling centers. (BDR 40-739)	Requires the district board of health in certain counties to adopt regulations for the issuance of permits to operate facilities for the management of waste tires. Currently, these facilities follow the recycling center permit process adopted by SNHD. SNHD staff has drafted new regulations to comply with provisions of this law for presentation to the board of health.
<a href="#">SB231</a>	Makes various changes concerning food establishment connected with a child care facility. (BDR40-975)	Exempts a licensed child care facility from certain regulations applicable to a food establishment, regardless of whether the child care facility includes a kindergarten. Previously, child care centers with a kindergarten were considered a school. The final version of this bill limits the proposed exemption to licensed kindergarten programs conducted on the premises of a licensed child care centers while providing continued protections for children and allowing SNHD staff to continue to enforce reasonable design standards in schools.
<b>HEPATITIS C OUTBREAK INVESTIGATION</b>		
<a href="#">AB206</a>	Revises provisions relating to public health. (BDR 40-858)	Revises provision relating to reports of sentinel events and authorizes health authorities to conduct investigations of cases or suspected cases of an infectious disease or exposure to biological, radiological or chemical agents and to issue cease and desist orders relating to those investigations. Additional provisions expand the authority of NSHD and its ability to access facility records and take additional actions during an

		investigation. The expansion of authority to investigate cases or suspected cases of an infectious disease or exposure will allow health authorities to better investigate disease, potential sources of disease and outbreaks.
<b>PUBLIC HEALTH LABORATORY</b>		
<a href="#">AB137</a>	Revises provisions governing branch laboratories of the State Hygienic Laboratory. (BDR 40-201)	Designates the State Hygienic Laboratory as the State Public Health Laboratory and authorizes the University of Nevada School of Medicine to designate certain branch laboratories. As the operator of a branch of the state public health laboratory, the interlocal agreement between SNHD and University of Nevada School of Medicine will outline the purposes, powers, rights, objectives and responsibilities of the contracting parties.
<b>TOBACCO CONTROL</b>		
<a href="#">AB309</a>	Revises provisions relating to crimes. (BDR 15-994)	Revises provisions relating to the crime of stalking and revises provisions relating the Nevada Clean Indoor Air Act. Allows smoking in areas of a convention facility in which a meeting or trade show related to tobacco or a professional association for convenience stores and involves the display of tobacco products. SNHD staff will include facilities and trade shows meeting these requirements from the NCIAA. Regulations drafted by state and local health authorities will reflect this exemption.
<a href="#">SB340</a>	Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133)	Revises provisions governing the allocation by the Department of Health and Human Services of certain money from the Fund for a Healthy Nevada. This bill requires the money be allocated for programs consistent with CDC guidelines and requires the money be allocated to the district board of health in each county whose population is 100,000 or more, for programs in counties whose population is less than 100,000 and for evaluations and other programs deemed necessary by the NSHD. SNHD will administer a local funding and review program in order to ensure funds are distributed and used for programming in keeping with CDC guidelines.
<a href="#">SB430</a>	Transfers money from the Trust Fund for Public Health and the Fund for a Healthy Nevada to the State General Fund. (BDR S-1214)	Transfers money from the Trust Fund for Public Health and the Fund for a Healthy Nevada to the State General Fund. This bill transfers the amounts identified for this purpose during the interim sessions and indicates the amounts transferred from each particular program.

# > What Every Southern Nevadan Must Know About Drowning Prevention

## DROWNINGS CAN BE PREVENTED...

- The most common drowning victim is a child four years of age or younger.
- The majority of drowning deaths occur in the family pool with 70% of the incidents occurring between 2-8 pm.

- Contrary to what many people believe, drowning is a quick and silent killer. In the time it takes to:

*Get a towel* - (10 seconds) a child can become submerged;

*Answer the telephone* - (2 minutes) a child can lose consciousness;

*Answer the front door* - (4-6 minutes) a submerged child can sustain permanent brain damage or die.



