APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 22, 2026

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
September 24, 2026 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Nancy Brune, Secretary – Council Member, City of Las Vegas *(via Teams)* April Becker – Commissioner, Clark County *(in-person)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(via Teams)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Joseph Hardy – Mayor, City of Boulder City *(in-person)* Monica Larson – Council Member, City of Henderson *(via Teams)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(via Teams)*
ABSENT:	Marilyn Kirkpatrick – Commissioner, Clark County
ALSO PRESENT: (In Audience)	Linda Anderson, Nicole Baumgartner, Christopher Boyd, Chase Cates, Deb Dort, Sean Dort, Maya Holmes, Deborah Kuhls, Donna Laffey, Andrew Leavitt, Dennis Neuhausel, Andrew Pastwick, Cameron Pfand, Janice Phillips, Jasmin Valdivieso Sanches, Paul Williams
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Emily Anelli, Tawana Bellamy, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Andy Chaney, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Liliana Davalos, Brandon Delise, John DeWolff, Aaron DelCotto, Amanda DiGoregorio, Lauran DiPrete, Lisa Falkner, Kimberly Franich, Monica Galaviz, Sarah George, Tamara Giannini, Tina Gilliam, Xavier Gonzales, Jacques Graham, John Hammond, Heather Hanoff, Maria Harris, Raychel Holbert, Carmen Hua, Dan Isler, Jessica Johnson, Rabea Johnson, Rebecca Johnson, Stacy Johnson, Christina Joshua, Horng-Yuan Kan, Bob Kingston, Nami Kremer, Theresa Ladd, Annie Lin, Josie Llorico, Randolph Luckett, Sandy Luckett, Cassondra Major, Blanca Martinez, Roni Mauro, Alicia Mitchell, Kimberly Monahan, Corey Morrison, Brian Northam, Veralynn Orewyler, Laura Palmer, Kyle Parkson, Neleida Pelaez, Kaylina Penksa, Luann Province, Katarina Pulver, Yin Jie Qin, Emma Rodriguez, Alexis Romero, Francisco Ruelas, Chris Saxton, Dave Sheehan, Jennifer Sizemore, Bruno Stephani, Erik Sumera, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Rebecca Topol, Greg Tordjman, Renee Trujillo, Carlos Vargas, Donnie Whitaker, Tiana Wright, Edward Wynder, Lourdes Yapjoco, Lei Zhang

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:03 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Oath of Office to Secretary Brune.

IV. RECOGNITIONS

1. CARE Coalition – Embracing Life as Women

- Katarina Pulver

The Chair recognized the Katarina Pulver, Health Educator in the Office of Disease Surveillance, for receiving an award from the CARE Coalition in recognition of her outstanding contributions and achievements toward education around opioids and other substances, along with programming and training to help ensure a healthier, safer Southern Nevada. On behalf of the Board of Health, the Chair congratulated staff on these well-deserved awards.

Member Nielson joined the meeting at 9:08 a.m.

2. Southern Nevada Health District – August Employee of the Month

- Erik Sumera

The Chair recognized the August Employee of the Month. The Health District, and the Board of Health, recognize employees that are nominated by their colleagues for going above and beyond for the Health District and our community, and best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated the employee on this recognition.

3. Southern Nevada Health District – September Employees of the Month

- Monica Galaviz and Randy Luckett

The Chair recognized the September Employees of the Month. The Health District, and the Board of Health, recognize employees that are nominated by their colleagues for going above and beyond for the Health District and our community, and best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated the employee on this recognition.

V. FIRST PUBLIC COMMENT

: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. Please 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 Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment period.

VI. ADOPTION OF THE SEPTEMBER 24, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously to approve the September 24, 2026 Agenda, as presented.

VII. 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:** August 27, 2026 *(for possible action)*

2. **PETITION #04-27: CCOCME Approval of the Amendment A01 to the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Hardy, seconded by Member Nielson, and carried unanimously to approve the September 24, 2026 Consent Agenda, as presented.

VIII. 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.

1. **Variance Request for an Existing Septic System, SNHD Permit #ON0007752, located at 3114 Sorrel St., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dan Isler, Environmental Health Engineer Supervisor, presented a variance request for a tenant improvement project at 3114 Sorrel St., Las Vegas, NV 89146. The variance was requested to allow trees located within 10 feet of the septic tank and leach field to remain in place as part of a proposed detached garage project. Mr. Isler noted that the trees were planted prior to the current owner's purchase of the property and that the petitioner reported previous leach field issues that resulted in an unpermitted extension. Mr. Isler further noted that public sewer service is available nearby and that the property may qualify for a septic-to-sewer conversion reimbursement program. Based on the proximity of sewer service, the property's history of septic system issues, and the location of the trees, staff recommended

denial of the variance. However, Mr. Isler also outlined recommended conditions should the Board choose to approve the request.

Member Summers-Armstrong joined the meeting at 9:14 a.m.

Nicole Baumgartner, the petitioner, requested approval of the variance, stating that she was unaware a permit was required for the leach field work completed after purchasing the home. She explained that addressing septic system issues was a significant undertaking at the time and requested the Board's support to allow her to continue the permitting process for a proposed detached garage.

The Chair opened for Public Comment. Seeing no one, the Chair closed the Public Comment.

Member Nielson expressed concern regarding the failed and expanded unpermitted septic system and noted the property's proximity to a municipal sewer connection. He asked whether financial assistance programs were available to support a sewer connection.

Mr. Isler advised that the Southern Nevada Water Authority (SNWA) Septic-to-Sewer Conversion Program may cover up to 85% of eligible costs, up to $40,000, and stated that the petitioner may qualify for assistance depending on the project's final scope and application status.

Chair Black encouraged the petitioner to explore the SNWA program, noting that the property's location within 30 feet of an available sewer connection made it an ideal candidate for septic-to-sewer conversion. He offered assistance in connecting the petitioner with SNWA representatives to better understand the costs, timeline, and available financial assistance.

Ms. Baumgartner stated that she had not completed the SNWA application process because she was unfamiliar with the required steps and was handling the matter on her own. She expressed appreciation for the guidance and assistance offered.

Member Hardy, Member Larson, and Member Summers-Armstrong agreed that additional information regarding the sewer connection option was needed before the Board could make an informed decision and supported allowing the petitioner additional time to work with SNWA.

Chair Black proposed postponing the matter for 30 days to allow the petitioner to fully evaluate the sewer connection option. He stated that if the option proved feasible, it could resolve the issue without further Board action; otherwise, the petitioner could return to the Board for further consideration. The petitioner agreed with the proposed approach.

Ms. Anderson-Fintak advised that the matter could be formally postponed and reheard at the October Board meeting.

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously that the Variance Request for an Existing Septic System, SNHD Permit #ON0007752, located at 3114 Sorrel St., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system, be continued until a future Board of Health meeting.

2. **Variance Request for an Existing Septic System located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Isler presented a variance request for an existing septic system located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124. Mr. Isler advised that the variance request was for two adjacent properties on Mount Charleston owned by the petitioner. A residence is located on one parcel, while most of the septic system, including the leach field, is located on the adjacent parcel. Applicant's previous efforts with the Clark County Assessor's Office to reconfigure the parcel lines were not approved due to concerns about creating irregular lot shapes. Mr. Isler advised that staff recommended denial of the variance because the existing arrangement could create future property and public health concerns if the parcels were sold separately, as the undeveloped parcel contains the septic system serving the residence. Mr. Isler indicated that staff suggested either combining the parcels into a single lot or relocating the septic system so that it is located on the same parcel as the residence. Mr. Isler further advised that should the Board choose to approve the variance, staff recommended conditions including recording reciprocal easements for the septic system within one year, recording an amended final map within one year, complying with maintenance and operation requirements, and connecting to a sewer system if service becomes available in the future.

The petitioner was not in attendance.

The Chair opened for Public Comment.

Mr. Andrew Leavitt, representing prospective buyer Janice Phillips, spoke in support of the variance request. He stated that the residence, septic system, and leach field configuration had existed since the original permit was approved in 1984 and that no physical changes are being proposed. He argued that the system has operated in its current location for decades without issue and should be considered a legal existing condition. Mr. Leavitt noted his understanding that a related plot plan had already received county approval and emphasized that the request was intended to preserve the existing arrangement. He further stated that his client had no objection to staff's recommended conditions, including recording reciprocal easements for the septic system across both parcels. He asserted that such easements would address concerns regarding future property ownership and disclosure to potential buyers, and he requested that the Board approve the variance.

Seeing no one further, the Chair closed the Public Comment.

Member Hardy sought clarification on what was being sold and expressed concerns about future ownership conflicts involving the septic system and leach field. Mr. Leavitt explained that the cabin parcel was being sold, while the septic system and leach field encroached onto the adjacent parcel. The sales contract has been in litigation for several years. His client seeks to enforce the purchase of the parcel with the residence, and it is his understanding that the petitioner/current owner will maintain the parcel with the septic system. He stated that a recorded reciprocal easement would permanently address access, maintenance, and ownership concerns for future property owners. Ms. Phillips noted that both the septic system and part of the cabin currently extend onto the adjacent parcel and referenced prior efforts to redraw the property boundaries. Member Nielson raised concerns that retaining the

vacant parcel could create future development challenges due to the location of the septic system.

Chair Black and Mr. Isler discussed whether the remaining smaller parcel could still support future development, with Mr. Isler noting that additional site-specific information would be needed to make that determination.

Member Summers-Armstrong questioned whether the existing septic system had sufficient capacity for future development and later expressed concerns about potential legal and regulatory implications of approving the variance. Mr. Isler stated that future use of the septic system for another structure had not been contemplated and would require separate consideration.

Member Becker emphasized that the variance request was limited to allowing the existing situation to continue through a parcel map adjustment and that future buyers would be responsible for conducting their own due diligence regarding development potential and utility service. The Board members discussed the importance of a properly drafted and recorded reciprocal easement to ensure continued access, operation, maintenance, and repair of the septic system. Member Brune, Member Bond, and Member Nielson stressed the need for clear easement language that would remain effective through future ownership transfers. Member Hardy continued to express concerns that future disputes could arise between separate property owners despite the easement.

At the Board's request, Ms. Anderson-Fintak advised that approval of the variance, together with appropriate easement conditions and disclosure requirements, would likely not expose the Health District to significant legal liability, although future disputes between property owners could still occur.

*A motion was made by Member Becker, seconded by Member Nielson, and **failed** by a vote of 4-6 to approve the Variance Request for an existing septic system located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124.*

AYES	NAYS
1. Becker	1. Bond
2. Black	2. Brune
3. Nemec	3. Gallo
4. Nielson	4. Hardy
	5. Larson
	6. Summers-Armstrong

IX. REPORT / DISCUSSION / ACTION

There were no items heard.

X. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. 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. ***(Information Only)***

There were no items raised.

XI. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

  In addition to his written report, Dr. Lockett advised that two new physicians have joined the Health District in the Southern Nevada Community Health Center (SNCHC): Dr. Amanda Koziel, who joined in July and has interests in integrated primary care and HIV care, and Dr. Karina Luera, a board-certified family medicine physician and Las Vegas native who joined in September.

  Dr. Lockett advised that SNCHC was awarded a highly competitive HRSA New Access Point Grant totaling $650,000 annually to support the establishment of a third clinic location. Site selection is underway, with operations required to begin by December 10. The new clinic is expected to serve approximately 2,560 patients annually through primary care and mental health services, with grant funding supporting staffing, facility costs, equipment, supplies, and related startup expenses.

  The Board was informed of the Health District reported the first influenza-related death of the 2026-2027 season, involving an individual with underlying health conditions. Dr. Lockett took the opportunity to emphasize the importance of seasonal influenza and COVID-19 vaccinations, noting that the updated influenza vaccine includes enhanced protection against a strain that was widespread during the previous season.

  Dr. Lockett advised that, as of September 23, the Health District was conducting active Ebola symptom monitoring of 13 travelers returning from Uganda, while 50 additional travelers had completed monitoring. Dr. Lockett reported that the Southern Nevada Public Health Laboratory has the capability to test for all strains of Ebola virus and can perform up to 20 tests per day if needed.

- Presentation on the 2025 Southern Nevada Trauma System Annual Report

  Stacy Johnson, Regional Trauma Coordinator, provided an overview of the 2025 Southern Nevada Trauma System Annual Report.

  [At the conclusion of this item, the Chair requested that the presentation and discussion be captured verbatim in the Minutes.]

  STACY JOHNSON
  Good morning. I am Stacy Johnson, Regional Trauma Coordinator here at SNHD Office of EMS and Trauma. Today I'm going to give you an overview of our 2025 Annual Trauma Report, but rather than going through every data point, I want to focus on what the data tells us about our overall performance and the readiness of our trauma system. I'll highlight the major trends, and the important change and how we collected the data in 2025, and what we need to do,

continue watching as Southern Nevada grows. The full annual report, as all of our previous reports are also available on our website.

When we hear the word "trauma," most of us just think about an ambulance taking an injured patient to a trauma center. But it is so much more than that, as you can see up here on the screen. It includes injury prevention, our EMS system, the hospital care, our rehabilitation centers, and the ongoing performance improvement. All of these pieces work together to make sure our patients receive the right care, at the right time, and at the right level of care.

Trauma is unique because it happens without warning. Someone can be completely healthy one minute and critically injured the next. The trauma system exists to make sure that when that happens, our EMS system and our hospitals are prepared to move that patient quickly to the resources they need. In 2025, more than 12,600 patients entered the Southern Nevada Trauma System through our EMS providers after meeting Trauma Field Triage Criteria. That gives us just a sense of how frequently our system is being used.

One important point to remember about our trauma centers is that higher trauma designation does not necessarily mean better care. The levels described in resource describes the resources and capabilities that are immediately available to treat our increasingly complex traumatic injuries. Our system depends on having different levels of trauma care working together. The goal is not for every patient to go to the highest-level trauma center. The goal is for each patient to reach the trauma center that is equipped for their injuries in the most timely manner.

A little bit about our data before we get into the numbers specifically is a really important distinction between the two data resources that we utilize. We use two primary sources, our state trauma registry and our TFTC data. The state trauma registry follows national trauma database criteria and captures patients who meet very specific criteria, that requires the patient to be admitted into the hospital for at least 24 hours to either get transferred out due to their injuries or die due to their injuries. This dataset does not include any patient that is discharged from the emergency room. So, remembering that when we look at our TFTC data, it starts early in the process. This data set captures patients identified by EMS in the field that are transported to a trauma system, regardless of whether they get admitted, they get discharged, or they die. These datasets do answer different questions, and the numbers will not always be the same. Neither dataset captures every patient within our system, and the distinction becomes particularly important when we look at our data trends.

A little bit of background about 2025. We did have an important year. Previously, our trauma field tirage information was captured by our trauma centers, sent to our office, and then compiled into a report. In 2025, it was a long time coming. The trauma centers were asking for it for many years. Our office was able to take over extracting that data out of our EMS electronic patient reports, following their review and sending it back to us. This now gives us one standard source and one standard process to capture our data. So as we collect additional years using this method, we will have a much stronger foundation for identifying the trends over time.

I'm looking first at population growth. This is a big one that we look at when we're analyzing our trauma data. So between 2021 and 2025, Clark County added approximately 140,000 residents, which represents about a 6% growth. This growing population means more traffic, more construction, more recreational activity, and ultimately more demand in our emergency

rooms and our trauma system. This is why we look at where the trauma incidences are actually occurring.

So, taking a look outside of that population and look at where is trauma occurring geographically, an interesting picture emerges. So the southwest area was the only area showing growth in TFTC incidents compared with 2021. The Metro, the Southeast, Northwest, and Southwest areas all showed a decrease over that same period. So, while Southern Nevada is growing overall, trauma growth isn't occurring uniformly across the region. That is really important for system planning. We need to look at the actual trauma volumes as well as geographic access, and available resources, not just the population alone.

So, putting that all together, one of the easiest ways to put this into perspective is that in 2025, with more than 12,600 patients entered the trauma system through EMS, that's approximately one patient every 42 minutes. That means every hour of every day, EMS providers, emergency rooms, trauma teams, ORs, blood banks, and critical care resources must be ready. And again, this represents patients entering through the EMS system. It does not represent every patient that's treated in our region.

So, what causes their injuries? We need to look at mechanisms so that we can know where to put our prevention efforts. Falls accounted for 61% of all traumatic injuries, according to our state trauma registry data. Motor vehicle crashes came in second at 15.1%, and other leading mechanisms included struck by or against, cutting or piercing injuries, or firearm injuries. This pattern helps our trauma centers look at injury prevention. It helps us determine what our EMS education should be, our hospital preparedness, and our future system planning.

So, a little bit about how EMS identifies a trauma patient and how they get them to a trauma center. So, as you guys have probably heard before, we have our red and our yellow criteria. So red criteria identifies patients with the most serious signs of injury. Examples are active bleeding, difficulty breathing, just to name a few of those. Our yellow mechanism criteria identifies high-risk events where the mechanism is what they're looking at. That mechanism raises concerns, such as motor vehicle crashes, auto pedestrians auto versus bicycles, things like that. And then our last category is our yellow judgment. This is where EMS providers use their clinical assessment skills when they're looking at the patient to identify significant injury that may not be immediately obvious. Patients that fall into this criteria are high alerts for order adults, our children, our pregnant patients, and our patients taking blood thinners. In 2025, a little over 2,200 patients met red criteria, as you can see on the slide. Over 2,800 met our yellow mechanism criteria, and our largest group at over 7,500 fell into that yellow clinical judgment.

So, this is the same, here we're seeing the same data that we did on the last slide. This is just our five-year trend. Our annual report looks at a trend of five years. So, this number equates to approximately 35 patients every day or 1-2 patents every hour.

We also, an important key that we look at is our EMS transport times. We need to know how quickly our patients are getting from the scene to our designated trauma centers. So in 2025, our median transport time was approximately 16 minutes, and over the last five years, that trend you see up there, the number has remained remarkably consistent, ranging from 15.7-16.6 minutes. So, despite our continued population growth, we're not seeing evidence in this measure of worsening access or increasing transport times.

But transport time is more than just a transportation measure. Care begins at the scene. So EMS assesses the patient, determines the appropriate destination, and communicates with the receiving hospital, and begins care before the patient ever makes it to the trauma center. And meanwhile, that trauma center is preparing their appropriate team before the patient even arrives. The goal is simple: get the right patient to the right trauma center as quickly as possible.

So, breaking this down a little bit into our four different trauma centers of where did the patients receive their care. Our designated trauma centers play an important role in maintaining our regional access and readiness. UMC continues to receive the highest volume of our EMS identified trauma patients or TFTC. Sunrise, St Rose Siena and Michael O'Callahan each contribute to that regional system and provide important geographic access to trauma care. The numbers on this slide also illustrate why it's important with those two datasets that we already discussed. So, the blue bar up there is our Trauma Field Triage Criteria, and the red bar is the National Trauma Data Bank and the state criteria. So, both datasets are valid, they simply just answer difference questions.

So, what is happening after our patients arrive at a trauma center? That level of care is going to depend on the severity of their injury. And in 2025, 59% of the patients were ultimately discharged from the emergency room. Others required hospitalization, going to the ICU, the OR, or they were transferred to a higher level of care. The important point is that discharge does not mean the patient didn't meet trauma care. Every patient requires evaluation, treatment, and clinical decision-making before a safe disposition can be determined. Deaths also occur on scene without transfer to the hospital, don't get included into this dataset but they are reviewed quarterly by our Trauma Medical Audit Committee. The 2025 committee reviewed, they did not identify any concerns related to our out-of-hospital trauma deaths.

We also include our non-trauma hospitals as part of our trauma support system. Some injured patients will initially arrive at non-trauma centers either by not utilizing EMS or not being recognized as meeting trauma field triage criteria in the field. In 2025, we had 1,192 patients that required transfer from a non-trauma hospital into a designated trauma center. This number does include transfers that occurred from out-of-state as well. These hospitals provide an important first step by evaluating and stabilizing our patients and then coordinating the transfer to a higher level of care.

So, looking ahead, our focus is on maintaining a trauma system that can meet the needs of a growing Southern Nevada. We will continue monitoring trauma volumes and where injuries are occurring, along with EMS transport times, our geographic access, our trauma center capacity, and the quality of our data. It is important to recognize that trauma system expansion is not something that happens quickly. Changes require planning, regulatory review, hospital investment, staffing, and infrastructure. Our responsibility is to continue evaluating the system today so that we're prepared for the needs of the community tomorrow.

So, in summary, there are four things I'd like the Board to take away from this report. First, more than 12,600 patients entered our trauma system through EMS. Second, our access does remain stable, with our median EMS transport times being about 16 minutes. Third, we have a way of colleting our TFTC data that has improved significantly in 2025, giving us a more standardized foundation for future trended data. And finally, Southern Nevada continues to grow. So, ongoing monitoring and long-term trauma system planning remains important. But most importantly, every number in this report represents a person who needed our trauma

system to be ready when they needed it. Our goal is to make sure the system remains ready, accessible, and sustainable for Southern Nevada. When someone experiences the worst day of their life, we want to remain ready. Thank you for your continued support and leadership, and I'm happy to answer any questions. I also have members from our epidemiology department, as well as the OEMSTS supervisor with me.

CHAIR BLACK
Thank you for sharing your presentation with us this morning. What I'll do is, I'll start with our Board members online and we'll just go, you know, did anyone raise their hand first? Who's first?

ANDRIA CORDOVEZ MULET
No one has their hand.

CHAIR BLACK
No one? Okay, who?

MEMBER LARSON
I would like, I have a couple questions. I didn't press it. Sorry. This is Dr. Monica Larson.

CHAIR BLACK
Yes, yes, Councilwoman Larson, thank you. Go ahead.

MEMBER LARSON
Thank you. I have a few questions. So, are we planning for tomorrow's trauma needs or only measuring today's utilization? Because the report acknowledged, you know, that we added approximately 140,000 residents from 2021 to 2025. That population growth is a strong predictor of future emergency and trauma demand and that trauma center expansion takes years of planning. I understand that. But when evaluating, as I presented last time about Siena's Level II application, how is the Health District accounting for projected population growth in the years required to develop Level II capacity rather than relying primarily on current utilization?

CHAIR BLACK
Future planning projections, what are we doing to stay ahead of this as needed?

STACY JOHNSON
Well, RTAB and TMAC do look at this data on a quarterly basis. If they identify any trends that they find are out of norm, increasing, or that they're concerned about, they push that forward and have us do additional data analysis and tools or possibly work groups or whatever the RTAB and TMAC recommend.

MEMBER LARSON
For now, yes, I have a couple other questions. So, does the regional median transport time tell us enough about Henderson residents? Because the presentation did address approximately 16 minutes or so. But I wanted to, what are the transport time specifically for patients originating in Henderson in the Southwest Valley who require Level I or Level II care, particularly the most seriously injured red criteria patients.

STACY JOHNSON
Those are definitely numbers that I believe our Epidemiology Department would be able to pull out of the data that we have. So, we could take the patient specifically going to Siena and track those times if that was needed.

MEMBER LARSON
Yeah, because for a time-sensitive trauma patient, I believe we should examine the community-specific data, not simply valley-wide.

STACY JOHNSON
And we can break those numbers down into specific areas if we need to, absolutely.

DR. CASSIUS LOCKETT
Yeah, we'll perform those analysis. Our Epidemiology team can do that. And then we will send that out to the Board.

MEMBER LARSON
Okay. Thank you. I have three more if that's okay. What does, what does Siena's existing trauma volume tell us about its role in the system? Because, in particular, Siena has already designated a Level III trauma center, and the report states that it continues providing trauma services for the Southeast Valley while maintaining consistent patient volume. The report also defines Level II as providing initial and definitive care for severely injured patients and says that in population dense areas, Level II centers should supplement Level I clinical activity and expertise. But given Siena's established role, patient volume, infrastructure and location, what specific system Level evidence demonstrates that allowing it to pursue Level II designation would adversely affect the trauma system?

STACY JOHNSON
That is not data that we have here today for this conversation as far as the annual report. The annual report does break down a trauma or Siena specific volume, but the data that you're asking for, that is not stuff anything that we have prepared for today.

MEMBER LARSON
Okay.

CHAIR BLACK
If I may, Councilwoman Larson and also all the Board members, I just want to remind you or let you know if you're not aware, in anticipation of this presentation today, this presentation, I believe, is intended to kind of just give us a synopsis, an overview. We have the detailed report at our disposal to read through. And our intention is to encourage each Board member to familiarize themselves with the report. And then there will be a briefing, a briefing schedule put out after this meeting for three time points that our staff will make themselves available for Board members to sign up so we can truly take this deep dive that you're speaking to, you know, you represent Henderson, I represent North Las Vegas. We have a collective trauma system that needs to meet the demands of our entire growing community. However, we'll have this opportunity for each Board member that wants to really dig in on Trauma 101 with the staff, with experts here at the District will have that. So those dates will be put out, but I'll just let you know right now that there will be on October 12th, October 16th, and October 20th. Those are the time points that you'll be able to really, really take. We're going to each do our homework to the level that you need to, to have a, because this is critically important to

our community that we have a sound understanding as a Board so we can make good policy decisions moving forward to meet the needs of our community, as was stated, the right patient, you know, right trauma center, and the, you know, in as quickly as possible. I just want to interject that so all the Board members can know what's coming. We're not going to be able to solve and answer every question today because of the data that, the information that's available for this presentation. But please prepare yourselves and I encourage every Board member to sign up for one of these briefings. Okay, sorry.

MEMBER LARSON
And I appreciate, I appreciate that, Chair Black. I definitely, because this is very important. And so I just want to make sure that that data is reflective for all.

CHAIR BLACK
Yes, yep. And I, okay, yeah, so I just wanted to let the Board members know that this, we're receiving this presentation today in connection with the release of the 2025 trauma report. We need to all familiarize ourselves with it, participate, really be up to speed as Board members so we can make the absolute best decisions moving forward. Okay. So enough about me, let's talk about trauma. Any other comments or questions online before we go to those that are in the room today? Oh, Bobbette, yes, go ahead. Thank you.

MEMBER BOND
Thank you. Am I off mute? Can you hear me?

CHAIR BLACK
Yes, we can hear you. Yes, thank you.

MEMBER BOND
Okay, great. Thanks for the time. Yeah, I think this is so complicated because, I'm appreciate Councilwoman, Miss Monica asking for details about the area. I think some of the things that are going on in the community are statements that aren't necessarily true. So, it would be good to have a little more drill down on that on the data, but it is hard to ask for that in this meeting. So, I have a couple of issues that I'd like to see us drill down on very similar to what Councilwoman Larson just did. But I think it would be great if we had a day when you need all the questions to you so that the presentations that are giving us and training that's going to be given to us, they have time to pull that data. Otherwise, I think we're going to, none of us are going to feel like our answers are getting questions. Our answers are, our questions are getting answered.

CHAIR BLACK
I think that's a really great point, Bobbette. I think we'll be able to achieve that with these briefings initially, so we can have some really meaningful conversations. But the point you just made is to pre-submit through Andria what questions and data you would like to see so our staff can be fully prepared for your specific briefing or anybody's briefing. So I think we have a mechanism in place to do that, because it is very important.

MEMBER BOND
Okay, and so my other comments are, I think the presentation was helpful. I think that focusing on population growth has been a discussion point in the community for a long, long time. And it's interesting that the Trauma Department is leading with that when you finally get to another slide showing that there isn't a growth, right? So, in trauma cases. So, I think that

we should have a conversation about where is trauma cases itself, what you should be paying attention to, because population can grow. But if trauma isn't growing with it, I think that it's a different conversation we should be having, right? Populations increase 6%. But those same years, several years, trauma cases have decreased. And you can see on that next slide that there's only one, there's only one area of town where the growth is even 6% and everywhere else it's gone down on trauma cases. So, I want that to be a piece that we look at. I think there's also this longstanding issue of what's now called the yellow judgment. The trauma centers are lined up the way that was told today, like Level I, Level II, Level III centers, but the patients are lined up on a slightly different scale, which used to be step 1, step 2, step 3, step 4. I'm not sure why those were collapsed. But I think what would be helpful to us and everything that Councilwoman Larson has said in my presence is to understand those hard, you know, those cases that really, really have to go to a trauma center. And so, I would like us to pull out the judgment yellow because it's way more than 50% of the cases and very few of the actual hospitalizations. And if we're going to have conversations about who's not getting to a trauma center in time, and this is somebody dying, you know, on a gurney not able to get to trauma, that's not in those yellow cases. And so, I think we're polluting the data a little bit. So, I'd like us to, if possible, pull that out and then look at the cases that are more relevant to the conversations we've been hearing. Not to say we shouldn't be planning for the future. I think that's really important. The last thing I want to just get in front of you is these transfers. I can't tell when there's a transfer, if the transfer is going from an existing hospital or an existing trauma center or an existing freestanding ER. I really would like us to be able to see if there's, in that in that transfer data, is someone going to Dignity and then getting transferred to Sunrise and it's not and it didn't go well? Are there cases where the patient couldn't get there? What is the barrier that we're hearing about it? I would really like to understand who's leaving one trauma center and going to another trauma center and why. Because that shouldn't be happening at all, really, right, if possible. So, it clarifies the conversation about why that would happen, because the criteria is being triggered at when the patient gets in the ambulance. So, they should go to the right place. So that's it. And then finally, it would be awesome if you guys would include in their reports, how many bays these hospitals have to take care of trauma patients. I know UMC has 12 bays to take care of patients, so they just don't run out of capacity. But I don't know how many are at Sienna and I don't know how many are at Sunrise and I don't know how many are at O'Callahan and that might be easily available, but I think it would help us think. And making sure if patients are going to freestanding ERs for trauma, we know that and where they're going and what happens to them next. So, a lot, but I'll try to distill it into a set of questions so you have enough time to look at the data.

CHAIR BLACK
Thank you so much, Ms. Bond. And I'm hopeful that you're, because that was a great deal of questions. I mean, if this team here wants to try to address…

MEMBER BOND
No…

CHAIR BLACK
…them now. Are you okay for us to capture, your okay…

MEMBER BOND
Yes.

CHAIR BLACK
Because that's what my anticipation was, but I don't want to, you know, speak for you. I think if we can capture what she said and be prepared for that so when those briefings occur, you'll be able to speak to those points.

STACY JOHNSON
Yeah, that's great.

CHAIR BLACK
Okay, excellent. Thank you, Bobette.

MEMBER BOND
Yeah, and there might be more. So we do want a date when we should get our proposals to you. So thank you.

CHAIR BLACK
Certainly. Councilwoman Summers Armstrong.

MEMBER SUMMERS-ARMSTRONG
Thank you, Chair Black. I would like that things that have been raised today by both Councilwoman Larson and Bobbette, Member Bobbette, are part of our briefings. So everything that's been asked for, that it is prepared with answers, the data to be presented regardless of which day a member attends the briefings and that when we have questions, whatever day you have them in there to be submitted, that all those questions and the data that is requested are shared across all three briefings. That's it.

CHAIR BLACK
That's an excellent suggestion and we'll make certain that it's comprehensive in nature. So we all know what everyone's questions are and we all have that same information. So we're well informed as board members and policy makers. Thank you. Any other comments online before I go to our members here in the Red Rock conference room? Don’t see any. All right, who wants? Mayor Hardy.

MEMBER HARDY
This is a great day. I find myself agreeing with Bobbette Bond.

MEMBER BOND
Oh, twice.

MEMBER HARDY
Wow, I feel better already. So, looking at the transfers from two to one, three to one, burns to UMC, the grade of care, the success of care, all of those things I think are wrapped up in what we're trying to do with trauma centers and, you know, what are we using and how are we using it. So, I think I look forward to the briefings and I think we'll be able to get some of those answers and be able to make decisions that are based on reality. So, thank you.

CHAIR BLACK
Thank you, Mayor Hardy. Anyone else in the room? All right. I'll circle back one more time to the Board members online. Otherwise, really thankful for your presentation today. We look forward to the dialogue that we'll have in these briefings over the next couple of weeks, and

that will give us the basis for continuing to navigate the important matters that are before us regarding our trauma system. So, thank you so much. Really appreciate you.

I think one thing I would add, and you're good, but I just want to say to our team here, since we talked about, we had a nice two-way dialogue with our Board members. Stacy laid out a great presentation from her slides and articulated very well in her words. So, I would ask that the staff capture that presentation and the questions from the Board and the back and forth verbatim word for word for the minutes and also for us to have, just as so we don't lose anything in translation as we move forward to the briefing. So, can we do that, Dr. Lockett?

DR. CASSIUS LOCKETT
We will take care of that.

CHAIR BLACK
Okay, thank you, sir, very much.

XII. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

XIII. SECOND PUBLIC COMMENT:

SECOND 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. Comments will be limited to two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Dr. Sean Dort, Trauma Medical Director at St. Rose Siena, long-standing member of the RTAB, and State Chair of the American College of Surgeons Committee on Trauma, emphasized the importance of the trauma discussion. He recognized the significant effort involved in collecting and maintaining trauma system data, noting that thousands of patient records are carefully tracked and validated each year, and commended the teams responsible for preparing the 2025 Southern Nevada Trauma System Annual Report. Dr. Dort stated that the system is strong, performs well nationally, and is highly valued by participating hospitals and providers. He stressed the importance of proactive planning and preparedness to meet future trauma care needs, noting that building system capacity takes years. Dr. Dort emphasized that protecting public safety and ensuring high-quality trauma care should remain the top priority. He advocated for thoughtful, collaborative growth that strengthens the system without creating unnecessary financial burdens, while preserving the integrity of the trauma system and the Board's decision-making authority.

Jasmin Valdivieso Sanches, Strategies 360, inquired whether a recording of the meeting would be made available.

Seeing no one further, the Chair closed the Second Public Comment portion.

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:54 a.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary
/acm

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
September 24, 2026 – 9:00 A.M.
Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/cc88dbff-a772-4ab9-8179-eb4a68dfe171@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 229 165 7#

NOTE:
- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE – OFFICERS

IV. RECOGNITIONS

1. **CARE Coalition – Embracing Life as Women**
   - Katarina Pulver

2. **Southern Nevada Health District – August Employee of the Month**
   - Erik Sumera

3. **Southern Nevada Health District – September Employees of the Month**
   - Monica Galaviz and Randy Luckett

V. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. Please clearly state and spell your name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 229 165 7#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

VI. ADOPTION OF THE SEPTEMBER 24, 2026 AGENDA *(for possible action)*

VII. 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:** August 27, 2026 *(for possible action)*

2. **PETITION #04-27: CCOCME Approval of the Amendment A01 to the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. 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 two (2) 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.

1. **Variance Request for an Existing Septic System, SNHD Permit #ON0007752, located at 3114 Sorrel St., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Variance Request for an Existing Septic System located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

IX. REPORT / DISCUSSION / ACTION

X. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. 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. *(Information Only)*

XI. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments
- Presentation on the 2025 Southern Nevada Trauma System Annual Report

XII. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

XIII. SECOND 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. Comments will be limited to two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XIV. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at https://snhd.info/meetings, the Nevada Public Notice website at https://notice.nv.gov, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
August 27, 2026 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Nancy Brune, Secretary – Council Member, City of Las Vegas *(via Teams)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(in-person)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Joseph Hardy – Mayor, City of Boulder City *(via Teams)* Marilyn Kirkpatrick – Commissioner, Clark County *(in-person)* Monica Larson – Council Member, City of Henderson*(in-person)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(via Teams)*
ABSENT:	April Becker – Commissioner, Clark County
ALSO PRESENT: (In Audience)	Linda Anderson, Toluwanimi Babarinde, Christopher Boyd, Zach Brooksher, Maya Holmes, Scott Kerbs, Deborah Kuhls, Donna Laffey, Cameron Pfand, Maddie Proctor, Bradley Mayer, Lisa Rogge, Stacie Sasso, Todd Sklamberg
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, MS, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Malcolm Ahlo, Adriana Alvarez, Kristen Anderson, Emily Anelli, Anna Angeles, Tanja Baldwin, Tawana Bellamy, William Bendik, Todd Bleak, Danielle Bohannan, Murphy Boudreaux, Cory Burgess, Daniel Burns, Victoria Burris, Erin Buttery, Joe Cabanban, Nancy Cadena, Andria Cordovez Mulet, Lauran DiPrete, Jason Frame, Kimberly Franich, Tamara Giannini, Tina Gilliam, Xavier Gonzales, Cheri Gould, Jacques Graham, Alyssa Hall, John Hammond, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Carmen Hua, Dustin Johnson, Jessica Johnson, Rebecca Johnson, Stacy Johnson, Christina Joshua, Horng-Yuan Kan, Micah King, Bob Kingston, Nami Kremer, Theresa Ladd, Kit Lam, Dann Limuel Lat, Annie Lin, Sandy Luckett, Cassondra Major, Jonas Maratita, Blanca Martinez, Roni Mauro, Meily, Marco Mendez, Kimberly Monahan, Corey Morrison, Todd Nicolson, Brian Northam, Veralynn Orewyler, Laura Palmer, Kyle Parkson, Neleida Pelaez, Kaylina Penksa, Shannon Pickering, Luann Province, Vivek Raman, Emma Rodriguez, Larry Rogers, Alexis Romero, Jacqueline Rombero, Chris Saxton, Dave Sheehan, Cameron Smelcer, Randy Smith, Betty Souza-Lui, Ronny Soy, Ronique Tatum-Penegar, Candyce Taylor, Greg Tordjman, Renee Trujillo, Jorge Viote, Donnie Whitaker, Tiana Wright, Edward Wynder, Merylyn Yegon, Susan Zannis, Lei Zhang

DRAFT

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:02 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Oath of Office to Chair Black and Vice-Chair Nemec.

IV. RECOGNITIONS

1. Southern Nevada Community Health Center

- 2026 HRSA Community Health Quality Recognition (CHQR) Badges – (i) Improving Health Care Access, and (ii) Advancing Health Information Technology (HIT) for Quality

The Chair recognized the Southern Nevada Community Health Center, our Federally Qualified Health Center (FQHC), for being awarded two Community Health Quality Recognition Badges by HRSA - (1) Improving Health Care Access, and (2) Advancing Health Information Technology (HIT) for Quality. These badges recognize awardees that have made notable achievements in the areas of access, health information technology, and social risk factors screening using Uniform Data System data from the most recent reporting period. Many thanks to the staff of the Community Health Center for your steadfast commitment to providing quality primary health care services to our community. On behalf of the Board of Health, the Chair congratulated staff on these well-deserved awards.

2. Southern Nevada Health District – August Employee of the Month

- Alyssa Hall

The Chair recognized the August Employees of the Month. The Health District, and the Board of Health, recognize those employees that go above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated the employee on this recognition.

V. FIRST PUBLIC COMMENT

FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. Please 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 Chair or the Board by majority vote.

Dr. Deborah Kuhls, Chief of Trauma at University Medical Center (UMC), Professor of Surgery at the Kirk Kerkorian School of Medicine at UNLV, and Chair of the Regional Trauma Advisory Board, addressed the Board of Health regarding the agenda item concerning trauma catchment areas. She stated that the Regional Trauma Advisory Board (RTAB) and the Trauma Medical Audit Committee (TMAC) had not discussed the topic and expressed concern that changes to catchment areas could negatively affect trauma care, physician training in Nevada, and the military-civilian training partnership involving the U.S. Air Force. Dr. Kuhls also referenced

previous statements made in 2025 indicating there were no plans to seek changes to catchment areas and asked who had requested that the catchment areas be altered.

Seeing no one further, the Chair closed the First Public Comment period.

VI. ADOPTION OF THE AUGUST 27, 2026 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Nemec, and carried unanimously to approve the August 27, 2026 Agenda, as presented.

VII. 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:** July 23, 2026 *(for possible action)*

A motion was made by Member Nielson, seconded by Member Kirkpatrick, and carried unanimously to approve the August 27, 2026 Consent Agenda, as presented.

VIII. 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 heard.

IX. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve the Southern Nevada District Board of Health Committee Membership**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   The Board of Health was provided with a summary of the Committee Participation Interest Forms received and the current composition of the committees.

   Member Marilyn Kirkpatrick expressed concern about recurring committee quorum issues, noting that several matters had recently been advanced directly to the Board of Health because committees were unable to meet. She emphasized the importance of committee members fulfilling their commitments and questioned the effectiveness of maintaining committees that consistently fail to achieve quorum. Member Kirkpatrick asked about the process for dissolving committees if participation remains insufficient and suggested the issue should be addressed if the trend continues.

The Chair emphasized that both standing and ad hoc committees are intended to conduct detailed review of specific issues and provide meaningful recommendations to the Board of Health. He noted that fulfilling this purpose requires active participation and commitment from committee members. The Chair highlighted the Finance Committee as one of the most critical meeting committees and stated that virtual attendance options are available to help members participate and maintain quorum.

A motion was made by Member Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve the composition of the Southern Nevada District Board of Health committees as follows:

At-Large Member Selection Committee (Term 2026-2028)	DHO Annual Review Committee	DHO Succession & Planning Committee (inactive)	Finance Committee	Nomination of Officers Committee
S. Black B. Bond N. Brune F. Nemec	S. Black N. Brune J. Hardy S. Neilson	S. Black B. Bond J. Hardy F. Nemec	S. Black B. Bond N. Brune M. Kirkpatrick S. Nielson S. Summers-Armstrong	B. Bond N. Brune M. Kirkpatrick S. Nielson

Member Hardy joined the meeting at 9:21 a.m.

2. **Receive and Discuss the Southern Nevada Public Health Laboratory (SNPHL) Expansion Budget and Approve Recommendations to the Southern Nevada District Board of Health on August 27, 2026**
   a. **Review and Approve PETITION #32-26: Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd. with the understanding that amendments will be forthcoming;**

direct staff accordingly or take other action as deemed necessary *(for possible action)*

As the Finance Committee Chair, Member Nielson reported that the Finance Committee conducted an extensive review of the proposed laboratory expansion, including the project's scope, space needs, budget, and financing options. He stated that the committee recommended approval of the proposal but believed the project was significant enough to warrant a presentation to the Board of Health. The presentation was requested to ensure all Board members understood the project parameters and the Health District's financial position before making a final commitment.

Bob Kingston, Chief Facilities Officer, provided an update on the Southern Nevada Public Health Laboratory Biosafety Level 3 (BSL-3) expansion project, noting that the project is intended to enhance the laboratory's current and future capabilities. He stated that the update was a follow-up to the presentation given at the May Board of Health meeting and would cover three areas: the status of facility design and construction, the purpose and future capabilities of the laboratory expansion, and the project's financial management plan. Mr. Kingston proceeded with a high-level project overview.

Member Nielson inquired as to the proposed construction cost of approximately $1,555 per square foot. Mr. Kingston explained that the elevated cost was largely driven by the specialized HVAC and mechanical systems required for a BSL-3 laboratory. The CDC recommends specialized ventilation systems designed to maintain negative pressure and directional inward airflow, ensuring that air flows from clean areas into laboratory spaces that potentially contaminated exhaust air is not recirculated to other occupied areas. These systems must operate continuously to maintain required containment conditions and environmental stability. The generally recommended operating temperature range is between 68 and 75 degrees Fahrenheit for occupant comfort and equipment stability. Dr. Horng-Yuan Kan, Laboratory Director, added that the facility must also incorporate specialized security features, negative-pressure air controls, and dual HEPA filtration systems to ensure contaminants are not released into the environment, all of which contribute to higher construction costs. Member Hardy inquired how the new facility would address poor outdoor air quality, such as smoke events. Mr. Kingston responded that the laboratory's advanced filtration systems are designed to remove particulate matter from incoming outside air, helping maintain a safe indoor environment.

Member Kirkpatrick expressed concern about the overall project cost and asked whether the proposed BSL-3 laboratory was comparable in cost to similar facilities recently constructed in the community, including a nearby UNLV laboratory. She also emphasized the importance of keeping the CMAR project on time and within budget and noted concerns regarding the project's evolution from a proposed building addition to a standalone facility. Mr. Kingston explained that, following the May Board of Health meeting, staff consulted with Whiting-Turner Construction Company, which is also constructing the UNLV laboratory. He noted that while both projects include BSL-3 laboratory components, the UNLV facility contains a significant amount of lower-cost administrative space. As a result, comparing overall cost per square foot can be misleading because it averages specialized laboratory areas with less expensive office space. Mr. Kingston stated that the project team evaluated cost data with Whiting-Turner and confirmed that the proposed project costs were consistent with subcontractor bids and comparable to similar specialized laboratory construction.

Dr. Kan outlined the need for the new facility and William Bendik, Laboratory Manager, highlighted some of the testing that was currently processed in the laboratory and outlined the provisions for future growth.

Member Kirkpatrick emphasized the need for clear communication regarding the project scope and long-term plans, noting concerns that the project had evolved from what she understood to be an expansion of the existing laboratory into the construction of an entirely new facility. She asked how the current BSL-3 laboratory space would be utilized once the new building is operational. Mr. Bendik explained that the existing laboratory was aging, has been cited during Select Agent Program inspections for facility deficiencies, and has limited capacity for additional equipment. He stated that several future uses were being considered, including retaining the space for training purposes, supporting testing of infectious agents requiring negative air pressure, repurposing it as a BSL-2 laboratory, or decommissioning it, depending on future operational decisions. Member Kirkpatrick expressed concern about preserving the value of the existing asset and suggested consideration of revenue-generating uses rather than allowing the space to become an ongoing maintenance liability. Dr. Kan added that the existing laboratory could potentially support future BioWatch program operations, including sample processing and molecular testing activities if those functions

returned to the Health District. Member Kirkpatrick reiterated the importance of documenting the Board of Health's expectations and establishing a clear long-term plan for both the new and existing facilities to avoid future costs associated with maintaining aging infrastructure.

Member Summers-Armstrong inquired whether similar BSL-3 laboratories exist elsewhere in Nevada and how the proposed facility's cost compares to those facilities. Dr. Kan explained that the State Public Health Laboratory in Northern Nevada operates a BSL-3 laboratory; however, the Clark County laboratory was originally established with CDC support to provide local bioterrorism response capabilities within Southern Nevada. Member Kirkpatrick noted that substantial state funding had been directed toward the laboratory facility in Northern Nevada and questioned how the current project scope had evolved, particularly given the construction of another BSL-3 facility nearby. Dr. Kan responded that academic BSL-3 laboratories differ significantly from public health BSL-3 laboratories, explaining that the Health District's facility was designed to support bioterrorism preparedness and public health response rather than academic research.

Dr. Lockett further explained that the Health District's BSL-3 laboratory was uniquely tied to the CDC Select Agent Program and the national Laboratory Response Network. He stated that maintaining this designation allows the laboratory to perform specialized testing for high-consequence pathogens, including anthrax, botulism, plague, tularemia, and certain viral hemorrhagic fevers, and ensures priority access to testing reagents and national response resources. He noted that the existing laboratory has been cited for aging infrastructure and limited space, prompting the need for replacement. Dr. Lockett emphasized that the new facility would significantly expand operational capacity while ensuring continued compliance with federal requirements.

Member Summers-Armstrong acknowledged concerns regarding project costs and scope changes but noted that comparable laboratory investments elsewhere in Nevada have required substantial public funding. She stressed the importance of controlling costs and delivering the project at the best possible value while ensuring the community remains prepared for future public health emergencies.

Member Brune asked about the anticipated timeline for occupying the new facility and requested that future plans for the existing laboratory space be brought back to the Board of Health for discussion and input before final decisions are made. Mr. Kingston stated that construction is expected to be completed in January 2028, followed by approximately 30 to 60 days of final operational preparations, with full laboratory operations anticipated by April 2028.

Member Hardy inquired about funding sources and the potential economic development benefits associated with the facility. He suggested that the laboratory could serve as an asset in attracting medical, biotechnology, and related industries to the region by enhancing public health and security infrastructure. Mr. Kingston indicated that additional information regarding project funding would be presented during the financial discussion and reiterated the anticipated timeline for occupancy and operation of the new laboratory.

Member Summers-Armstrong left the meeting at 9:49 a.m. and did not return.

Member Nielson noted references in the project materials to a potential tenant build-out and requested that any proposals regarding future tenants or build-out opportunities be brought back to the Board of Health for review before decisions are made. He stated that the Board of Health should have an opportunity to evaluate whether any proposed tenant aligns with the Health District's mission and whether the arrangement would be financially beneficial. Member Kirkpatrick asked that when staff returns to discuss any potential tenant build-outs, they also present a comprehensive plan for the future use of the existing laboratory space so the Board of Health can consider both matters together and ensure long-term operational and financial planning is clearly defined.

DJ Whitaker, Chief Financial Officer, presented information on potential funding sources identified to cover the remaining estimated project costs, noting that staff had identified resources to address the approximately $21.3 million remaining within the project's maximum not-to-exceed budget. During the discussion, Member Kirkpatrick expressed concern with referring to the project as a "lab expansion," stating that the project is the construction of a new laboratory building rather than an expansion of the existing facility. She emphasized that meeting materials and discussions should accurately characterize the project as a new building to ensure clarity and transparency in the public record.

Chair Black left the meeting at 9:59 a.m. and did not return.

Member Kirkpatrick referenced the Health District's previous facility acquisition and questioned whether the external auditors had been consulted regarding the potential use of long-standing reserve funds for the laboratory project. She expressed concern that spending down a fund that has remained on the books for many years could attract auditor scrutiny and suggested that, once its intended purpose has been fulfilled, the fund should be formally closed rather than maintained indefinitely. Ms. Whitaker responded that auditors would likely not be concerned provided the Board of Health formally authorizes the expenditure, noting that similar actions were taken in the past. She explained that the fund is currently labeled as a bond reserve fund, despite the Health District not having bonds. Ms. Whitaker stated that the fund's purpose and structure may need to be revisited in the future. Member Kirkpatrick reiterated her preference for closing the fund once its purpose has been satisfied and returning any remaining resources to broader capital planning efforts rather than maintaining an open reserve account. Dr. Lockett agreed that the fund's long existence could create the perception of an unused reserve and explained that it had originally been intended for future capital asset needs. He stated that staff would work to clarify the fund's purpose and evaluate how best to incorporate it into the Health District's capital funding structure moving forward. Ms. Whitaker further reported that staff had consulted with the State regarding budget augmentation requirements and was advised that a future budget augmentation would be necessary to formally authorize expenditures associated with the project.

Dr. Lockett explained that the projected $13 million deficit for Fiscal Year 2027 reflects the Health District's required budgeting methodology under Nevada law, which requires full appropriation of anticipated expenditures regardless of whether all expenditures ultimately occur. He noted that historical financial performance over the past three years has consistently shown revenues meeting expectations while actual expenditures have come in below budgeted amounts, resulting in annual surpluses. Dr. Lockett emphasized that the projected deficit represents a budgeting requirement rather than an expectation of actual financial results and that historical trends suggest expenditures are unlikely to reach the full appropriated amount.

Member Nielson sought confirmation that, based on staff's budget assumptions and financial projections, allocating $11.07 million from the general fund would not jeopardize the Health District's financial stability or its ability to meet Board of Health obligations. Ms. Whitaker confirmed that, even with the proposed allocation, the Health District is expected to maintain sufficient ending fund balances to meet its operational and financial requirements.

Member Kirkpatrick expressed concerns regarding the long-term financial implications of the laboratory project and sought clarification on costs beyond construction, including furniture, fixtures, equipment, staffing, and future operational needs. She noted that while the Board of Health had discussed the projected Fiscal Year 2028 financial challenges, it remained unclear whether all equipment and operational requirements had been fully accounted for. Member Kirkpatrick emphasized the importance of understanding all potential future costs and stated that she did not support returning for additional funding requests after project completion. Mr. Kingston responded that the furniture, fixtures, and equipment (FF&E) required for the laboratory have already been identified and procured. He explained that the items are currently being stored and were purchased earlier to meet applicable spending deadlines. Addressing concerns about exclusions listed in the construction contract, Mr. Kingston clarified that many items were excluded from the contractor's scope because the Health District had separately planned and funded those purchases. He further stated that equipment purchases were funded through previously allocated project funding, including approximately $445,000 from SB118 funds for equipment. Member Kirkpatrick requested confirmation that all necessary furnishings and laboratory equipment had been included and asked whether additional funding requests could be anticipated in the future. Mr. Kingston stated that the FF&E purchases include items such as laboratory equipment, autoclaves, furniture, fixtures, and related operational components needed to occupy the new facility. Mr. Bendik addressed questions regarding future staffing needs and explained that the laboratory workforce has grown significantly since the pandemic, increasing from approximately 12 to 40 full-time employees. He stated that the current staffing structure provides sufficient capacity to support most existing laboratory operations, and while some additional positions may be needed in the future for new programs, such as BioWatch or expanded testing activities, he does not anticipate growth on the scale experienced during the pandemic. Mr. Bendik emphasized that the new facility is primarily intended to support and enhance the work already being performed by existing staff. Vice-Chair Nemec asked about ongoing costs for supplies and reagents. Mr. Bendik explained that many laboratory operations, testing supplies, reagents, and related equipment are supported through federal and state grant programs, including public health and laboratory-specific funding sources. He noted that future program expansions would likely be accompanied by corresponding grant funding and that many operational costs are currently supported through a combination of grants dedicated to laboratory services. Member Kirkpatrick reiterated the importance of maintaining fiscal discipline and avoiding future requests for additional project-related funding beyond what is currently being proposed.

A motion was made by Member Kirkpatrick, seconded by Member Larson, and carried unanimously to approve the recommendation from the Finance Committee to build a 12,800 SF two story expansion of the Southern Nevada Public Health Laboratory, with an authorized total estimated project cost, not to exceed $21.3M, and Petition #32-26 Approval of the Agreement between the Southern Nevada Health District and the Whiting-Turner Construction Company for completing construction of the new BSL-3 building of the public health laboratory located at 700 S. Martin Luther King Blvd., with the following conditions:

1. *Provide regular project updates to both the Board of Health and the Finance Committee on the status of the project.*
2. *Provide a plan for the use of the existing laboratory space before any decisions are finalized.*
3. *Provide a plan for any potential lease or use of future tenant space before committing to a course of action.*
4. *Provide a written list of project costs and items not covered by the $21.3 million budget, identifying any potential future financial obligations or unfunded components of the project.*

X. **BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. 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. ***(Information Only)***

Member Kirkpatrick recognized Health District staff for their participation in the County's Overdose Awareness Day event. She stated that the Health District played an important role in educating community members about overdose prevention and awareness.

Member Kirkpatrick shared that Dr. Lawrence Weekly had requested outreach regarding youth vaping at a local middle school, citing concerns about vaping within the community. She noted that her staff had begun coordinating with the appropriate contacts and invited Member Summars-Armstrong to participate, given that the school is located within her district.

Member Larson requested that a future agenda include discussion of the Siena Campus/St. Rose Dignity Health application for Level II Trauma Center designation. She noted that TMAC and RTAB had made differing recommendations and expressed interest in understanding staff's position and whether the matter would ultimately come before the Board of Health. She also emphasized the need for trauma services in Henderson, citing the city's growth and the importance of timely access to trauma care. Member Bond stated her understanding that RTAB had previously sought to postpone consideration of additional trauma center designations while litigation involving Sunrise Hospital remains unresolved. She requested clarification regarding the process and emphasized the importance of understanding the trauma system, catchment areas, and the contents of the annual trauma report before further discussions regarding trauma center designations. Heather Anderson-Fintak, General Counsel, clarified that RTAB's action was to decline further consideration of the application at the committee level, rather than to prevent it from coming before the Board of Health. She explained that under the applicable regulations, RTAB and TMAC provide recommendations, while the Board of Health serves as the final decision-making authority. Member Kirkpatrick noted that her recollection of the RTAB discussion differed and requested an offline discussion to clarify the matter, stating that she preferred agenda items to be fully prepared before being presented to the Board of Health. Member Hardy raised questions regarding ambulance transport protocols and trauma center designations, asking whether emergency medical services are required to transport trauma patients only to designated trauma centers or whether patients may be taken to other facilities capable of providing trauma care. Vice-Chair Nemec indicated that the issue would be more appropriately discussed at a future meeting. Member Hardy requested that the topic be placed on a future agenda. Member Bond additionally requested an overview presentation on the new trauma system report for a future Board of Health meeting.

XI. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

  Dr. Lockett submitted his written report.

- Legislative Update

  Emma Rodriguez, Communications and Legislative Affairs Administrator, and Bradley Mayer, Argentum Partners, provided a brief legislative update.

  Member Kirkpatrick expressed concern that tobacco use continues to receive significant attention despite emerging public health issues, particularly youth vaping and the use of synthetic substances. She emphasized the need to focus on current health challenges affecting younger populations and questioned whether existing tobacco-related strategies have achieved their intended outcomes. In response, Ms. Rodriguez clarified that the proposal under discussion specifically addressed revising taxes on other tobacco products, including vaping products.

  Member Kirkpatrick inquired about legislation being advanced by the Patient Protection Commission related to prenatal and maternal health issues. Ms. Rodriguez confirmed that staff are tracking those measures and other maternal health bills under consideration. Member Kirkpatrick noted that several of the proposed bills have the potential to significantly improve health outcomes and save lives and suggested that the Board of Health receive updates on these legislative efforts.

  Member Bond noted that the Board of Health had previously maintained a legislative subcommittee and suggested it be reconstituted and for the Board of Health to receive updates on the items being tracked.

  Member Bond emphasized the importance of the Health District engaging with state legislators to provide education on complex public health and healthcare issues. She noted that legislative turnover has reduced institutional knowledge and encouraged the Health District to seek opportunities to present information and expertise before legislative committees. Member Bond stated that increased engagement with policymakers would help improve understanding of public health priorities and support informed decision-making.

- Overview of Catchment Areas

  Dr. Lockett advised that a presentation on the annual trauma report is scheduled for the September Board of Health meeting.

  Stacy Johnson, Regional Trauma Coordinator, and Lei Zhang, Public Health Informatics Manager, provided an overview of the catchment areas.

  Member Kirkpatrick requested access to the full presentation materials, stating that additional details would help her better understand and engage with the issues discussed. She reiterated her longstanding position that the Board of Health should be formally notified of proposed trauma catchment area changes and suggested adding a provision to the

regulations requiring such matters to be presented to the Board of Health before final action. Member Kirkpatrick referenced previous changes associated with trauma center designations and emphasized the importance of Board of Health awareness given the operational and regional impacts on emergency medical services and transportation agreements.

Member Bond thanked staff for presenting information on trauma catchment areas, noting that it helped educate Board members who may be less familiar with the trauma system. She expressed support for requiring the Board of Health review and approve any future catchment area changes and emphasized the importance of understanding the basis for such decisions. Member Bond also referenced prior RTAB actions relating to the St. Rose Siena Level II Trauma Center application and expressed concern about considering new trauma center designations while litigation involving the trauma system remains unresolved. She stated that any future consideration of the matter should include Board of Health discussion in advance and reiterated her interest in pursuing additional oversight of trauma catchment area decisions.

Member Larson stated that she supports the Board of Health having final approval authority over trauma catchment area decisions. She emphasized the importance of adhering to established processes and expressed concern that failing to follow those processes could increase the risk of future litigation and undermine confidence in the trauma system.

Member Hardy stated that he did not believe consideration of trauma system matters should be delayed indefinitely pending resolution of ongoing litigation, noting that litigation timelines can be unpredictable. He emphasized the importance of maintaining flexibility within the trauma system to ensure timely patient access to appropriate care and suggested that catchment areas and trauma capabilities should be evaluated and adjusted through a methodical process based on patient needs, travel times, and system performance.

A request was made for all Board members to receive a copy of the presentation.

XII. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Public Health & Preventive Care Division Monthly Activity Report

XIII. SECOND 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. Comments will be limited to two (2) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Vice-Chair closed the Second Public Comment portion.

DRAFT

XIV. ADJOURNMENT

The Vice-Chair adjourned the meeting at 11:16 a.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary
/acm

DRAFT

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 24, 2026

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **September 24, 2026**

RE: *Approval of the Amendment A01 to Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #04-27

That the Southern Nevada District Board of Health *approve the Amendment A01 to Interlocal Service Agreement C2600054, between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS).*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Victoria Burris, *Acting Director of Disease Surveillance and Control*
Ying Zhang, PhD, *Epidemiology Manager*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on sudden unexpected infant deaths/sudden death in the young and develop routine reports surrounding sudden unexpected infant deaths/sudden death in the young data in Southern Nevada.

FUNDING:

This agreement will provide funding in the amount not to exceed $53,062 to the CCOCME for their collaboration on the SUID/SDY project. This is pass through funding from SNHD supported by federal grant dollars, CDC SUID/SDY Federal Grant# NU58DP007684.

