I. CALL TO ORDER and ROLL CALL
The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE
- At-Large Members – Bobbette Bond, Frank Nemec, Scott Nielson
- Officers – Marilyn Kirkpatrick (Chair), Scott Nielson (Vice-Chair), Frank Nemec (Secretary)

The Oath of Office was administered to members Bobbette Bond, Frank Nemec and Scott Nielson and to officers Marilyn Kirkpatrick, Scott Nielson and Frank Nemec by Andria Cordovez Mulet, Executive Assistant.

Member Segerblom joined the meeting at 9:04 a.m.
IV. RECOGNITION

1. Successful Completion of the HRSA virtual Operational Site Visit (OSV)
   - Southern Nevada Community Health Center (FQHC) Division

   On behalf of the Board of Health, the Chair announced that the Southern Nevada Community Health Center (the FQHC) successfully completed the HRSA virtual Operational Site Visit (OSV) at the end of June. OSVs provide an objective assessment and verification of the status of each Health Center Program awardee’s compliance with the statutory and regulatory requirements of the Health Center Program. The site visit consisted of three days of interviews conducted by the HRSA review team in the areas of Administration/Governance, Clinical and Fiscal. In preparation of the three-day site visit, there was extensive work done by staff over the last few months. A working group was established with representatives from: Administration, Clinical Services, the FQHC, Finance, IT, HR, and Legal. We will be receiving a presentation from Randy Smith, FQHC Operations Officer, on the specific outcome and next steps related to the OSV later in the meeting. The Board of Health congratulated all the staff involved in the OSV.

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 five (5) 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 portion.

VI. ADOPTION OF THE JULY 28, 2022 MEETING AGENDA (for possible action)

A motion was made by Vice-Chair Nielson, seconded by Secretary Nemec and carried unanimously to approve the July 28, 2022 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: June 23, 2022 (for possible action)

2. PETITION #01-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada related to the distribution of bus passes and transit guides; direct staff accordingly or take other action as deemed necessary (for possible action)

3. PETITION #02-23: Approval of Insurance Coverage Renewal through Chubb for Southern Nevada Health District’s Medical Professional Liability Insurance for the Coverage Period 08/01/2022 – 08/01/2023; direct staff accordingly or take other action as deemed necessary (for possible action)

A motion was made by Member Black, seconded by Secretary Nemec and carried unanimously to approve the July 28, 2022 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. MEMORANDUM #08-22: Request for Approval of Renewal of Authorization of St. Rose Siena as a Level III Center for the Treatment of Trauma; direct staff accordingly or take other action as deemed necessary (for possible action)

Dr. Chad Kingsley, Regional Trauma Coordinator, presented the Renewal of Authorization of St. Rose Siena as a Level III Center for the Treatment of Trauma. Dr. Kingsley introduced Kim Dokken, Senior Director for Trauma, Neuroscience, Stroke and Telemedicine, at St. Rose Siena. Dr. Kingsley advised that the Office of Emergency Medical Services and Trauma System (OEMSTS) reviewed the renewal application and found it was in compliance with all agreements, and that St. Rose Siena demonstrated continued commitment to provide trauma services and actively participates in the Southern Nevada Trauma System. Dr. Kingsley further advised that the Regional Trauma Advisory Board approved the renewal application and recommended that the Board of Health approve the renewal application.

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

A motion was made by Member Bond, seconded by Member Diaz and carried unanimously to approve the Renewal of Authorization of St. Rose Siena as a Level III Center for the Treatment of Trauma.

Member Bond requested to receive confirmation from the Regional Trauma Advisory Board that one outstanding item was resolved.

Chair Kirkpatrick recognized Dr. Kingsley as he was leaving the Health District and recognized his commitment and contribution during his time at the Health District.

2. MEMORANDUM #01-23: Review, Discuss, and Approve the Business Impact Statement on the Proposed Trauma System Regulations; direct staff accordingly or take other action as deemed necessary (for possible action)

Dr. Kingsley presented the Business Impact Statement on the Proposed Trauma System Regulations. Dr. Kingsley advised that, following the April 2022 Board of Health meeting, the OEMSTS redeveloped a Business Impact Notification requesting comments, input and concerns on the draft revisions to the trauma regulations and confirmed there were no changes to the fees associated with the regulations. Dr. Kingsley further advised that a Business Impact Notification was sent to the members of the (i) Regional Trauma Advisory Board and trauma mailing list, (ii) Board of Health, and (iii) all Clark County hospital CEOs, and no responses or comments were received. Therefore, the OEMSTS concluded that approval of the Proposed Trauma System Regulations would not impose a direct and significant economic burden upon existing trauma centers.

Member Bond commended Dr. Kingsley for his work and contribution on the Proposed Trauma System Regulations.

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

A motion was made by Member Black, seconded by Vice-Chair Nielson and carried unanimously to approve the Business Impact Statement on the Proposed Trauma System Regulations.

Member Bond requested to receive confirmation from the Regional Trauma Advisory Board that one outstanding item was resolved.

Chair Kirkpatrick recognized Dr. Kingsley as he was leaving the Health District and recognized his commitment and contribution during his time at the Health District.
3. **Variance Request for an Existing Septic System, SNHD Permit #ON0015176, located at 3215 Rosanna St, Las Vegas, NV to allow existing trees to encroach on the septic system:** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Robert Fyda, Environmental Health Engineer/Supervisor, presented the variance request for an existing septic system, SNHD Permit #ON0015176, located at 3215 Rosanna St., Las Vegas, Nevada. The application was for a variance for a Tenant Improvement as there were three trees that were encroaching on the septic system. Mr. Fyda advised that staff recommended denial of the application due to the age of the septic system.

The Chair opened Public Comment.

Dina and Charles Crump, the Petitioners, stated that they purchased the property two years ago, that the three trees are over 100 years old and cannot be removed, and they only added a room to the in-law suite which was already converted from a 3-car garage.

Further to an inquiry from Council Knudsen, Mr. Fyda advised that the sewer line was approximately 600 feet from the property, which is over the 400 feet threshold. Mr. Fyda further advised that he contacted the Las Vegas Valley Water District (LVVWD) for comment on this property. He advised that the LVVWD was supportive of the denial and requested that no new septic systems be installed on the lot.

Ms. Crump further advised that, after a year and a half process, the City of Las Vegas ‘signed-off’ on the request, pending approval from the Board of Health.

Chair Kirkpatrick advised that the concern for the Board of Health was that they had been working hard to not allow any new septic systems that needed water from a municipal jurisdiction. Chair Kirkpatrick further advised that approximately 18,000 homes were being converted from septic to sewer to get the water credits. Further, many septic systems in place were close to their lifespan, which creates issues with nitrate systems. Chair Kirkpatrick advised that everyone needs to be concerned with water quality and water, as a whole. Chair Kirkpatrick concluded that she would not be inclined to approve the request.

Member Knudsen echoed Chair Kirkpatrick's comments and advised that the Board of Health had received presentations by the water authority and water district around the challenges in the community. Member Knudsen concluded that he thought it would be appropriate to deny the request.

Member Bond advised that she thought any staff recommendation for denial of a request should be taken into consideration.

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

*A motion was made by Member Knudsen seconded by Member Bond and carried unanimously to deny the Variance Request for an Existing Septic System, SNHD Permit #ON0015176, located at 3215 Rosanna St, Las Vegas, Nevada.*

**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 heard.

XI. HEALTH OFFICER & STAFF REPORTS (Information Only)

- **DHO Comments**

  On behalf of Dr. Leguen, Dr. Johnson advised that the first Monkeypox probably case was reported on June 22nd, in a Clark County resident that reported domestic travel. Currently there were 8 cases, 5 confirmed and 3 presumptive. Dr. Johnson further advised that the Health District received a very limited supply of vaccine and minimal appointments commenced on July 25th. The Health District requested additional doses and once received appointments will be expanded.

  Dr. Johnson advised that the online appointment system for immunization commenced on June 21st, which allowed clients to make an appointment through the online patient portal for travel, flu, measles, rubella, Hep A and B and other routine vaccines. The Immunization Clinic was busy with back-to-school immunizations and the Health District was encouraging parents and guardians not to wait to ensure that their children were appropriately immunized.

  Dr. Johnson advised that on July 19th the Health District launched their online renewal system for Food Handler Cards, primarily to assist with a backlog and for efficiency. The Health District has expanded walk-in capacity and Saturday appointments. By July 26th, 1,400 clients completed their renewal through the online system.

  Dr. Johnson advised that, previously the Board of Health was advised that the financial audit and single audit would be conducted at the same time. However, they will not be conducted at the same time, and will follow the same process as the last two years.

- **Update HRSA virtual Operational Site Visit (OSV)**

  Randy Smith, FQHC Operations Officer, provided an overview of the HRSA OSV, which was held virtually over a three-day period; June 28-30, 2022. Mr. Smith outlined that the visit was conducted by three reviewers and a HRSA Representative in the areas of (i) Administration & Governance, (ii) Clinical Quality, and (iii) Finance. The review included the following:

  - Policies, Procedures and Plans (e.g., Quality, Risk & Strategic Plans)
  - Corporate Documents (e.g., Co-Applicant Agreement & By-laws)
  - Governance and Committee Meeting Minutes
  - Agreements, Financial Records and Clinical Records
  - Staff Interviews and Meeting with Governance Board

  Mr. Smith advised the Site Visit Protocol provided 93 program requirement elements, in 19 different areas that were reviewed. Mr. Smith outlined that the performance was very good, and the Community Health Center represented well. Mr. Smith proceeded to outline the six areas of non-compliance that were identified, which was reduced to five. A correction was submitted for three of the areas and a corrective action plan was submitted for the remaining areas. Mr. Smith outlined that the most complex of the changes was related to board composition. Mr. Smith concluded that overall, the Community Health Center performed very well and that the OSV reviewers and HRSA representative were highly complementary of the team, the care provided to our community and the engagement of the Community Health Center Governing Board. Mr. Smith thanked the Community Health Center Governing Board leadership (Brian Knudsen, Chair; Tim Burch, Vice Chair; and Jose Melendrez, Vice Chair) and the entire SNCHC Governing Board for their support, engagement and participation in the OSV. Mr. Smith further thanked Health District staff for their contributions to a successful OSV.

  Member Knudsen advised that he, along with Member Black, participated in a number of the meetings with the OSV review team. He advised that overall, the OSV review team expressed their support and
appreciation for the work being done by the Community Health Center. Member Knudsen advised that the board composition was the most challenging part and reminded the OSV reviewers that the Community Health Center was established during the start of the COVID-19 pandemic and most of the meetings had been virtual. Member Knudsen stated that Mr. Smith and his team had done a great job to position the Community Health Center to be successful.

Member Black advised that he was the Community Health Center Governing Board Chair when it was formed and was involved in the first OSV, which was challenging. Member Black stated that the Community Health Center has come a long way and is able to expand services to help the community. Member Black commended Member Knudsen on his leadership to the Governing Board, indicating that Member Knudsen had completed elective training on his own time to establish a firm understanding of Health Centers.

Chair Kirkpatrick complimented staff and requested Mr. Smith to reach out to the Board of Health if there was anything that the members could do to assist in encouraging individuals to visit the Community Health Center.

- COVID-19 Surveillance and Contact Tracing Update

Dr. Cassius Lockett, Director of Disease Surveillance and Control, advised that, as of July 27th, there were a total of 556,534 COVID-19 cases, 27,861 hospitalizations and 8,761 deaths. The 7-day average of positive tests was still high but trending down. For the 30 days preceding July 24th, 52% of COVID-19 cases were vaccinated and 24% were over the age of 65 years. Dr. Lockett advised that true case counts were under reported due to the availability of at-home test kits. The 7-day moving average of hospitalizations, for the first week in July, declined by approximately 10%, from 54 to 49, with most being unvaccinated and of the vaccinated 77% were over the age of 65 years. The 7-day moving average of deaths, from July 10th to 23rd, declined from 4.4 to 2.3 deaths and over the preceding 30 days, 53.8% were vaccinated however 95% were over the age of 65 years. The test positivity rate, from July 10th to 23rd, declined by 5.6%, and remained at 27-28%, which was still high. Dr. Lockett reminded the Board of Health that the figures were compromised due to the at-home test kits. In summary, Dr. Lockett advised that cases were showing signs of decline, however reminded that the public should stay aware as cases had increased in other communities. Dr. Lockett advised that wastewater concentration in Clark County was plateauing but starting to decline. Dr. Lockett, once again, indicated that the community should remain vigilant as BA.5 was still the dominant variant in wastewater and cases due to its high infectivity rate. Dr. Lockett advised that everyone should be up to date with vaccinations and boosters and not wait until the Fall. Dr. Lockett advised that a recent CDC study showed that the risk of death for individuals over the age of 50 years with only the first booster was four times higher than individuals over the age of 50 with the second booster.

XII. INFORMATIONAL ITEMS
1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Activity Report
4. Disease Surveillance and Control Division Monthly Activity Report
5. Environmental Health Division Monthly Activity Report
6. Primary & 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 five (5) 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.
Daniel Braisted, Resident Lacking Microphone: Curious How many elected persons attended the FREE fitness conference at West Hall over the weekend? Also Free Parking. It was small only 1/5th of the West Hall

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

XIV. **CLOSED SESSION – To Be Held Prior to Adjournment**

Go into closed session, pursuant to NRS 241.015(3)(b)(2), to receive information from the Health District’s Attorney, regarding potential or existing litigation involving a matter over which the Board has supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matter, and direct staff accordingly. *(for possible action)*

The Chair started the Closed Session at 10:13 a.m.

The Chair closed the Closed Session at 10:24 a.m.

XV. **ADJOURNMENT**

The Chair adjourned the meeting at 10:25 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm
AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
July 28, 2022 – 9:00 A.M.
Meeting will be conducted via Webex Event

NOTICE

WebEx Event address for attendees: https://snhd.webex.com/snhd/onstage/g.php?MTID=e2da92a6ff886d8fe98ea6f2e713a1dd0

To call into the meeting, dial (415) 655-0001 and enter Access Code: 2553 156 2057

For other governmental agencies using video conferencing capability, the Video Address is: 25531562057@snhd.webex.com

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
• At-Large Members – Bobbette Bond, Frank Nemec, Scott Nielson
• Officers – Marilyn Kirkpatrick (Chair), Scott Nielson (Vice-Chair), Frank Nemec (Secretary)

IV. RECOGNITION
1. Successful Completion of the HRSA virtual Operational Site Visit (OSV)
• Southern Nevada Community Health Center (FQHC) Division

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 five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

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 Webex: Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.

• 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 JULY 28, 2022 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: June 23, 2022 (for possible action)

2. PETITION #01-23: Approval of an Interlocal Agreement between the Southern Nevada Health District and the Regional Transportation Commission of Southern Nevada related to the distribution of bus passes and transit guides; direct staff accordingly or take other action as deemed necessary (for possible action)

3. PETITION #02-23: Approval of Insurance Coverage Renewal through Chubb for Southern Nevada Health District's Medical Professional Liability Insurance for the Coverage Period 08/01/2022 – 08/01/2023; 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 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. MEMORANDUM #08-22: Request for Approval of Renewal of Authorization of St. Rose Siena as a Level III Center for the Treatment of Trauma; direct staff accordingly or take other action as deemed necessary (for possible action)

2. MEMORANDUM #01-23: Review, Discuss, and Approve the Business Impact Statement on the Proposed Trauma System Regulations; direct staff accordingly or take other action as deemed necessary (for possible action)

3. Variance Request for an Existing Septic System, SNHD Permit #ON0015176, located at 3215 Rosanna St, Las Vegas, NV to allow existing trees to encroach on the septic system; 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
   • Update HRSA virtual Operational Site Visit (OSV)
   • COVID-19 Pandemic Update

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. Primary & 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 five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. See above for instructions for submitting public comment.

XIV. **CLOSED SESSION – To Be Health Prior to Adjournment**

Go into closed session, pursuant to NRS 241.015(3)(b)(2), to receive information from the Health District’s Attorney, regarding potential or existing litigation involving a matter over which the Board has supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matter, and direct staff accordingly. (for possible action)

XV. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration 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 Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.
Southern Nevada District Board of Health Meeting – Minutes – June 23, 2022

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

June 23, 2022 – 9:00 a.m.

Meeting was conducted via Webex Event

MEMBERS PRESENT:

Scott Black – Chair, Council Member, City of North Las Vegas
Brian Knudsen – Vice-Chair, Council Member, City of Las Vegas
James Adams – Council Member, City of Boulder City
Bobbette Bond – At-Large Member, Regulated Business/Industry
Olivia Diaz – Council Member, City of Las Vegas
Karen Dutkowski – Council Member, City of Mesquite
Marilyn Kirkpatrick – Commissioner, Clark County
Frank Nemec – At-Large Member, Physician
Scott Nielson – At-Large Member, Gaming
Michelle Romero – Council Member, City of Henderson

ABSENT:

Tick Segerblom – Commissioner, Clark County

ALSO PRESENT:

Daniel Braisted, Breanna Burkett, Javier Rivera-Rojas, Stacie Sasso, Francisco Sy, Tom Taylor, Virginia Valentine

LEGAL COUNSEL:

Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY:

Fermin Leguen, MD, MPH, District Health Officer

STAFF:

Maria Azzarelli, Tawana Bellamy, Haley Blake, Murphy Boudreaux, Victoria Burnis, Joe Cabanban, Andria Cordovez Mulet, Stephanie Cortes, Shea Crippen, Aaron DelCotto, Chris Elaine Mariano, Joanne Engler, Jennifer Fennema, Jason Frame, Kimberly Franich, Heather Hanoff, Richard Hazeltine, Carmen Hua, Brenda Jamison, Chris Johnson, Michael Johnson, Theresa Ladd, Josie Llorico, Cassius Lockett, Sandy Lockett, Jeff Quinn, Larry Rogers, Christopher Saxton, Kris Schamaun, Karla Shoup, Jennifer Sizemore, Randy Smith, Jackie Southam, Ronique Tatum-Penegar, Jorge Viote, Brenda Welch, Candyce White, Karen White, Edward Wynder, Susan Zannis, Lei Zhang

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

Member Knudsen joined the meeting at 9:03 a.m.

III. RECOGNITION

1. National TB Controller’s Association (NTCA) Unsung Hero Awardee for 2022

   • Haley Blake, Communicable Disease Supervisor, Disease Surveillance and Control

On behalf of the Board of Health, the Chair advised that Haley Blake, Communicable Disease Supervisor, has received the National TB Controller’s Association Unsung Hero Award for 2022. This award recognizes those within TB programs working on the front lines, regardless of their professional training, who daily dedicate themselves to quality patient care and protecting our public’s health. Ms. Blake has worked for the Southern Nevada Health District since 2008. During her tenure, Ms. Blake’s work with TB included leading routine contact investigations as well as...
multiple contact investigation in high profile settings including two neonatal intensive care units, multiple establishments in the resort corridor in Las Vegas, Nevada, correctional facilities, schools of all levels, and foreign travelers. She served as the Tuberculosis Correctional Liaison for Clark County, Nevada, was a member of NTCA/NTNC's Corrections Education and Training Workgroup and served as a facilitator for contact investigation training courses with the Curry International TB Center. Ms. Blake was a frequent presenter to community groups, schools, and to health care providers, along with public health conferences. Ms. Blake was also tapped at the beginnings of the COVID-19 pandemic to provide contact investigation training and served as Branch Director for Information and Guidance during the initial phases of SNHD’s ICS response. With her experience and knowledge in TB work, she was able to apply much of what was already in practice for TB investigations to develop clear, responsive, and comprehensive COVID protocols for our contact tracing team of over 150 internal staff. Her commitment to protect the health and wellbeing of our community is well deserving of the TB Unsung Hero Award.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please 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 portion.

V. ADOPTION OF THE JUNE 23, 2022 MEETING AGENDA (for possible action)

A motion was made by Member Kirkpatrick, seconded by Member Adams and carried unanimously to approve the June 23, 2022 Agenda, as presented.

 member Nielson joined the meeting at 9:07 a.m.

VI. 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: May 26, 2022 (for possible action)

Member Nielson wanted to ensure that the Minutes reflected the motion, related to the Environmental Health Fee Schedule, as understood. Member Nielson understood that the motion indicated that the Board of Health approved a 27% fee increase, effective July 1, 2022, with the fees for July 1, 2022 being the current fees that were paid last year and the 27% increase would be due on January 1, 2023 but only be due and billed if the state fails to provide sufficient funds to pay that 27% increase. Then the fee amount due on July 1, 2023 will be the current fees plus the 27% increase and that would be going forward. Further, Mr. Nielson stated that the Board of Health also approved an annual automatic increase to fees equal to the increase in the Consumer Price Index for the Western region, with a 1% floor and a 3% fee ceiling, which would be effective July 1, 2024, along with a two-year review by the Board of Health of the automatic increase in the CPI. Member Nielson wanted to reiterate and inquire whether there was any further discussion or if anyone else had any difference of opinion of what was approved.

The Chair confirmed that staff captures the discussion of the meetings without being verbatim. The Chair further confirmed that the components of the motion were as stated by Member Nielson and captured in the minutes. There was no further discussion.

A motion was made by Member Nielson, seconded by Member Kirkpatrick and carried unanimously to approve the June 23, 2022 Consent Agenda, as presented.
Member Diaz abstained from the vote as she was not present at the last meeting.

VII. 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.

VIII. REPORT / DISCUSSION / ACTION

1. Receive Report, Discuss and Approve Recommendations from the June 13, 2022 At-Large Selection Committee Meeting; direct staff accordingly or take other action as deemed necessary (for possible action)
   a. Southern Nevada District Board of Health
      • Representative who is a physician licensed to practice medicine in this State;
      • Representative of a non-gaming business or from an industry is that is subject to regulation by the Health District;
      • Representative from the association of gaming establishments
   b. Southern Nevada District Board of Health Public Health Advisory Board
      • Representative who is a physician licensed to practice medicine in this State;
      • Representative who is a nurse licensed to practice medicine in this State;
      • Representative with a background or expertise in environmental health or environmental health services

Chair Black provided a summary of the recommendation from the At-Large Selection Committee meeting, related to the Board of Health, as follows:

• Re-appoint Dr. Frank Nemec as the physician representative;
• Re-appoint Bobbette Bond as the regulated business/industry representative; and
• Re-appoint Scott Nielson as the gaming representative (as appointed by the Nevada Resort Association).

Further, Chair Black provided a summary of the recommendation from the At-Large Selection Committee meeting, related to the Public Health Advisory Board, as follows:

• Re-appoint Dr. Kenneth Osgood as the physician representative; and
• Appoint Dr. Francisco Sy as the environmental health representative.

Chair Black noted that while there were no applications received for the nurse representative position prior to the At-Large Selection Committee meeting, a nurse representative recently submitted an application; Dr. Reimund Serafica of UNLV. Therefore, Chair Black recommended that the Board nominate Dr. Serafica.

A motion was made by Chair Black, seconded by Member Kirkpatrick and carried unanimously to approve Dr. Frank Nemec as the Physician representative, Bobbette Bond as the Regulated Business/Industry representative, and Scott Nielson as the Gaming representative to the Southern Nevada District Board of Health for a two-year term beginning on July 1, 2022.

A motion was made by Chair Black, seconded by Member Kirkpatrick and carried unanimously to approve Dr. Kenneth Osgood as the Physician representative, Dr. Reimund Serafica as the Registered Nurse representative, and Dr. Francisco Sy as the Environmental Health representative
to the Southern Nevada District Board of Health Public Health Advisory Board for a two-year term beginning on July 1, 2022.

2. **Discuss and Approve the Southern Nevada District Board of Health Chair, Vice-Chair, and Secretary Appointments for a One Year Term Beginning July 1, 2022:** direct staff accordingly or take other action as deemed necessary (for possible action)

The Chair provides a summary of the interest and nominations received as follows:

- Interest – Chair – Marilyn Kirkpatrick
- Interest – Vice-Chair – Scott Nielson
- Nomination – Chair – Marilyn Kirkpatrick (x3)
- Nomination – Vice-Chair – Scott Nielson, Dr. Nemec
- Nomination – Secretary – Dr. Nemec

A motion was made by Member Nielson, seconded by Member Diaz and carried unanimously to approve Marilyn Kirkpatrick as Chair for the Southern Nevada District Board of Health for FY2023.

A motion was made by Chair Black, seconded by Member Nemec and carried unanimously to approve Scott Nielson as Vice-Chair for the Southern Nevada District Board of Health for FY2023.

A motion was made by Chair Black, seconded by Member Kirkpatrick and carried unanimously to approve Dr. Frank Nemec as Secretary, for the Southern Nevada District Board of Health for FY2023.

3. **Discuss and Approve the Southern Nevada District Board of Health Public Health Advisory Board Chair and Vice-Chair Appointments for a One Year Term Beginning July 1, 2022:** direct staff accordingly or take other action as deemed necessary (for possible action)

The Chair advised that Michael Collins, the current chair of the Public Health Advisory Board, did not apply for re-appointment to the Public Health Advisory Board. Further, Dr. Kenneth Osgood, the current vice-chair of the Public Health Advisory Board, expressed interest in being the vice-chair.