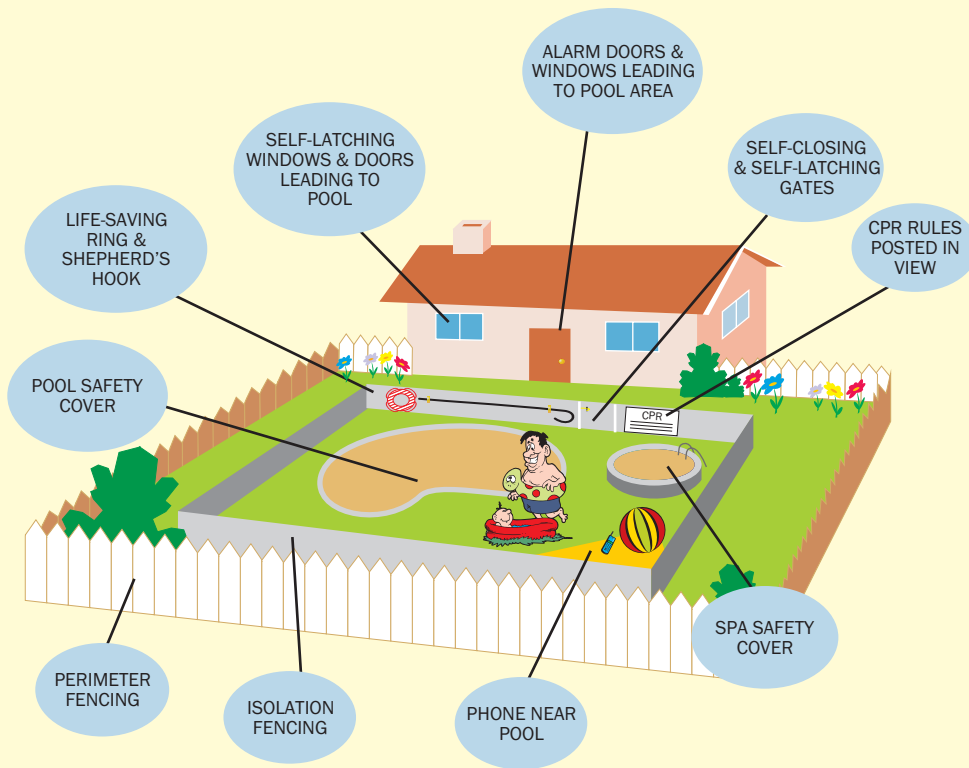
## THE A B C & D'S OF DROWNING PREVENTION



SIMPLE RULES TO STAY SAFE AROUND WATER



## > Layers of Protection



## > The A B C & D's of Drowning Prevention

- > **A is for: Adult Supervision**
- > **B is for: Barriers**  
(For Your Pool)
- > **C is for: Classes**  
(Swim Lessons & CPR)
- > **D is for: Devices**  
(PFD'S/Life Jackets and Rescue Tools)

## > D is for: Devices (PFD'S/Life Jackets and Rescue Tools)

Create a safe pool environment. Be prepared and practice lifesaving procedures prior to an emergency situation.

- Lifesaving ring, shepherd's hook, and CPR instructions should be mounted at pool side. Rescue equipment must be accessible and in good repair.

### Always Wear a PFD (Personal Flotation Device)/ Lifejacket in or Near Any Open Water!

- A pool side phone is an essential part of a safe pool environment which allows access to 9-1-1 and avoids leaving children unattended to answer the phone.
- Post 9-1-1 emergency number, home phone number and home address at every telephone.
- Install a toy box away from the pool. Toys in or around pool/spa entice children to that area.

- All pool and boat owners must know reaching assist techniques.



- Children and non-swimmers must wear personal flotation devices (PFD or life jacket) which are US Coast Guard approved around any body of open water.
- Floaties or inflatable toys are not designed to be used as a PFD/lifejacket or substitute for adult supervision.

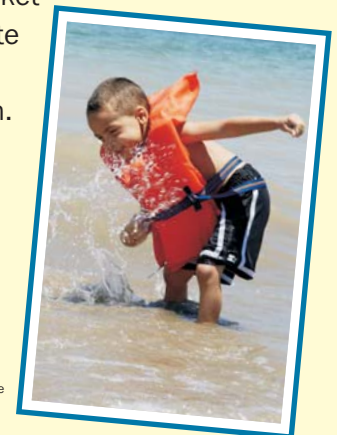


Photo to right, courtesy of: National Park Service

## > C is for: Classes (Swim Lessons & CPR)

The responsibility of pool/spa ownership is to ensure family members learn to swim and know CPR (Cardiopulmonary Resuscitation). Swim lessons are a gift for life. Swimming mastery includes the ability to perform various strokes.

### THE RULES OF THE WATER...

- Each year, enroll children in age appropriate year round swim lessons taught by qualified instructors to maintain swimming skills. Non-swimming family members need lessons too.

- Never consider children “drown-proof” or “water-safe” despite age, swimming skills, previous lessons or experience. This may lead to a lack of supervision or a false sense of security.