AMENDMEND A01 TO
INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2600054

This AMENDMENT A01 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services ("Agreement"), Effective Date of September 30, 2025, by and between the Southern Nevada Health District ("Health District") and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner ("CCOCME") (individually "Party" collectively "Parties").

WHEREAS, the Parties mutually desire to extend the term of the Agreement, and to clarify the budget as previously represented in Attachment B, Payment.

NOW THEREFORE, pursuant to Subsection 1.05 of the Agreement, the Parties mutually agree to amend the Agreement as follows:

1) The first paragraph of Section 1, Term, Termination, and Amendment, is hereby amended to extend the term of the Agreement through September 29, 2027.

2) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:

   2. INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

      ATTACHMENT A-A01: SCOPE OF WORK
      ATTACHMENT B-A01: PAYMENT
      ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

3) Subsection 3.01 of the Agreement, is hereby deleted in its entirety and replaced with the following:

   3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A-A01. CCOCME will be reimbursed for expenses incurred as provided in Attachment B-A01: Payment. The total not-to-exceed amount of this Agreement is $53,062. This project is supported

by the federal Grant described on the first page of this Agreement in the amount of $53,062; this accounts for 100% of the total funding of this Agreement.

4) Attachment A, Scope of Work is hereby deleted in its entirety and replaced with Attachment A-A01, which is attached hereto and expressly incorporated by reference herein.

5) Attachment B, Payment is hereby deleted in its entirety and replaced with Attachment B-A01, which is attached hereto and expressly incorporated by reference herein.

Except as expressly provided in this Amendment A01, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A01 to Agreement C2600054.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer
Health District UEI: ND67WQ2LD8B1

Date:_____

APPROVED AS TO FORM
This document is approved as to form.
Signature to be affixed after approval by
Southern Nevada District Board of Health.
By: _____
Heather Anderson-Fintak, Esq.
General Counsel

COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER

By: _____
Michael Naft, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date:_____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

ATTACHMENT A-A01
SCOPE OF WORK

A. CCOCME will participate in the following activities from **September 30, 2025 through September 29, 2027** ("Period of Performance"):

A.1 **Goal 3; Component B Supplemental:** Improve Data on Febrile Seizures and Priority Fields for SDY cases

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Improve completeness of data.	Improve completeness of data in the Case Reporting System ("CRS"), focusing on priority variables and the fields related to febrile seizures.	Ongoing	Data completion improved for entry into NFR-CRS
2. Expand genetic and diagnostic testing to as many SUID/SDY cases as possible.	CCOCME will collect samples genetic and other diagnostic testing for deaths meeting the SUID or SDY case definition. Samples will be sent to known provider for testing.	Monthly	Generic testing reports available for Child Death review and Advanced Death review
3. Collect next-of-kin email addresses for consent purposes.	CCOCME will collect email addresses from next-of-kin when appropriate for consenting.	Ongoing	Email; addresses available for consent

B. Unless express and specific written permission to exclude funding, source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

> "This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 5 NU58DP007684-03-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

B.1 Prepare and submit programmatic reports as requested by Health District.

B.2 Work with Health District staff to ensure proper close out of Period of Performance.

C. CCOCME will participate in the following activities from **September 30, 2025 through September 29, 2026** ("Period of Performance"):

C.1 **Goal 1; Component A:** Abstraction of SUID Deaths as Prescribed by the Centers for Disease Control ("CDC")

Objective	Activities	Due Date	Documentation Needed
1. Ensure all deaths for decedents under 19 years in age continue to be referred to respective Child Death Review Teams.	Send notification of all deaths to the University of Nevada, Las Vegas, Nevada, Institute for Child Research and Policy ("NICRP"). Provide Death Certificate & Investigative Summary to NICRP.	Monthly	Death Certificate Information Sheet Investigative Summary/Report Case record notes
2. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes.	Attend monthly Child Death Review. Compile reports on data extraction barriers and provide to the Health District's SUID/SDY program coordinator to assist in resolution.	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

C.2 **Goal 2; Component B:** Abstraction of SDY Deaths as prescribed by the CDC

Objective	Activities	Due Date	Documentation Needed
1. Ensure all SDY deaths for decedents under 19 years in age continue to be referred to Advanced Child Death Review Team.	Provide Death Certificate & Investigative Summary to Health District.	Quarterly	Death Certificate Information Sheet Investigative Summary/Report Case record notes
2. Obtain contact information from the families of SDY decedents.	Contact families regarding consent. Document family history and specific questions as related to unexpected death and heart conditions.	Within 30 days of death	Copy of consent forms
3. Send specimens for genetic testing.	Ensure timely collection and submission for genetic testing.	Within 30 days of consent	Proof of shipment

	Ensure protocol is compliant with the CDC SUID/SDY autopsy requirements. Biospecimens are collected by pathologists.		
4. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes.	Attend the monthly Child Death Review. Compile reports on data extraction barriers and provide to Health District's SUID/SDY program coordinator to assist in resolution. Work with Health District on possible fellowships for pathologists at the CCOCME Office. Assist with recruitment of specialists for the Advanced Review Team when possible.	Monthly/Quarterly	Meeting minutes Agendas Case record notes

D. Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

> "This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 1 NU58DP007684-02-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

D.1 Prepare and submit programmatic reports as requested by Health District.

D.2 Work with Health District staff to ensure proper close out of Period of Performance.

ATTACHMENT B-A01
PAYMENT

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of **$14,581** from **September 30, 2025 through September 29, 2027**.

A.1 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Component B - Supplemental:	
Category: Total Personnel	**Budgeted Amount**
Salary	$1,622
Fringe Benefits	$59
Category: Personnel, Subtotal of Budgeted Amount:	**$1,682**
Category: Operating	
28 DNA Genetic Testing Kits X $300/each	$12,899
Category: Operating, Subtotal of Budgeted Amount:	**$12,899**
TOTAL NOT-TO-EXCEED AMOUNT FOR SEPTEMBER 30, 2025 THROUGH SEPTEMBER 29, 2027	**$14,581**

A.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 30, 2026 through June 30, 2027 must be submitted in its entirety to Health District no later than July 10, 2027. CCOCME's failure to timely submit this RFR on or before July 10, 2027 with the inclusion of all expenses incurred before June 30, 2027 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period September 30, 2026 through September 30, 2027 must be submitted to Health District no later than October 15, 2027.

A.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.6 Health District shall not be liable for interest charges on late payments.

A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

B. Total Not-to-Exceed amount available for reimbursement to CCOCME of $38,481 from **September 30, 2025 through September 29, 2026**.

Component A:	
Category: Personnel	**Budgeted Amount**
Salary	$29,120
Fringe Benefits	$1,063
Category: Personnel, Subtotal of Budgeted Amount:	**$30,183**
Category: Operating	
FedEx Expenses for mailing samples	$2,580
Category: Operating, Subtotal of Budgeted Amount:	**$2,580**
TOTAL NOT-TO-EXCEED AMOUNT FOR SEPTEMBER 30, 2025 THROUGH SEPTEMBER 29, 2026	**$32,763**

Component B:	
Category: Personnel	**Budgeted Amount**
Salary	$5,408
Fringe Benefits	$197
Category: Personnel, Subtotal of Budgeted Amount:	**$5,605**
Category: Operating	
FedEx Expenses for mailing samples	$113
Category: Operating, Subtotal of Budgeted Amount:	**$113**
TOTAL NOT-TO-EXCEED AMOUNT FOR SEPTEMBER 30, 2025 THROUGH SEPTEMBER 29, 2026	**$5,718**

B.1 CCOCME will bill for Services actually provided up to the Total Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

B.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

B.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

B.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 30, 2025 through June 30, 2026 must be submitted in its entirety to Health District no later than July 10, 2026. CCOCME's failure to timely submit this RFR on or before July 10, 2026 with the inclusion of all expenses incurred before June 30, 2026 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period July 1, 2026 through September 30, 2026 must be submitted to Health District no later than October 15, 2026.

B.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph B above, unless express written authorization to bill for such Services is received from Health District.

B.6 Health District shall not be liable for interest charges on late payments.

B.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

Memorandum

Date: September 24, 2026

To: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**

From: **Daniel Isler, PE, REHS,** *Environmental Health Engineer/Supervisor* DI
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* DB
Chris Saxton, MPH-EH, REHS, *Director of Environmental Health* CS
Cassius Lockett, PhD, *District Health Officer*

Subject: Variance request for an existing septic system, SNHD Permit #ON0007752, located at 3114 Sorrel St., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system.

I. BACKGROUND:

Nicole Baumgartner, Owner ("Petitioner"), is requesting a variance to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number 163-11-403-001, also known as 3114 Sorrel St., Las Vegas, NV 89146 ("Subject Property").

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Section 11.3 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 11.3 of the SNHD ISDS Regulations, which states that "trees shall be at least ten feet (10') from both the septic tank and leach field." There are several trees above or near the leach field. Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing trees to remain.

Petitioner states the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation:

   "When I purchased this property, the existing front landscaping had already been fully established by the previous owner. I did not install or expand the landscaping currently located in the front yard. Shortly after purchasing the home, I was required to extend the existing leach field because the original system was already experiencing operational issues. The current circumstances are unique to my property because they result from conditions that existed before my ownership, rather than changes I created. My request is specific to this property's existing conditions and is not intended to establish a precedent for other property owners. I am simply requesting that the existing landscape remain in place while I complete the permitting process for a detached garage that will comply with all applicable regulations. Granting this variance would address the unique circumstances of my property without adversely affecting other persons subject to the same regulations."

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

   "Compliance with the regulation would create an undue financial hardship. I contacted three licensed plumbing companies for estimates to convert my existing septic system, and the cost is beyond what I can reasonably afford. I also obtained a landscaping estimate. While the landscaping cost is lower than the septic conversion, I do not have additional funds available after the expenses associated with obtaining permits and constructing my detached garage. Requiring these additional improvements would place a significant financial burden on me and limit my ability to reasonably use my property. Granting this variance would allow me to preserve the existing landscaping while completing a project that otherwise complies with applicable regulations."

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

   "Granting this variance will not be detrimental to public health or safety. This request applies to a single-family, single-story home located on a half-acre lot and will not adversely affect neighboring properties or the public. The variance is limited to preserving the existing landscaping and will not impact the safe or sanitary operation of the property's septic system."

The Subject Property is depicted in Attachment C as Lot 001 of PT GL 106 (highlighted in yellow) on the Assessor's Parcel Map. It is not currently part of any recorded subdivision or parcel map. Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the second owner of the septic system and obtained the Subject Property in September 2016. An analysis of available aerial photography shows that the trees were planted between Fall 1998 and Fall 1999. The existing septic system was approved on September 13, 1971,

and the existing single-family residence was constructed in 1972. Petitioner has indicated that shortly after purchasing the property, the original leach field was extended because the original system was already experiencing operational issues. This extension to the leach field was done without SNHD approval and is considered an unpermitted extension.

An analysis of the surrounding area shows that there are 290 permitted septic systems within a square mile of the Subject Property. The Subject Property receives water service from the Las Vegas Valley Water District, which receives water from the Colorado River. The nearest sewer connection point is approximately 30 feet from the Subject Property.

II. RECOMMENDATION:

The existing trees located on and near the septic tank and leach field pose a risk to the septic system via root intrusion. Root intrusion can cause hydraulic failure, which may result in sewage backup into the structures being serviced by the septic system or surfacing of sewage over the leach field; however, the presence of trees allows for uptake of the effluent by the roots, which may improve treatment of the effluent.

Staff are of the opinion that granting the variance would not endanger public health or safety. However, Section 19.4.1 of the SNHD ISDS Regulations states that "Staff will not recommend variance approval for septic systems on lots where municipal sewer is gravity accessible within four hundred feet (400') from the nearest property line." The nearest connection point to Clark County Water Reclamation District (CCWRD) sewer is less than 30 feet east of the property in Palmyra Avenue. The Petitioner wishes to continue using the ISDS because of the cost and time required to connect to the sewer system.

Staff also recommend denial of the variance due to the Subject Property's use of Colorado River Water, the location of the trees, the system's age and previous operational issues, and the unpermitted extension to the leach field made by the Petitioner. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

If approved, staff recommend the following conditions:

1. Petitioner and their 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 the CCWRD community sewage system when this connection can be made by gravity flow and the owner(s) are notified and legally required to do so by CCWRD.

2. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD Regulations governing individual sewage disposal systems.

3. No additional trees are allowed within ten feet (10') of the existing septic system.

4. The variance will be in effect until the existing residential septic system is inactivated, removed, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.

5. Petitioner and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.

6. Petitioner must correct all other compliance issues identified in the Tenant Improvement review for the detached garage (SEP-TI-26-0000038).

7. Petitioner must apply for a new ISDS permit to allow staff to review the unpermitted modification to the leach field that occurred after the property was purchased by the Petitioner.

Attachments:

A. Variance Candidate Application
B. Justification Letter from the Petitioner
C. Assessor's Parcel Map
D. Tenant Improvement Review by SNHD Staff (SEP-TI-26-0000038)
E. Final Inspection Report and Plot Plan for ON0007752
F. Septic to Sewer Conversion Bid – Eagle Excavation LLC
G. Septic to Sewer Conversion Bid – Loyalty Plumbing and Air
H. Septic to Sewer Conversion Bid – Ninth Island Construction
I. Tree Removal Quote – FS Lawn and Stone
J. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)

Southern Nevada Health District

VARIANCE CANDIDATE WORKSHEET

PART I:

ESTBLISHMENT INFORMATION

Name of Facility/Establishment: _____
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/Agent: _____
Address of Operator/Agent: _____
Contact Information of Operator/Agent:
Office Phone: _____ Cell Phone: _____
Fax Number: _____ Email Address: _____
If corporation, the name/title of individual to sign for Variance document:
Name: _____
Title: _____

OWNER INFORMATION

Name of Property Owner: Nicole Baumgartner
Address of Property Owner: 3114 Sorrel St, Las Vegas, NV 89146
Contact Information of Property Owner:
Office Phone: _____ Cell Phone: 702 556 8492
Fax Number: _____ Email Address: nikbaum42@gmail.com

PROPERTY INFORMATION

Property Address: 3114 Sorrel St, Las Vegas, NV 89146
Assessor's Parcel Number (APN): 163 11 403 001
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
This is a single story home on half an acre.

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)
Section 2.7.2: "Permission to construct shall be denied if a public or community sewerage system is available within four hundred feet (400') of the nearest property line and can be accessed by a gravity flow line, and is accessible per the sewer authority of jurisdiction."

Attachment A: Variance Candidate Application (Page 2 of 3)

PART II:
Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. **Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:**

When I purchased this property, the existing front landscaping had already been fully established by the previous owner. I did not install or expand the landscaping currently located in the front yard. Shortly after purchasing the home, I was required to extend the existing leach field because the original system was already experiencing operational issues. The current circumstances are unique to my property because they result from conditions that existed before my ownership, rather than changes I created. My request is specific to this property's existing conditions and is not intended to establish a precedent for other property owners. I am simply requesting that the existing landscape remain in place while I complete the permitting process for a detached garage that will comply with all applicable regulations. Granting this variance would address the unique circumstances of my property without adversely affecting other persons subject to the same regulations.

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. **Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would incurred by compliance):**

Compliance with the regulation would create an undue financial hardship. I contacted three licensed plumbing companies for estimates to convert my existing septic system, and the cost is beyond what I can reasonably afford. I also obtained a landscaping estimate. While the landscaping cost is lower than the septic conversion, I do not have additional funds available after the expenses associated with obtaining permits and constructing my detached garage. Requiring these additional improvements would place a significant financial burden on me and limit my ability to reasonably use my property. Granting this variance would allow me to preserve the existing landscaping while completing a project that otherwise complies with applicable regulations.

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. **Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:**

Granting this variance will not be detrimental to public health or safety. This request applies to a single family, single story home located on a half acre lot and will not adversely affect neighboring properties or the public. The variance is limited to preserving the existing landscaping and will not impact the safe or sanitary operation of the property's septic system.

Attachment A: Variance Candidate Application (Page 3 of 3)

NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.190, 439.200)

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
   - (a) There are circumstances or conditions which:
     - (1) Are unique to the applicant;
     - (2) Do not generally affect other persons subject to the regulation;
     - (3) Make compliance with the regulation unduly burdensome; and
     - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
   - (b) Granting the variance:
     - (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
     - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.

[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

A Variance Application Letter, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240** as shown at the top of this page. ***ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.*** The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

This section to be completed by SNHD staff ONLY

Next closing date is: _____ for the _____ BOH Meeting.

Referred by: _____
(Print Name of REHS)
Completed by: _____ Date: _____
(Print Name of REHS if not by supervisor)
Received by: _____ Date: _____
(Owner/Operator/Agent)
Reviewed by: _____ Date: _____
(Signature of SNHD Manager)

Attachment B: Justification Letter from Petitioner

Justification/Hardship Letter

To: Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV. 89107

From: Nicole Baumgartner
3114 Sorrel St.
Las Vegas, NV. 89146

Re: Parcel # 163-11-403-001

To Whom It May Concern,

I hereby make application and petition the Southern Nevada District Board of Health for a variance to the Regulations Governing Individual Sewage Disposal and Liquid Waste Management, Section 10, and the Nevada Department of Environmental Protection Policy.

This variance request is made to allow the existing landscape to remain in place and to continue the permitting process for a detached garage that complies with all applicable regulations established by the Southern Nevada Health District.

The legal description of the property is APN #177-01-811-032, a single-family residence situated on a half-acre lot.

I have owned the property since September 2016. When I purchased the home, the front landscaping had already been established by the previous owner. Shortly after purchasing the property, I invested in extending the existing leach field because the septic system was already experiencing issues. Since that time, I have maintained the property in good faith and am now seeking to construct a detached garage while preserving the existing landscaping.

This request is unique to my property because the landscaping and existing site conditions predate my ownership. My request is not intended to avoid compliance with applicable regulations, but rather to preserve improvements that existed when I purchased the home and to allow me to complete a project that otherwise complies with all required standards.

Requiring compliance without a variance would create a significant financial hardship. I contacted three licensed plumbing companies to obtain estimates for converting my septic system, and the costs are beyond my financial means. I also obtained an estimate to remove and replace the existing landscaping. While that cost is less than the septic conversion, I do not have the financial resources to absorb additional expenses after the costs already associated with obtaining permits and constructing the detached garage. Requiring these additional improvements would substantially increase the project's overall cost and effectively prevent me from making a reasonable improvement to my property.

Granting this variance will not be detrimental to public health or safety. The property is a single-story, single-family residence on a half-acre lot, and preserving the existing landscaping will not adversely affect neighboring properties or the safe and sanitary operation of the existing septic system.

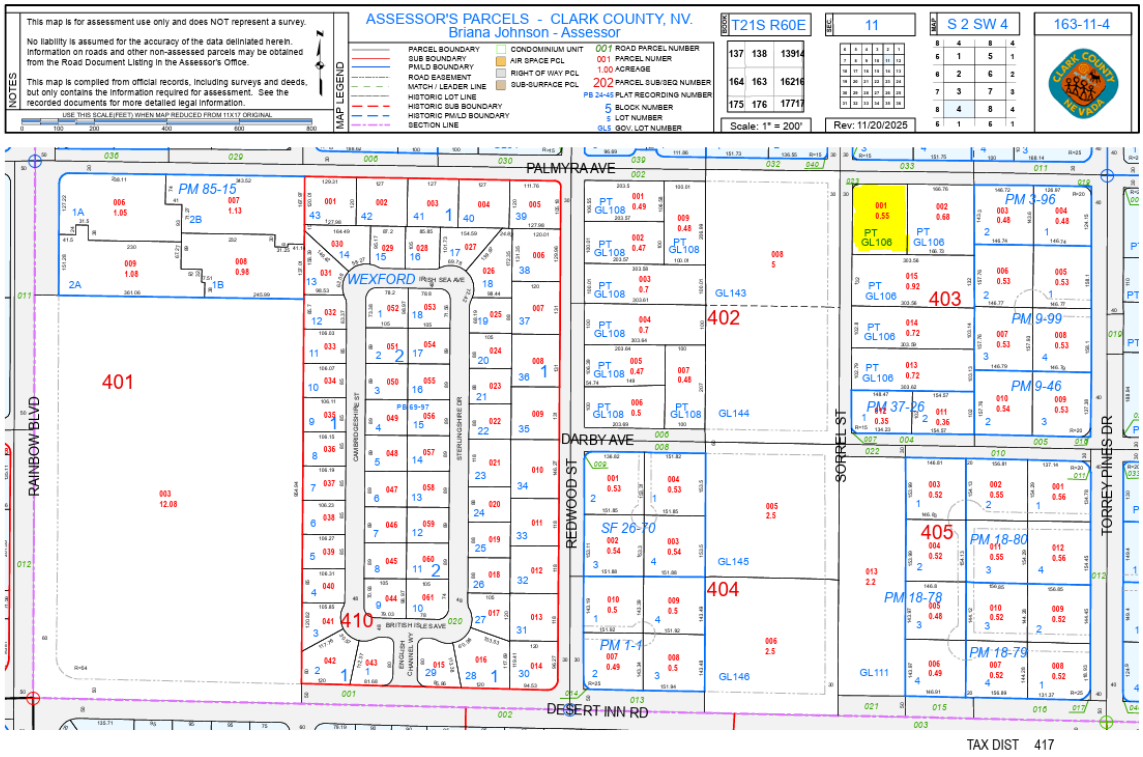
For these reasons, I respectfully request that the Southern Nevada District Board of Health approve this variance. Approval would allow me to preserve the existing landscaping, avoid an unnecessary financial hardship, and continue the permitting process for a detached garage while maintaining compliance with all other applicable health and safety requirements.

Thank you for your time and consideration of this request.

Sincerely,

Nicole Baumgartner

Attachment C: Assessor's Parcel Map



Attachment D: Tenant Improvement Review by SNHD Staff (SEP-TI-26-0000038) (Page 1 of 3)

SOUTHERN NEVADA HEALTH DISTRICT
280 SOUTH DECATUR BLVD • PO BOX 3902 • LAS VEGAS, NV • 89127 • 702-759-0660 (DIRECT)• 702-759-1000(24 HOURS)

REPORT AND/OR NOTICE OF INSPECTION

EHS	PERMIT NUMBER	FACILITY	ADDRESS
2177	ON0007752	BAUMGARTNER NICOLE IRENE	3114 Sorrel ST Las Vegas, NV 89146-6546

DIST	CITY	APN #	SR #	WATER SOURCE
36	Las Vegas	163-11-403-001	SEP-TI-26-0000038	Public Water

CURRENT ACTION	Service Date	Status	Time In	Time Out	Result
628	07/06/2026		10:45	11:30	34

Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date
				76		

NOTIFIED OF THE FOLLOWING

The tenant improvement for the garage with no additional plumbing is REJECTED.

The garage will meet the required setback from the septic system.

However, compliance issues have been observed. In order for SNHD to re-evaluate this tenant improvement, the following must be done.

1.) In compliance with Section 11.16 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, "The placement of any impervious covering ... over the soil absorption system is prohibited." A driveway currently exists over parts of the septic system. Remove this driveway and send photographic evidence to SNHD for re-evaluation.

2.) There appears to be a number of trees located on or within 10ft of the septic system. As stated in Section 11.3 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, the trees will need to be removed and photographic evidence sent to SNHD for re-evaluation.

3.) It appears the leach field does not meet the required setback from the foundation of the home. Section 5.2 of the ISDS Regulations requires a minimum distance of 8 feet between any building/structure foundation and the septic system. In order to re-evaluate the tenant improvement, provide a Cone of Influence letter signed and sealed by a State of Nevada registered professional engineer stating the separation distance, leach field depth, and that the stress influence of the building foundation will not adversely affect the leach field and the stress influence of the leach field will not adversely affect the building foundation.

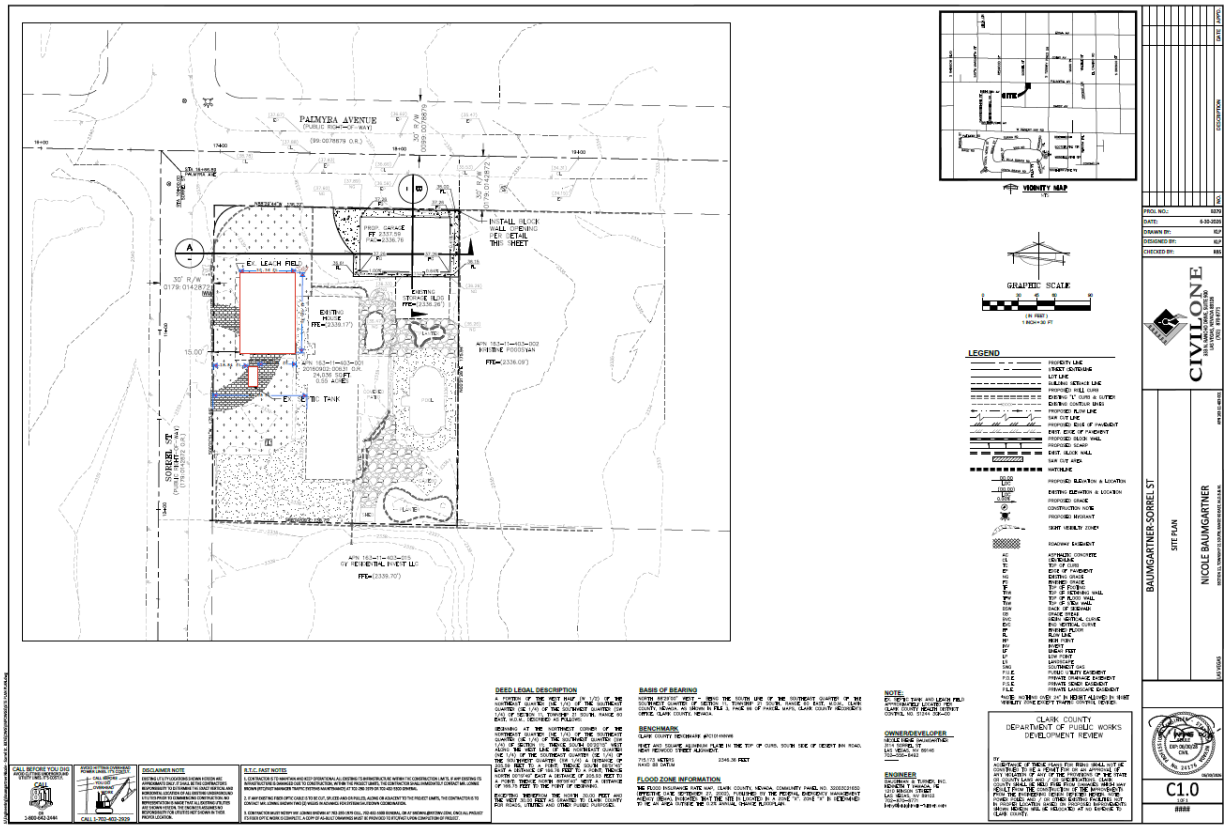
Alternatively, the facility can abandon the septic system and connect to the nearest community sewage system managed by Clark county Water Reclamation District (CCWRD).

RECEIVED BY: Nicole Baumgartner <mldyeni@nv.ccsd.net>

ENVIRONMENTAL HEALTH SPECIALIST: Sarah George

Dann Limuel Lat
Digitally signed by Dann Limuel Lat
Date: 2026.07.06 13:21:28 -07'00'

Attachment D: Tenant Improvement Review by SNHD Staff (SEP-TI-26-0000038) (Page 2 of 3)



Attachment D: Tenant Improvement Review by SNHD Staff (SEP-TI-26-0000038) (Page 3 of 3)



Attachment E: Final Inspection Report and Plot Plan for ON0007752 (Page 1 of 3)

SIGNATURE: [signature]

DISTRICT HEALTH DEPARTMENT, CLARK COUNTY
625 Shadow Lane, Las Vegas, Nevada
385-1291

S1244
XEXMXX L.N.
Receipt #

APPLICATION
INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Name GERALD W. HOGUE Date AUGUST 26, 1971

Telephone No. 642-0417 Mailing Address 3601 CYPRESS, NORTH LAS VEGAS

Property Address of Installation CORNER OF PALMYRA & SORRELL, LAS VEGAS

Legal Description W½ NW¼ SE¼ SW¼ Sec. 11 T21S R60E Parcel Nbr. _____ Land Area 136'x 176'

Residential: Bedrooms 3 Baths ~~3~~ 2½ Fixture Units 31

Commercial: Type _____ Fixture Units _____

Water Supply by: Public System X Community System _____ Individual System _____

Name & Address of Water Company LAS VEGAS VALLEY WATER DISTRICT

Name & Address of Sewer Contractor ACTION EXCAVATING

Minimum Requirements: 1500 gls. Septic Tank 1165 sq.ft. Leaching Area

REPORT OF INSPECTION:

SEPTIC TANK:
Distance from well — feet; Material Superior Pre-cast Inside dimensions-
Length _____ ft; Width _____ ft; Liquid depth _____ ft; Total depth _____ ft.
Total liquid capacity 1,500 gallons. No. of compartments _____.

SUB-SOIL DISPOSAL:
Distance from well — ft., foundation 15' (LBF) 30 ft., nearest lot line at _____
front, _____ side, ✓ side, _____ rear, 15 ft.

Seepage Beds:
Width 30 ft. Length 44 ft. Total depth 4 ft.
Total effective absorption area in bottom of bed 1320 sq. ft.
Number of lines 3. Length of each line 40 ft. Distance between lines 8 ft. Total length of tile lines 120 ft.
Type of filter material: _____ Gravel. ✓ Broken Stones. _____ Other.
Depth of filter material beneath tile 1 1/2 ft. Over tile 1/2 ft.

Absorption Trenches:
Total length of tile lines _____ ft., Number of lines _____. Length of each line _____ ft. Distance between lines _____ ft. Trench width _____ ft.
Total effective absorption area in bottom of trenches _____ sq. ft.
Type of filter material: _____ Gravel. _____ Broken Stones. _____ Cinders.
Other _____
Depth of filter material beneath tile _____ ft. Over tile _____ ft.

Dry well 30' from tank

Date of Approval Sept 13 1971

Robert A. Berglofen
Sanitarian

NOTE: INSTALLATION APPROVED ONLY UNTIL SEWER IS AVAILABLE.

Attachment E: Final Inspection Report and Plot Plan for ON0007752 (Page 2 of 3)

DISTRICT HEALTH DEPARTMENT
Las Vegas, Nevada
PLOT PLAN FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
(Attach one copy to Application)

NAME Gerald W. Hogue Date Aug 26 1971

Address of Installation Corner Palmyra & Sorrel Subdivision _____

Lot Number _____ Size of Lot _____

Size of Septic Tank 1500

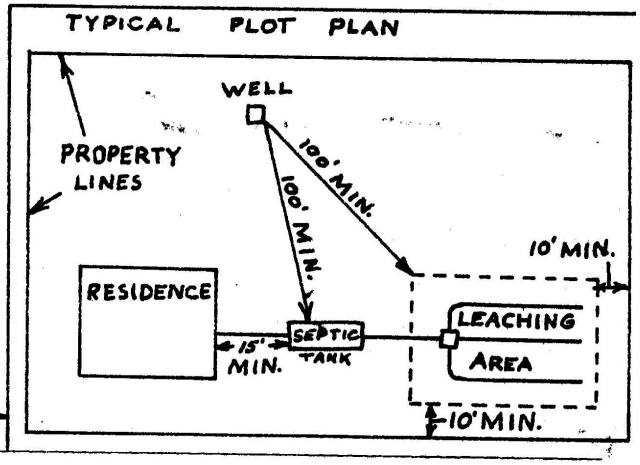
Size of Leaching Area 1165

Contractor _____

Indicate on Plan--Property lines, water wells, buildings, swimming pools, trees, ditches, water lines.

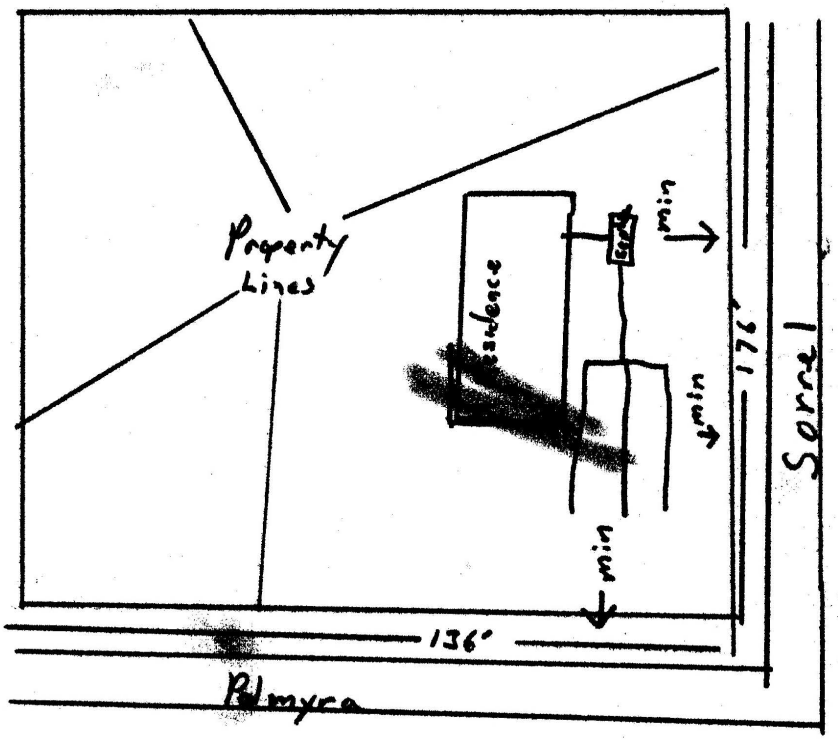
In the space below, please draw a layout of your proposed sewage disposal system, including all above listed items and exact distances in feet.

See Sample Drawing →

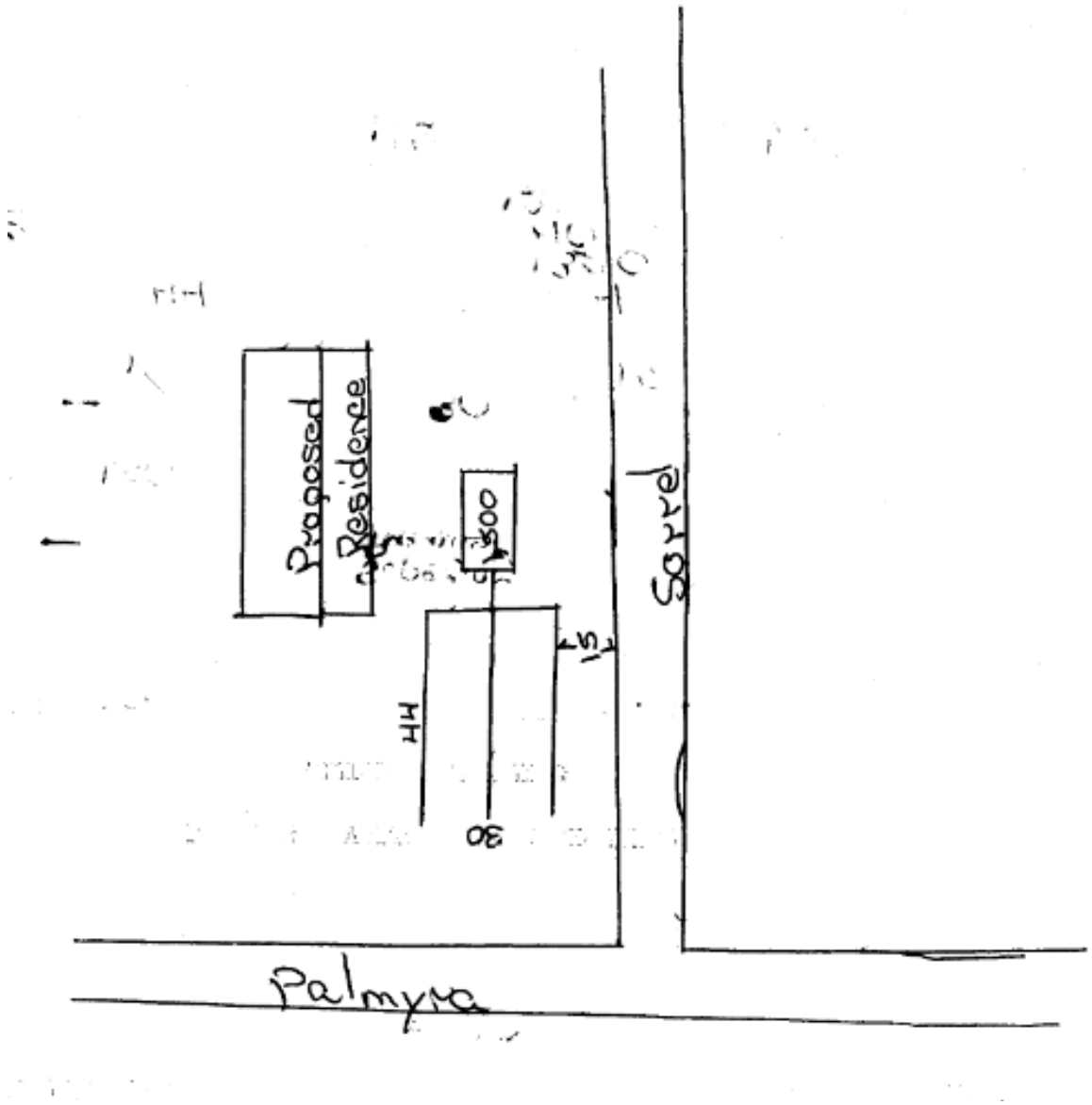


3½ baths
3 toilets 18
3 single law 3
2 baths tubs 4
1 Washing mch 2
1 kit sink 2
1 dish washer 2

T.V. 31



Attachment E: Final Inspection Report and Plot Plan for ON0007752 (Page 3 of 3)



Attachment F: Septic to Sewer Conversion Bid – Eagle Excavation LLC (Page 1 of 4)

SNWA Septic Conversion Bid Template

Please use the form below to provide a bid for the septic to sewer conversion project. The SNWA is not responsible for and provides no guarantees or warranty with respect to any project design, engineering or construction, or the work performed by any contractor.

Customer Name:	Baumgartner Nicole Irene	**Contractor Company Name:**	Eagle Excavation LLC.
Property Address:	3114 Sorrel St	**Contractor License #:**	81622
APN:	163-11-403-001	**Phone Number:**	702-591-8949
		Bid Date:	7/9/2026

Notes	Unit of measure abbreviations	EA - Each	LF - Linear Feet	LS - Lump Sum	SF - Square Feet

OFFSITE COSTS

	ITEM	RECOMMENDED UNIT OF	QUANTITY	UNIT PRICE	TOTAL
1	4' PVC Sewer Lateral C-900	LF	24	$ 15.00	$ 360.00
2	Saw and demo asphalt	LF	0	$ -	$ -
3	8" Main Sewer Line	LF	153	$ 153.00	$ 23,409.00
4	Trenching and Backfield	LF	1	$ 2,400.00	$ 2,400.00
5	Caliche Hard Dig	EA	0	$ -	$ -
6	P.O.C	EA	1	$ 500.00	$ 500.00
7	Corrotion Protection	SF	0	$ -	$ -
8	Camarera CC/TV	LF	1	$ 900.00	$ 900.00
9	48" Man Hole	SF	1	$ 12,000.00	$ 12,000.00
10	Permitting	LS	1	$ 1,800.00	$ 1,800.00
11	connection fee	LF	1	$ 1,600.00	$ 1,600.00

Attachment F: Septic to Sewer Conversion Bid – Eagle Excavation LLC (Page 2 of 4)

12	caliche Hard Dig	Ls	1	$ -	$ -
13	Civil Engineering /Exhibits	LS	1	$ 7,500.00	$ 7,500.00
14	Engineering / Surveying	LS	1	$ 2,800.00	$ 2,800.00
15	Import & Export Type II	LS	1	$ 2,500.00	$ 2,500.00
16	Slurry Back Field	LS	1	$ 2,750.20	$ 2,750.20
17	Traffic Control / Flaggers	LS	1	$ 1,500.00	$ 1,500.00
18	Trench Safety -Plates-shorings	LS	1	$ 3,810.20	$ 3,810.20
				Offsite Subtotal	**$ 63,829.40**

ONSITE COSTS

	ITEM	RECOMMENDED UNIT OF	QUANTITY	UNIT PRICE	TOTAL
1	4" PVC Sewer Lateral	LF	129	$ 75.00	$ 9,675.00
2	6" PVC Sewer Lateral	LF	0	$ -	$ -
3	Private Pump	LS	1	$ 900.00	$ 900.00
4	Agency Sewer Connections Fees	LS	1	$ -	$ -
5	Septic System Abandonment	LS	1	$ 3,500.00	$ 3,500.00
6	Landscape Restoration	LS	1	$ -	$ -
7	Decorative Concrete Replacement	SF	1	$ -	$ -
8	Caliche Hard Dig	SF	1	$ -	$ -
9	Concrete Replacement/Driveway	SF	0	$ -	$ -
10	Pevers around septic tank R&R	SF			$ -
11	Backwater valve	EA	0	$ -	$ -
12	4" Sewer Clean out	N/A	2	$ 400.00	$ 800.00
				Onsite Subtotal	**$ 14,875.00**
				TOTAL PROJECT ESTIMATE	**$ 78,704.40**

Attachment F: Septic to Sewer Conversion Bid – Eagle Excavation LLC (Page 3 of 4)

SNWA USE ONLY				$ -
SNWA Notice To Proceed Provided ON:	_____	(Date)		
Approved By :	_____			$ -
Estimated Benefit Amount*:	_____			$ -
*This is just an estimate and is subject to change. Final benefit will be based on actual project costs				

Septic Conversion Review Guidelines

LVVWD Planning and Engineering Services

During septic to sewer conversion, separation between waterlines and the proposed lateral must comply with UDACS Section 2.22. One of the following categories of projects may come up:

Category #1

The existing sewer line is on the same side as the property being connected to sewer. Under this condition, there is no impact, as the lateral will not reach the waterline.

Category #2

The existing sewer line is on the far side from the property, and the proposed lateral is crossing the waterline before connecting to sewer line. Under this condition, the following crossing options may apply.

Condition 1: The sewer line is deep and the lateral crosses below the waterline with 18 inches or more separation. In this case there is no impact, and the project may proceed as planned.

Condition 2: The sewer line is shallow and above waterline or below the waterline with less than 18 inches of separation . In the case, the lateral can cross above the waterline with a separation of 8 inches or more. The lateral must be PVC C900

Attachment F: Septic to Sewer Conversion Bid – Eagle Excavation LLC (Page 4 of 4)

materail and must be encased with 4 inches of cement slurry (CLSM) for a distance of 10 feet, each side of the crossing .

Condition 3: The sewer line is shallow and level with the waterline. In this case, a ggravity lateral will be in direct conflict with the waterline. A different engineering solution would have to be found in this case, including (1) lowering the waterline. (2) using a pump with the pressurized lateral, (3) other options.

Review Requirements

LVVWD Planning and Engineering Services will not need to review any projects that fall under Category#1, or Condition 1 in the second category.

All projects under Condition 2 or 3 will have to reviewed by LVVWD Planning and Engineering Services for compliance with the UDACS.

Attachment G: Septic to Sewer Conversion Bid – Loyalty Plumbing and Air

Loyalty Plumbing & Air
CallLoyalty.com
6320 S Sandhill Suite 10
Las Vegas, NV
United States
(702)710-4817

BILL TO
NICOLE BAUMGARTNER
3114 Sorrel Street
Las Vegas, NV 89146 USA

ESTIMATE	ESTIMATE DATE
47904077	Jul 10, 2026

JOB ADDRESS
NICOLE BAUMGARTNER
3114 Sorrel Street
Las Vegas, NV 89146 USA

Job: 47896983

ESTIMATE DETAILS

Plumbing Report: Upon arrival, customer met me outside and showed me that she would like an estimate to connect to the city sewer and bypass the septic tank.

SERVICE	DESCRIPTION	QTY
outside sewer 3	Repair main sewer system up to 4" line up to 60' of piping. Includes permits and inspections through appropriate municipalities having jurisdiction. After inspection backfill of line. NOTE: Line may stay open until inspection process can take place. This may take up to 2 weeks depending on jurisdiction. C35	4.00

POTENTIAL SAVINGS	$7,530.80
SUB-TOTAL	$75,308.00
TAX	$0.00
TOTAL	$75,308.00
EST. FINANCING	$700.70

Thank you for choosing Loyalty Plumbing & Air

CUSTOMER AUTHORIZATION

The summary above is furnished by Loyalty Plumbing & Air as a good faith estimate of work to be performed at the location described above and is based on our evaluation and will not change without customers authorization and signatures. I understand that this estimate DOES NOT include drywall, concrete, tile, or any other repairs unless specifically stated on this invoice. I agree and authorize the work as summarized on these estimated terms, and I agree to pay the full amount for all work performed.

Attachment H: Septic to Sewer Conversion Bid – Ninth Island Construction (Page 1 of 2)

SNWA Septic Conversion Bid Template

Please use the form below to provide a bid for the septic to sewer conversion project. The SNWA is not responsible for and provides no guarantees or warranty with respect to any project design, engineering or construction, or the work performed by any contractor.

Customer Name:	Nicole Baumgartner	**Contractor Company Name:**	NINTH ISLAND CONSTUCTION
Property Address:	3114 Sorrel St	**Contractor License #:**	87434
APN:	16311403001	**Phone Number:**	702-658-0065
		Bid Date:	7/17/2026

Unit of measure abbreviations: **EA- Each** **LF - Linear Feet** **LS - Lump Sum** **SF - Square Feet**

OFFSITE COSTS

	Item	Unit Of Measure	Quantity	Unit Price	Total
1	4" PVC Sewer Lateral	LS	1	$ 12,702.00	$ 12,702.00
2	6" PVC Sewer Lateral	LF	0	$ -	$ -
3	8" PVC Sewer Main	LF	0	$ -	$ -
4	12" PVC Sewer Main	LF	0	$ -	$ -
5	48" Manhole	EA	0	$ -	$ -
6	60" Manhole	EA	0	$ -	$ -
7	Concrete Sidewalk Replacement	SF	0	$ -	$ -
8	Concrete Curb and Gutter Replacement	LF	0	$ -	$ -
9	Asphalt Pavement Replacement	SF	0	$ -	$ -
10	Permitting	LS	0	$ -	$ -
11	Concrete Encasement of Pipe	LF	0	$ -	$ -
12	Spoil Haul-off	LS	0	$ -	$ -
13	Safety, Temp AC, Barricades	LS	0	$ -	$ -
14	Traffic Control and Trench Safety	LS	0	$ -	$ -
15	Other - Describe Below				
16	Mobilization	LS	1	$ 1,500.00	$ 1,500.00
				Offsite Subtotal:	$ 14,202.00

Attachment H: Septic to Sewer Conversion Bid – Ninth Island Construction (Page 2 of 2)

ONSITE COSTS

	Item	Unit Of Measure	Quantity	Unit Price	Total
1	4" PVC Sewer Lateral	LS	1	$ 18,277.60	$ 18,277.60
2	4" Sewer Cleanout	LF	0	$ -	$ -
3	6" PVC Sewer Lateral	LF	0	$ -	$ -
4	Private Pump	LF	0	$ -	$ -
5	Agency Sewer Connection Fees	EA	0	$ -	$ -
6	Pump Out & Septic System LS Abandonment	LS	1	$ 3,833.00	$ 3,833.00
7	Landscape Replacement	SF	0	$ -	$ -
8	Decorative Concrete Replacement	LF	0	$ -	$ -
9	Decorative Pavers Replacement	SF	0	$ -	$ -
10	Concrete Replacement	LS	0	$ -	$ -
11	Asphalt Pavement Replacement	LF	0	$ -	$ -
12	Backwater Valve	LS	0	$ -	$ -
13	Spoil Haul-off	LS	0	$ -	$ -
14	POC Connect to Ex. House	LS	0	$ -	$ -
15	Other - Describe Below				
				Onsite Subtotal:	$ 22,110.60

Total Project Estimate: $ 36,312.60

ADDITIONAL NOTES

SNWA USE ONLY

SNWA Notice-To-Proceed Provided On: _____ (Date)

Approved By: _____

Estimated Benefit Amount*: _____

***This is just an estimate and is subject to change. Final benefit will be based on actual project costs.**

Attachment I: Tree Removal Quote – FS Lawn and Stone

Quote

FS Lawn & Stone, 5358 Awbury Ave, Las Vegas NV 89110, United States

FOR
Nikki

Quote No.: **00110**
Issue date: **Jul 13, 2026**

Quote No.:	Issue date:	Valid until:	Total due
00110	Jul 13, 2026	Jul 27, 2026	$4,850.00

Removal of 5 palms
Removal of drive way pavers

Description	Quantity	Unit price ($)	Amount ($)
Removal of 3 tall palms	3	750.00	2,250.00
Removal of 2 small palms	2	450.00	900.00
Removal of driveway pavers	1	1,700.00	1,700.00
Total (USD):			**$4,850.00**

Fidel | 7023725801 | fslawnstonellc@gmail.com

FS Lawn & Stone
5358 Awbury Ave
Las Vegas NV 89110
United States

Attachment J: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, September 24, 2026 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Nicole Baumgartner ("Petitioner"), to allow existing trees to remain within 10 feet of the existing septic system (SNHD Permit # ON0007752) on the property located at 3114 Sorrel St., Las Vegas, NV 89146, APN 163-11-403-001.

The variance is requested to allow the Petitioner to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* and to allow future building permits to be issued. The variance will allow the existing trees to remain over the leach field.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by September 23, 2026 to:

Daniel Isler, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S Decatur Blvd, Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

- S -
Chris Saxton, MPH-EH, REHS
Director of Environmental Health

September 8, 2026
Date

DENIED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 24, 2026

Memorandum

Date: September 24, 2026

To: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**

From: **Daniel Isler, PE, REHS,** *Environmental Health Engineer/Supervisor* DI
Daniel Burns, PE, REHS, *Environmental Health Engineer/Manager* DB
Chris Saxton, MPH-EH, REHS, *Director of Environmental Health* CS
Cassius Lockett, PhD, *District Health Officer*

Subject: Variance request for an existing septic system located at APN 129-36-11-108 to serve a single-family residence on the adjacent lot at 4770 Knotty Pine Way, Las Vegas, NV 89124.

I. BACKGROUND:

Amy Pam ("Petitioner") is requesting a variance to obtain approval to pursue an amended final map that will result in properties that do not comply with the requirements of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the properties located at Assessor's Parcel Numbers (APN) 129-36-11-107 and 129-36-11-108, also known as 4770 Knotty Pine Way, Las Vegas, NV 89124 (collectively the "Subject Property").

Petitioner requests a variance from Section 11.26 of the SNHD ISDS Regulations, which states that an "ISDS must be constructed on and remain on the same parcel as the structure(s) it serves." The ISDS serves a single-family home that is entirely on APN 129-36-11-107 of the Subject Property. The entire leach field and most of the septic tank were constructed on the western parcel (APN 129-36-11-108), with a small portion of the septic tank located on the eastern parcel (APN 129-36-11-107).

Petitioner further requests a variance from Section 5.1 of the SNHD ISDS Regulations, which states that "No septic tank or soil absorption system shall be located within ten feet (10') of any property line…" The ISDS system is within ten feet of the shared property line between the two parcels.

Petitioner states the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation:

   "A parcel map redraw request was submitted December 14, 2022. It was determined that the septic system was located on the parcel APN 126-36-111-008 that serves the house on APN 126-36-111-007. The Clark County Assessor's office would not approve the re-draw, as the vacant parcel would be significantly smaller. On September 26, 2024, Ms. Tina Garrison-Bermudez from Clark County Public Works advised that Ms. Pam would need to obtain approval from SNHD and Nevada Division of Water Resources to adjust the parcel line to jog around the existing septic tank, and still maintain the required 24 foot street frontage, and maintain current lot sizes (even swap between the two parcels), they could accommodate that type of re-draw of the map. On October 10, 2024, SNHD emailed that "a septic cannot be allowed to be located on another parcel from the structure it serves".

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would be incurred by compliance):

   "The contract to purchase the house was specifically contingent on Ms. Pam being able to divide the two properties with a re-draw of the parcel map. Because the septic system was installed in the 1980's, Ms. Pam hired Silver State Surveying to determine the exact location of the septic tank and leach field. Relocating the septic system is cost prohibitive and can be solved by a simple re-draw to jog around the current septic tank as suggested by Clark County Public Works. Costs to install a new system range from $10,000 to $50,000, depending on complexity, soil conditions, etc."

3. Granting the variance will not be detrimental or pose a danger to public health and safety. Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:

   "The variance will not affect public health or safety. The current system is already in use, and a variance to adjust the parcel map would have no effect on neighbors."

The Subject Property is depicted in Attachment C as Lots 4 and 5 of Block 2 of the Cathedral Rock View subdivision, which was approved in 1956. A single-family residence exists on Lot 4 (APN 129-36-111-007) and the septic system for that residence is located on Lot 5 (APN 129-36-111-008). Both parcels are currently owned by Petitioner. The residence and septic system were constructed in 1984. The property has not been improved since the adoption of the current SNHD ISDS Regulations in 2009.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the eighth owner of the ISDS and obtained the Subject Property in January 2019. An analysis of the surrounding area shows that there are 193 permitted septic systems and one public water system well within a square mile of the Subject Property.

II. RECOMMENDATION:

Petitioner wishes to adjust the shared property line between the two parcels of the Subject Property through an Amended Final Map. The residence and septic system would remain on separate parcels on the resulting map, which Petitioner contends is necessary to meet the requirements of the Clark County Public Works Map Team.

Staff are of the opinion that granting the variance could endanger public health or safety. Although the parcels currently have the same owner, that may not always be the case. If the Petitioner sells APN 129-36-111-008 to a different owner, the septic system that serves the Petitioner's residence would no longer be under the Petitioner's exclusive control, which is an untenable situation. Additionally, the existence of the septic system on APN 129-36-111-008 would greatly constrain future development of that parcel by future owners. It is staff's opinion that the Petitioner should be required to redraw the lines between the two parcels in such a way that the residence and septic system are located on the same parcel, or the Petitioner should be required to combine the parcels into a single new parcel.

Based on the above, staff recommend DENIAL of the variance as requested by the Petitioner. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

1. Petitioner shall record a reciprocal easement for the septic system on parcels APNs 129-36-111-007 and 129-36-111-008 within one year of the date this variance is approved, and before amending the final map or selling either parcel.

2. Petitioner shall record the amended final map within one year of the date this variance is approved.

3. Petitioner and their 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 within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

4. Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.

Attachments:

A. Variance Candidate Application
B. Justification Letter from the Petitioner
C. Final Map for Cathedral Rock View
D. Email from Silver State Surveying
E. Rejected Amended Final Map
F. Letter from Hardin & Sons, Inc.
G. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 3)

Southern Nevada Health District

VARIANCE CANDIDATE WORKSHEET

PART I:

ESTBLISHMENT INFORMATION

Name of Facility/Establishment: _____
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/Agent: _____
Address of Operator/Agent: _____
Contact Information of Operator/Agent:
Office Phone: _____ Cell Phone: _____
Fax Number: _____ Email Address: _____
If corporation, the name/title of individual to sign for Variance document:
Name: _____
Title: _____

OWNER INFORMATION

Name of Property Owner: Amy Pan
Address of Property Owner: 4770 Knotty Pine Way, Mt. Charleston NV 89124
Contact Information of Property Owner:
Office Phone: 702-686-3372 Cell Phone: 702-686-3372
Fax Number: _____ Email Address: soybeanpan@gmail.com

PROPERTY INFORMATION

Property Address: 4770 Knotty Pine Way, Mt. Charleston NV 89124
Assessor's Parcel Number (APN): 129-36-111-007 and 129-36-111-008
Describe location within larger facility (i.e. hotel/casino/resort, etc.):

The property was built on two parcels, with a single septic system for the house on one parcel. The other parcel is vacant. The septic system encroaches onto the vacant parcel, and was installed in the 1980's.

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)

Ms. Pam purchased the property in January of 2023, contingent upon a new parcel map that would be re-drawn, dividing the two parcels, with the existing septic system allocated to 4770 Knotty Pine (APN 129-36-111-007.) The septic system runs directly under the driveway. The SNHD permit is number #ON00015437 for the original installation. In order for the property to be divided into two parcels, a re-draw of the map is required. NRS439.200 allows the State Board of Health to grant a variance from requirements if strict application of the regulation would result in exceptional and undue harship to the person requesting the variance.

Attachment A: Variance Candidate Application (Page 2 of 3)

PART II:

Nevada Administrative Code 439.240 states in general that certain conditions or circumstances must be shown to exist in order for a Board of Health to approve a request for a Variance from adopted public health regulations. A variance application letter (as noted below in PART III) MUST specifically address each of the following issues:

1. There must be circumstances or conditions which are unique to the applicant, and do not generally affect other persons subject to the regulation. **Please indicate how your request is unique to your situation and is, therefore, not likely to affect other persons subject to the regulations:**

A parcel map redraw request was submitted December 14, 2022. It was determined that the septic system was located on the parcel APN 126-36-111-008 that serves the house on APN 126-36-111-007. The Clark County Assessors office would not approve the re-draw, as the vacant parcel would be significantly smaller. On September 26, 2024, Ms. Tina Garrison-Bermudez from Clark County Public Works advised that Ms. Pam would need to obtain approval from SNHD and Nevada Division of Water Resources to adjust the parcel line to jog around the existing septic tank, and still maintain the required 24 foot street frontage, and maintain current lot sizes (even swap between the two parcels), they could accomodate that type of re-draw of the map. On October 10, 2024, SNHD emailed that "a septic cannot be allowed to be located on another parcel from the structure it serves".

2. There must be circumstances or conditions which make compliance with the regulation unduly burdensome and cause a hardship to and abridge a substantial property right of the applicant, and the variance is necessary to render substantial justice to and preserve the property rights of the applicant. **Please indicate in what manner compliance with the regulation would be burdensome or cause a hardship on your business or how the free use of your property may be affected (if economic factors are an issue, please include estimates regarding the costs that would incurred by compliance):**

The contract to purchase the house was specifically contingent on Ms. Pam being able to divide the two properties with a re-draw of the parcel map. Because the septic system was installed in the 1980's, Ms. Pam hired Silver State Surveying to determine the exact location of the septic tank and leach field. Relocating the septic system is cost prohibitive, and can be solved by a simple re-draw to jog around the current septic tank as suggested by Clark County Public Works. Costs to install a new system range from $10,000 to $50,000, depending on complexity, soil conditions, etc.

3. Granting the variance will not be detrimental or pose a danger to the public health and safety. **Please provide evidence that the variance request, if approved, will not adversely affect the safe and sanitary operation of the applicant(s) pool, spa, or food establishment:**

The variance will not affect public health or safety. The current system is already in use, and a variance to adjust the parcel map would have no effect on neighbors.

Attachment A: Variance Candidate Application (Page 3 of 3)

NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.190, 439.200)

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
   (a) There are circumstances or conditions which:
      (1) Are unique to the applicant;
      (2) Do not generally affect other persons subject to the regulation;
      (3) Make compliance with the regulation unduly burdensome; and
      (4) Cause a hardship to and abridge a substantial property right of the applicant; and
   (b) Granting the variance:
      (1) Is necessary to render substantial justice to the applicant and enable the applicant to preserve and enjoy his or her property right; and
      (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he or she suffers or will suffer economic hardship by complying with the regulation, the applicant must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable.

[Bd. of Health, Variances Reg. §§ 2.7-2.8, eff. 10-16-80; A 2-5-82; 1-19-84]

PART III:

A Variance Application Letter, which includes all information provided by the applicant on his worksheet, must be submitted in writing to the Environmental Health Division (EHD) Director no later than 40 days before the monthly Board of Health Meeting. **The Application letter must be on the owner's letterhead signed by the Owner/Corporate Officer specifically listing which part(s) of the Regulation the proposed Variance covers with this completed Worksheet as an attachment. The written Application Letter must take particular care in providing statements and evidence of circumstances or conditions and reasons why the District Board of Health should grant the Variance as listed in NAC 439.240** as shown at the top of this page. *ALL information you have provided in PART I and II of this Worksheet must be included in the body of the letter.* The evidence required may include 8 1/2" x 11" or 11" x 17" detailed drawings and/or photographs.

The Variance process is outlined in Nevada Administrative Code (NAC) 439.200 through 439.260 with the exception that an application fee is payable to SOUTHERN NEVADA HEALTH DISTRICT (SNHD).