A motion was made by Member Kirkpatrick, seconded by Chair Black and carried unanimously to approve Dr. Kenneth Osgood as Chair for the Southern Nevada District Board of Health Public Health Advisory Board for FY2023.

A motion was made by Chair Black, seconded by Member Diaz and carried unanimously to approve Ronald Kline as Vice-Chair for the Southern Nevada District Board of Health Public Health Advisory Board for FY2023.

4. **PETITION #42-22 – Approval of Augmentation to the Southern Nevada Health District FY2022 Budget:** direct staff accordingly or take other action as deemed necessary (for possible action)

Ms. White presented the five resolutions regarding the budget augmentation, as follows:

- **Resolution #3-22:** General Fund increased the appropriation of the general fund by $3M, from $110,036,384 to $113,058,525
- **Resolution #4-22:** Grant Fund (Special Revenue) increased the appropriation by $25.7M, increasing SNHD Fund 7090 from $66,756,446 to $92,538,933
- **Resolution #5-22:** Capital Improvement Fund increased the appropriation by $457,956, from $3,129,477 to $3,587,433
- **Resolution #6-22:** Bond Reserve Fund (Building) decreased the appropriation by $31,461, from $3,617,855 to $3,586,394
• **Resolution #7-22:** Proprietary Fund decreased the appropriation by $9,035, from $170,767 to $161,732

A motion was made by Member Kirkpatrick, seconded by Member Nielson and carried unanimously to approve the Augmentation in Resolution #03-22 for the Southern Nevada Health District (General) Fund Budget, Resolution #04-22 for the Southern Nevada Health District Grant (Special Revenue) Budget, Resolution #05-22 for the Southern Nevada Health District Capital Improvement Fund Budget, Resolution #06-22 for the Southern Nevada Health District Bond Reserve Fund Budget, and Resolution #07-22 for the Southern Nevada Health District Proprietary Fund Budget for the Fiscal Year Ending June 30, 2022 to meet the mandatory financial requirements of NRS 354.598005.

IX. **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 Adams thanked staff for their efforts in a community outreach in Boulder City on substance use, and specifically recognized Jessica Johnson and Brandon Delise.

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

• **DHO Comments**

In addition to the DHO Monthly Report, Dr. Leguen advised that the construction was almost completed at the new Fremont location. It was anticipated that an opening ceremony of the facility would be held in conjunction with the National Health Center Week in mid-August, however services would not be provided until the end of August.

Further, Dr. Leguen advised that earlier in June, the Health District celebrated its 60th anniversary, which was well received by employees and community members.

• **Classification and Compensation Study and Plan Update**

Jennifer Fennema, Director of Human Resources, advised that the implementation of the non-represented classification and compensation plan has moved forward and will be implemented on July 9th, as approved by the Board of Health. Ms. Fennema advised that an information meeting (?) was held on March 29th with the union representatives regarding six classifications, that were on the non-represented plan, were verified as represented. These classifications were removed from the non-represented plan and confirmed in writing to the union. Ms. Fennema confirmed that the internal non-represented plan, guidelines, practices, standard operating procedures and associated form were completed. Further, Ms. Fennema advised that numerous meetings were held with Health District leadership, along with an in-person employee informational session. Currently, all department heads were reviewing the non-represented job descriptions and making any final edits. Ms. Fennema confirmed that all non-represented employees received an individual letter, which included the salary range that would be effective on July 9th, along with a comprehensive set of informational frequently asked questions. Ms. Fennema thanked the Board of Health for their support, along with the HR Team for their hard work on the implementation process.

• **COVID-19 Surveillance and Contact Tracing Update**

Dr. Cassius Lockett, Director of Disease Surveillance and Control, advised that, as of June 22nd, there were approximately 14,000 more COVID-19 cases, 470 more hospitalizations, and 73 more
deaths since the last Board of Health meeting. On June 18th, the 7-day moving average of cases increased to 589. Dr. Lockett advised that true case counts were under reported due to the availability of at-home test kits and could be between 5 to 8 times higher than reported. The 7-day moving average of hospitalizations, from June 5th to 18th, increased by approximately 10%, from 40 to 44. The 7-day moving average of deaths increased from 1.8 to 2.6 deaths. The test positivity rate has increased from 25% to 30.3%, however does not account for at-home test kits.

Dr. Lockett advised that the more transmissible omicron variants were increasing in wastewater and the highly infectious vaccine-evasive variants were staring to emerge in the community, which could extend the current surge or lead to another wave, however, was completely unclear.

Member Kirkpatrick inquired where the community could go for details and information related to the antiviral medication. Dr. Lockett advised that the antivirals should be administered within five days of being diagnosed to be the most optimal. Dr. Leguen advised that the Health District offered Paxlovid and there was additional information on the Health District website. Further, Dr. Leguen advised that the state was also offering the antiviral medications and there was information, along with a phone number, for the state on the Health District website.

Further, Member Kirkpatrick expressed frustration to the empty hand sanitizer dispensers that were around the community and emphasized the need in the community to continue with hand sanitizing and handwashing.

Member Nemec inquired as to the availability and utilization of Paxlovid at the Health District. Dr. Leguen reiterated that the Health District was providing Paxlovid and could share data on the utilization of Paxlovid at the Health District, however, noted that it would not include data for the entire community.

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

XII. 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 five (5) 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 Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

Member Diaz recognized and thanked Chair Black for his leadership the last three years, particularly for being the steady voice of the Board of Health and Health District through the pandemic.

The Chair adjourned the meeting at 9:55 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm
TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: July 28, 2022

RE: Approval of the Renewal of the Interlocal Agreement Between the Regional Transportation Commission of Southern Nevada and the Southern Nevada Health District

PETITION #01-23

That the Southern Nevada District Board of Health approve the attached renewal for the Interlocal Agreement between the Regional Transportation Commission of Southern Nevada and the Southern Nevada Health District for the purchase of bus passes and/or transit guides for the period from July 1, 2022 to June 30, 2025.

PETITIONERS:

Margarita DeSantos, RN, BSN, Community Health Nurse Manager

Cortland Lohff, MD, MPH, Chief Medical Officer and Director of Primary and Preventative Care

Fermin Leguen, MD, MPH, District Health Officer

DISCUSSION:

The Interlocal Contract allows the District to continue purchasing bus passes as program enablers to provide to Southern Nevada Health District clients. The use of enablers is useful in encouraging high-risk individuals to participate in and complete testing, treatment, or other public health interventions. As such, the Southern Nevada Health District Tuberculosis Clinic provides enablers to clients as a means of increasing client compliance regarding treatment; alleviating transportation barriers to treatment or program participation; encouraging client’s participation in treatment, counseling, education, and other activities that will improve client outcomes and public health; and improving adherence to interventions and assessments of progress of the disease. The budget period is from July 1, 2022 to June 30, 2025.

FUNDING:

The funding for purchases made under this agreement at $1,940 per year is made available to the Southern Nevada Health District from a subaward through the Nevada Division of Public and Behavioral Health.
INTERLOCAL AGREEMENT
BETWEEN
REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA
AND
SOUTHERN NEVADA HEALTH DISTRICT

This Interlocal Agreement ("Agreement") is made and entered into by and between the Regional Transportation Commission of Southern Nevada, a political subdivision of the State of Nevada, with offices at 600 S. Grand Central Parkway, Suite 350, Las Vegas, NV ("RTC") and the Southern Nevada Health District, a political subdivision of the state of Nevada, with offices at 280 S. Decatur Parkway, Las Vegas, NV, ("Agency") and is made pursuant to the provisions of the Nevada Revised Statutes Chapter 277. Both RTC and Agency may be referred to individually as a "Party" or collectively as the "Parties".

RECITALS

A. WHEREAS, pursuant to NRS 277.110, any two or more public agencies may enter into agreements with one another for joint or cooperative action pursuant to the provisions of NRS 277.080 to 277.180, inclusive;

B. WHEREAS, transportation congestion is growing within the Las Vegas Valley; and

C. WHEREAS, the RTC is authorized to own and operate a public mass transit system pursuant to NRS 277A.170; and

D. WHEREAS, the RTC does operate a public mass transit system to assist with the transportation needs of the community; and

E. WHEREAS, there is a need to efficiently distribute bus pass and transit guides to other entities including the Agency;

F. WHEREAS, the Agency is the public health authority organized pursuant to Nevada Revised Statutes ("NRS") Chapter 239, and has jurisdiction over all public health matters within Clark County;

G. WHEREAS, Agency receives supplemental federal grant funding intended to expand accessibility to Agency's public health and primary health care services ("Services") for underserved, non-contagious populations of the southern Nevada community ("Client(s)"), and contemplates appropriation of such funds, in part, to purchase bus passes at a reduced rate for Clients without transportation, and who are in need of Services;

H. WHEREAS, Agency desires to purchase and RTC agrees to provide bus passes at a reduced rate for the purposes detailed herein;

I. WHEREAS, the Agency and RTC desire to enter into a written agreement to establish
their respective rights and obligations in establishing a process to distribute bus passes and transit guides to the Agency.

NOW, THEREFORE in consideration of the mutual promises and undertakings herein specified, the Parties agree as follows:

AGREEMENT

1. TERM AND TERMINATION. This Agreement shall be effective from July 1, 2022 through June 30, 2025 ("Term").

   a. Either Party may terminate this Agreement at any time, with or without cause, prior to its expiration with thirty (30) days written notice.

2. SCOPE OF AGREEMENT. The scope of work and/or services required by the Parties under this Agreement shall be as set forth in Exhibit A – Scope of Agreement, attached hereto and expressly incorporated by reference.

3. COMPENSATION. To the extent any compensation will be due a Party hereunder, such compensation shall be made according to the terms as set forth in Exhibit B – Compensation, attached hereto and expressly incorporated by reference.

4. CONTRACT DOCUMENTS. This Agreement and its Exhibits make up the Contract Documents for this Agreement. The Contract Documents form the entire agreement between the Parties.

5. STATUS OF PARTIES: INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance of services pursuant to this Agreement. In the performance of such services, each Party shall at all times be an independent entity with respect to the other Party. Neither Party is an employee nor agent of the other Party. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.

6. BOOKS AND RECORDS.

   a. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Policy, or at least a minimum of five (5) years from the date of termination of this Agreement; whichever is longer. This retention time shall be
extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

b. Each Party shall, at all reasonable times, have access to the other Party's records, calculations, presentations, and reports produced under this Agreement for inspection and reproduction.

7. **BREACH: REMEDIES.** Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.

8. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of this Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.

9. **LIMITED LIABILITY.** The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both Parties shall not be subject to punitive damages. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

10. **FORCE MAJEURE.** Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, act of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the Party asserting such an excuse, and the excused Party is obligated to promptly perform in accordance with the terms of this Agreement after the intervening cause ceases.

11. **INDEMNIFICATION.**

   a. To the extent expressly provided in Chapter 41 of Nevada Revised Statutes, Agency agrees to protect, defend, indemnify and hold RTC, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "Claims") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by Agency or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any
patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

b. To the extent expressly provided in Chapter 41 of Nevada Revised Statute, RTC agrees to protect, defend, indemnify and hold Agency, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "Claims") in connection with or arising directly or indirectly out of the Agreement or the performance hereof by RTC or any subcontractor. Without limiting the generality of the foregoing, any and all such Claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

c. Neither Party waives any right or defense to indemnification that may exist in law or equity.

12. **INSURANCE.** The Parties shall, during the Term, maintain or participate in a self-insurance fund, or procure such insurance as may be required, in amounts which are in compliance with the laws of the State of Nevada and which are sufficient to cover any liability which could reasonably be anticipated with respect to the performance of this Agreement.

13. **COMPLIANCE WITH UNIFORM GUIDANCE PROCUREMENT STANDARDS AND CONTRACT PROVISIONS FOR NON-FEDERAL ENTITIES.** As a non-federal entity receiving payment made in part with federal funds, RTC agrees to comply as applicable with §§200.318 General Procurement Standards through 200.327 Contract Provisions. Additionally, RTC will comply with 2 CFR Part 200 Appendix II to Part 200—Contract Provisions for Non-Federal Entities and 45 CFR 75, as applicable.

14. **STATEMENT OF ELIGIBILITY.** The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
15. **NON-DISCRIMINATION.** As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, gender identity or expression, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability or sexual orientation. The Parties likewise agree that they will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, rules enforced by the Nevada Equal Rights Commission, and the American with Disabilities Act, in connection with this Agreement.

16. **SEVERABILITY.** If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist, and the unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

17. **PUBLIC RECORDS: CONFIDENTIALITY.** Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto, may be opened by the Parties for public inspection and copying. The Parties will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

18. **PROPER AUTHORITY.** The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

19. **ENTIRE AGREEMENT.** This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreements between the Parties regarding the subject matter hereof.

20. **AMENDMENTS.** This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

21. **GOVERNING LAW.** This Agreement and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this agreement.

22. **DISPUTE RESOLUTION.** The Parties hereto agree that any dispute arising under this Agreement will be determined through litigation in the District Courts of Nevada, located in Clark County, Nevada.

23. **NO THIRD-PARTY BENEFICIARIES.** The Parties do not intend to, and nothing contained in this Agreement shall, create any third party benefit or right to enforce the terms hereof in any party not named hereto.

24. **COUNTERPARTS.** This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.
25. **NOTICES.** All notices permitted or required under this Agreement shall be made by personal delivery or by U.S. registered or certified mail, postage prepaid to the other Party at their address set out below:

**REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA**  
Attn: Mark Hyfler  
600 S. Grand Central Parkway  
Las Vegas, NV 89106

**Southern Nevada Health District**  
Legal Department  
Contract Administrator  
280 South Decatur Blvd  
Las Vegas, NV 89107

[SIGNATURE PAGE TO FOLLOW]
BY SIGNING BELOW, the Parties agree that they have read, understand, and agree to the conditions set forth herein and have caused their duly authorized representatives to execute this Agreement.

AGENCY:
SOUTHERN NEVADA HEALTH DISTRICT

By: __________________________ Date: 6/10/22
Fermin Leguen, MD, MPH
District Health Officer

APPROVED AS TO FORM:

By: __________________________
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA

APPROVED:

By: __________________________ Date: 6/9/2022
M... Maynard
Chief Executive Officer

APPROVED AS TO FORM:

By: __________________________ Date: 6/9/2022
Legal Counsel
Exhibit A

Scope of Agreement

Agency Responsibilities:

1. The Agency shall be responsible for submitting an order to the RTC when the Agency desires to purchase bus passes and/or transit guides from the RTC.

2. The Agency shall submit orders on a form provided by the RTC.

3. The Agency will establish an RTC account for billing purposes. The Agency will provide one point of contact for ordering and billing purposes. The Agency is required to notify RTC, either by confirmed FAX, mail or email, of any changes so that the information is kept up to date.

4. The Agency shall be responsible for and retain the risk of loss for all bus passes and transit guides delivered by the RTC to the Agency.

5. The Agency shall be responsible for remitting to the RTC all amounts invoiced by the RTC for bus pass and transit guide orders, within 30 (thirty) calendar days of the date on the invoice submitted to the Agency by the RTC. Failure to pay will result in the Agency account being placed on a temporary suspension until past due invoices are paid in full, mailed to the address on the invoice, and received by the RTC. The RTC may initiate collection proceedings through all available means and legal processes on unpaid balances. If the RTC initiates collection proceedings, the RTC shall have the right to seek all costs, including attorney's fees, accumulated by the RTC.

6. In the event that the Agency account becomes 60 (sixty), or more, calendar days past due, the RTC reserves the right to place the Agency account on a cash on delivery status for the remainder of the contract term, upon written notice.

7. The Agency shall adhere to the following rules of reduced fare validation:
   
a. All reduced fare customers must have a valid RTC Reduced Fare photo identification card, another U.S. transit system reduced fare photo identification card, a Clark County School District photo identification card, a RTC issued Veterans ID Card or a Medicare card in order to receive a reduced fare pass. **No other identification will be acceptable to purchase reduced fare passes.** Bus passengers may apply for the necessary reduced fare photo identification card from the RTC at the Bonneville Transportation Center or at the Administration Office. As necessary, Agency will provide the address and RTC service hours to those customers seeking a reduce fare bus pass without the required identification.

b. Failure by the Agency to verify the proper reduced fare identification card may result in the RTC suspending the Agency from the reduced fare program.

c. If a Reduced Fare Pass is sold to a customer that does not have the correct Reduced Fare identification, the Agency will be responsible for correcting the sale with the customer. Any loss of bus passes inventory due to the incorrect sale will be the responsibility of the Agency.
RTC Responsibilities:

1. The RTC will ship RTC Transit bus passes via UPS, to the Agency point of contact listed on the applicable Non-Profit/Governmental Agency Order Form.

2. The RTC shall be responsible for shipping the RTC bus passes and transit guides the Agency has ordered within ten (10) business days of receiving the Agency's order.

3. The RTC shall be responsible for providing, within seven days of receipt of delivery, a detailed invoice of bus passes and transit guides delivered informing the Agency of the amount due the RTC.

4. The RTC will notify the Agency, no less than 30 days in advance, of new bus passes or transit guides being offered for sale or any changes in prices for any bus passes or transit guides.
Exhibit B

Compensation

1. The Agency shall pay the RTC half price for each Full Fare 24 Hour Day Pass purchased. The Agency shall pay the RTC full price for all other types of bus passes purchased.
# RTC FARE MEDIA ORDER FORM

**Order Date:**

**Vendor Name:**

**Ship to Address:**

**City and Zip Code:**

**Telephone No.:**

**Fax No.:**

**Contact Person:**

**Email Address:**

Please indicate the amount of each fare media type in space provided:

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**GRAND TOTAL**

Name (please print): __________________________

**To place your order Email to** [buspass@rtcsnv.com](mailto:buspass@rtcsnv.com)
**or FAX to RTC Finance Department at** (702) 676-1630
**To check status of placed order email** [buspass@rtcsnv.com](mailto:buspass@rtcsnv.com)
**or call the Bus Pass Hotline at** (702) 676-1670

**This form may be copied so that you will always have a blank form for future orders**

Thank you for your order.

---

SNHD C2200138
TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH  
DATE: July 28, 2022

RE: Approval of insurance coverage renewal through Chubb for Southern Nevada Health District’s medical/professional liability, coverage period 08/01/2022 - 08/01/2023

PETITION #02-23

That the Southern Nevada District Board of Health for coverage period 08/01/2022 – 08/01/2023 accept the Chubb option 4 renewal proposal and approve payment of premium for the Southern Nevada Health District's medical/professional liability insurance. The policy is brokered through Willis Towers Watson Insurance Services West, Inc. (Las Vegas). The premium for this coverage period is $75,847.

PETITIONERS:

Mashawn Sandifer, Acting Controller
Heather Anderson-Fintak, General Counsel
Fermin Leguen, MD, MPH, District Health Officer on behalf of FL

FUNDING:

- Coverage: Medical/Professional Liability
- Limits: Each Professional Incident: $1,000,000, Professional Aggregate: $3,000,000
- Deductibles: Each Professional Incident: $50,000, Professional Aggregate: N/A
- Annual Cost: $75,847
Insurance Proposal
Prepared For
Southern Nevada Health District

Policy Term: 08/01/2022 to 08/01/2023
Presented On: 7/14/2022

Willis Towers Watson Insurance Services West, Inc.

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<thead>
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<th>Section</th>
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<td>Premium Comparison</td>
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<tr>
<td>Important Notices</td>
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<tr>
<td>Directions for Binding</td>
</tr>
<tr>
<td>Brokerage Terms, Conditions &amp; Disclosures</td>
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<tr>
<td>Appendices</td>
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If you would like a copy of any quote received, please let us know and we will provide it to you.

These quotes expire on 8/1/2022, after which insurers may withdraw or vary them.

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<th>Response</th>
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<tr>
<td>Medical Professional Liability</td>
<td>Vantage Risk</td>
<td>Quoted - $68,000</td>
</tr>
<tr>
<td>Medical Professional Liability</td>
<td>Chubb</td>
<td>Quoted - $73,000</td>
</tr>
<tr>
<td>Medical Professional Liability</td>
<td>Beazley</td>
<td>Indication - $75,000</td>
</tr>
<tr>
<td>Coverage</td>
<td>Expiring</td>
<td>C.N.A. Option</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Total Medical Professional Liability Premium</td>
<td>$77,080</td>
<td>$87,395</td>
</tr>
<tr>
<td>Surplus Lines Tax</td>
<td>$3,041.22</td>
<td>$3,469.41</td>
</tr>
<tr>
<td>Total Program Premiums</td>
<td>$81,021.22</td>
<td>$90,863.41</td>
</tr>
</tbody>
</table>
## Willis Towers Watson
### Southern Nevada Health District

**Medical Professional Liability**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Expiring</th>
<th>Renewal</th>
<th>Renewal</th>
<th>Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Carrier Information</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Carrier</td>
<td>Columbia Casualty Company</td>
<td>Columbia Casualty Company</td>
<td>Vantage Risk Specialty</td>
<td>Illinois Union Insurance Company</td>
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<tr>
<td>AM Best Rating &amp; Date</td>
<td>A XV, 7/8/2021</td>
<td>A XV, 7/8/2021</td>
<td>A++, XV, 12/30/2021</td>
<td>A++, XV, 12/30/2021</td>
</tr>
<tr>
<td>Admitted / Non-Admitted</td>
<td>Non-Admitted</td>
<td>Non-Admitted</td>
<td>Non-Admitted</td>
<td>Non-Admitted</td>
</tr>
<tr>
<td>Agency Bill/Direct Bill</td>
<td>Agency Bill</td>
<td>Agency Bill</td>
<td>Agency Bill</td>
<td>Agency Bill</td>
</tr>
<tr>
<td>Payment Plans</td>
<td>Annual</td>
<td>Annual</td>
<td>Annual</td>
<td>Annual</td>
</tr>
<tr>
<td>Commission</td>
<td>14.50%</td>
<td>15%</td>
<td>13.5%</td>
<td>12.5%</td>
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</table>

### Premium and Expenses

<table>
<thead>
<tr>
<th>Classification</th>
<th>Total Premium</th>
<th>N.A. Option</th>
<th>Vantage Option</th>
<th>Chubb Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits</td>
<td>$2,474</td>
<td>$93,185</td>
<td>$93,185</td>
<td>$3,185</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacy Revenue</td>
<td>$3,500,000</td>
<td>$12,000,000</td>
<td>$12,000,000</td>
<td>$12,000,000</td>
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<tr>
<td>Laboratory Revenue</td>
<td>$3,500,000</td>
<td>$14,383,286</td>
<td>$14,383,286</td>
<td>$14,383,286</td>
</tr>
<tr>
<td>Premium</td>
<td>$77,810</td>
<td>$87,365</td>
<td>$68,000</td>
<td>$73,000</td>
</tr>
<tr>
<td>Surplus Lines Tax*</td>
<td>$2,729.30</td>
<td>$3,058.85</td>
<td>$2,380.00</td>
<td>$3,505.00</td>
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<tr>
<td>Surplus Lines Fee*</td>
<td>$311.92</td>
<td>$349.56</td>
<td>$727.00</td>
<td>$292.50</td>
</tr>
<tr>
<td>Minimum Earned Premium</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Total Medical Professional Liability Premium

|                      | $1,021,212.29 | $50,803,61 | $73,652.00 | $75,647.39 |

### Limits of Liability and Coverage Limits

<table>
<thead>
<tr>
<th>Each Professional Incident Limit</th>
<th>$1,000,000</th>
<th>$1,000,000</th>
<th>$1,000,000</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Liability Aggregate Limits</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
</tr>
</tbody>
</table>

### Terms and Conditions

<table>
<thead>
<tr>
<th>Category</th>
<th>Deductible applies to Damages and Defense Costs</th>
<th>In addition to Limits</th>
<th>In addition to Limits</th>
<th>In addition to Limits</th>
<th>In addition to Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Each Professional Incident Deductible</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td></td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td></td>
</tr>
</tbody>
</table>

### Sublimits (Including but not limited to)

<table>
<thead>
<tr>
<th>Sublimit</th>
<th>Amount</th>
<th>N.A. Option</th>
<th>Vantage Option</th>
<th>Chubb Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse &amp; Molestation Aggregate Sublimit</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Disciplinary Proceedings Per Proceeding / Maximum Aggregate Per Policy Period (including scheduled providers)</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Emergency Evacuation Expenses Per Emergency Evacuation / Maximum Aggregate Per Policy Period</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>HPAAA Disciplinary Proceedings Per Proceeding / Maximum Aggregate Per Policy Period (including scheduled providers)</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>HPAAA Media Expenses Per Adverse Event / Maximum Aggregate Per Policy Period</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

### Forms and Endorsements (Including but not limited to)

| Form | Included | Included | Included | Included |
| Gut | Included | Included | Included | Included |
| Disciplinary Proceedings Supplementary Benefits Endorsement | Included | Included | Included | Included |
| Abuse and Molestation Claim Sub-limit Endorsement (Defense Costs and Damages) | Included | Included | Included | Included |
| Amend Definition of Insured Person for Scheduled Classes | Included | Included | Included | Included |
| Emergency Evacuation Expenses Endorsement | Included | Included | Included | Included |
| Service Of Suit Endorsement | Included | Included | Included | Included |
| Cancellation/Nonrenewal Endorsement | Included | Included | Included | Included |
| Amend Definition of Insured Person to Include Scheduled Provider | Included | Included | Included | Included |

*Surplus Lines Taxes and Fees are estimated as close to actual as possible.*

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Information provided is only a brief outline of the policy. Refer to the actual policy terms & conditions for a determination of coverage. © 2019 Willis Towers Watson. All rights reserved. Proprietary and Confidential. For Willis Towers Watson use only.
SURPLUS LINES
The premium quoted for the Professional Liability insurance is subject to Surplus Lines Tax which is in addition to the premium charged.