### Swim Lessons and CPR Classes Save Lives!

- CPR skills save lives and prevent brain damage by maintaining a person's breathing/heartbeat until medical assistance arrives.
- Require parents, grandparents and care givers to know CPR, rescue techniques, and how to call 9-1-1.
- Take refresher courses to help maintain CPR skills.



## > A is for: Adult Supervision

*Drowning is a leading cause of unintentional death in Southern Nevada for young children.* Constant adult supervision is essential in preventing childhood drownings. These tragedies often occur while a caregiver is at home and there is a brief lapse in supervision.

A drowning can occur in seconds, in any water which covers a child's nose and mouth including pools/spas, inflatable pools, bathtubs, toilets, buckets, or natural bodies of water.

### ALWAYS REMEMBER TO...

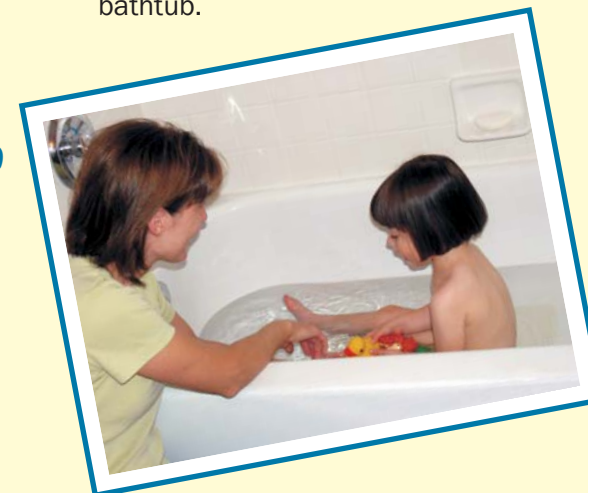
- Designate an adult who can swim to actively supervise children around water.

**Maintain Visual Contact and Remain Close to Children!**

- Teach all children to get out of the water if a supervising adult leaves the pool area.



- Hire a certified lifeguard for pool parties, beach barbecues or social gatherings around water.
- Maintain visual contact. Remain close to your child when in a pool, spa or bathtub.



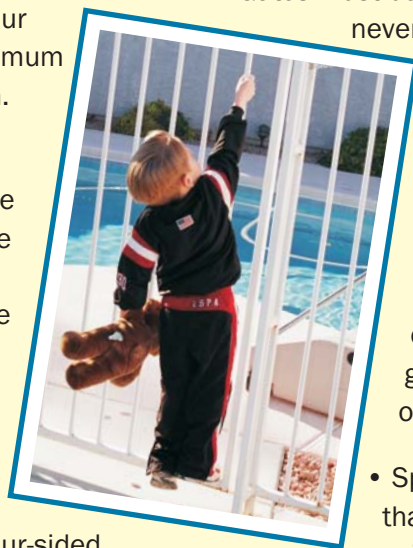


## > B is for: Barriers (For Your Pool)

Installation and proper use of barriers or “Layers of Protection” is crucial. Many victims were last seen safe inside the home.

### LAYERS OF PROTECTION...

- Perimeter fences must be non-climbable, four sided, and a minimum of 60 inches high.
- Isolation fences must separate the pool/spa from the residence with openings no more than 4 inches wide so children cannot squeeze through spaces. They must be non-climbable, four-sided and a minimum of 48 inches high. A 60 inch high fence is recommended.



recommended. Latches must be mounted above the reach of small children. Gates must open away from pool. Contact your local building department for specific requirements.

- Gates must be closed and never propped open.

When a pool is not in use gates must be locked with a combination lock so small children cannot get the key to open.

- Spa safety covers that support the weight of an adult must be locked to protect spa when not in use.

- Doggie doors must be alarmed or secured. A crawling baby can exit through a doggie door and drown in an unprotected pool.

**Gates Must be Kept Closed and Never Propped Open!**

- Self-closing, self-latching fence gates are

- Power operated pool covers provide safety and are easy to use. Solar/floating pool covers are *not* safety covers and do not provide adequate protection. Children can slip underneath and become trapped out of sight.



**Layers of Protection Delay a Child's Access to the Pool! Every Second Counts!**

- Doors/windows leading to pool/spa area must be alarmed to alert family members when opened.

- Doors/windows/gates must be locked. Doors/gates must also be self-closing, and self-latching.
- Tables/chairs/planters must be moved away from pool fence and secured so they cannot be used for climbing over fence.