This section to be completed by SNHD staff ONLY

Next closing date is: _____ for the _____ BOH Meeting.

Referred by: _____
(Print Name of REHS)

Completed by: _____ Date: _____
(Print Name of REHS if not by supervisor)

Received by: _____ Date: _____
(Owner/Operator/Agent)

Reviewed by: _____ Date: _____
(Signature of SNHD Manager)

Attachment B: Justification Letter from the Petitioner

Justification/Hardship Letter

To: Southern Nevada Health District

280 S. Decatur Blvd.

Las Vegas, NV. 89107

From:

Re: Parcel # 129-36-111-007

Date: 7-30-2026

To whom this may concern:

I hereby make application and petition the Southern Nevada District Board of Health for a variance to the Regulations Governing Individual Sewage Disposal and Liquid Waste Management Section 10 and Nevada Department of Environmental Protection Policy.

This variance request is made to permit the septic system for the cabin 4770 knotty pine way (#129-36-111-007) to sit on a different parcel #129-36-111-008.

than the maximum for a conventional septic system.

The legal description of said property is APN #129-36-111-007, further described as 4770 knotty pine way, mountain Charleston , NV, 89124

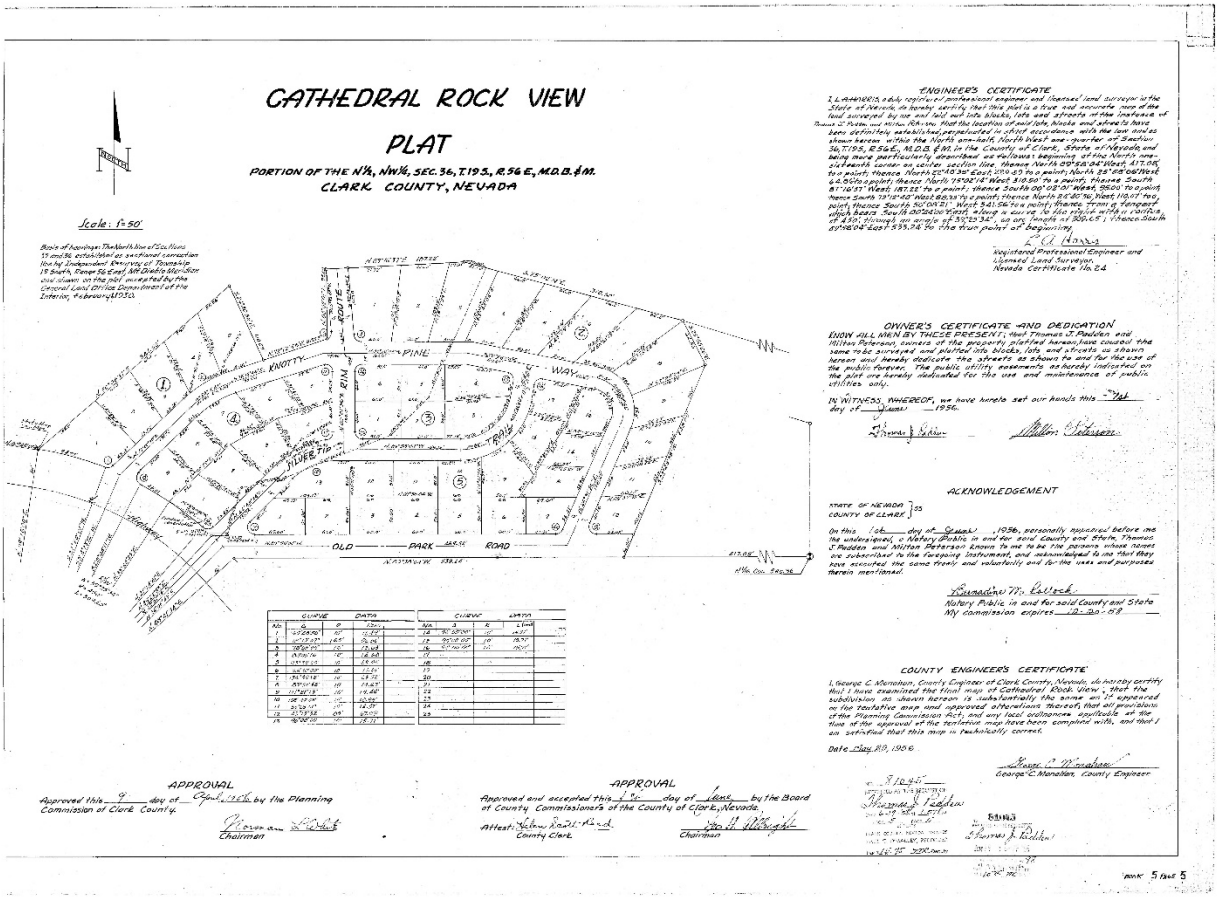
I have owned the property since 2019 and I wish to redraw the property lines for parcel #129-36-111-007 and #129-36-111-008 in order to have the house sits on parcel 129-36-111-007 only and septic system sits on parcel # 129-36-111-008 since the county requires both parcels remains to the same size after the remapping. Therefore, the septic tank system is not able to be included in the parcel 129-36-111-007 where the house sits on

Thank you for your consideration,



Amy Pam

Attachment C: Final Map for Cathedral Rock View



CATHEDRAL ROCK VIEW

PLAT

PORTION OF THE N½, NW¼, SEC. 36, T.19S., R.56E., M.D.B.&M.
CLARK COUNTY, NEVADA

Scale: 1"=50'

ENGINEER'S CERTIFICATE

OWNER'S CERTIFICATE AND DEDICATION

KNOW ALL MEN BY THESE PRESENT, that Thomas J. Redden and Milton Peterson, owners of the property platted hereon, have caused the same to be surveyed and platted into blocks, lots and streets as shown hereon and hereby dedicate the streets as shown to and for the use of the public forever. The public utility easements as hereby indicated on the plat are hereby dedicated for the use and maintenance of public utilities only.

IN WITNESS WHEREOF, we have hereto set our hands this 7th day of June, 1956.

ACKNOWLEDGEMENT

STATE OF NEVADA }
COUNTY OF CLARK } ss

On this 8th day of June, 1956, personally appeared before me the undersigned, a Notary Public in and for said County and State, Thomas J. Redden and Milton Peterson known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they have executed the same freely and voluntarily and for the uses and purposes therein mentioned.

Notary Public in and for said County and State
My commission expires 12-20-59

COUNTY ENGINEER'S CERTIFICATE

I, George C. Manahan, County Engineer of Clark County, Nevada, do hereby certify that I have examined the final map of Cathedral Rock View, that the subdivision as shown hereon is substantially the same as it appeared on the tentative map and approved alterations thereof, that all provisions of the Planning Commission Act, and any local ordinances applicable at the time of approval of the tentative map have been complied with, and that I am satisfied that this map is technically correct.

Date May 10, 1956

George C. Manahan, County Engineer

APPROVAL

Approved this 9 day of April, 1956 by the Planning Commission of Clark County.

Chairman

APPROVAL

Approved and accepted this 5th day of June, by the Board of County Commissioners of the County of Clark, Nevada.

Attest: County Clerk

Chairman

SURVEY

Book 5 Page 5

Attachment D: Email from Silver State Surveying

Gmail A PLUS Personal Care <apluspersonalcarelasvegas@gmail.com>

Fwd: Fwd:
1 message

amy pan <soybeanpan@gmail.com> Wed, Sep 25, 2024 at 9:17 AM
To: A PLUS Personal Care <apluspersonalcarelasvegas@gmail.com>

---------- Forwarded message ---------
From: **sssurveying@aol.com** <sssurveying@aol.com>
Date: Thu, Jun 6, 2024 at 7:02 AM
Subject: Re: Fwd:
To: amy pan <soybeanpan@gmail.com>

Amy,

In reviewing the documents from the Clark County Health District and the letter from Hardin and Son,
regarding the Septic Tank and Leach Field for the house at 4770 Knotty Pine Way. It appears by the location
of the existing cleanout, located about 2' from the home on the East side. Based on the size of the tank
and leach field indicated in the information provided by the Clark County Health District. The existing septic
system would encroach substantially into Lot 5. This would make it impossible to meet the requirements of both
the Clark County Health District and Clark County Mapping for the current configuration of the proposed Amended
Final Map for Lots 4 and 5.

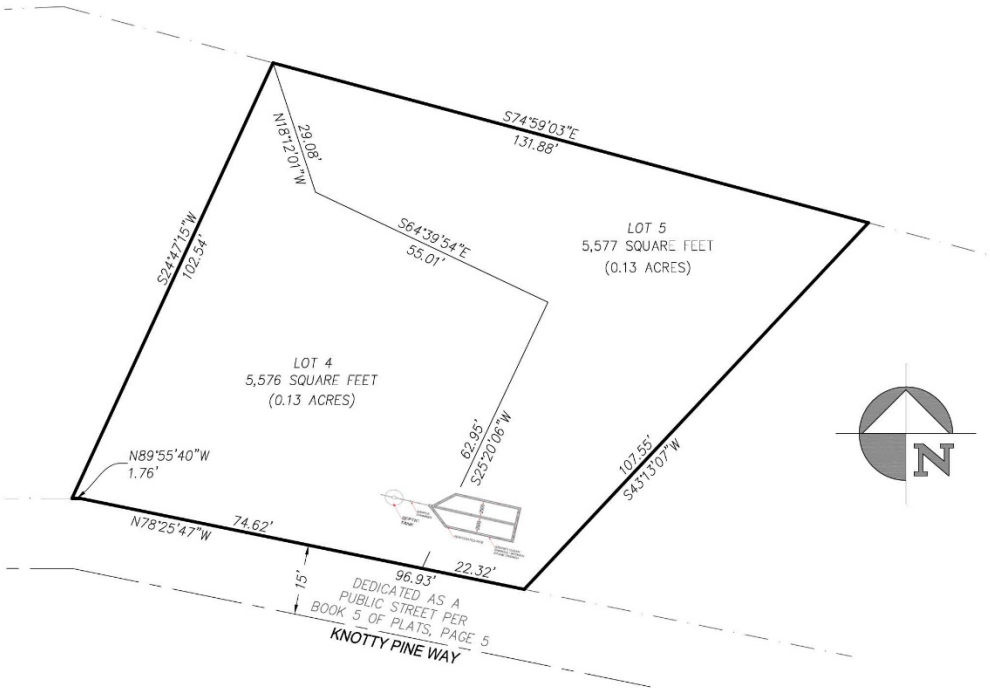
Thanks,

Terry D. Carter, P.L.S.
dba Silver State Surveying

On Tuesday, June 4, 2024 at 05:14:23 PM PDT, amy pan <soybeanpan@gmail.com> wrote:

> fyi
>
> ---------- Forwarded message ---------
> From: **amy pan** <soybeanpan@gmail.com>
> Date: Sat, May 11, 2024 at 8:17 PM
> Subject:
> To: Fred Page <fpage@pagelawoffices.com>
>
> here you go

Attachment E: Rejected Amended Final Map



Attachment F: Letter from Hardin & Sons, Inc.

HARDIN & SONS, INC.
Custom Excavating
Contractors Lic. #0030813 Monetary Limit $200,000
Hardin.Sons@gmail.com

201 W. Cheyenne Ave.
North Las Vegas, NV 89030
Tel (702) 399-3878
Fax (702) 399-2032

May 2, 2024

Amy Pan
4770 Knotty Pine Way
Septic System

Phone: 702-686-3372
Email:soybeanpan@gmail.com

This letter is to confirm that I did, indeed, find a SNHD permit on file for your property. The SNHD permit number is S781X-GC and that has been updated to #ON0015437.

The existing system appears to be located on the east side of the house which would definitely be on the other property. The SNHD does not allow a septic to be located on another parcel from the structure it serves. Since both parcels are under the same ownership it is not quite a problem now, however, it is not legal and would always be a problem if you tried to split and/or sell either parcel.

T
c
im

If you have questions or need additional information, please do not hesitate to contact me.

Attachment G: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, September 24, 2026 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Amy Pam ("Petitioner"), to allow an existing septic system (SNHD Permit #ON0015437) and the residence it serves to remain on separate parcels located at 4770 Knotty Pine Way, Las Vegas, NV 891246, APNs 129-36-111-007 and -008.

The variance request is made to allow the Petitioner to obtain approval to pursue an Amended Final Map for the properties with a septic system not in accordance with the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management*. The variance will allow the septic system and residence to remain on separate parcels after remapping.

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by September 23, 2026 to:

Daniel Isler, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
isler@snhd.org

The variance application is available for review at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, Nevada 89107. Please contact Cherie Custodio at (702) 759-0660 to schedule an appointment to review the application during the normal business hours of 8:00 AM to 4:30 PM.

\- S -
Chris Saxton, MPH-EH, REHS
Director of Environmental Health

September 8, 2026
Date

DATE: September 24, 2026

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer

SUBJECT: District Health Officer Report

5-2-1-0 Challenge

September is Childhood Obesity Awareness Month, and the Southern Nevada Health District is encouraging families to make healthy choices part of their routines during the new school year by taking the 5-2-1-0 Challenge.

Led by the Health District's Office of Chronic Disease Prevention and Health Promotion in cooperation with Partners for a Healthy Nevada Coalition, the challenge promotes four simple daily habits that can help children grow up healthier and reduce their risk of obesity and other chronic diseases.

The 5-2-1-0 Challenge encourages families to strive for:

- 5 servings of fruits and vegetables each day
- 2 hours or less of recreational screen time each day
- 1 hour of physical activity each day
- 0 sugary drinks—choose water instead

The beginning of a new school year is an ideal time to establish healthy routines. Packing nutritious lunches, encouraging active play after school, and choosing water instead of sugary drinks are small steps that can make a meaningful difference over time.

In Nevada, nearly 1 in 3 kindergartners enters school either overweight or with obesity. In Clark County, approximately 1 in 6 high school students has obesity, underscoring the importance of helping children develop healthy habits early in life. Nationally, approximately 1 in 5 children and adolescents (21.1%) has obesity. Children with obesity are more likely to develop serious health conditions, including type 2 diabetes, heart disease, and high blood pressure.

Obesity also affects some communities disproportionately. National data show that prevalence is highest among Hispanic children (26.2%) and non-Hispanic Black children (24.8%), compared with non-Hispanic White children (16.6%) and non-Hispanic Asian children (9.0%). Many factors contribute to these disparities, including differences in access to nutritious foods, opportunities for physical activity, housing stability and quality education.

Throughout September, the Health District and its community partners will offer resources and activities to help families put the 5-2-1-0 Challenge into action. The campaign emphasizes that healthy living is a family effort and that small daily choices can lead to lifelong benefits. Families can find free tools,

activities and wellness resources by visiting www.GetHealthyClarkCounty.org and VivaSaludable.org, or by calling (702) 759-1270.

Pop-up Produce Stands

Fresh, affordable produce returned to the Bonneville Transit Center (BTC) in September through the Health District's Pop-up Produce Stands. The program provides community members with convenient access to regionally grown fruits and vegetables.

The stands are open noon to 3 p.m., or while supplies last, at the BTC, 101 E. Bonneville Ave., Las Vegas, NV 89101 through November. Remaining dates are:

- Tuesday, October 6
- Tuesday, October 13
- Tuesday, November 3
- Tuesday, November 10

Produce is available for $1 per pound. Shoppers can pay with SNAP/EBT, cash, debit or credit cards. SNAP/EBT shoppers can also use Double Up Food Bucks, a nutrition incentive program that helps stretch SNAP benefits when purchasing fresh produce. Senior Farmers Market Nutrition Program coupons will be accepted when available.

The Pop-Up Produce Stands are a partnership between the Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion, the Regional Transportation Commission of Southern Nevada and Prevail Marketplace. The program helps address food insecurity by bringing fresh, nutritious foods to communities where access can be limited.

In 2024, an estimated 386,420 Clark County residents — 16.6% of the population — experienced food insecurity. This was equal to Nevada's statewide rate and higher than the national rate of 14.4%. Clark County children were particularly affected: An estimated 114,930 children, or 22.2%, experienced food insecurity.

Access to healthy food remains a challenge in some areas. In 2019, the U.S. Department of Agriculture identified 30 Clark County census tracts as food deserts, underscoring the continued need to make nutritious food more accessible. These barriers contribute to significant racial disparities. In 2024, food insecurity affected 31% of Black residents, compared with 13% of white residents.

In 2025, the Pop-up Produce Stands distributed 1,113 pounds of fresh produce, with approximately 44% of sales made using SNAP/EBT benefits. This participation demonstrates the program's role in making fresh, healthy food more accessible to individuals and families who may face barriers to purchasing it.

For more information, call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the Get Healthy Clark County Farmers Markets page. The website also lists local farmers markets, including those that accept EBT, SNAP and debit or credit cards.

International Overdose Awareness Day

The Southern Nevada Health Consortium, in collaboration with community partners and the Health District, hosted the 10th annual International Overdose Awareness Day event Saturday, August 29, at Las Vegas City Hall.

The event honored those who have died or experienced permanent injury from an overdose, reduced the stigma surrounding drug-related deaths and raised awareness of overdose prevention and drug policy.

A community resource fair connected attendees with local organizations and support services. Activities included overdose prevention training, naloxone distribution, speakers sharing personal stories of overdose, survival and loss, and a candlelight vigil honoring those who died and recognizing survivors. The "Soles for Souls" exhibit displayed shoes representing people who died from an overdose during the past year. Attendees were encouraged to donate shoes, which will be provided to local charities.

Overdose Statistics in Clark County

Clark County reported 714 confirmed drug overdose deaths in 2025, an 11% decrease from 2024. Prescription and illicit opioids were involved in 69.6% of these deaths. Since 2018, the opioid-involved overdose mortality rate has increased by 91.3%, reaching 19.9 deaths per 100,000 residents in 2025. ZIP code 89101 had the county's highest fatal overdose burden, with a mortality rate of 115 deaths per 100,000 residents.

Fentanyl remains the primary driver of the local opioid epidemic. The age-adjusted rate of fentanyl-involved deaths increased from 2.4 per 100,000 residents in 2018 to 17.1 per 100,000 in 2025—a 613% increase.

In 2025, fatal overdoses peaked from June through August and were lowest in September. Men accounted for 71.8% of overdose deaths, and non-Hispanic white residents accounted for the largest proportion.

Local substance use data are available on the Health District's Substance Use Dashboard. Information about overdose prevention, including how to obtain test strips and naloxone, is available on the Substance Use and Overdose Prevention webpages.

Cyclosporiasis Outbreak

The Centers for Disease Control and Prevention, U.S. Food and Drug Administration, and state and local public health officials continue to investigate a multistate outbreak of *Cyclospora* infections linked to iceberg lettuce.

The Health District has reported 11 cases of cyclosporiasis among Clark County residents in 2026. Three were likely acquired during travel to states associated with the multistate outbreak, which began in May.

Reports of outbreak-associated cases are declining. As of September 3, the CDC had reported 11,458 cases, 495 hospitalizations and two deaths across 20 states.

Cyclosporiasis is an intestinal illness caused by the microscopic parasite *Cyclospora cayetanensis*. Sporadic cases are reported locally each year, and there is no indication of increased local transmission. Cooking produce thoroughly is the most effective way to reduce the risk of infection. Consumers should also:

- Wash their hands with soap and water before and after handling produce.
- Rinse fruits and vegetables thoroughly under running water before eating, cutting or cooking them.

- Scrub firm produce with a clean produce brush.
- Choose whole heads of lettuce rather than prewashed, bagged lettuce when possible. Discard the outer two or three layers, separate the remaining leaves and rinse them thoroughly under running water.
- Peel produce when appropriate after washing it.
- Refrigerate cut, peeled or cooked produce as soon as possible.
- Clean and sanitize surfaces and containers used to prepare food.

For more information about cyclosporiasis, visit www.cdc.gov/cyclosporiasis.

West Nile virus

As of September 5, the Health District is reporting one neuroinvasive case of West Nile virus in a Clark County resident. The Health District has set 2,260 traps throughout the county and submitted 2,208 sample pools—representing 40,934 mosquitoes—to the Southern Nevada Public Health Laboratory for analysis. Of the sample pools submitted, 53 have tested positive for West Nile virus. No sample pools have tested positive for St. Louis encephalitis or Western equine encephalitis.

The Health District continues its mosquito surveillance efforts throughout Clark County and reminds residents that the presence of West Nile virus in mosquitoes increases the risk of human infection.

The Health District recommends the following steps to reduce the risk of mosquito bites:

- Use an Environmental Protection Agency (EPA)-registered insect repellent.
- Wear long sleeves and pants when outdoors, especially at dawn and dusk when mosquitoes are most active.
- Remove standing water around homes and businesses where mosquitoes can breed.
- Ensure window and door screens fit properly to keep mosquitoes outside.

The Health District works with local partners to implement mosquito control measures when virus activity is detected. Residents can stay informed about local mosquito surveillance activity by visiting the Health District's weekly West Nile virus surveillance reports at www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/arbovirus-update/.

Community Meetings

Week ending 08/30:

Biweekly:

- Participated in the Lab Expansion meeting
- Facilitated one-on-one meetings with Direct Reports

Monthly:

- Participated in the Disease Surveillance & Control Division leadership meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Gallo, Councilwoman Summers-Armstrong, Councilwoman Larson, Scott Nielson, Bobbette Bond, and Mayor Hardy
- Participated in the Southern Nevada District Board of Health meeting
- Participated in the BCHC 2nd Monthly Member meeting

Ad-hoc Meetings:

- Participated in a meeting with the Molina Healthcare of Nevada
- Participated in a meeting with Lindsey Miller, Governor's Health Policy Advisory, and local health authorities

Week ending 08/23:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Attended the New Hire Orientation
- Facilitated the Health Executive Council meeting

Monthly:

- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Scott Black and Commissioner Kirkpatrick

Quarterly:

- Participated in the Finance Committee meeting

Ad-hoc Meetings:

- Attended the Open Forum Interviews for the Vice President for Health Affairs and Dean of the Kirk Kerkorian School of Medicine at UNLV Search
- Participated in a meeting with Senator Cortez Masto, representatives from the Nevada Primary Care Association, and leadership from FQHCs in the community
- Participated in an update meeting regarding the Epi-Aid Project
- Attended the Facilities Advisory Board meeting
- Participated in an Accela Update call
- Participated in a meeting with Senator Cortez Masto staff regarding the Nurse-Family Partnership program

Week ending 08/16:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Participated in the Lab Expansion meeting

Monthly:

- Participated in the Public Health Policy Strategy meeting
- Participated in the Director/Manager/Supervisor meeting
- Participated in the BCHC Monthly Member meeting
- Participated in the CSTE Surveillance Policy Subcommittee call

Media/Interviews/Panelist/Presenter/Events:

- Attended SEIU Nevada Local 1107 for the SNHD CBA Signing Event

Ad-hoc Meetings:

- Attended the New Hire Orientation
- Attended a meeting regarding the CitiesLEAD project
- Attended a meeting with representatives from Healthcare in Action and the Southern Nevada Community Health Center
- Attended the Level 2 Activation AFN Coalition Coordination call

Week ending 08/09:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports
- Facilitated the Health Executive Council meeting

Monthly:

- Participated in the Monthly Leadership Finance meeting
- Participated in the Healthcare Associated Infections (HAI) Update meeting

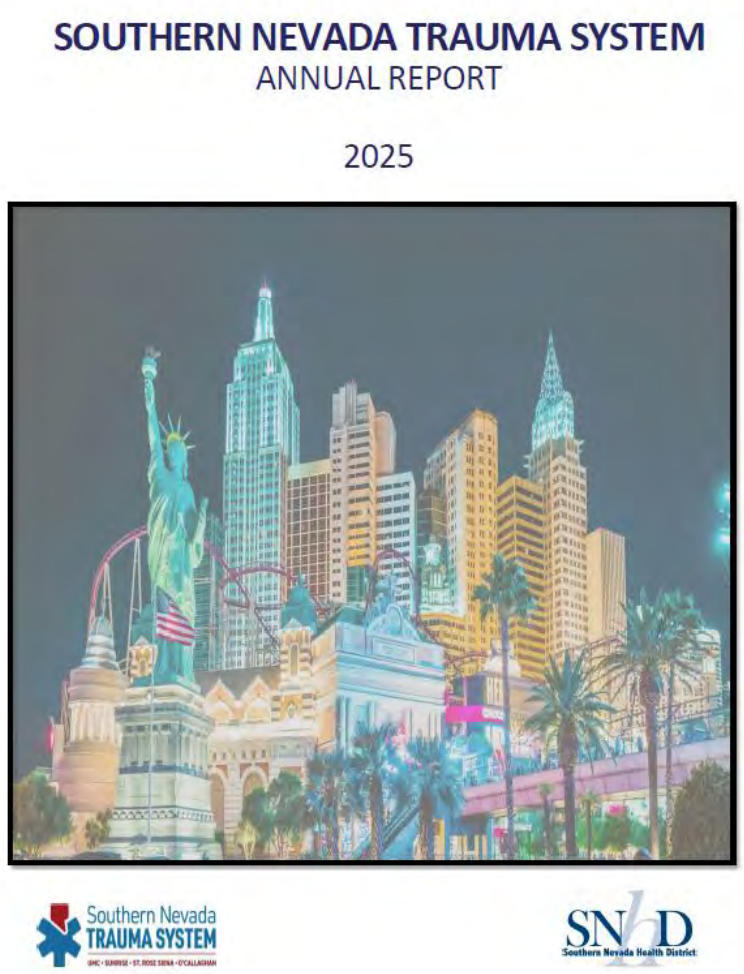
Quarterly:

- Participated in the Quarterly Medical Event Review meeting

Ad-hoc Meetings:

- Attended the Open Forum Interviews for the Vice President for Health Affairs and Dean of the Kirk Kerkorian School of Medicine at UNLV Search
- Participated in the BCHC Finance Committee meeting
- Participated in a meeting regarding Cost Allocation
- Participated in a meeting with Senator Fabian Doñate

Southern Nevada Trauma System

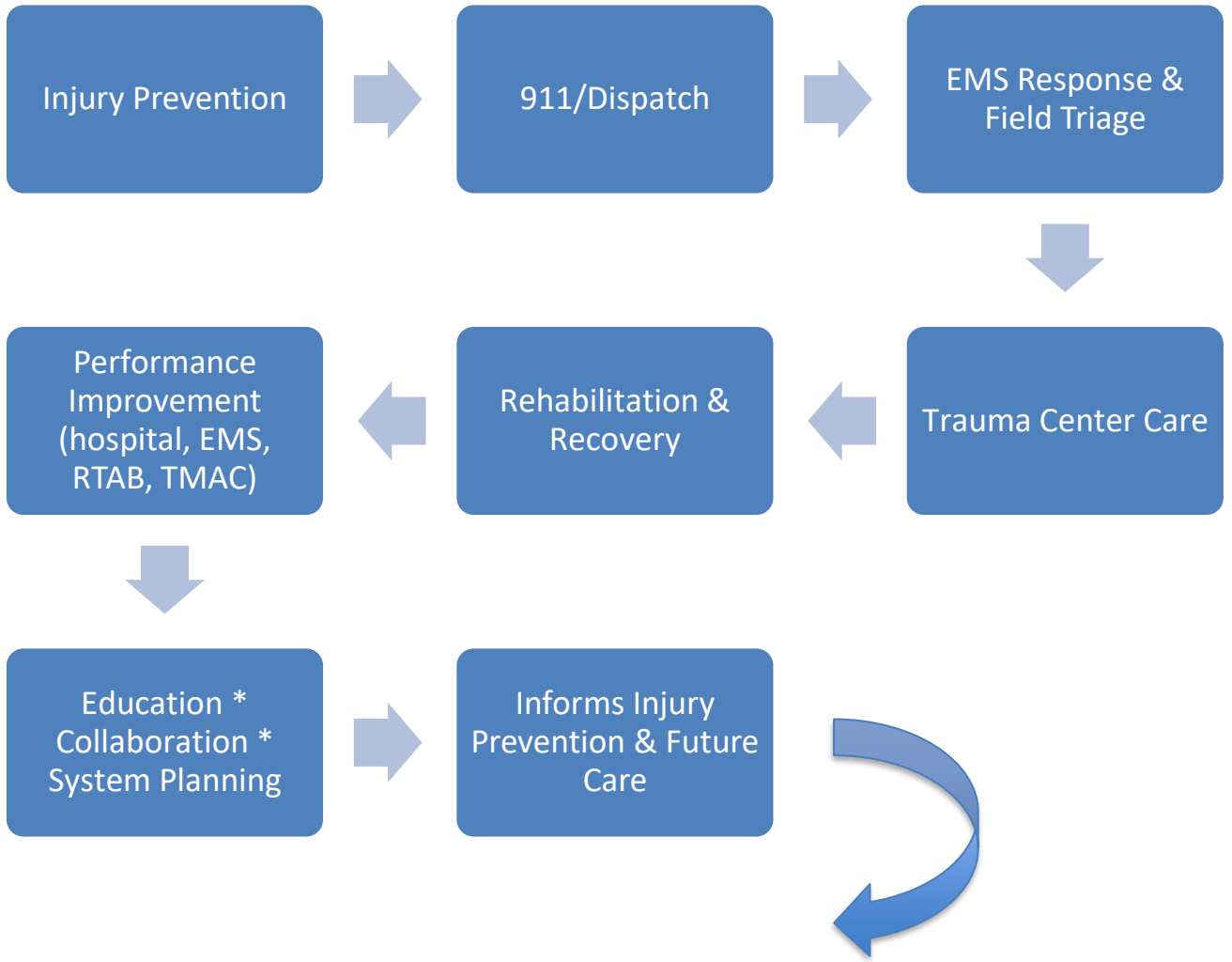


This report, along with past reports, are available online:

https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/southern-nevada-trauma-system/

Southern Nevada
TRAUMA SYSTEM
UMC • SUNRISE • ST. ROSE SIENA • O'CALLAGHAN

How the Trauma System Works



Why Does Southern Nevada Need a Trauma System



Trauma is a race against time.

- **Over 12,600 patients entered the Southern Nevada Trauma System in 2025.**
- **Serious injury can occur anywhere, at any time.**
- **Coordinated trauma systems improve survival by getting patients to the right resources quickly.**

Understanding Trauma Center Levels

Level	What it Means
Level I	Highest level of trauma care. Provides every specialty needed to treat the most severely injured patients 24 hours a day. Also conducts research, education, and system leadership.
Level II	Provides essentially the same immediate trauma care as a Level I but is not required to conduct the same level of research, residency training, or statewide leadership activities.
Level III	Stabilizes, evaluates, performs emergency surgery when needed, and either definitively treats appropriate injuries or transfers patients requiring more specialized care.

Higher level does NOT mean better hospital

It means the hospital has committed additional personnel, equipment, and resources to care for patients with increasingly complex traumatic injuries.

Understanding Our Trauma Data

State Trauma Registry

Patients who:

- Meet registry inclusion criteria
  - Have a specific trauma injury and:
    - Admitted >24 hrs
    - Die
    - Transferred

*Collected to match the National Trauma Data Bank (NTDB).

SNHD Trauma Field Triage (TFTC) Data

Patients identified by EMS using TFTC

Includes:

- Patients transported to trauma centers
- Regardless of admission status

*These patients may or may not be in the State Registry date

*Collected from EMS reports.

What may not be included in either report?

- Walk-in patients/arriving by private vehicle that don't get admitted for a trauma injury
- Patients arriving by EMS not identified as meeting TFTC
- Patients that die on-scene

Together, these datasets provide different perspectives on the trauma system—but neither captures every injured patient treated in Southern Nevada.

2025 Data Collection Methodology

Understanding the Change in This Year's Data

Previous Reporting Methodology

Hospital reports

(manual/subjective)

↓

Multiple submissions

(compiled into one by OEMSTS)

↓

Annual report

2025 Reporting Methodology

EMS electronic patient care reports

(One standardized EMS data source)

↓

OEMSTS review & validation

↓

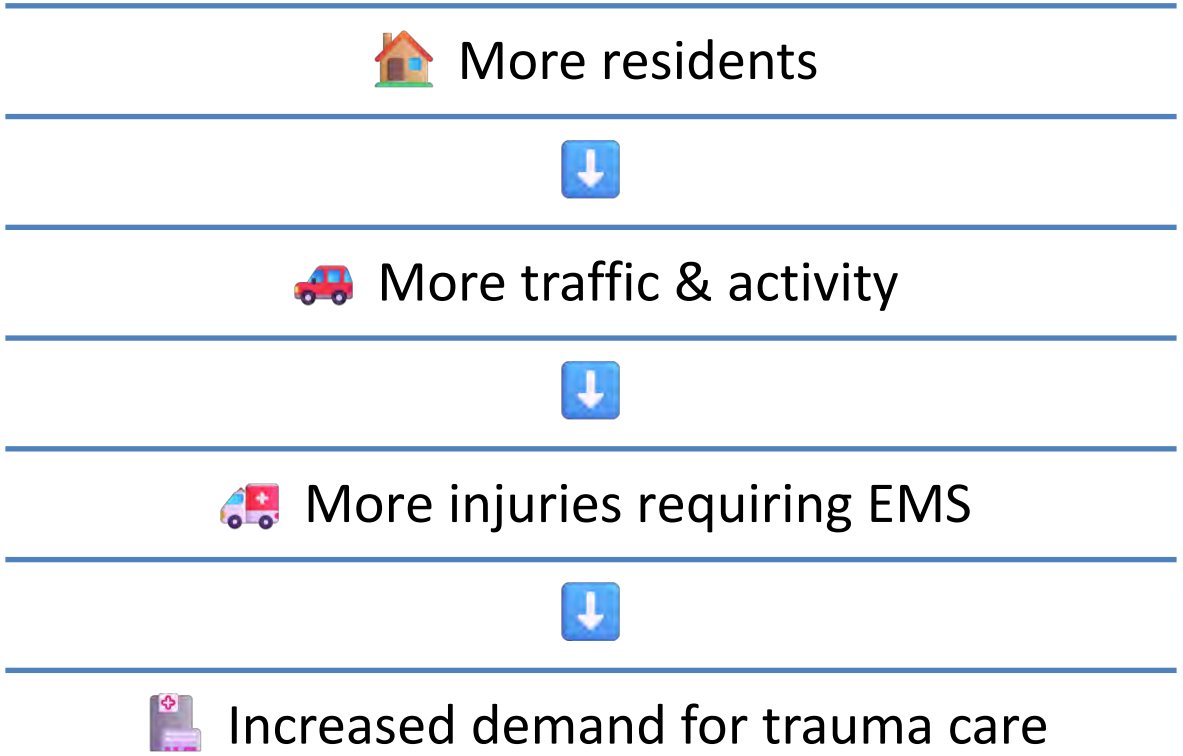
Trauma center verification

↓

Annual report

Population Growth Trends in Southern Nevada

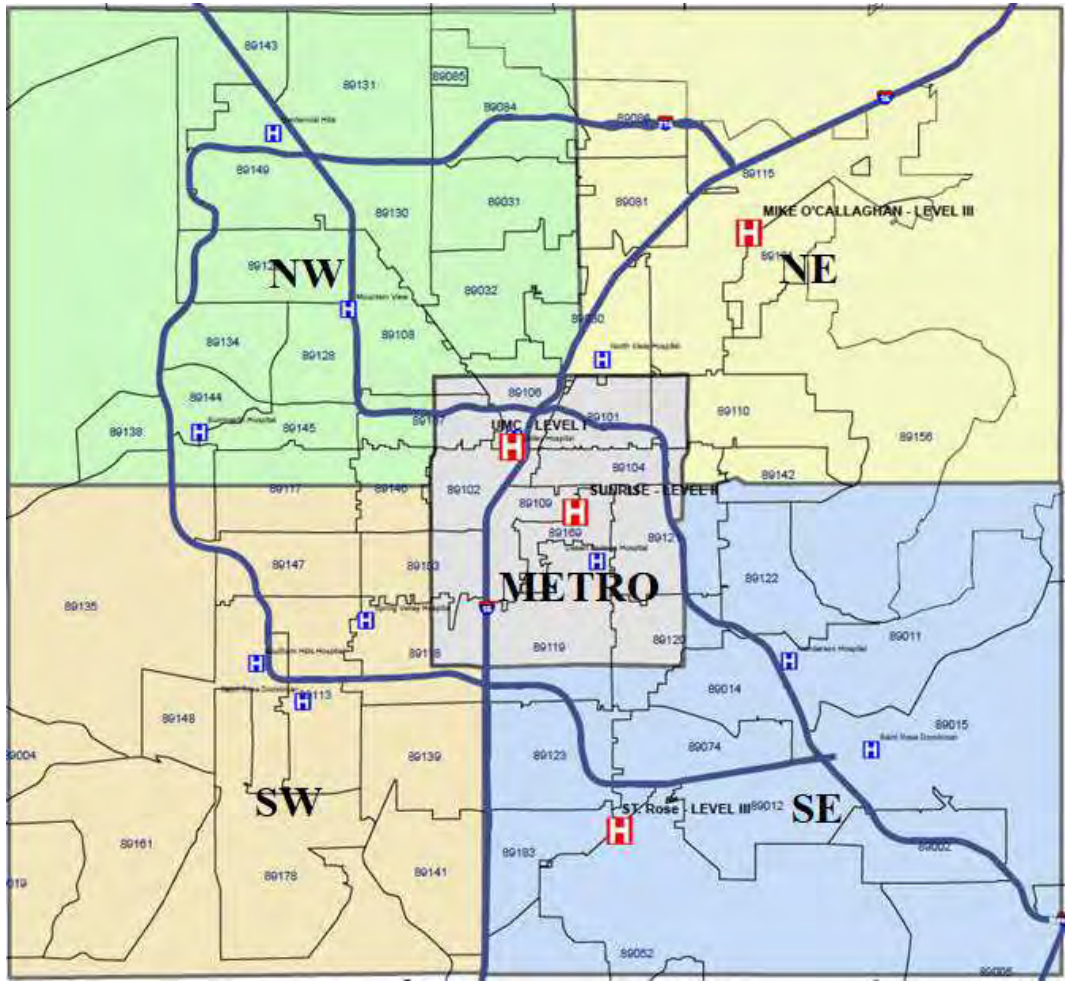
📈 **Population increased by approximately 140,000 residents from 2021 - 2025 (6% growth)**



The Center for Business and Economic Research
University of Nevada, Las Vegas

Population growth is one of the strongest predictors of future demand for emergency and trauma services. Planning today helps ensure the trauma system remains accessible as Southern Nevada continues to grow.

Trauma Incident Trends in Southern Nevada



TFTC Incidents
5-year trends (2021-2025)

- Metro Area - 2 trauma centers: ↓6%
  (4900→4584=316 decrease)
- Northwest Area – 0 trauma centers: ↑5%
  (2698→2834=136 increase)
- Southeast Area - 1 trauma center: ↓8%
  (1387→1135=252 decrease)
- Northeast Area - 1 trauma center: ↓13%
  (1892→1644=248 decrease)
- Southwest Area - 0 trauma centers: ↓8%
  (2166→1982=184 decrease)

Based on 2025 TFTC Data (Page 40-41)



Every 42 minutes

Someone enters the

Southern Nevada Trauma System

via EMS

Based on 2025 TFTC data

What is Causing Their Injuries?

Leading Mechanisms of Injury - Nevada 2025

- Falls (61%)
- Motor Vehicle Traffic (15.1%)
- Struck by/Against (6%)
- Cut/Pierce (3.4%)
- Firearm (2.5%)

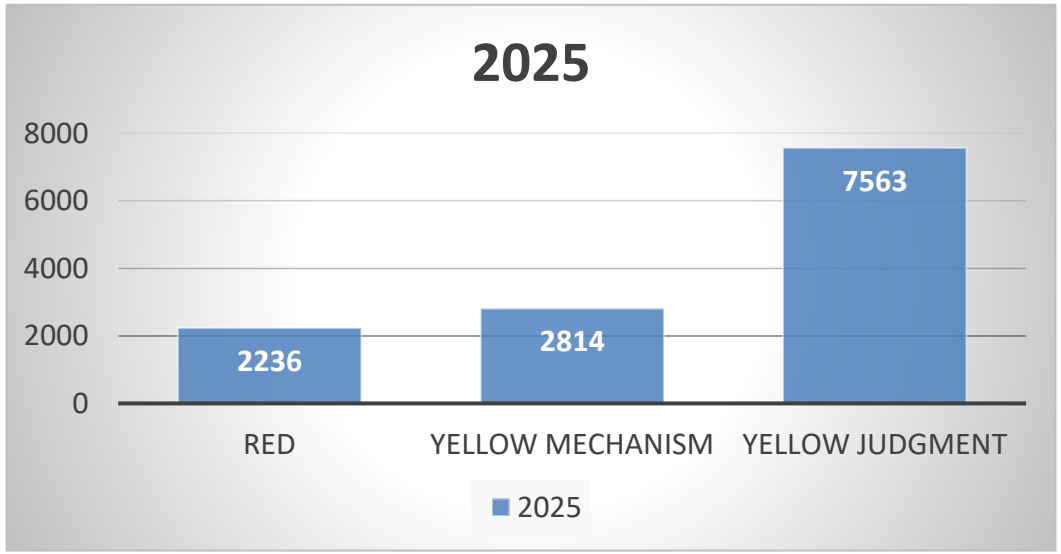
Understanding how injuries occur helps guide prevention efforts and future trauma system planning.

How EMS Identifies a Trauma Patient

🚨 **Red Criteria:** *Most Seriously Injured*

🟡 **Yellow Mechanism of Injury:** *High-risk event*

🟡 **Yellow EMS Judgment:** *Clinical concern (older adult, anticoagulant use, pregnancy, pediatrics)*



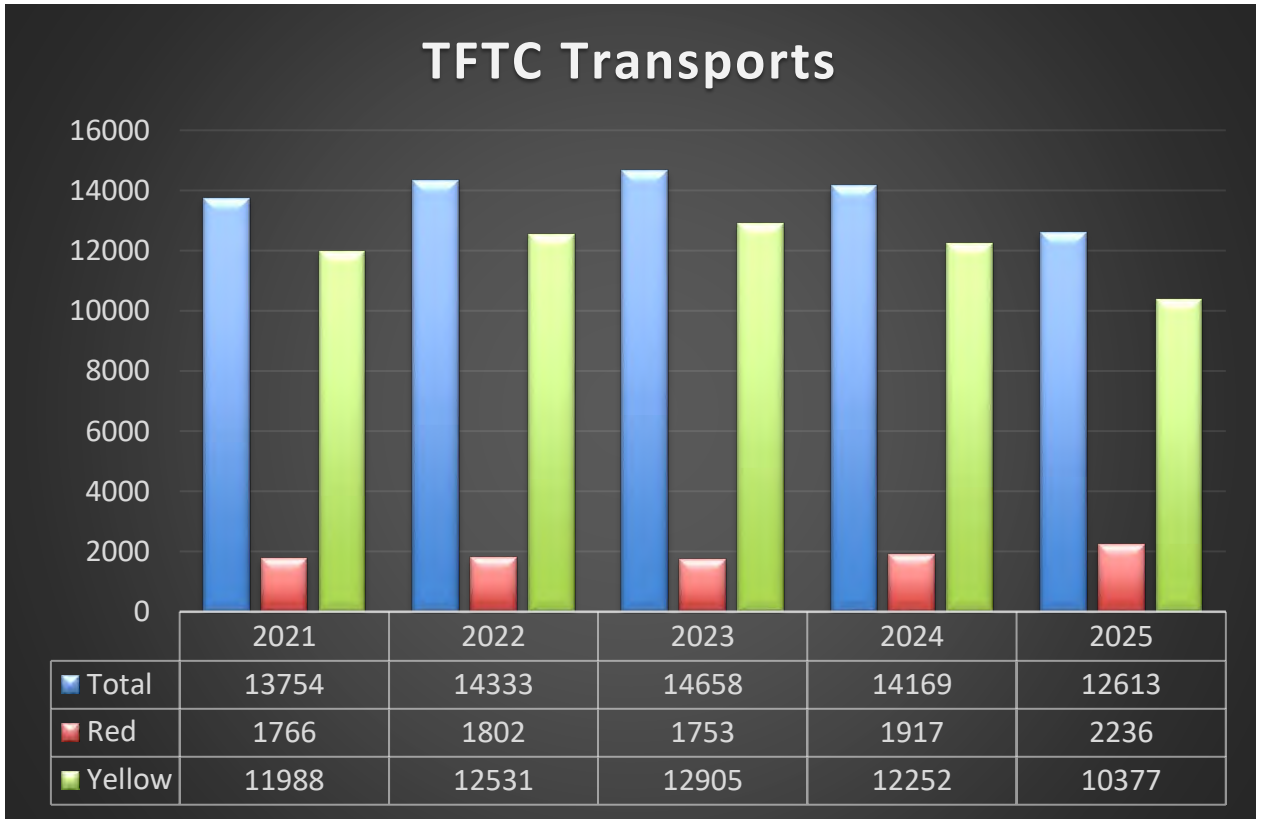
Based on 2025 TFTC Data

***Most trauma patients are identified through EMS assessment before the full extent of their injuries are known**

Trauma field triage is designed to identify patients **before** the full extent of their injuries is known, ensuring they receive the most appropriate level of care as quickly as possible.

How Many Trauma Patients Entered the System?

Southern Nevada Trauma System Volume



	2021	2022	2023	2024	2025
Total	13754	14333	14658	14169	12613
Red	1766	1802	1753	1917	2236
Yellow	11988	12531	12905	12252	10377

Based on 2025 TFTC Data

That's about...

35 Patients

Every Day

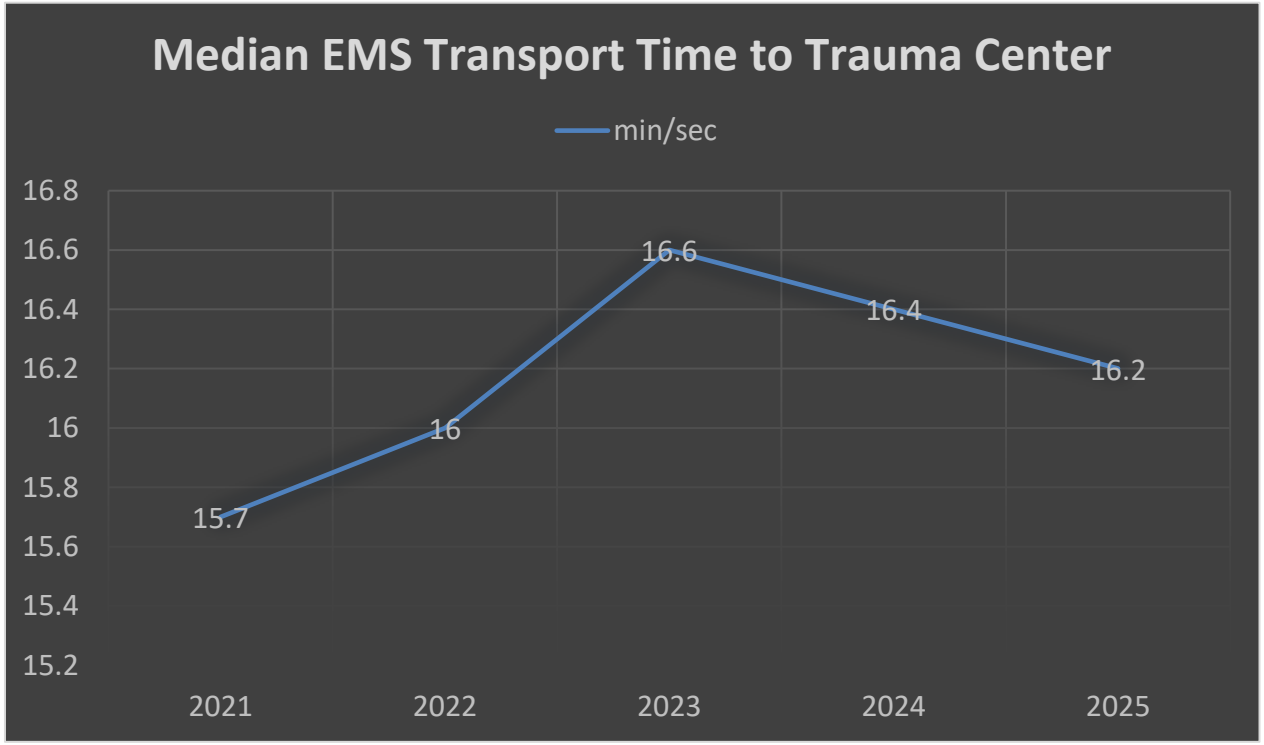
or

1–2 patients every hour

⚠️ **Important Interpretation:** The 2025 volume appears lower than 2024 because Trauma Field Triage data was collected using a new standardized EMS-based methodology. The difference should not be interpreted as a decline in trauma activity.

Access Remains Stable

Transport Times Have Remained Stable



Based on 2025 TFTC Data

2025 Snapshot

🟢 ≈16 Minutes
Median EMS Transport Time

Why This Matters

🚑 Rapid access to trauma care

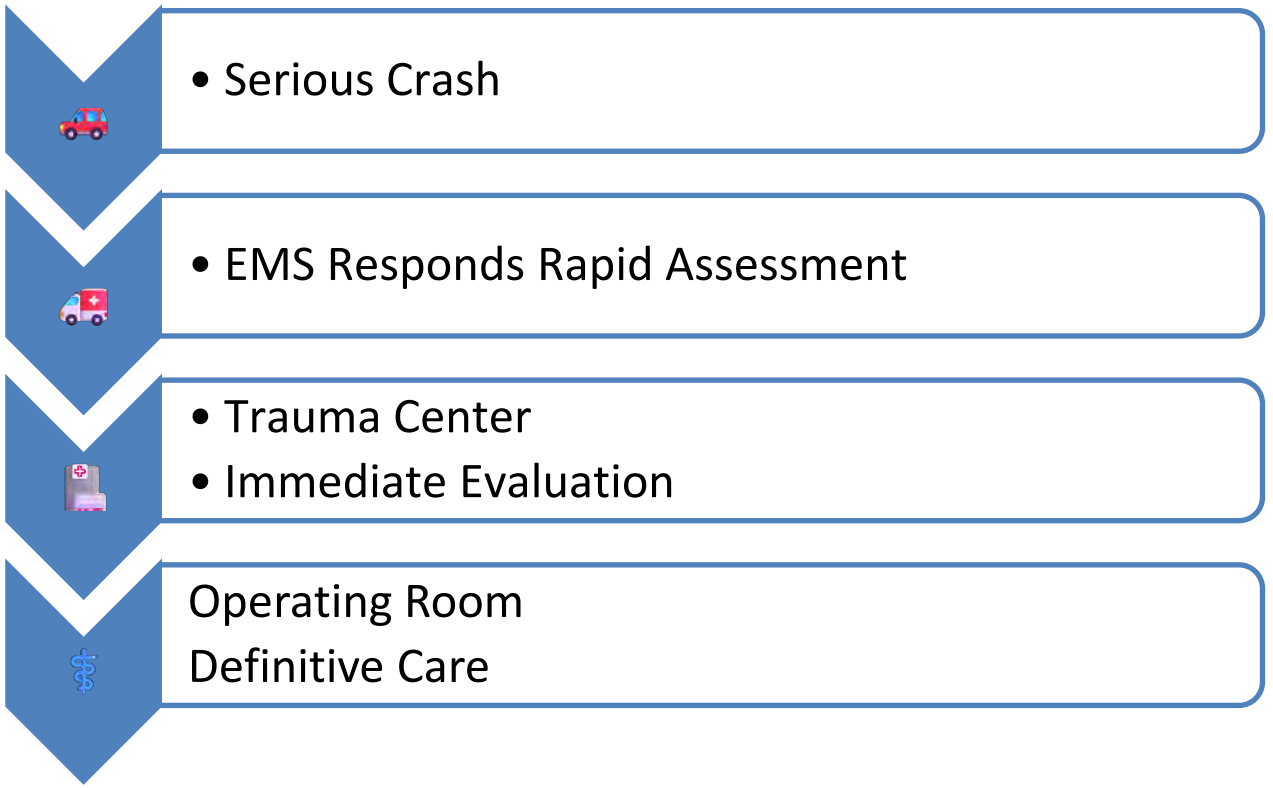
🏥 Consistent access across the region

📈 No indication that growing population has increased transport times

There is no evidence that access to trauma care has worsened. EMS continues to transport seriously injured patients to trauma centers in consistent timeframes despite continued population growth.

Transport Time is More Than a Transportation Measure

Trauma Care Begins Long Before the Hospital



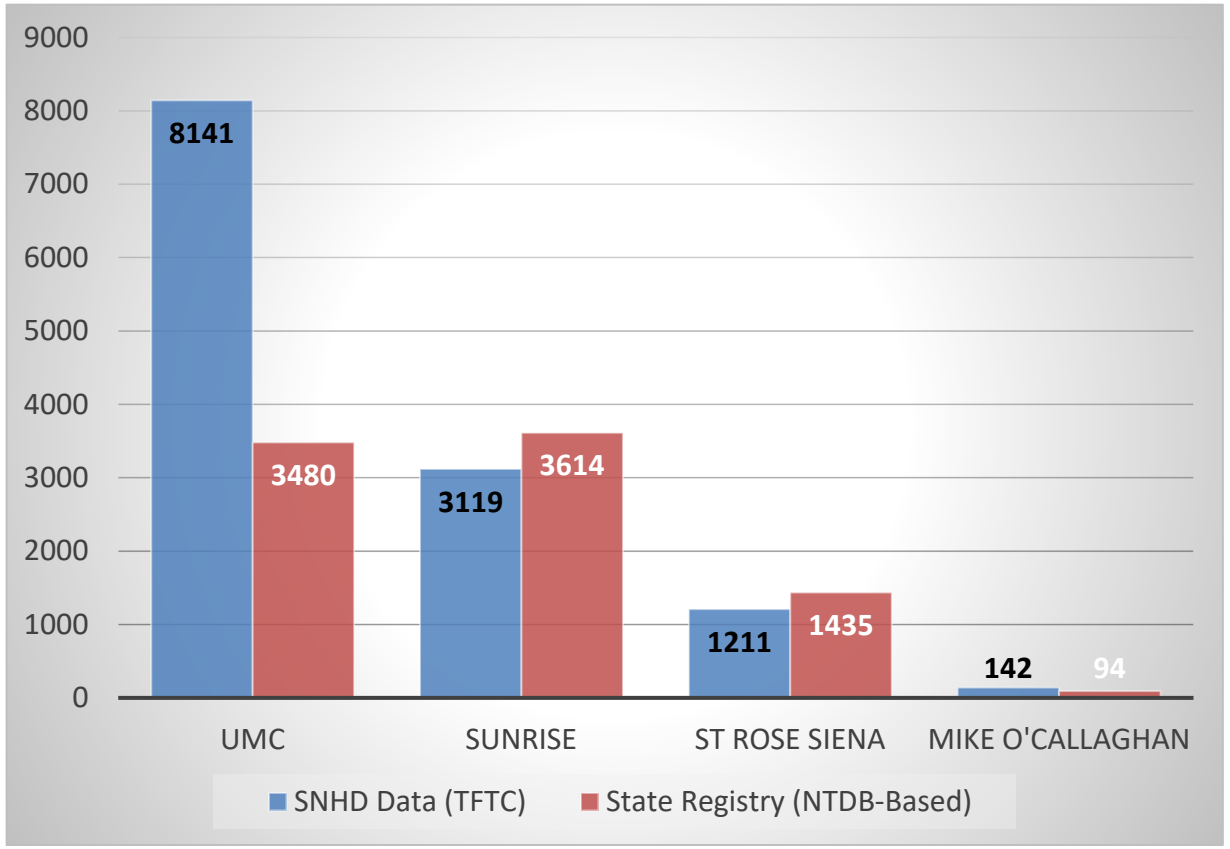
The Goal: Get the right patient to the right trauma center as quickly as possible.

Why the Board Measures This:

- Ensures timely access to trauma care
- Identified emerging access challenges
- Supports future system planning

Where Do Trauma Patients Receive Care?

A balanced Trauma System Maintains Regional Readiness



What This Means

UMC
- The region's highest-volume trauma center

Sunrise Hospital
- Maintains consistent trauma volume
- Supports regional trauma capacity

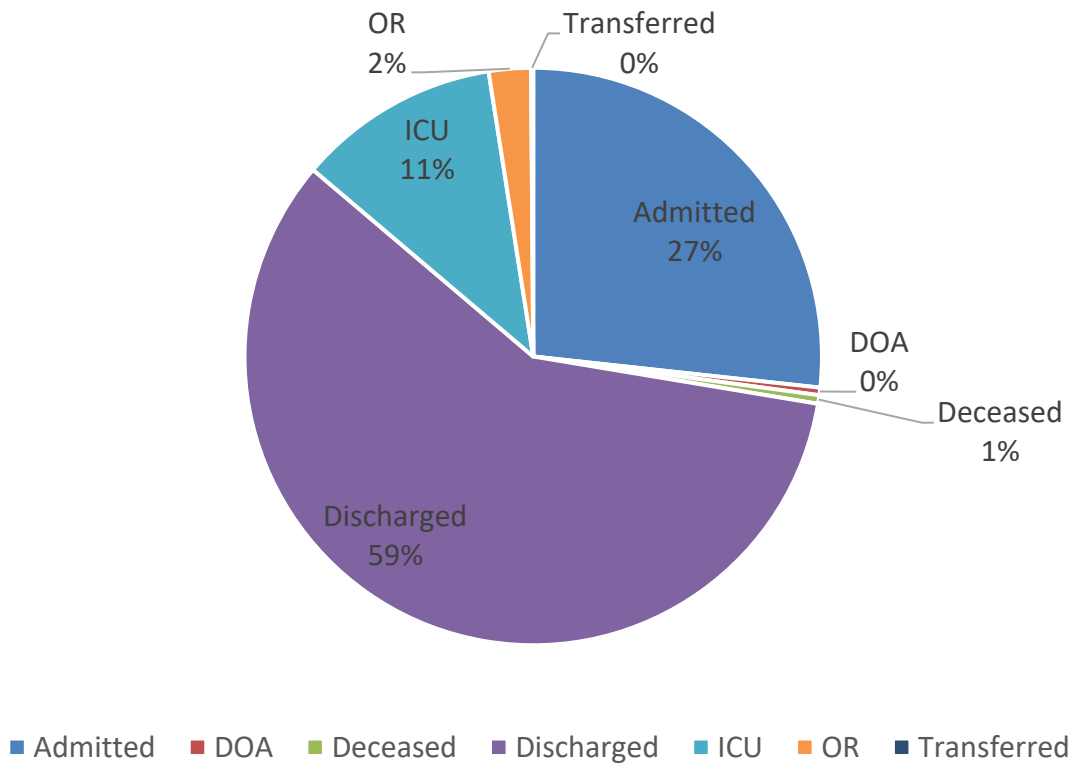
St. Rose Siena
- Continues providing trauma services for the southeast valley
- Maintains consistent patient volume

Mike O'Callaghan
- Continues integration into the regional trauma system
- Expands access for eligible patients

A healthy trauma system depends on **all designated trauma centers maintaining sufficient patient volume to preserve clinical expertise, staffing, and readiness.** Patient distribution is monitored continuously to ensure the system remains balanced and sustainable.

What Happens After Patients Arrive?

Trauma Centers Provide the Right Level of Care for Each Patient



Based on 2025 TFTC Data

What the Data Tells us

🏠 Most patients are evaluated, treated, and safely discharged.

🏥 Patients requiring hospitalization receive continued inpatient care.

❤️ The most seriously injured patients receive intensive care or emergency surgery.