WILLIS COMMISSION
Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson will collect the difference directly from the insurer. These payments will not increase the cost of your insurance or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your Quote Proposal can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

WILLIS BROKERAGE TERMS, CONDITIONS & DISCLOSURES
An order to bind the coverage presented in this proposal shall be deemed an acceptance and agreement that this proposal is subject to Willis Towers Watson’s Brokerage Terms, Conditions, and Disclosures “Brokerage Terms” that are incorporated as part of this proposal and available at: https://www.willistowerswatson.com/-/media/WTW/Notices/Brokerage-Terms-Conditions-Disclosures.pdf. If you would like a hard copy of the Brokerage Terms, please contact any member of your Willis Towers Watson service team. If you have received a hard copy of this proposal, a hard copy of the Brokerage Terms is included for your convenience.
Willis Towers Watson

Southern Nevada Health District

Direction for Binding

Please review this proposal and advise of any changes or questions you may have. To request the binding of coverage, please complete and sign the following or contact me with your binding instructions.

Please bind the coverage:

<table>
<thead>
<tr>
<th>Bind</th>
<th>Coverage</th>
<th>Carrier</th>
<th>Premium*</th>
<th>Policy Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Medical Professional Liability</td>
<td>Vantage RisK</td>
<td>$70,652</td>
<td>$0</td>
</tr>
<tr>
<td>☐</td>
<td>Medical Professional Liability</td>
<td>Chubb</td>
<td>$75,847</td>
<td>$0</td>
</tr>
<tr>
<td>☐</td>
<td>Medical Professional Liability</td>
<td>Columbia Casualty Company</td>
<td>$90,803</td>
<td>$0</td>
</tr>
</tbody>
</table>

SUBJECTIVITIES

Policy

Vantage: Medical Professional Liability

Name and email address of the person we should send deductible invoices to in the event of a claim

PAYMENT PLANS

Policy

Medical Professional Liability

Plan

Agency Bill - Annual Payment

*Surplus Lines Taxes and Fees are estimated as close to actual as possible.

Southern Nevada Health District

Signature

Date

Title

Printed Name

Information provided is only a brief outline of the policy. Refer to the actual policy terms & conditions for a determination of coverage.

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Corporate Risk & Broking Brokerage Terms, Conditions & Disclosures

A Client's decision to purchase insurance coverages, products, and/or services through a WTW company is subject to the following terms and conditions (the "Brokerage Terms").

1. General Terms and Conditions

1.1. Fees and Expenses. WTW will submit invoices for the services provided and expenses incurred. Invoices will be paid within 30 days of receipt. In the event that invoices are not paid within that time, we will be entitled to charge a late payment fee of the lesser of 1.0% per month or the maximum allowed by law.

Any fees or rates quoted or estimated will be exclusive of income tax or of any sales, ad valorem, value added tax or any similar tax unless such tax is required to be included pursuant to a statutory requirement. If required, WTW will add the relevant tax to the invoice, separately stated, and remit such tax to the appropriate authority.

1.2. Our Responsibilities. WTW will provide the services in a professional manner with reasonable skill and care and in accordance with all laws and regulations applicable to us. WTW will assign to the project team, members of our staff with adequate education, training and experience to perform the tasks assigned to them. WTW will use reasonable endeavors to meet any agreed timetable.

The work product WTW produces in the course of providing the services (the "Work Product") will not infringe any intellectual property right of any third party. Unless otherwise expressly agreed in writing, WTW does not accept any fiduciary or trust responsibilities or related liability in connection with the performance of the services. WTW does not provide legal, accounting or tax advice.

1.3. Your Responsibilities. Client will provide WTW, in a timely manner, with all documentation, information, access to your personnel, access to your premises (if applicable) and cooperation reasonably required to provide the services. Any delay or failure to provide such documentation, information, access to your personnel or cooperation may result in: (a) a revision to any agreed timetable; and (b) if WTW is required to perform any additional work as a result, in additional fees being charged. WTW will rely on the documentation and information provided by you or your representatives and WTW does not take responsibility for verifying the accuracy or completeness of it. Client may rely only upon WTW's final Work Product and not on any drafts or oral statements made by us in the course of performing the services.

Client represents that it is in compliance, and will continue to comply, with all laws, rules, regulations or government authority guidance applicable to it. If WTW determines that the services WTW performs for Client relate to operations or activities prohibited by or inconsistent with any applicable law, rule, regulation or government authority guidance, it reserves the right to immediately terminate the master services agreement or similar agreement outlining the general terms between the parties ("MSA") and/or any signed statement of work or similar agreement between the parties which incorporates these Brokerage Terms by reference or which governs the same services as these Brokerage Terms ("SOW") in their entirety and/or decline to provide certain services.

1.4. Intellectual Property Rights and Work Product. Client will retain ownership of all original data and materials provided to us by you or your representatives, and the intellectual property rights in that data and materials. Client will have the right to use, reproduce and adapt the copies of the Work Product for internal purposes within your organization. WTW will retain the intellectual property rights in the Work Product, and the skills, know-how and methodologies used or acquired by us during the course of providing any of the services.

The services, including the Work Product, are provided solely for the intended purpose, and may not be referenced or distributed to any other party without our prior written consent. Client may distribute the Work Product to its affiliates, provided that Client ensures that each such affiliate complies with these Terms, Conditions, & Disclosures, as if it were a party to them, and Client remains responsible for such compliance.
Client will not refer to WTW or include any of the Work Product in any shareholder communication or in any offering materials (or fairness opinion provided by Client’s professional advisers) prepared in connection with the public offering or private placement of any security, unless otherwise agreed in writing.

1.5. **Confidentiality and Data Privacy.** Each party (the "Recipient") will protect all confidential information which the other party (the "Discloser") provides to it (whether orally, in writing or in any other form) ("Confidential Information") using the same standards as the Recipient applies to its own comparable confidential information, but in no event less than reasonable measures. Confidential Information will not include information that is: (a) already known to the Recipient at the time of disclosure; (b) in the public domain or publicly available; (c) provided to it by a third party who is under no such obligation of confidentiality; (d) independently developed by it; or (e) is required to be disclosed by court order, regulatory authority or other legal process, provided that prior to disclosing any Confidential Information, the Recipient will, if permitted by law, notify, and cooperate with the Discloser, at Discloser’s expense, to lawfully limit and/or obtain appropriate protective orders with respect to such portion(s) of the Confidential Information which is the subject of any such required disclosure. Each party may disclose Confidential Information to its legal advisers to protect its own legitimate interests or to comply with any legal or regulatory requirements.

In the course of providing the services, the parties acknowledge that Client may provide WTW with information about an identifiable individual or information which relates to a natural person and allows that person to be identified, including Client’s customer or employee information ("Personal Data"). It is further acknowledged that WTW is a global business and that WTW may transmit Client’s information, including Personal Data, within WTW's global network of offices to our affiliates and providers of IT outsourcing who will be subject to appropriate data protection standards. Client represents that WTW is authorized to receive and possess any such Personal Data and that Client has obtained any necessary consents from third parties, including the individual to which such Personal Data relates, that may be required for WTW to use the Personal Data for the purposes of providing the services. Irrespective of where WTW receives or holds Personal Data on Client’s behalf, WTW will take appropriate technical, physical and organizational/administrative measures to protect it against accidental or unlawful destruction or accidental loss or unauthorized alteration, disclosure or access. Each party will comply with the provisions and obligations imposed on it by applicable data privacy legislation and regulations.

Client agrees that WTW may maintain, process and transfer Client’s Confidential Information and Personal Data in order to perform the services, and for other reasonable ancillary purposes, unless Client instructs otherwise. WTW may retain such information and data as may be required by applicable law, regulation, or our record retention and business continuity policies and procedures.

In addition, Client hereby grants WTW permission to use data WTW receives from Client or its representatives in the course of the services for use in industry benchmarking studies, trend analyses and research. WTW may use the results of these studies, analyses and research for various purposes, including articles and studies for distribution to WTW’s other clients and prospects. Any such articles or studies will not disclose your participation or mention the inclusion of your information to any other party. Any findings from these studies that may show individual participant results will be on a blinded basis, and not attribute any finding to a specific participant.

1.6. **Limitation of Liability.**

1.6.1. If the services do not conform to the requirements agreed between the parties, Client will notify WTW promptly and WTW will re-perform any non-conforming services at no additional charge or, at WTW’s option, refund the portion of the fees paid with respect to such non-conforming services. The re-performance of the services or refund of the applicable fees is intended to provide an adequate remedy for any failure on WTW's part to adhere to the requirements agreed between the parties for the performance of services.

1.6.2. In no event shall WTW or any of its affiliates and WTW's and affiliates' respective employees, directors, officers, agents and subcontractors (the "Related Persons") be liable for any incidental, special, punitive, or consequential damages of any kind (including, without limitation, loss of income, loss of profits, or other pecuniary loss), except to the extent such liability may not be excluded as a matter of law.
1.6.3. Where WTW is jointly liable to Client with another party, WTW will to the extent permitted by law only be liable for those losses that correspond directly with WTW's share of responsibility for the losses in question.

1.7. Third Parties. For the avoidance of doubt, Section 1.6 confers rights on the Related Persons which may be enforced by any of them. Otherwise, no person who is not a party to these Brokerage Terms, any MSA, or any SOW shall have the right to enforce any of these Brokerage Terms, MSA terms, or SOW terms. WTW accepts no responsibility for any consequences arising from any third party relying on the Work Product. If WTW agrees to provide the Work Product to a third party, Client is responsible for ensuring that the third party is made aware of the fact that they are not entitled to rely upon it. Client agrees to reimburse WTW for all costs (including reasonable legal fees) that WTW incurs in responding to any requests or demands from third parties in connection with a matter to which WTW is not a party, pursuant to legal process or otherwise, for data or information related to the services.

1.8. Force Majeure. Neither party will be liable for any delay or non-performance of its obligations caused by an event beyond its control (a "Force Majeure Event") provided that the party affected gives prompt notice in writing to the other party of such Force Majeure Event and uses all reasonable endeavors to continue to perform its obligations. Unless otherwise provided in the applicable Statement of Work, either party may terminate any SOW by written notice to the other with immediate effect if such Force Majeure Event continues for more than 3 months.

1.9. Miscellaneous. These Brokerage Terms, together with any MSA or SOW, set out the complete and exclusive statement of agreement and understanding between the parties, which supersedes and excludes all prior or contemporaneous proposals, understandings, agreements or representations, whether oral or written, with respect to your purchase of insurance. To the extent there is a conflict between these Brokerage Terms, and an MSA and/or SOW, the relevant portions of the Brokerage Terms and/or SOW will control. Any modifications of or amendments to any MSA, SOW, or a change to the services must be in writing and agreed by the parties. Should any provisions of a MSA, SOW, or any of the Brokerage Terms be declared void, illegal or otherwise unenforceable, the remainder will survive unaffected.

Neither party may assign or delegate any of its rights or obligations to any third party without the prior written consent of the other party. Notwithstanding the foregoing, either party may assign or delegate any of its rights and obligations to an affiliate. WTW reserves the right to employ subcontractors to assist in providing services and to pass to them any information and materials they need to perform their work. Where WTW uses affiliates or subcontractors to provide the services, WTW will remain ultimately responsible for the provision of the services.

Neither party will have any liability in respect of any statement (except in the case of fraud where the liability of each party to the other will be unlimited) made by such party or on its behalf to the other party which is not contained in an applicable MSA, SOW, or these Brokerage Terms and each party acknowledges that it has not entered into an MSA or SOW or will enter into a MSA or SOW, in reliance on any representation by the other party which is not contained in the MSA, the applicable SOW, or these Brokerage Terms.

WTW does not tolerate unethical behavior either in WTW's own activities or in those with whom WTW seeks to do business. WTW will comply with applicable laws, regulations, and rules.

1.10. Sanctions and Export Control. Sanctions and export control laws from Canada, the EU, United States, and other government authorities prohibit companies, including WTW, from conducting business in certain jurisdictions or with certain individuals. The restrictions may differ based on Client's business activity, ownership structure, and the location or nationality of Client's employees. Please inform WTW of any insurance or service requirements Client has which touch upon goods, countries, entities or individuals subject to any sanctions or export controls. WTW will comply with all applicable sanctions and export control laws, and WTW is not responsible for actions taken by third parties based on their own sanctions or export control constraints.

1.11. Dispute Resolution and Governing Law. The parties agree to work in good faith to resolve any disputes arising out of or in connection with the services provided under these Brokerage Terms. If a dispute cannot be resolved it will be submitted to non-binding mediation to be conducted by (in the US) Judicial Arbitration and Mediation Services (JAMS) or (in Canada) the National Mediation Rules of the ADR Institute of Canada then in force before either party pursues other remedies hereunder. If the mediation does not resolve the
dispute and a party or both parties wish to pursue other remedies, the parties agree that their legal dispute will be resolved without a jury trial and agree not to request or demand a jury trial. To the fullest extent permitted by applicable law, the parties hereby irrevocably waive any right they may have to demand a jury trial. Any controversy, dispute or claim of any kind between the Parties shall be governed by and interpreted in accordance with the laws of the State of New York, without regard to New York’s provisions governing conflicts of laws.

To the extent the foregoing jury trial waiver is not enforceable under the governing law, except as provided below, any dispute arising out of or in connection with these Brokerage Terms which the parties are unable to resolve between themselves or through mediation as provided above, will be resolved by binding arbitration in the state or province as provided for in Section 1.14 below, or other mutually agreed location, before a panel of three arbitrators in accordance with the (in the US) Commercial Arbitration Rules of the American Arbitration Association or (in Canada) the Canadian Arbitration Rules of the ICDR Canada. Under these circumstances, the arbitration proceeding will be the sole and exclusive means for resolving any dispute between the parties, except for any dispute involving the ownership or use of work product or intellectual property, provided that either party may seek an injunction or other equitable relief if such action is necessary to avoid irreparable damage or to preserve the status quo. Each party will have the right to select one of the arbitrators and the two arbitrators so selected will agree on the choice of the third arbitrator. Each party will bear the expenses of the arbitrator it selects and one-half of the expenses of the third arbitrator and other costs related to the arbitration. Judgment on the award rendered by the arbitrators will be final and binding, and may be entered in any court having jurisdiction thereof. The arbitration proceeding will be confidential.

2. Brokerage Terms and Conditions

2.1. The services WTW provides to Client will rely in significant part on the facts, information and direction provided by Client or Client’s authorized representatives. In order to make our relationship work, WTW and Client must each provide the other with accurate and timely facts, information and direction as is reasonably required. Client must provide WTW with complete and accurate information regarding Client’s loss experience, risk exposures, and changes in the analysis or scope of Client’s risk exposures and any other information reasonably requested by WTW or insurers. It is important that Client advise WTW of any changes in Client’s business operations that may affect WTW’s services or Client’s insurance coverages. Therefore, all information which is material to Client’s coverage requirements or which might influence insurers in deciding to accept Client’s business, finalizing the terms to apply and/or the cost of cover, or deciding to pay a claim, must be disclosed. Failure to make full disclosure of material facts might potentially allow insurers to avoid liability for a particular claim or to void the policy. This duty of disclosure applies equally at renewal or modification of Client’s existing coverage and upon placement of new lines of coverage. Client agrees that WTW will not be responsible for any consequences arising from any delayed, inaccurate or incomplete information.

2.2. An insurer quote is an offer to provide coverage. Offers can be modified or withdrawn prior to Client’s acceptance through Client’s order to bind coverage. The quote itself is not a legally binding commitment or a confirmation of actual coverage. Should Client choose to bind coverage, WTW will secure a formal commitment, typically in the form of a binder on a form issued or approved by the insurer(s) at issue. The quotes WTW will provide to Client are based upon the information that Client has provided to WTW. If Client discovers that previously submitted information is inaccurate or incomplete, please advise WTW immediately so that WTW can attempt to revalidate terms with insurers.

2.3. At the time of binding, WTW reviews the financial soundness of the insurers WTW recommends to provide Client’s coverages based on publicly available information, including that produced by well-recognized rating agencies. Upon request, WTW will provide Client with WTW’s analysis of such insurers. WTW does not guarantee or warrant the solvency of any insurer or any intermediary that WTW may use to place your coverage.

2.4. If Client has a multi-year policy, it is important that Client understands the limitations associated with the coverage options and the possibility that the financial strength of the insurer may change throughout the term of the policy. WTW recommends that Client review the insurer’s ratings for any downgrades during the term of this multi-year policy.

2.5. The final decisions with respect to all matters relating to Client’s insurance coverages, risk management, and loss control needs and activities are Client’s. WTW will procure the insurance coverage chosen by
Client, including the limits Client chooses, prepare or forward insurance binders, if applicable, and review and transmit policies to Client.

2.6. WTW will review all binders, policies and endorsements to confirm their accuracy and conformity to negotiated specifications and Client's instructions and advise Client of any errors in, or recommended changes to, such documents. Client agrees that it will also review all such documents and promptly advise WTW of any questions Client has or of any document or provision which Client believes may not be in accordance with Client's instructions as soon as possible, and in no event longer than two weeks, after Client receives them. Client's coverage is defined by the terms and conditions detailed in Client's insurance policies and endorsements. Client's review of these documents, and any review Client may seek from outside legal counsel or insurance consultants, is expected and essential.

2.7. WTW will inform Client of the reporting requirements for claims, including where claims should be reported and the method of reporting to be used, if applicable. Please carefully review any claims-reporting instructions or information WTW provides. Failure to timely and properly report a claim may jeopardize coverage for the claim. In addition, Client should retain copies of all insurance policies and coverage documents as well as claims-reporting instructions after termination of the policies because in some cases Client may need to report claims after termination of a policy.

2.8. WTW's compensation may be revised if Client requests a change in the coverages and/or services WTW provides under the SOW or these Brokerage Terms and WTW enters into a written agreement documenting any change in coverages, services and compensation. If WTW is compensated by commissions paid by insurers, WTW will be entitled to retain the commissions for new coverages, revised coverages, or other material change in coverages.

2.9. If Client's insurance risks are in more than one jurisdiction, WTW, where required, will work with Client and insurers to determine the allocation of premium between applicable jurisdictions, and the amount of insurance premium tax payable in each jurisdiction. In providing such services, WTW is acting in its capacity as an insurance broker, not as Client's tax advisor. Client should seek its own advice in relation to such tax laws where Client considers it necessary. WTW will not be liable to Client should the apportionment of premium or amount of tax payable under the policy be challenged by any tax authority. In addition, WTW will not be liable to Client should the insurers fail, or refuse, to collect and pay such insurance premium tax to the relevant authorities.

2.10. Client will provide immediately available funds to pay premiums by the dates specified in the insurance policies, invoices, or other payment documents. Failure to pay premium on time may prevent coverage from incepting or result in cancellation of coverage by the insurer. Client agrees that WTW is not responsible for any consequences arising from any delay or failure by Client to pay the amount due by the indicated date.

2.11. Client may use a premium finance company, property appraiser, structured settlement firm or other similar service provider in connection with the insurance coverages WTW places for Client. Premium finance options are not always available, but where they are, WTW currently works with industry leading finance providers for this service. Where permitted by law, WTW receives a fee for the services WTW provides those companies. These services include, but are not limited to, processing the premium finance applications and marketing and sales support they do not have. If Client would like more information about the fee WTW receives, please let us know.

2.12. WTW will handle any premiums Client pays through WTW and any funds which WTW receives from insurers or intermediaries for payment or return to Client in accordance with applicable province/territory, state and federal insurance laws and regulations and province/territory and state unclaimed property laws. WTW may transfer Client's funds directly to insurers or to third parties such as wholesale brokers, excess and surplus lines brokers, or managing general agents to carry out transactions for Client.

2.13. Where WTW collects funds from Client, Client agrees that WTW may receive and retain interest on such funds from the date WTW receives the funds until WTW pays them to the insurers, intermediaries, or other third parties in the course of providing services, or until WTW returns them to Client after WTW receives such funds.

2.14. Unless otherwise provided in writing, Client agrees that WTW may use Client's company name and logo in marketing materials and for internal WTW use.
2.15. Unless otherwise agreed in writing, in the event of termination, WTW will be entitled to receive and retain any commissions payable under the terms of WTW’s commission agreements with the insurers in relation to policies placed by WTW, whether or not the commissions have been received by us.

2.16. WTW’s obligation to render services to Client ceases on: (a) the effective date of termination of the SOW, or (b) if Client has not entered into a SOW, the earlier of: (i) 60 days prior written notice by either party terminating the services, or (ii) with respect to any coverage subject to these Brokerage Terms, the effective date of a change in Client’s broker of record for that coverage (the “Termination Date”). Nevertheless, WTW will take reasonable steps to assist in the orderly transition of matters to Client or to a new insurance broker. Claims and premium or other adjustments may arise after the Termination Date, and WTW has no responsibility to handle these things after WTW’s relationship with Client ends. Such items are normally handled by the insurance broker servicing Client at the time the claim or adjustment arises. However, WTW will consider providing such services after the Termination Date for mutually agreed additional compensation. Nevertheless, WTW will process all remaining deposit premium installments on the policy(ies) in effect on the Termination Date.

2.17. The insurance market is complex, and there could be other relationships which are not described in this document which might create conflicts of interest. If a conflict arises for which there is no practicable way of complying with this commitment, WTW will promptly inform Client and withdraw from the engagement, unless Client wishes WTW to continue to provide the services and provide Client’s written consent. Please let WTW know in writing if Client has concerns or WTW will assume that Client understands and consents to WTW’s providing its services pursuant to these Brokerage Terms.

2.18. In addition to any other terms governing the use of Client’s information as provided herein or in any other MSA, SOW, or other agreement, Client agrees that WTW may use Client’s information and, if applicable, receive remuneration for such use, as described below. WTW may:

2.18.1. aggregate and anonymise Client’s information and may disclose to third parties certain anonymized or industry-wide statistics or other information which may include information relating to Client, but that WTW will not, without Client’s consent, reveal any information specific to Client other than on an aggregated and anonymized basis and as part of an industry or sector-wide comparison;

2.18.2. use Client’s information to engage certain insurers in periodic discussions to gauge insurers’ capabilities and interest in potentially quoting Client’s business at a future date. Such discussions could be specific to Client’s account or part of a discussion about a portfolio of accounts and typically increase the effectiveness and efficiency of WTW’s future marketing efforts on Client’s behalf when Client desires alternative bids;

2.18.3. share information concerning Client’s insurance arrangement with insurers or their agents where this is necessary to enable insurers to decide whether to participate in insuring Client’s risk or to participate in any arrangement made by WTW whereby participating insurers agree to insure (wholly or partly) a portfolio of risks without necessarily making underwriting decisions on a case by case basis for individual risks within such portfolio;

2.18.4. use any information Client provides, without further notice to Client, for the purpose of: (1) prospecting facultative reinsurance business from prospective insurer clients; (2) placing facultative reinsurance on behalf of WTW’s insurer clients; (3) marketing facultative reinsurance with prospective reinsurers on behalf of WTW’s insurer clients.

3. Brokerage Disclosures

3.1. If a WTW affiliate or office located outside of Canada or the United States serves as an intermediary in the placement of Client’s coverages, it will also earn and retain compensation for providing those services, which compensation may not be included in the fee.

3.2. To the extent WTW is compensated by commissions paid to WTW by insurers, they will be earned for the entire policy period at the time WTW places policies for Client. WTW will be paid the commission percentage stated for the placement of Client’s insurance as indicated, and will receive the same commission percentage for all subsequent renewals of this policy unless a different commission percentage is disclosed to Client, or unless the insurer changes its commission rates, in which case the new commission rate will be disclosed to Client before placement of the policy.
3.3. The compensation that will be paid to WTW will vary based on the insurance contract it sells. Depending on the insurer and insurance contract Client selects, compensation may be paid by the insurer selling the insurance contract or by another third party. Such compensation may be contingent and may vary depending on a number of factors, including the insurance contract and insurer Client selects. In some cases, other factors such as the volume of business WTW provides to the insurer or the profitability of insurance contracts WTW provides to the insurer also may affect compensation. WTW may accept this compensation in locations where it is legally permissible, and meets standards and controls to address conflicts of interest. Whether or how much insurers may pay in such compensation does not play any role in WTW’s placement recommendations on behalf of its clients. If Client prefers that WTW not accept this compensation related to Client’s policy, please notify WTW in writing and WTW will request that Client’s insurer(s) exclude Client’s business from their payment calculations.