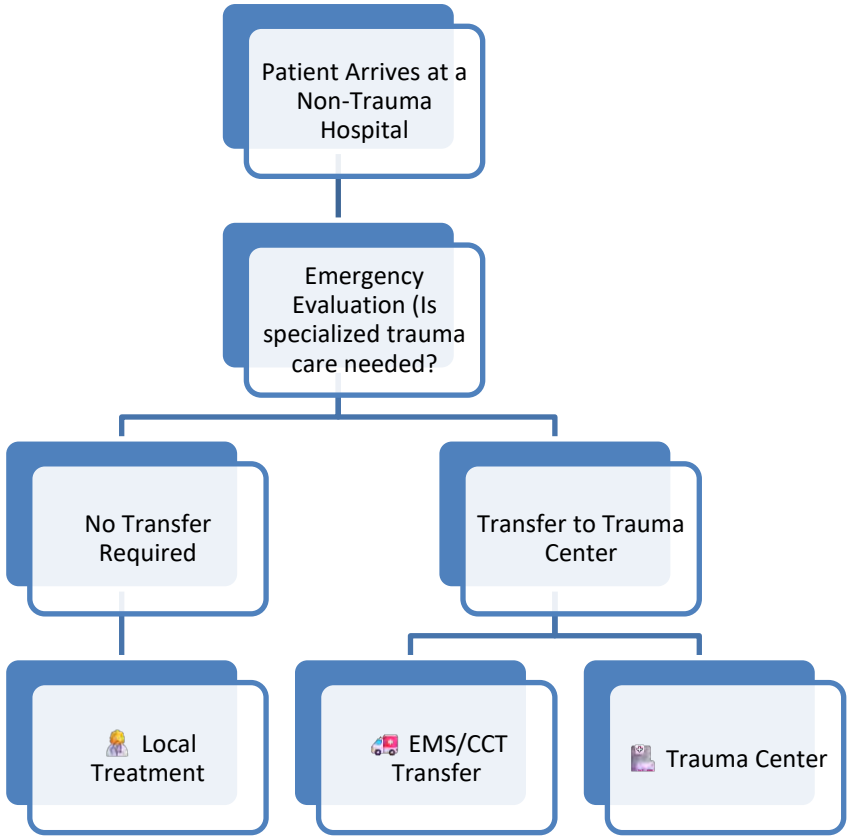
📊 Every patient receives care matched to the severity of their injuries.

Trauma centers are designed to provide the appropriate level of care for every injured patient - from evaluation and discharge to lifesaving surgery and intensive care.

Discharged patients still require trauma evaluation, treatment, resources, and clinical decision-making before safe discharge.

How Non-Trauma Hospitals Support the Trauma System

Identifying Patients Who Need a Higher Level of Care



1192 patients were transferred from non-trauma hospitals to designated trauma centers in 2025

Based on 2025 State Trauma Data (Page 30)

Non-trauma hospitals are an essential part of the regional trauma system. When patients require specialized trauma resources, they are stabilized and transferred to the most appropriate designated trauma center.

Looking Ahead

Planning for Southern Nevada's Future Trauma System

Trauma Centers Cannot Be Built Overnight

- Community Growth
- Increased Trauma Demand
- Planning & Analysis
- Regulatory Review
- Hospital Investment
- Construction & Staffing
- Trauma Center Designation

⏳ Years, Not Months

Planning ahead is essential because trauma system expansion requires years of preparation, investment, and regulatory review.

2025 Report: Executive Summary/Takeaways

- ✓ Population continues growing
- ✓ More than 12,600 trauma transports
- ✓ Transport times remain stable
- ✓ Trauma centers continue collaborative performance review
- ✓ 2025 introduces improved EMS data collection

Every number in this report represents a person whose life depended on a trauma system being ready before they needed it.

Our goal is simple: to ensure that when someone experiences the worst day of their life, the Southern Nevada Trauma System is ready.

Southern Nevada TRAUMA SYSTEM
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SOUTHERN NEVADA TRAUMA SYSTEM

ANNUAL REPORT

2025



Southern Nevada TRAUMA SYSTEM
UMC • SUNRISE • ST. ROSE SIENA • O'CALLAGHAN

SNHD Southern Nevada Health District

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Acknowledgments

The Southern Nevada Trauma System report was prepared by staff in the Southern Nevada Health District Office of Emergency Medical Services & Trauma System, Southern Nevada Health District Informatics and Public Information Offices, and Southern Nevada Health District Office of Epidemiology. The Health District appreciates the contributions of the following organizations:

- American College of Surgeons Committee on Trauma
- Nevada State Division of Health
- Regional Trauma Advisory Board
- Trauma Medical Audit Committee
- University Medical Center
- Sunrise Hospital & Sunrise Children's Hospital
- St. Rose Dominican Hospitals – Siena Campus
- Mike O'Callaghan Military Medical Center

Thanks to the members of the Regional Trauma Advisory Board, all SNHD EMS committees, participating in the trauma center medical directors, program managers, and registrars. Their dedication to continuously improving data collection makes it possible to fully evaluate and advance the Southern Nevada Trauma System.

Southern Nevada Trauma System Review

Introduction

This Southern Nevada Trauma Annual Report comprehensively describes the ongoing development, operation, and maintenance of the Southern Nevada Trauma System using a 5-year calendar review. Since its inception in 2005, trauma system leadership continues to make significant strides to provide a well-coordinated trauma system to serve the trauma transport and treatment of Southern Nevada residents, bordering states, and visitors each year.

Understanding Trauma

Trauma refers to injury resulting from an external force. Within the trauma system, patients are evaluated using standardized criteria to identify potentially serious injuries, determine the appropriate level of care, and evaluate the severity of injuries and outcomes.

Measure	What it tells us	When it's used
Mechanism of Injury (MOI)	How the injury occurred and the potential for significant injury	Prehospital/initial assessment
Field Triage Criteria	Physiologic and anatomic indicators that may indicate the need for trauma center care	Prehospital
Injury Severity Score (ISS)	Severity of a patient's diagnosed traumatic injuries	Hospital/retrospective analysis
Trauma Registry/Data Criteria	Which patients and injuries are included in standardized trauma-system reporting	Data collection/analysis

These standardized measures allow trauma system performance to be evaluated consistently across EMS agencies, hospitals, and time periods.

The Need for a Trauma System

Trauma systems embody extensive infrastructures designed to deliver top-tier care for injured individuals. They cover a broad range of services, including initiatives for injury prevention, a cohesive network of trauma centers, and coordinated research initiatives. Traumatic injury is the leading cause of death among young people and a significant health threat to Southern Nevada and its millions of visitors each year. Using evidenced based data to recognize top injury mechanisms, preparedness and injury prevention efforts can be directed at decreasing injury before it occurs.

Southern Nevada is an expert in providing care for large scale events, including concerts, conferences, and major sporting events.

What is a Trauma System?

A trauma system is an organized, coordinated, and comprehensive system of care spanning prevention, prehospital care, acute treatment, rehabilitation, and reintegration. The system facilitates real-time coordination, appropriate triage, and efficient patient distribution to ensure patients receive care at the right place and time.

Goals of the Trauma System

- reduce the incidence and severity of injuries
- improve health outcomes
- promote efficient delivery of care
- implement performance improvement
- advocate for sufficient resources
- identify and address disparities in access and outcomes across populations
- maintain system surge capacity and disaster readiness

Trauma System Components

Prehospital Emergency Medical Services

The prehospital component of the trauma system is designed to provide initial assessment and management of injured patients at the scene of an emergency with safe and efficient transport to the most appropriate health care facility.

Level I

A Level I trauma center provides comprehensive care for the most severely injured patients. The required clinical resources include emergency medicine, general and subspecialty surgical and anesthesia services. A Level I trauma center is expected to provide leadership in trauma system planning, education, and research. The center must also meet specific volume performance standards (at least 1200 patients annually). A 24-hour in-house availability with a 15-minute maximum acceptable response is required for the highest-level trauma activation.

Level II

A Level II trauma center provides comprehensive trauma care based on the environment of the region. In population-dense areas, Level II should supplement the Level I facility's clinical activity and expertise. A Level II trauma center is expected to provide initial and definitive trauma care for severely injured patients, including all the clinical services provided by a Level I trauma center except soft tissue coverage and craniofacial expertise. A 24-hour in-house availability with a 15-minute maximum acceptable response is required for the highest-level trauma activation.

Level III

A Level III trauma center typically serves communities without immediate access to Level I or II resources. When multiple trauma centers function within a community (e.g., metropolitan area), a Level III trauma center may be required to participate within a trauma system (see Level III- Southern Nevada Trauma System). The required resources include emergency medicine and general and orthopedic surgical services to treat and stabilize all the Center for Disease Control guidelines for trauma triage. The other subspecialties are desired but not required. Level III trauma centers then function to transfer injured patients that exceed the facility resources to Level I and Level II trauma centers. As such, participation in a regional trauma system is essential. A 24-hour availability with a 30-minute maximum acceptable response is required for the highest-level trauma activation.

Pediatric Level I or II

A Pediatric Level I or Level II trauma center is a health care facility that has committed the necessary resources and expertise to meet the pediatric population's specialized needs. A pediatric trauma center is expected to assume a leadership role in the care of injured children within their community.

Rehabilitation, Data Collection, Injury Prevention, Performance Improvement

All trauma centers commit to an optimal performance that includes these four key points. The rehabilitation of injured patients reduces costs; each trauma center establishes local agreements with rehabilitation centers to provide post-trauma care. Data collected to analyze and evaluate system performance is used to improve responses, conserve resources, implement prevention strategies, and comply with reporting statutes.

Southern Nevada Trauma System

The establishment of a Trauma System is mandated by Nevada law. The authority to plan, implement, and monitor the Southern Nevada Trauma System was delegated to the Southern Nevada District Board of Health (Board). The Board has established and adopted a comprehensive trauma system plan and regulations. As the leading regulatory agency in Southern Nevada, the Southern Nevada Health District plays a central role in acquiring and analyzing trauma system data. Through the Office of Emergency Medical Services & Trauma System (OEMSTS), the Health District provides a continuous assessment of the trauma system. In addition, the Regional Trauma Advisory Board (RTAB) and Trauma Medical Audit Committee (TMAC) share responsibility for interpreting the data to evaluate the system's efficiency and effectiveness. In Southern Nevada, all trauma centers are verified by the American College of Surgeons Committee on Trauma (ACS-COT) and designated by the Nevada Division of Public and Behavioral Health (DPBS) every three-years. With a population of over 700,000, the Board must participate in the designation process.

Office of Emergency Medical Services & Trauma System

OEMSTS is comprised of a Manager, Supervisor, Regional Trauma Coordinator, EMS Project/Program Coordinators, EMS Field Representatives, and Senior Administrative Assistant. Additionally, the Health District contracts a licensed physician to serve as the EMS Medical Director. OEMSTS receives directions from the District Health Officer and Director of Community Health.

American College of Surgeons Committee on Trauma

ACS-COT focuses on improving injured patients' care. Their guidelines were developed for a verification process whereby a hospital could be evaluated to determine if all the criteria needed to function as a trauma center are being met.

Optimal versus Minimal Standard

The American College of Surgeons Committee on Trauma (ACS-COT) has developed a classification system to verify the necessary resources to provide optimal care to injured patients. It is not a ranking of medical care provided by a health care facility but the recognition of the depth of resources available within the institution. In Nevada, any healthcare facility that has not been verified by the ACS-COT meets a minimum standard, through state and federal industry certifications, and not an optimal standard. Nevada Administration Code (NAC) 450B.819 requires ACS-COT verification to be considered for designation.

Verification versus Designation

Verification: A hospital verified by the ACS-COT demonstrates it meets the criteria contained in *Resources for Optimal Care of the Injured Patient*. This verification process requires a visit by the ACS-COT to determine if all criteria are optimally met. Any hospital seeking to be designated to perform as a Trauma Center in Southern Nevada must be verified.

Designation: The regulatory and bureaucratic process needed by a hospital to be designated as a Trauma Center is performed by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services. Additionally, in Southern Nevada, as defined by its population, a hospital seeking designation must obtain a letter from the Southern Nevada District Board of Health that provisionally authorizes its designation. To be included in the Southern Nevada Trauma Catchment Areas, a hospital must be designated.

Southern Nevada Designated Trauma Centers

- University Medical Center Level I and Pediatric Level II Trauma Center
- Sunrise Hospital Level II Trauma Center
- St. Rose Dominican Hospitals – Siena Campus Level III Trauma Center
- Mike O'Callaghan Miliary Medical Center Level III Trauma Center

Southern Nevada Emergency Medical Services

In Southern Nevada, the public fire departments provide emergency medical services (EMS): Boulder City Fire Department, Clark County Fire Department, Henderson Fire Department, Las Vegas Fire & Rescue, Mesquite Fire & Rescue, and North Las Vegas Fire Department. The private franchised EMS agencies serving the area are American Medical Response, Community Ambulance, Guardian Elite Medical Services, and MedicWest Ambulance. Air ambulance services are provided by Guardian Flight, Optimumedicine, and Mercy Air Service Inc.

Southern Nevada Trauma Catchment Areas

To facilitate the timely transportation of trauma patients from the scene of an emergency to the closest appropriate trauma center, the Office of Emergency Medical Services & Trauma System (OEMSTS) creates and determines geographic catchment areas (Appendix B). The office monitors trauma patients' distribution to ensure patients are matched with the appropriate resources while providing sufficient volume to each trauma center to provide stability within the trauma system. In 2024, the prehospital emergency services triage for trauma patients was implemented to reflect the CDC's updated 2021 Guidelines for field triage of injured patients.

Non-Trauma Center Hospitals

The Southern Nevada Trauma System recognizes that hospital facilities that provide emergency services contribute to its inclusive trauma system. These facilities are known as Non-Trauma Center Hospitals and provide prompt assessment, resuscitation, emergency operations, and stabilization and arrange for transfer to a designated trauma center. Most trauma patients arrive at Non-Trauma Center Hospitals by self-delivery or by EMS provider judgment exemptions.

Leadership and Legislation

The Administrator of Nevada's Department of Health and Human Services, in conjunction with the Deputy of the Division of Public and Behavioral Health, has the authority to designate a health care institution as a trauma center based on a proposal that must include a verification of the American College of Surgeons classification system and approval of a district board of health in any county whose population is 700,000 or more. During the 2005 state legislative session, Nevada Revised Statute (NRS) 450B.237 was promulgated, authorizing the Southern Nevada District Board of Health to establish and adopt a comprehensive trauma system plan concerning trauma treatment in Clark County. During the 2020 state legislative session, NRS 450B.237 was altered. The overall designation process remained the same except that approval of a new Level III trauma center must come from the Nevada State Health Division's Administrator after they have conducted a comprehensive assessment of needs. Additionally, the Southern Nevada District Board of Health cannot approve the proposal without having met the criteria outlined.

The Health District's Regional Trauma Coordinator, as part of OEMSTS, provides administrative oversight of the Southern Nevada Trauma System. With the assistance of local trauma leaders and community stakeholders, the Southern Nevada Trauma System regulations were first adopted by the District Board of Health in May 2007.

To assist the District Health Officer and OEMSTS in fulfilling the responsibilities defined in regulations, the RTAB was created. The primary mission of the RTAB is to support the District Health Officer to ensure a quality system of patient care for the victims of trauma within Southern Nevada. The RTAB makes recommendations and assists in the ongoing design, operation, evaluation, and revision of the trauma system from initial patient access to definitive patient care. The members of the RTAB include a trauma surgeon and trauma program manager from each designated trauma center; the chairman of the Health District's Emergency Medical Services Medical Advisory Board; an administrator from a non-trauma hospital; a person representing the public providers of advanced emergency care; a person representing the private franchised providers of advanced emergency care; a person representing health education and prevention services; a person representing the payors of medical benefits for the victims of trauma; and a person representing the general public. RTAB meets, at minimum, quarterly according to the trauma system's needs.

Trauma System Evaluation and Performance Improvement

An essential component of any trauma system is a continuous, comprehensive, multidisciplinary, data-driven assessment process. This process monitors and evaluates the trauma system's structure and outcome measures through all phases of care. The Southern Nevada Trauma System Improvement Plan consists of three major elements: 1) internal performance improvement and patient safety program within each trauma center; 2) scheduled independent evaluations of trauma care by trauma care experts from the American College of Surgeons; and quarterly trauma system review and analysis by the Trauma Medical Audit Committee; and 3) ongoing data collection, management, and analysis at the local, state and national level to ensure system effectiveness and identify trends and needs within the system.

The cornerstone of the Southern Nevada Trauma System medical review process is the Trauma Medical Audit Committee (TMAC). It is a peer review committee that meets quarterly to review, monitor, and evaluate trauma system performance. The TMAC derives its authority and privilege from NRS 49.117 - 49.123; NRS 49.265; and NRS 450B.237. The members of the TMAC include the trauma medical director and program manager from each designated trauma center; the Southern Nevada medical examiner or designee; the Health District's Regional Trauma Coordinator; specialty physicians as needed.

Effectively evaluating trauma system performance is contingent upon appropriate data collection, management, analysis, and reporting. NRS 450B.238 requires each designated trauma center to provide data on any person who sustains an acute injury, which has the potential of being fatal or producing major disability to the state trauma registry managed by the State Health Division, Bureau of Health Planning and Statistics. The State Trauma Registry is one source of valuable information needed to describe injured patients with an ISS greater than fifteen within the Southern Nevada Trauma System.

Each designated Trauma Center also submits data to the National Trauma Data Bank (NTDB), which is maintained by the ACS-COT. The NTDB establishes the criteria for inclusion, encompassing patients who have sustained one or more traumatic injuries within 14 days of their initial hospital encounter. To be included, patients must meet specific eligibility requirements.

Injury mortality data provided by the Southern Nevada Coroner's Office is also utilized by the TMAC to assess trauma system resource utilization and support planning efforts for improved system effectiveness and efficiency.

Purpose of Southern Nevada Trauma Annual Report

To provide a data-driven assessment of the Southern Nevada Trauma System, the Regional Trauma Coordinator produces the annual Southern Nevada Trauma System Report. Where possible, a five-year data set is used to present the most current information available. All sources are selected to provide an overview of injury and trauma system utilization at the local level. As defined in NRS, the District Board of Health shall consider plans for future county trauma needs, the designation of new trauma centers, and the most effective ways to provide trauma services. This report is intended as a tool for subject-matter experts within the Southern Nevada Trauma System to review the overall system, identify trends, and offer informed guidance to decision-makers.

Data Sources

The Center for Business and Economic Research University of Nevada, Las Vegas

Southern Nevada Department of Comprehensive Planning

Nevada State Trauma Registry

The Nevada Trauma registry is a repository of trauma incident data from across the state. All hospitals within Nevada are required to submit data quarterly. To be classified as a trauma, a series of criteria identified by the American College of Surgeons must be met. For an incident to be classified as a trauma, the patient must have:

- One or more traumatic injuries within 14 days of initial hospital encounter
- At least one diagnostic code for injury:
    - ICD-10 code from the following ranges: S00-S99 (7th Character Modifier A, B, or C), T07, T14, T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome–initial encounter)
- Excluding the following isolated injuries:
    - S00 (Superficial injuries of the head)
    - S10 (Superficial injuries of the neck)
    - S20 (Superficial injuries of the thorax)
    - S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
    - S40 (Superficial injuries of shoulder and upper arm)
    - S50 (Superficial injuries of elbow and forearm)
    - S60 (Superficial injuries of wrist, hand and fingers)
    - S70 (Superficial injuries of hip and thigh)
    - S80 (Superficial injuries of knee and lower leg)
    - S90 (Superficial injuries of ankle, foot and toes)
- And must include one of the following in addition to the above:
    - Death resulting from the traumatic injury; or
    - Patient transfer from one acute care hospital to another acute care hospital; or
    - Patients directly admitted to the trauma hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention); or
    - Patients who were an in-patient admission and/or observed.

Trauma Field Triage Criteria (TFTC) 2025 Data

The designated trauma centers in Southern Nevada participate in a collaborative Trauma Field Triage Criteria (TFTC) data review process coordinated by the Office of Emergency Medical Services & Trauma System (OEMSTS). Effective in 2025, Trauma Field Triage Criteria (TFTC) data began being extracted directly from ESO electronic patient care reports rather than through hospital-submitted data. Because of this change in data capture methodology, differences observed in 2025 may reflect improved data collection rather than actual changes in trauma system volume or performance. Accordingly, comparisons with prior years should be interpreted with caution. As additional years of data are collected using the new methodology, trend analyses will become more meaningful and comparable.

Prehospital professionals are trained to perform a physical assessment of trauma patients and recognize specific injuries and injury mechanisms that are likely to cause severe injury. The data, verified through First Watch, includes:

- day and time;
- address with longitude and latitude coordinates;
- injury code;
- EMS response time-stamps;
- transport destinations;
- out-of-area.

Patients are transported to area trauma centers based on these criteria:

Red Mental Status & Vital Signs (Previously Step 1/Physiologic): A trauma patient whose injury is so severe that their vital signs or level of consciousness are abnormal.

Red Injury Patterns (Previously Step 2/Anatomic): A trauma patient whose vital signs and level of consciousness are within normal limits, but they have sustained an obvious serious injury; for example, an open or depressed skull fracture, pelvic fracture, or paralysis.

Yellow Mechanism of Injury (Previously Step 3/Mechanism): A trauma patient whose vital signs and level of consciousness are within normal limits. They do not appear to have an obvious serious injury. Still, they have experienced a high energy impact to the body that may have caused a severe injury that is not immediately obvious.

Yellow EMS Judgement (Previously Step 4/Special Considerations): A trauma patient whose circumstances merit special considerations, for example, older adults, children, anticoagulants/bleeding disorders, and pregnancy.

Future Plans

The continued evolution of the Southern Nevada Trauma System depends on maintaining a reliable, data-driven surveillance and performance improvement process capable of identifying trends, evaluating system performance, and recognizing opportunities for enhancement. High-quality data supports informed decision-making and assists healthcare leaders, emergency managers, and policymakers in assessing current resources, planning for future system needs, and developing evidence-based strategies to improve trauma care delivery throughout the region.

Beginning in 2025, the Office of Emergency Medical Services & Trauma System (OEMSTS) implemented a revised Trauma Field Triage Criteria (TFTC) data collection and validation process utilizing EMS electronic patient care report (ePCR) data extracted directly from ESO reports. This standardized approach is intended to improve data consistency, accuracy, and system-wide analysis capabilities while strengthening collaboration between OEMSTS and the designated trauma centers.

Future priorities for the Southern Nevada Trauma System include continued enhancement of trauma system performance improvement activities, expansion of data analytics capabilities, evaluation of system capacity and patient distribution trends, support for disaster preparedness and surge planning, and ongoing assessment of community trauma care needs.

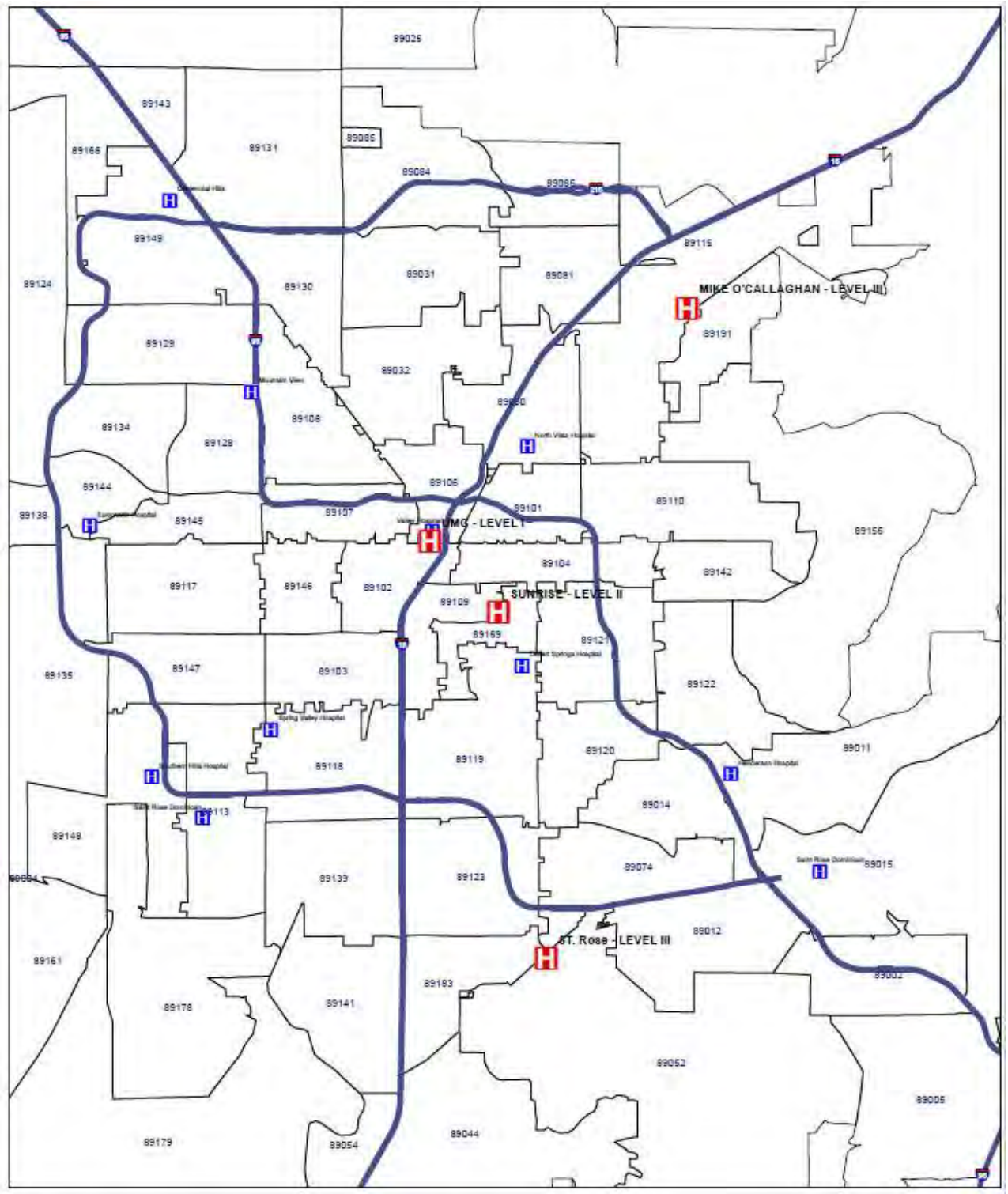
The Office of Emergency Medical Services & Trauma System appreciates the continued partnership and support of the region's hospitals, EMS agencies, public safety partners, healthcare professionals, and community stakeholders. Through this collaborative effort, the Southern Nevada Trauma System remains committed to building upon its accomplishments and advancing a coordinated, high-quality system of trauma care for the residents and visitors of Southern Nevada.

Population Data

Intent

The intent of including population data is to examine if there has been statistically significant population growth or decline and determine if population changes will impact patient care. The data is populated to provide evidence of where growth or decline is happening, how fast, and if it is expected to continue. While population changes are not always associated with increased or decreased trauma volumes, the change needs to be identified to consider its impact. When a population change occurs, it congruently may affect but is not limited to roadways, infrastructure, emergency and healthcare providers, and socioeconomic factors.

Clark County ZIP Code Map



Clark County Population Forecast: 2026-2060

Year	Population Forecast	Change in Population Forecast	Growth in Population (Percent)
2026	2,493,000	50,000	2.0%
2027	2,537,000	44,000	1.8%
2028	2,578,000	41,000	1.6%
2029	2,617,000	39,000	1.5%
2030	2,655,000	38,000	1.5%
2031	2,692,000	37,000	1.4%
2032	2,728,000	36,000	1.3%
2033	2,764,000	36,000	1.3%
2034	2,797,000	33,000	1.2%
2035	2,830,000	33,000	1.2%
2036	2,860,000	30,000	1.1%
2037	2,889,000	29,000	1.0%
2038	2,917,000	28,000	1.0%
2039	2,944,000	27,000	0.9%
2040	2,969,000	25,000	0.8%
2041	2,994,000	25,000	0.8%
2042	3,017,000	23,000	0.8%
2043	3,039,000	22,000	0.7%
2044	3,061,000	22,000	0.7%
2045	3,081,000	20,000	0.7%
2046	3,101,000	20,000	0.6%
2047	3,120,000	19,000	0.6%
2048	3,139,000	19,000	0.6%
2049	3,157,000	18,000	0.6%
2050	3,174,000	17,000	0.5%
2051	3,191,000	17,000	0.5%
2052	3,208,000	17,000	0.5%
2053	3,225,000	17,000	0.5%
2054	3,241,000	16,000	0.5%
2055	3,258,000	17,000	0.5%
2056	3,274,000	16,000	0.5%
2057	3,290,000	16,000	0.5%
2058	3,306,000	16,000	0.5%
2059	3,322,000	16,000	0.5%
2060	3,337,000	15,000	0.5%

** SNRPC Census population estimate.*

Source: The Center for Business and Economic Research University of Nevada, Las Vegas

Note: The average annual forecasted growth rate is 0.9 percent.

Clark County Historical Population by Zip Code, 2021-2025

ZIP	2021	2022	2023	2024	2025	Absolute Growth 2021-2025	Growth Rate (%) 2021-2025
89002	38515	38176	38536	38950	39,132	617	1.60
89004	150	151	153	155	155	5	3.33
89005	15250	14972	15023	15010	14,986	-264	-1.73
89007	991	939	929	945	951	-40	-4.04
89011	40068	41693	45239	50110	56,262	16,194	40.42
89012	37311	36366	36697	37413	37,800	489	1.31
89014	42223	42512	42905	42917	42,898	675	1.60
89015	43447	41972	42969	45051	46,465	3,018	6.95
89018	1114	1407	1554	1553	1,518	404	36.27
89019	2808	2570	2565	2551	2,537	-271	-9.65
89021	2733	3059	3,059	3062	3,059	326	11.93
89025	1278	1308	1284	1291	1,308	30	2.35
89027	19703	18673	18,993	19728	19,981	278	1.41
89029	9734	9350	9297	9335	9,171	-563	-5.78
89030	56056	50691	50444	50501	51,782	-4,274	-7.62
89031	76085	78527	79427	80837	80,828	4,743	6.23
89032	49448	48816	49,669	50565	49,930	482	0.97
89034	3372	3474	3817	4134	4,455	1,083	32.12
89039	149	156	154	152	152	3	2.01
89040	3455	3259	3259	3259	3,261	-194	-5.62
89044	27551	30804	33,931	36,748	39,760	12,209	44.31
89046	485	479	453	460	455	-30	-6.19
89052	61276	61079	62031	62623	62,682	1,406	2.29
89054	62	66	63	63	49	-13	-20.97
89074	54376	52941	53002	53030	53,070	-1,306	-2.40
89081	41804	42546	42706	42808	42,656	852	2.04
89084	37263	38175	40532	43377	46,588	9,325	25.02
89085	3699	4263	4266	4262	4,259	560	15.14
89086	8660	10735	12517	13490	13,662	5,002	57.76
89101	46728	41479	42513	42428	42,591	-4,137	-8.85
89102	37782	34614	34204	34341	35,316	-2,466	-6.53
89103	45150	45170	45303	45463	45,721	571	1.26
89104	38337	36516	36449	36439	36,442	-1,895	-4.94
89106	31678	30811	30796	31223	31,350	-328	-1.04
89107	38623	38891	39111	40030	41,451	2,828	7.32
89108	78128	76138	76685	76986	76,615	-1,513	-1.94
89109	7165	6880	6739	6782	6,503	-662	-9.24

ZIP	2021	2022	2023	2024	2025	Absolute Growth 2021-2025	Growth Rate (%) 2021-2025
89110	78526	74821	74649	74196	75,144	-3,382	-4.31
89113	34794	37623	40384	44370	46,333	11,539	33.16
89115	75196	73305	70694	71856	72,634	-2,562	-3.41
89117	55761	55750	55750	55809	55,827	66	0.12
89118	26082	26979	27840	28009	28,580	2,498	9.58
89119	50411	47594	48785	48668	49,834	-577	-1.14
89120	24084	24366	24374	24390	24,443	359	1.49
89121	66209	67609	68186	68514	68,599	2,390	3.61
89122	56056	55706	55683	56972	58,248	2,192	3.91
89123	58763	58026	57938	57903	57,958	-805	-1.37
89124	6616	6861	6786	7103	6,311	-305	-4.61
89128	39775	38716	38742	38740	38,756	-1,019	-2.56
89129	55565	54158	54585	54843	55,166	-399	-0.72
89130	32490	32357	32413	32847	34,126	1,636	5.04
89131	50227	50354	50484	50730	50,975	748	1.49
89134	24205	23820	23806	23819	23,788	-417	-1.72
89135	33092	32928	34405	34962	35,838	2,746	8.30
89138	23289	26515	29218	31700	33,612	10,323	44.33
89139	43112	45600	46376	47703	48,924	5,812	13.48
89141	41017	43033	45284	48673	52,153	11,136	27.15
89142	35568	36010	36046	35971	36,065	497	1.40
89143	13350	13879	15072	16156	18,049	4,699	35.20
89144	19291	18980	19000	19087	19,042	-249	-1.29
89145	28452	27908	27896	27893	27,871	-581	-2.04
89146	18686	19008	18903	19033	19,080	394	2.11
89147	56287	56070	56253	57192	57,560	1,273	2.26
89148	65967	66568	67827	70159	71,690	5,723	8.68
89149	42908	44915	45454	47361	46,177	3,269	7.62
89156	29945	30895	31270	31743	32,321	2,376	7.93
89158	1367	476	736	740	742	-625	-45.72
89161	443	0	479	485	488	45	10.16
89166	23425	28834	32921	37375	41,876	18,451	78.77
89169	26853	25852	24981	25193	26,052	-801	-2.98
89178	41198	43852	45733	46860	48,045	6,847	16.62
89179	11819	11856	11856	11957	12,469	650	5.50
89183	39602	39788	43497	44599	44,852	5,250	13.26
Total	2,325,798	2,325,798	2,371,586	2,421,685	2465431	139,633	6.00

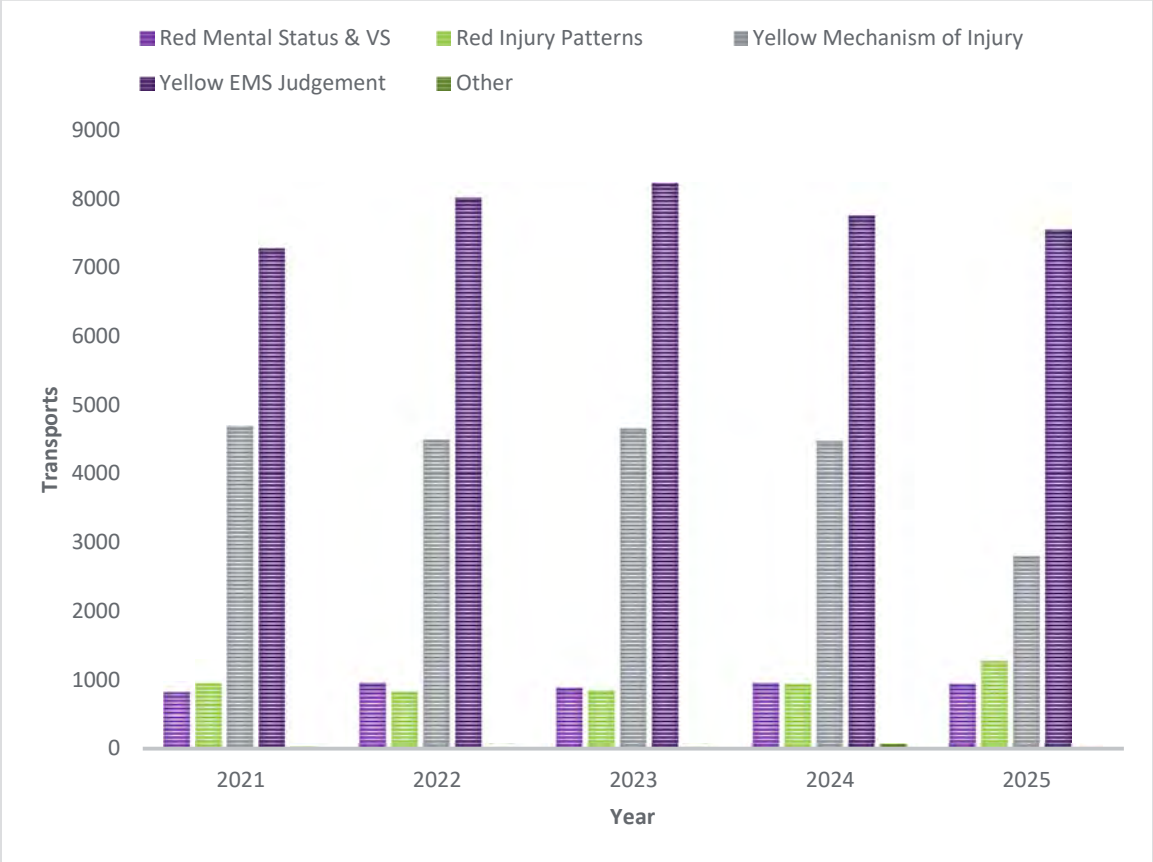
SNHD Trauma Field Triage Criteria (TFTC) Data

Intent

The intent of including TFTC data is to examine and determine the number of reported trauma cases at all designated Trauma Centers in Southern Nevada. This data can then be used to analyze capacity, determine unmet needs, identify negative outcomes, and recognize barriers to access healthcare. TFTC data is compiled, verified, and generated by a collaborative effort between designated trauma centers and the Office of Emergency Medical Services and Trauma System (OEMSTS). This data is separate from the data criteria required and submitted to the Nevada State Trauma Registry. All data points include a date, time, location, injury code, transporting agency, and receiving facility. Current Southern Nevada TFTC is guidance provided by the CDC and approved by the Medical Advisory Board.

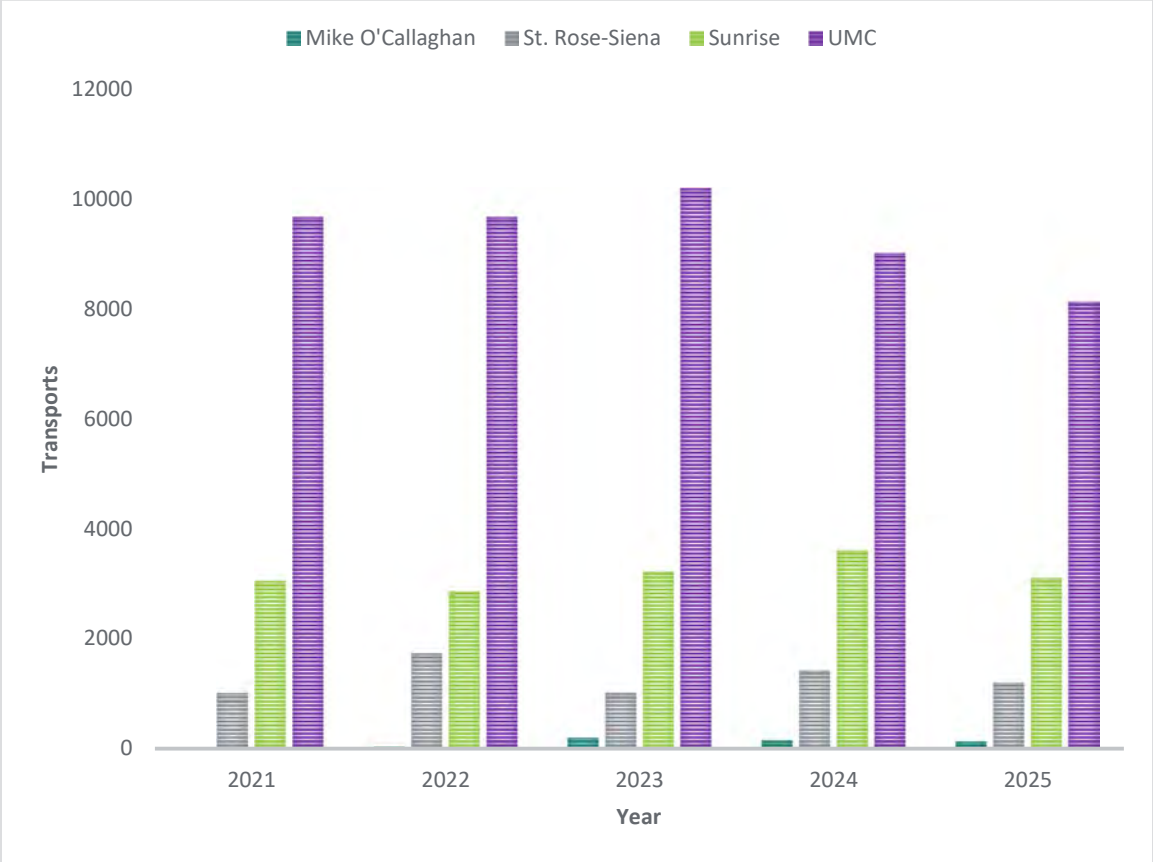
Appendix A: Trauma Field Triage Criteria

Number of TFTC Transports by Category, 2021-2025



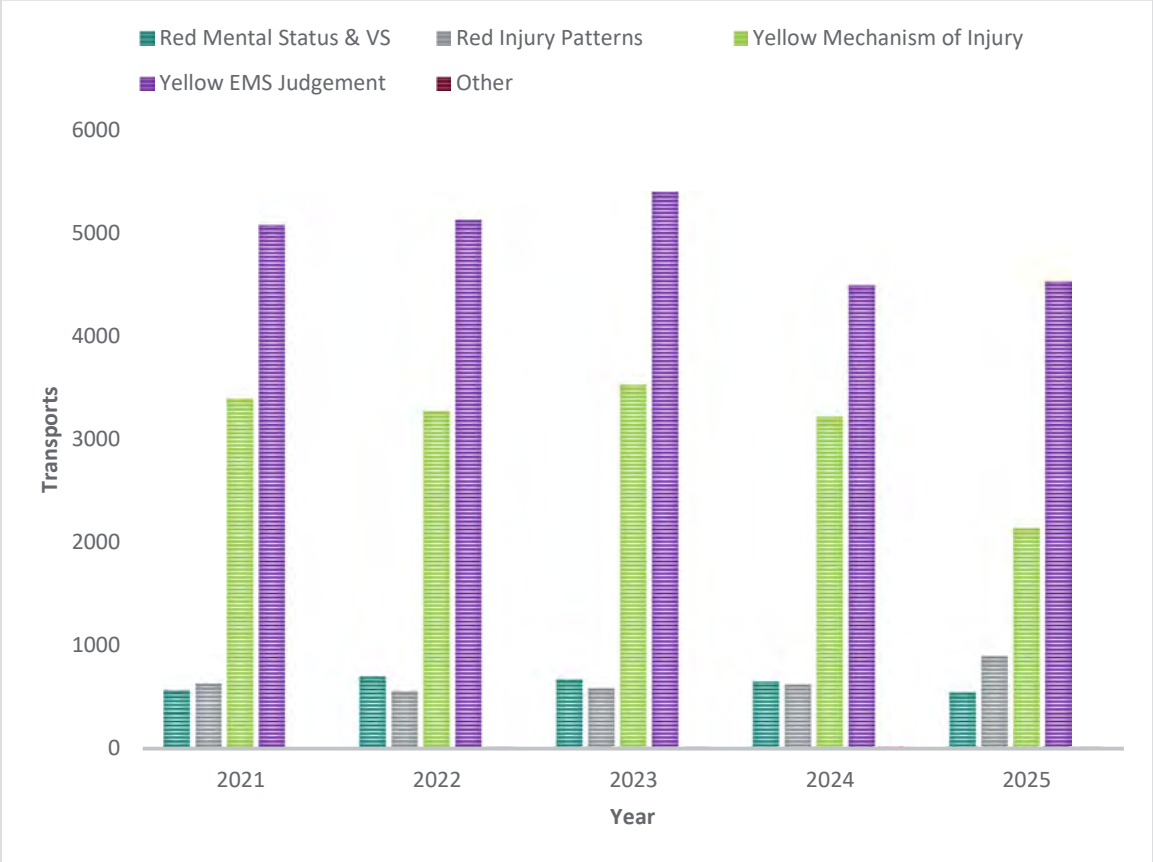
TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS **(Previously Step 1)**	819	966	896	964	951
Red Injury Patterns **(Previously Step 2)**	947	836	857	953	1285
Yellow Mechanism of Injury **(Previously Step 3)**	4699	4500	4662	4482	2814
Yellow EMS Judgement **(Previously Step 4)**	7289	8031	8243	7770	7563
Other	23	15	20	76	3
All	13777	14348	14678	14247	12616
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

TFTC Transports by Trauma Center, 2021-2025



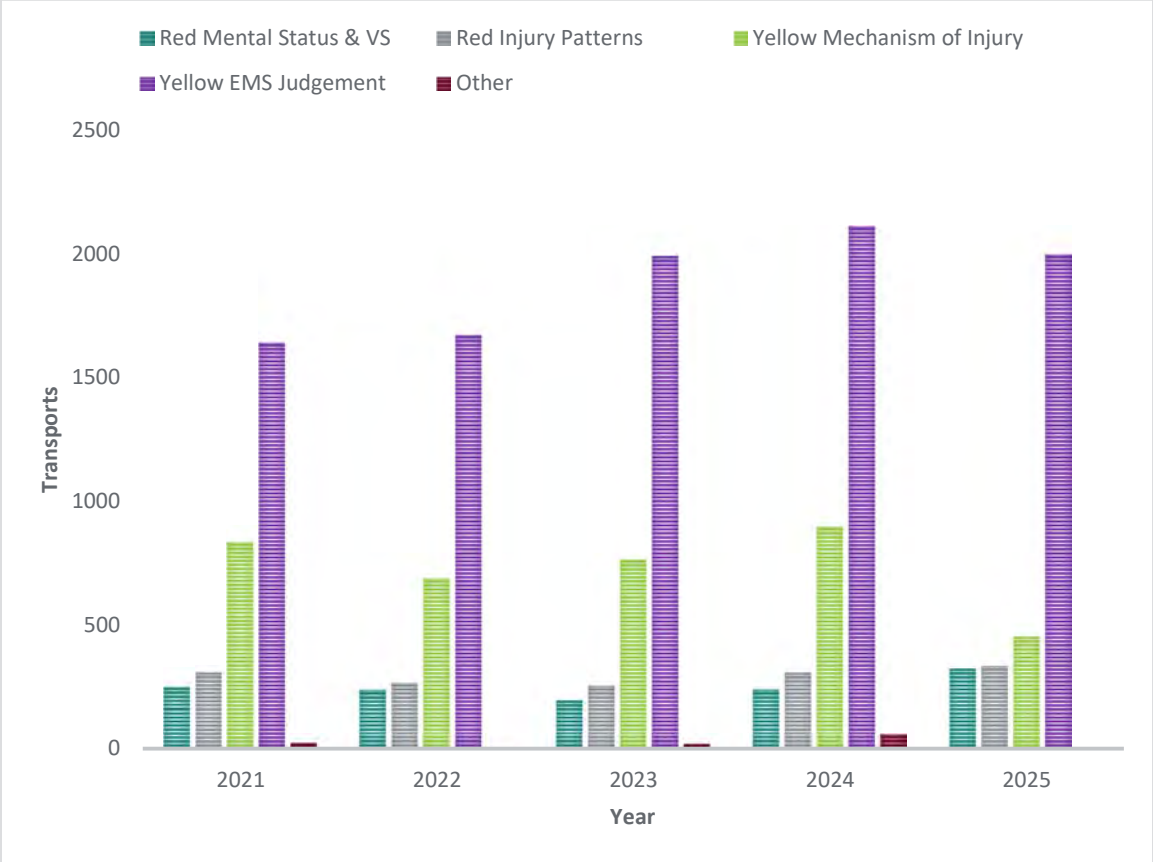
TFTC Transports by Trauma Center, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Mike O'Callaghan	0	37	208	157	142
St. Rose-Siena	1017	1749	1023	1436	1211
Sunrise	3062	2876	3235	3624	3119
UMC	9687	9686	10212	9024	8141
All	13766	14348	14678	14241	12613
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

UMC TFTC Transports by Category, 2021-2025



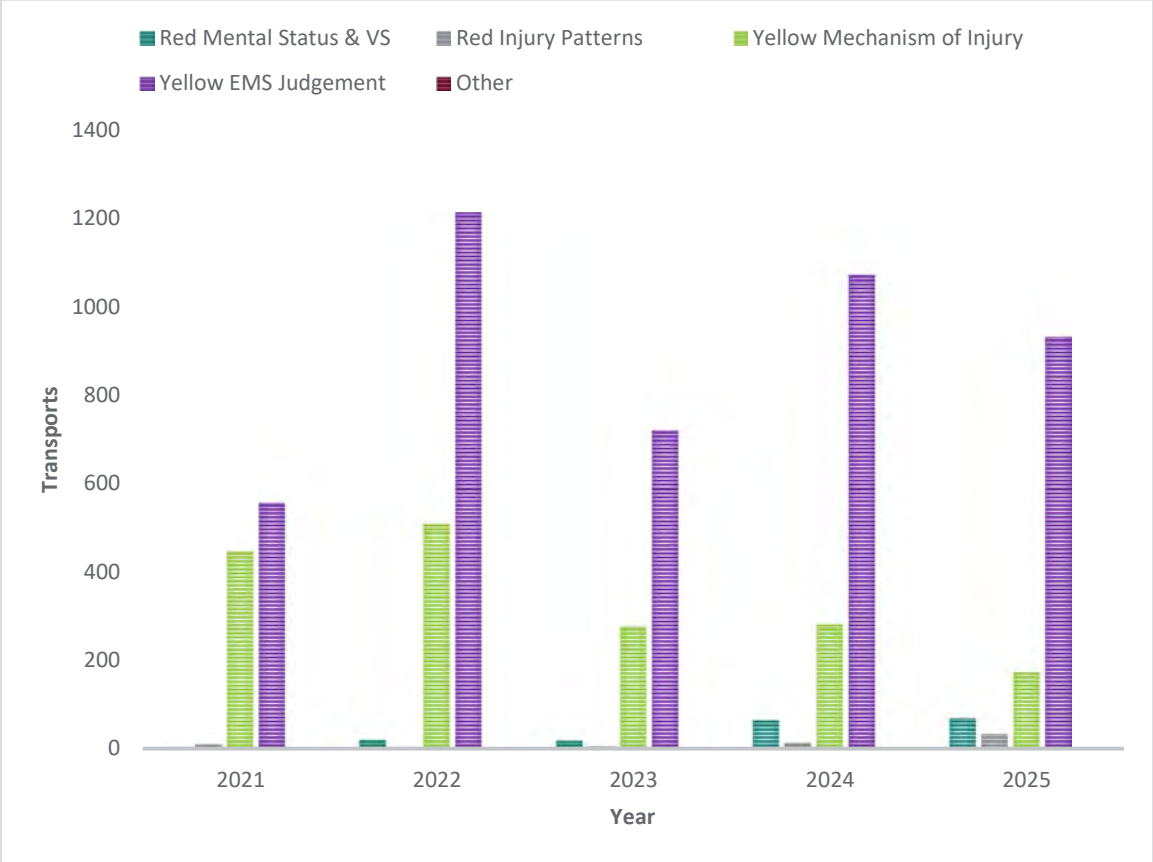
UMC TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	570	705	676	655	551
Red Injury Patterns (Step 2)	627	564	590	627	906
Yellow Mechanism of Injury (Step 3)	3403	3279	3535	3223	2145
Yellow EMS Judgement (Step 4)	5087	5136	5410	4503	4537
Other	0	2	1	16	2
All	9687	9686	10212	9024	8141
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

Sunrise TFTC Transports by Category 2021-2025



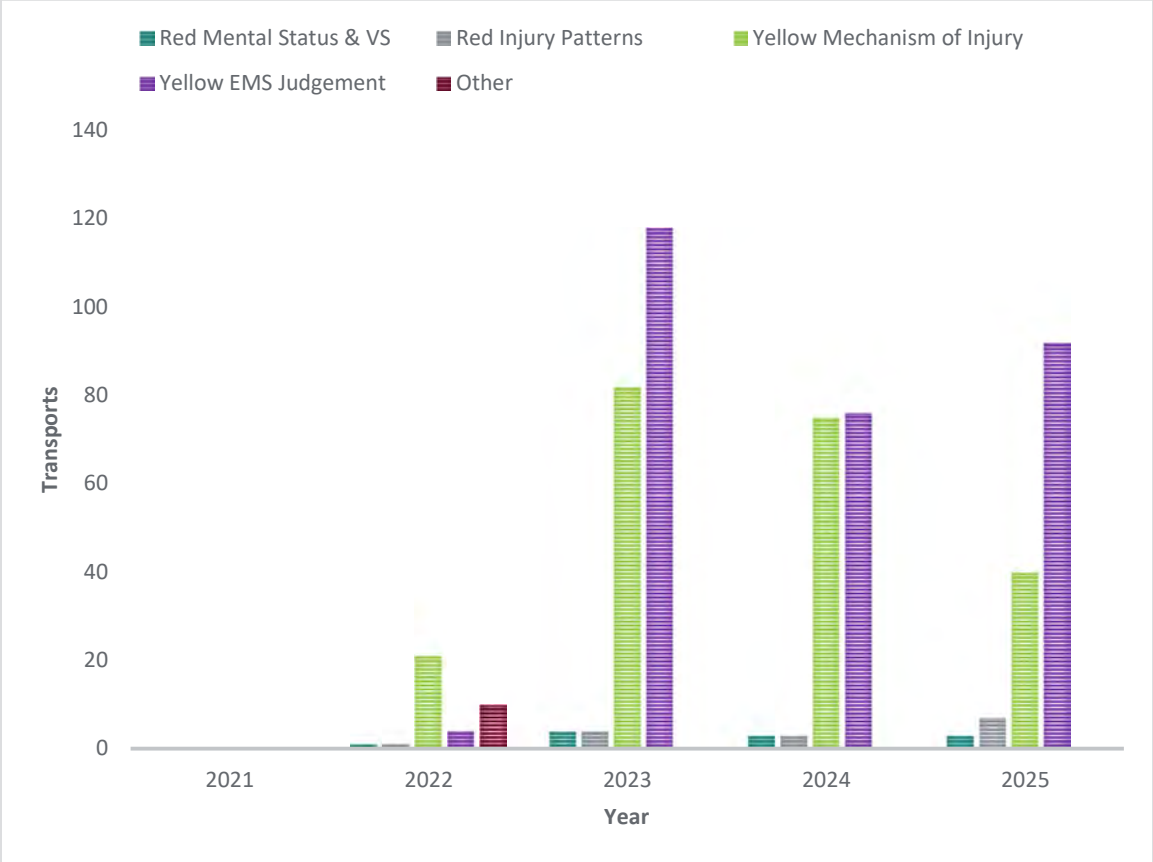
Sunrise TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	248	240	197	241	326
Red Injury Patterns (Step 2)	310	268	257	309	337
Yellow Mechanism of Injury (Step 3)	837	690	767	900	455
Yellow EMS Judgement (Step 4)	1644	1675	1995	2116	2001
Other	23	3	19	58	0
Total	3062	2876	3235	3624	3119
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

St. Rose – Siena TFTC Transports by Category, 2021-2025



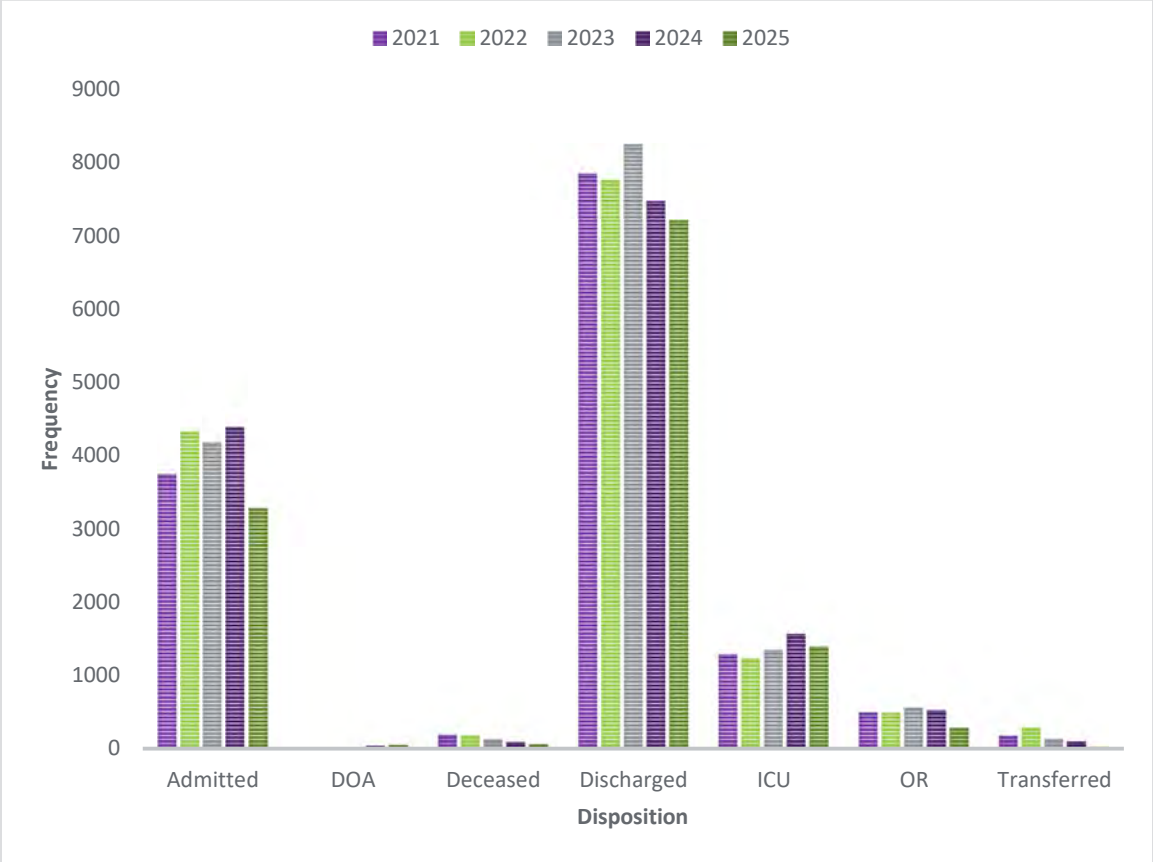
St Rose – Siena TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	1	20	19	65	70
Red Injury Patterns (Step 2)	10	3	6	14	35
Yellow Mechanism of Injury (Step 3)	448	510	278	282	174
Yellow EMS Judgement (Step 4)	558	1216	720	1073	932
Other	0	0	0	0	0
Total	1017	1749	1023	1434	1211
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

Mike O'Callaghan TFTC Transports by Category, 2021-2025



Mike O'Callaghan TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	0	1	4	3	3
Red Injury Patterns (Step 2)	0	1	4	3	7
Yellow Mechanism of Injury (Step 3)	0	21	82	75	40
Yellow EMS Judgement (Step 4)	0	4	118	76	92
Other	0	10	0	0	0
Total	0	37	208	157	142
Source: SNHD TFTC Data					
Note: Mike O'Callaghan became a Level III Trauma Center in 2022. Includes all TFTC transports in the Southern Nevada Trauma System.					

TFTC Transports by Disposition 2021-2025



TFTC Transports by Disposition, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Admitted	3753	4338	4188	4396	3294
DOA*	0	0	0	44	52
Deceased	193	184	135	98	59
Discharged	7857	7773	8262	7486	7220
ICU	1293	1237	1357	1576	1397
OR	498	495	566	531	290
Transferred	181	291	141	104	15
All	13775	14318	14649	14237	12601
**DOA was noted as "deceased" prior to 2024*					
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition.					

TFTC Categories by Disposition 2021-2025

TFTC Categories by Disposition, 2021-2025						
		2021	2022	2023	2024	2025
Red Mental Status & VS	Admitted	153	223	213	248	228
(Step 1)	DOA	0	0	0	32	23
	Deceased	124	136	91	66	31
	Discharged	127	170	168	135	283
	ICU	351	336	325	405	306
	OR	64	96	93	70	33
	Transferred	0	4	5	7	0
Red Injury Patterns	Admitted	215	211	221	259	385
(Step 2)	DOA	0	0	0	10	24
	Deceased	53	33	26	22	19
	Discharged	350	306	283	355	411
	ICU	123	111	116	120	258
	OR	203	170	207	183	147
	Transferred	3	5	3	3	2
Yellow Mechanism of Injury	Admitted	877	837	870	1000	621
(Step 3)	DOA	0	0	0	2	0
	Deceased	10	7	11	7	3
	Discharged	3366	3264	3343	2959	1861
	ICU	313	248	314	386	254
	OR	99	84	91	103	43
	Transferred	34	50	27	22	4
Yellow EMS Judgement	Admitted	2502	3063	2879	2876	2059
(Step 4)	DOA	0	0	0	0	5
	Deceased	5	8	7	3	6
	Discharged	4004	4024	4459	3998	4663
	ICU	501	541	597	647	579
	OR	131	145	175	171	67
	Transferred	144	231	106	72	9
Other	Admitted	6	4	5	15	1
	DOA	1	0	0	0	0
	Deceased	10	9	9	39	2
	Discharged	5	1	5	18	0
	ICU	1	0	0	4	0
	OR	0	1	0	0	0
	Transferred	6	4	5	15	0
All		13775	14318	14649	14237	12601
Source: SNHD TFTC Data						
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition. Includes 1 unclassified category in 2020.						

Transport Times

Intent

The intent of analyzing Trauma Field Triage Criteria (TFTC) transport times is to evaluate patient transport time to identify if a barrier exists to the prompt treatment of trauma. The goal of a trauma system is to get the right patient the right care in the right place at the right time. Prompt trauma treatment may shorten the recovery period and return a patient to pre-accident functionality. Patients transported by EMS providers to trauma centers must satisfy TFTC. These patients vary in the severity of the mechanisms of injury. The less severe, which represent a larger number of patients, are awake, alert, and have normal vital signs. While they appear less injured, some patients have significant, often occult injuries. Most will be discharged home after evaluation, but some require life-saving interventions identified by expedited resources available at trauma centers. There are no established or scientifically defined optimal transport times. Therefore, for Southern Nevada, transport times are provided to subject-matter experts to allow for analysis based on, but not limited to, geographic layout and infrastructure for the community's needs.

Appendix B: Southern Nevada Trauma Catchment Areas

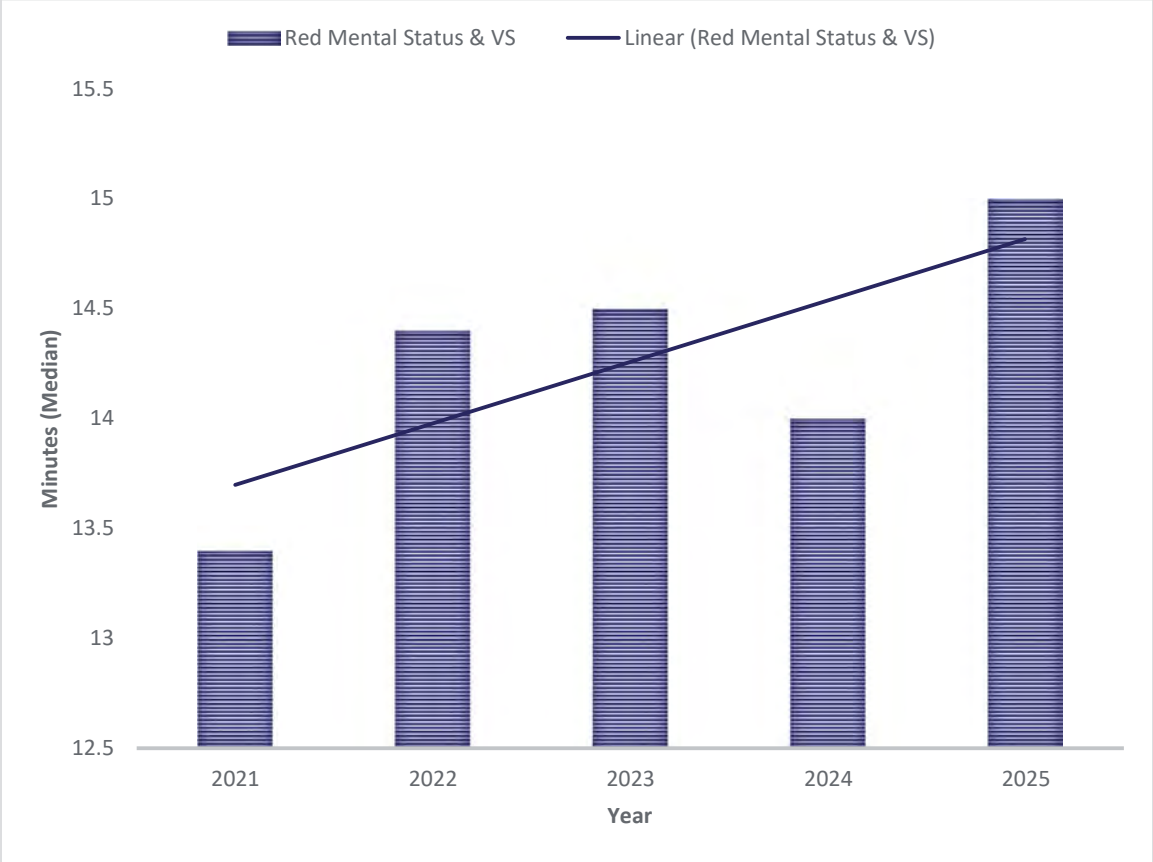
Southern Nevada Median Transport Time in Minutes by Category, 2021-2025

Southern Nevada Median Transport Time by Category, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Red Mental Status & VS (Step 1)	N	638	743	688	757	724
	Median (Decimal Time in Minutes)	13.4	14.4	14.5	14	15
	Median (Minutes & Seconds)	13m 24s	14m 24s	14m 30s	14m 0s	15m 0s
Red Injury Patterns (Step 2)	N	768	663	666	762	1058
	Median (Decimal Time in Minutes)	13.2	13	13.8	14.2	14.4
	Median (Minutes & Seconds)	13m 12s	13m 0s	13m 48s	14m 12s	14m 24s
Yellow Mechanism of Injury (Step 3)	N	3968	3688	3778	3665	2394
	Median (Decimal Time in Minutes)	15.6	15.8	16.2	16	16
	Median (Minutes & Seconds)	15m 36s	15m 48s	16m 12s	16m 0s	16m 0s
Yellow EMS Judgement (Step 4)	N	6250	6735	6385	6209	6364
	Median (Decimal Time in Minutes)	16.2	16.4	17.4	17.2	16.8
	Median (Minutes & Seconds)	16m 12s	16m 24s	17m 24s	17m 12s	16m 48s
Other	N	2	5	10	38	2

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Southern Nevada Red Mental Status & VS Median Transport Time, 2021-2025

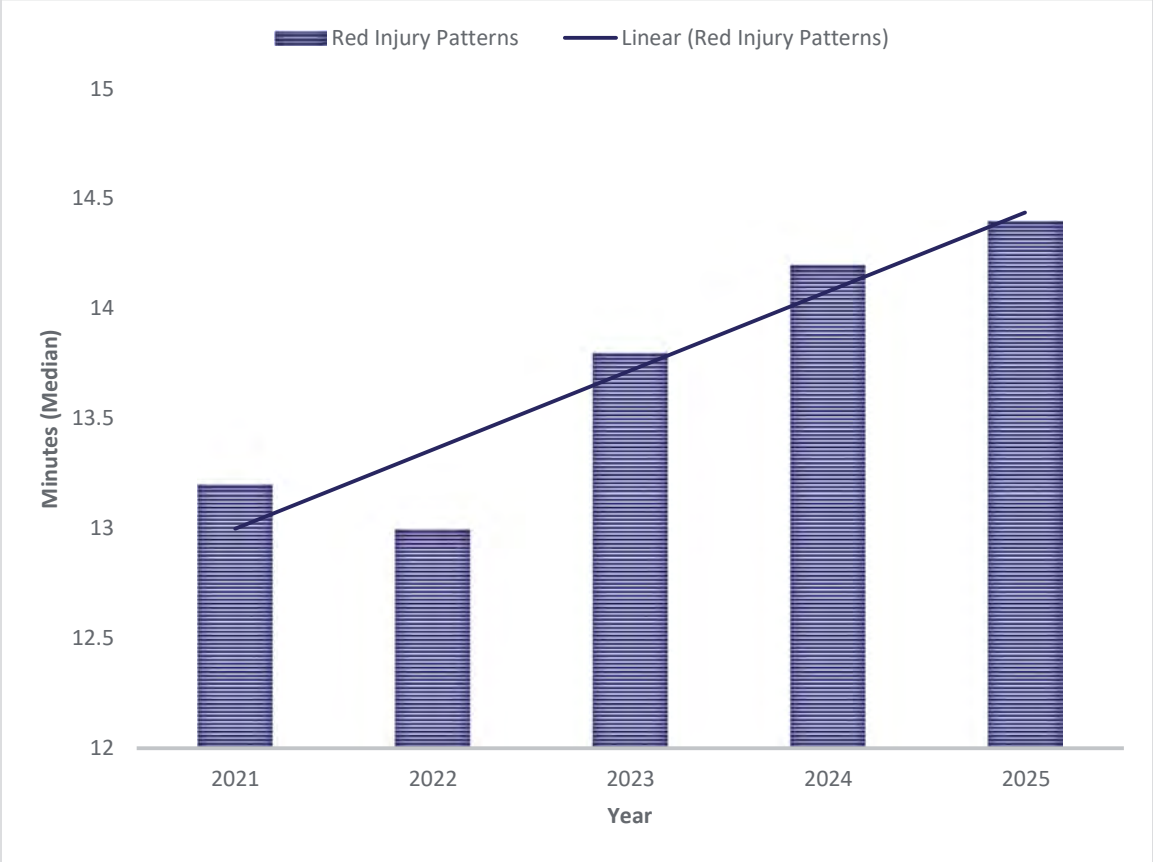


Southern Nevada Red Mental Status & VS Median Transport Time, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Red Mental Status & VS	N	638	743	688	757	724
	Median (Decimal Time in Minutes)	13.4	14.4	14.5	14	15
	Median (Minutes & Seconds)	13m 24s	14m 24s	14m 30s	14m 0s	15m 0s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Southern Nevada Red Injury Patterns Median Transport Time, 2021-2025

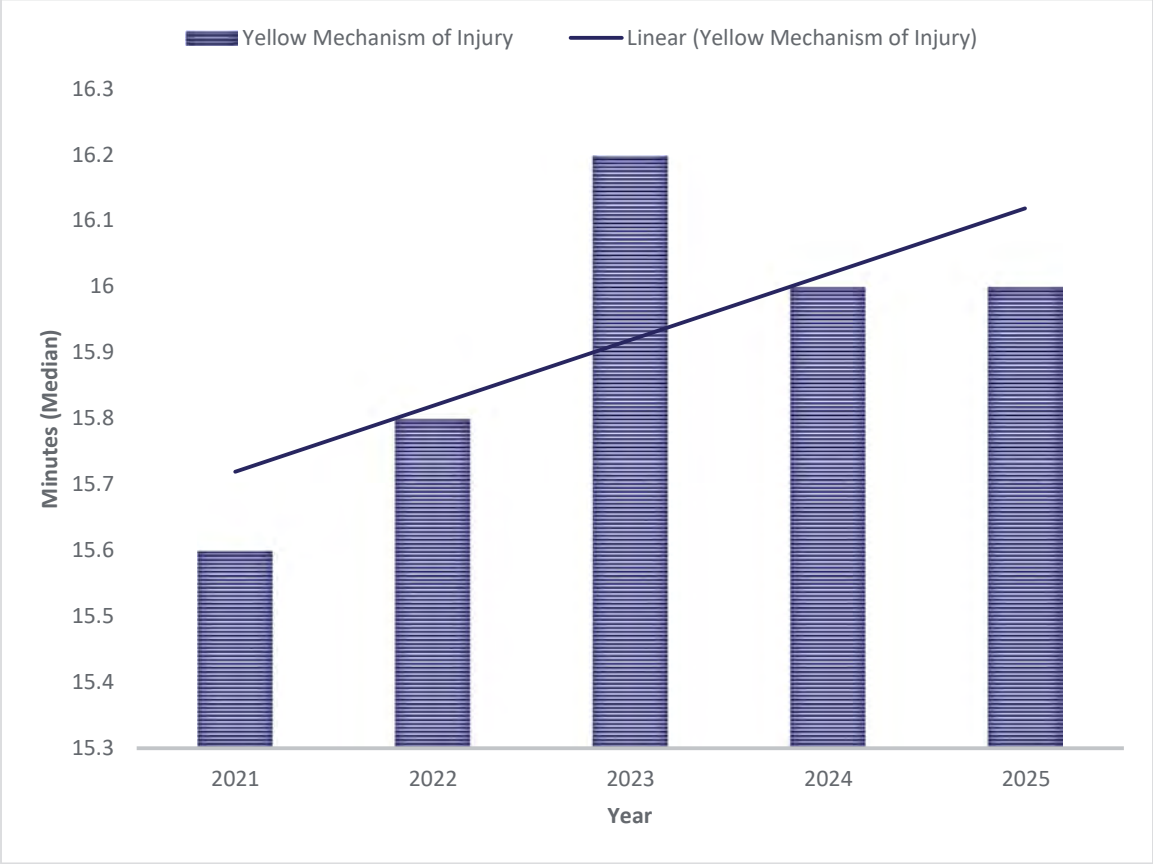


Southern Nevada Red Injury Patterns Median Transport Time, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Red Injury Patterns	N	768	663	666	762	1058
	Median (Decimal Time in Minutes)	13.2	13	13.8	14.2	14.4
	Median (Minutes & Seconds)	13m 12s	13m 0s	13m 48s	14m 12s	14m 24s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Southern Nevada Yellow Mechanism Median Transport Time, 2021-2025

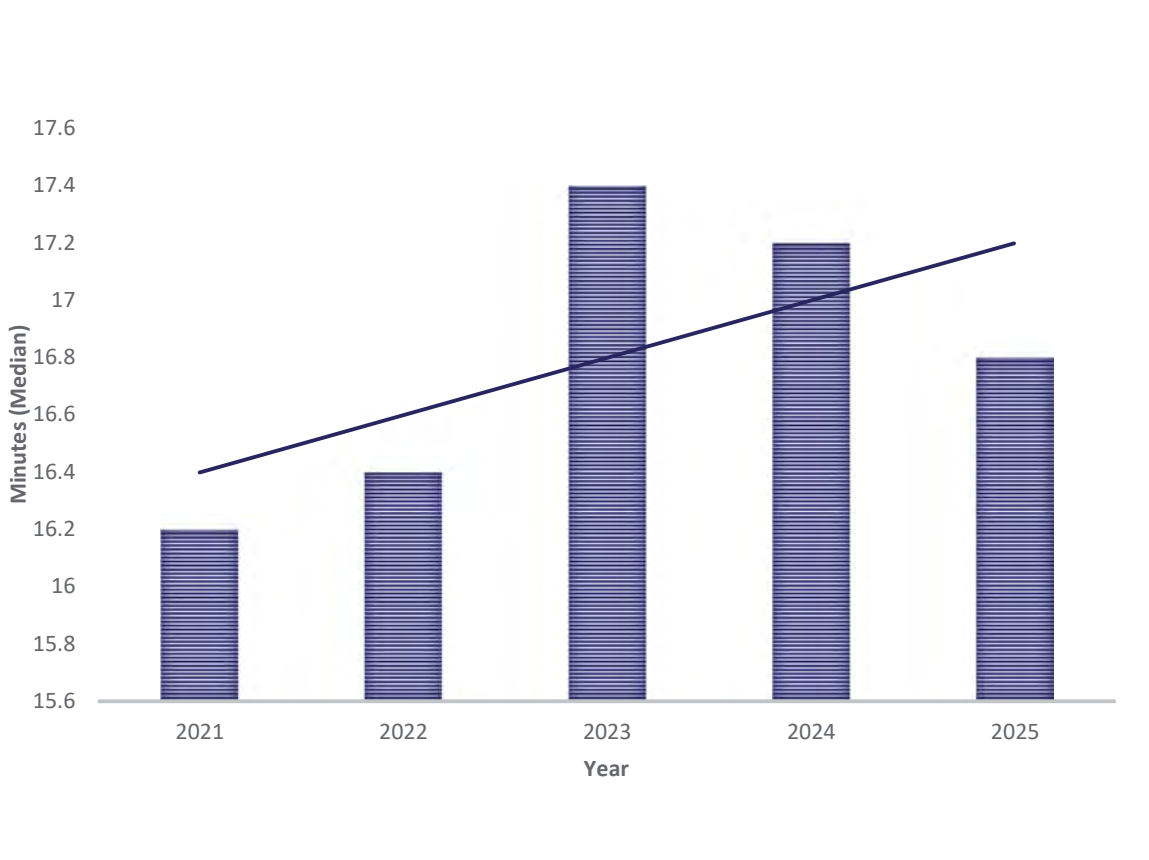


Southern Nevada Yellow Mechanism of Injury Median Transport Time, 2021-2025						
		Year				
		2021	**2022**	**2023**	**2024**	**2025**
Yellow Mechanism of Injury	N	3968	3688	3778	3665	2394
	Median (Decimal Time in Minutes)	15.6	15.8	16.2	16	16
	Median (Minutes & Seconds)	15m 36s	15m 48s	16m 12s	16m 0s	16m 0s

Source: SNHD TFTC Data

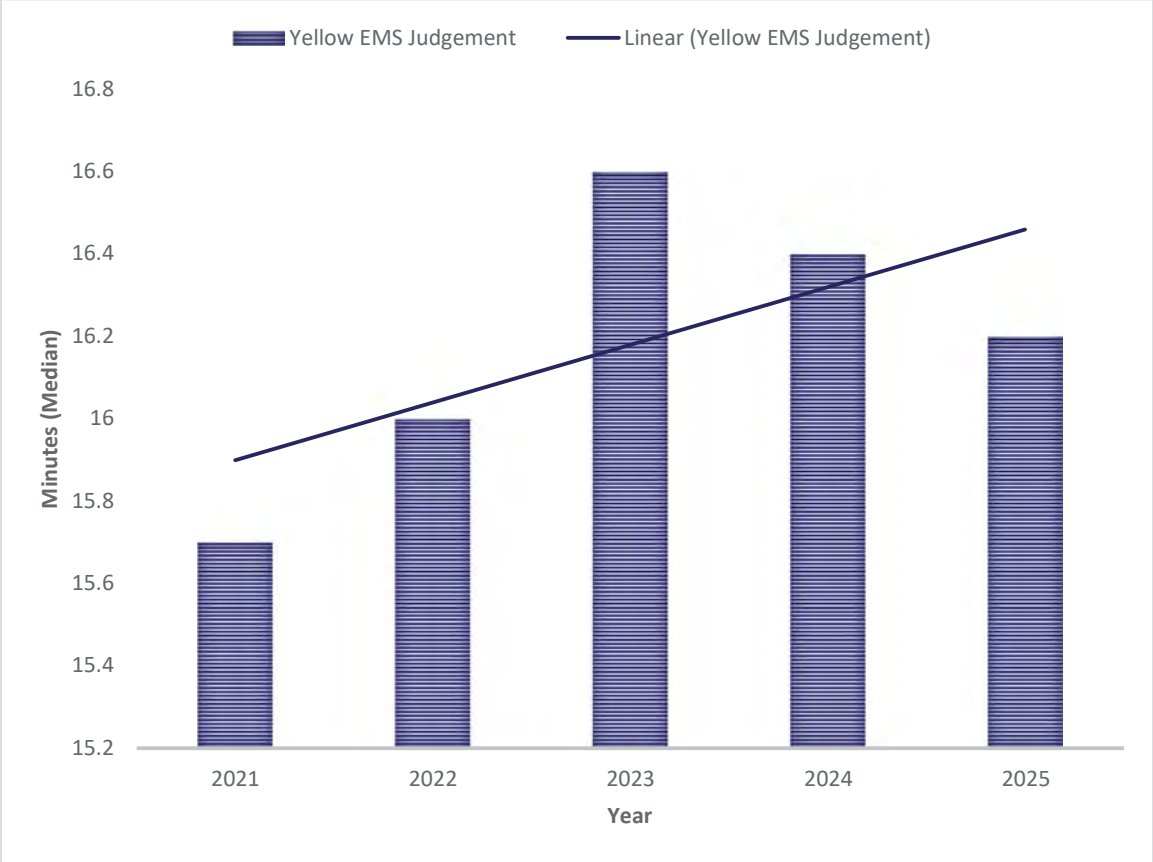
Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Southern Nevada Yellow EMS Judgement Median Transport Time, 2021-2025



Southern Nevada Yellow EMS Judgement Median Transport Time, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Yellow EMS Judgement	N	6250	6735	6385	6209	6364
	Median (Decimal Time in Minutes)	16.2	16.4	17.4	17.2	16.8
	Median (Minutes & Seconds)	16m 12s	16m 24s	17m 24s	17m 12s	16m 48s
Source: SNHD TFTC Data						
Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.						

Southern Nevada (Composite) Median Transport Time – All Categories, 2021-2025

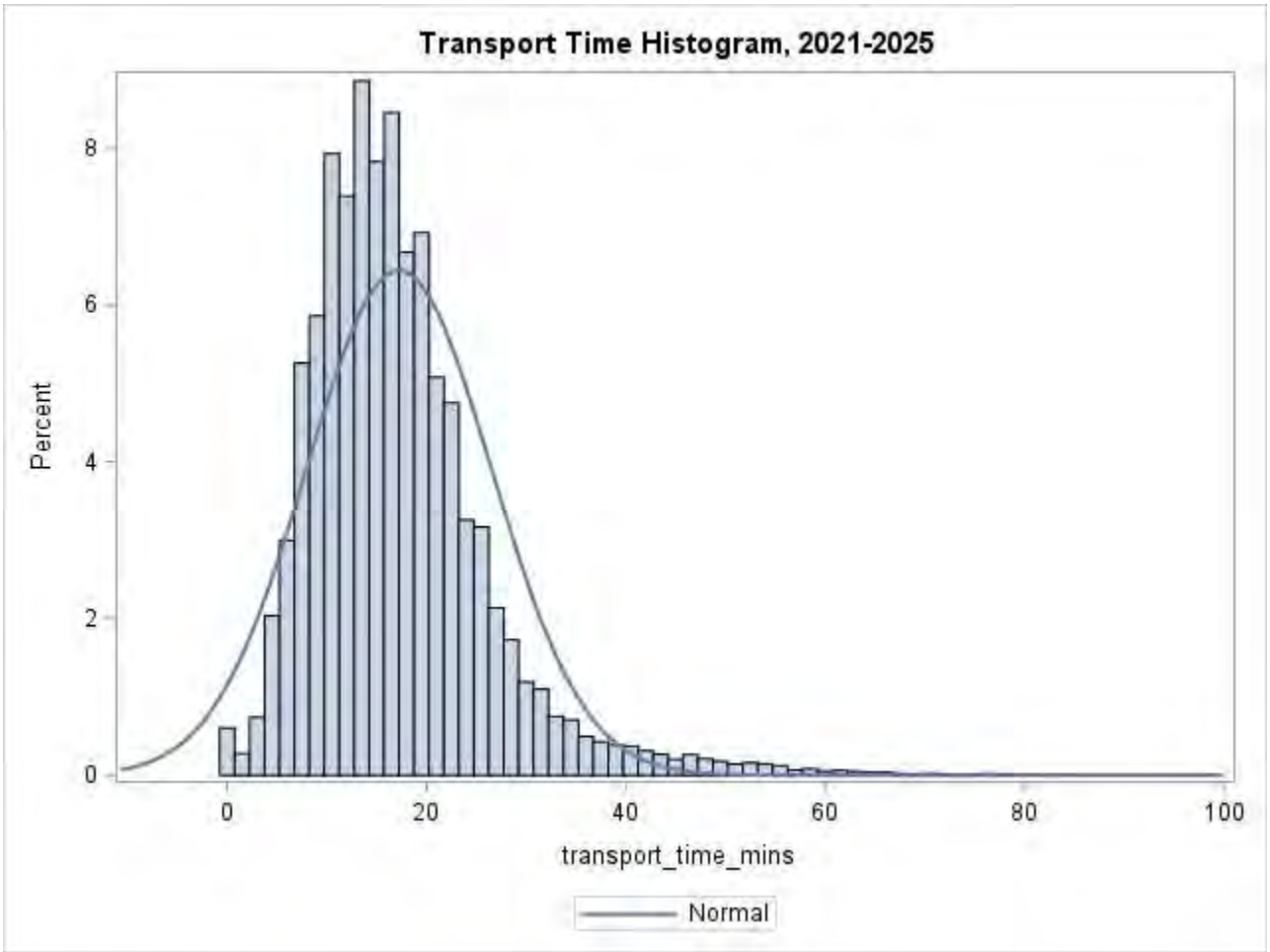


Southern Nevada Median Transport Time – All Categories, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
All Categories	N	11626	11834	11527	11431	10542
	Median (Decimal Time in Minutes)	15.7	16	16.6	16.4	16.2
	Median (Minutes & Seconds)	15m 42s	16m 0s	16m 36s	16m 24s	16m 12s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Histogram and Interquartile Range of Transport Time, 2021-2025



Interquartile Range of Transport Time, 2021-2025					
	Year				
	2021	**2022**	**2023**	**2024**	**2025**
25th Percentile Transport Time (Minutes)	10m 48s	11m 0s	11m 36s	11m 24s	11m 24s
50th Percentile Transport Time (Minutes)	15m 12s	15m 36s	16m 12s	16m 0s	15m 48s
75th Percentile Transport Time (Minutes)	20m 36s	21m 0s	21m 36s	21m 24s	21m 12s
Quartile Range Transport Time (Minutes)	9m 48s	10m 0s	10m 0s	10m 0s	9m 48s
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Histogram is restricted to show transport times between values greater than 0 and less than or equal to 100.					

TFTC Incidents by Transport Time and Category, 2021-2025

TFTC Incidents by Transport Time and Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
>15 Minutes					
Red Mental Status & VS (1)	271	370	350	361	406
Red Injury Patterns (2)	321	278	300	369	543
Yellow Mechanism of Injury (3)	2264	2154	2260	2165	1436
Yellow EMS Judgement (4)	3869	4261	4341	4181	4087
>20 Minutes					
Red Mental Status & VS (1)	135	197	158	170	221
Red Injury Patterns (2)	157	149	140	181	291
Yellow Mechanism of Injury (3)	1171	1174	1234	1151	809
Yellow EMS Judgement (4)	2098	2303	2457	2320	2220
>25 Minutes					
Red Mental Status & VS (1)	62	84	75	82	92
Red Injury Patterns (2)	83	67	66	85	145
Yellow Mechanism of Injury (3)	613	627	638	595	385
Yellow EMS Judgement (4)	1021	1147	1249	1080	990
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

Percentage of TFTC Incidents with Transport Time ≤15, 2021-2025

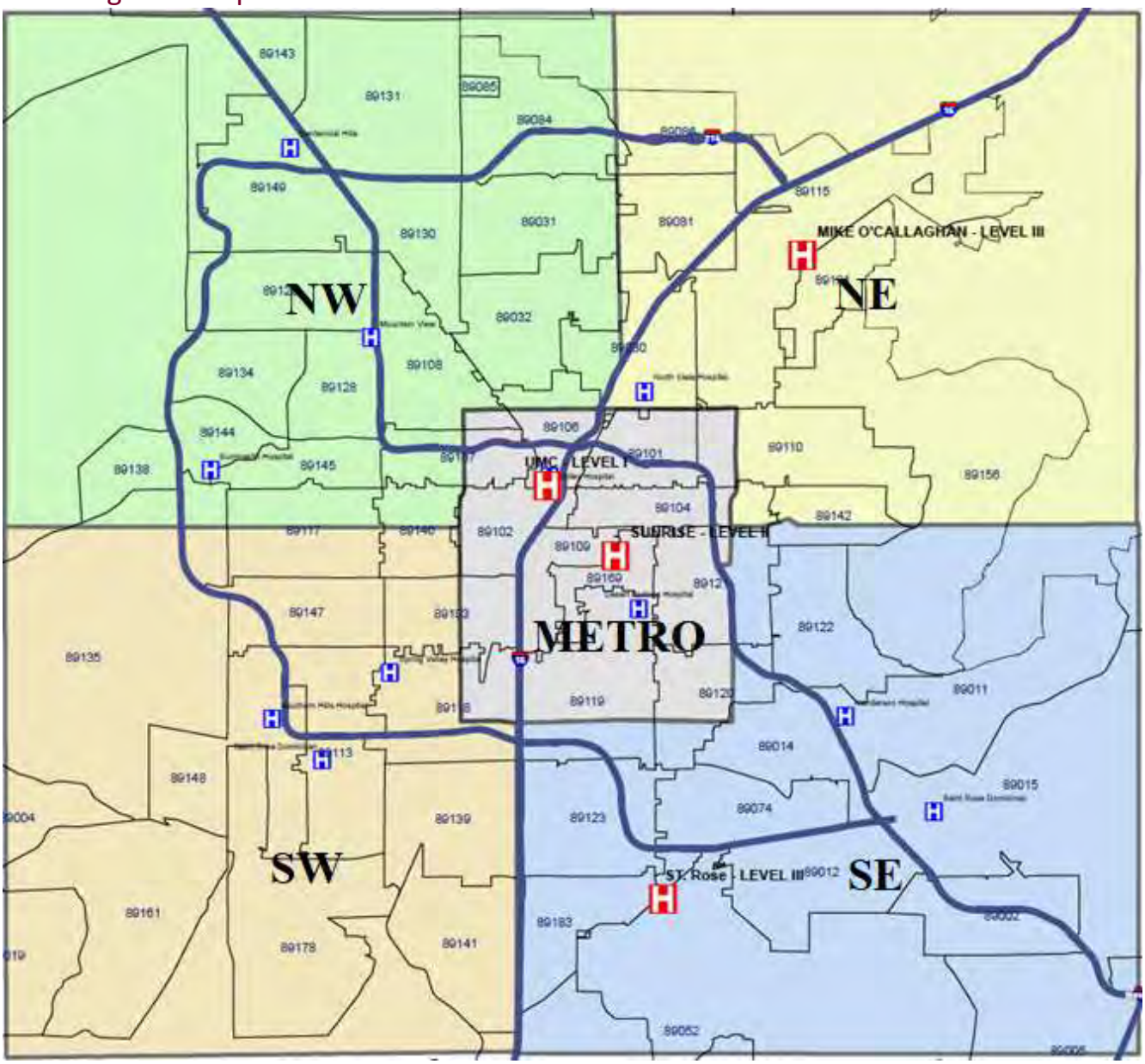
Percentage of TFTC Incidents with Transport Time ≤15 Minutes, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
≤15 Minutes					
Red Mental Status & VS (1)	494	508	426	506	482
Total	765	878	776	867	888
%	64.66%	57.92%	54.90%	58.36%	54.28%
Red Injury Patterns (2)	598	518	452	489	667
Total	919	796	752	858	1210
%	65.07%	65.08%	60.11%	56.99%	55.12%
Yellow Mechanism of Injury (3)	2205	2024	1839	1853	1236
Total	4469	4178	4099	4018	2672
%	49.34%	48.46%	44.86%	46.12%	46.26%
Yellow EMS Judgement (4)	3310	3421	2888	2986	3120
Total	7179	7682	7229	7167	7207
%	46.11%	44.53%	39.95%	41.66%	43.29%
Other	2	3	5	25	0
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds.					

TFTC Regional Incidents

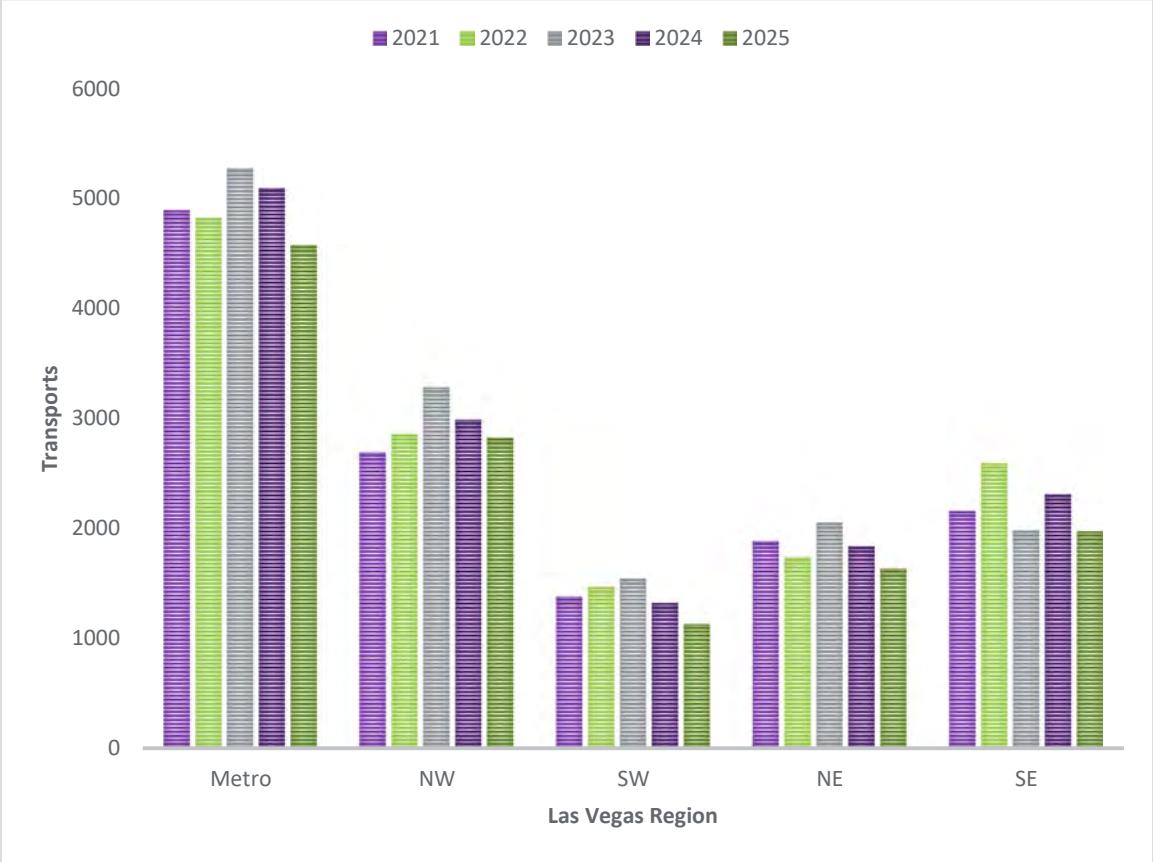
Intent

TFTC Regional Incidents is provided to analyze trauma in Southern Nevada's metropolitan area. Divided into five regions that contain unique geographical, socioeconomic, and infrastructure, the transport times and number of incidents are intended to identify barriers to access to care. This further develops an approach to monitor unmet needs to create new capacity when and where needed. The five regions were agreed upon by the RTAB, TMAC, and generated by OEMSTS. (Note: These regions are not catchment areas.)

TFTC Regional Map



TFTC Incident Total by Las Vegas Region, 2021-2025



TFTC Transports by Las Vegas Region, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Metro	4900	4833	5286	5101	4584
NW	2698	2864	3291	2997	2834
SW	1387	1473	1549	1328	1135
NE	1892	1746	2061	1844	1644
SE	2166	2600	1987	2318	1982
Total	13043	13516	14174	13579	12179
Source: SNHD TFTC Data					
Note: Only includes transports with a category designation					

TFTC Transports by Las Vegas Region and Category, 2021-2025

TFTC Transports by Las Vegas Region and Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)					
Metro	307	324	317	332	348
NW	138	197	195	177	188
SW	87	79	91	102	90
NE	100	132	139	145	96
SE	124	147	111	158	203
Red Injury Patterns (Step 2)					
Metro	386	353	330	369	457
NW	149	136	143	162	259
SW	54	58	73	60	124
NE	155	130	159	167	178
SE	156	133	114	141	203
Yellow Mechanism of Injury (Step 3)					
Metro	1408	1377	1475	1537	947
NW	944	882	1026	944	703
SW	539	508	603	488	288
NE	632	557	723	631	385
SE	791	794	617	636	325
Yellow EMS Judgement (Step 4)					
Metro	2799	2779	3164	2863	2832
NW	1467	1649	1927	1714	1684
SW	707	828	782	678	633
NE	1005	927	1040	901	985
SE	1095	1526	1145	1374	1251
Source: SNHD TFTC Data					
Note: Only includes transports with a category designation.					

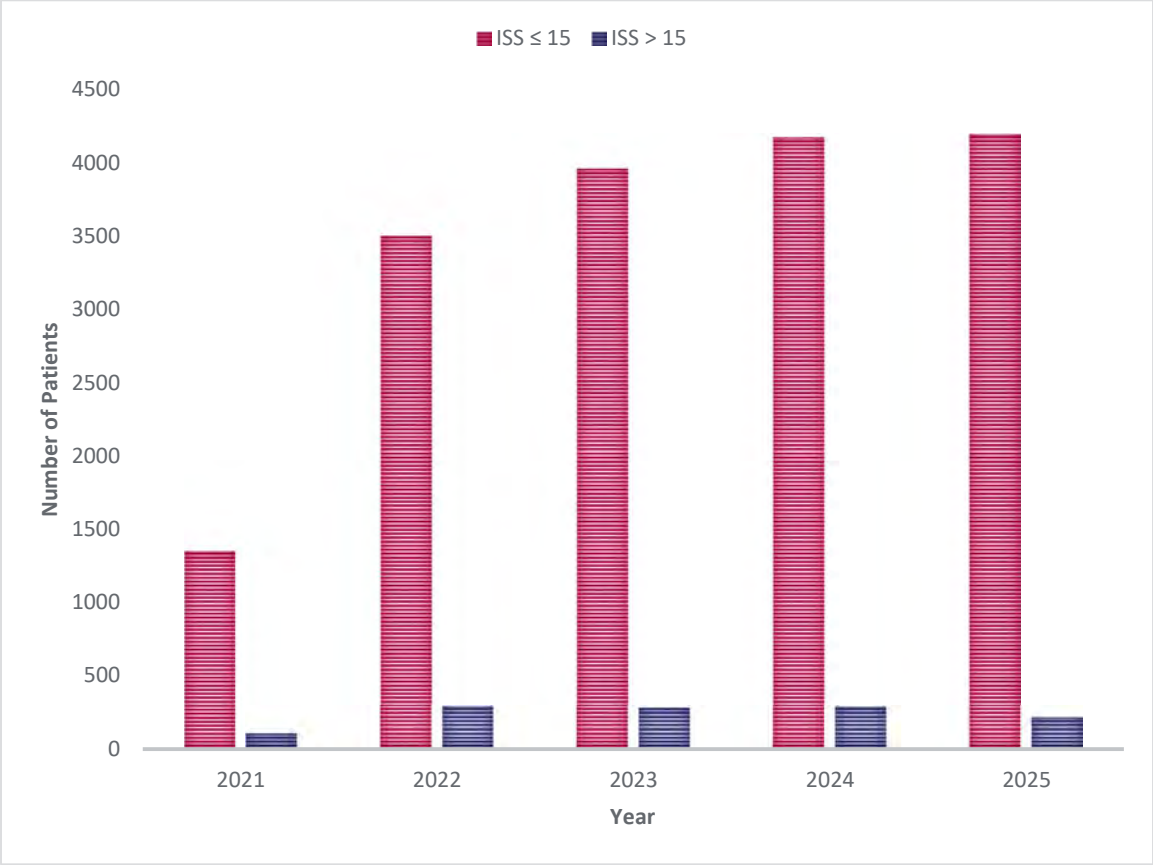
Non-Trauma Center Hospital Data

Intent

Non-Trauma Center Hospital Data is provided to analyze trauma outside of the four designated trauma centers. Due to the inclusion criteria and collection methods, the NV State Trauma Registry and the TFTC Trauma Center Trauma Registry are incompatible. Patients identified as meeting trauma inclusion criteria at non-trauma hospitals are still part of Southern Nevada's inclusive trauma system. Since the two data sets cannot be combined, an accurate calculation of overtriage and undertriage is not possible. Still, it is important to capture and analyze all trauma within our community to determine capacity and injury prevention needs.

Note: The Injury Severity Score (ISS) is a system for numerically stratifying injury severity, which correlates with mortality, morbidity, and other severity measures. The risk of death increases with a higher score. It requires extensive training and experience to calculate and determine the score. This report categorizes an ISS score that is equal to or less than 15 as minor or moderate. A score greater than 15 is considered severe to very severe.

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Southern Nevada, 2021-2025



Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Southern Nevada, 2021-2025					
	ISS ≤ 15				
	2021	**2022**	**2023**	**2024**	**2025**
All	1357	3507	3966	4181	4202
	ISS > 15				
All	110	294	282	291	216
Source: State Trauma Registry data					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2021-2025

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	0	1	1	0	2
Centennial Hills Hospital	8	16	23	32	16
*Desert Springs Hospital Medical Center	1	1	1	5	0
*ER at Valley Vista	0	0	0	1	0
*ER at West Craig	0	0	0	2	0
Henderson Hospital	4	1	1	3	2
*Henderson Hospital - ER at Green Valley	0	1	1	0	1
Mesa View Regional Hospital	0	0	6	10	10
Mountain View Hospital	21	45	25	26	22
*Mountain View Hospital - ER at Aliante	0	1	0	1	0
*Mountain View Hospital - ER at Skye Canyon	0	2	0	0	1
North Vista Hospital	68	155	138	148	134
*Southern Hills - ER at South Las Vegas Blvd.	0	0	0	1	0
*Southern Hills Hospital - ER at the Lakes	0	1	2	1	0
Southern Hills Hospital Medical Center	0	1	13	12	11
*Spring Valley Hospital - ER at Blue Diamond	0	0	1	2	0
Spring Valley Hospital Medical Center	1	4	6	3	1
St. Rose Dominican Hospital - Blue Diamond	0	1	10	4	0
*St. Rose Dominican Hospital - De Lima Campus	2	0	1	0	1
*St. Rose Dominican Hospital - North Las Vegas	0	8	16	14	1
St. Rose Dominican Hospital - San Martin Campus	0	3	3	4	10
*St. Rose Dominican Hospital - West Flamingo	0	3	1	6	0
*St. Rose Dominican Hospital - West Sahara	0	2	8	2	0
Summerlin Hospital Medical Center	4	45	19	9	4
Valley Hospital Medical Center	1	3	6	5	0
All	110	294	282	291	216
Source: State Trauma Registry data **Free-Standing Remote ER*					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) ≤15 by Facility in Southern Nevada, 2021-2025

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	22	58	52	47	61
Centennial Hills Hospital	103	301	349	447	500
*Desert Springs Hospital Medical Center	19	85	64	25	1
*ER at Cadence	0	0	0	9	0
*ER at Desert's Edge	0	0	0	4	0
*ER at North Las Vegas	0	0	0	8	0
*ER at Valley Vista	0	0	0	56	0
*ER at West Craig	0	0	0	32	0
Elite Medical Center	0	0	0	6	0
Henderson Hospital	130	284	425	449	348
*Henderson Hospital - ER at Green Valley Ranch	27	29	31	22	30
Mesa View Regional Hospital	3	59	49	50	37
Mountain View Hospital	358	700	754	717	885
*Mountain View - ER at Aliante	2	26	21	27	59
*Mountain View - ER at Skye Canyon	0	11	10	9	25
North Vista Hospital	3	5	5	8	31
*Southern Hills - ER at South Las Vegas Blvd.	0	17	26	26	27
*Southern Hills - ER at the Lakes	0	13	31	33	44
Southern Hills Hospital Medical Center	8	295	347	411	422
*Spring Valley - ER at Blue Diamond	7	35	68	39	36
Spring Valley Hospital Medical Center	328	655	785	640	640
St. Rose Dominican Hospital - Blue Diamond	6	35	35	45	35
*St. Rose Dominican Hospital - De Lima Campus	61	104	103	104	85
*St. Rose Dominican Hospital - North Las Vegas	14	70	64	86	72
St. Rose Dominican Hospital - San Martin Campus	43	144	157	176	150
*St. Rose Dominican Hospital - West Flamingo	3	25	25	20	22
*St. Rose Dominican Hospital - West Sahara	4	35	47	49	38
Summerlin Hospital Medical Center	202	480	502	619	635
Valley Hospital Medical Center	14	41	16	17	19
All	1357	3507	3966	4181	4202
Source: State Trauma Registry data **Free-Standing Remote ER*					

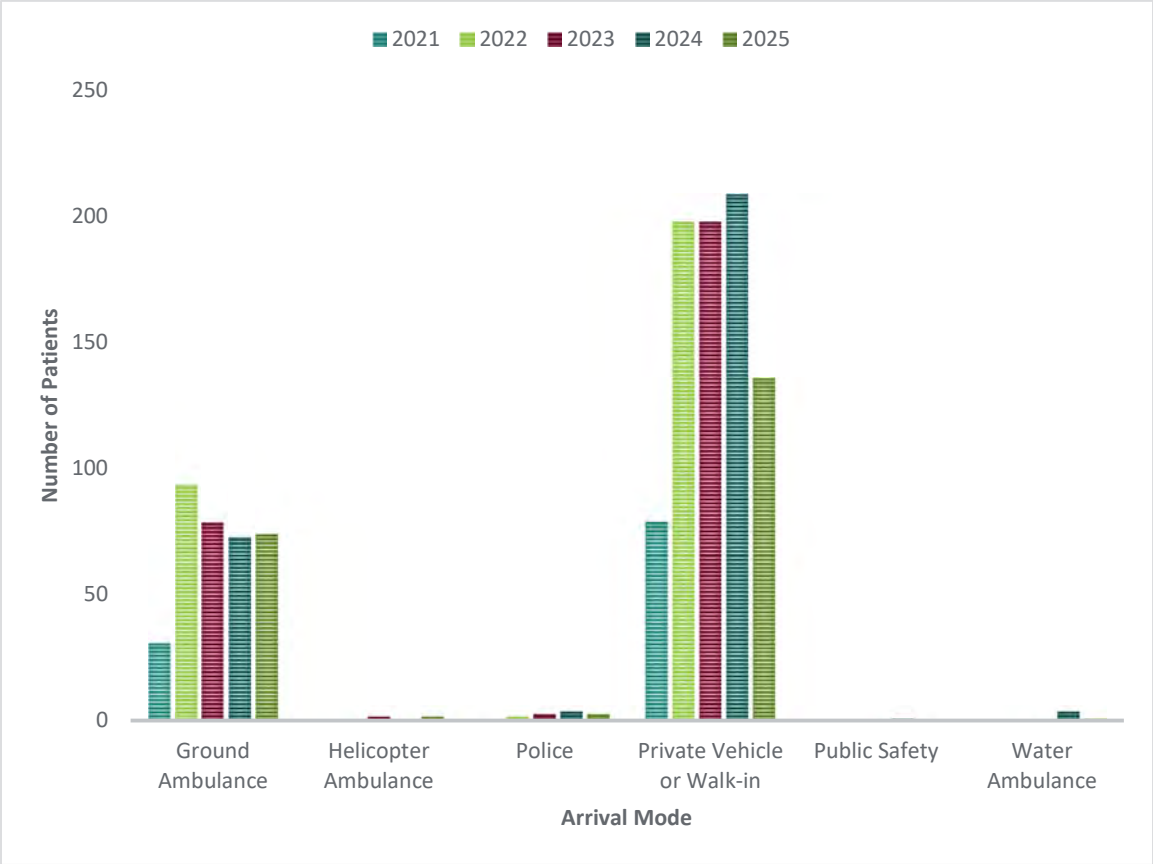
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2021-2025

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	0	1	0	0	2
Centennial Hills Hospital	8	13	11	23	7
*Desert Springs Hospital Medical Center	1	1	1	4	0
*ER at Valley Vista	0	0	0	1	0
Henderson Hospital	1	1	0	1	1
*Henderson Hospital - ER at Green Valley	0	1	1	0	1
Mesa View Regional Hospital	0	0	2	6	4
Mountain View Hospital	1	3	1	0	0
*Mountain View Hospital - ER at Aliante	0	0	0	0	0
*Mountain View Hospital - ER at Skye Canyon	0	2	0	0	0
North Vista Hospital	65	153	137	148	132
*Southern Hills Hospital - ER at the Lakes	0	0	1	0	0
Southern Hills Hospital Medical Center	0	0	1	0	0
*Spring Valley Hospital - ER at Blue Diamond	0	0	1	0	0
Spring Valley Hospital Medical Center	1	0	2	2	0
St. Rose Dominican Hospital - Blue Diamond	0	0	9	4	0
*St. Rose Dominican Hospital - De Lima Campus	2	0	1	0	1
*St. Rose Dominican Hospital - North Las Vegas	0	8	15	13	1
St. Rose Dominican Hospital - San Martin Campus	0	3	3	4	6
*St. Rose Dominican Hospital - West Flamingo	0	3	1	6	0
*St. Rose Dominican Hospital - West Sahara	0	2	7	2	0
Summerlin Hospital Medical Center	3	29	12	7	2
Valley Hospital Medical Center	1	3	6	5	0
All	83	223	212	226	157
Source: State Trauma Registry data **Free-Standing Remote ER*					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) <= 15 by Facility in Southern Nevada, 2021-2025

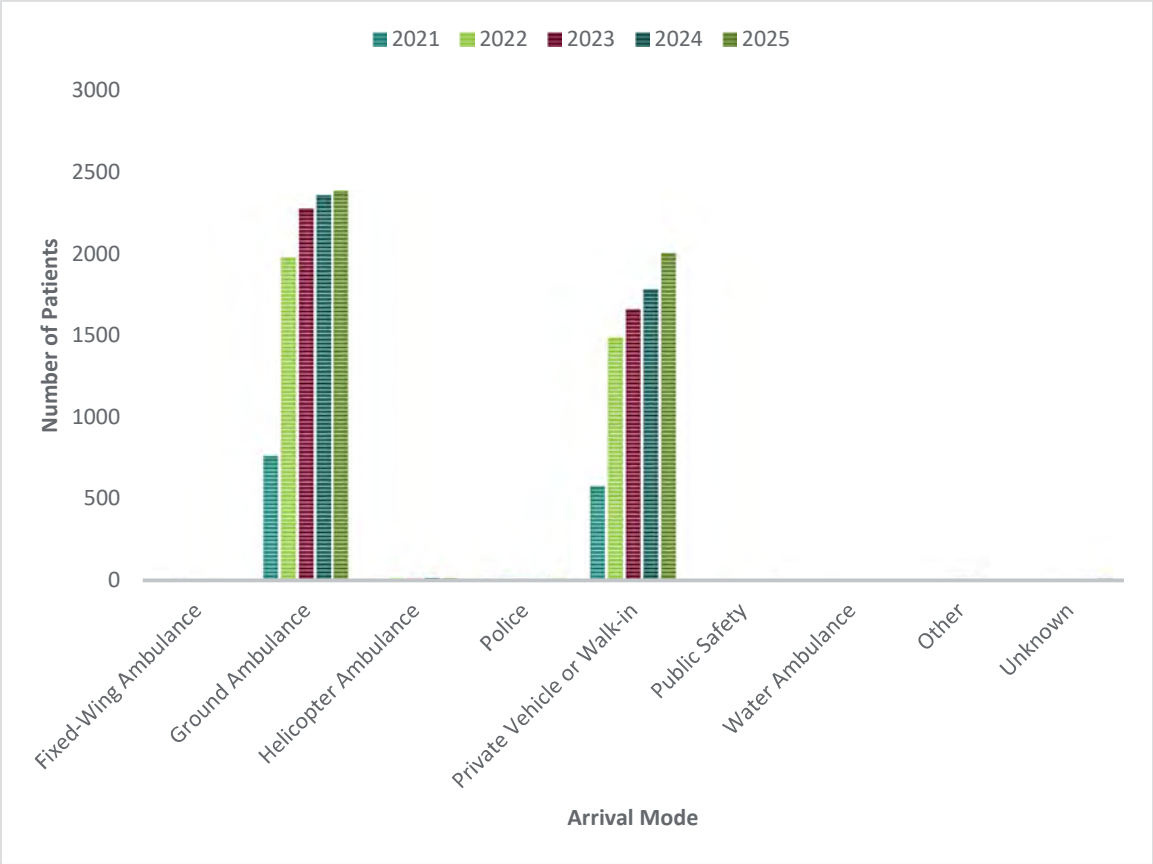
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	11	43	31	23	30
Centennial Hills Hospital	29	57	57	51	78
*Desert Springs Hospital Medical Center	19	40	27	11	1
*ER at Cadence	0	0	0	3	0
*ER at North Las Vegas	0	0	0	7	0
*ER at Valley Vista	0	0	0	12	0
*ER at West Craig	0	0	0	7	0
Elite Medical Center	0	0	0	6	0
Henderson Hospital	44	90	75	88	75
*Henderson Hospital - ER at Green Valley	7	15	18	13	26
Mesa View Regional Hospital	1	23	21	15	15
Mountain View Hospital	24	56	17	7	3
*Mountain View Hospital - ER at Aliante	1	11	0	2	0
*Mountain View Hospital - ER at Skye Canyon	0	2	0	1	0
North Vista Hospital	3	5	5	8	31
*Southern Hills Hospital - ER at South Las Vegas Blvd.	0	9	1	0	0
*Southern Hills Hospital - ER at the Lakes	0	5	5	1	0
Southern Hills Hospital Medical Center	7	50	2	2	0
*Spring Valley Hospital - ER at Blue Diamond	2	19	24	14	11
Spring Valley Hospital Medical Center	41	71	72	54	69
St. Rose Dominican Hospital - Blue Diamond	3	30	27	30	21
*St. Rose Dominican Hospital - De Lima Campus	46	77	75	79	71
*St. Rose Dominican Hospital - North Las Vegas	12	61	54	64	60
St. Rose Dominican Hospital - San Martin Campus	0	35	60	73	45
*St. Rose Dominican Hospital - West Flamingo	1	21	15	10	12
*St. Rose Dominican Hospital - West Sahara	4	27	35	37	29
Summerlin Hospital Medical Center	52	93	82	85	116
Valley Hospital Medical Center	14	41	16	17	16
All	321	881	719	720	709
Source: State Trauma Registry data **Free-Standing Remote ER*					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 by Arrival Mode in Southern Nevada, 2021-2025



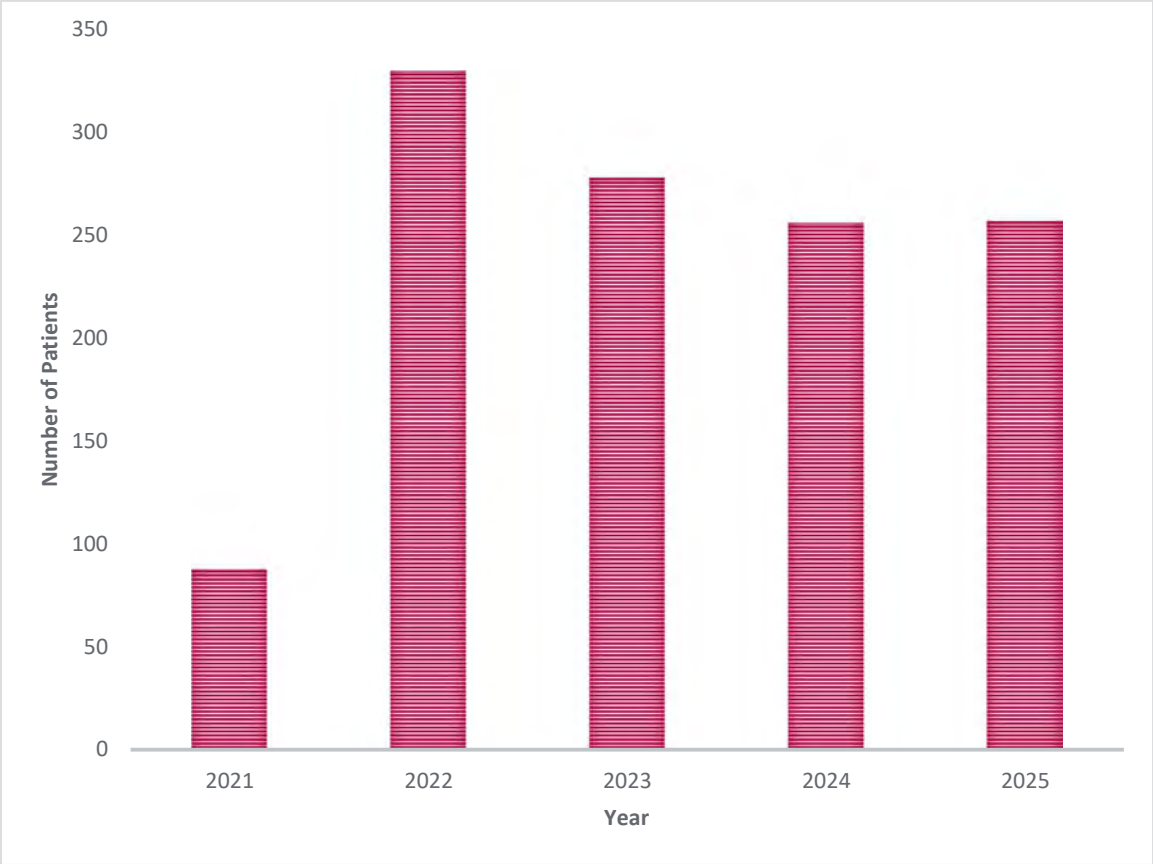
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Arrival Mode in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Ground Ambulance	31	94	79	73	74
Helicopter Ambulance	0	0	2	0	2
Police	0	2	3	4	3
Private Vehicle or Walk-in	79	198	198	209	136
Public Safety	0	0	0	1	0
Water Ambulance	0	0	0	4	1
All	110	294	282	291	217
Source: State Trauma Registry data					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 by Arrival Mode in Southern Nevada, 2021-2025



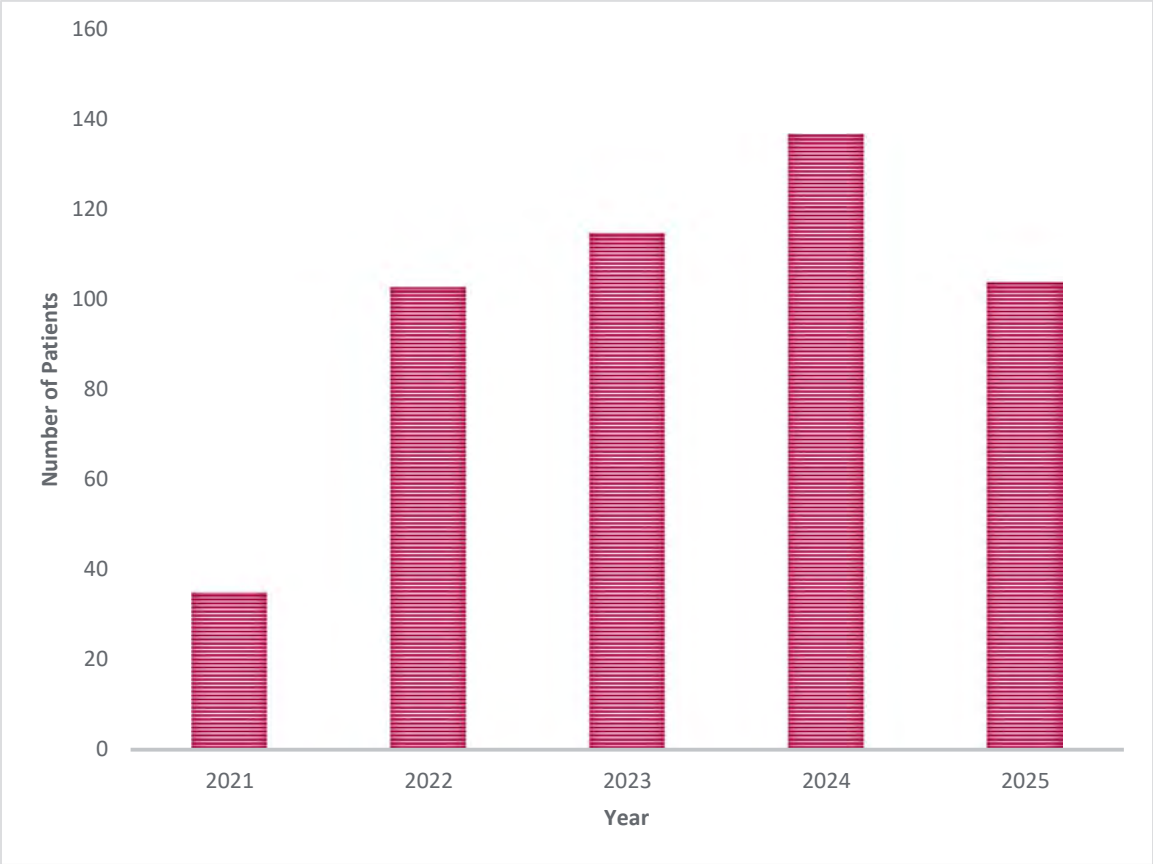
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) <= 15 by Arrival Mode in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Fixed-Wing Ambulance	1	7	1	1	0
Ground Ambulance	768	1982	2281	2363	2387
Helicopter Ambulance	3	15	11	19	16
Police	2	6	6	7	11
Private Vehicle or Walk-in	581	1491	1664	1784	2007
Public Safety	0	1	0	0	1
Water Ambulance	0	1	0	0	0
Other	2	3	3	6	0
Unknown	0	1	0	1	12
All	1357	3507	3966	4181	4486
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025