3.4. Upon request, WTW will provide Client with additional information about the compensation WTW expects to receive based in whole or in part on Client’s purchase of insurance, and (if applicable) the compensation expected to be received based in whole or in part on any alternative quotes presented to Client.

3.5. WTW may place Client’s insurance or other business with members of a panel of insurers or other vendors. WTW develops panels of insurers and vendors in certain market segments. Participating insurers and vendors are reviewed on a variety of factors. Commission or fee rates on panel placements may be higher than rates paid on business placed outside of the panel process. WTW discloses its commission rates to clients on quotes obtained through the panel process prior to binding the coverage. In some instances, insurers or vendors pay an administration or management fee to participate in the panel process or for additional reporting. In some instances, WTW may earn a referral fee for referring Client’s business to certain vendors.

3.6. In some cases the use of a wholesale broker may be beneficial to Client. WTW will not directly or indirectly place or renew Client’s insurance business through a wholesale broker unless WTW first discloses to Client in writing any compensation WTW or WTW’s corporate parents, subsidiaries or affiliates will receive as a result.

3.7. If wholesalers, underwriting managers or managing general agents have a role in providing insurance products and services to Client, they will also earn and retain compensation for their role in providing those products and services. If any such parties are corporate parents, subsidiaries or affiliates of WTW’s, any compensation WTW or WTW’s corporate parents, subsidiaries or affiliates will receive will be included in the total compensation WTW discloses to Client. If such parties are not affiliated with WTW, and if Client desires more information regarding the compensation those parties will receive, please contact WTW and WTW will assist Client in obtaining this information.

3.8. Commission schedules and other compensation arrangements related to WTW’s services on Client’s behalf may change over time and may not always be congruent with Client’s specific policy period. WTW will provide Client with accurate information to the best of WTW’s knowledge when information is presented to Client, but it is possible that compensation arrangements may change over time. WTW will update Client on any changes to WTW’s compensation prior to Client’s renewal, and will do so at any time upon Client’s request.

3.9. As an insurance intermediary, WTW normally acts for Client. However, WTW or WTW’s corporate parents, subsidiaries or affiliates may also provide services to insurers for which WTW may earn compensation. These services may include, for example, (a) acting as a managing general agent, program manager or in other similar capacities which give WTW binding authority enabling WTW to accept business on their behalf and immediately provide coverage for a risk; (b) arranging lineslips or similar facilities which enable an insurer to bind business for itself and other insurers; (c) managing lineslips for insurers; or (d) providing third party administration and other services to insurers. Contracts with these insurers may grant WTW certain rights or create certain obligations regarding the marketing of insurance products provided by the insurers. WTW may place Client’s insurance business under such a managing general agent’s agreement, binding authority, lineslip or similar facility when WTW reasonably considers that these match Client’s insurance requirements/instructions. When WTW intends to do so, WTW will inform Client and disclose that WTW will receive compensation related to these services. In addition, these services may include providing services to insurers as a client. For example, WTW or they may provide consulting, brokerage, outsourced administration, or reinsurance services to insurer clients. In such cases, WTW or they will be compensated separately for the services provided to those insurer clients. Some of these insurer clients may happen to be insurers with whom WTW places Client’s insurance coverages. The services provided to Client and the
services provided to WTW’s insurer clients are separate and any compensation earned for the services provided to insurer clients are separate from and in addition to the compensation WTW earns for the services WTW provides Client under these Brokerage Terms.

3.10. WTW is a member of a major international group of companies. In addition to the commissions received by WTW from insurers for placement of Client’s insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by WTW’s corporate parents or affiliates), may earn and retain usual and customary commissions for their role in providing insurance products or services to Client under their separate contracts with insurers or reinsurers.

3.11. To comply with applicable anti-money laundering regulations there are times when WTW may ask clients to confirm (or reconfirm) their identity. WTW may need to do this at the time Client becomes a client or has been one for some time or for example, when checking details on proposal forms and transferring claims payments. This information may be shared with other subsidiaries of Willis Towers Watson PLC and where WTW deems necessary with regulatory or law enforcement bodies. Please note that WTW is prohibited from disclosing to Client any report WTW may make based on knowledge or suspicion of money laundering, including the fact that such a report has been made.

WTW has systems that protect clients and WTW against fraud and other crime and WTW may utilize the services of third parties in order to identify and verify clients. Client information can be used to prevent crime and trace those responsible. WTW may check Client’s details against financial crime databanks. If false or inaccurate information is provided, WTW may be obliged to pass such details to relevant regulatory agencies that may use this information.

3.12. WTW negotiates commission rates with certain insurers on a corporate level. If the rate on Client's placement is lower than the negotiated rate, WTW will collect the difference directly from the insurer. These payments will not increase the cost of Client’s insurance or otherwise impact Client’s premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in Client’s Quote Proposal can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates.

3.13. A separate business unit, FINMAR Market Services, provides a wide range of services direct to certain insurers that write business for FINEX Global clients. A separate fee is paid to FINMAR Market Services by insurers for the delivery of these services to them. This fee is calculated within a range of 2.75% and 7.5% (plus VAT, if applicable) of the overall premiums placed depending on the scale of services provided. Unless otherwise stated, premiums paid by the clients of FINEX Global will not be increased as a result of these arrangements.

3.14. If a surplus lines insurer (sometimes referred to as an excess lines insurer, non-admitted insurer, or non-licensed insurer) was used to quote Client’s coverage, its premium rates, coverage terms and policy forms are not regulated by Client’s home state, province or territory, as applicable, and Client will be required to pay an additional surplus lines premium tax which is on top of the premium. Also, in the event of the insurer's insolvency Client will not be indemnified by any government guaranty fund for unpaid claims.

4. Language

4.1. It is the express wish of the parties that these Brokerage Terms and any related documents be drawn up in and executed in English. Les parties souhaitent expressément que cette entente et tous les documents s’y rapportant soient rédigés et signés en anglais.

5. Inquiries and Complaints

5.1. Client’s satisfaction is important to WTW. If Client has questions or complaints, please inform the person who handles Client’s business or contact the head of WTW’s office. Alternatively, Client may call toll free 1-866-704-5115.

5.2. The Texas Department of Insurance maintains a toll-free telephone number (1-800-252-3439) which you may call if Client has complaints regarding fees charged by any insurance producer. Client also may contact the Texas Department of Insurance at ConsumerProtection@tdi.state.tx.us. The Texas Department of Insurance makes every effort to provide a fair and equitable hearing of each complaint.
Insurance's website is www.tdi.state.tx.us and its mailing address is P.O. Box 149104, Austin, TX 78714-9104.
Renewal Quotes
Memorandum #08-22

Date: July 28, 2022

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Chad Kingsley, MD, MBA, Regional Trauma Coordinator
John Hammond, BS, Paramedic, EMS & Trauma System Manager
Michael D. Johnson, PhD, Director of Community Health
Fermin Leguen, MD, MPH, District Health Officer

Subject: Request for Approval of Renewal of Authorization of St. Rose Siena Hospital as a Level III Trauma Center

I. BACKGROUND:

In accordance with Clark County Trauma Regulation 300.200 any hospital that desires renewal of designation as a center for the treatment of trauma in Clark County shall first request renewal of authorization from the Board. The hospital must show that it continues to meet the requirements of the Trauma Regulations, as well as demonstrate its capacity, capability and commitment to provide trauma services and to contribute to the current and future needs of the trauma system.

II. RECOMMENDATION:

Upon receipt and review of the application for renewal of authorization as a center for the treatment of trauma, the Office of Emergency Medical Services & Trauma System recommends the Board approve St. Rose Siena Hospital’s request as a Level III Trauma Center based on their demonstrated willingness to submit trauma data to SNHD and the State Trauma Registry; to actively participate in the Regional Trauma Advisory Board and EMS/Trauma Performance Improvement activities; to provide standard financial information to assist in the assessment of the financial stability of the trauma system; and to comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.
III. **CONDITIONS:**

The attached application for renewal of authorization as a Level III Center for the Treatment of Trauma has been unanimously approved by the Regional Trauma Advisory Board (RTAB). The RTAB and staff recommend Board approval of the renewal of authorization under the condition that St. Rose Siena Hospital shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

CKjt

Attachments:

A. Public Notice dated 6/24/2022
B. St. Rose Siena Hospitals Application for Renewal of Authorization as a Level III Center for the Treatment of Trauma
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District’s Board of Health on July 28, 2022, at 9:00 a.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.366 and 450B.237 for the purpose of requesting approval of renewal of authorization of St. Rose Siena Hospital as a Level III Trauma Center.

All interested persons may appear at the hearing and submit data, views or arguments regarding the proposed amendments. Written data, views and arguments may also be submitted to the District Board of Health in advance of the hearing, addressed to the Chairman of the Southern Nevada District Board of Health at P.O. Box 3902, Las Vegas, NV 89127. The District Board of Health will consider fully all written and oral submissions on the proposed amendments prior to taking action thereon. Questions may be directed to Southern Nevada Health District’s Office of Emergency Medical Services & Trauma System at (702) 759-1050.

Dated: June 20, 2022
To be published: June 24, 2022

John Hammond
EMS & Trauma System Manager
APPLICATION FOR RENEWAL OF AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA

Name of Institution: St Rose Dominican Hospitals - Siena Campus

Street Address: 3001 St Rose Pkwy

City: Henderson  State: NV Zip Code: 89052

Telephone: 7028163387  FAX: 9027990209  E-Mail: kim.dokken@somematpl.org

Owner of Facility: St Rose Dominican Hospitals

Street Address: 3001 St Rose Pkwy

City: Henderson  State: NV Zip Code: 89052

Telephone: 7028163387  FAX: 9027990209  E-Mail: jon.vanboening@somematpl.org

Hospital Administrator/Director: Jon Van Boening, CEO

Contact Person for Application Processing: Kim Dokken

Telephone: 7028163387  FAX: 9027990209  E-Mail: kim.dokken@somematpl.org

Level of Center for the Treatment of Trauma renewal being sought:

☐ Level I  ☐ Level II  ☑ Level III
☐ Pediatric Level I  ☐ Pediatric Level II

Date of original designation: 2004

Date of last renewal of designation: August 2020

Briefly describe any changes in the hospital’s capacity to provide trauma services in the community during the past designation period:

No major changes.

Briefly describe any changes in the hospital’s capabilities to provide trauma services in the community during the past designation period:

Added formal Interventional radiology cell. No other major changes.
Briefly describe any changes in the hospital’s longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period:

The administration, physicians, and leadership of El Roso - Sierra Campus remain engaged and committed to providing trauma services to the City of Henderson for the long term.

Additional information the applicant would like to provide in support of their request:

El Roso - Sierra Campus remains energized and committed to trauma care in the community. Our long term goal is to be able to provide Level II Trauma Services to the City of Henderson and the surrounding community.

Has the applicant been in compliance with the conditions for authorization as a center for the treatment of trauma as outlined below during this past designation period?

1. Submitted trauma data to SNHD and the State Trauma Registry.
   - Yes [ ] No [ ]

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.
   - Yes [ ] No [ ]

3. Provided standard financial information to assist in the assessment of the financial stability of the trauma system, when requested.
   - Yes [ ] No [ ]

4. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.
   - Yes [ ] No [ ]

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

I understand and agree to comply with the conditions set forth in the application.

Signature of Hospital Administrator or Owner: [Signature] Date: 5/22/20

Printed Name of Hospital Administrator or Owner: Jon Van Boening

Title of Person signing the Application: CEO
Office of Emergency Medical Services & Trauma System

CLARK COUNTY TRAUMA SYSTEM

Chad Kingsley MD
Regional Trauma Coordinator
BUSINESS IMPACT STATEMENT: TRAUMA REGULATIONS
Business Impact Statement: NRS required process that serves to analyze the expected impact any trauma fees required by OEMSTS to apply may have as well as that the proposed changes to regulations may have on businesses.
Business Impact Notification with request for comments:

• Following April 2022 BOH, OEMSTS redeveloped a Business Impact Notification asking for any comments, input, and concerns about the drafted changes to the trauma regulations and how they may affect a hospitals business. There are no changes to fees associated with the regulations.

• OEMSTS staff sent a Business Impact Notification to the e-mail addresses of:
  • Regional Trauma Advisory Board and trauma system mailing list
  • Southern Nevada District Board of Health and County CFO
  • All Clark County hospital CEOs and CFOs

• OEMSTS provided 15 working business days for all responses.
• No responses or comments were received.
Business Impact Statement: The OEMSTS has concluded that approval of the proposed Trauma Regulations changes will not impose a direct and significant economic burdens.
THANK YOU
Memorandum #01-23

Date: July 28, 2022

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Chad Kingsley, Regional Trauma Coordinator
John Hammond, OEMST Manager
Michael D. Johnson, PhD, Director of Division of Community Health
Fermin Leguén, MD, MPH., District Health Officer

Subject: Public Hearing to Review Business Impact Statement (BIS) for the Proposed Amendments of the Clark County Trauma System Regulations

I. BACKGROUND:

The current Clark County Trauma System Regulations were adopted on February 26, 2015. Since then, state law and administrative code governing trauma systems have changed. These proposed changes will bring our regulations into conformity with state law and administrative code and clarify some definitions.

II. RECOMMENDATION:

The Office of EMS & Trauma System recommends approval of the Business Impact Statement for the proposed Clark County Trauma System Regulations. With the recommendation, staff will present the proposed trauma system regulations at the August Board of Health meeting.

CK:jt

Attachments:
A. Business Impact Statement (BIS)
B. Notice of Public Hearing
C. Draft Clark County Trauma System Regulations
BUSINESS IMPACT STATEMENT
TRAUMA SYSTEM REGULATION CHANGES
Board of Health Presentation on April 28, 2022

On August 25, 2022, the Southern Nevada Health District (Health District) Office of Emergency Medicine Services & Trauma System (OEMSTS) will present proposed changes to the Trauma System Regulations to the Southern Nevada District Board of Health (BOH). This Business Impact Statement serves to analyze the expected impact the proposed changes will have on businesses.

Pursuant to Nevada Revised Statutes (NRS) 237, the following information has been prepared and is available at 280 South Decatur Boulevard, Las Vegas, Nevada, or a copy may be obtained online at: https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/regulations-manuals-protocols/

BACKGROUND
The OEMSTS is responsible for the trauma system in Clark County, Nevada. Some examples of Health District trauma system regulations include managing the Regional Trauma Advisory Board (RTAB), trauma center initial and renewal applications for the BOH, and collecting trauma-specific data.

The current Trauma System Regulations were adopted on February 26, 2015. Since then, state law and administrative code governing trauma systems have changed. These proposed changes will bring our regulations into conformity with state law and administrative code and clarify some definitions.

No fee changes are proposed.

PROPOSED TRAUMA REGULATION CHANGES:
The Health District OEMSTS proposes the following trauma system regulation changes effective August 25, 2022:

1. Update and revision of Definitions
2. Update and revision of Trauma System Administration
   a. Addition of an annual report
   b. Addition of an impact report
3. Update to Provisional Authorization and Designation Processes
   a. Addition: Corresponds to NRS 450B.237 that requires state authorization for initial entry as Level III Trauma Center before seeking BOH authorization
   b. Update: Revisions to processes for renewal and increase in ACS-COT level
   c. Addition: Process for accepting applications for federally exempt hospitals seeking to participate in the trauma system
4. Update and revisions to Advisory Board and Peer Review Committee
MANNER IN WHICH COMMENT WAS SOLICITED:
A Business Notification on the proposed changes was electronically sent to all Regional Trauma Advisory Board members, Regional Trauma Advisory Board notification list, Southern Nevada District Board of Health, Clark County CFO, and Clark County Hospital CEOs and CFOs.

SUMMARY OF COMMENTS, DATA, OR VIEWS RECEIVED:
During the comment period beginning May 27, 2022, ending on June 17, 2022, the OEMSTS received no responses.

ESTIMATED EFFECT ON BUSINESSES:
The proposed changes are not expected to have any adverse or beneficial impact on business, whether direct or indirect. The changes clarify definitions or are otherwise procedural by requiring state approval before submitting an application to be designated as a trauma center. These changes are required to conform to changes made to NRS 450B.237.

DESCRIPTION OF THE METHODS CONSIDERED TO REDUCE THE IMPACT ON BUSINESSES AND A STATEMENT REGARDING WHETHER THE HEALTH DISTRICT USED ANY OF THE METHODS:
The proposed changes either clarify definitions or are required to align with NRS 450B.237 and are not expected to impact business. Because no impact on business is expected, no alternative methods were considered.

ESTIMATED COST TO SNHD FOR THE ENFORCEMENT OF THE PROPOSED TRAUMA REGULATIONS:
The proposed changes are not expected to increase costs to SNHD.

ESTIMATED REVENUES EXPECTED TO BE GENERATED BY THE PROPOSED CHANGES AND THE WAY THE FUNDS ARE TO BE USED:
The proposed changes are not expected to change Health District revenue.
DO THE PROPOSED TRAUMA REGULATION CHANGES INCLUDE PROVISIONS THAT ARE DUPLICATIVE OF EXISTING LOCAL, STATE, OR FEDERAL STANDARDS?

_____ Yes  _____ No

DO THE PROPOSED TRAUMA REGULATION CHANGES INCLUDE PROVISIONS THAT ARE MORE STRINGENT THAN EXISTING LOCAL, STATE, OR FEDERAL STANDARDS?

_____ Yes  _____ No

WILL THIS CHANGE HAVE A SIGNIFICANT ECONOMIC IMPACT ON BUSINESSES?

_____ Yes  _____ No

REASONS FOR THE CONCLUSIONS REACHED REGARDING THE IMPACT ON BUSINESSES:

The OEMSTS has concluded that approval of the proposed Trauma Regulations changes will not impose a direct and significant economic burden upon existing trauma centers. Although these regulations preclude an existing Level III Trauma center from applying to directly become a Level I Trauma Center, this does not impact capacity or the type of patients a facility can admit. Accordingly, no financial impact is expected.

Pursuant to NRS 237.090, the BOH will hold a PUBLIC HEARING considering this Business Impact Statement at its regular meeting on Thursday, July 28, 2022, at 9:00 am in the Red Rock Conference Room, 280 South Decatur Blvd., Las Vegas, Nevada, or via WebEx video conferencing. The BOH will review and consider approval of the proposed Trauma Regulation changes at a PUBLIC HEARING on Thursday, August 25, 2022, at the same time and location above.

I, Fermin Leguen, certify that, to the best of my knowledge or belief, the information contained in the statement was prepared properly and is accurate:

__________________________ 6/21/2022
Fermin Leguen, MD, MPH
District Health Officer
Southern Nevada Health District
NOTICE OF INTENT TO ADOPT CHANGES TO THE TRAUMA SYSTEM REGULATIONS

INTENDED ACTION:

The Office of EMS & Trauma System is proposing changes to the existing Southern Nevada Health District Regulations Governing the Southern Nevada Trauma System (Trauma System Regulations). The proposed changes include clarification of terms used in the regulations and modifications to the process for permitting new Trauma Centers in line with changes made to NRS 450B by AB 317 (2019). The Southern Nevada Health District Board of Health will take possible action on the proposed regulations, including possible adoption, at a public hearing on August 25, 2022.

PUBLIC COMMENT AND WORKSHOP:

Interested persons may submit data, views, or argument regarding the proposed regulations to the Health District. Written comments may be submitted by mail to the Office of EMS & Trauma System, P.O. Box 3902, Las Vegas, NV 89127, email to kingsley@snhd.org, or delivery to the Office of EMS & Trauma System, 280 S. Decatur Ave., Las Vegas, NV 89107. A public workshop for receiving written or oral comments will be held on July 13, 2022, at 10:00 a.m. Additionally, public comment will be accepted at a public hearing on the business impact statement on July 28, 2022, and at a public hearing for possible action on the proposed regulations on August 25, 2022. An agenda for the workshop may be downloaded here:


PUBLIC HEARING ON BUSINESS IMPACT STATEMENT:

A public hearing to review and take possible action on the Business Impact Statement (BIS) for the proposed Trauma System Regulations will be held before the Southern Nevada District Board of Health (BOH) on Thursday, July 28, 2022 at 9:00 a.m., pursuant to NRS 237.090. Instructions for attending this meeting may be obtained online at least three days before the meeting here:


PUBLIC HEARING ON THE PROPOSED REGULATIONS:

A public hearing to review and take possible action on the proposed changes to the Trauma System Regulations will be held before the BOH on Thursday, August 25, 2022, at 9:00 a.m. Instructions for attending this meeting may be obtained online at least three days before the meeting here:


Copies of the updated proposed Trauma System Regulations will be available for review in the Office of EMS & Trauma System, 280 South Decatur Boulevard, Las Vegas, Nevada, between the hours of 8:00 a.m. to 4:30 p.m. Copies can be requested at that time for a charge of one dollar per page. The same may be viewed on the SNHD website at:
NOTE: If these items are not presented for Public Hearing at the SNHD Board of Health meetings scheduled for July 28, 2022 and August 25, 2022, it will be presented for public hearing at the SNHD Board of Health meetings scheduled for September 22, 2022 and October 27, 2022, at the same time and location noted above.

- Read the Proposed Trauma System Regulations
- Read the Business Impact Statement
- Read the Public Workshop Agenda for July 13, 2022
Southern Nevada
Trauma System
Regulations

February 26, 2015
Adopted Month Day, Year
Southern Nevada Health District ~ P.O. Box 3902 ~ Las Vegas, Nevada 89127
TRAUMA SYSTEM
REGULATIONS

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the public health authority for those entities and, pursuant to Nevada Revised Statutes (NRS) Chapter 439, has jurisdiction over all public health matters in the Health District; and

WHEREAS, the Southern Nevada District Board of Health (Board) is the governing body of the SNHD, and is authorized to adopt regulations to standardize the trauma system in the interest of the public health, and to protect and promote the public health and safety in the geographical area subject to the jurisdiction of the Health District and is specifically authorized to adopt regulations regarding the designation of hospitals as Centers for the Treatment of Trauma as per NRS 450B.237.

WHEREAS, failure to establish a trauma system plan constitutes a hazard to public health and welfare, the Board finds that the regulation of hospitals as Centers for the Treatment of Trauma does affect the public health, and finds that it is necessary to adopt Southern Nevada Health District Regulations Governing Trauma Systems to promote and regulate a comprehensive trauma system plan; and

WHEREAS, the Board believes that the following Regulations are designed to protect and promote the public health and safety, it does therefore publish, promulgate, and order compliance within Clark County, Nevada with the substantive and procedural requirements hereinafter set forth.
TERMS AND ACRONYMS

ACS: American College of Surgeons
COBRA: Consolidated Omnibus Budget Reconciliation Act
MAB: Medical Advisory Board
NAC: Nevada Administrative Code
NRS: Nevada Revised Statutes
OEMSTS: Office of Emergency Medical Services & Trauma System
RTAB: Regional Trauma Advisory Board
SNHD: Southern Nevada Health District
TMAC: Trauma Medical Audit Committee
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SECTION 100
DEFINITIONS

100.000 DEFINITIONS

When a word or term is capitalized, within the body of these Regulations, it shall have the meaning ascribed to it as defined in subsections 100.010 to 100.390 of these Regulations. Unless otherwise expressly stated, words not defined herein shall be given their common and ordinary meaning. The words “shall” and “will” are mandatory; and the word “may” is permissive.

100.010 "ADMINISTRATOR" means the officers and authorized agents of the Nevada Division of Public and Behavioral Health or the Department of Human and Health Services.

100.020 ADOPTION OF PUBLICATION BY REFERENCE. The most recent edition of "Resources for Optimal Care of the Injured Patient" published by the American College of Surgeons is hereby adopted by reference.

100.030 "ANNUAL TRAUMA REGISTRY REPORT" means the annual report on trauma generated by Nevada's Division of Public and Behavioral Health.

100.040 "AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA" or "ACS-COT" means the organization that adopts standards considered by the State Board of Health as a guide for such regulations to verify a hospital as a trauma Center.

100.050 "BOARD" means the Southern Nevada District Board of Health.

100.060 "CATCHMENT AREA" means the geographical area described by the Office of Emergency Medical Service & Trauma System when more than one Designated Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma is established in close proximity in its plan for providing treatment for trauma as the area served by these Trauma Centers.

100.070 "CENTER FOR THE TREATMENT OF TRAUMA" or "Trauma Center" means a general hospital licensed in this State that can care for Trauma Patients of all ages and both genders and which has been designated as a Level I, II or III center by the Administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons trauma center classification scheme.
100.080 "DIVISION OF PUBLIC AND BEHAVIORAL HEALTH" or "DIVISION" means the Division of the Department of Human and Health Services of Nevada.

100.090 "DESIGNATION" means the process by which the Nevada Division of Public and Behavioral Health, with a provisional authorization by the Health Authority of a county whose population is 700,000 or more, confirms a general hospital licensed in this State has met the requirements of a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.

100.100 "DISTRICT PROCEDURE" means Southern Nevada Health District Standard Operating Procedure.