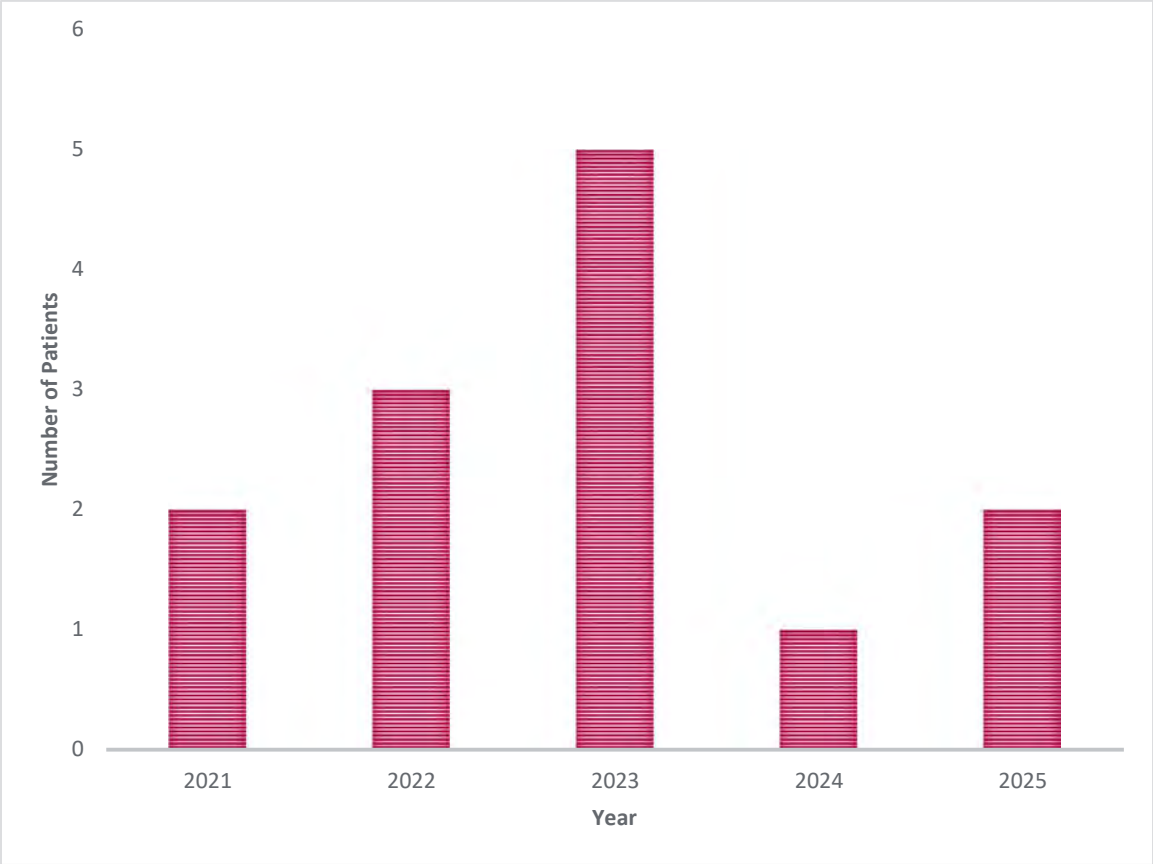
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	88	330	278	256	257
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) ≤15 in Southern Nevada, 2021-2025



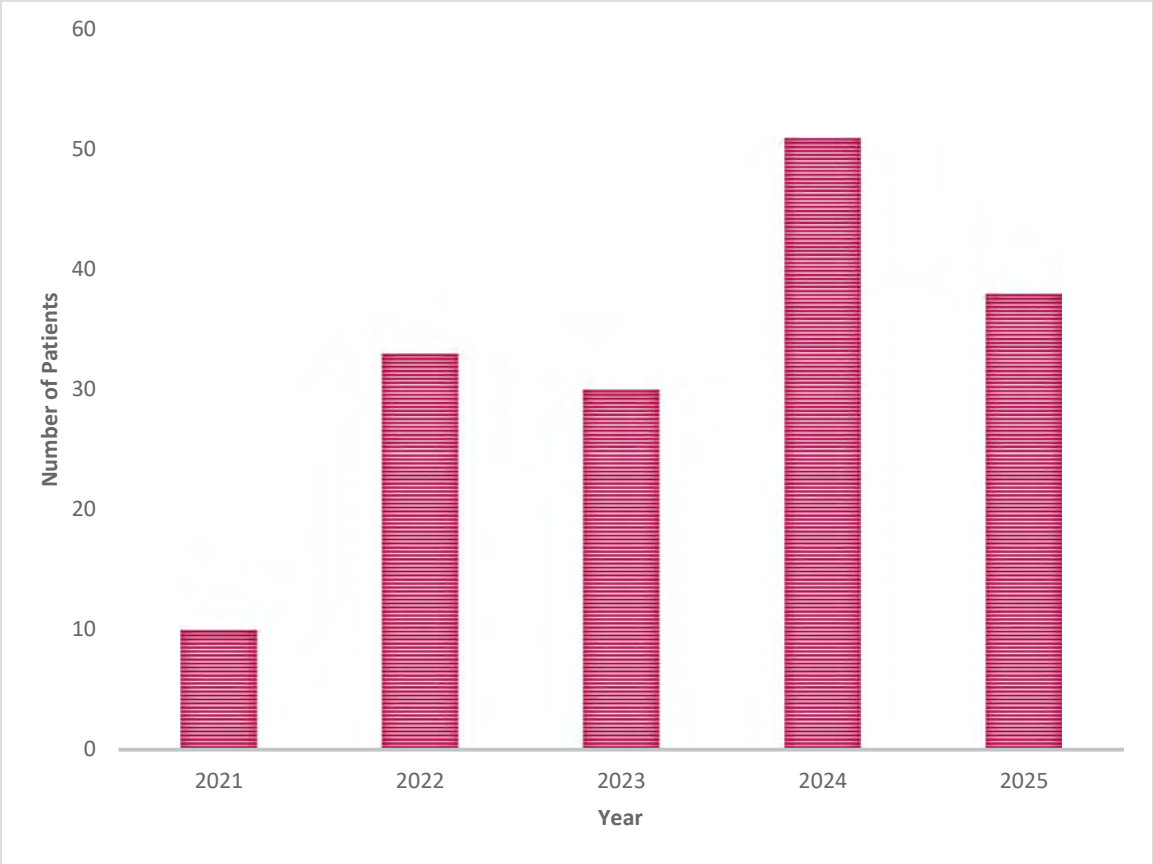
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) <=15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	35	103	115	137	104
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025



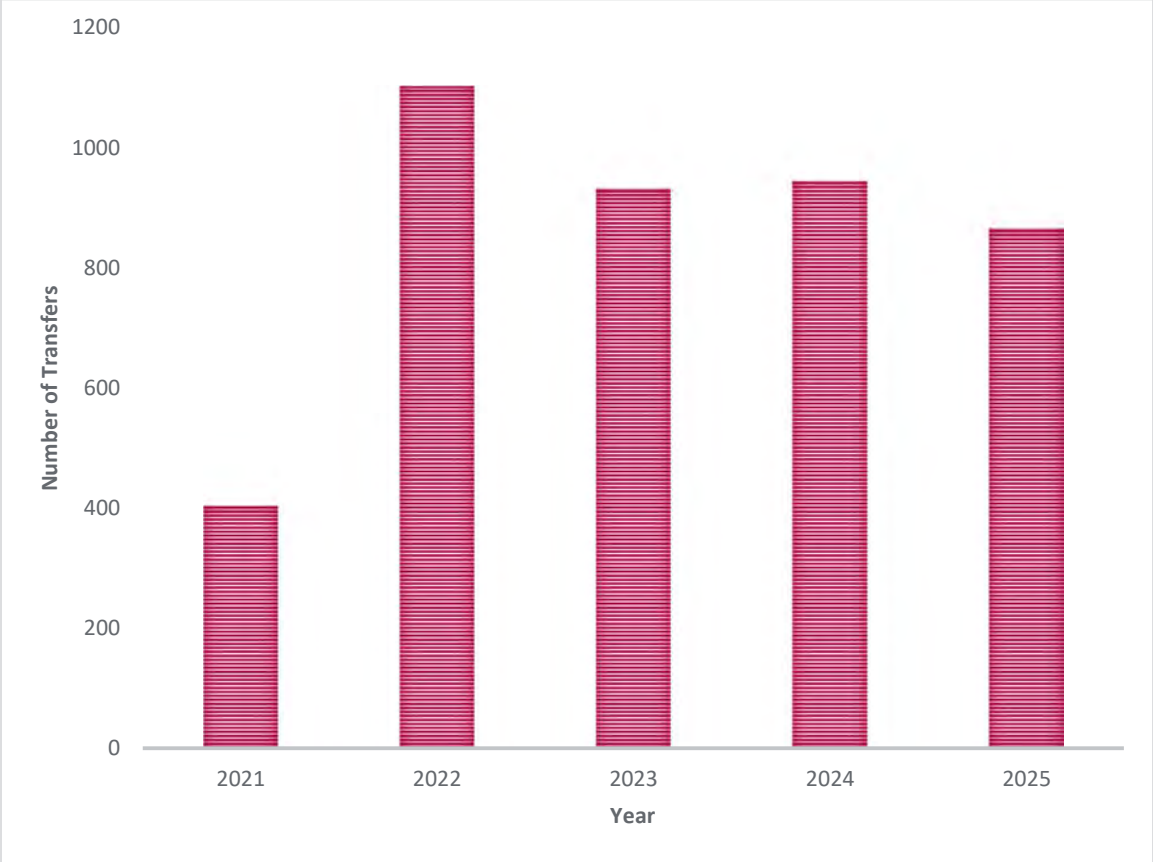
Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	2	3	5	1	2
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 in Southern Nevada, 2021-2025



Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) <=15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	10	33	30	51	38
Source: State Trauma Registry data					

Transfers to Southern Nevada Trauma Centers from Non-Trauma Centers, 2021-2025



Transfers into Southern Nevada Trauma Centers from Non-Trauma Centers, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	405	1104	933	946	867
Source: State Trauma Registry data					

Emergency Department and Trauma Center Hours, 2021-2025

Intent

Southern Nevada's inclusive trauma system includes designated Trauma Centers and Non-Trauma Center Hospitals (Emergency Departments). Traditionally, Emergency Departments (ED) met the demands of trauma-related injuries. Trauma Centers were developed to provide an expedited resource for the optimal care of trauma patients. When there is a designated Trauma Center, the trauma system is designed to transport the patient to the most appropriate destination, bypassing EDs that may be closer. Most Trauma Centers are integrated into EDs but function separately. All hospitals (EDs & Trauma Centers) must develop protocols to manage a crisis that may require closure. The crisis may be that capacity is met, and no additional patients can be received, or that an internal disaster/failure (e.g., infrastructure, technology, medical professionals) requires closure. The protocols developed to manage the closure of an ED and Trauma Center are separate. An ED may declare it is on Internal Disaster, but that declaration would never include the Trauma Center. A Trauma Center, even if an integrated part of an ED, will remain open and be able to receive trauma patients while the ED is closed. When a Trauma Center closes, it is called Trauma Bypass. It is rare for a Trauma Center to close. As part of the ACS-COT verification process, a Trauma Center must not be on bypass more than 5 percent of the time.

Definitions specific to Southern Nevada Trauma System and Emergency Medical System:

Trauma Bypass- Closure of a Trauma Center. If Trauma Bypass, which is a mandated reported requirement, the center cannot take patients. All EMS agencies can view this real-time status via telemetry. The time spent on trauma bypass is regularly reviewed at TMAC and is part of ACS-COT criteria.

Internal Disaster- Closure of an Emergency Department. If on Internal Disaster, the ED is not able to take patients. All EMS agencies can view this real-time status via telemetry.

Operational Hours for Emergency Departments and Trauma Centers, 2021-2025

* Source: Juvare EMS Data System

University Medical Center	2021	2022	2023	2024	2025
ED Open Total Hours	8510	8518	8440	8517	8727
ED Closed Total Hours	250	242	320	267	33
ED % of Total Hours Open	97%	97%	96.3%	97.0%	99.6%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

Sunrise Hospital	2021	2022	2023	2024	2025
ED Open Total Hours	8760	8760	8760	8784	8760
ED Closed Total Hours	0	0	0	0	0
ED % of Total Hours Open	100%	100%	100%	100%	100%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

St. Rose Siena	2021	2022	2023	2024	2025
ED Open Total Hours	8188	8480	8708	8783	8760
ED Closed Total Hours	572	280	52	1	0
ED % of Total Hours Open	94%	97%	99.4%	99.99%	100%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

Michael O'Callaghan	2021	2022	2023	2024	2025
ED Open Total Hours	N/A	8732	8746	8745	8757
ED Closed Total Hours	N/A	28	14	39	3
ED % of Total Hours Open	N/A	99%	99.8%	99.6%	99.9%
Trauma Center Bypass Event Hours	N/A	0	15	35	4.3
Trauma Center % Open	N/A	100%	99.8%	99.6%	99.0%

Southern NV Hospitals					
	2021	**2022**	**2023**	**2024**	**2025**
ED Open Total Hours	243k	269k	262k	278K	320k
ED Closed Total Hours	3073	2245	3639	648	190
ED % of Total Hours Open	98%	99%	98.6%	99.8%	99.9%
Trauma Centers Bypass Event Hours	0	0	15	35	4
Trauma Centers % Open	100%	100%	99.9%	99.9%	99.99%

Trauma Medical Audit Committee

The Trauma Medical Audit Committee (TMAC) is a multidisciplinary, closed medical peer review committee of the District Board of Health that meets quarterly. Its purpose is to evaluate the Southern Nevada trauma system by reviewing trauma care, monitoring system performance, identifying trends, and recommending opportunities for continuous quality improvement.

For 2025, the Audit Committee completed its review of the annual trauma system report. The annual data were distributed to all TMAC members for review, and no questions, concerns, or issues were identified regarding the accuracy, completeness, or interpretation of the information presented.

Throughout the year, TMAC continued its routine oversight of key system performance indicators, including:

- Out-of-hospital death data
- EMS system issues and operational concerns
- Internal disaster closure hours reported by the region's designated trauma centers

Based on these reviews:

- TMAC did not identify any significant variances from established trauma protocols or applicable regulations
- TMAC did not observe any system-wide delays in trauma care delivery
- No significant concerns were identified related to out-of-hospital deaths, EMS operations, or trauma center internal disaster closures

The committee appreciates the collaboration of the Southern Nevada trauma centers, EMS agencies, and OEMTS staff in providing comprehensive and timely data for review. TMAC remains committed to ongoing monitoring of system performance and to supporting a transparent, data-driven process that promotes continuous quality improvement throughout the regional trauma system.

Dr. Chris Fisher

TMAC Chair

Appendix A: Trauma Field Triage Criteria

Trauma Field Triage Criteria

RED INJURY PATTERNS

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

RED MENTAL STATUS & VITAL SIGNS

All Patients

- Unable to follow commands (GCS Motor <6)
- RR <10 or > 29 breaths/min
- Respiratory distress or need for respiratory support
- Room-air pulse oximetry < 90%
- The following vital signs fall into Red criteria when found in the presence of traumatic mechanism:

- **Age 0-9 years**
- SBP < 70 mm Hg + (2 x age years)
- **Age 10-64 years**
- SBP < 90 mm Hg or
- HR > SBP
- **Age > 65 years**
- SBP < 110 mm Hg or
- HR > SBP

YELLOW MECHANISM OF INJURY

- High-Risk Auto Crash:
  - Partial or complete ejection
  - Significant intrusion (including roof) of >12 inches on occupant site OR >18 inches on any site OR need for extrication for entrapped patient
  - Death in passenger compartment
  - Child (Age 0-9) unrestrained or in unsecured child safety seat
  - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc)
- Pedestrian/bicycle rider thrown, run over, or with significant impact
- Fall from height > 10 feet (all ages)

YELLOW EMS JUDGMENT

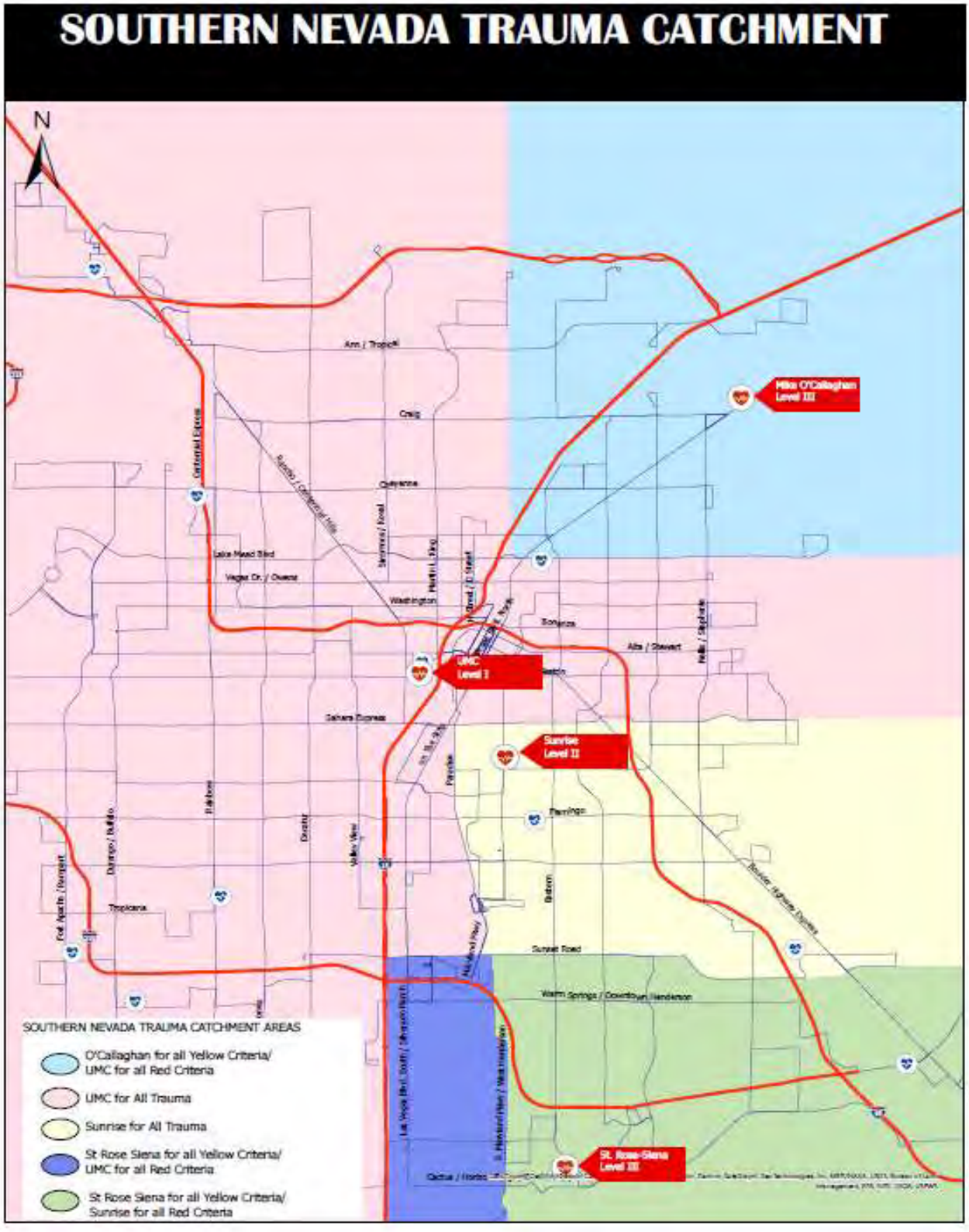
Consider risk factors, including:

- Low-level falls in young children (age 5 or less) or older adults (age 65 or older) with suspected head injury
- Anticoagulant/Antiplatelet use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks

If concerned, take to a trauma center

Trauma Field Triage Criteria (Revised and approved by MAB 08/02/2023)

Appendix B: Southern Nevada Trauma Catchment Areas



https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/southern-nevada-trauma-system/

MEMORANDUM

Date: September 24, 2026

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, MS, *District Health Officer*

Subject: **Administration Division Monthly Report – August 2026**

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Appendix D – Risk Management Annual Report – Fiscal Year Ending June 30, 2026 21

Executive Summary

The Office of Communications issued 6 News Release, placed advertisements to promote services for the Southern Nevada Community Health Clinic in the Las Vegas Pride magazine, as well as Caring for Our Community campaign on google ads. Staff further designed facilitator guide materials for the SPARK Youth Advisory Council. As of September 1, 2026, the Health District had 791 employees. Human Resources posted 5 employment opportunities, held 65 interviews, extended 17 job offers, and onboarded 4 new hires.

Office of Communications

News Releases Disseminated:

- Southern Nevada Community Health Center celebrates National Health Center Week Aug. 2-8
- Youth vaping remains a serious challenge as Clark County students return to school
- New approaches to substance misuse prevention take center stage at annual summit
- Build healthy habits during Childhood Obesity Awareness Month with the 5-2-1-0 Challenge

- Fresh, affordable produce returns to Bonneville Transit Center this fall
- 10th annual Southern Nevada event honors lives lost to overdose and promote prevention

Press:

- Extreme heat
- Cyclosporiasis cases
- Youth vaping
- Childhood vaccinations
- Overdose deaths and prevention efforts

Four hundred seventeen news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in August. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at https://media.southernnevadahealthdistrict.org/download/oc/202608-PI-Report.pdf.

Advertisements, Projects Completed and Social Media Summary:
In August, staff placed advertisements to promote services for the Southern Nevada Community Health Clinic in the Las Vegas Pride magazine, as well as Caring for Our Community campaign on google ads. The Office of Communications assisted the Health Equity team to redesign materials for the Brian Health is Community Health campaign, developed outreach flyers for the Brain Health and Sleep Health program and designed facilitator guide materials for the SPARK (Students Promoting Awareness Responsibility & Knowledge) Youth Advisory Council**.**

The Office of Communications facilitated responses to 155 public information inquiries related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 92 internal project requests, including graphic design, website content updates, photography, advertising, marketing, outreach materials, and translation services. Staff continued regular updates to Health District websites, including SNHD.org and SNCHC.org.

On social media, staff promoted Back-to-School vaccination clinics, Chic Trend, CredibleMind, Fight the Bite, lead testing services (English and Spanish), Strip Club (fentanyl and xylazine test strips), Sudden Unexpected Infant Death Syndrome, Water Watcher, and Board of Health recognitions. Staff also created a video for the Southern Nevada Substance Misuse and Overdose Prevention Summit.

Community Outreach and Other:

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 37
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 220

Government Affairs Update:

- Provided legislative update and facilitated a discussion of legislative priorities with the Health Executive Council.
- Continued outreach and coordination on the Public Health Sector Legislative Request for Funding to Support Disease Surveillance, Investigation and Response, including discussions with the public health policy strategy group, LCB and legislators.

- Continued planning a legislative site visit for the Nurse-Family Partnership program.
- Finalized and submitted the annual State Public Health Fund expenditure report.
- Continued compiling the SB118 annual report.

Meetings and Events of Note:

- 08/01: La Oportunidad Expo
- 08/06: Meeting with Senator Fabian Doñate on public health priorities.
- 08/06: National Health Center Week Event
- 08/07: Meeting with Senator Fabian Doñate and other local health authorities on the
- Public Health Sector Legislative Request for Funding to Support Disease Surveillance, Investigation and Response.
- 08/11: Meeting of the Joint Interim Standing Committee on Health and Human Services, where the Legislative Request for Funding to Support Disease Surveillance, Investigation and Response was discussed and approved during the work session.
- 08/12: CitiesLEAD Project Meeting.
- 08/13: 2026 Southern Nevada Substance Misuse and Overdose Prevention Summit, with participation from congressional delegation staff.
- 08/17: La Oportunidad Post-Event Debrief Meeting
- 08/17: Meeting with Senator Cortez Masto, the Nevada Primary Care Association and FQHC staff.
- 08/17: Ogden Foundation / SNHD Beyond the Scoreboard Meeting
- 08/18: Community Partners Meeting Nevada Department of Human Services Division of Social Services
- 08/18: Facilities Advisory Board August 18, 2026
- 08/18: Healthy Start Family Huddle.
- 08/19: Meeting with a regional representative in the Office of Senator Cortez Masto regarding the Nurse-Family Partnership program.
- 08/20: Big Cities Health Coalition Policy Workgroup.
- 08/25: Meeting with the Governor's Health Policy Advisor and other local health authorities
- 08/27: Accreditation meeting/documentation
- 08/28: Meeting of the Joint Interim Standing Committee on Revenue, where a version of the tobacco pricing proposal was discussed and approved during the work session.
- 08/31: Nevada Health Authority Summer Stakeholder Update Workshop.
- Meetings with the Public Health Policy Strategy Group.
- Meetings related to the State Public Health Funds and SB118.

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Facilities

Monthly Work Orders	Aug 2025	Aug 2026		YTD FY26	YTD FY27	
Maintenance Responses	309	653	↑	676	1,207	↑
Electrical Work Orders	23	59	↑	83	109	↑
HVAC Work Orders	39	116	↑	76	261	↑
Plumbing Work Orders	7	30	↑	23	47	↑
Preventive Maintenance	8	16	↑	91	32	↓
Security Responses	1,715	1,537	↓	4,173	3,074	↓

Finance

Total Monthly Work Orders	Aug 2025	Aug 2026		YTD FY26	YTD FY27	
Purchase Orders Issued*	564	475	↓	1,095	1,063	↓
Grants Pending – Pre-Award**	2	2	=	10	6	↓
Grants in Progress – Post-Award***	7	4	↓	11	13	↑

*Includes purchase requests and p-card transactions.
**Grant applications and NCCs created and submitted to agency
***Subgrants routed for signature and grant amendments submitted
No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – August 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
State of Nevada, Ryan White Part B Eligibility, (hcrwbe26)	P-HRSA	8/31/2026	$15,979.00	End of project period	0.97	Not expected to renew
State of Nevada, National Violent Death Reporting System (nvdrs_26)	P-CDC	8/31/2026	$147,315.00	End of project period	0.87	Expected FY2027 renewal
Centers for Disease Control and Prevention, Overdose Data to Action (ODTA) Limiting OD through Collaborative Action in Localities (odta_24)	F-CDC	8/31/2026	$2,550,000.00	End of extended budget period	10.05	Expected FY2027 renewal

Grants Expired – August 2026						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
Centers for Disease Control and Prevention, Overdose Data to Action (ODTA) Limiting OD through Collaborative Action in Localities (odta_26)	F-CDC	8/31/2026	$2,550,000.00	End of project period	9.10	Expected FY2027 renewal
Clark County, HIV Status-Neutral Rapid Prevent Program (ppcsna26)	P-HRSA	8/31/2026	$325,000.00	End of project period	2.20	Not expected to renew
State of Nevada, Opioid Overdose Death Registry Surveillance (sudors26)	P-CDC	8/31/2026	$262,333.00	End of project period	1.34	Expected FY2027 renewal
NUE1EH001398-05-01, Strengthening Environmental Health Capacity, Water Quality Data, Amendment 1 (wqdata25)	F-CDC	8/31/2026	$339,032.00	End of project period	0.84	Amendment 2 supplement received

Grants Awarded – August 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
State of Nevada, Integrated HIV Program (nvehe_26)	P-CDC	8/4/2026	6/1/2026	5/31/2027	$2,090,623.00	FY2026 renewal	7.97
Advancing Healthy Equity to Address Diabetes, Amendment 3 (codpp_24)	P-CDC	8/25/2026	8/1/2026	6/29/2027	$51,923.00	FY2027 renewal	0.30
1 U01EH001386-01-00, CDC	F-CDC	8/25/2026	9/30/2026	9/29/2027	$228,571.00	FY2027 renewal	1.03

Foodborne Illness (fdill_27)							
NUE1EH001398-05-02, Strengthening Environmental Health Capacity, Water Quality Data, Amendment 2 (wqdata_25)	F-CDC	8/31/2026	9/1/2024	8/31/2027	$485,257.00	FY2027 supplement	0.84

Contracts Awarded – August 2026							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
State of Nevada, State Public Health Fund, Year 2 of 2 (shf_27)	State= ILA	8/12/2025	8/1/2025	6/30/2027	$5,393,240.00	Year 2 of 2	35.05
State of Nevada, Safe Drinking Water, Year 2 of 2, (sdw_27)	O-ILA-P-EPA	7/1/2026	7/1/2026	6/30/2027	$182,170	Year 2 of 2	0.28

Human Resources (HR)

Employment/Recruitment:

- 791 Total Employees
- 4 New Hire, including 0 rehires and 0 reinstatements
- 9 Terminations
- 4 Promotions, 3 Flex-reclasses
- 3 Transfers, 0 Lateral Transfer, 1 Reassignments
- 0 Demotions, 1 Voluntary Demotion
- 37 Annual Increases
- 65 Interviews; 5 of the 65 interviewed were attended by recruiters
- 17 Offers extended (2 offers declined)
- 5 Recruitments posted
- Turn Over Rates
  - District Administration: 1.124%
  - Community Health: 1.411%
  - Disease Surveillance & Control: 0.000%
  - Environmental Health: 1.465%
  - Public Health & Preventive Care: 0.000%
  - FQHC: 0.000%

Projects in Progress/Other Items

- Recruitment meetings
- Strategy/Training meetings with Departments
- Credentialing Training
- Reports for Cheri
- Migrating files
- Webinars

Temporary Employees

- 7 Temporary Staff

Employee/Labor Relations

- 2 Coaching and Counseling, 1 Verbal Warning, 0 Written Warning, 0 Suspensions, 1 Final Written Warnings, 0 Terminations, 0 Probationary Releases
- 8 Grievances
- 1 Arbitration
- 200 Hours of Labor Meetings (with Union)
- 150 hours investigatory meetings
- 6 Investigations
- 29 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 4

Training/Meetings Attended by Staff

- Monthly JLMC Meeting
- SEIU Meetings

Projects in Progress/Other Items

- New Leaders Orientation Guide
- Disciplinary Document – How-To Guide in NEOGOV
- Employee Relations/Labor Relations Standard of Procedures (SOP)
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- Supervisors, managers, and directors monthly check-up meetings

Interns

There were a total of 26 interns providing 752 applied public health practice hours in August 2026.

Interns and Clinical Rotations	Aug 2026	YTD
Total Number of Interns [1]	26	83
Internship Hours [2]	752	1,858

[1] Total number of students, residents, and fellows

[2] Approximate hours students, residents, and fellows worked in applied public health practice

Safety

July

- Inquiries: 39
- Investigations: 1

August

- Inquiries: 52
- Investigations: 2

Training (In-Person and Online)

- New Hire Orientation:
  - 08/10/2026: 1 new hire
  - 08/17/2026: 1 new hire
  - 08/31/2026: 1 new hire
- New Hire Quarterly:
  - 08/18/2026: 4 participants
- FQHC Health Center Week:
  - 08/06/2026: Customer Services Training: 60 participants

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and resolve issues, and provide ongoing user account support.
2. Continued configuring and validating FHIR responses in collaboration with Skylight and eHealth Exchange to ensure accurate data exchange and interoperability for IZ Gateway and UMC.
3. Completed the Pediatric COVID Mortality and RSV Mortality forms, both awaiting review.
4. Enhance the EpiTrax user interface so that unsaved-change alerts are displayed only when a user modifies data and attempts to leave the page without saving, improving usability and reducing unnecessary alerts as the WebIZ integration module is implemented.
5. Continue reviewing vaccine information pulled from WebIZ into EpiTrax to ensure that only vaccines relevant to the associated disease condition are displayed, such as influenza vaccine information for influenza cases. Work with Epi to finalize the vaccine mapping list and obtain ACDC and ODS approval.
6. Resolved an attachment access issue caused by duplicate EpiTrax user accounts by removing duplicates and ensuring each user has a unique account.
7. Update the EpiTrax hantavirus condition configuration to align with current CDC surveillance guidance, maintaining separate disease conditions for Hantavirus Pulmonary Syndrome (HPS) and non-HPS hantavirus infection.
8. Designed the ICAR data flow and proposed a solution for ACDC to extract ICAR data into the data warehouse for Epi analysis; the flow has been reviewed and approved by ACDC, and the next step is implementation.
9. EpiTrax User Requests:

EpiTrax Requests	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026
EpiTrax Requests Completed	13	16	15	12	6	4	1	1	6	8
EpiTrax Requests Opened	55	57	53	48	49	49	51	50	48	42
EpiTrax New Requests	11	18	11	7	7	4	3	0	4	2

B. Electronic Message Staging Area (EMSA)

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, susceptibility panel result and reviewing logic for exceptions and errors.

2. Onboarded 40 new facilities for Electronic Case Reporting (eCR).
3. Ongoing coordination and reconciliation of Child Lead FirstMed Health and Wellness reporting and CPL patient address data.
4. Coordinating with ACDC to review NSPHL HAI ELR reports.
5. Updated ELR logic for HAI to create EpiTrax cases for out-of-jurisdiction clients for surveillance and HAI purposes.
6. Update the new Hepatitis C logic to reopen a case when a new viral load positive lab is detected within the same MMWR year as the lab collection date, rather than assigning it to the OOE new queue or linking it to the old case; also reopen the case when seroconversion is detected.
7. Reviewed the EMSA2 logic and identified missing ELRs that were not processed into EpiTrax, primarily due to existing logic definitions; the affected ELRs have been processed and entered into EpiTrax.
8. ELRs and eCRs Volume:

ELRs	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026
Total Received	118,343	135,111	132,370	131,135	128,645	121645	139,688	124,164	133,612	121,612
Total Processed	117,087	135,038	152,490	127,198	127,322	134784	123,641	139,387	139,387	128,117
Under Review	1,039	1,421	2,420	6,876	3,598	3205	3,535	3,441	3,441	4,601
Event Updated	15,949	19,496	22,630	18,703	18,408	20325	18,577	23,305	23,305	17,665
Event Created	7,206	8,516	9,472	10,536	11,040	10601	9,212	8,302	8,302	9,692

eCRs	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026
Total Received	49,580	52,372	49,968	47,280	53,828	195745	98,732	76,415	87,961	88,158
Total Processed	100,899	49,846	45,993	44,829	58,061	122234	172,869	79,450	68,171	77,250
Under Review	84,776	87,028	90,631	93,220	106,893	150551	161,456	173,374	197,153	207,206
Event Updated	9,733	4,190	3,467	4,215	4,182	6041	10,191	3,849	3,033	3,381
Event Created	784	599	428	484	541	1297	2,097	674	676	787

C. Data Warehouse

1. Continued monitoring and maintenance of the data warehouse.
2. Resolved the qa_dictionary table logic issue involving the same questions appearing on multiple forms.
3. Added the person facility comment column to the warehouse tables.
4. Maintained and updated automation scripts.
5. Downloaded up-to-date Las Vegas weather data into the data warehouse for Epi to use for CSTE-related vector control analysis.

D. Dashboard

1. Continued development of the Wastewater Dashboard, completed wastewater concentration data by facility, continued standardizing methods with the state dashboard (WVAL vs. PPMOV), and continued replicating the dashboard for other diseases.
2. Added new PILLARS Power BI Dashboard pages for Race/Ethnicity and Low Birth Weight, Education and Low Birth Weight, Age and Low Birth Weight, and Insurance and Low Birth Weight.

E. Southern Nevada Public Health Laboratory (SNPHL)

1. Created 7 new healthcare sites for Outreach.
2. Revisions made to the Laboratory Response Network (LRN) for Francisella testing.
3. Re-design and re-configuration of Clinical Lab results report.
4. Built new tests and algorithms for Microalbumin/Creatinine ratio.
5. Built new security roles for staff so that they can run reports.
6. Updated 8 existing panels/tests to accommodate new changes.
7. Resolved syncing issues between Outreach and Harvest.
8. Applied changes to HIV result messages to resolve ingestion by system at the state.
9. SNPHL Requests:

SNPHL Requests	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026
Requests Completed	50	56	58	47	65	66	15	59	59	71
Requests Opened	48	67	56	50	60	72	54	55	61	83

F. Electronic Health Record (EHR) System

1. Modified Combatting Antimicrobial Resistant Gonorrhea and Other STIs (CARGOS) reports to capture additional data.
2. Resolved Point of Care testing issues at FQHC Fremont and Decatur Labs.
3. Conducted Monthly Q/A check for the Healthy Start program.
4. Built Intimate Partner Violence (IPV) Questions in eCW.
5. Updated Syphilis/RPR testing panels in eCW.
6. Resolved TB Skin testing documentation issue in eCW.
7. Resolved eBO routing issue due to disk space issues.
8. Resolved eCW SFTP issues resulting in missing reports.
9. EHR Requests and Reports.

EHR Requests	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026
Requests Completed	22	27	29	30	33	31	16	40	35	18
Requests Opened	23	20	26	30	22	32	24	23	33	46

eCW Reports	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026
FQHC	5	3	18	10	11	11	6	9	5	7
PPC	2	4	2	6	4	2	3	2	5	6

G. Clark County Coroner's Office (CCCO)

1. Electronic ordering system for SNPHL tests went live, coordinating with Forensic Supervisors to conduct training.
2. Revised and expanded public-facing statistics dashboard.
3. Created training guide for case management software for new hires - Completed, reviewed, and distributed to department heads.
4. Completed data requests:
   a. Heat related deaths to LVRJ
   b. Suicide reports to DPBH
   c. YTD OD data to LVMPD

H. Data Modernization Initiative (DMI)

1. Continued implementation of the Informatica Data Governance platform, working with Informatica technical support to resolve lineage errors in union tables, completed uploading all form field column definitions, continued setting up Epi accounts and preparing core field definitions for upload, and continued training for the CDGC Professional Certification.
2. CDC Message Validation, Processing, and Provisioning System (MVPS), reconciled 2024 and 2025 cases, removed the 2025 Botulism cases based on the case review outcome, and identified and deleted duplicate 2024 and 2025 C. auris cases resulting from duplicate submissions with the State.
3. Completed the 2026 NMI export for C. auris and exported 2024 and 2025 Typhoid cases and updated NMI.
4. Completed NETSS exports for Invasive Pneumococcal Disease and Varicella for 2024, 2025, and 2026.
5. Updated Legionella case status associated with outbreaks based on the review outcome.

I. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Solved Syndromic Surveillance System connection issues with all feeds.

J. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Ongoing collaboration with IT to develop the landing page and submission portal for wastewater submitter reporting and implement relational database ingestion from the document database.
3. Continued reviewing the CDC Wastewater Toolkit.
4. Updated the A3 document need statement and added visualizations for the OD2A project.
5. Reviewed an issue with the online morbidity form where the status could not be updated due to missing data and addressed the issue.
6. Prepared the AI application architecture diagram and interview questions for vendor and contractor interviews and product evaluation for the IC project, focused on building an AI solution that can process arious document types and generate valid eCRs compatible with EMSA2 XSLT for seamless ingestion into EpiTrax.
7. Reviewed the arbovirus and Accela vector control trap reports to identify discrepancies; found a logic issue in the Accela report query and notified IT to update it so the arbovirus report, public map, and Accela report use the same logic.
8. Continue identifying data gaps in the Query Connector with IZ Gateway, including missing information in the UI and improving FHIR endpoint queries to return the correct results; reported bugs and feature requests to Skylight, Audacious Inquiry, and eHealthExchange.
9. Reviewed and planned the antibiogram data and requirements to prepare the data for public release.
10. Continue working on consolidating the HAN MS Access database and Excel spreadsheet into a single system to eliminate the need for ACDC staff to document the same information in two places.
11. Reviewed Early Syphilis case count discrepancies between EpiTrax and the State.

K. National and State Meetings/Workshops

1. eHealth Exchange and SNHD Use cases with FHIR and IZ Gateway.
2. Statewide Syndromic Surveillance Workgroup.
3. BCHC Data Modernization Workgroup monthly call.
4. Data Modernization Learning Community (DMLC) monthly call.
5. PHAST Consortium Technical, Weekly Collaboration and Learning, R Shiny, Merge Request, and Manager Meetings.
6. CRISP Shared Services | SNHD IC Weekly Sync.
7. PubHealthAI Collaborative Network.
8. Pediatric RSV- & COVID-19-associated death reporting.
9. eCR Data Quality Workgroup Meeting.
10. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call.
11. CSTE Frontline Tools Roundtable Discussion.
12. Ai4 2026 conference.
13. Vendor discovery with H2O.ai to evaluate its AI/ML platform and potential fit for our on-premise AI environment.

Information Technology (IT)

Service Requests	Aug 2025	Aug 2026		YTD FY26	YTD FY27	
Service Requests Completed	881	1,158	↑	1,822	2,208	↑
Service Requests Opened	968	1,307	↑	2,019	2,543	↑

Information Services System Availability 24/7	Aug 2025	Aug 2026		YTD FY26	YTD FY27	
Total System	94.55	79.27	↓	92.68	81.24	↓

Total Monthly Work Orders by Department	Aug 2025	Aug 2026		YTD FY26	YTD FY27	
Administration	260	295	↑	510	606	↑
Community Health	93	116	↑	188	213	↑
Environmental Health	165	164	↓	340	329	↓
Primary & Preventive Care	196	216	↑	401	394	↓
Disease Surveillance & Control	110	182	↑	242	342	↑
FQHC	125	250	↑	279	428	↑
Other	16	19	↑	31	71	↑

First Call Resolution & Lock-Out Calls	Aug 2025	Aug 2026		YTD FY26	YTD FY27	
Total number of calls received	968	1,307	↑	2,019	2,543	↑

Workforce Team – Public Health Infrastructure Grant (PHIG)

PHIG Team

- Workforce engagements:
  - Prepared the August 2026 Hiring Plan for submission to CDC
  - Fiscal review of Credit Card usage by PHIG Team; Reconciled/approved purchases
  - Attended the, "Restore This First" webinar on how to identify which I.T. systems should come back online after a cyber issue
  - Participated in the Finance-Administration Division meeting
  - Participated in the AI in Public Health: Considerations for Responsible Use
  - Participated in Looking Ahead: Making Informed Decisions for Public Health Sustainability
  - Participated in the Local PHIG Workforce Director Peer Network hosted by Big Cities Health Coalition (BCHC)
  - Participated in the PHIG Primary Investigator Peer Network hosted by the Association of State and Territorial Health Officials (ASTHO)
  - Participated in the Data Modernization Initiatives for Supporting Public Health Infrastructure Transformation: A National Extension for Community Healthcare Outreach (ECHO) Learning Series
  - Participated in the Sustaining Infection Prevention in Long-Term Care: Partnerships, Workforce, and Practical Solutions hosted by the National Association of County and City Health Officials (NACCHO)
  - Attended the National Network of Public Health Institutes: Open Forum Conference in Nashville – learning topics included Creating and Communicating a winning value proposition for Public Health, Cultivating the Next Generation: Indigenous-Led models for Workforce Transformation: and Cultivating Connection to grow and uplift the Public Health Workforce – Ms. Neal Recognized at the 2026 PHIG Impact Award
  - Selected to be a Mentor to another member of the conference, established a very good connection between the mentee and mentor
  - Attended the August 2026 Board of Health meeting
  - Participated in the Ad Hoc CDC Response All-STLT Update Call – Strengthening Agricultural Health: National Partner Approaches to Measles Prevention and Response

CDC Requirements

- Future Technical Assistance requests must be submitted through the Public Health Infrastructure Virtual Engagement (PHIVE) platform in lieu of an assigned Project Officer
- Finalized, reviewed, and approved June monthly hiring plan for submission to the CDC
- Received, Reviewed, and Initiated budget preparation and performance narrative for the NCC submission in August 2026
- Finalized and submitted the NCC Narrative, Abstract, and Budget for Year 5 through GrantSolutions to the CDC for review and potential approval

Performance Management

- Speed to results webinar from CI (Continual Impact): 1 hr.
- Facilitation of state Vax survey for DSC: 3 hrs.
- Negotiation for Change Management program on-site from ASTHO: 2 hrs.
- HR global compliance request fulfilment and pop-ups: 3 hrs.
- Completion of Cornell Public Health Leadership Essentials certificate program: 7 hrs.

Quality Improvement

- FQHC Clinic Alignment/OPs Focus Project support: 14 hrs.
- PMQI meeting admin.: 2.5 hrs.
- Hep B vax project: 5 hrs.
- State QI council plus staff catchup: 2.5 hrs.
- Support of DSC Overdose & Supply project: 2 hrs.
- Sept. Gemba Walk planning and admin: 4 hrs.
- Finance reimbursement process for out-of-pocket expenses: 3 hrs.
- QI maturity survey administration: 6 hrs.
- Formation of 3 new strike teams and training design: 5 hours

PHAB Reaccreditation

- Facilitate transition to Version 2026 of Standards & Measures affecting 11 existing documents requiring adjustment: 13 hrs.
- Contributor support: 2 hrs.
- Admin. : 2 hrs.
- PR/PO admin. for Accreditation document review consulting: 2 hrs.

PHIG

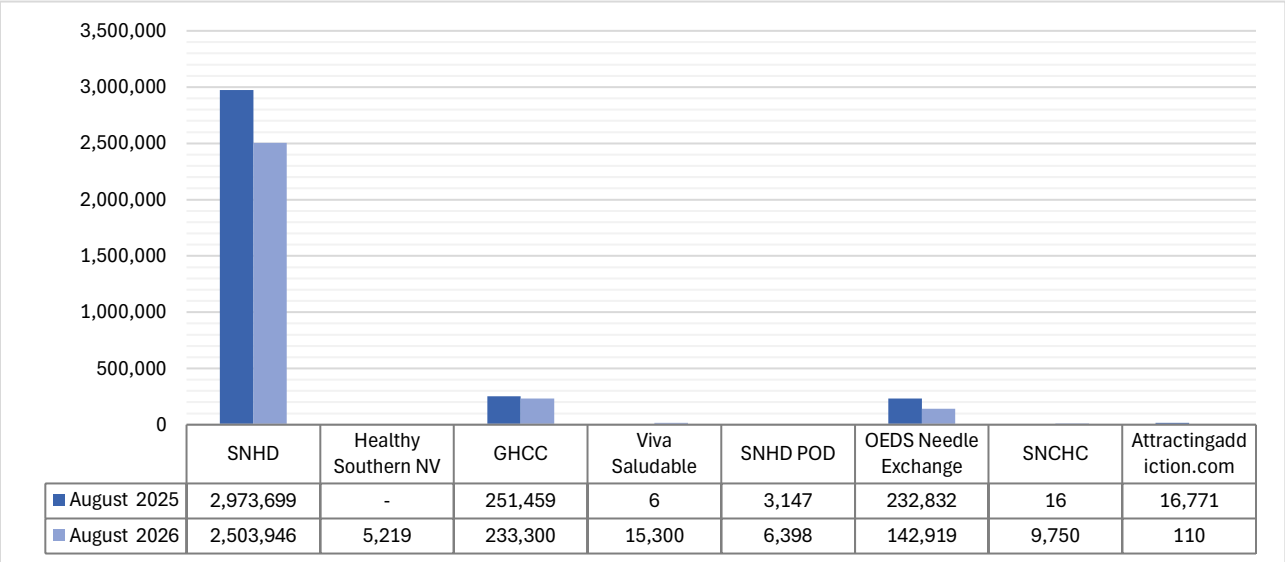
- Team-Purchasing card administration: 5 hours
- Breakout and PA briefing prep for Region 9 Hub conference: 3 hrs.
- NNPHI Open Forum @ Nashville over 3 days. Contact hours: 18
- Budget and program management for QI/Accreditation: 2 hours

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:	**Aug 2025**	**Aug 2026**		**YTD FY26**	**YTD FY27**	
Media – Digital/Print Articles	49	31	↓	70	70	=
Media - Broadcast stories	113	61	↓	160	190	↑
Collateral - Advertising/Marketing Products	9	14	↑	22	29	↑
Community Outreach - Total Volunteers[1]	3	10	↑			
Community Outreach - Volunteer Hours	76	810	↑	130	1,980	↑

[1]Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



	SNHD	Healthy Southern NV	GHCC	Viva Saludable	SNHD POD	OEDS Needle Exchange	SNCHC	Attractingaddiction.com
August 2025	2,973,699	-	251,459	6	3,147	232,832	16	16,771
August 2026	2,503,946	5,219	233,300	15,300	6,398	142,919	9,750	110

Social Media Services		**Aug 2025**	**Aug 2026**		**YTD FY26**	**YTD FY27**
Facebook SNHD	Followers	13,676	14,653	↑	N/A	N/A
Facebook GHCC	Followers	6,094	6,104	↑	N/A	N/A
Facebook SHC	Followers	1,619	1,593	↓	N/A	N/A
Facebook Food Safety	Followers	179	175	↓	N/A	N/A
Instagram SNHD	Followers	5,483	6,191	↑	N/A	N/A
Instagram GetHealthyCC	Followers	320	457	↑	N/A	N/A
Instagram @Ez2stop	Followers	152	159	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	417	404	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,744	1,717	↓	N/A	N/A
X (Twitter) Food Safety	Followers	100	100	=	N/A	N/A
X (Twitter) SNHDinfo	Followers	9,964	9,831	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	341	332	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	120	119	↓	N/A	N/A
Threads SNHD	Followers	944	1,041	↑	N/A	N/A
TikTok @Ez2stop	Views	49	52	↑	N/A	N/A
TikTok SNHD	Views	276	1,131	↑	N/A	N/A
YouTube SNHD	Views	174,957	171,561	↓	354,642	324,569

Note: Facebook, Instagram, Threads, Tiktok and X (Twitter) numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – August 1, 2026 to August 14, 2026

PAYROLL EARNINGS SUMMARY
August 1, 2026 to August 14, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2027	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 365,753.91	$ 5,684,236.61	$ 1,409,912.01	$ 9,361,710.71	15%	
ENVIRONMENTAL HEALTH	$ 685,907.02	$ 11,648,869.84	$ 2,878,589.18	$ 17,445,202.98	17%	
COMMUNITY HEALTH	$ 365,454.23	$ 5,687,979.24	$ 1,497,823.49	$ 8,524,651.64	18%	
DISEASE SURVIELLANCE & CONTROL	$ 360,075.87	$ 5,965,661.92	$ 1,504,804.65	$ 9,705,921.95	16%	
FQHC	$ 369,431.68	$ 5,974,155.55	$ 1,446,764.04	$ 10,077,384.93	14%	
ADMINISTRATION W/O ICS-COVID	$ 629,764.07	$ 11,219,199.75	$ 2,568,835.95	$ 17,951,980.28	14%	
TOTAL	**$ 2,776,386.78**	**$ 46,180,102.91**	**$ 11,306,729.32**	**$ 73,066,852.49**	15%	15%
FTE	794					
Regular Pay	$ 2,353,023.67	$ 37,115,758.73	$ 9,215,939.37			
Training	$ 34,952.40	$ 80,633.83	$ 42,088.12			
Final Payouts	$ -	$ 581,045.37	$ 308,569.09			
OT Pay	$ 53,557.59	$ 331,427.66	$ 124,003.86			
Leave Pay	$ 302,343.90	$ 6,981,867.04	$ 1,459,380.27			
Other Earnings	$ 32,509.22	$ 1,089,370.28	$ 156,748.61			
TOTAL	**$ 2,776,386.78**	**$ 46,180,102.91**	**$ 11,306,729.32**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 1, 2026 to August 14, 2026

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Viote, Jorge		5.50	393.04	Duque, Armando	6.00	258.22
Silva-Minnich, Rosanna		5.00	339.61	Loyer, Tianna	15.00	332.09
Ruiz, George		17.25	778.45			
Chamberlain, Robert (Bob)		9.50	428.72			
Ubando, Marjorie		18.25	1010.52			
Martinez, Yolanda		8.00	325.86			
Thede, Stacy		6.00	220.80			
Viera, Maria		8.50	304.51			
Brown, Dominique		11.00	394.08			
Arzate, Mario		8.00	286.60			
Urena, Maite		12.75	456.77			
Ines, Heinrich		18.75	671.73			
Yell, Cindy		8.50	296.81			
Noches, Kimberly		6.00	315.60			
Thompson, Christopher		8.50	296.81			
Murphy Melissa		6.75	289.50			
Herrera Kelwen		9.00	305.81			
Sanabria Luis		10.00	339.80			
Nerveza Avery John		17.45	592.93			
Marquez Anthony		9.00	305.81			
Herrera Ortiz Maria		1.50	59.51			
De Lisle Ricky		2.25	91.64			
Total Administration		**207.45**	**8504.91**		**21.00**	**590.30**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Cardona, Anthony (Tony)		17.75	886.92	Alford, Camille	0.38	12.98
Thomas, Pamela		7.50	394.50	Anguiano, Cristina	1.88	51.05
O'Toole, Denise		8.50	383.59			
Gomez, Karen		29.00	1181.25			
Burghardt, Passhion		10.25	377.20			
Chaingan, Carlo		7.50	276.00			
Kiaha, Cassidy		13.25	474.68			
Terriquez, Elizabeth		8.50	296.81			
Kendle, Taylor		8.00	294.40			
Martinez Blanca		17.50	789.73			
Total Community Health Services		**127.75**	**5355.08**		**2.26**	**64.04**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Medina, Mirelly		0.50	23.13	Valdes-Ayala, Beatriz	2.64	81.41
Delarmente, Joannah	FP_26 NO MILEAGE	0.25	18.80	Calito, Maria	0.15	3.77
Manaloto, Xcelza	FP_26 NO MILEAGE	0.25	18.80			
Garcia Jorge, Jose		0.50	39.57			
Alfaro Stacey		0.50	18.84			
Merino Jacquelin	RWAEIS26 NO MILEAGE	0.50	17.91			
Total FQHC-Community Health Clinic		**2.50**	**137.05**		**2.79**	**85.18**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Brantner, Lonita		22.50	1124.25	Rossi Boudreaux-Thibodeaux, Lester	3.00	99.93
Hamilton, Isabel		17.50	1071.94	Calderon, Aracely	28.50	1226.52
Maciel, Marisol		16.50	913.62	Arquette, Jocelyn	4.88	271.10
Enzenauer, Lizette		26.25	1649.65	McTier, Chika	30.00	1503.80
Castillo, Jocelyn		9.00	676.71	Contreras-Araiza, Alondra	12.75	708.30
Chongtai, Loriza		18.25	1520.77	Hodge, Victoria	10.88	422.46
Robles, Cynthia		1.50	83.06	Purugganan, Grace	21.75	1090.26
Sprance-Grogan, Carolyn		19.00	1163.82	Shin, Jennifer	23.25	1226.68
Kuahiwinui McGuire, Becky		15.00	918.80	Carrera, Bruna	16.50	394.08
Rossi Boudreaux-Thibodeaux, Lester		1.00	49.97	Young, Maita	20.10	1007.55
Salomon, Vicki		18.75	936.89	Delgado, Diana	24.76	1306.34
Arquette, Jocelyn		17.75	1479.10	Ruiz-Flores, Erika	9.75	476.62
Panganiban, Sheila		10.00	751.90	Kamami, Diana	9.75	476.62
McTier, Chika		3.25	244.37	Carcamo, Monica	22.50	749.51
Caballero, Lorena		13.50	593.31			
Hodge, Victoria		17.50	1019.27			
Villalobos, Yolanda		33.00	1489.24			
Navarro, Maria		16.00	722.04			
Mercado, Yarem		8.50	403.64			
Stockwell, Paul		14.00	647.59			
Carpenter, Leslie		17.50	1315.83			
Grijalva, Breanna		17.00	786.37			
Nagai, Sage		18.75	1409.82			
Wong, Michelle		9.00	659.94			
Young, Maita		2.35	176.69			
Ramirez Cofer, Andrea		4.00	150.69			
Zarret, Mariam		6.75	534.20			
Orozco, Carissa		15.25	1146.65			
Aucalla, Gennesis		16.50	638.52			
Ruiz-Flores Erika		17.50	1283.21			
Miranda Consuelo		20.75	743.38			
Garcia Ruby		16.00	588.80			
Espenilla Marko Rugy		27.50	1012.00			
Carbajal-Mazon Wendy		29.15	1044.32			
Fisher-Armstrong Gimmeko		20.75	985.37			
Corona Samantha		1.25	80.69			
Total Public Health & Preventative Care		**538.75**	**30016.42**		**238.37**	**10959.78**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		16.75	1325.60	Northam, Korie	1.50	79.14
Harris, Sheila		5.00	276.85	Cavin, Erin	2.25	107.19
Kaderlik, Patricia		1.50	107.19	Johnson, Rabea	0.38	17.63
Sakamura-Low, Miki		2.75	211.99	Nguyen, Linda	1.50	71.46
Billings, Jacob		4.00	316.56	Thompson, William B	3.00	135.85
Piar, Diane		3.50	250.12	Southam, Jaclyn	3.75	149.33
Lett, Kendra		0.50	37.60	Valadez, Alexis	5.25	198.59
Cummins, Veronica		5.50	345.64	Ahmed, Maryam	2.25	80.88
Wills, Jerry		12.75	761.57	Constanza, Katherine	2.25	78.90
Rakita, Daniel		3.50	193.80	Castillo, Christopher Jay	1.88	65.93
Diaz-Ontiveros, Luz		6.00	340.43	Edmonds, Alexus	9.38	337.16
Michel, Guillermo		1.75	96.90	Wanene, Edna	3.75	124.92
Calzado, Neil		11.50	636.76	Erickson, Sarah	5.26	184.45
Craig, Jill		4.50	249.17	Stewart, Richard	0.75	25.62
Craig, Jill	FDILL_25	3.00	166.11	David, Anessa	0.75	23.74
Wade, Cynthia		2.75	148.27			
Ross, Alyssa		6.50	333.12			
Dunne, Rebecca		17.58	900.95			
Erickson, Sarah		1.50	78.90			
Herrera Carlos		3.25	170.95			
Roberts Jamie		1.75	92.05			
Nwaonumah Nosa		0.50	26.30			
Total Environmental Health		**116.33**	**7066.83**		**43.90**	**1680.79**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Eddleman, Tabby		2.50	165.50	Raman, Devin	1.89	99.72
Polintan, Michael		17.00	849.44			
Alvarez Jeffrey	HIVPRV26	5.50	254.41			
Washburn Kacie	HIVPRV26	5.50	254.41			
Burgess Glenn	HIVPRV26	6.50	350.46			
Viote Angeles	HIVPRV26	5.50	261.18			
Baltazar Josephine Gladys	HIVPRV26	6.50	341.90			
Total Disease Surveillance & Control		**49.00**	**2477.30**		**1.89**	**99.72**
Combined Total		**1041.78**	**53557.59**		**310.21**	**13479.81**

Appendix C – Finance – Payroll Earnings Summary – August 15, 2026 to August 28, 2026

PAYROLL EARNINGS SUMMARY
August 15, 2026 to August 28, 2026

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2027	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 341,763.59	$ 6,029,477.88	$ 1,755,153.28	$ 9,361,710.71	19%	
ENVIRONMENTAL HEALTH	$ 683,709.28	$ 12,332,579.12	$ 3,562,298.46	$ 17,445,202.98	20%	
COMMUNITY HEALTH	$ 369,318.07	$ 6,057,297.31	$ 1,867,141.56	$ 8,524,651.64	22%	
DISEASE SURVIELLANCE & CONTROL	$ 353,902.62	$ 6,319,564.54	$ 1,858,707.27	$ 9,705,921.95	19%	
FQHC	$ 373,209.53	$ 6,347,365.08	$ 1,819,973.57	$ 10,077,384.93	18%	
ADMINISTRATION W/O ICS-COVID	$ 627,668.08	$ 11,885,222.05	$ 3,234,858.25	$ 17,951,980.28	18%	
TOTAL	**$ 2,749,571.17**	**$ 48,971,505.98**	**$ 14,098,132.39**	**$ 73,066,852.49**	19%	19%
FTE	794					
Regular Pay	$ 2,400,328.49	$ 39,522,726.24	$ 11,622,906.88			
Training	$ 2,046.86	$ 82,680.69	$ 44,134.98			
Final Payouts	$ -	$ 615,547.31	$ 343,071.03			
OT Pay	$ 13,564.01	$ 344,991.67	$ 137,567.87			
Leave Pay	$ 294,134.75	$ 7,276,319.12	$ 1,753,832.35			
Other Earnings	$ 39,497.06	$ 1,129,240.95	$ 196,619.28			
TOTAL	**$ 2,749,571.17**	**$ 48,971,505.98**	**$ 14,098,132.39**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 15, 2026 to August 28, 2026

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Ubando, Marjorie		4.50	249.16	Duque, Armando	1.50	66.20
Taitano, Kyomi		1.00	43.95	Gonzales, Fabiana	2.25	87.37
Thede, Stacy		8.00	294.40	Ruelas-Villanueva, Francisco	4.65	163.06
Kuahiwinui-McGuire, Brandon		8.00	301.36	Loyer, Tianna	15.00	332.09
Ines, Heinrich		3.00	107.48			
Murphy, Melissa		17.25	739.80			
Sanabria, Luis		5.00	169.88			
Nerveza, Avery John		4.50	152.91			
De Lisle, Ricky		0.50	20.37			
Total Administration		**51.75**	**2079.31**		**23.40**	**648.71**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Thomas, Pamela		7.50	394.50	Anguiano, Cristina	1.88	51.05
Martinez, Azalia		5.50	224.03			
Chaingan, Carlo		7.50	276.00			
Terriquez, Elizabeth		7.50	261.89			
Kendle, Taylor		7.50	276.00			
Total Community Health Services		**35.50**	**1432.42**		**1.88**	**51.05**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Diaz, Michelle		0.50	23.13	Valdes-Ayala, Beatriz	2.63	81.10
Medina, Mirelly		1.75	80.95	Servando, Maria Cristina	0.75	41.66
Lee, Miriam		0.75	56.39			
Total FQHC-Community Health Clinic		**3.00**	**160.47**		**3.38**	**122.77**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Calderon, Aracely		0.50	32.28	Arquette, Jocelyn	1.51	83.89
Stockwell, Paul	NVEHE_26	6.00	277.54	Hodge, Victoria	0.76	29.51
Ramirez Cofer, Andrea		6.00	226.03			
Delgado, Diana		6.00	474.84			
Guerrero, Grisly	GSSHC_26	6.00	284.93			
Relph, Kris	PPCSNA26	6.00	214.95			
Romualdo Daniel, Yareli		0.75	26.19			
Corona, Samantha		2.00	129.11			
Total Public Health & Preventative Care		**33.25**	**1665.87**		**2.27**	**113.40**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		11.50	910.11	Johnson, Rabea	4.50	208.80
Houston, Donna		1.00	79.14	Ballard, Jessica	1.50	52.60
Navarrete, George (Larry)		0.50	39.57	Hall, Alyssa	1.88	65.93
Sheffer, Thanh		11.50	821.82	Wanene, Edna	2.63	87.61
Piar, Diane		5.00	357.31	Jones, Jalen	10.88	381.53
Ortiz-Rivera, Vanessa		1.25	89.33	Johanson, Jacob	0.75	23.13
Moreno, Kristina		1.50	99.29			
Cummins, Veronica		7.50	471.33			
Wills, Jerry		10.00	597.31			
Rakita, Daniel		6.50	359.91			
Michel, Guillermo		1.75	96.90			
Calzado, Neil		10.50	581.40			
Jufar, Lydia		2.50	134.79			
Ross, Alyssa		7.50	384.37			
Ahmed, Maryam		0.50	26.96			
Ballard, Jessica		-1.50	-78.90			
Ballard, Jessica	PH1EH_23 NO M	1.50	78.90			
Edmonds, Alexus		1.00	53.92			
Hall, Alyssa		5.00	263.00			
Gonzalez, Kimberly		4.50	236.70			
Figueroa, Natalya		3.75	187.38			
Erickson, Sarah		0.75	39.45			
Hernandez, Lilian		7.00	341.28			
Ryan, Erica		2.50	131.50			
Herrera, Carlos		20.75	1091.45			
Hernandez, Abel		8.75	426.59			
Thompson, Deshawn		1.00	52.60			
He, Shuhan		1.00	46.26			
Total Environmental Health		**135.00**	**7919.67**		**22.14**	**819.59**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Holbert, Raychel	HIVPRV26	5.00	306.27	Raman, Devin	2.25	118.71
Total Disease Surveillance & Control		**5.00**	**306.27**		**2.25**	**118.71**
Combined Total		**263.50**	**13564.01**		**55.32**	**1874.23**

Appendix D – Risk Management Annual Report – Fiscal Year Ending June 30, 2026

Southern Nevada Health District

Risk Management Annual Report

Fiscal Year Ending June 30, 2026

Legal Department
August 2026

SOUTHERN NEVADA Community HEALTH CENTER

Risk Management Annual Report

Fiscal Year Ending June 30, 2026

Legal Department
August 2026

EXECUTIVE SUMMARY

This report provides a summary of the Southern Nevada Health District's Risk Management activities for Fiscal Year 2026. As part of Risk Management's strategy of developing a risk management culture, this report is shared with the Health District's Health Executive Council.