100.110 "HEALTH AUTHORITY" shall have the meaning ascribed to it in NRS 450B.077 that states, "Health Authority means:

1. In a county whose population is less than 700,000, the Division.
2. In a county whose population is 700,000 or more, the district board of health."

100.120 "HEALTH DISTRICT" or "DISTRICT" means the Southern Nevada Health District, its officers and authorized agents.

100.130 "HEALTH DISTRICT OFFICE OF EMTS" or "OEMSTS" means the staff of the Health District charged with the responsibility of administering and regulating the Emergency Medical Services & Trauma System in Clark County.

100.140 "HEALTH OFFICER" means the Chief District Health Officer of the Southern Nevada Health District or the Chief District Health Officer's designee.

100.150 "IMPACT REPORT" means a report generated by OEMSTS that defines the impact of a proposed Trauma Center on existing Trauma Centers.

100.160 "INJURY SEVERITY SCORE" or "ISS" means an anatomical scoring system that provides an overall score for Trauma Patients with multiple injuries.

100.170 "INCLUSIVE TRAUMA SYSTEM" means an all-encompassing, planned, and regulated, approach to the optimal treatment and care of medical trauma that is capable of matching the right Patient, to the right resource, in the right amount of time to optimize their outcome.

100.180 "LEVEL OF CENTER" or "LEVEL" means the ACS-COT verified Level of a Center for the Treatment of Trauma (I, II, III, or IV) or Pediatric Center for the Treatment of Trauma (I or II) and congruent designation by the Administrator of the Division of Public and Behavioral Health.
100.190 "MEDICAL ADVISORY BOARD" or "MAB" means a Board appointed by the Health Officer consisting of one medical director and one operations director for each permitted agency which advises the Health Officer and Board on matters pertaining to the Emergency Medical Services system in Clark County.

100.200 "PATIENT" means any individual that meets at least one (1) of the following criteria:
   1. A Person who has a complaint or mechanism suggestive of potential illness or injury;
   2. A Person who has obvious evidence of illness or injury; or
   3. A Person identified by an informed 2nd or 3rd party caller as requiring evaluation for potential illness or injury.

100.210 "PATIENT WITH A MAJOR TRAUMA" means a person who has sustained an acute injury which has:
   1. The potential of being fatal or producing a major disability; and/or
   2. An injury severity score that is greater than 15.

100.220 "PATIENT WITH TRAUMA PATIENT" means a person who has sustained injury and meets the Triage Criteria used to evaluate the condition of the Patient.

100.230 "PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA" or "PEDIATRIC TRAUMA CENTER" means a general hospital licensed in this State that can provide comprehensive surgical, medical, and nursing care for Patients who are less than 15 years of age and which has been designated as a Level I or II Pediatric Trauma Center by the Administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons Trauma Center classification scheme.

100.240 "PERMITTEE." means the person who holds a permit issued by the Southern Nevada Health District authorizing the provision of emergency medical care in Clark County through an ambulance service, air ambulance service, or firefighting agency.

100.250 "PHYSICIAN" means a person licensed by the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathic Medicine to practice medicine in Nevada.

100.260 "PREHOSPITAL CARE RECORD" means a form or format, approved by the Health Officer, used for the reporting of Emergency Medical Care rendered by licensed Attendants.

100.270 "PROVISIONAL AUTHORIZATION" means the process by which the Board confirms a general hospital licensed in this State has met the requirements pursuant to the provisions of Section 300 of these Regulations which demonstrates the facility's capacity, capability, and commitment to pursue Designation by the Nevada Division of Public and Behavioral Health as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma.
"RECEIVING FACILITY" means a medical facility as approved by the Health Officer.

"REGIONAL TRAUMA ADVISORY BOARD" or "RTAB" means the board organized by the District Health Officer to support the officer's role to ensure a high-quality system of care for a Trauma Patient based on the Southern Nevada Trauma System Plan.

"RENEWAL OF DESIGNATION" means the renewal process by which the Nevada Division of Public and Behavioral Health, with a Provisional Authorization by the Board, confirms a hospital licensed in this State has met the requirements of a Trauma Center or Pediatric Trauma Center, pursuant to the provisions of NAC 450B, 780 to 450B, 875, inclusive.

"SOUTHERN NEVADA TRAUMA SYSTEM PLAN" means the comprehensive trauma plan adopted by the Board to effectively provide the current and future treatment of trauma to persons in Southern Nevada.

"SOUTHERN NEVADA TRAUMA SYSTEM REPORT" is an annual method used to report the current and previous performance, based on a minimum of 5-years, of the Southern Nevada Trauma System.

"SYSTEM FOR PROVIDING TREATMENT FOR TRAUMA" means a formally organized arrangement of resources providing health care which is described in writing by a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma and approved by the Board and the Nevada Division of Public and Behavioral Health whereby a Patient With Trauma is treated at a Designated Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma.

"TRANSFER" means the prearranged movement of a Patient by ambulance or air ambulance from one (1) hospital to another hospital, a medical facility, a home or other location.

"TRANSPORT" means the movement of a Patient by ambulance or air ambulance from the scene of an emergency to a designated Center for the Treatment of Trauma, Pediatric Center for the Treatment of Trauma, or medical facility as approved by the Health Officer.

"TRAUMA MEDICAL AUDIT COMMITTEE" or "TMAC" means a multidisciplinary medical peer review committee of the Board that reviews, monitors, and evaluates trauma system performance and makes recommendations for improvements.

"TRAUMA SYSTEM PERFORMANCE IMPROVEMENT PLAN" means the written plan adopted by the Board to protect and promote the health and well-being of the County's residents and visitors through regulatory oversight of the EMS and Trauma System facilitated by the Trauma Medical Audit Committee.
"TRIAGE CRITERIA" means a measure or method of assessing the severity of a person's injuries which is used to evaluate the Patient's condition in the field and is based on anatomical considerations, physiological conditions, and the mechanism of injury as outlined in the Clark County EMS System Trauma Field Triage Criteria Protocol.

"VERIFICATION" means the process by which the American College of Surgeons confirms that a hospital licensed in this State is capable of performing as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma and meets the criteria contained in the current "Resources for Optimal Care of the Injured Patient." Verification by the American College of Surgeons is an integral part of the State's Designation process as outlined in NAC 450B.820.
SECTION 200
TRAUMA SYSTEM ADMINISTRATION

200.000 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES

I. The OEMSTS shall establish and maintain standards related to the structure and operation of the trauma system in Clark County to include a program for planning, developing, coordinating, maintaining, modifying and improving the system. The general responsibilities are as follows:

A. Coordinate with Trauma Centers and Pediatric Trauma Centers, and public and private agencies in the development and implementation of programs dedicated to injury prevention and public education.

B. Establish, review, and adjust Catchment Areas for Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma to facilitate timely transportation of Trauma Patients from the scene of an emergency and not for the purposes of restricting referral of Patients requiring Transfer to a higher level of care.

C. Coordinate with permitted emergency medical service agencies to ensure appropriate Transport and Transfer of Patients within the trauma system.

D. Coordinate with all-hospitals and rehabilitation services to facilitate appropriate access to and utilization of resources to provide a full spectrum of trauma care to injured Patients.

E. Develop, manage, and implement the Southern Nevada Regional Trauma Plan and the Trauma System Improvement Plan for trauma treatment, revising every (5) calendar years a regional trauma performance improvement plan.

F. Perform an annual report of the Southern Nevada Trauma System, using a minimum of the previous (5) calendar years of available data.

G. Produce an Impact Report for the Board and RTAB for a Trauma Center or Pediatric Center when needed.

H. Serve as a central repository for trauma data collection, organization, analysis, and reporting.

I. Establish criteria which are consistent with state and national standards to determine the optimal number and level of Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma to be authorized based upon the availability of resources and the ability to distribute Patients to ensure timely access to definitive care.

J. Develop, and implement, and maintain a procedure consistent with state standards for accepting and processing an application, including applicable fees, for the Board for Provisional Authorization: 

i. From a hospital proposed by the Administrator of the Division requesting Provisional Authorization as a Level III Trauma
Center, initial Authorization or renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma from the Board, including applicable fees.

ii. From a Trauma Center requesting Renewal.

iii. From a Trauma Center requesting a change in Level.

iv. From a federally exempt hospital seeking to participate or renewal of participation as a Trauma Center within the existing system.

K. Coordinate with members of the public safety, public health and emergency care communities to plan a systematic response to mass casualty events.

200.100 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM EVALUATION

I. The OEMSTS shall develop, implement, and maintain a standardized system for providing treatment of trauma and a Trauma Performance Improvement Plan to provide continuous assessment of the structure, functions and outcomes of the system. The plan shall include, but not be limited to the following components:

A. An external audit process, where permissible, whereby periodic reviews of each Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma may be conducted by the Nevada Division of Public and Behavioral Health and/or the OEMSTS to determine compliance with applicable State statutes and regulations.

B. Participation in the initial and renewal Verification review site visits of each Level I, II, and III Trauma Center for the Treatment of Trauma or Level I and II Pediatric Trauma Center for the Treatment of Trauma conducted by the ACS-COT at least every three (3) years.

C. Adoption, and implementation, and maintenance of a standardized System’s plans system to collect and manage data from permitted emergency medical service agencies, Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma, hospitals, and other healthcare organizations, as appropriate. The conditions shall be as follows:

i. The requested data will be specific to planning, research, and evaluation of the effectiveness of the trauma system, as determined by the OEMSTS and RTAB.

ii. All Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma and hospitals that receive trauma Patients shall provide data when requested.

iii. The OEMSTS will provide periodic an annual report on the performance of the trauma system, using a data set of the previous 5-years, when available, at least every two years.
D. Management of the Regional Trauma Advisory Board to review, evaluate, and monitor the Trauma System to make recommendations for system function and improvement.

E. Development—Management of the Trauma Medical Audit Committee, of a multidisciplinary medical peer review committee, to review and evaluate trauma care in the system, monitor trends in system performance, and make recommendations for system improvements.

200.200 TRAUMA PATIENT TRANSPORT

I. Trauma Patients transported by a Permittee authorized to provide emergency medical care in Clark County shall be delivered to a receiving facility, as approved by the Health Officer, in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.

200.250 TRAUMA PATIENT REFUSING TRANSPORT

I. If a Trauma Patient at the scene of an emergency refuses to be transported to a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma after a determination has been made that the Patient’s physical condition meets the Triage Criteria requiring transport to the Trauma Center, the person providing emergency medical care shall evaluate the decision-making capacity of the Patient. If the person providing emergency medical care determines that the Patient is competent, the Patient (or the Trauma Patient’s authorized representative) must be advised of the risks of not receiving further treatment at the trauma center.

II. If the Trauma Patient continues to refuse to be transported to the Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, the person providing emergency medical care shall request the Patient (or the Trauma Patient’s authorized representative) to sign a release of medical assistance statement in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.
200.300 TRAUMA PATIENT TRANSFER

I. Trauma Patients may be transferred to Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma, providing that:

   A. Any Transfer shall be, as determined by the physician of record, medically prudent and conducted according to the most recently established guidelines under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and subsequent announcements.

   B. The Transfer, when performed by a Permittee authorized to provide emergency medical care in Clark County, shall be conducted in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.

II. Hospitals Trauma Centers or Pediatric Trauma Centers shall establish written agreements with Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma hospitals without a Designated Trauma Center, as defined by ACS-COT criteria, for consultation and to facilitate Transfer of Trauma Patients requiring a higher level of care.

III. Hospitals without a Designated Trauma Center receiving Trauma Patients shall participate in the TMAC Trauma System Quality Improvement Plan activities for those Trauma Patients who have been treated at their facility and/or transferred from their facility. Hospitals may request to present trauma related information to or be invited to present by the RTAB or TMAC.
SECTION 300  
PROCESSES FOR TRAUMA CENTER PROVISIONAL AUTHORIZATION

300.000  PROCESS FOR PROVISIONAL AUTHORIZATION

I. Any proposed hospital that desires initial Designation as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma in Clark County shall first request Authorization from the Board, must initially apply only as a Level III Trauma Center and/or a Pediatric Trauma Center, and will request Provisional Authorization from the Board based on these conditions:

A. Before seeking Provisional Authorization from the Board, the proposed hospital will first meet the approved standards and considerations based on a demonstrated comprehensive assessment of need determined by the Administrator for additional trauma services in an area that is experiencing a shortage of trauma care.

B. After approval by the Administrator, the Board shall not approve a proposal to designate a hospital as a Trauma Center unless the hospital meets the standards of the Board’s adopted trauma regulations and Trauma System plan to effectively provide trauma services; and the Board concludes the capacity of existing trauma centers will not be negatively impacted.

The Board shall determine the county’s trauma system needs and capacity of the Clark County trauma system based on considerations of demographic evidence obtained through continuous evaluation of the system over the previous five (5) calendar years that assesses assessing the volume, acuity, and geographic distribution of Trauma Patients requiring trauma care; and the location, depth, and utilization of trauma resources in the system.

The Board’s approval of a request for Authorization will be based on a demonstrated need for additional trauma services that cannot be met by existing Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma.

The accepted standards for trauma Transport, treatment, and referral established by the Board shall be based on those recommended by the ACS-COT. All Level I, II and III Trauma Centers for the Treatment of Trauma or Level I and II Pediatric Trauma Centers for the Treatment of Trauma in Clark County must be verified by the ACS-COT at the appropriate level.

There are two options for hospitals to apply for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma utilizing the “District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma”.

If a need is identified, the Board shall publish a request for proposal for the addition of a Center for the Treatment of Trauma or Pediatric
Center for the Treatment of Trauma or for a change in level of Authorization for an existing Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma; or

II. If a hospital satisfies these standards, it may submit an application to OEMSTS as defined in 300.100 of these regulations for Provisional Authorization from the Board to operate as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center, for the Treatment of Trauma, at any time, in accordance with these Regulations. Upon review of the application, the Board may:

A. If a demonstrated need in the system exists and the hospital meets the requirements defined in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma" the Board may grant Grant Authorization as a Level III. A hospital shall be authorized as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma according to a graduated process wherein initial Authorization shall be granted at Level III only.

B. Conclude that further demonstration of need is required and request any additional criteria other than criteria related to community support.

C. Deny the application as defined in 300.600 of these regulations.

III. At the time for renewal of Authorization, a designated Level III Center for the Treatment of Trauma may apply for:

A. Renewal of Authorization as a Level III Trauma Center for the Treatment of Trauma; or

B. Initial Provisional Authorization for a change in Level as defined in 300.300 of these regulations, as a Level I or II Center for the Treatment of Trauma or Level I or II Pediatric Center for the Treatment of Trauma.

IV. The provisions of this subsection do not prohibit a hospital that has been designated as:

A. A Level II Trauma Center for the Treatment of Trauma from applying for initial Provisional Authorization as a Level I Trauma Center for the Treatment of Trauma, at any time; or

B. A Level I or II Pediatric Trauma Center for the Treatment of Trauma from applying for initial Provisional Authorization as a Level I or II Pediatric Trauma Center for the Treatment of Trauma, at any time.

V. Upon successful completion of the Designation process outlined in NAC 450B.817 - 450B.828, including ACS-COT Verification, the Nevada-Division of Public and Behavioral Health will issue written notification of Designation at the Level verified by the ACS-COT.

VI. The Trauma Center will submit a copy of the Division’s Designation to OEMSTS within thirty (30) days of receipt.
300.100 PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION FOR INITIAL DESIGNATION

I. In order for the Board to consider issuing a letter of Provisional Authorization to a proposed hospital requesting approval from the Board to be considered for Designation by the Nevada Division of Public and Behavioral Health as a Level III Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma in Clark County, the following steps must be taken:

A. Completion of an application through OEMSTS for Provisional Authorization as a Level III Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma which includes a written agreement between the hospital and the Board which addresses:

   i. An agreement by the proposed hospital to comply with the roles and responsibilities of a designated Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level. The roles and responsibilities of an authorized and designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, and the hospital's willingness to comply with the graduated process defined in these Regulations and in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma."

B. Payment of appropriate fees as prescribed by the Board.

C. A certificate or letter from the Administrator of the Division as a proposed hospital for a Level III Trauma Center or Pediatric Trauma Center

II. Upon receipt and review of the application for Provisional Authorization as a Level III Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, the OEMSTS staff will make a recommendation to the Board to approve or deny the application for Authorization based on the criteria outlined in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma."

   A. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan.
   B. An advisory position of the RTAB and TMAC.
   C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report.
   D. Certificate or letter issued by the Administrator of the Division for an initial Level III Trauma Center.

      i. A review of the Administrator's needs assessment where
available and any additional needs criteria requested by the Board.

E. A statement by OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria outlined in 300.000 and 300.100.

III. The Board's approval of an application for Provisional Authorization for an initial Designation as a Trauma Center will be determined by a demonstration of need based on the provided information in this section and 300.000.

IV. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, the applicant may be Designated by apply to the Nevada-Division of Public and Behavioral Health for Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.

V. Upon successful completion of the Nevada-Division's of Public and Behavioral Health-Designation process as outlined in NAC 450B.817 - 450B.828, including Verification by the ACS-COT; the Nevada-Division of Public and Behavioral Health will issue written notification of Designation as a Level III Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma at the level verified by the ACS.

VI. The Trauma Center will submit a copy of the Division’s Designation to OEMSTS within thirty (30) days of receipt.

300.200 PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION WITHOUT A CHANGE OF LEVEL

I. Any hospital with a Designated Trauma Center that desires renewal of Designation as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma in Clark County without a change of Level shall first request Provisional Authorization for renewal of Authorization from the Board six (6) months or more before its Designation expires.

In order for the Board to consider issuing a letter of Provisional Authorization to a hospital requesting approval from the Board to be considered for renewal of their Designation by the Nevada-Division of Public and Behavioral Health as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma the following steps must be taken:

A. Completion of an application through OEMSTS as defined in the "District Procedure for Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma for Provisional Authorization for renewal of Designation as a Trauma Center and/or Pediatric Trauma Center without a change of Level, which includes:

i. An agreement by the hospital to comply with the roles and responsibilities of a Designated Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma
Improvement Plan appropriate to its Level

B. Payment of appropriate fees as prescribed by the Board.

II. Upon receipt and review of the application for renewal of Provisional Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, the OEMSTS staff will make a recommendation to the Board in support of approval to approve or denial of deny the application based on the criteria outlined in the "District Procedure for Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma," in this section, 300.500, and 300.600.

III. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of renewal of Provisional Authorization, the applicant may apply to the Nevada Division of Public and Behavioral Health for renewal of their Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.

IV. Upon successful completion of the Nevada Division's of Public and Behavioral Health renewal of Designation process as outlined in NAC 450B.8205, including renewal of Verification by the ACS-COT, the Nevada Division of Public and Behavioral Health will issue written notification of Designation as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma at the level verified by the ACS-COT.

V. The Trauma Center will submit a copy of the Division's Designation to OEMSTS within thirty (30) days of receipt.

300.300 PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION AS A TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER WITH A CHANGE OF LEVEL

I. Any Designated Trauma Center or Pediatric Trauma Center that desires a graduated change in level shall first request Provisional Authorization from the Board before its Designation expires with the following conditions when applicable:

A. At six (6) months or more before its Designation expires, a Level III Trauma Center may apply for Provisional Authorization as a Level II Trauma Center.

B. At six (6) months or more before its Designation expires, a Level II Trauma Center may apply for Provisional Authorization as a Level I Trauma Center.

C. At six (6) months or more before its Designation expires, a Level II Pediatric Center may apply for Provisional Authorization as a Level I Pediatric Trauma Center.

II. In order for the Board to consider issuing a letter of Provisional Authorization to a Designated Trauma Center requesting a change in level, the following steps must be taken:
A. Completion of an application through OEMSTS for Provisional Authorization for a Trauma Center with a change of Level, which includes:
   i. An agreement by the hospital to comply with the roles and responsibilities of a designated Trauma Center or Pediatric Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level.

B. Payment of appropriate fees as prescribed by the Board.

III. Upon receipt and review of the application for Provisional Authorization from a Designated Trauma Center with a change of Level, the OEMSTS staff will present to the Board the following:

   A. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan that includes a review of current ACS-COT Level criteria.

   B. An advisory position of the RTAB and TMAC.

   C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report, which is based on the system's volume, acuity, and geographic distribution of Trauma Patients requiring trauma care; and the location, depth, and utilization of trauma resources in the system.

   D. A statement by the OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria outlined in this section.

IV. The Board’s approval of an application for Provisional Authorization for a Designated Trauma Center with a change in Level will be determined by a demonstration of needs based on the provided information in this section.

V. OEMSTS shall give written notice of the Board’s decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, the applicant may apply to the Division for Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300,600 and 300,800.

VI. Upon successful completion, the Division will issue written notification of Designation as a Trauma Center or Pediatric Trauma Center to the Level verified by the ACS-COT.

VII. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days of receipt.
300.400  PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS

I. Hospitals located on federal land within Nevada, and are exempt as defined in NRS 449.0301, may seek Verification from ACS-COT according to their identified capacity and operate within federal jurisdiction as a Trauma Center according to their mandates. For the Board to consider the inclusion of a federally exempt hospital to operate as a Trauma Center or Pediatric Trauma Center within the Southern Nevada Trauma System Plan and outside of federal jurisdiction, the following steps must be taken:

A. Completion of an application through the OEMSTS for the intent to participate as an ACS-COT verified Trauma Center or Pediatric Trauma Center within the Southern Nevada Trauma System, which includes:
   i. Verification or planned Verification of Level and optimal performance by the ACS-COT.
   ii. Recognition from the Administrator of the Division according to state statutes and processes.
   iii. An agreement by the hospital to comply with the roles and responsibilities of a designated Trauma Center or Pediatric Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level.

II. Upon receipt and review of the application, the OEMSTS will present to the Board the following:

A. An Impact Report prepared by the OEMSTS as defined in the Southern Nevada Trauma System Plan.
B. An advisory position of the RTAB and TMAC.
C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report.
D. Reconstructions by the Administrator of the Division.
E. A statement by the OEMSTS to the Board to approve or deny the application and participation based on the criteria outlined in this section.

III. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, OEMSTS will begin the process of including the federally exempt hospital in the Southern Nevada Trauma System and EMS delivery of trauma patients. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.
DURATION OF AUTHORIZATION

I. In accordance with the Nevada Division of Public and Behavioral Health Designation requirements outlined in NAC 450B.826 the following conditions apply:

   A. Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma shall be valid for the period of Designation by the Nevada Division of Public and Behavioral Health, but not more than three (3) years, except as otherwise provided in Section 300.300 300.500.

   B. Renewal of Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma shall be valid for the period of Designation by the Nevada Division of Public and Behavioral Health, but not more than three (3) years, except as otherwise provided in Section 300.300 300.500.

II. In conjunction with the Nevada Division of Public and Behavioral Health, if the OEMSTS finds extenuating circumstances exist while an application for renewal of Provisional Authorization is pending and that withholding the renewal of Authorization may have a detrimental impact on the health of the public, a recommendation may be made to the Board by OEMSTS to the Administrator that the current Designation may be extended and a provisional Authorization be issued. The provisional Authorization extension shall be valid for the period of provisional Designation issued by the Nevada Division of Public and Behavioral Health, but not more than one (1) year. The Board may impose such conditions on the issuance of the extension’s Provisional Authorization as it deems necessary.

PROCESS FOR REQUESTING CHANGE IN LEVEL OF DESIGNATION.

If a currently designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma wishes to seek a higher level of Designation through the Nevada Division of Public and Behavioral Health, they must first request Authorization from the Board utilizing the process defined in Section 300.000 of these Regulations.
DENIAL OF APPLICATION FOR AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD

I. In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, NAC 450B.834, and NAC 450B.836:

A. The Board may deny an initial or renewal application for Provisional Authorization or may suspend or revoke an existing Authorization of a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma for, but not limited to the following reasons:

i. Failure to comply with the requirements of these Regulations or the applicable regulations adopted by the State Board of Health;

ii. Failure to receive Verification from the ACS-COT indicating that the hospital complied with the criteria established for a Level I, II or III Trauma Center for the Treatment of Trauma or Level I or II Pediatric Trauma Center for the Treatment of Trauma as published in the current "Resources for Optimal Care of the Injured Patient;"

iii. Conduc or practice found to be detrimental to the health and safety of Patients;

iv. Willful preparation or filing of false reports or records; or

v. Fraud or deceit in obtaining or attempting to obtain Authorization or renewal of Authorization.

II. When practical, the OEMSTS shall give written notice of the Board’s decision within five (5) business days; however, advance notice is not required to be given by the OEMSTS if the Board, in conjunction with the Nevada Division of Public and Behavioral Health, determines that the protection of the health of the public requires immediate action. If the Board so determines, the OEMSTS may order a summary suspension of the Authorization pending proceedings for revocation or other action.

III. If a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma wishes to contest the actions of the Board taken pursuant to this section it must follow the appeal process outlined in Section 300.700 300.800.
300.700 WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER

I. In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, if a hospital chooses not to continue to be authorized Designated as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma or to change their Authorization Designation to a lower Level, the hospital must submit a written notice to the OEMSTS at least six (6) months prior to the date it will discontinue providing trauma services at the authorized level.

300.800 APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION

I. The decisions of the Board of Health are considered final. Any appeal of the Board's denial of an application for initial or renewal of Provisional Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, or suspension or revocation of an existing Provisional Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, can be made to the district court on a petition for judicial review in accordance with NRS 233B.130.
SECTION 400
REGIONAL TRAUMA ADVISORY BOARD

400.000 REGIONAL TRAUMA ADVISORY BOARD

I. The primary mission of the Southern Nevada Health District Regional Trauma Advisory Board (RTAB) is to support the Health Officer's role to ensure a high quality system of Patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the system from initial Patient access to definitive Patient care.

II. The RTAB shall consist of members appointed by the District Health Officer.

A. Standing members of the RTAB shall be:

1. One (1) trauma medical director from each designated trauma center;
2. One (1) trauma program manager from each designated trauma center;
3. The chairman of the Medical Advisory Board; and

B. Upon request of the District Health Officer, organizations and associations that have an interest in the care of the victims of Trauma Patients shall submit to the Health Officer written nominations for appointment to the RTAB.

C. After considering the nominations submitted pursuant to paragraph B, the Health Officer shall appoint to the RTAB:

1. One (1) administrator from a non-trauma center hospital system;
2. One (1) person representing the public providers of advanced emergency care;
3. One (1) person representing the private franchised providers of advanced emergency care;
4. One (1) person representing health education and prevention services;
5. One (1) person representing the payers of medical benefits for the victims of trauma;
6. One (1) person representing the general public;
7. One (1) person representing rehabilitation services;
8. One (1) person with knowledge of legislative issues/advocacy;
9. One (1) person involved in public relations/media; and
10. One (1) person with knowledge of system financing/funding

D. In addition to the members set forth in paragraphs A. and C., an
employee of the Health District whose duties relate to the administration and enforcement of these Regulations will be an ex officio member of the RTAB. The Southern Nevada Health District Office of Emergency Medical Services and Trauma System (OEMSTS) Manager and/or their designee shall serve as an ex-officio member of the RTAB and the OEMSTS Medical Director, the OEMSTS Supervisor, and the Regional Trauma Coordinator. An ex-officio member is not counted in determining a quorum and shall not have the power to make motions and cannot vote.

III. Further administrative by-laws are established and maintained by the RTAB and managed by the OEMSTS.

Each standing member may designate an alternate member to serve in his/her place should he/she be temporarily unable to perform the required duties of this section. The Health Officer will designate or approve the alternates for the other members of the Board.

Appointed members of the RTAB shall serve two (2) year terms, from July 1 through June 30 of the second year. The Health Officer may appoint persons to fill the unexpired portion of the terms of vacant positions on the RTAB in the manner prescribed in this section. Members shall elect their chairman from amongst the body.

Voting shall be done by roll call vote. The chairman of the RTAB may vote on all issues before the body. Issues shall be passed by a simple majority.

Members of the RTAB may establish subcommittees to study specific matters falling within the area of responsibility of the RTAB.

The RTAB shall:

Review and advise the Health Officer regarding the management and performance of trauma services in this county;

Advise the Health Officer on matters of policy relating to trauma care;

Advise the Board and the Health Officer with respect to the preparation and adoption of regulations regarding trauma care;

Evaluate the effectiveness of the trauma system based on statistical analysis of EMS/trauma data collected; and

Establish a trauma peer review committee to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. When functioning as a peer review committee, the committee derives its authority and privilege from NRS 49.117 through NRS 49.123 and NRS 49.265.

The RTAB shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.

Members of the RTAB shall serve without pay.

The RTAB members shall disclose any direct or indirect interest in or relationship with any individual or organization that proposes to enter into any
transaction with the Board (NRS 281A.420).

Nothing contained herein shall be construed as making any action or recommendation of the RTAB binding upon the Health Officer or the Board.
SECTION 500
TRAUMA MEDICAL AUDIT COMMITTEE

500.000 TRAUMA MEDICAL AUDIT COMMITTEE

I. The Trauma Medical Audit Committee (TMAC) is a multidisciplinary medical review committee of the Southern Nevada District Board of Health that will meet regularly, including as a peer review committee, to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. The TMAC, when functioning as a peer review committee, derives its authority and privilege from NRS 49.117 - 49.123; NRS 49.265; and NRS 450B.237.

II. The scope of the TMAC shall include, but not be limited to:

A. Participation in the development, implementation, and evaluation of medical audit criteria;
B. Review and evaluation of trauma care in the county;
C. Review of trauma deaths in the county;
D. Participation in the designing and monitoring of quality improvement strategies related to trauma care; and
E. Participation in research projects.

III. The TMAC shall consist of the following members:

A. The Standing TMAC members shall be appointed by the District Health Officer. They include:

1. Trauma medical director from each designated trauma center
2. Trauma program manager from each designated trauma center
3. County medical examiner or designee
4. EMSTS manager or designee
5. Neurosurgeon recommended by the Health Officer
6. Anesthesiologist recommended by the Health Officer
7. Orthopedic surgeon recommended by the Health Officer
8. Emergency Physician not affiliated with a trauma center recommended by the Health Officer
9. ____________ Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.

B. Ad hoc members that may participate include other relevant individuals or subject matter experts, as determined by the chairman and District Health Officer, and may include:

1. County medical examiner or designee
2. Neurosurgeon recommended by the Health Officer
3. Anesthesiologist recommended by the Health Officer
4. Orthopedic surgeon recommended by the Health Officer
5. Emergency Physician not affiliated with a trauma center, recommended by the Health Officer
6. Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.

C. The Southern Nevada Health District Office of Emergency Medical Services and Trauma System (OEMSTS) Manager and/or their designee shall serve as an ex-officio member of the TMAC and the OEMSTS Medical Director, the OEMSTS Supervisor, and the Regional Trauma Coordinator. An ex-officio member is not counted in determining a quorum and shall not have the power to make motions and cannot vote.

IV. Further administrative by-laws are contained in the Southern Nevada Trauma System Plan, managed by the OEMSTS, and approved by the Southern Nevada District Board of Health or their designee.

Each standing member may designate an alternate member to serve in their place should they be temporarily unable to perform the required duties of this section. The Health Officer will designate or approve the alternates for the other members of the TMAC.

Appointed members of the TMAC shall serve two (2) year terms, from January 1 through December 31 of the second year. The Health Officer may appoint persons to fill the unexpired portion of the terms of vacant positions on the TMAC in the manner prescribed in this section. The members shall elect their chairman from amongst the body.

The TMAC shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.

Members of the TMAC shall serve without pay.

Attendance

Attendance at the meetings for the trauma medical directors and trauma program managers or their designees is mandatory. The trauma medical directors and the trauma program managers are expected to attend 90% of the scheduled TMAC meetings annually. After three (3) consecutive absences in a calendar year, an appointed member may be replaced on the TMAC.

Resignations from the TMAC shall be submitted, in writing, to the OEMSTS. Invitees may participate in the peer review of specified cases where their expertise is requested. All requests for invitees must be approved by the OEMSTS in advance of the scheduled meeting. Inviteds not participating in the peer review of specified cases must be approved.
by the OEMSTS and all trauma medical directors.

Due to the advisory nature of the TMAC, many issues require consensus rather than a vote process. Vote process issues will be identified as such by the chairman. Voting members shall be the standing committee members. When voting is required, a simple majority of the voting members of the standing committee need to be present. Members may not participate in voting when a conflict of interest exists.

Minutes will be kept by OEMSTS staff and distributed to the members at each meeting. All official correspondence and communication generated by the TMAC will be approved by the TMAC members and released by OEMSTS staff on Southern Nevada Health District letterhead.

All proceedings, documents and discussions of the TMAC, when functioning as a peer review committee, are confidential and are covered under NRS 49.117–49.123 and NRS 49.265. The privilege relating to discovery of testimony provided to the TMAC shall be applicable to all proceedings and records of the TMAC whose purpose is to review, monitor, evaluate, and report on trauma system performance.

All members and invitees shall sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through TMAC meetings. Prior to guest(s) participating in the meeting, the chairman is responsible for explaining the signed confidentiality agreement to invitees. Invitees should only be present for the portions of meetings they have been requested to attend.

Nothing contained herein shall be construed as making any action or recommendation of the TMAC binding upon the Health Officer or the Board.
Memorandum

Date: July 28, 2022

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Robert Fyda, P.E., REHS, Environmental Health Engineer/Supervisor RF
Herbert Luis Sequera, REHS, Environmental Health Manager HS
Chris Saxton, MPH-EH, REHS, Environmental Health Director CS
Fermin Leguen, M.D., MPH, District Health Officer RL

Subject: Variance request for an existing septic system, SNHD Permit #ON0015176, located at 3215 Rosanna St, Las Vegas, NV to allow existing trees to encroach on the septic system.

I. BACKGROUND:

Charles and Dina Crump ("Petitioners") are requesting a variance to obtain the 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 163-10-806-014, also known as 3215 Rosanna St, Las Vegas, NV 89117. The existing septic system was approved on September 30, 1977.

Petitioners request 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.

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

The petitioner states the following with regards to these requirements:

1. There must be circumstances or conditions which are unique to the petitioner, and do not generally affect other persons subject to the regulation:
“The house was built in 1978. It’s 44 years old house. We can’t cut the giant, 100 year old trees. There is already existing Septic tank in the front yard where the tree are.”

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):

“There is NO public sewer line within 400 yards of the property line.”

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:

“There will be NO danger to the public health and safety. Nor that it affect the safe sanitary operation of our pool & spa. We’re only converting the EXISTING 3 car garage in the back to be a guesthouse for our 80 year old Mom.”

Examination of the Clark County Assessor’s records and parcel genealogy show that Petitioners are the 2nd or 3rd owners of the septic system and obtained the property in January 2021. An analysis of available aerial photography shows the trees in question were present in the Spring of 1999. The property has not been improved since the adoption of the current regulations in 2009.

An analysis of the surrounding area shows that there are 2 recorded well logs and 445 permitted septic systems within a square mile of the subject property. There is no sewer line within 400 feet available for connection according to the sewer agency.

II. RECOMMENDATION:

The existing trees located on and near the leach field poses 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.

The existing septic system is at higher risk of failure as it is approaching its end of life where a typical septic system life span is about 30 years. The existing system is approaching 45 years old.

Staff is of the opinion that granting the variance would not endanger public health or safety. Staff recommends DENIAL of the variance due to the age and risk posed to the septic system. If the Board of Health approves the variance, staff recommends approval with the following conditions outlined in Section III.
III. CONDITIONS:

If approved, staff recommends the following conditions:

1. Petitioners 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 constructed in the future to within four hundred feet (400’) of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

2. Petitioners 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 10 feet of the existing septic system.

4. Petitioners must provide SNHD with passing results from a dye test to confirm that the guest house has been connected to the existing septic system.

5. The variance will be in effect until the existing residential septic system is inactivated, removed, fails, 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.

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

Attachments:
A. Variance Candidate Application
B. Justification Letter
C. Tenant Improvement Review conducted by SNHD staff (SR0041681)
D. Final Inspection Report and Plot Plan for ON0015176
E. Nearest Sewer Point of Connection
F. Site Investigation Photos submitted by the Petitioners
G. Public Notice
VARIANCE CANDIDATE WORKSHEET

PART I:

ESTABLISHMENT INFORMATION
Name of Facility/Establishment: 3215 Rosanna St
Health Permit Number: SR00441681 Date of Inquiry: 5/22/2022
Name of Operator/Agent: Charles & Dina Crump
Address of Operator/Agent: 3215 Rosanna St. Las Vegas, NV 89117
Contact Information of Operator/Agent:
Office Phone: Cell Phone: 310-279-7706
Fax Number: Email Address: septprop@gmail.com

If corporation, the name/title of individual to sign for Variance document:
Name:
Title:

OWNER INFORMATION
Name of Property Owner: Charles & Dina Crump
Address of Property Owner: 3215 Rosanna St. Las Vegas, NV 89117
Contact Information of Property Owner: Dina Crump
Office Phone: Cell Phone: 310-279-7706
Fax Number: Email Address: septprop@gmail.com

PROPERTY INFORMATION
Property Address: 3215 Rosanna St. Las Vegas, NV 89117
Assessor’s Parcel Number (APN): 163-10-806-014
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
Corner of Desert Inn & Rainbow.

Describe Variance Issue(s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)
Section 3.7
Section 5.1

Page 1 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:

   The house was built in 1978. It's 44 years old house.
   We can't cut the giant, 100 year old trees. There is already existing Septic tank in the front yard where the tree are.

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):

   There is NO public sewer line within 400 yards of the property line.

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:

   There will be NO danger to the public health and safety. Nor that it affect the safe sanitary operation of our pool & spa.
   We're only converting the EXISTING 3 car garage in the back to be a guesthouse for our 80 year old Mom.
Variance Request for 3215 Rosanna St
Page 6
July 28, 2022

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

NAC 439.240 Approval by State Board of Health. (NRS 439.150, 439.195, 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.
   [Bld. 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)
Justification/Hardship Letter

Re: Parcel # 163-10-606-014
3215 Rosanna St.
Las Vegas, NV 89117

To Whom It May Concern

May 22nd, 2022

It has been 1½ years and we still haven’t get sign off on garage conversion on our house above. We needed a room for our 80 years old Mom. We are beyond frustrated on this matter, almost to the point that we gonna give up, if we only knew is gonna take this long and such an exhausting process.

First the City went back & forth in our 1st year we live here to check on it. Now the City finally ready to sign off but needed SNHD to sign off first. SNHD then sent us to Clark County Reclamation District, which quickly helped us with a letter stating there is no public sewer line within 400 feet. And we can’t cut that huge, 100 years old existing trees that’s on the front yard, where the Septic is.

We hereby make application and petition the Southern Nevada District Board of Health for a variance from Section 3.7 and 5.1 of the Regulations Governing Individual Sewage Disposal and Liquid Waste Management. This variance request is made to allow an existing tree to remain less than 10' from the existing septic system.

Thank you,

Charles Crump

Dina Crump
Attachment C: Tenant Improvement Review conducted by SNHD staff (SR0041681)
(PAGE 1 OF 2)

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

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NOTIFIED OF THE FOLLOWING

Tenant Improvement for a garage conversion with plumbing is CONDITIONALLY APPROVED. The proposed garage conversion will contain 7 fixture units consisting of 1 toilet @ 2 f.u., 1 shower @ 2 f.u., 1 lavatory sink @ 1 f.u., and 1 kitchen sink @ 2 f.u. The existing septic system appears to be adequate. Submit documentation (e.g., photos) that the existing toilets are low-flow versions (1.0 gpf or less) to SNHD (septics@snhd.org) for final approval. Also, there appear to be trees within 10’ of the septic system. Cut down any trees within 10’ of the septic tank or leach field and submit photo documentation to SNHD for final approval.

The building permit for the proposed garage conversion may be released, but PLACE A HOLD ON THE FINAL INSPECTION until the above conditions are met.

RECEIVED BY: Emailed on 3/30/2021 to
Ileana Stein - Steinbim Architecture

ENVIRONMENTAL HEALTH SPECIALIST:
Attachment C: Tenant Improvement Review conducted by SNHD staff (SR0041681)
(Page 2 of 2)
Variance Request for 3215 Rosanna St
Page 10
July 28, 2022

Attachment D: Final Inspection Report and Plot Plan for ON0015176

<table>
<thead>
<tr>
<th>PERMIT NO.</th>
<th>ADDRESS</th>
<th>CITY-TOWN</th>
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<tbody>
<tr>
<td>0015176</td>
<td>3215 S. Rosanna</td>
<td>Clark County</td>
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<tr>
<th>SEPTIC TANK:</th>
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<tr>
<td>Number of Compartments</td>
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<td>Total Liquid Capacity</td>
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<th>SUBSOIL DISPOSAL:</th>
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<tr>
<td>Distance from Well</td>
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<td>Distance from Nearest Lot Line</td>
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<td>Width</td>
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<table>
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<th>SEEPAGE PITS:</th>
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<td>Number of pits</td>
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<tr>
<td>Effective Depth</td>
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<tr>
<td>Total effective absorption area of side wall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF APPROVAL:</th>
</tr>
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<tbody>
<tr>
<td>9/18/77</td>
</tr>
</tbody>
</table>

NOTE: INSTALLATION APPROVED ONLY UNTIL SEWER AVAILABLE.
Attachment D: Final Inspection Report and Plot Plan for ON0015176
(Page 2 of 2)
Attachment E: Nearest Sewer Point of Connection

April 20, 2022

Mr. Robert Fyda, P.E.
Southern Nevada Health District
PO Box 3902
Las Vegas, NV 89127

RE: LETTER OF INQUIRY ON APN 163-10-806-014

Dear Mr. Fyda:

This is in response to an inquiry requested by Southern Nevada Health District regarding availability of the public sewer to provide sewer service to the above property. The subject property is within the jurisdiction of Clark County Water Reclamation District (CCWRD). The District has found that a public sewer line is:

☐ available within four hundred feet (400') of the nearest property line.

☒ not available within four hundred feet (400') of the nearest property line.

Thank you for the opportunity to comment on the above subject property. Please do not hesitate to contact us or refer the applicant to us if there are any questions regarding this matter.

Sincerely,

Leslie Long

Leslie Long, P.E.
Development Services Manager

LLJh

cc: Dan Isler
septics@snhd.org
Attachment F: Site Investigation Photos submitted by the Petitioners

Front Elevation of the SFR showing the trees that are being petitioned for.
Variance Request for 3215 Rosanna St
Page 14
July 28, 2022

Attachment G: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, July 28, 2022 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 Charles and Dina Crump (“Petitioners”), to allow existing trees to remain within 10 feet of the existing septic system (SNHD Permit #ON0015176) on the property located at 3215 Rosanna St, Las Vegas, NV 89117, APN 163-10-806-014.

The variance is requested to allow the Petitioners 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 encroach on the septic system.

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 July 27, 2022 to:

Robert Fyda, P.E., REHS
Environmental Health Engineer/Supervisor
Southern Nevada Health District
P.O. Box 3902
Las Vegas, Nevada 89127
fyda@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 Mallory Jett-Edwards 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.

__________________________________________________________
Chris Saxton, MPH-EH, REHS
Environmental Health Director

July 6, 2022
Date
DATE: July 28, 2022

TO: Southern Nevada District Board of Health Members

FROM: Fermin Leguen, MD, MPH, District Health Officer

SUBJECT: District Health Officer Report

Monkeypox
On June 22, the Southern Nevada Health District reported the first probable case of monkeypox had been confirmed in a Clark County resident. The individual was a male in his 20s who reported domestic travel, did not require hospitalization and isolated at home.

To date, the Health District is reporting a total of six cases of monkeypox in Clark County residents. The cases have occurred in males in their 20s-50s. With the exception of one individual who required hospitalization, all other cases isolated at home. None of the identified cases are associated with each other.

Monkeypox spreads from person to person through direct contact with the infectious sores, rash, or bodily fluids; through respiratory secretions during prolonged face-to-face contact, or during intimate physical contact, such as kissing, cuddling or sex; or through touching items, such as linens, that have been used by someone who has monkeypox. Additionally, pregnant people can spread the virus to their fetuses. Identified contacts are asked to monitor themselves for symptoms for 21 days post-exposure. People with unknown rashes or lesions should contact their health care provider for an assessment and avoid sex or being intimate during that time.

People who are immunocompromised, young children, people who are pregnant or breastfeeding, and those with certain skin conditions may be more at risk for severe illness. People who test positive for monkeypox should follow the treatment and prevention recommendations of their health care provider and the Health District.

The Health District ordered an initial shipment of monkeypox vaccines, known by the brand name Jynneos, for high-risk people including laboratory personnel, cases and close contacts. According to the CDC, the vaccine is effective in preventing monkeypox disease up to four days after exposure and may reduce the severity of symptoms if given up to 14 days after exposure. The Health District is awaiting delivery.

At this time, the risk of monkeypox in the United States is believed to be low. Monkeypox does not spread easily between people, and the time between exposure and when symptoms start gives health officials more time to track down contacts and break the chain of infection. People who do not have monkeypox signs or symptoms cannot spread the virus to others.
Recommendations for those who may have had contact with the monkeypox virus are available on the CDC’s Exposure Risk Assessment and Public Health Recommendations page. The Health District posts weekly updates, including case counts, to its monkeypox page at www.southernnevadahealthdistrict.org/Health-Topics/monkeypox.

Coronavirus Disease 2019 (COVID-19)
Children ages 5 and under now have access to COVID-19 vaccines at Southern Nevada Health District clinics. The Pfizer vaccine is authorized for children 6 months to 4 years of age and is a three-dose series. The second dose is administered between three and eight weeks after the first dose. The third dose is administered at least eight weeks after the second dose. The Moderna vaccine is authorized for children ages 6 months to five years of age in a two-dose series, with the second dose administered four to eight weeks after the first dose.

Children in this younger age group can be vaccinated with whichever vaccine is available. Children who have already had COVID-19 should still get vaccinated. Since the pandemic began, COVID-19 has become one of the top 10 causes of pediatric deaths. The Health District is continuing the emphasize that while children may be at lesser risk of severe illness, there is no way to predict how sick they may become. Vaccination remains the most effective way to protect children from serious illness, hospitalization and death. More information about vaccination clinics, resources and more is available at www.snhd.info-covid.

As Omicron BA.5 becomes the dominant COVID-19 variant circulating and Clark County remains at a “high” community level, the Health District is continuing to encourage the public to get fully vaccinated and boosted if they are eligible and to wear masks in public indoor places to slow the transmission of the virus. The Health District posts weekly variant reports at

Online Appointment System
The Health District launched its online appointment system for immunizations on June 21. Immunization clinic clients can make their own appointments online through the Patient Portal at https://vax4nv.nv.gov/patient/s for travel, flu, measles, rubella, pertussis, hepatitis A and B, and other routine vaccines offered at all four of the Health District’s immunization clinic locations. People who may not have online access or need additional assistance making appointments may call (702) 759-0850. This appointment system is the same one community members have been using to make appointments for COVID-19 vaccines.

This year, Clark County School District’s (CCSD)school year begins on Monday, August 8, and the Health District is encouraging parents and guardians not to wait until the last minute to ensure their children are appropriately immunized. The new appointment system will make it easier for them to schedule their children’s appointments in advance and check vaccinations off their back-to-school to-do list. The Health District is working with (CCSD) to provide information to parents and guardians about immunization requirements and clinic information to help ensure their children are prepared for the first day of school.

Influenza Surveillance
Current influenza surveillance efforts have shown that Nevada, along with the rest of the nation, is experiencing higher case rates, influenza-like illness (ILI) rates, and hospitalization rates than what is typically expected during this time of year. It is unclear how influenza rates and hospitalization will trend moving into the summer months. Given this uncertainty along with the increasing trends, current
Influenza surveillance in Nevada will be extended through the summer months and into the 2022-2023 season, which begins on October 2, 2022.

In Clark County, for the season as of June 25, 2022, there have been 411 influenza-associated hospitalizations and 13 influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for ILI slightly increased from 2.5% in week 24 to 2.7% in week 25. Approximately 22% of area emergency department and urgent care clinic visits for ILI were made by children 0-4 years of age, which was similar to week 24 (22%). Influenza A has been the dominant type circulating. Nationwide, during week 25, 1.8% of patient visits reported through the U.S. outpatient ILI Illness Surveillance Network (ILINet) were due to respiratory illness that included ILI. This percentage was below the national baseline of 2.5%. Among the 55 states/jurisdictions, Nevada’s respiratory illness activity level increased from Minimal to Low. The Health District will continue to update the public on flu activity and encourage flu vaccinations for everyone 6 months of age and older.

**Community Meetings**

**Week ending 06/26:**

**Weekly:**
- Participated in the CDC COVID-19 All State, Tribal, Local, and Territorial Update call

**Monthly:**
- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Councilwoman Dutkowski, Councilman Black, Councilman Adams, Scott Nielson, Commissioner Kirkpatrick, Bobbette Bond, Councilwoman Diaz, Councilwoman Romero, Councilman Knudsen
- Participated in the Southern Nevada Community Health Center Finance & Audit Committee meeting
- Participated in the Southern Nevada District Board of Health meeting
- Participated in the Southern Nevada Community Health Center Governing Board meeting

**Professional Development/Conferences:**
- Attended the CEO’s Leadership Network Refresher – Emotionally Intelligent and Psychologically Safe Leadership webinar facilitated by NACHC

**Ad-hoc Meetings:**
- Participated in a meeting with Councilman Scott Black regarding the new Public Health Lab
- Participated in a meeting with representatives from Washoe County Health District, the state, and Argentum Partners regarding IHC Policy recommendations

**Week ending 06/19:**

**Monthly:**
- Participated in the Monthly County Health Officer meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Commissioner Segerblom
**Bi-monthly (every two months):**
- Participated in the Nevada Primary Care Association Policy Committee meeting

**Professional Development/Conferences:**
- Attended the webinar on Medical Countermeasures for the Treatment and Prevention of Monkeypox facilitated by the CDC

**Ad-hoc Meetings:**
- Attended the At-Large Member Selection Committee meeting
- Participated in a meeting with Dr. Leon Ravin, Psychiatric Medical Director, regarding potential CIT training at SNHD
- Participated in an introduction meeting with Dr. Johnson Gill, Director of Public Health at San Manuel Enterprise
- Attended a discussion with the U.S. Surgeon General on COVID-19 Therapeutics

**Week ending 06/12:**
**Weekly:**
- Participated in the CDC COVID-19 All State, Tribal, Local, and Territorial Update call

**Media/Interviews/Panelist/Presenter:**
- Presenter at the SNHD 60th Anniversary State of the Health District

**Ad-hoc Meetings:**
- Participated in a conference call with Richard Whitley

**Week ending 06/05:**
**Professional Development/Conferences:**
- The Future of Health Summit facilitated by Big Cities Health Coalition
Southern Nevada Community Health Center (SNCHC)
Operational Site Visit Report Out
Randy Smith, FQHC Operations Officer
July 28, 2022
Purpose: To determine a funded health center’s compliance with the statutory requirements of section 330 of the Public Health Services (PHS) Act Center.