Risk Management continues to analyze current insurance market trends. The Risk Management team works in partnership with a private market insurance broker with a specialization in healthcare to ensure the Health District receives high-quality claims management and benefits from insurance. The Health District continues to realize the better rates from utilizing private market insurance rather than the Nevada public pool option.

RISK MANAGEMENT STRUCTURE AND GOALS

Risk Management

Risk Management is the process of identifying risks, assessing the likelihood and impact of their occurrence, and determining the most effective means of managing them or reducing them to an acceptable level. The aim is to reduce the frequency of risk events occurring and minimize the severity of their consequences if they do occur. The goal is to reach an optimal balance of risk, benefit, and cost while achieving business objectives. The Health District's Risk Management Program seeks to achieve this goal by being a resource to Health District programs and divisions in the areas of risk and claims management concepts, consulting, and education. Good risk management also ensures the Health District is in a stronger position to minimize financial losses, service disruption, bad publicity, threats to public health, and compensation claims.

Risk Management manages the Health District commercial liability programs, as well as ensuring the FQHC stays in compliance with the claim management aspects of being FTCA (Federal Tort Claims Act) deemed as a federal contractor. As program administrator, the Risk Manager manages demands and lawsuits of professional and general liability claims against the Health District and its employees.

Risk Management purchases the Health District's Employment Practices insurance and gets involved in strategy and any settlement discussions in cooperation with the Human Resources department.

Primary Risk Management activities include:

- ✓ Investigation, management, and disposition of professional liability claims and lawsuits
- ✓ Investigation, management, and disposition of general liability claims and lawsuits
- ✓ Risk education
- ✓ Risk assessment and loss control
- ✓ Commercial insurance purchasing
- ✓ Risk monitoring and reporting

INSURANCE POLICIES

The Health District maintains insurance coverage for exposure to a variety of potential claims. The primary coverages include:

- Professional Liability (Medical Malpractice)
- General Liability
- Employment Practices Liability (EPL)
- Automobile
- Property
- Cyber Risk & Privacy
- Workers' Compensation

For the coverage period (07/01/2025 - 07/01/2026), the Health District's insurance policies are as follows:

Coverage	Policy Period	Limits	Deductible
Professional Liability	07/01/2025 – 07/01/2026	$1M/$3M	$25K
General Liability	07/01/2025 – 07/01/2026	$1M/$3M	$25K
Employment Practices	07/01/2025 – 07/01/2026	$1M	$50K
Automobile	07/01/2025 – 07/01/2026	$1M	$3K
Real Property	07/01/2025 – 07/01/2026	$40M	$50K
Personal Property	07/01/2025 – 07/01/2026	$33M	$25K
Cyber Risk & Privacy	07/01/2025 – 07/01/2026	$2M	$25K
Workers' Compensation	07/01/2025 – 07/01/2026	Statutory/$2M	None

COST OF RISK

The Cost of Risk compares the Health District's risk management program expenditures to the Health District's fiscal year operating expenses. The Cost of Risk includes any paid claims (amounts paid in the fiscal year without regard to the year the claims arose), insurance premiums, and operational and administrative expenses. The Cost of Risk is outlined in the table below.

Cost of Risk Detail

	FY22	FY23	FY24	FY25	FY26
Professional Liability Insurance	$81,021.22	$75,847.00	$90,310.83	$70,768.00	$73,249.55
General Liability Insurance	$386,461.71	$431,147.68	$503,108.60	$4,232.00	$4,987.15
Employment Practices				$28,832.25	$31,897.30
Property Insurance				$162,699.00	$158,222.00
Auto Insurance			$6,103.00	$153,907.00	$171,973.00
Cyber Risk/Privacy				$37,164.00	$46,539.93
Workers' Compensation	$410,863.00	$493,366.00	$485,653.00	$268,146.00	$254,681.00
Subtotal	$878,345.93	$1,000,360.68	$1,079,072.43	$725,748.25	$741,549.93
Expenses–Outside Counsel	$120,870.58	$20,007.86	$111,377.00	$317,256.80	$134,068.39
Deductible	$36,870.20	$56,472.37	$87,530.45	$19,267.50	$28,000.00
Subtotal	$157,740.78	$76,480.23	$198,907.45	$336,524.30	$162,068.39
Total	**$1,036,086.71**	**$1,076,840.91**	**$1,277,979.88**	**$1,062,272.55**	**$903,648.32**

Total Health District Operating Expenses	$147,986,384	$124,913,443	$73,422,792	$62,500,803	$112,567,176
Cost of Risk (as % of Health District Operating Expenses)	.7%	.8%	1.7%	1.7%	.8%

Incident Reports

An important element of the Risk Management program is the identification, reporting, and analysis of incidents that occur on Health District properties. A reportable incident includes any occurrence that is inconsistent with routine Health District operations. Reporting and reviewing these events are a critical part of quality assurance, quality improvement, and risk mitigation. Health District leadership encourages staff to report any incident or opportunity for improvement.

Clinical occurrences, including medical responses to "Medical Emergency[i]" are analyzed separately by Quality Management Committee/Medical Event Committee to identify the basic or causal factors underlying the incident and potential improvement in processes or systems to reduce the likelihood of future incidents.

Incident Summary

In Fiscal Year 2026 (07/01/2025 - 06/30/2026), 111 incident reports were filed.

FY26 Incident Report Summary

1-Medical Emergency	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
48	9	4	5	13	6	26

In Fiscal Year 2025 (07/01/2024 - 06/30/2025), 114 incident reports were filed.

FY25 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
48	22	2	1	18	4	21

In Fiscal Year 2024 (07/01/2023 - 06/30/2024), 111 incident reports were filed.

FY24 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
47	22	3	6	16	3	14

In Fiscal Year 2023 (07/01/2022 - 06/30/2023), 94 incident reports were filed.

FY23 Incident Report Summary

1-Bluebird	2-Security	3-Injury	4-Theft	5-Property Damage	6-MVA	7-Misc
39	15	3	11	17	4	5

HIPAA RISK ASSESSMENT

A HIPAA Risk Assessment is a tool that is designed to help healthcare providers conduct security risk assessments as required by the HIPAA Security Rule. The assessment helps identify risks that could possibly lead to HIPAA violations and/or security breaches.

An annual risk assessment is for the entire organization, all SNHD programs complete the assessment regardless of if they are a part of the covered entity. The assessment looks at two common areas in which a covered entity could possibly violate a HIPAA Security Rule, including security breaches. The two common areas are 1.) Unauthorized access and 2.) Disclosure of Protected Health Information ("PHI") and Personal Identifiable Information ("PII"). Review of these areas allows each program to review their practices and procedures, if any inconsistencies are found, and enact corrective action.

While HIPAA risk assessments focus on maintaining confidentiality and privacy for our patients and clients, this annual opportunity can lead to discussions regarding employee safety, building safety, and related issues. These are referred to the appropriate staff to address.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

Nevada OSHA Complaint and Inspection Process[ii]

The Risk Manager or designee is the point of contact for any OSHA inspector and will accompany any OSHA inspector during an inspection. The Safety Officer and program supervisors/managers will work to resolve issues with the Risk Manager providing support, as appropriate.

The purpose of the General Safety Program (GSP) is to assist Southern Nevada Health District (SNHD) personnel establish a unified, District-wide injury/illness prevention policy and practice while maintaining compliance with OSHA and other federal, state, and local laws and/or standards. The GSP is supported by and works in concert with the Southern Nevada Health District Safety Plan (ADM-030).

[i]Effective 12/15/25 PPC-ADM-001-C/CHCA-021 replaces the term "Dr. Bluebird" with "Medical Emergency"
[ii] SNHD General Safety Program, rev. 28Feb2024, Section 14.4

Memorandum

Date: September 24, 2026

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD,** *Community Health Director*
Cassius Lockett, PhD, *District Health Officer*

Subject: Community Health Division Monthly Activity Report – August 2026

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

A. Chronic Disease Prevention Program (CDPP)

Soda Free Summer + Move Your Way: CDPP staff worked with Promotoras Las Vegas (PLV) to promote Soda Free Summer and Move Your Way Initiative materials and resources through seven (7) different events and venues. Through this work, an estimated 4,260 participants received information about these important initiatives.

Move Your Way Events: CDPP Staff planned and participated in three (3) Move Your Way events in July and reached 1,463 children and families. The Move Your Way initiative provides education and free access to local pools and water activities to increase opportunities for physical activity during the summer months. As a result of this initiative, jurisdictions have shown an increase in pool entries, extended the pool season and offered additional free pool days.

Diabetes Self-Management Education and Support: In July, CDPP staff posted two (2) Diabetes Self-Management Education & Support (DSMES) in-person classes in Spanish and English on the Comagine Compass website to help with fall class promotion.

Heart Health Education Class – "Ease the Pressure": CDPP staff facilitated the "Ease the Pressure" Heart Health Education Class in collaboration with the Diabetes Education Program. Twenty-four residents attended the class and received education on blood pressure and diabetes management. Participants also received educational materials and program resources to support healthy lifestyle changes. Following the class, six (6) participants received blood pressure screenings.

B. **Tobacco Control Program (TCP) Update**

Tobacco Retailer Postcard Campaign: TCP staff partnered with the Nevada Cancer Coalition on a campaign to reach tobacco retailers in Nevada, to remind them about the importance of checking identification for all tobacco sales and associated penalties for selling tobacco to minors. Educational postcards were mailed directly to over 2,100+ tobacco retailers across Nevada.

YRBS Video Review: The Nevada Youth Risk Behavior Survey (YRBS) provides valuable insight into the health behaviors and risk factors affecting Nevada's youth. As part of our tobacco control efforts, a recap video was created highlighting key YRBS findings related to tobacco and nicotine use, including important trends and issues impacting young people across the state. The video was shared through an e-blast to partners and stakeholders to increase awareness of the findings and reinforce the importance of continued youth tobacco prevention and control efforts. The email blast reached 326 people.

Fiesta Radio Partnership: As part of the ongoing partnership with Fiesta Radio 98.1 FM, program staff participated in the Back-to-School Fam Fest to promote the Por Mi, Por Ti, Por Nosotros, Viva Saludable initiative. Staff engaged with families by sharing culturally relevant tobacco cessation resources and educational materials on the dangers of vaping, while encouraging healthy, smoke-free lifestyles as students prepared to return to school. The event provided an opportunity to connect with the Hispanic and Latino community and increase awareness of available prevention and cessation resources. The event reached over 1,500 attendees.

Teen Social Media Brand Ambassadors: TCP staff identified teen social media influencer brand ambassadors to be a part of the BreakDown initiative. These brand ambassadors are trained to engage with their peers through authentic, peer-to-peer messaging about the importance of staying vape-free. In total, 68 teen brand ambassadors used their personal social media platforms to share vaping prevention and educational content to make the message relatable and impactful for their peers. The campaign generated strong engagement, reaching 39,604 views from other local youths and demonstrating the power of youth-led communication to promote positive health behaviors.

Nevada HAND Back-to-School Outreach: The Tobacco Control Program participated in the Nevada HAND's Back-to-School outreach events in July at eight (8) residential properties. These outreach events provided an opportunity to connect directly with residents and promote brain health and overall wellness. In total, 630 residents received education on the dangers of vaping and the free resources available to help people quit. This outreach strengthened community engagement and reinforced our partnership with Nevada HAND.

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

Committee members discussed EMS Instructor continuing education.

B. Drug/Device/Protocol Committee (DDP)

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

C. Medical Advisory Board (MAB)

The primary mission of the Medical Advisory Board is to support the District Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include:

1. one medical director of each firefighting/franchised agency
2. one operational director of each firefighting/franchised agency
3. Chairman of the Regional Trauma Advisory Board
4. an employee of SNHD whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member

Committee members heard reports from EMS subcommittees.

D. OEMSTS – August 2025 / 2026 Data

August EMS Statistics	Aug 2025	Aug 2026		Mo. Fiscal Average 2025-2026
Total certificates issued	96	81	↓	198
New licenses issued	88	79	↓	67
Renewal licenses issued (recert only)	0	2	↑	108
Driver Only	59	47	↓	57
Active Certifications: EMT	1,032	1,117	↑	1,119
Active Certifications: Advanced EMT	1,940	1,900	↓	1,885
Active Certifications: Paramedic	2,260	2,393	↑	2,331
Active Certifications: RN	85	92	↑	88

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

Ongoing/Continuing Activities

(Emergency Planning & Preparedness)

1. Emergency Operations Plans under review by OPHP:
   a) Community Reception Center
   b) BioWatch
   c) Recovery Annex
   d) SNHD Continuity of Operations Plan – Essential Records/Resources
   e) Threat Response Guide for Plague, Anthrax, Tularemia, and Ebola
2. Completion & Approved Plans
   a) SNHD Continuity of Operations Plan
   b) Emergency Operations Plan (EOP)
   c) Medical Countermeasures Annex
   d) Ebola Response Annex
3. State and Local Community Working Group meetings and OPHP Participation
   a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
      i. Resources & Supply Chain Work Group
      ii. Health Equity Work Group
      iii. Planner attended Heat Working Group Activation meeting
      iv. Planners and Trainers attended NDBPH POETE Quarterly Meeting
   b)
      i. Planner assisted Nevada Office of Emergency Management with Management Analyst II – Interview
      ii. Planner participated in Clark County Integrated Preparedness Planning Workshop.
      iii. Planners attended AFN Coalition Activation call for coordination in relation to the Bug and Hawk Fires.
4. Monthly SNHD Meetings
   a) Central Safety Committee
   b) Joint Labor Management Committee
   c) Policy Committee (Manager)
   d) Institutional Review Committee
   e) Resort Emergency Management Working Group
   f) Impacted Persons Database Healthcare Training, Exercise, Development Working Group
   g) Resiliency Coalition Working Group

B. Training, Exercises, and Public Health Workforce Development

Attended Trainings and Events Activities

1. Our Planner participated in school EOP reviews for Academica's schools, and Western Youth Leadership, Engagement, and Empowerment School (WYLEES).
2. The OPHP Supervisor and Senior Planner attended PER211: Medical Management of CBRNE.

Ongoing/Continuing Activities

1. OPHP continues to support the City of Las Vegas with provision of ICS 300/400/G191 training schedule. ICS 300 was provided to 23 students on August 3rd – 5th at Clark County Fire Station 18. ICS 400 was not scheduled this month.
2. New Hire Orientation was not provided in August. The next training is scheduled for September 16th at the Decatur campus.
3. CPR course was provided for 3 SNHD staff members on August 12th.
4. On July 30th an all SNHD staff call down exercise was completed. Staff will use the information gathered to ensure correct contact information is in the Regroup system.

Upcoming Training and Exercise Events

1. Trainers continue to update the training calendar for 2026 course offerings to include Introduction to Radiological/Nuclear WMD Operations AWR-140, ALERRT Civilian Response to Active Assailant, Response to Bombing Incidents (RBI), and ICS Team Training.
2. Planning efforts for the 2027 Biological Functional Exercise continue with the midterm planning meeting scheduled for September 16th.
3. Incident Command Team training scheduled for October 15th at the Decatur campus.
4. ICS 300 for SNHD only staff is tentatively planned for October 5th – 7th at the Decatur campus.
5. Pediatric Disaster Response and Emergency Preparedness scheduled for October 7th – 8th.
6. Trainers will support ICS 400 at Las Vegas Valley Water District on September 2nd and G191 Emergency Operations Center/Incident Command System interface on September 29th at City of Henderson EOC.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

Ongoing/Continuing Activities

1. SNHPC held its monthly meeting in conjunction with the August retreat. Manager, Senior Planners, Planners, and Trainer attended.
2. OPHP Planners attended the Emergency Management Committee meetings for UMC and Dignity Health.
3. The Senior Planner, Planner, and Clinical Advisor continued planning for the SNHPC August retreat – Extended Downtime Health Care Delivery Impact.
4. Planner, Senior Planner, and Clinical Advisor attended the initial planning meeting with ProCare Hospice to begin planning for an active assailant full scale exercise.

5. Medical Management of Chemical, Biological, Nuclear and Explosive (CBRNE) Events PER-211 was provided to 40 students on August 26th – 27th at City of North Las Vegas City Hall.

New/Upcoming Activities

1. Ongoing coordination for the 2026 TEEX trainings:
   a) Pediatric Disaster Response and Emergency Management MGT-439 October 7th – 8th, hosted by Dignity Health Siena Campus.
2. Cybersecurity healthcare presentation by CISA representative has been rescheduled for October 1st SNHPC meeting.

D. PHP Technician and N-95 Fit Testing

1. Thirty-nine SNHD Employees were FIT tested for personal protective equipment during August.

E. Fusion Center Public Health Analyst

Ongoing/Continuing Activities

1. Disseminated public health Information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
2. SNHD Analyst provided public health input for threat assessments on special events of local significance, including Fourth of July celebrations.
3. Monthly, our analyst continues to provide weekly verbal public health briefings during the SNCTC collaboration meetings.
4. The OPHP analysts continue to participate in weekly Counter Terrorism Analytic Group (CTAG) meetings.
5. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC, and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern to produce monthly joint public health bulletins.

F. Grants and Administration

Ongoing/Continuing Activities

1. Our manager continues to represent the Community Health Division management on various SNHD working group committees and initiatives.
2. The OPHP Manager continues to reduce the physical inventory of miscellaneous stockpiled preparedness resources and transfer of excess grant-purchased surplus property to community partners for use.
3. In anticipation for State of Nevada Division of Public and Behavioral Health to issue new FY2027 subawards to SNHD. We have only received CRI and this grant is currently with state awaiting final signatures to fully execute award.
4. The manager continues to participate in Extreme Heat Working Group Meetings with community response partners.

G. Medical Reserve Corps (MRC) of Southern Nevada

1. MRC Volunteers assisted at the Decatur, Fremont, and Henderson immunization clinics for the back-to-school (BTS) rush.
2. MRC Volunteers provided blood pressure check and health education at the West Las Vegas Library as part of the Brain Health series from Health Equity. Several high readings were identified.
3. MRC and OPHP provided Radiation/Nuclear Incident Response training to fourteen (14) MRC Volunteers to prepare them for staffing Community Reception Centers.
4. MRC Coordinator attended SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.

MRC Volunteer Hours FY2026 Q2

Activity	July	Aug	Sep
Training	3	22.5	
Community Event	9.5	3	
SNHD Clinic	66.75	116	
Emergency Deployment		0	
FY2026 Total Hours	**79.75**	**141.50**	
FY2026 Economic Impact	**$2,864.10**	**$5,138.92**	
FY2025 Total Hours	**72.75**	**132**	
FY2025 Economic Impact	**$2,952.92**	**$4,592.28**	

Source: Department of Labor Economic Value Calculator for medical volunteers. For general volunteer help, which is most of the time, the Independent Sector calculates the value of volunteer time and publishes it each year. The current amount is $34.79. https://independentsector.org/research/value-of-volunteer-time/(Economic impact rates updated April 2025)

VITAL RECORDS

A. August is currently showing a **5% decrease in birth certificate** sales in comparison to August 2025. **Death certificate** sales are currently showing a **4% increase** in comparison to August 2025. SNHD received revenues of $33,891 for birth registrations, $20,748 for death registrations, and an additional $7,762 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Aug 2025	Aug 2026		Yr Average 08/2025 - 08/2026
Births Registered	1,367	1,876	↑	1,960
Deaths Registered	1,248	1,599	↑	22,797
Fetal Deaths Registered	12	16	↑	15

Vital Statistics Services	Aug 2025	Aug 2026		Yr Average 08/2025 - 08/2026
Birth Certificates Mail	193	155	↓	106
Birth Certificates Online Orders	4,161	3,952	↓	3,471
Birth Certificates Billed	108	118	↑	119
Birth Certificates Number of Total Sales	4,462	4,225	↓	3,697
Death Certificates Mail	152	137	↓	140
Death Certificates Online Orders	6,801	7,119	↑	7,789
Death Certificates Billed	50	68	↑	47
Death Certificates Number of Total Sales	7,003	7,324	↑	7,977

Revenue	August 2025	August 2026		Yr Average 08/2025- 08/2026
Birth Certificates ($25)	$111,550	$105,625	↓	$92,425
Death Certificates ($25)	$175,075	$183,100	↑	$199,420
Births Registrations ($13)	$37,297	$33,891	↓	$33,435
Deaths Registrations ($13)	$20,059	$20,748	↑	$23,842
Convenience Fee ($2)	$8,640	$7,324	↓	$6,980
Miscellaneous Admin	$646	$438	↓	$578
Total Vital Records Revenue	$353,267	$351,126	↓	$356,680

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment-only.

Applications	Aug 2025	Aug 2026		Yr Average 08/2025 - 08/2026
Passport Applications	737	422	↓	655

Revenue	Aug 2025	Aug 2026		Yr Average 08/2025 - 08/2026
Passport Execution/Acceptance fee ($35)	$25,795	$14,770	↓	$22,954

IV. HEALTH EQUITY

Health Equity Program – August Highlights

The Health Equity Program continues to strengthen community partnerships and collaborations aimed at increasing the capacity of local communities to address health disparities.

Key Activities in August:

A. **Youth Advisory Council (YAC - SPARK)**

1. August 3rd, the Health Equity team presented the SNHD Programs and Services workshop to staffers of Dignity Health's Chronic Disease program. The workshop was provided remotely, nineteen (19) individuals attended and were provided information about the programs and services provided by SNHD.
2. August 4th and 18th, the Health Equity program implemented the last two (2) sessions on Brain Health for the summer reading campaign at the West Las Vegas Library. Workshop participants received education on risk factors associated with dementia and steps that can be taken to reduce that risk.
3. August 13th, the Health Equity program attended the LVMPD Hispanic Coalition Unidos Por la Comunidad Resource Fair. There were 45 event participants engaged with the Health Educator on site and received education on Brain Health in addition to information about programs and services provided at SNHD.
4. August 27th, the Health Equity program attended the Safe Routes to School (SRTS) kickoff event held at the CCSD Family Engagement Support Center at 1720 S Maryland Pkwy. There were 76 event participants engaged with the Health Educator on site and received information on available services at SNHD and provided education on brain health, and modifiable risks factors associated with an increased risk of dementia.

V. HEALTH CARDS

A. Locations

1. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
2. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day around 7:30 a.m. as staffing allows.
3. Same day appointments for our Laughlin and Mesquite offices are open each working day at 5 a.m.

B. Public Service

FOOD HANDLER CARDS	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	August 2026
New Cards	4,699	4,844	4,505	5,493	4,902	4,327
Renewal Cards (In-person and Online)	5,340	4,422	3,680	3,717	3,726	3,553
Duplicates	579	582	515	479	462	472

FOOD HANDLER CARDS	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	August 2026
CFSM (Manager) Cards	279	244	176	176	165	210
Re-Tests	1,282	1,245	954	1,033	1,023	927

BODY ART CARDS	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	August 2026
Body Art Cards	137	102	110	84	116	108
Body Art Mentor Cards	5	7	13	14	9	34
Duplicates	2	0	3	2	3	1
Re-Test	6	5	4	6	5	3

TOTAL CLIENTS SERVED	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	August 2026
	12,329	11,451	9,960	11,004	10,411	9,635

C. Passing and Paying

For the month of August, Health Cards averaged 67 "passing and paying" online renewal clients per day, with a total of 2,071 clients renewing online.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: Key Updates

1. SNHD Public Health and Preventive Care Division Support

SNPHL provides laboratory services to the SNHD Nursing Division, including:

a) Molecular and microbiological culture testing
b) Sexually Transmitted Disease (STD) diagnostics

2. SNHD FQHC Division Support

SNPHL collaborates with the SNHD STD Department in the following activities:

a) Participation in the CDC's Gonococcal Isolate Surveillance Project (GISP) and the enhanced Gonococcal Isolate Surveillance Project (eGISP).
b) Performing NAAT (Nucleic Acid Amplification Test) and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antimicrobial susceptibility patterns.
c) Participation in eGISP Part B to expand culture-independent testing for antimicrobial resistance genes in gonococcal isolates.

d) A detailed breakdown of monthly sample volumes provided on the accompanying table (RPR - Rapid Plasma Reagin):

Test Name	Monthly Count	Avg Year to Date
GC Cultures	36	28
NAAT NG/CT	1,709	1,621
Syphilis	841	749
RPR/RPR Titers*	285/138	139/52
Hepatitis Total	2,783	2,524
HIV/differentiated	711/26	658/16
HIV RNA	161	139

*= RPR / RPR Titers refer to tests used to screen for and monitor syphilis; RPR = Rapid Plasma Reagin

3. COVID-19 Testing Operations

a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform.

b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours (current TAT two-day currently at / near goal).

c) In August, the average daily testing volume was four (4) samples, with an average TAT of 48 hours from collection to report release.

d) IT enhancements include streamlined patient accession and direct report verification from SNPHL's Laboratory Information Management System (LIMS) into the SNHD patient portal.

e) High-throughput automation has been incorporated, including the Eppendorf 5073 specimen fluid handling station.

A detailed summary of COVID-19 testing volumes and performance metrics is provided in the accompanying table:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	359/13	July	81/8
February	298/11	August	80/30
March	173/5	September	
April	128/7	October	
May	128/3	November	
June	68/9	December	

4. Reportable Disease Testing

a) SNPHL continues routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.

b) A monthly summary of reportable disease testing provided on the accompanying table:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	3	2	9	6	7	9	4	9					49
	Campy Screen	3	5	12	13	17	12	13	21					96
Neisseria species	Gonorrhoeae Culture	24	22	25	28	14	40	31	36					220
	Gram Stain/WBC	0	5	0	0	0	5	0	0					10
	Neisseria ID	0	0	0	0	0	0	0	0					0
	Haemophilus ID	0	0	0	0	1	0	0	0					1
Unknown ID	Bacterial ID	0	0	0	0	0	0	2	0					2
	WGS (PulseNet)	14	19	17	19	32	45	57	44					247
Salmonella	Salmonella Screen	6	12	6	10	12	30	34	32					142
	Salmonella Serotype	5	12	6	7	11	29	33	23					126
Shigella	Shigella Screen	2	3	5	2	6	6	9	11					44
	Shigella Serotype	1	2	3	0	5	3	6	5					25
STEC	STEC Screen	5	1	2	7	3	5	8	8					39
	STEC Serotype	3	2	2	3	0	1	4	4					19
Unknown	Stool Culture	1	5	0	2	2	5	4	3					22

Vibrio	Vibrio ID	2	0	0	4	0	0	2	1					9
	Vibrio Screen	3	0	1	4	0	0	5	2					15
Yersinia	Yersinia Culture/ID	0	1	1	0	2	1	1	2					8

B. **Epidemiological Testing and Consultation** - **Key Updates:**

1. **Outbreak Investigation Committee Participation**
   SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There were no gastrointestinal (GI) outbreak samples received for investigation in August.
2. **Influenza Surveillance Reporting**
   SNPHL continues to report influenza testing results to the CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). In August, SNPHL performed fourteen (14) respiratory panel tests using the BioFire platform.

C. **Emergency response and reportable disease isolate testing report - Key Activities and Capabilities:**

1. **Reportable Disease Isolate Testing and Confirmation**
   SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs: Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. **Whole Genome Sequencing (WGS) Validation**
   SNPHL is clinically validated to use WGS for the identification of *Campylobacter* species (select species), pathogenic *Escherichia coli*, and *Salmonella* species. SNPHL is also validated for the determination of *Salmonella* serotypes, STEC (Shiga toxin-producing *E. coli*) serotypes, and Shiga toxin genes.
3. **PulseNet Surveillance**
   In July 2026, SNPHL performed 57 Whole Genome Sequencing tests (WGS) as part of the PulseNet Foodborne Outbreak Surveillance program.
4. **Bacterial Isolate Screening**
   Using the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total of 368 bacterial organisms were identified in July.
5. **SARS-CoV-2 Sequencing**
   SNPHL is validated for the sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades. SNPHL is sequencing 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of July 2026, SNPHL has sequenced nine (9) SARS-CoV-2-positive RNA extracts.

6. **Legionella Surveillance**
   SNPHL collaborates with Environmental Health and Veritas Labs for Legionella surveillance. Monthly isolate counts for 2026 are as follows:

2026	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	39	45	83	18	43	22	79	24				

7. **Vector-Borne Disease Testing**
   SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

   a) A total of **2,118 mosquito pool samples were tested** in August.
   b) In August, there were (53) WNV-positive mosquito pool samples were identified.
   c) Results are communicated to Environmental Health and subsequently released to the public.

8. **Gonococcal Isolation Surveillance Program (GISP/eGISP)**
   In August, SNPHL collected 27 clinical isolates:

   a) *Neisseria gonorrhoeae*: thirteen (13) isolates
   b) *Neisseria meningitidis*: one (1) isolates
   These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs (NAAT - Nucleic Acid Amplification Test) or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

9. ***C. auris* PCR Screening**
   SNPHL performed 2,078 Real-Time PCR screenings for *Candida auris* in August 2026.

D. **All-Hazards Preparedness:**

1. **Coordination with First Responder Training**
   SNPHL collaborates on training and exercises with first responder agencies, including the Civil Support Team, HazMat units, the Federal Bureau of Investigation (FBI), and the Las Vegas Metropolitan Police Department.

2. **Laboratory Packaging and Shipping Guidance**
   SNPHL offers guidance to local laboratorians on CDC protocols for packaging and shipping infectious substances, including chain of custody procedures.

3. **Onsite Training for Long-Term Care Facilities**
   SNPHL provided onsite training for long-term care facilities on the use of COVID-19 online ordering applications.

4. **Monkeypox Biosafety Guidance**
   Biosafety guidance was supplied to sentinel sites in response to Monkeypox surveillance and containment efforts.

5. **Vaccination Support for Laboratory Staff**
   SNPHL facilitated Monkeypox and bivalent COVID-19 booster vaccinations for laboratory personnel.
6. **Ongoing Biosafety Training for SNPHL Staff**
   The laboratory continues to provide perpetual biosafety training and updated guidance to SNPHL personnel.
7. **Ebola/High-Risk Pathogen Preparedness**
   Ebola / High-Risk Pathogen Preparedness: Reviewed SNHD Ebola Virus Disease (EVD) plan, State Concept of Operations, and hospital/EMS Ebola protocols to support ongoing preparedness planning; materials are being used as a baseline for future response planning discussions.

E. **<u>August 2026 SNPHL Activity Highlights</u>:**

1) **COVID-19 Testing Supplies and Reagent Forecast**
   SNPHL has maintained a consistent supply of Viral Transport Medium (VTM) for COVID-19 collection kits, even following the cessation of ELC COVID funding.
2) **Facility Infrastructure and Equipment Calibration**
   The Phoenix Controls company came to resolve the IP address and test the integrated system adjustment for the installation of the on-site monitor computer and network connection on the 2nd floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature; no additional updates were reported this month.
3) **Genomic Surveillance – SARS-CoV-2**
   WGS and genomic data analysis indicate that the Omicron variant XFG lineages were domain lineages in July 2026, from the samples received in the laboratory. Our laboratory will keep sequencing the close contact samples to help ODS to follow up on the investigation.
4) **Influenza Surveillance**
   The current influenza surveillance season showed that A/H3 and B/Victoria are major subtypes of influenza.
5) **Ebola Testing**
   SNPHL performs the Ebola testing by using BioFire Warrior panel which can detect Bacillus anthracis, Yersinia pestis, Francisella tularensis, Coxiella burnetii, Ebola virus, and Marburg virus. Current maximum capacity is twenty (20) samples per day, and turn-around time is 4-6 hours. No suspect Ebola samples were tested in August.
6) **Laboratory Workforce Development**
   To support ongoing workforce development and laboratory preparedness, Alessandro Figuere-Perello, LTII in Virology, attended the 2026 Influenza and SARS-CoV-2 Molecular Diagnostic Workshop (Session 2) at the North Carolina State Laboratory of Public Health in Raleigh, North Carolina, on August 27th – 28th. In addition, Ilene Bautista attended the LRN-B APHL/CDC Workshop in San Antonio, Texas, from August 31st – September 3rd. These training opportunities enhance staff expertise in molecular diagnostics and laboratory response capabilities, supporting the laboratory's commitment to maintaining proficiency in emerging public health testing and preparedness activities.

7) **Expansion Planning: BSL-3 Equipment**
SNPHL is using the GeneXpert instrument to ID Carbapenemase genes from rectal swab samples. This project may be implemented after the state CLIA inspection.

8) **Carbapenemase Detection**
The SNPHL will utilize the GeneXpert platform to detect carbapenemase-producing organisms by identifying carbapenemase genes from rectal swab specimens. This testing service is scheduled to be implemented and available to clients in September.

9) **State Laboratory Licensing**
The SNPHL has obtained an updated state laboratory license that includes approval for new testing capabilities in CRO PCR, measles, and clinical chemistry. We are currently updating the SNPHL website, revising requisition forms, and activating these tests in the laboratory information management system (LIMS). In addition, we will notify hospitals and Epidemiology partners of the availability of these new testing services.

F. **COMMUNITY HEALTH – SNPHL – Calendar Year Data**

August SNPHL Services	2025	2026	
Clinical Testing Services [1]	6,273	7,434	↑
Epidemiology Services [2]	283	438	↑
State Branch Public Health Laboratory Services[3]	0	0	=
All-Hazards Preparedness Services [4]	5	5	=
Environmental Health Services [5]	331	309	↓

[1] Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVD Ab immunologic tests.

[2] Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

[3] Includes COVD PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

[4] Includes Preparedness training, teleconferences, and Inspections.

[5] Includes vector testing.

MEMORANDUM

Date: **September 15, 2026**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer

Subject: Community Health Center FQHC Chief Executive Officer Report – August 2026

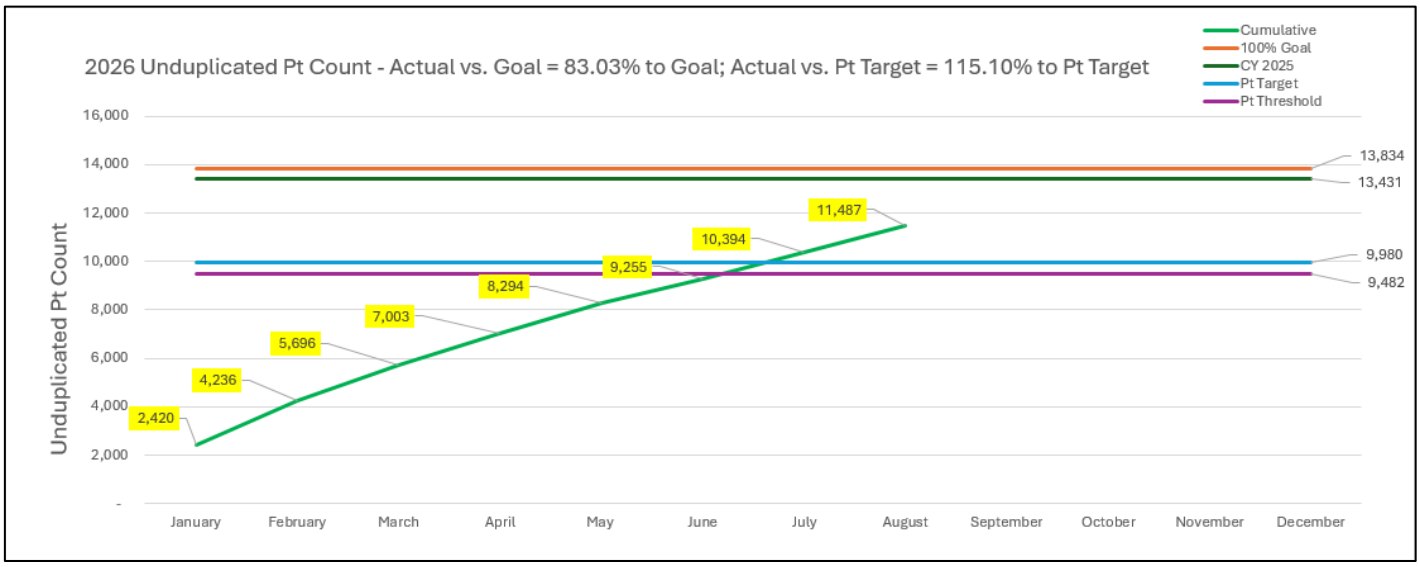
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

August Highlights - Administrative

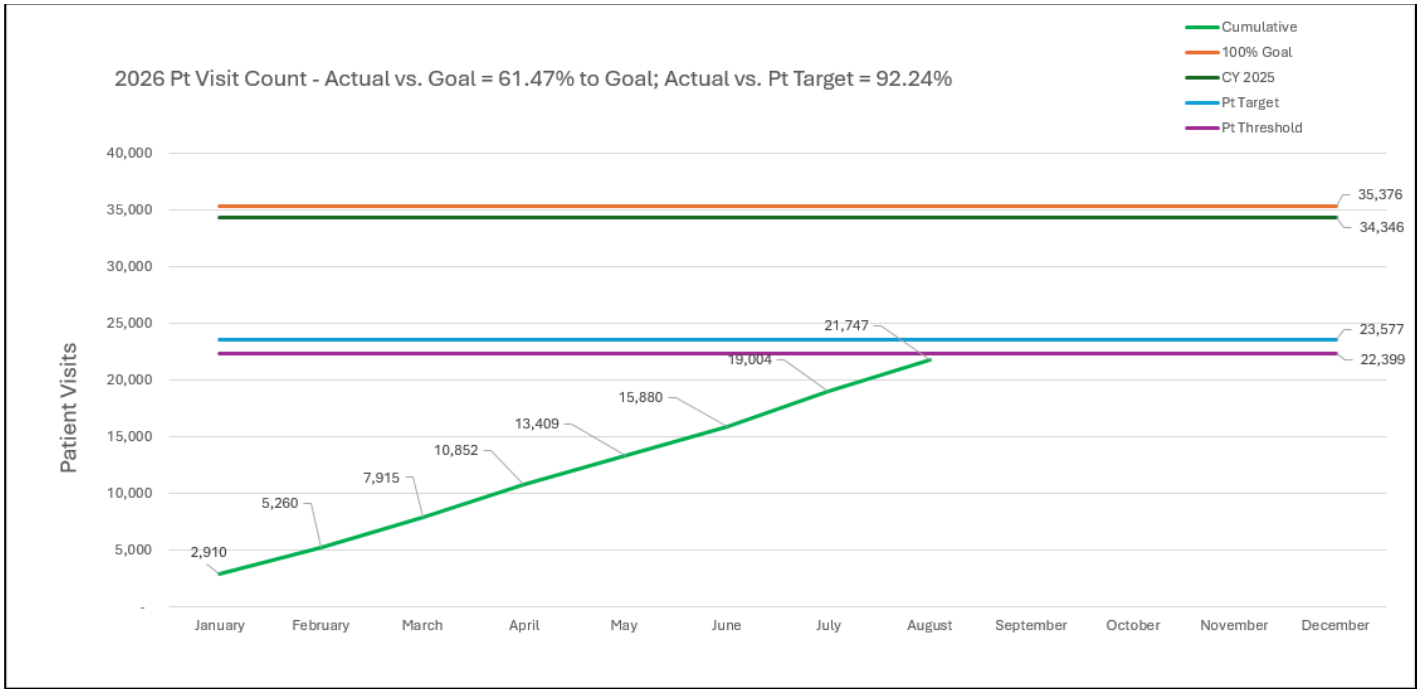
- HRSA New Access Point (NAP) Grant:
  - A NAP grant for $650,000 has been awarded to SNHD.
  - Funding is to support the opening of a new clinic site.
  - The new site must be located within the 89103 zip-code.
    - Two viable locations have been identified and are being worked through to determine the best fit.
  - The site must be operational by December 10, 2026.
  - The unique patient goal for the new site = 2,560.
    - HRSA will assess progress toward goals at eight (8) months and again through the 2027 UDS Report.
  - Services include Medical, Behavioral Health, and Enabling.
  - Ongoing funding is contingent on the availability of federal funds, the health center's compliance with program requirements, and the achievement of unique patient goals.
- The health center has applied for the HRSA Expanded Nutrition grant for a project period spanning December 1, 2026, through November 30, 2028. The grant provides upwards of $350,000 over the two-year project period.
- The HRSA Non-Competing Continuous grant application for year four (4) of four (4) of Health Center program funding is being developed and is due in October.

Access

Unduplicated Patients – August 2026



Patient Visits Count – August 2026



Provider Visits by Program and Site – August 2026

Facility	Program	AUG '26	AUG '25	AUG YoY %	FY27 YTD	FY26 YTD	FY YTD YoY%
Decatur	Family Health	811	819	-1%	1,404	1,754	-25%
Fremont	Family Health	518	521	-1%	1,059	936	12%
Total	**Family Health**	**1,329**	**1,340**	**-1%**	**2,463**	**2,690**	**-9%**
Decatur	Family Planning	188	83	56%	410	147	64%
Fremont	Family Planning	195	201	-3%	368	398	-8%
Total	**Family Planning**	**383**	**284**	**26%**	**778**	**545**	**30%**
Decatur	Sexual Health	486	510	-5%	969	1,147	-18%
Fremont	Sexual Health	130	122	6%	270	255	6%
Total	**Sexual Health**	**616**	**632**	**-3%**	**1,239**	**1,402**	**-13%**
Decatur	Behavioral Health	182	150	18%	402	363	10%
Fremont	Behavioral Health	150	153	-2%	324	297	8%
Total	**Behavioral Health**	**332**	**303**	**9%**	**726**	**660**	**9%**
Decatur	Ryan White	222	194	13%	426	493	-16%
Fremont	Ryan White	26	31	-19%	58	45	22%
Total	**Ryan White**	**248**	**225**	**9%**	**484**	**538**	**-11%**
FQHC Total		**2,908**	**2,784**	**4%**	**5,690**	**5,835**	**-3%**

Pharmacy Services

	26-Aug	25-Aug		FY27 YTD	FY26 YTD		% Change YoY
Patient Encounters (Pharmacy)	1,841	1,694	↑	3,608	3,454	↑	**4.5%**
Prescriptions Filled	3,389	3,084	↑	6,810	6,292	↑	**8.2%**
Patient Clinic Encounters (Pharmacist)	63	53	↑	143	114	↑	**25.4%**
Financial Assistance Provided	14	10	↑	27	24	↑	**12.5%**
Insurance Assistance Provided	27	5	↑	41	21	↑	**95.2%**

A. 3,389 prescriptions dispensed to 1,841 patients.
B. 63 patient clinic encounters completed by a pharmacist.
C. 14 patients assisted with obtaining medication financial assistance.
D. 27 patients assisted with insurance approvals.

Behavioral Health Services

A. Behavioral Health (BH) Manager and BH Psychiatric APRNs attended the Overdose Prevention Summit to enhance knowledge and support ongoing community and patient care initiatives.

B. The BH team continues efforts to identify eligible patients for Chronic Care Management (CCM) services to improve care coordination and health outcomes.

C. BH is collaborating with Community Health Workers (CHWs) and the medical team to facilitate hospital follow-up visits for patients. Behavioral Health visits are being conducted as part of the integrated care model.

Family Planning Services

A. Family Planning program access was 26% in August and is up 30% year-over-year. Program team administrators and clinical staff continue to work with SNHD's Quality Improvement and Accreditation Program Manager on quality improvement projects designed to increase access to care. Same day walk-ins have been identified as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. Walk-in services are available at Decatur Monday through Thursday. This project is ongoing.

B. Data improvement projects are underway and are being monitored monthly to enhance data quality, integrity, documentation practices, EHR mapping, and results for the annual FPAR 2.0 report.

C. A new Title X Notice of Funding Opportunity for the period of April 1, 2027, through March 31, 2032, has been announced. The application is due in early January 2027.

D. The role of Project Director for the Title X Family Planning Program is being transferred from the FQHC Administrative Manager to the FQHC CEO.

HIV/Ryan White Program Services

A. The Ryan White program received 60 referrals between August 1st and August 31st. There was one (1) pediatric clients referred to the Medical Case Management in August, and the program received one (1) referral for a pregnant women living with HIV during this time.

B. There were 680 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 358 unique clients served under these programs in August.

C. The Ryan White ambulatory clinic provided a total of 483 visits in the month of August, including 23 initial provider visits, 196 established provider visits, and two (2) tele-visit to established patients. Additionally, there were 22 nursing visits and 242 lab visits provided. There were 77 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of August. There were eight (8) Ryan White patients seen by the Registered Dietitian under Medical Nutrition services in August.

D. The Ryan White clinic provides Rapid stART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a

walk-in basis. There were 11 patients seen under the Rapid stART Program in August.

E. The role of Project Director for Ryan White Part A and B is being transferred from the FQHC Administrative Manager to the FQHC CEO.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 728 unique services to 657 unduplicated patients for the month of August.

Refugee Health Program (RHP)

Refugee Health Program for the month of August.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	4
Clients encounter by program (adults)	8
Refugee Health Screening for August 2026	12
Total for FY26-27	31

Outreach/In Reach Activity

Number of events (August 2026)	1 – Outreach 0 – In reach
Number of people reached	45
Number of people linked to the clinic	3
Number of hours dedicated to outreach	2

Eligibility and Insurance Enrollment Assistance

Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

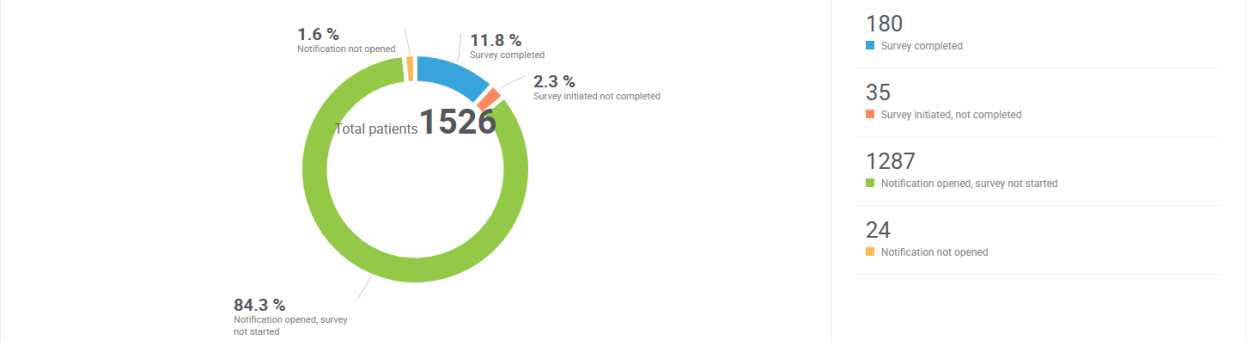
August 2026	Decatur	Fremont	Total
Medicaid	11	3	14
SNAP	7	3	10
Recert	13	0	13

Patient Satisfaction: See attached survey results.

SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center
Patient Satisfaction Survey – August 2026

Overview

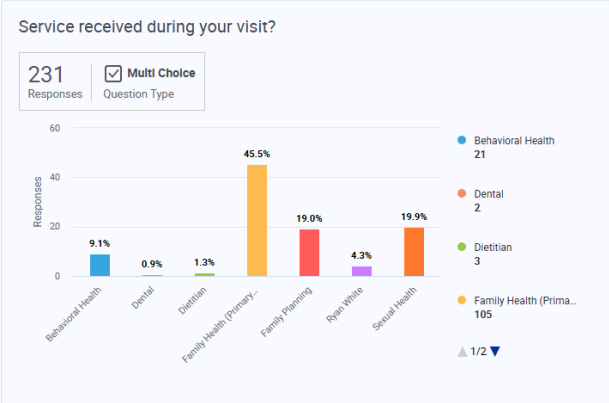


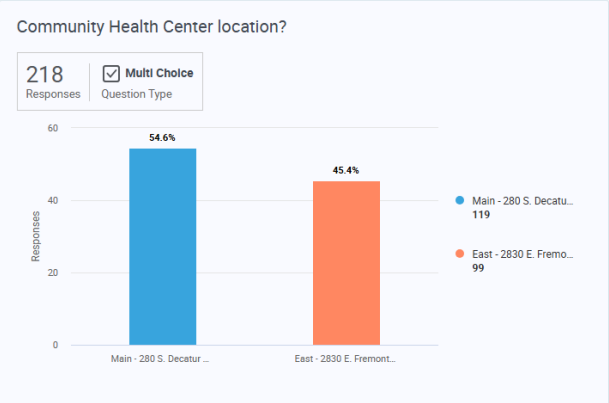
Gender





Service and Location

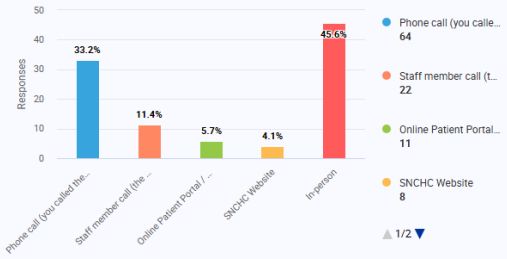




Provider, Staff, and Facility

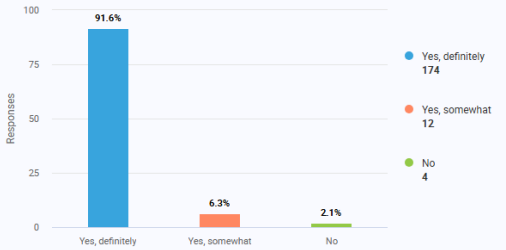
Thinking about your most recent visit, how did you make an appointment?

193 Responses | Multi Choice Question Type



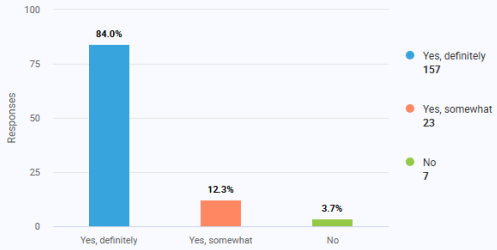
Thinking about your recent visit, was it easy to schedule an appointment?

190 Responses | Multi Choice Question Type



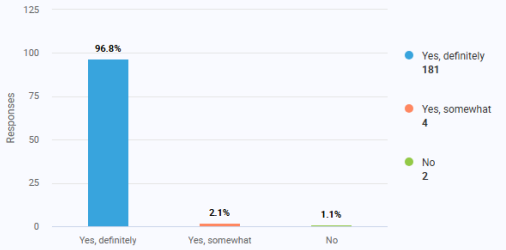
Was the recent visit as soon as you needed?

187 Responses | Multi Choice Question Type



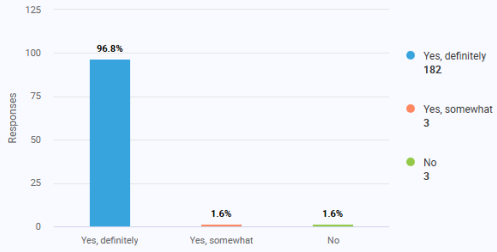
Did the provider explain things in a way that was easy to understand?

187 Responses | Multi Choice Question Type



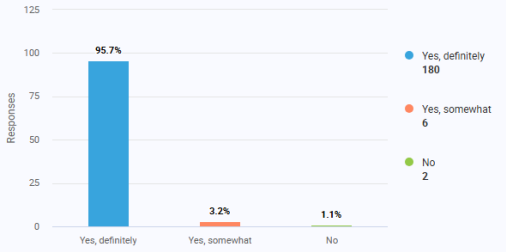
Did the provider listen carefully to you?

188 Responses | Multi Choice Question Type



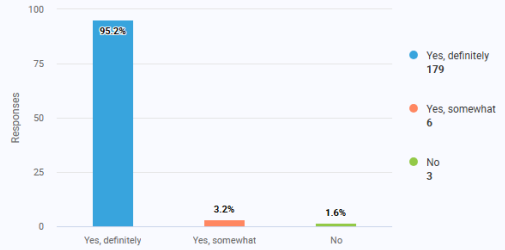
Did the provider show respect for what you had to say?

188 Responses | Multi Choice Question Type



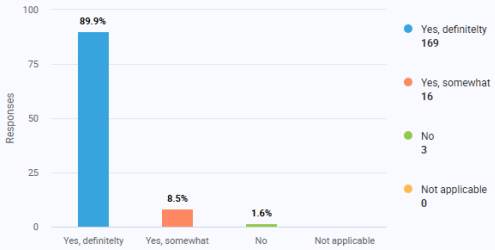
Did the provider spend enough time with you?

188 Responses | Multi Choice Question Type



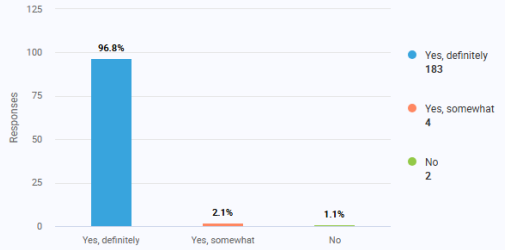
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

188 Responses | Multi Choice Question Type



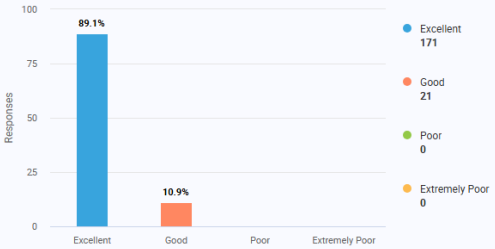
Did the staff treat you with courtesy and respect?

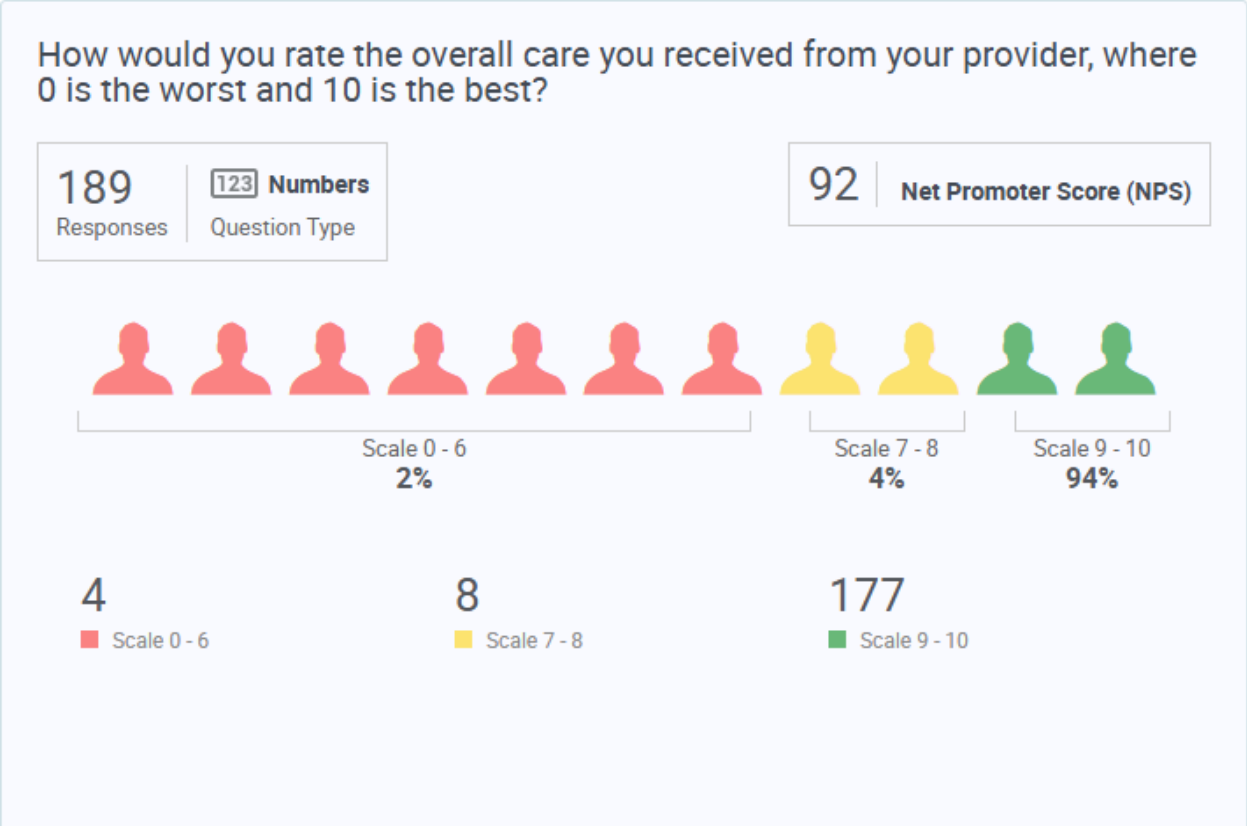
189 Responses | Multi Choice Question Type



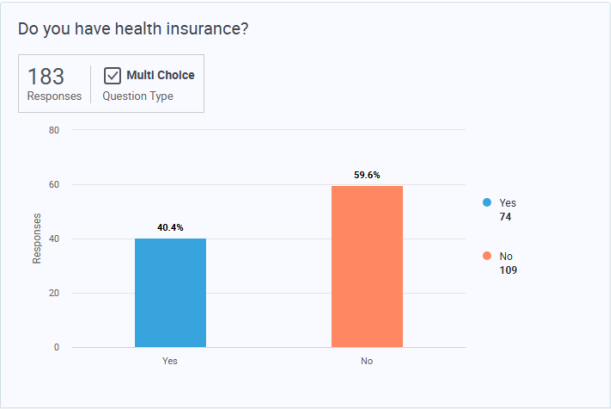
Thinking about the facility, how was the overall cleanliness and appearance?