HRSA conducts site visits for health centers at least once per period of performance. For health centers with a three-year period of performance, the site visit takes place approximately 14-18 months into the new period of performance.

SHCHC’s current Project Period runs through 1/31/2024
OSV Structure and Elements

- Virtual visit occurring over a three-day period
  - June 28\textsuperscript{th} - 30\textsuperscript{th}
- Visit conducted by three reviewers and a HRSA Representative:
  - Administration & Governance
  - Clinical Quality
  - Finance
- Review format includes:
  - Policies, Procedures and Plans (e.g., Quality, Risk & Strategic Plans)
  - Corporate Documents (e.g., Co-Applicant Agreement & By-laws)
  - Governance and Committee Meeting Minutes
  - Agreements, Financial Records and Clinical Records
  - Staff Interviews and Meeting with Governance Board
Site Visit Protocol

There are 93 program requirement elements

<table>
<thead>
<tr>
<th>Needs Assessment</th>
<th>Contracts &amp; Subawards</th>
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<tbody>
<tr>
<td>Required &amp; Additional Services</td>
<td>Conflict of Interest</td>
</tr>
<tr>
<td>Clinical Staffing</td>
<td>Collaborative Relationships</td>
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<tr>
<td>Accessible Locations &amp; Hours of Operation</td>
<td>Financial Management &amp; Accounting Systems</td>
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<td>Coverage for Medical Emergencies During &amp; After Hours</td>
<td>Billing &amp; Collections</td>
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<tr>
<td>Sliding Fee Discount Program</td>
<td>Program Reporting &amp; Data Reporting Systems</td>
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<tr>
<td>Quality Improvement/Assurance</td>
<td>Board Authority</td>
</tr>
<tr>
<td>Key Management Staff</td>
<td>Board Composition</td>
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OSV Compliance Findings

Six (6) areas of non-compliance identified:

- **Required and Additional Services**: Correction to HRSA's FORM 5a pertaining to the delivery method for Radiology Services. *Correction submitted.*

- **Clinical Staffing**: Revisions to the health center’s procedures for completing primary sources verification for the education/licenses for Licensed Independent Practitioners (LIPs), the identification of immunization records, privileging of support staff and the completion of provider peer reviews. *Corrective action plan submitted.*

- **Clinical Staffing**: Modification of two service agreements adding HRSA credentialing and privileging language. *New agreements drafted and sent for signature.*

- **Accessible Locations and Hours of Operation**: Correction to HRSA's FORM 5b pertaining to the removal of the Nellis location. *Correction submitted.*

- **Conflict of Interest**: Revisions to the Procurement Policy adding language around the disclosure of potential conflicts of interest. *Correction submitted.*

- **Board Composition**: The health center has a board comprised of 11 members. Only five are identified as consumer board members which does not meet the 51% consumer board member threshold. Of the five consumer board members, their demographics (gender, race & ethnicity) are not representative of the health center’s patient population. The alignment of consumer board member demographic composition as well as the identification of another consumer board member is needed. *Corrective action plan submitted.*
Overall Impression

Although there were a few areas of non-compliance identified, overall, the health center performed very well. The OSV reviewers and HRSA representative were highly complementary of our team, the care provided to our community and the engagement of our board.

Many thanks to our Board Leadership team (Brian Knudsen, Board Chair, Tim Burch, Vice Chair & Jose Melendrez, Vice Chair) and the entire SNCHC Governance Board for your support, engagement and participation in the OSV.

Thank you to my SNHD colleagues across the organization as well as the health center leadership team for the many contributions and time spent to ensure a successful OSV.
SNHD COVID-19

CASSIUS LOCKETT, PHD
Director of Disease Surveillance & Control
July 28, 2022
### Community Transmission

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<td>COVID Positive Test Rate (7-Day Average)</td>
<td>29.5%</td>
<td>29.5%</td>
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<tr>
<td>New cases per 100,000 population per 7 days</td>
<td>133.4</td>
<td>126.1</td>
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### Testing and Vaccination Status

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<td>Persons tested per 1,000 population per 7 days</td>
<td>7.1</td>
<td>7.1</td>
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<tr>
<td>% Population 16 Yrs and Older that Initiated Vaccination</td>
<td>84.4%</td>
<td>84.4%</td>
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### Community Level

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<td>New COVID admissions per 100,000 population per 7 days</td>
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<td>14.2</td>
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<tr>
<td>% Inpatient beds used by COVID patients (7-Day Average)</td>
<td>6.4%</td>
<td>6.2%</td>
<td>6.1%</td>
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<tr>
<td>% ED visits due to COVID (7-Day Average)</td>
<td>4.5%</td>
<td>4.3%</td>
<td>4.1%</td>
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SNHD COVID-19 DASHBOARD: CASES

COVID-19 Case Summary
Dashboard updated on: July 27, 2022
Data as of: July 25, 2022
Total Confirmed Cases: 566,534 (24438.8 per 100K)
Total Reinfecion Cases: 30,422
Total Probable Cases: 25,784 (109.1 per 100K per 30-Day Period)
Probable Cases (14 Day Average): 56
Multisystem Inflammatory Syndrome in Children (MIS-C) Cases: 112
Total Hospitalizations: 27,861 (1201.9 per 100K)
Total Deaths: 8,761 (377.9 per 100K)
Cases Reported in Last 7 Days: 3,748 (161.7 per 100K)

Daily COVID-19 Confirmed Cases
Clark County, NV

Symptom Onset Date*

http://covid.southernnevadahealthdistrict.org/data/
COVID-19 **Cases** per Day, Clark County, Nevada

Data as of July 26th
COVID-19 Hospitalizations, Clark County NV

Data as of July 26th

COVID-19 HOSPITALIZATION
RECENT TRENDS
COVID-19 Deaths per Day, Clark County, NV

Data as of July 26th
Percent of People Receiving COVID-19 Viral Tests Who Have Positive Results

Data as of July 26th
Syndromic Surveillance: Percent of ED Visits Potentially Related to COVID-19

Data as of July 26th
INVESTIGATORS, CONTACT TRACERS, CALL CENTER STAFF

Case Investigations and Contact Tracers

ELC CT Staff: 36 in house

- Priority COVID investigations including outbreaks and school support team
- Conduct COVID-19 testing and sample collection:
  - Community testing sites
  - Three CSN testing sites
  - METS clinic at SNHD (1 CT)
  - Strike team response for onsite testing for suspected clusters or outbreaks as needed

100 contracted CTs on original team; contract extended through September 2022
Questions
EXECUTIVE SUMMARY

In summary, all the departments continue to see an increase in activity and outreach. On June 8th, the Health District commemorated its 60th anniversary with a State of the Health District address highlighting its accomplishments and challenges of the past few years, along with the vision for the future of public health and the Health District. Dr. Leguen was joined by Councilman Scott Black, Dr. Cassius Lockett, Lourdes Yapjoco and Jeff Quinn. In recognition of the 60th anniversary of the Health District, a timeline, commemorative e-book and presentation are available www.snhd.info/60-healthy-years/.

The Office of Communications issued 14 News Releases and responded to several media requests for interviews/statements from staff, mainly on the COVID-19, the Environmental Health fee increase, New Bike Share Station, Veggie Buck Truck, Monkeypox outbreak and the peanut butter recall/salmonella outbreak, etc. As of June 24, 2022, the Health District had 750 active employees, with a total number of vacancies of 15.5 FTEs and a total number of positions in recruitment of 29 FTEs. The Human Resources Department arranged 77 interviews, extended 31 job offers and successfully completed 14 new hires.
Office of Communications

News Releases Disseminated:
- June 30, 2022: Second monkeypox case in a Clark County resident reported
- June 23, 2022: Southern Nevada Health District encourages HIV testing, links residents to treatment and resources
- June 21, 2022: COVID-19 vaccines for children ages 6 months to 5 years available in Health District clinics tomorrow
- June 21, 2022: Health District Launches online appointment system for immunization services
- June 20, 2022: Southern Nevada Health District confirms first monkeypox case in Clark County
- June 19, 2022: Southern Nevada Health District to begin offering COVID-19 vaccines for children ages 6 months to 5 years
- June 17, 2022: Southern Nevada Health District to conduct neighborhood CASPER survey, Saturday, June 18
- June 15, 2022: Southern Nevada Health District COVID-19 Update
- June 15, 2022: Health District addresses the burden of cardiovascular disease among Black men
- June 15, 2022: Southern Nevada Health District reports first probable Monkeypox case in Clark County
- June 10, 2022: Clark County reaches high COVID-19 community level
- June 09, 2022: COVID-19 self-test kit vending machines installed at two locations
- June 08, 2022: Celebrating 60 years of public health
- June 03, 2022: Southern Nevada Health District encourages continued precautions against COVID-19

Press:
During June, the Office of Communications responded to media requests and Health District staff participated in interviews. Topics included:

- COVID-19:
  o Emergency declarations end
  o COVID updates
  o COVID safety precautions reminder
  o COVID testing company missed positive tests
  o Increase in cases, reinfections, positivity rates
  o Wastewater surveillance
  o Gov., First Lady get second booster doses
  o Booster doses
  o Omicron variant
- Environmental Health fee increase
- Move Your Way Summer Challenge
- New Bike Share Station opened
- Veggie Buck Truck
- Fentanyl awareness
- Monkeypox outbreak
- Peanut butter recall/salmonella outbreak
- Superbug in local hospitals
- Hepatitis A cases in children
- Menthol flavoring ban
- Baby formula shortages
- Water shortages in the West
More than 228 news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in June. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at https://www.southernnevadahealthdistrict.org/download/oc/202206-oc-media-report.pdf

**Media, Collateral and Community Outreach Services:**

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<tr>
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<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
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<td>57</td>
<td>↓1,219</td>
<td>952</td>
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<tr>
<td>Media - Broadcast stories</td>
<td>246</td>
<td>170</td>
<td>↓2,041</td>
<td>2,543</td>
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<td>Collateral - Advertising/Marketing Products</td>
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<td>68</td>
<td>↑619</td>
<td>779</td>
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<tr>
<td>Community Outreach - Total Volunteers¹</td>
<td>6</td>
<td>6</td>
<td>↓</td>
<td></td>
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<tr>
<td>Community Outreach - Volunteer Hours</td>
<td>528</td>
<td>630</td>
<td>↑1,309</td>
<td>6,337</td>
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</tbody>
</table>

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

**Monthly Website Page Views:**

![Website Page Views Chart]

Please see Appendix A for the following:

- Products Completed
- Advertising Placed
- Website Updates/Postings
- Translation Services
- Community Outreach
- Community/Partner Meetings and Events of Note
- Social Media Services
Contracts Administration

<table>
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<tr>
<th>Period of Performance</th>
<th>Requests Received</th>
<th>Requests w/Expectations of Expedited Completion</th>
<th>% of Expedited Requests Received</th>
<th>Requests Processed</th>
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<tbody>
<tr>
<td>June 1 – 30, 2022</td>
<td>35</td>
<td>20</td>
<td>57%</td>
<td>32</td>
</tr>
</tbody>
</table>

Facilities

<table>
<thead>
<tr>
<th>Monthly Work Orders</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance Responses</td>
<td>840</td>
<td>194</td>
<td>2565</td>
<td>1887</td>
</tr>
<tr>
<td>Electrical Work Orders</td>
<td>5</td>
<td>15</td>
<td>117</td>
<td>118</td>
</tr>
<tr>
<td>HVAC Work Orders</td>
<td>6</td>
<td>2</td>
<td>136</td>
<td>66</td>
</tr>
<tr>
<td>Plumbing Work Orders</td>
<td>7</td>
<td>7</td>
<td>87</td>
<td>88</td>
</tr>
<tr>
<td>Preventive Maintenance</td>
<td>23</td>
<td>24</td>
<td>183</td>
<td>252</td>
</tr>
<tr>
<td>Security Responses</td>
<td>1057</td>
<td>1471</td>
<td>10444</td>
<td>13902</td>
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</tbody>
</table>

Finance

<table>
<thead>
<tr>
<th>Total Monthly Work Orders by Department</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase Orders Issued</td>
<td>328</td>
<td>591</td>
<td>4301</td>
<td>5472</td>
</tr>
</tbody>
</table>

Human Resources

**Employment/Recruitment:**
- No new job titles for June
- 750 active employees as of June 24, 2022
- 14 New Hires, including 0 rehires and 0 reinstatements
- 7 Terminations, including 1 retirement
- 9 Promotions, including 4 Flex-reclass
- 4 Transfer
- 3 Demotions
- 32 Annual Increases
- 77 interviews
- 31 job offers extended
- 13 recruitments posted – Updating NEOGOV system
- Turnover rates
  - Administration: 0.71%
  - Community Health: 0.00%
  - Disease Surveillance & Control: 0.00%
  - Environmental Health: 0.00%
  - Primary & Preventive Care: 1.91%
- 49 Evaluations received and recorded in One Solution
• Total number of vacancies: 15.5 FTEs
• Total number of positions in recruitment: 29 FTEs

Temporary Employees
• 76 Temporary Staff
• 2 New Agency Temporary Staff Members
• 7 Agency Temporary Staff Member assignments (1) cancelled / (3) resigned / (2) converted to
  SNHD employee / (1) termed
• 45 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
• 10 temporary staff from Maxim with 6 pending position open
• 18 temporary staff from Robert Half with 0 pending positions
• 2 temporary staff from Manpower with 0 positions on hold
• 1 temporary employee from RPHOntheGO with 0 pending positions

Benefits
• 9 new hires started benefits
• 10 changes in benefits
  o 10 changes effective immediately
• 3 terminations from benefits
• Short term disability claims: 0
• 0 Flexible Spending Arrangements effective 6/1/2022
• Meetings presented for employees
  o Benefit Orientation: 4 attendees
  o Bereavement Meetings: 0
• COBRA Administration: 3
• COBRA QE Notices: 0
• Tuition Reimbursements: 11

FMLA
• FMLA LEAVE REQUESTS
  o New: 9
  o RTW: 4
• Conversations to discuss leave questions: 0
• Intermittent: 5 employees
• Block of FMLA leave: 4 employees
• Recertifications: 0 employees
• Denials: 0 employees

Worker’s Compensation
• Claims: 1
• Incident Reports: 0

Retirements
• Withdrawals, rollovers, and purchase of service credit: 2
• Loans: 3
• Plan changes: 6
• New accounts: 9

Employee/Labor Relations
• 4 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 0 Final Written
  Warnings, 0 Termination, 0 Probationary Releases
- 0 Grievances
- 1 Arbitration
- 5 hours of Labor Meetings (with Union)
- 10 hours Investigatory Meetings
- 3 Investigations
- 15 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 2

**Trainings/Meetings Attended by Staff:**
- PRC Meeting
- NEOGOV Onboard Implementation Meetings
- Strategy/Training Meetings with Departments
- Back to School Prep Meeting
- CHN Wage Data & Meetings
- Team Bi-weekly meetings
- HR Training with Aegis
- Team Monthly Meeting
- HRSA Audit Meetings with FQHC Operations Officer
- Case Updates: Attorney Becky Bruch/Pool Pact
- Monthly JLMC Meeting
- SEIU Meetings

**Projects in Progress/Other items**
- SNHD 60th Celebration
- PSRW Winning Prize
- IMPA Hiring Veterans Webinar
- Recruitment Brochure
- CHN and Sr CHN Job Description Updates
- Position Review Committee (PRC) – Ongoing
- 4/10 Schedule Planning continues
- Leadership Advance Sessions
- Comp & Class Briefings/Implementation planning - Ongoing
- HRSA Site Visit Planning
- Develop HR Philosophy
- Personnel Code Planning/Revision/Update
- TPA FMLA/ADA Implementation
- HR Service Model
- HR Communication Updates
- NeoGov Training/Implementation
- SEIU Collaboration/Proactive Sessions
- Privileging & Credential Implementation
- Seeking to Enhance HR Technology/Software
- Amending, creating new and current contracts
- Evaluate update background process
- Evaluate, review, update Onboarding
- Evaluate, review, update Orientation
- Evaluate, review, update Off-Boarding
- Set up and schedule Empower site visits
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- ER/LR Process Procedures
• Memorandum of Agreement (MOA) re: Holiday Pay

**Leena Lopez on behalf of Jennifer Fennema, Director of Human Resources**

• Investigations
• Organizational Development
• Training
• Meetings with employees
• Committee/Team/Employee engagement meetings
• Leadership Meetings
• Leadership reports/plans/projects

**Clerical Activity**

• Admin Leave communication/upkeep
• Bilingual Process
• Mid-Cycle Pay Changes
• NEOGOV trainings and preparation
  o Includes updating and formatting the NEOGOV guidebook and preparing to launch Onboard
• NPDB Registration/Privileging
• ONEsolution and Employee Information updates
  o Includes inputting performance evaluations, updating license information, creating and inputting Personnel Change Forms, and processing OQC and HRIS forms.
• Recruitment Assistance
  o Includes background checks, Onboarding Part One, creating fillable interview notes, editing/formatting job descriptions and new hire packets, recruitment meetings, creating ID badges
• Records Management
  o Includes filing, scanning & indexing existing files into DynaFile, and records destruction.
• SharePoint
  o Includes new hire welcomes and general site maintenance.
• Verifications of Employment

**Other Clerical Activity**

• Employee assistance
• Public assistance (usually recruitment or vital records questions)
• Answer phones and office door, check and respond to voice mails
• Update, edit, and create packets as needed (new hires, benefits, ADA, etc.)
• Format forms as needed
• Check and distribute mail, send mail
• Compile monthly reports
• Schedule meetings/reserve meeting rooms
• Employee vaccination rate tracking
• Submit orders to print shop
Information Technology

<table>
<thead>
<tr>
<th>Service Requests</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Requests Completed</td>
<td>916</td>
<td>947</td>
<td>↑ 9440</td>
<td>↑ 11,280</td>
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<tr>
<td>Service Requests Opened</td>
<td>924</td>
<td>944</td>
<td>↑ 9544</td>
<td>↑ 11,321</td>
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<tr>
<td>Service Requests Open over 30 days</td>
<td>166</td>
<td>117</td>
<td>↓ 1262</td>
<td>↓ 1,359</td>
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</table>

<table>
<thead>
<tr>
<th>Information Services System Availability 24/7</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
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<tr>
<td>Total System</td>
<td>95.95</td>
<td>99.26</td>
<td>↑ 96.85</td>
<td>↑ 99.44</td>
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</table>

<table>
<thead>
<tr>
<th>Total Monthly Work Orders by Department</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>321</td>
<td>314</td>
<td>↑ 3342</td>
<td>↑ 4064</td>
</tr>
<tr>
<td>Community Health</td>
<td>209</td>
<td>211</td>
<td>↑ 2366</td>
<td>↑ 2654</td>
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<tr>
<td>Environmental Health</td>
<td>124</td>
<td>114</td>
<td>↑ 1426</td>
<td>↓ 1379</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>262</td>
<td>308</td>
<td>↑ 2306</td>
<td>↑ 3283</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Call Resolution &amp; Lock-Out Calls</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of calls received</td>
<td>924</td>
<td>944</td>
<td>↑ 9544</td>
<td>↑ 11,321</td>
</tr>
<tr>
<td>Number of first call resolutions</td>
<td>0</td>
<td>1</td>
<td>↑ 9</td>
<td>↓ 7</td>
</tr>
<tr>
<td>Number of Lock-out calls</td>
<td>5</td>
<td>1</td>
<td>↓ 93</td>
<td>↓ 19</td>
</tr>
</tbody>
</table>

Organizational Development & Strategy Officer

Impacting the District through interventions for performance, process, quality and strategy.

- Workforce Development
  - LMS (Learning Management System) deployment
    - Uploading SCORM training module files from PoolPact to enable easier reporting
  - Updating current catalog of training for all staff

- Quality Improvement/Performance Improvement
  - Training for 40 QI “Champions” completed at CSN Charleston campus
  - Participants will carry fresh knowledge and perspective to each program enabling new QI projects (and improvement) throughout the District
    - 5 workgroups will apply their learning on small QI projects before starting work in their own departments on larger QI projects
    - Post training reviews regarding content and the contracted facilitator were very positive
    - Comments were made about the good experience of working with people from other areas of SNHD that they had not met before
      - Bonds were built during the group learning within assigned teams over the two days
  - 5 Projects, below, have been started as an instrument to apply learning from this training.
| Team Alpha | AIM Statement: Reduce critical violations at risk category 3 and 4 food establishments by 5% by July 1, 2024. (Use Envision Connect to build a dashboard and create interventions to accomplish this) |
| Team Bravo | AIM Statement: By 12/31/2022, SNHD employees will reduce timecard entry error rates by 50% |
| Team Charlie | AIM Statement: Reduce the number of electronic requisitions for COVID test samples (from Southern Nevada Veteran’s Home) not appearing in the Laboratory Information System by 50% as of July 16th, 2022. (Adjust Forms Admin app to eliminate 2 most common errors at LTCFs). |
| Team Delta | AIM Statement: Achieve a 70% completion rate of COVID-19 vaccination withing children age 5-17 with in Clark County by June 30, 2023. |
| Team Echo | AIM Statement: Reduction of perception of HIV Stigma amongst staff providing direct services to HIV clients by 5% as of 12/15/2022. |

- **Finance/Accounting group**
  - One OD team member contributed over 600 hours since March in Grant Management while that department is recruiting for this full-time role
    - 2 positions are currently scheduled to start work on this team before August 2nd
  - Coordinating resources to for the CDC Infrastructure, Workforce, Data Modernization grant
    - Organized project requests for DHO approval
    - Organized the grants team and workflow to drive collaboration from dozens of contributors driving one central grant application to the CDC
    - Award ceiling calculated at $28.9M maximum over 5 years
    - Approx. 2/3 of this funding is aimed at increasing the workforce or retaining current staff with grant funded salaries that will expire in the next 5 years

- **Facilitating the next SNHD Strategic Plan FY 2023-2025**
  - The previous plan was dated 2016-2019
  - Estimated publication: 9/30/2022
  - Based on Executive Leadership Team offsite session
  - Will drive a new, combined, Performance Management/Quality Improvement Plan and Workforce Development Plan

- **Leadership Development**
  - Following through on the DHO District Performance review to build learning opportunities for existing and new leaders
    - RFPs under consideration for annual engagement survey
      - Considering Leader 360 surveys measuring the same KPIs as the total workforce survey
        - Some KPIs: Motivation, Execution, Communication, Engagement, Ability to change, Teamwork, and TRUST
      - Allows comparison of individual leaders and teams to Divisions and the whole SNHD population
      - Exploring 1:1 Coaching for existing and aspiring leaders to drive performance

- **Accreditation**
  - Preparing workgroups for the first annual Accreditation questionnaire
  - Evolving tools to put in place now as departments gather documentation for the first re-accreditation in 2027
    - Many projects must be no older than 5 years upon submission
    - Programs can choose relevant projects today to execute with full documentation making the re-accreditation process easier
Appendix A – Office of Communications

Products Completed:

**Newsletters:**
- The Perspective 2022-06-10 “Celebrating 60 years of public health in Southern Nevada”
- The Perspective 2022-06-21 “Southern Nevada Health District to begin offering COVID-19 vaccines for children ages 6 months to 5 years”
- Barbershop Health Outreach Project’s Cutting Edge June newsletter

**Flyers, Postcards, Posters, Fact Sheets:**
- Recruitment flyer: Epidemiologist Supervisor
- Recruitment flyer: Public Health Informatics Scientist
- 60th Anniversary posters
- Diabetes class flyer update – June
- Diabetes class flyer update - July
- Diabetes class flyer update – July Spanish version
- Release the Pressure flyer update
- Nutrition coloring page – Spanish version
- STD testing handout card
- With Every Heartbeat Is Life flyer update
- Food Safety Partnership Q3 meeting flyer

**Social Media:**
- Graphics — Back-to-school 12 grade MenACWY vaccine requirement
- Graphics — July 4 closure notice
- Graphics — Pfizer/Moderna vaccines for young children
- Fight the Bite campaign social graphics
- Extreme heat Instagram carousel graphic