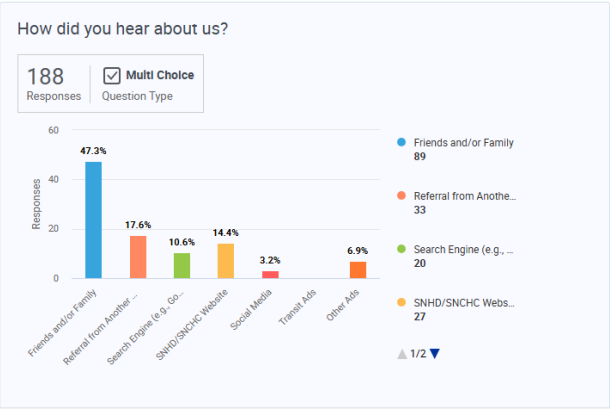
192 Responses | Multi Choice Question Type





General Information





Memorandum

Date: September 24, 2026

To: Southern Nevada District Board of Health

From: **Victoria Burris, MPH,** *Acting Director of Disease Surveillance & Control* VB
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – August 2026

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selected Illnesses Reported

	August 2025	August 2026		YTD 25	YTD 26	
Sexually Transmitted						
Chlamydia	1029	941	↓	8079	8174	↑
Gonorrhea	427	431	↑	3362	3209	↓
Primary Syphilis	9	3	↓	68	36	↓
Secondary Syphilis	8	2	↓	77	59	↓
Early Non-Primary, Non-Secondary[1]	21	12	↓	247	176	↓
Syphilis Unknown Duration or Late[2]	107	29	↓	932	705	↓
Congenital Syphilis (presumptive)	3	2	↓	26	14	↓
Moms and Babies Surveillance[3]						
Pregnant Persons Living with HIV[4]	5	1	↓	38	23	↓
Pregnant Syphilis Cases	29	21	↓	165	229	↑
Perinatally Exposed to HIV	6	0	↓	33	13	↓
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	4	↑	25	39	↑
Hepatitis A	0	0	→	1	3	↑
Hepatitis B, acute	1	1	→	23	20	↓

[1] Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

[2] Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

[3] Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

[4] The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant are not a reportable condition in Clark County.

[5] Arrows indicate directional change only and do not represent statistical significance.

	August 2025	August 2026		YTD 25	YTD 26	
Influenza Hospitalizations and Deaths	23	30	↑	1222	1217	↓
Meningococcal disease (Neisseria meningitidis)	0	0	→	1	1	→
MPOX	1	1	→	2	22	↑
Mumps	0	0	→	1	1	→
COVID-19 Hospitalizations and Deaths	116	13	↓	650	194	↓
Pertussis	4	1	↓	48	102	↑
RSV	12	11	↓	2240	2491	↑
Enteric Illness						
Amebiasis	1	0	↓	8	2	↓
Campylobacteriosis	23	25	↑	168	161	↓
Cryptosporidiosis	4	3	↓	21	15	↓
Giardiasis	3	0	↓	38	41	↑
Rotavirus	16	10	↓	217	139	↓
Salmonellosis	31	23	↓	144	166	↑
Shiga toxin-producing Escherichia coli (STEC)	7	7	→	66	64	↓
Shigellosis	6	6	→	53	58	↑
Vibriosis (non-cholera Vibrio species infection)	2	2	→	9	15	↑
Yersiniosis	2	8	↑	39	36	↓
Other						
Coccidioidomycosis	17	12	↓	175	161	↓
Cryptococcosis	0	0	→	0	4	↑
Cyclosporiasis	0	1	↑	8	12	↑
Dengue	1	1	→	5	4	↓
Hepatitis C, acute	0	0	→	7	11	↑
Invasive Pneumococcal Disease	12	2	↓	160	144	↓
Lead Poisoning	14	13	↓	113	191	↑
Legionellosis	6	2	↓	32	13	↓
Lyme Disease	0	1	↑	5	7	↑
Meningitis, Aseptic	1	1	→	14	6	↓
Meningitis, Bacterial Other	1	0	↓	5	7	↑
Streptococcal Toxic Shock Syndrome (STSS)	3	2	↓	21	23	↑
New Active TB Cases Counted (<15 yo)	0	0	→	0	2	↑
New Active TB Cases Counted (>= 15 yo)	4	4	→	46	39	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters[1]	Reactors/ Symptomatic/ X-ray[2]	OOJ/ FUP[3]
Chlamydia	24	0	38	0
Gonorrhea	16	0	14	0
Syphilis	8	1	171	0
HIV/AIDS (New to Care/Returning to Care)	11	2	57	0
Tuberculosis	105	0	8	1
TOTAL	164	3	288	1

[1] Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
[2] Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
[3] OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

3. Disease and Outbreak Investigations

a. **MPOX:** As of July 27, 2026, Clark County had 356 cases of MPOX since the first reported case in 2022.
b. **Cyclosporiasis:** As of August 31, 2026, eleven total cases of cyclosporiasis have been reported in Clark County since January 1, 2026. Three cases are associated with the multistate outbreak and associated with the recall of the Taylor Farm's packaged iceberg lettuce from Mexico.
c. **Gastrointestinal illness:** One elementary school has reported GI illness starting in mid-August. EH has been notified, and the school has provided a line list of ill students. Parents of cases are being called to complete a survey. This investigation is ongoing.

4. Non-communicable Reports and Updates

a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer naloxone. ODS has also been given permission at the Clark County Detention Center to place naloxone in a person's property at the facility.

The following naloxone distributions took place in the month of August:

Naloxone Distribution	Agency	# of Naloxone doses distributed
8/6/2026	Academica	144
8/6/2026	Paiute Police Dept	96
8/6/2026	UNLV The Cardiff Project	360
8/6/2026	Street Dogz	48
8/6/2026	Save Our Sinners	360
8/6/2026	Las Vegas Day School	24
8/18/2026	SNHD - Street Medicine	96

Naloxone Distribution	Agency	# of Naloxone doses distributed
8/18/2026	Naphcare	336
Total		1464

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of August:

Date:	Agency:	FTS:	XTS:	QTY:
8/26/2026	Foundation for Recovery	10,000	400	10,400
TOTALS:		10,000	400	10,400

5. Prevention - Community Outreach/Provider Outreach/Education

a. Ongoing promotion continues of the Collect2Protect (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

b. ODS continues to collaborate with community partners to participate at various outreach events. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. As ODS strives to expand our reach to populations with high disease burden, having broader access points in the community are integral. On August 12, 2026, ODS returned to Adonis Health Club located at 2225 E. Flamingo Rd., Building 2, . Adonis is primarily a men's gym/bathhouse focused on serving the LGBTQ community. We provided our full service offering of rapid HIV and HCV testing, syphilis testing, overdose prevention services, PrEP navigation, condoms, along with educational/informational navigation. In addition, on August 22, 2026, ODS was able to send a PrEP Navigator and Health Educator to participate in the Forbidden Fruits Topic Party to provide STI/HIV education to participants while SHOPP provided onsite testing. The focus of the Topic Party was HIV prevention and sexual health. The key topics requested by the organizers from our staff were: educational segments on: (1) common misconceptions around HIV/STIs, (2) proper condom use (including for poly relationships and female condoms), (3) breaking down stigmas, (4) explaining PrEP and PEP, and (5) resources for local testing and understanding undetectable status. The Topic Party was held at IPEC Las Vegas located at 6590 Bermuda Rd.

c. TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Distribution is ongoing. Additionally, there is reporting information and a QR code that links to the provider education training: https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration

B. High Impact HIV/STD/Hepatitis Screening Sites

1. Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	**Aug-25**	**Aug-26**		**YTD 25**	**YTD 26**	
Outreach/Targeted Testing	1152	531	↓	9433	8499	↓
Clinic Screening (SHC/FPC/TB)	477	202	↓	4600	2288	↓
Outreach Screening (Jails)	67	2	↓	1259	621	↓
Collect2 Protect	12	0	↓	68	39	↓
TOTAL	1708	735	↓	15360	11447	↓
Outreach/Targeted Testing POSITIVE	6	0	↓	38	30	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	3	2	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	6	2	↓
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	7	0	↓	47	34	↓

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 08/03/2026: Facilitated Perinatal HIV Prevention Education at Spring Valley Hospital for NICU, Post Partum and Labor and Delivery Units; 25 people in attendance; 2 SNHD ODS staff in attendance.
2. 08/04/2026: Facilitated Congenital Syphilis and Syphilis Provider Education at Spring Valley Hospital for NICU, Post Partum, and Labor and Delivery Units; 25 people in attendance; 2 SNHD ODS staff in attendance.
3. 08/05/2026: Facilitated Perinatal HIV Prevention Education at Spring Valley Hospital for NICU, Post Partum and Labor and Delivery Units; 25 people in attendance; 2 SNHD ODS staff in attendance.
4. 08/05/2026- 08/26/2026: HAI team facilitated 4-weekly EVS trainings for two skilled nursing facilities; 6-8 facility staff in attendance at each session, 2 ACDC staff and 1 EH staff in attendance.
5. 08/06/2026: Facilitated Congenital Syphilis and Syphilis Provider Education at Spring Valley Hospital for NICU, Post Partum, and Labor and Delivery Units; 22 people in attendance; 2 SNHD ODS staff in attendance.
6. 08/07/2026: Attended the Big Cities Health Coalition Violence Prevention Workgroup Meeting as SNHD representative; 14 people in attendance; 1 SNHD ODS staff in attendance.
7. 08/12/2026: Facilitated Overdose Response Training - SafeNest; 10 people in attendance; 1 SNHD staff in attendance.
8. 08/13/2026: Organized, facilitated, and presented at the 2026 Southern Nevada Substance Misuse and Overdose Prevention Summit; 243 people in attendance; 40 ODS staff in attendance.

9. 08/18/2026: Presented on Naloxone at Clark County's Monthly Meeting/Recognition of International Overdose Awareness Day; 75 people in attendance; 3 ODS staff in attendance.
10. 08/18/2026: Facilitated Overdose Response Training - Boyd Gaming; 19 people in attendance; 1 SNHD staff in attendance.
11. 08/25/2026: Facilitated Overdose Response Training - Real Talk YIP; 19 people in attendance; 1 SNHD staff in attendance.
12. 08/25/2026: Attended Ryan White Las Vegas Priority Setting and Resource Allocation Meeting as SNHD Representatives; 45 people in attendance; 2 SNHD ODS staff in attendance.
13. 08/26/2026: Facilitated PrEP Education Visit with Wendy Martinez, APRN; 4 people in attendance; 3 SNHD ODS staff in attendance.
14. 08/26/2026: Attended Ryan White Las Vegas TGA Planning Council Meeting as SNHD Representative; 29 people in attendance; 2 ODS staff in attendance.
15. 08/27/2026: Facilitated Overdose Response Training - Las Vegas Rescue Mission; 6 people in attendance; 1 SNHD staff in attendance.
16. 08/31/2026: Facilitated Provider Education visit with UNLV OB/GYN; 2 people in attendance; 1 ODS staff member in attendance.
17. 08/31/2026: Facilitated Provider Education visit with WHASN (Dr. David Kartziel), 2 people in attendance; 1 ODS staff member in attendance.
18. 08/31/2026: Facilitated Provider Education visit with AHF; 1 person in attendance; 1 ODS staff member in attendance.
19. 08/31/2026: Facilitated provider Education with Elite Medical Center; 1 person in attendance; 1 ODS staff member in attendance.
20. 08/31/2026: Facilitated Provider Education with Dr. John M. Nowins; 2 people in attendance; 1 ODS staff member in attendance.
21. 08/31/2026: Facilitated PrEP Education Visit with Health Path Clinics; 1 person in attendance; 1 SNHD ODS staff in attendance.
22. 08/31/2026: Facilitated Provider Education visit with Sunrise Primary Care; 2 persons in attendance; 1ODS staff member in attendance.
23. 08/31/2026: Facilitated Provider Education visit with Dr. Marsha Goodhead; 1 person in attendance; 1 ODS staff member in attendance.
24. 08/31/2026: Facilitated Provider Education visit with Good Samaritan Primary Care; 1 person in attendance; 1 ODS staff member in attendance.
25. 08/31/2026: Facilitated Provider Education with Concepcion Medical Center PLLC; 2 persons in attendance; 1 ODS staff member in attendance.
26. 08/31/2026: Facilitated Provider Education with Clinca Medical Center PLLC; 1 person in attendance; 1 ODS staff member in attendance.
27. 08/31/2026: Facilitated Overdose Response Training - Love Metropolitan Community Church; 32 people in attendance; 1 SNHD staff in attendance.

D. Office of Epidemiology

1. Epidemiology Reports

a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables
b. Monthly and quarterly disease statistics
c. Weekly MPOX case and vaccination report
d. Ongoing monthly and quarterly reports for FOCUS HIV grant project
e. Monthly and quarterly NVDRS, SUDORS and NCLPP reports
f. Outreach site HIV testing stats-weekly
g. EPT report- weekly

h. Weekly Influenza Report
i. Weekly Arbovirus update
j. Weekly Wastewater Surveillance Report
k. HAI Quarterly Report
l. Weekly Hepatitis C Linkage Report
m. Weekly Hepatitis C Chronic Surveillance Report
n. Quarterly Hepatitis Report

2. Other Project Updates

a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
b. Developing Maternal and Child Health Dashboard

3. Disease Statistics

a. Communicable Disease Statistics: July 2026 disease statistics are below. Please note that these data are retrieved as of August 28, 2026. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (July 2026)

July 2026: Clark County Disease Statistics*

Data as of 8/28/2026

	2024		2025		2026	
Disease	**July**	**YTD**	**July**	**YTD**	**July**	**YTD**
VACCINE PREVENTABLE						
COVID-19	3,052	11,291	1,046	5,057	394	1,760
Haemophilus influenzae, invasive	4	30	0	23	3	35
Hepatitis A	2	6	0	1	0	3
Hepatitis B, acute	4	26	2	22	2	18
Hepatitis B, chronic	91	805	108	701	101	556
Influenza	18	715	20	1,197	25	1,187
Meningococcal disease (*N. meningitidis*)	0	2	0	1	0	1
MPOX	1	7	1	1	0	21
Mumps	0	3	1	1	0	1
Pertussis	2	39	9	44	3	89
RSV	8	1,935	13	2,228	11	2,480
SEXUALLY TRANSMITTED						
Chlamydia	1,028	7,516	1,075	7,050	1,124	7,233
Gonorrhea	425	3,098	447	2,935	457	2,778
HIV	51	356	39	285	17	216
Stage 3 HIV (AIDS)	16	106	15	126	7	95
Syphilis (Early non-primary, non-secondary)	31	362	32	226	16	164
Syphilis (Primary & Secondary)	37	245	20	128	7	90
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	1	3	0	0	0	1
Congenital Syphilis	7	25	4	23	1	12
ENTERICS						
Amebiasis	0	5	0	7	0	2
Campylobacteriosis	17	141	22	145	26	136
Cryptosporidiosis	3	20	1	17	1	12
Cyclosporiasis	5	8	5	8	5	11
Giardiasis	7	41	8	35	2	41
Rotavirus	6	108	9	201	12	129
Salmonellosis	22	96	22	113	38	141
Shiga toxin-producing *E. coli* (STEC)	12	52	10	59	9	55
Shigellosis	10	85	9	47	12	52
Vibriosis (Non-cholera *Vibrio* species infection)	1	10	1	7	3	11
Yersiniosis	3	26	6	37	4	28
OTHER						
Coccidioidomycosis	26	150	14	158	14	148
Exposure, Chemical or Biological	0	2	0	2	0	2
Hepatitis C, acute	0	8	1	7	0	11
Hepatitis C, chronic	138	953	214	1,164	147	878
Invasive Pneumococcal Disease	11	159	16	148	5	142

	2024		2025		2026	
Disease	**July**	**YTD**	**July**	**YTD**	**July**	**YTD**
Lead Poisoning	8	103	16	99	12	179
Legionellosis	6	19	1	27	1	10
Listeriosis	0	4	1	1	0	0
Lyme Disease	2	6	2	5	1	6
Malaria	3	4	1	3	0	0
Meningitis, Aseptic	4	19	2	13	1	5
Meningitis, Bacterial Other	0	3	0	4	1	7
Meningitis, Fungal	0	3	1	1	0	1
Rabies, exposure to a rabies susceptible animal	30	187	74	362	58	543
Streptococcal Toxic Shock Syndrome (STSS)	3	25	0	18	1	21
Tuberculosis (Active)	8	42	5	42	8	37
West Nile virus neuroinvasive disease	2	13	0	0	0	1

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

Memorandum

Date: September 24, 2026

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS,** *Director of Environmental Health*
Cassius Lockett, PhD, *District Health Officer*

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Routine Inspections	2,376	2,096	↓	4,900	4,274	↓
Reinspections	212	185	↓	430	368	↓
Downgrades	216	184	↓	428	373	↓
Closures	19	14	↓	33	33	→
Special Events	75	38	↓	131	109	↓
Temporary Food Establishments & Tasting Event Booths	282	173	↓	607	518	↓
TOTALS	**3,180**	**2,690**	↓	**6,529**	**5,675**	↓

↑ *(Up Arrow) - Indicates an increase compared to the previous period.*
↓ *(Down Arrow) - Indicates a decrease compared to the previous period.*
→ *(Right Arrow) - Indicates no significant change compared to the previous period.*

1. **Enforcement Actions and Investigations:**
   - **A. Off the Strip at the Linq, 3545 S. Las Vegas Blvd.:** On August 3, a complaint investigation led to the facility being closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented three demerits. The facility was reinspected and reopened with zero demerits on August 6.
   - **B. St. Louis Que, 5560 E. Lake Mead Blvd.:** On August 4, the facility was closed for multiple IHHs, interruption of electrical service and sewage or liquid waste not

disposed of in an approved manner. The inspector documented 36 demerits. The facility remains closed at this time.

C. **Hachi, 3410 S. Jones Blvd.:** On August 6, a follow-up survey led to the facility being closed for an IHH, lack of adequate refrigeration. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on August 11.

D. **Sharky's Woodfired Mexican Grill, 5070 Blue Diamond Rd.:** On August 6, the facility was closed when a routine inspection resulted in 55 demerits. The facility was reinspected and reopened with six demerits on August 7.

E. **Arby's Food Truck #8440, 2987 N. Las Vegas Blvd.:** On August 7, the unit was closed for an IHH, lack of adequate refrigeration. The inspector documented 20 demerits. The unit was reinspected and reopened with zero demerits on August 28.

F. **La Reveliada Mariscos Y Tacos, 1845 N. Rancho Dr.:** On August 7, the facility was closed for multiple IHHs, no hot water and other conditions or circumstances that may endanger public health. The inspector documented 18 demerits. The facility was reinspected and reopened with zero demerits on August 7.

G. **Chica Restaurant at Venetian, 3355 S. Las Vegas Blvd.:** On August 9, a standby complaint investigation led to the facility being closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The facility was reopened on August 10.

H. **Street Tacos LV 12, 1935 Fremont St.:** On August 13, the unit was closed for an IHH, no hot water. The inspector documented 19 demerits. The unit was reinspected and reopened with zero demerits on August 14.

I. **Chilangos Tacos at Grand Bazaar Shops, 3631 S. Las Vegas Blvd.:** On August 17, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 20 demerits. The facility was reinspected and reopened with zero demerits on August 18.

J. **SF Supermarket - Produce, 2575 S. Maryland Pkwy.:** On August 18, the facility was closed for an IHH, pest infestation. The inspector documented 24 demerits. The facility was reinspected and reopened with zero demerits on August 21.

K. **Los Gorditos #2, 63 N. 30th St.:** On August 21, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 11 demerits. The facility remains closed at this time.

L. **Krazy Eat, 663 N. Stephanie St.:** On August 25, the facility was closed for an IHH. The inspector documented 42 demerits. The facility remains closed at this time.

M. **Machetes and Taco Los Chapitos – Portable Unit for the Service of Food, 630 N. Eastern Ave.:** On August 27, the unit was closed for an IHH, lack of adequate refrigeration. The inspector documented 23 demerits. The unit was reinspected and reopened with zero demerits on September 2.

N. Staff closed 56 unpermitted food vending complaint investigations.

2. **Food Safety Assessment Meetings (FSAMs):**

FSAMs were held with the following facilities: El Palacio LV, 1934 N. Decatur Blvd. and Sabores DF, 63 N. 30th St.

3. **Supervisory/Managerial Conferences:**

A. Conferences were held with the following facilities: Mama Lu's Dumpling House, 3864 W. Sahara Ave.; and Antojitos DF Y Mas, 1436 E. Charleston Blvd.

ENVIRONMENTAL HEALTH Outbreak Support – Fiscal Year Data

Outbreak Support	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Childhood Elevated Blood Lead Levels	2	0	↓	6	0	↓
Foodborne Illness Investigations	9	8	↓	18	17	↓
Healthcare Associated Infections (HAI)	0	3	↑	0	7	↑
Legionella Travel Associated Investigations	3	1	↓	4	4	→
Legionella Residential Investigations	1	0	↓	4	3	↓
Legionella HAI Investigations	0	0	→	0	1	↑

4. **Legionella Response:**
   - **A.** Residential Legionella investigations began in January 2020 as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.
   - **B.** Travel-associated investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.
   - **C.** Legionella HAI investigations are prompted by a person becoming ill while, or shortly after, receiving healthcare. An investigation is conducted at the healthcare facility they visited.
5. **Foodborne Illness Response:**
   - **A. Bacchanal Buffet, 3570 S. Las Vegas Blvd.:** On August 4, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including potential contamination of food during storage. The investigation resulted in an A grade.
   - **B. Brewdog, 3767 S. Las Vegas Blvd.:** On August 14, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including food stored in the temperature danger zone. The investigation resulted in an A grade.
   - **C. Firelight Barn, 546 S. Boulder Hwy.:** On August 14, staff responded to multiple reports of illness. The inspector did not observe any risk factors that could lead to illness. The investigation resulted in an A grade.
   - **D. Jessie Rae's BBQ, 308 N. Boulder Hwy.:** On August 14, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper ware washing. The investigation resulted in an A grade.
   - **E. Cheba Hut, 345 W. Craig Rd.:** On August 13, staff responded to a confirmed case of *E. coli*. Staff observed risk factors that could lead to illness, including improper handwashing. The investigation resulted in an A grade.
   - **F. Taco Bell, 3595 S. Durango Rd.:** On August 17, staff responded to a confirmed case of *E. coli*. Staff observed risk factors that could lead to illness, including improper handwashing. The investigation resulted in a B downgrade. The facility passed its reinspection with an A grade on September 3.
   - **G. Ellie's Restaurant, 5740 Spring Mountain Rd.:** On August 19, staff responded to multiple complaints of illness. Staff observed multiple risk factors that could lead to illness, including barehand contact with ready-to-eat foods and improper cooling. The investigation resulted in a C downgrade. A reinspection is still pending.
   - **H. Founders Coffee, 6410 S. Durango Rd.:** On August 31, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness, including dishware stored as clean with old food debris. The investigation resulted in

a B downgrade. The facility passed its reinspection with an A grade on September 3.

II. SOLID WASTE AND COMPLIANCE

ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

Illegal Dumping and Hearing Officer Process	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Notices of Violations (New & Remails)	5	4	↓	12	13	↑
Adjudicated Hearing Cases	0	0	→	0	0	→
Total Cases Received	62	58	↓	154	132	↓
Total Cases Referred to Other Agencies	15	10	↓	26	22	↓
Hearing Penalties Assessed	$0	$0	→	$0	$0	→

Remails - Notices of Violations that are returned by the postal service and then mailed to a newly found address.

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Inspections	224	137	↓	548	417	↓

ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

Underground Storage Tanks	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Compliance Inspections	37	73	↑	126	188	↑
Final Installation/Upgrade/Repair Inspections	0	2	↑	5	6	↑
Closure Inspections	0	3	↑	1	3	↑
Spill Report Investigations	2	4	↑	2	5	↑

ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

Permitted Disposal Facilities	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Inspections	37	24	↓	63	33	↓
Reinspections	0	0	→	5	1	↓

III. VECTOR SURVEILLANCE

ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data

Vector Surveillance and Other EH Services	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
West Nile Virus Surveillance Traps Set	336	430	↑	756	885	↑
West Nile Virus Surveillance Mosquitoes Tested	3,375	3,150	↓	10,706	8,796	↓
West Nile Virus Surveillance Submission Pools Tested	274	225	↓	647	557	↓
West Nile Virus Surveillance Positive Mosquitoes	32	0	↓	545	1,123	↑
West Nile Virus Surveillance Positive Submission Pools	1	0	↓	14	31	↑
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	45	10	↓	324	55	↓
Public Accommodations Inspections	10	2	↓	24	11	↓
Public Accommodations Complaints	22	18	↓	36	33	↓
Mobile Home/Recreational Vehicle Park Inspections	1	0	↓	4	1	↓
Mobile Home/Recreational Vehicle Park Complaints	2	0	↓	2	2	→

A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

A. Permits Issued – None

B. Landfills – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo

C. Facility Applications Being Processed – Recycling Centers (7); Transfer Station (1); Materials Recovery Facilities (2); and Waste Grease Facilities (2)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in September: None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Asbestos Permits Issued	58	58	→	116	116	→
Revised Asbestos Permits Issued	3	1	↓	7	11	↑

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Tentative Maps-Received	7	8	↑	23	22	↓
Tentative Maps-Lot Count	491	355	↓	765	854	↑
Final Maps-Received	13	17	↑	37	32	↓
Final Maps-Lot Count	393	720	↑	989	1,031	↑
Final Maps-Signed	30	13	↓	41	25	↓
Final Maps (Signed)-Lot Count	681	358	↓	1,309	833	↓
Improvement Plans-Received	16	13	↓	41	25	↓
Improvement Plans-Lot Count	441	705	↑	1,032	964	↓
Expedited Improvement Plans-Received	0	0	→	0	1	↑
Expedited Improvement Plans-Lot Count	0	0	→	0	7	↑

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Residential ISDS Permits	5	7	↑	10	11	↑
Commercial ISDS Permits	0	0	→	0	2	↑
Commercial Holding Tank Permits	5	11	↑	16	11	↓
Residential Tenant Improvements	20	21	↑	44	48	↑
Residential Certifications	1	1	→	2	2	→
Compliance Issues	8	9	↑	19	18	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Public Water System Sanitary Surveys	16	0	↓	22	0	↓
Public Water System Violations Issued	6	1	↓	13	4	↓

2. **<u>Safe Drinking Water Activity:</u>**

A. Nineteen coliform positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:

- **Las Vegas Valley Water District:** One routine sample was coliform-positive. The repeat samples were coliform-absent.
- **Rio Resort and Casino:** Three routine samples were coliform-positive. Four repeat samples were coliform-positive. A treatment technique evaluation and assessment are in progress.
- **Indian Springs Water Co. Inc.:** One routine sample was coliform-positive. The repeat samples were coliform-absent.
- **Lee Canyon Campgrounds United States Forest Service:** One routine sample was coliform-positive. The repeat samples were coliform-absent.
- **Desert Southwest Conference:** One routine sample was coliform-positive. Four repeat samples were coliform-positive. A treatment technique evaluation and assessment are in progress.
- **Sandy Valley High School Clark County School District (CCSD):** Three routine samples were coliform-positive. The repeat samples were coliform-absent.
- **Hilton Grand Vacations Las Vegas Blvd.:** One routine sample was coliform-positive. The repeat samples were coliform-absent.

B. **Sandy Valley High School CCSD:** CCSD continued operations under a Tier 1 "Boil Water Order" until each corrective action prescribed by the April 2026 Level 2 Assessment is reported by CCSD to SNHD and the Nevada Department of Environmental Protection (NDEP). In August, the school underwent continued formal enforcement by NDEP for past due corrective action reporting and public notice certification reporting. Until further notice, the location must continue operating under a precautionary Tier 1 "Boil Water Order."

C. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Spring Mountain Youth Camp; and the Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
School and Child Care Kitchen Inspections	67	70	↑	68	84	↑
School Facility Inspections and Surveys	74	64	↓	74	65	↓
Summer Food Service Surveys	0	0	→	6	5	↓
Child Care Facility Inspections and Surveys	36	34	↓	105	89	↓
Body Art Facility Inspections and Surveys	59	58	↓	144	108	↓
Body Art Special Event Inspections	2	4	↑	5	8	↑
Complaints	14	8	↓	20	11	↓
Total Program Services Completed	252	238	↓	422	370	↓

1. Schools:

A. **Academy of Math and Science Nellis, 1780 Betty Ln.:** During a routine inspection, staff observed multiple violations that resulted in a non-compliant inspection. Multiple handwashing sinks were not properly stocked, several handwashing sinks did not function correctly, and a toilet in a bathroom accessible to children was flooded.

Improper handwashing leads to the spread of pathogens and sewage exposes children to pathogens that can make them sick. Other violations included exposed electrical wiring, unlabeled chemical bottles, and multi-use items not made of non-absorbent materials. A reinspection is still pending.

B. **O'Callaghan Junior High School, 1450 Radwick Dr.:** During a routine inspection, staff observed an art room that did not have a functional handwashing sink. The school was instructed to implement a contingency plan by providing a temporary handwashing sink and to provide photo documentation of compliance. Photo documentation was provided the next day, and the temporary handwashing sink will remain until repairs are completed.

C. **John Mendoza Elementary School, 2000 S. Sloan Ln.:** During a routine inspection, staff observed milk being held at unsafe temperatures and not being discarded at the end of breakfast meal service. Milk held at unsafe temperatures promotes pathogen growth and can lead to illness. Staff notified the kitchen manager, and the milk was discarded.

D. **Cowan Behavior Program, 5300 E. Russell Rd.:** A complaint alleging that classes were being held in multiple classrooms with high temperatures was investigated and verified. Exposure to high temperatures for extended periods of time can lead to heat cramps, heat exhaustion, and heat stroke. The school staff was told that students in classrooms with high temperatures must be relocated and classes in affected classrooms can't resume until adequate temperatures are restored. CCSD Risk Management staff restored adequate temperatures in the affected classrooms the next day and classes were allowed to resume.

E. **Frank Lamping Elementary School, 2551 Summit Grove Dr.:** A complaint alleging that classes were being held in multiple classrooms with high temperatures was investigated and found to be invalid. Adequate temperatures were measured in the classrooms and the complaint was closed.

2. **Child Care:**

A. **Julie Campbell's In-Home Daycare, 2721 Messina Ct.:** A routine inspection resulted in a backyard closure due to multiple violations. A loose utility wire and dog feces were observed in areas accessible to children. A loose wire is an electrocution hazard, and dog feces expose children to pathogens that can make them sick. The backyard remains closed at this time.

B. **Foundations Preschool-Blue Diamond, 8060 Blue Diamond Rd.:** During a routine inspection, staff observed multiple violations that resulted in a non-compliant inspection**.** Childcare providers were not following safe diaper changing and two-step cleaning procedures. Improper diaper changing and cleaning procedures expose children to pathogens that can make them sick. Other violations included infants with bare feet in the activity area, refrigerator temperatures not properly logged, and improper bottle feeding. A reinspection is still pending.

C. **Prestigious Academy of Las Vegas, 3710 S. Sandhill Rd.:** During a routine inspection, staff observed multiple violations that resulted in a non-compliant inspection. Childcare providers were using sanitizing solutions with high disinfectant levels on food contact surfaces. High levels of disinfectants on food contact surfaces can contaminate food used to feed children. Other violations included hazardous items accessible to children, missing or expired first aid items, and improperly stocked hand sinks. A reinspection is still pending.

D. **Sunny Day School, 5120 S. Eastern Ave.:** During a routine inspection, staff observed multiple violations that resulted in a play yard closure. Staff observed unapproved playground protective surfacing and inadequate use zones that did not meet Consumer Product Safety Commission (CPSC) standards. Installation of play

yard equipment that does not meet CPSC standards exposes children to fall, trip, and crush injury hazards. The play yard remains closed at this time.

E. **Kid City USA Las Vegas, 4930 E. Bonanza Rd.:** During a routine inspection, staff observed violations with play yard protective surfacing and inadequate use zones that did not meet CPSC standards. Following corrections, a reinspection was conducted the same day, and the play yard was approved for use.

3. **Body Art:**

A. **Bloodline Tattoo Kollective, 9155 S. Las Vegas Blvd.:** A complaint alleging that the permit holder was allowing body art procedures to be performed by individuals without SNHD Body Art cards was investigated and verified. Body Art cards are required for individuals performing body art procedures to ensure that they have received the training required by regulations. Additionally, biohazardous waste was not being stored and disposed of properly. Improper storage and disposal of biohazardous waste exposes patrons to bloodborne pathogens that can make them sick. The permit holder was placed on non-complaint status. A reinspection is still pending.

B. **Kensho Studio, 2880 E. Flamingo Rd.:** A complaint alleging that the operator was providing piercing services without a health permit was investigated and verified. A health permit is required to ensure that piercing services are performed in a facility that meets sanitation requirements. A Cease-and-Desist Order for piercing services was issued until the operator obtains the required health permit approval.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Total Pre-Permitting Services	1,373	618	↓	2,816	1,209	↓
New Project Submissions	282	289	↑	568	459	↓
Completed Projects	273	329	↑	572	558	↓
Total Service Requests Currently in Pre-Permitting	1,273	1,130	↓			

1. **Enforcement Actions and Investigations:**

A. **Mead Johnson Nutrition and Company, 4800 E. Tropical Pkwy.:** During a Change of Permit Holder (CPH) inspection, the mop sink and hose bibs had attached hose sprayers without approved backflow prevention devices, and the restroom hand sink hot water was not at the proper temperature. SNHD Regulations require restroom hand sink hot water to be maintained at the proper temperature and backflow prevention devices must be properly installed where required. The health permit was approved.

B. **Life Water, 5630 W. Charleston Blvd.:** A CPH and remodel inspection were completed for a water store permit. The operator focuses on alkaline water. The remodel of the health permit included adding an ice machine for bagging ice, a coffee brewer for offering coffee made with alkaline water, and another window dispensing unit that accepts cards and touchless payments. No violations were observed and the health permit was approved.

C. **Category 10 at Flamingo, 3555 S. Las Vegas Blvd.:** Staff conducted a pre-operational inspection of kitchen areas being remodeled. Floor sinks were not draining, several penetrations were found in walls and ceiling tiles, and light bulbs and some light fixtures were not working. SNHD Regulations require proper drainage, walls and ceilings to be in good repair, and working lights. Deep cleaning will also be required before permit approval. A final inspection is still pending.

D. **Pho Haven, 6120 W. Tropicana Ave.:** A CPH inspection failed due to two of the three hoods located above the cookline not operating properly. SNHD Regulations require adequate and working mechanical ventilation to keep rooms free of excessive heat, steam, condensation, obnoxious odors, smoke, and grease laden vapors. The hoods were repaired and a reinspection was conducted. The health permits were approved.

E. **Kung Fu Tea, 7345 S. Rainbow Blvd.:** A routine inspection resulted in closure when staff identified an unapproved change of ownership and IHH, no hot water. SNHD Regulations require a CPH application when ownership has changed and self-closure if experiencing an IHH. The operator applied for a health permit and corrected all deficiencies. A final inspection was completed, and the health permit was approved.

F. **Quest Academy, 4025 N. Rancho Dr.:** Plans were reviewed for a remodel in the pre-K classrooms. The scope of work included lowering toilets and hand sinks to make them suitable for toddlers. During a walkthrough inspection, the hand sinks were too high and there was inadequate hot water. SNHD Regulations require proper sink heights for children based on age and hot water for handwashing. Corrections were completed at the final inspection and the remodel was approved.

G. **Food Express, 2003 S. Decatur Blvd.:** A CPH inspection resulted in closure due to pest infestation in the kitchen area; an unapproved food storage area; food and grease buildup; broken tiles and coving; gaps in walls and ceiling tiles; light gaps at exterior doors; and a dish machine that was not properly sanitizing. SNHD Regulations state facility and equipment must be free of pests and in good condition; floors, walls, and ceilings must be smooth, non-absorbent and easily cleanable; and all areas must be approved. A reinspection was completed and the health permit was approved.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Total Operation Inspections	589	445	↓	1,274	860	↓
Complaint Investigations	39	17	↓	132	56	↓
Inactive Body of Water Surveys	10	3	↓	14	3	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	1	6	↑	10	11	↑
Total Program Services Completed	639	471	↓	1,430	930	↓

1. **Aquatic Health Operations**
   - **A. Ascent at Silverado, 10175 Spencer St.:** A routine inspection conducted at the spa resulted in an IHH closure due to high cyanuric acid. High cyanuric acid inhibits the effectiveness of chlorine. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
   - **B. The Presidio by Picerne, 4325 W. Rome Blvd.:** A routine inspection conducted at the Clubhouse Spa resulted in an IHH closure due to a gate not self-latching, the filtration pump being off, and high chlorine. Improperly working gates can allow unattended access to the enclosure and pose an increased drowning risk for children. A filtration system not continuously operating exposes bathers to water that is not filtered and disinfected, increasing bather exposure to pathogens that can make them sick. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
   - **C. Golden Nugget Laughlin, 2300 S. Casino Dr.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. Multiple gates were not self-closing, and the spa had high chlorine and a broken drain cover. A broken or damaged drain cover can present a potential suction entrapment hazard. A reinspection is still pending.
   - **D. Sleep Inn and Suites, 455 Marks St.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had high cyanuric acid, low chlorine, and the disinfection system was off. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
   - **E. Harrah's LV Hotel and Casino, 3475 S. Las Vegas Blvd.:** A routine inspection conducted at the pool resulted in closure due to excessive flow through the filters. Improper filtration exposes bathers to pathogens that can make them sick. A reinspection is still pending.
   - **F. Sky Las Vegas Condos, 2700 Las Vegas Blvd.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had high chlorine, high pH, and a broken drain cover. High pH interferes with the effectiveness of chlorine. A reinspection is still pending.
   - **G. Mission Pointe, 10245 Maryland Pkwy.:** A routine inspection conducted at the management closed South Pool and Spa resulted in a compliance schedule to make corrections before reopening. The pool and spa had high chlorine. The qualified operator was instructed to confirm proper water chemistry levels prior to reopening the pool and spa.
   - **H. Summertrail Owner's Association, 1916 Summer Point St.:** A routine inspection conducted at the spa resulted in an IHH closure due to low chlorine. Immediate corrections were made, and the spa was reinspected the same day and approved to reopen.
   - **I. Rancho Mirage Apartment, 4250 Arville St.:** A routine inspection conducted at the pool resulted in an IHH closure due to a gate not self-closing and another not self-latching. Immediate corrections were made, and the pool was reinspected the same day and approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Aug. 2025	Aug. 2026		FY 25-26	FY 26-27	
Total Pre-Permitting Services	365	199	↓	953	463	↓
New Project Submissions	82	112	↑	220	240	↑
Completed Projects	100	136	↑	260	286	↑
Total Projects Currently in Plan Review	502	295	↓			

2. **Aquatic Health Plan Review:**
   - **A. 3rd Street Apartments, 1207 South 3rd St.:** A pre-plaster inspection at the facility found that a section of area lighting was not compliant. Lack of sufficient lighting can cause bathers in distress not to be seen during emergency situations. The inspection was conditionally approved, with area lighting to be reevaluated at the final permitting inspection.
   - **B. South Point Hotel and Casino, 9777 S. Las Vegas Blvd.:** Excavation and plumbing inspections were conducted for the new men's and women's health spa. The installed plumbing for the spas deviated from the proposed plan, resulting in failed inspections and the submission of revised plans. Revised drawings were received and a reinspection was conducted. The project has been approved to proceed with construction.
   - **C. Sun City Mesquite, 1350 Flat Top Mesa Dr.:** A suction outlet fitting assembly (SOFA) and interior finish remodel inspection resulted in the need for corrections to the placement of depth markers so that the pool depth would be displayed accurately. The contractor was given 30 days to make the corrections and submit photo verification.
   - **D. Sonoma Pointe Apartments, 3250 S. Jones Blvd.:** A remodel inspection was conducted at the spa, which had a broken SOFA installed that could cause bather entrapment. The broken SOFA was replaced onsite and the inspection was approved.
   - **E. Nellis Suites, 4555 N. Las Vegas Blvd.:** During a review for a SOFA remodel, the circulation pump model and horsepower rating were unknown. Without knowing the pump specifications, system compatibility is unknown. The pump was taken apart to identify the model, and the final inspection is scheduled to ensure flow is acceptable.
   - **F. The Bayshore Inn, 1955 W. Casino Dr.:** A revised plan review was done for a pool pump replacement and addition of a SOFA. The proposed pump can theoretically exceed the SOFA and filter flow ratings. The review was approved with the condition that actual flow must be within the acceptable range at the final inspection.
   - **G. TPC Summerlin: 1700 Village Center Cir.:** A final remodel inspection was conducted for installation of an automated disinfection feeder system. The inspection failed due to the water chemistry being outside the acceptable range. A reinspection is still pending.

VIII. TRAINING OFFICE

1. Training Office staff provided onsite intervention training to: China a Go-Go, 2466 E. Desert Inn Rd.; Shinjuku, 4300 W. Spring Mountain Rd.; The Connection Thai Sushi, 4300 W. Spring Mountain Rd.; China Hot Wok, 7121 W. Craig Rd.; Thai Taste, 240 S.

Rainbow Blvd.; Pelligrini Pizza, 101 S. Rainbow Blvd.; and Soulful Eatery, 2121 E. Sahara Ave.

2. Training Office staff supported Environmental Health administration staff in responding to industry partner inquiries and assisted walk-in clients with Accela-related questions throughout the month.
3. Training Office coordinated and conducted industry-requested onsite training for Tacos los Torritos.
4. Staff attended the 2026 National Environmental Health Association (NEHA) Annual Education Conference (AEC) on August 3-6.
5. Staff coordinated and facilitated the Special Event Water Training for staff on August 25.

IX. REGULATORY SUPPORT

1. Regulatory Support Office staff participated in or performed the following activities and participated in the following external meetings: NEHA Environmental Health Leadership Academy mentor meetings; Conference for Food Protection (CFP) Food Safety Culture at Retail Committee meetings; CFP Program Standards Committee meetings; CFP Food Safety Management System Committee meetings; South Carolina Department of Agriculture Hazard and Critical Control Point (HACCP) Workshop; Retail Laboratory Training System (RLTS) Competency Profile Reviews; RLTS Steering Committee meeting; Nevada Adventure Center meeting with Boulder City Chamber of Commerce; Special Event Water Training; Mastering Time and Project Execution leadership training; Association of Food and Drug Officials (AFDO) Healthy People 2030 Noro Communications meeting; Airport Signatory IDMS Training; AFDO Sushi HACCP Plan Regulatory Review meetings; Retail Flexible Funding Model (RFFM) Mentorship meetings; and Risk Factor Study planning meeting and staff training.
2. The Regulatory Support Office supervisor attended and facilitated sessions at the NEHA AEC in Kansas City, Missouri on August 3 through 6.
3. Label Review staff worked on updating the plan for the label review program/processes and succession planning. The subject matter expert met with the training volunteers.
4. Special Processes and Label Review staff met with various operators in-person and in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and HACCP plans.
5. Special Processes staff received two new submissions and released five special process files affecting five facilities. There are currently 17 files in review.
6. Label Review staff received 13 new submissions, released four label files consisting of 16 labels. There are currently 41 active files in review.
7. Cottage Food Operations staff completed 46 new registrations, three updated registrations, and 138 new inquiries, frequently with multiple follow-up inquiries per individual.

Chart data provisional due to implementation of new software system.

CDS/hh

Memorandum

Date: September 24, 2026

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care
Cassius Lockett, PhD, District Health Officer

RE: **PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – August 2026**

The Public Health and Preventive Care (PPC) Division is dedicated to protecting and promoting the health of our community. Through a range of clinical services, programmatic initiatives, and community outreach efforts, PPC works to prevent disease, support wellness, and ensure access to essential resources for all residents. Our goal is to create a healthier, more equitable community by addressing public health needs with care, collaboration, and evidence-based practices.

I. Immunization Program

A. Immunization Program Activities

1. **Workplace/Community Vaccination and Screening Program:** The Immunization Clinic implemented the Workplace/Community Vaccination and Screening Program on July 7, 2026. The program provides low-cost occupational and community screening services, including QuantiFERON-TB Gold (QFT) and Tuberculin Skin Testing (TST), to support employers, employees, and community members in meeting tuberculosis screening requirements. Services continued through the Back-To-School Season. TST and QFT testing has now commenced at the Main Public Health Center, with a total of **35 TSTs and 19 QFT tests completed to date**. The Mesquite Public Health Center continues to provide TST services and has seen an increase in demand, with **8 TSTs completed**.

2. During the reporting period, a total of 3,732 clients were seen across the Southern Nevada Health District's four public health centers. In total, 7,903 vaccines were administered to individuals in the Southern Nevada community.

3. The four public health centers (PHC) continue to accommodate same-day appointments to promote timely and accessible care. A total of 1,558 same-day appointments were provided across the PHCs during this reporting period.

4. **COVID-19 vaccine administration continued to trend downward** during the reporting period, consistent with decreased demand following the peak respiratory virus season. The Health District continues to maintain COVID-19 vaccine availability and provide education regarding the benefits of vaccination, particularly for populations at increased risk for severe illness. **Influenza vaccination activities are expected to resume in early September** in preparation for the upcoming influenza season.

B. Immunization Outreach Activities

1. Immunization outreach clinics in August 2026 - 6 clinics, 441 vaccines were administered to 193 clients. The clinics were held at CCSD Family Support Center, CCSD school, Back to School Outreaches at La Oportunidad and Ride the Wave Events as well as a workplace clinic for the North Las Vegas Police Department.

II. Community Health Nursing

A. Maternal Child Health

The Maternal Child Health (MCH) Nurse for Lead and Newborn screen received one (1) referral for elevated blood lead levels and one (1) newborn screen referral in the month of August. There are currently five (5) active clients enrolled in the Lead program.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District Nurse-Family Partnership (NFP) has 142 active participants. Seventy-three are participating in the Maternal Infant and early Childhood Home Visiting (MIECHV) Program and twenty-four (24) are participating through the Temporary Assistance for Needy Families (TANF) funding. Both are grants from the Nevada Division of Public and Behavioral Health. July was about connections, community awareness, and enrolling referred eligible mothers. August is a continuation of last month's efforts to increase the number of families participating in SNHD Nurse Family Partnership program. Twelve (12) more pregnant first time enrolled in August, 78 children were served, and 5 completed the program. Community connections were established with different OB providers, Medicaid Managed Care Organizations (MCOs) and other new community supporters. Staff participated in 2 Community Baby Showers where they provided direct interactions with future participants.

C. Healthy Start Initiative- Enhanced

The Southern Nevada Health District's Healthy Start (HS) Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There were 85 families served in August 2026. In-person program outreach was conducted at the following places- **Childcare & Early Learning:** Lucky Kids Daycare 3, Children's Learn and Play, Oxford Early Learning Center, and Hill and Dale. **Community & Family Resource Centers:** Community Outreach at Bonanza Rd, East Valley Resource Center, City Mission of Las Vegas, Destiny Community Outreach Center, Volunteers of Vegas, Clark County Social Services, Las Vegas Rescue Mission, Cambridge Community, Winchester Community, Dondero Community, Whitney Community, Helen Meyer Community Center, East Valley Family Services, Share Village Community Pantry, City Impact, Casa de Luz, and Catholic Charities. **Food Distribution:** First Baptist Church of Las Vegas- Food Distribution Center, and Share Village Community Pantry. **WIC & Nutrition Services:** Nevada Health Centers WIC MLK, Public Health Department, WIC – Catholic Charities, and Sunrise Children's Foundation WIC/ Meadows. **Healthcare & Wellness:** FirstMed Health & Wellness Center, Hope Christian Health Center, and Community Outreach Medical Center. **Community & Human Services Organizations:** City of Las Vegas Community Services, United Way of Southern Nevada, and The Center. Program outreach was also conducted as various DWSS locations. Our Community Health Worker (CHW) II continues to create community partnerships to grow our program and our consortium. She partnered with SNHD's Health Equity team in August to hast a Healthy Start (Health Equity) workshop, held at Dignity Health.

D. Embracing Fatherhood

Embracing Fatherhood (EF) home visiting program continues to support father's and father figures with children 0-3 years in the greater Las Vegas area. Home visits include education, community resources, and screenings. In the month of August, the program received three (3) referrals. Currently, there are a total of 8 active families enrolled in the Embracing Fatherhood program. In-person program outreach was conducted at CPLC Nevada, Walnut Rec Center, Bob Price Rec Center, One Stop Career Center, and CSN Student Union Charleston. EF also attended three community events; La Oportunidad Expo, Acelero Back to School Fair, and Dad Inc Meet and Greet.

III. Sexual Health Outreach and Prevention Program (SHOPP)

A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) for asymptomatic patients, without requiring a provider exam. ET completed 280 screening encounters for the month of August. Patients who test positive for STI results are guided to appropriate treatment, primarily to SNHD's Health Center or referred according to patient preference.

B. The **Congenital Syphilis Case Management Program** (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. The team is currently serving 41 active clients and provided one community training.

C. SHOPP houses the **Complex STI Navigation services (C-STIN)** including the **Neurosyphilis Emergent Onsite Navigation (NEON)** program, which provides critical linkage services to patients suspected of neurosyphilis, and **Home Administered Treatment for STI's (HATS),** which delivers STI treatment in the field for patients who are unable to access clinic-based care. There were 2 clients navigated for neurosyphilis in August.

D. The SHOPP ***Rapid PREVENT*** program, part of HRSA demonstration grant whose enrolling period ended on 5/31/26. Although this program has completed the enrollment portion for the HRSA demonstration grant, the whole-person approach continues to be the foundation of the program as the team continues assess for and provide resources and linkages for client identified needs. CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services and community resources.

E. SHOPP's **Pathways to Better Health *(*PBH)** program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This program has 36 active clients.

IV. Street Medicine (SM) – Introduction of New Program

A. Program Launch & Staffing
The Street and Medicine program continues to deliver essential primary care services directly to unhoused individuals- meeting them where they are, in line with the recognized philosophy of street medicine: going to the people and centering their needs. The APRN and Senior Community Health Nurse conduct primary care visits with the added support of CHWs who focus on engagement and linkage to identified community resources, including housing, insurance, and psychosocial services.

B. Street Medicine team engaged 158 clients by providing resources including education and items related to heat mitigation. SM completed **44** primary care visits in **August.**

C. Community Engagement & Collaboration
The Street Medicine team in collaboration with **Help of Southern Nevada, City of Henderson/ Salvation Army, Whitney Library/ Clean the World Showers, Clark County CARE Outreach, Friends Helping Friends at St. Timothy's, and Goodness Gracious Outreach at Sunset Park** provided primary care to clients at multiple outreach events for the unhoused.

D. Approach & Intent
This primary care initiative embraces a harm-reduction and trauma-informed care model-focused on building trust through consistent outreach, nonjudgemental engagement, and accountability in meeting patients where they are. Community partnerships play an instrumental role in both piloting and scaling the program effectively. This month the Street Medicine Team participated in the 2026 Southern Nevada Substance Misuse and Overdose Prevention Summit.

V. Tuberculosis (TB) Clinic

TB clinic has four (10) new adult TB active cases and zero (0) pediatric cases for the month of August 2026.

VI. Employee Health Nursing – August 2026

A. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catchup TB testing is ongoing. Twenty (20) Tuberculosis tests were completed.

B. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Eleven (11) medical clearances were completed.

C. Vaccine Administration
    1. Employees Total: 7
    2. Total vaccines given: 9
        a) 1 Hep B employee vaccine
        b) 8 other vaccines

D. New Hire/Onboarding: Four (4) new hires were onboarded.

E. Employee Health Nurse Accomplishments:
    1. Ten (10) TB/Immunizations confirmations completed.
    2. Hosted Southern Nevada Public Health Lab (SNPHL) onsite vaccine clinic.
    3. Assisted immunizations clinic with TB testing during back-to-school.

F. Policies and procedures continue to be reviewed and updated.

Client Encounters by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Cinic	TOTAL
Immunization Clinics and Outreach	2,422	872	311	66	61		0	52	141		3,925
Immunization Records Issued and Transcription	685	141	58	12	41						937
QFT/TST Test	54	0	0	0	8						62
SHOPP Express Testing (ET)	164		21	0	22	16	19	38			280
TB Treatment & Control	1,348										1,348
CHN Home Visits ^	309										309
TOTAL	4,982	1,013	390	78	132	16	19	90	141	0	6,861

^ Data reporting began 7/1/2025

Client Encounters by Program

Program	August 2025	August 2026		FY 25-26	FY 26-27	
Immunization Clinics and Outreach**	5,348	3,925	↓	7,771	6,923	↓
Immunization Records Issued and Transcription	1,053	937	↓	1,347	1,581	↑
SHOPP Express Testing	283	276	↓	461	531	↑
TB Treatment & Control	1,384	1,348	↓	3,287	2,714	↓
CHN Home Visits^		309	↑	680	633	↓
TOTAL	8,068	6,795	↓	13,546	12,382	↓

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Immunization Outreach	School Based Outreach	Mobile Clinic	TOTAL
Total Immunizations Administered	5,255	1873	519	125	131		0	427	14		8,344

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

**Includes BTS encounters by clinic, outreach, and COVID teams

Total Client Immunizations Administered by Locations

Program	August 2025	August 2026		FY 25-26	FY 26-27	
Total Immunizations Administered	9,367	8,344	↓	16,993	14,697	↓

Immunization Clinic and Outreach Programs

Immunizations	August 2025	August 2026		FY 25-26	FY 26-27	
Flu Vaccine Given	0	0	→	0	0	→
COVID Vaccine Given	12	9	↓	12	25	↑
TB Skin Test	8	43	↑	14	100	↑
QFT Test *		19	↑		30	↑
Newborn Screening	0	0	→	0	0	→
Immunization Record Review and Release Only*	650	839	↑	1,252	1,459	↑
Transcription of Immunization Records Only*	64	57	↓	95	81	↓
Same Day Appts *	1,796	1,558	↓	2,679	2,358	↓
Referred to Civil Surgeon for Medical Assessment*	2	0	↓	5	0	↓
Vaccine Counseled **	65	82	↑	159	174	↑

*Started data collection 07/01/2026

**Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

Vaccines for Children (VFC)	August 2025	August 2026		FY 25-26	FY 26-27	
Number of VFC Compliance Visits	2	3	↑	3	3	→
Number of IQIP Visits	0	0	→	0	0	→
Number of Follow Up Contacts	30	24	↓	42	64	↑
Number of Annual Provider Training	2	2	→	3	2	↓
Number of State Requested Visits	7	20	↑	14	53	↑

Perinatal Hepatitis B	August 2025	August 2026		FY 25-26	FY 26-27	
# of Newly Identified Pregnant Women^		6	↑		7	↑
# of Infants Delivered - Established		1	↑		3	↑
# of Infants Not Previously Identified		1	↑		1	↑
# of Closed Infant Cases- Goals Met		0	→		5	↑

^Data reporting started 07/01/2026

Childcare Program	August 2025	August 2026		FY 25-26	FY 26-27	
Childcare Audits	1	0	↓	3	4	↑
Baseline Immunization Rate	100%	n/a	↑	91%	89%	↓
# of Final Audits	1	0	↓	3	4	↑
Final Immunization Rate	100%	n/a	↑	96%	100%	↑
# of Records Reviewed	98	0	↓	203	163	↓

Community Health Program

Nursing Field Services	August 2025	August 2026		FY 25-26	FY 26-27	
MCH Team Home Visit Encounters	14	9	↓	37	19	↓

NFP (Team 1)	August 2025	August 2026		FY 25-26	FY 26-27	
Referrals	12	11	↓	23	21	↓
Enrolled	11	9	↓	17	15	↓
Active	131	113	↓			

NFP (Expansion Team)**	August 2025	August 2026		FY 25-26	FY 26-27	
Referrals	0	12	↑	0	21	↑
Enrolled	0	3	↑	0	7	↑
Active	0	20	↑			

Staff recruitment in process 2026

MCH	August 2025	August 2026		FY 25-26	FY 26-27	
# of Referrals Received	2	2	→	14	2	↓
# from CPS	1	0	↓	8	0	↓
# of Lead Referrals	0	1	↑	4	1	↓
# of Total Admissions	2	0	↓	10	0	↓

Thrive by 0 - 3	August 2025	August 2026		FY 25-26	FY 26-27	
Referrals	44	47	↑	91	85	↓
One-Time Home Visits	2	8	↑	2	18	↑
Enrolled	4	5	↑	8	7	↓
Active	20	10	↓			

Healthy Start	August 2025	August 2026		FY 25-26	FY 26-27	
Referrals	15	40	↑	43	70	↑
Enrolled	6	8	↑	13	16	↑
Active	79	84	↑			

Embracing Fatherhood	August 2025	August 2026		FY 25-26	FY 26-27	
Referrals	2	3	↑	4	5	↑
Enrolled	2	0	↑	2	2	→
Active	13	9	↓			

Tuberculosis Program

Tuberculosis	August 2025	August 2026		FY 25-26	FY 26-27	
Number of Case Manager Encounters^	146	107	↓	261	348	↑
Number of Unduplicated Clients Seen by a Provider^	56	33	↓	129	69	↓
Number of Clients encounters by TB Clinic Nurse^(duplicated patients)	402	289	↓	859	593	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	98	76	↓	211	139	↓
New Active Clients^	3	10	↑	7	14	↑
Number of Clients Receiving LTBI Treatment^	334	168	↓	569	349	↓
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	6	7	↑	13	15	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,357	1,241	↓	3,012	2,405	↓

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing (Asymptomatic Patients)	August 2025	August 2026		FY 25-26	FY 26-27	
# of Screening encounters	204	297	↑	461	556	↑
# of Clients Screened	204	280	↑	461	535	↑
# of Clients with positive STI identified	17	19	↑	40	42	↑
STI Positivity Rate %*	8%	7%	↓	9%	8%	↓
SHOPP All CHW Resources/ Linkages	**August 2025**	**August 2026**		**FY 25-26**	**FY 26-27**	
# of clients referred to Resources	16	2	↓	48	18	↓
# of clients linked to care	16	2	↓	48	18	↓
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	**August 2025**	**August 2026**		**FY 25-26**	**FY 26-27**	
# of Referrals (pregnant, post-partum, infants)	5	9	↑	15	18	↑
# of Clients enrolled in CM	2	2	→	8	10	↑
# of Active pregnant/ postpartum clients (current caseload)	39	27	↓			
# of Infants being followed	12	14	↑			
# of Provider/ Community trainings	6	1	↓	12	3	↓
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	**August 2025**	**August 2026**		**FY 25-26**	**FY 26-27**	
	10	16	↑	16	28	↑
SHOPP- Complex STI Navigation	**August 2025**	**August 2026**		**FY 25-26**	**FY 26-27**	
# of Clients referred	3	2	↓	8	4	↓
# of Clients navigated	3	2	↓	5	4	↓
# of Home administrered treatment of STI (HATS)*	1	0	↓	1	2	↑

Non- cumulative

*completed by CSCMP

Street Medicine Program

Street Medicine	August 2025	August 2026		FY 24-25	FY 25-26	
Number of Clients Engaged^		158	↑		352	↑
Number of Primary Care Service Initial Visits^		19	↑		35	↑
Number of Primary Care Service Follow Up Visits^		25	↑		39	↑
Number of Referrals / Linkage to Resources^		65	↑		91	↑

^ No data available; data reporting started 1/1/2026