**Monitor graphics:**
- Three Square and DWSS representative days and times

**Sliders:**
- For SNHD.info
  - July 4th closure notice
- Fight The Bite campaign slider

**Signs:**
- Signs and wall decor for COVID-19 clinic at the Sunset at Galleria mall

**Photos:**
- 2022-06-16 BSHOP Shop Talk event

**Recordings:**
- Voiceover for Limited English Proficiency training

**Other:**
- Environmental Impacts smoking infographic
- License cards for microblading, apprentice, and body art mentor

**Advertising Placed:**
- Southern Nevada Community Health Center ads for El Tiempo (4 total)
- Southern Nevada Community Health Center ads for Review-Journal (8 total)
- Express Testing ad for Fab magazine

**Website Updates/Postings:**
- COVID site — weekly aggregate reports, trends and maps
- COVID site — weekly city reports
- COVID site — weekly vaccine counts
- COVID site — weekly vaccine snapshots
• COVID site — weekly breakthrough case reports
• COVID site — updated testing and vaccine calendars as needed
• SNHD site — weekly flu surveillance reports
• SNHD site — updated numerous Environmental Health pages to reference new EH Fee Schedule
• SNHD site — updated several EMS forms
• SNHD site — added July’s Food Safety Partnership Meeting information to EHRCP page
• SNHD site — updated Draft Trauma System Regulations and Business Impact Statement
• SNHD site — updated message regarding Food Handler Safety Training Card deadlines
• SNHD site — revised Body Art Card pages
• SNHD site — Public Health Updates, Advisories and Technical Bulletins
  • Advisory: “Updated Case-finding Guidance: Monkeypox Outbreak — United States, 2022”
  • TB: “Infection Prevention and Control of Monkeypox in Health Care Settings”
  • TB: “Pediatric COVID-19 Vaccines Recommended for Children Aged 6 months – 5 years”
• SNHD site — Public Notices
  • Intent to Adopt Changes to the Trauma System Regulations
  • Public Hearing requesting approval of renewal of authorization of St. Rose Siena Hospital as a Level III Trauma Center
  • RFP: ODTA Custom Van Reissued (Canceled)
• SNHD site — Hot Topics
  • Environmental Health fee increase
• SNHD site — News Releases
  • 2022-06-03 “Southern Nevada encourages continued precautions against COVID-19”
  • 2022-06-08 “Celebrating 60 years of public health”
  • 2022-06-09 “COVID-19 self-test kit vending machines installed at two locations”
  • 2022-06-10 “Clark County reaches high COVID-19 community level”
  • 2022-06-15 “Southern Nevada Health District reports first probable Monkeypox case in Clark County”
  • 2022-06-15 “Health District addresses the burden of cardiovascular disease among Black men”
  • 2022-06-15 “Southern Nevada Health District COVID-19 Update”
  • 2022-06-17 “Southern Nevada Health District to conduct neighborhood CASPER survey, Saturday, June 18”
  • 2022-06-19 “Southern Nevada Health District to begin offering COVID-19 vaccines for children ages 6 months to 5 years”
  • 2022-06-20 “Southern Nevada Health District confirms first monkeypox case in Clark County”
  • 2022-06-21 “Health District launches online appointment system for immunization services”
  • 2022-06-21 “COVID-19 vaccines for children ages 6 months to 5 years available in Health District clinics tomorrow”
  • 2022-06-23 “Southern Nevada Health District encourages HIV testing, links residents to treatment and resources”
  • 2022-06-30 “Second monkeypox case in a Clark County resident reported”
• SNHD site — Meeting WebEx Recordings
  • 2022-06-13 At-Large Member Selection Committee
  • 2022-06-21 SNCHC Finance & Audit Committee
  • 2022-06-23 Board of Health
  • 2022-06-23 SNCHC Governing Board
• SNHD site — Meeting Minutes
  • 2022-04-06 Medical Advisory Board
  • 2022-04-06 Education Committee
- 2022-04-06 Drug/Device/Protocol Committee
- 22-05-04 Drug/Device/Protocol Committee
- 2022-05-22 At-Large Member Selection Committee
- 2022-05-24 SNCHC Finance & Audit Committee
- 2022-05-26 Board of Health
- 2022-05-26 SNCHC Governing Board

- SNHD site — Meeting Agendas
  - 2022-06-09 SWMA Meeting
  - 2022-06-21 SNCHC Finance & Audit Committee
  - 2022-06-23 Board of Health
  - 2022-07-13 Trauma System Regulations Workshop

- SNHD site
  - Board of Health page - Member Updates
  - Public Health Advisory Board page - Member Updates

Translation Services:
- June 02, 2022: COVID Vaccine Magnet Reminder
- June 07, 2022: COVID Social Media Post
- June 09, 2022: General consent form
- June 09, 2022: Sexual Health Clinic survey
- June 09, 2022: COVID-19 Vaccines for People Who Are Moderately or Severely Immunocompromised graphic
- June 10, 2022: Join us for Move your Way® Summer flyer
- June 14, 2022: COVID Social Media Post
- June 15, 2022: SNAP- Whole Grains Social Media Post
- June 15, 2022: Added Patient Questions
- June 21, 2022: Childhood Obesity Article
- June 27, 2022: COVID Social Media Post
- June 29, 2022: New location flyer
- June 30, 2022: Breastfeeding El Tiempo Ad

Community Outreach:
- June 03, 2022: Armin in Arm flyer distribution to 89119 ZIP code
- June 17, 2022: World Refugee Health Fair
- June 23, 2022: Arm in Arm flyer distribution Marianas in Eastern

Community/ Partner Meetings and Events of Note:
- June 1, 2022: AI Foundation meeting
- June 8, 2022: SNHD 60th Anniversary/State of the Health District
- June 08, 2022: Meeting with Welfare representatives
- June 10, 2022: Website Review Committee meeting
- June 13, 2022: World Refugee Day, Get the Vax Out with Braintrust
- June 14, 2022: SNHD Weekly Microplanning Meeting
- June 15, 2022; Latin Chamber of Commerce Meeting “La Oportunidad”
- June 16, 2022: State Health PIO Monthly Meeting
- June 17, 2022: World Refugee Day Health Fair-forum
- June 21, 2022: CDC Conference Call
- June 28, 2022: SNHD Weekly Microplanning Meeting
<table>
<thead>
<tr>
<th>Social Media Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>YTD FY21</th>
<th>YTD FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Facebook SNHD</td>
<td>Likes/Followers</td>
<td>10,266</td>
<td>12,987</td>
<td>↑ 10,266</td>
</tr>
<tr>
<td>*Facebook GHCC</td>
<td>Likes/Followers</td>
<td>6,153</td>
<td>6,155</td>
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<td>*Facebook SHC</td>
<td>Likes/Followers</td>
<td>1,664</td>
<td>1,679</td>
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<td>*Facebook THNK/UseCondomSense</td>
<td>Likes/Followers</td>
<td>5,611</td>
<td>5,529</td>
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<td>*Facebook SNHD THNK Project</td>
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<td>47</td>
<td>47</td>
<td>= 47</td>
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<tr>
<td>*Facebook Food Safety</td>
<td>Likes/Followers</td>
<td>75</td>
<td>116</td>
<td>↑ 75</td>
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<td>*Instagram SNHD</td>
<td>Followers</td>
<td>3,321</td>
<td>3,848</td>
<td>↑ 3,321</td>
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<td>Followers</td>
<td>505</td>
<td>525</td>
<td>↑ 505</td>
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<td>*Twitter EZ2Stop</td>
<td>Followers</td>
<td>427</td>
<td>432</td>
<td>↑ 427</td>
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<td>1,913</td>
<td>↑ 1,827</td>
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<td>92</td>
<td>97</td>
<td>↑ 92</td>
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<tr>
<td>*Twitter GetHealthyCC</td>
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<td>343</td>
<td>340</td>
<td>↓ 343</td>
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<td>9,816</td>
<td>10,448</td>
<td>↑ 9,816</td>
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<td>340</td>
<td>↑ 327</td>
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<tr>
<td>*Twitter THNK/UseCondomSense</td>
<td>Followers</td>
<td>726</td>
<td>718</td>
<td>↓ 726</td>
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<tr>
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<td>129</td>
<td>134</td>
<td>↑ 129</td>
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<tr>
<td>YouTube SNHD</td>
<td>Views</td>
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<td>57,172</td>
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<tr>
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<td>Views</td>
<td>480</td>
<td>445</td>
<td>↓ 4,937</td>
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*Facebook, Instagram and Twitter numbers are not cumulative.
## PAYROLL EARNINGS SUMMARY

**May 28, 2022 to June 10, 2022**

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>Calendar YTD</th>
<th>Fiscal YTD</th>
<th>Budget 2022</th>
<th>Actual to Budget</th>
<th>Incurred Pay Dates to Annual</th>
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</thead>
<tbody>
<tr>
<td>PRIMARY &amp; PREVENTATIVE CARE</td>
<td>$333,166.22</td>
<td>$4,206,487.44</td>
<td>$8,561,557.62</td>
<td>$8,099,554.00</td>
<td>111%</td>
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<tr>
<td>ENVIRONMENTAL HEALTH</td>
<td>$511,559.59</td>
<td>$6,243,877.30</td>
<td>$12,759,198.44</td>
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<td>COMMUNITY HEALTH</td>
<td>$332,115.08</td>
<td>$3,964,529.07</td>
<td>$7,894,494.50</td>
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<tr>
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<td><strong>$25,164,217.31</strong></td>
<td><strong>$52,775,943.69</strong></td>
<td><strong>$54,352,166.00</strong></td>
<td>97%</td>
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FTE 748

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<td><strong>$25,164,217.31</strong></td>
<td><strong>$52,775,943.69</strong></td>
<td><strong>$54,352,166.00</strong></td>
<td>97%</td>
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### BI WEEKLY OT CTE BY DIVISION DEPARTMENT

**May 28, 2022 to June 10, 2022**

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### PRIMARY & PREVENTIVE CARE

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Total Primary & Preventive Care: 93.50 Hours 3777.48 Value 22.13 Value 764.39 Value

### ENVIRONMENTAL HEALTH

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<th>Employee</th>
<th>Project Grant Charged to</th>
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<th>Employee</th>
<th>Hours</th>
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Total Environmental Health: 85.75 Hours 4097.19 Value 36.75 Value 1197.14 Value

### DISEASE SURVEILLANCE & CONTROL

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<th>Amount</th>
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<th>Value</th>
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Total Disease Surveillance & Control: 12.75 Hours 578.07 Value 0.00 Value 0.00 Value

Combined Total: 303.00 Hours 13498.16 Value 90.75 Value 2842.56 Value
Appendix C – Finance – Payroll Earnings Summary – June 11 to 24, 2022

### Payroll Earnings Summary

**June 11, 2022 to June 24, 2022**

<table>
<thead>
<tr>
<th>Pay Period</th>
<th>Calendar YTD</th>
<th>Fiscal YTD</th>
<th>Budget 2022</th>
<th>Actual to Budget</th>
<th>Incurred Pay Dates to Annual</th>
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<tr>
<td>PRIMARY &amp; PREVENTATIVE CARE</td>
<td>$337,284.34</td>
<td>$4,544,473.60</td>
<td>$9,199,543.78</td>
<td>$8,009,554.00</td>
<td>115%</td>
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<tr>
<td>ENVIRONMENTAL HEALTH</td>
<td>$517,602.28</td>
<td>$6,761,459.58</td>
<td>$13,276,800.72</td>
<td>$12,635,509.00</td>
<td>105%</td>
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<tr>
<td>COMMUNITY HEALTH</td>
<td>$354,069.23</td>
<td>$4,258,598.20</td>
<td>$8,248,565.73</td>
<td>$8,113,247.00</td>
<td>102%</td>
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<td>DISEASE SURVEILLANCE &amp; CONTROL</td>
<td>$355,308.29</td>
<td>$4,652,744.99</td>
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<td>FOHQC</td>
<td>$183,984.09</td>
<td>$2,240,553.59</td>
<td>$4,280,833.28</td>
<td>$5,027,720.00</td>
<td>85%</td>
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<tr>
<td>ADMINISTRATION W/O ICS-COVID</td>
<td>$364,624.62</td>
<td>$4,919,981.92</td>
<td>$10,467,540.38</td>
<td>$9,426,684.00</td>
<td>111%</td>
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<td>$ -</td>
<td>$ -</td>
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<td>ICS-COVID Grant Fund</td>
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<td>$ -</td>
<td>$-</td>
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<td>$27,377,791.98</td>
<td>$54,850,477.76</td>
<td>$54,355,166.00</td>
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</table>

**FTE**

759

- **Regular Pay**
  - $1,827,496.15
  - $22,440,416.02
  - $43,362,022.20

- **Training**
  - $10,545.04
  - $167,708.84
  - $209,003.04

- **Fiscal Payout**
  - $-0
  - $422,531.29
  - $673,674.26

- **OT Pay**
  - $36,756.57
  - $253,904.12
  - $801,386.56

- **Leave Pay**
  - $212,428.24
  - $3,611,123.40
  - $8,076,823.92

- **Other Earnings**
  - $25,626.85
  - $542,169.31
  - $1,765,967.78

- **TOTAL**
  - $2,112,852.85
  - $27,377,791.98
  - $54,850,477.76

### Bi-Weekly OT CTE by Division/Department

**June 11, 2022 to June 24, 2022**

Overtime Hours and Amounts

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Total Administration: 105.60 hours, 4596.72 $

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Total Community Health: $55.50 | $3154.69 | $30.38 | $834.40

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Total Primary & Preventive Care: $235.25 | $10908.09 | $12.75 | $449.56
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Total Environmental Health: 180.00, 9393.51, 28.13, 915.78

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<td>295.43</td>
</tr>
<tr>
<td>SANTO, SANDY L</td>
<td>HSVPRV22</td>
<td>7.50</td>
<td>381.49</td>
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<td>SHINDO, MICHELLE</td>
<td>HSVPRV22</td>
<td>4.00</td>
<td>225.45</td>
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<tr>
<td>THOMAS, TAYLOR</td>
<td>HSVPRV22</td>
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<td>0.00</td>
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<tr>
<td>ASHRAF, BENJAMIN</td>
<td>HSVPRV22</td>
<td>7.50</td>
<td>353.79</td>
</tr>
</tbody>
</table>

Total Disease Surveillance & Control: 207.00, 9603.56, 9.00, 242.64

Combined Total: 782.75, 36756.87, 80.15, 2442.38
Memorandum

Date: July 7, 2022

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, Director of Community Health
       Fermin Leguén, MD, MPH, District Health Officer

Subject: Community Health Division Monthly Activity Report – June 2022

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

A. Chronic Disease Prevention Program (CDPP)

In May, CDPP launched two complimentary initiatives, Move Your Way Summer and Soda Free Summer/Verano Sin Soda. The Move Your Way Summer Initiative provides opportunities and encourages physical activity throughout the summer months. Verano Sin Soda provides education on sugary beverages and challenges people to pledge to reduce or eliminate sugary beverage consumption over the summer. Activities and outreach are provided in English and Spanish. News releases were issued and generated earned media on Channel 3, Channel 8 and an interview with LVRJ 7&7 Español. Our partners, Las Vegas Promotoras also participated on 4 Spanish-language radio programs to promote the initiatives.

Activities during May to promote the initiatives included:

1. City of Henderson- Glow Bike Ride Event (estimated 100 people received MYW resources)
2. Cinco de Mayo event (estimated 100 people received MYW and Verano Sin Soda resources)
3. Marketon Supermarket- Community Health Fair (estimated 60 people received MYW and Verano Sin Soda resources)
4. Comunidad Migrante Cinco de Mayo event (estimated 100 people received MYW and Verano Sin Soda resources)
5. REACHLV-Virtual physical activity class (411 people participated and 2,644 people additional views online)
6. Over 670 people participated in MYW Summer and Verano Sin Soda activities in May and over 2,600 participated in online activities.

CDPP is partnering with the City of Henderson and Green Valley Grocery to pilot a Healthy Corner Store initiative in 2 Green Valley Grocery locations. An assessment was completed that identified the healthier and SNAP-eligible options available in the stores and assessed in-store marketing. Customer surveys were
also conducted. A marketing plan was developed to identify signage and marketing opportunities to promote healthier and SNAP-eligible foods and small in-store changes that could be made to increase access to healthier foods. Marketing materials including signs, logos, shelf-tags, posters, and bus stop shelters were developed. Materials highlight healthier options and SNAP-eligible foods and provide nutrition education. Marketing materials were installed in both pilot locations in May. An assessment of SNAP purchased will be conducted in the fall to help evaluate the pilot project.

CDPP is partnering with the RTC to expand the Bike Share network. A new bike share kiosk was added on Martin Luther King Jr. Drive and Alta Drive in May. This is the first bike share station kiosk on the west side of the I-15 freeway and extends the bike share network from downtown to the Medical District and surrounding neighborhoods. A media event was held in May for the grand opening. Dr. Johnson spoke at the press conference representing SNHD. The event generated multiple earned media on local television stations. The new kiosk includes advertising promoting the reduced fare bike share pass for SNAP recipients, which is also supported by CDPP.

CDPP partnered with UNLV School of Public Health, RTC, and City of Las Vegas to develop a Decision Support Tool. The tool can be used by planning, transportation, and public works professionals to access data and recommendations for incorporating health and equity considerations in planning, transportation, and public works projects. The UNLV Team hosted a training on the tool in May. Representatives from RTC, Clark County, City of Las Vegas, City of Henderson, UNLV and SNHD attended the training. The training included an overview of the tool and opportunities to test the tool on a public works project. City of Las Vegas Public Works has committed to using the tool on selected projects as part of their ongoing scoping and planning process. The tool will be hosted on the RTC website making it available for other jurisdictions that may want to utilize it.

Faithful Families classes wrapped up at Iglesia Puertas de Alabanza Ministerios de fe and Iglesia Maranatha. Over 50 people attended the classes, offered in Spanish. Faithful Families is an evidenced-based physical activity and nutrition program developed to be taught in places of faith.

In honor of Hypertension Awareness Month, CDPP staff participated in several screening and educational events to promote hypertension awareness and self-management.

- In addition to regularly scheduled BSHOP and BeSHOP screenings, the CDPP team participated in 4 community screening events at the Cinco de May event, West Las Vegas neighborhood health fair, Victory Baptist Church health fair and Lake Tonopah Senior Living complex.
- 99 people received screening, education and referral as appropriate at the May community screenings
- CDPP partnered with the 100 Black Men of Las Vegas to provide a virtual cooking class in May for youth and their families. The class featured a heart-friendly dish and participants received all ingredients to make the dish. 30 people participated in the cooking class.
B. Tobacco Control Program (TCP)

From May 2-May 29, 2022, staff implemented the No Menthol May campaign in 8 African American faith-based organizations. No Menthol May is a nationwide initiative to promote cessation and independence from menthol flavored products in the African American community. This signature campaign consisted of 40 smoke and vape-free events.

This month, SNHD staff contacted leadership of Nevada State College to offer support for the adoption of a tobacco-free campus policy at Nevada State College. Staff collected letters of support from eight community stakeholder organizations and shared these with Nevada State College.

Staff sponsored a sports outreach pylon 7 on 7 tournament reaching 400+ youth on May 28-29 at Aventura Park in Henderson. Information about the dangers of electronic vapor products was distributed to attendees.

Because We Mater, the initiative to address smoking and vaping in the African American community, partnered with Clark County Parks and Recreation to support the Jazz in the Park Series in being smoke and vape-free. Culturally tailored educational resources were distributed to the priority population to increase awareness, prevent initiation, encourage cessation, and promote the Nevada Tobacco Quitline. Staff participated and provided sponsorship to 48 local events with a large African American attendance.

This month staff participated in three Hispanic-focused Cinco de Mayo and one soccer event with Las Vegas Lights with a combined attendance of over 3,000 people hosted by commissioner Marylin Kirkpatrick at Bob Price Recreational Center. Staff provided culturally tailored resources through the Por Mi Por Ti Por Nosotros initiative to raise awareness of the dangers of smoking and vaping. Cessation resources were also provided.

An African American and a Spanish language tobacco cessation media campaign aired in May. These two media campaigns resulted in over 3.4 million impressions.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID-19 and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community partners to train influential messengers in the community, promote vaccine update and increase accessibility to vaccines among these populations. During April:

1. Findings from 2 focus groups with African American young adults are being analyzed and will supplement the COVID-19 and Flu Vaccination Survey findings to better understand disparities in vaccine uptake among Hispanic/Latinx and African American/Black young adults who are not yet vaccinated or have received a COVID-19 vaccine within the past three months. Plans for a focus group with Hispanic/Latinx young adults are currently being developed.

2. Although no community-level spokespersons were trained by SNHD staff and contractors in May; 209 community-level spokespersons have been trained to date.

3. Two community events to distribute information and promote vaccination occurred in May reaching 6,500 individuals. To date, 54 events have occurred serving 13,727 people.
4. Seven pop up vaccine clinics were offered in May vaccinating 104 people for COVID-19 and 8 people for flu. A total of 5,024 individuals have been vaccinated to date through these efforts.

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.

B. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the 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; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the Education and Drug/Device/Protocol sub-committees.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

<table>
<thead>
<tr>
<th>June EMS Statistics</th>
<th>June 2021</th>
<th>June 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Certificates Issued</td>
<td>70</td>
<td>72</td>
</tr>
<tr>
<td>New Licenses Issued</td>
<td>61</td>
<td>58</td>
</tr>
<tr>
<td>Renewal Licenses Issued (recert only)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Driver Only</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Active Certifications: EMT</td>
<td>760</td>
<td>822</td>
</tr>
<tr>
<td>Active Certifications: Advanced EMT</td>
<td>1610</td>
<td>1662</td>
</tr>
<tr>
<td>Active Certifications: Paramedic</td>
<td>1771</td>
<td>1886</td>
</tr>
<tr>
<td>Active Certifications: RN</td>
<td>64</td>
<td>59</td>
</tr>
</tbody>
</table>
III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff continue to assist the Health District and the community in responding to the COVID-19 pandemic. Many staff remain in SNHD activated ICS.

2. Staff continue to host and attend community meetings virtually with community and hospital partners.

3. Staff are working with internal staff who have been responding to the COVID-19 response as well as external partners to develop an interim action report for SNHD and the region.

4. OPHP conducted a Community Assessment for Public Health Emergency Response (CASPER) to be conducted on June 18th. The CASPER is a door-to-door survey which will be used to identify community opinions and gaps in services throughout the COVID-19 response to be included in the SNHD after action report.

5. OPHP is continuing to work with the County and the SNHD contractor to develop the regional and SNHD COVID-19 After Action Report.

6. OPHP is supporting the district’s response to the monkeypox outbreak by working with the state and CDC to obtain vaccine for post-and pre-exposure prophylaxis for eligible person.

B. PHP Training and PH Workforce Development

1. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID-19 response and training needs

2. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 49 fit tests completed.

C. Hospital Preparedness Program (HPP)

1. 01 JUN – Hospital Preparedness Program (HPP) Liaison participated in a meeting with the State of Nevada Health and Human Service regarding Monkeypox vaccination and administration. This meeting was in preparation for potential outbreak of monkeypox in southern Nevada.

2. 02 JUN – HPP Liaison, as the Chair, Southern Nevada Healthcare Preparedness Coalition, convened the monthly healthcare coalition meeting providing a forum to discuss on-going operations in the community. Topics included Declaration of Emergency cessation, reminder of upcoming officer elections in January 2023, a presentation on Medical Countermeasures/ Strategic National Stockpile, partner updates, public health updates, upcoming training opportunities, upcoming exercises, and upcoming exercise meetings.

3. 06 JUN – HPP Liaison, as Deputy Planning Section Chief, participated in the SNHD Command & Staff/Tactics meeting for the health district. Also, HPP Liaison participated in a meeting to discuss Emergency Medical Services transportation procedures if Monkeypox virus appears in southern Nevada.

4. 08 JUN – HPP Liaison, as Deputy Planning Section Chief, participated in the SNHD Planning Meeting/Operational Period Brief.
5. 09 JUN – HPP Liaison convened the Highly Infectious Disease workgroup to review, reject, or accept changes to the final draft of the annex prior to submission to the coalition for approval at the July meeting. Also, HPP Liaison participated in the Harry Reid International Airport after-hours aircraft incident table-top exercise.


7. 20 JUN – HPP Liaison, as Deputy Planning Section Chief, participated in the SNHD Command & Staff/Tactics meeting for the health district. Also, HPP Liaison met with a representative from the Post-Acute Medical (PAM) Specialty Hospital/Rehab to discuss the Southern Nevada Healthcare Preparedness Coalition, participation in community exercises, requirements for Medicare/Medicaid Services regarding emergency preparedness, and the community Hazard Vulnerability Analysis (HVA). Finally, the HPP Liaison participated in the Office of Public Health Preparedness COVID-19 After-Action Report.

8. 21 JUN – HPP Liaison hosted a workgroup to finalize the Radiation Response annex to the Southern Nevada Healthcare Preparedness Coalition's Response Plan. The group reviewed and approved the recommended changes to the annex. The annex will be provided to the healthcare coalition for approval during the July 2022 meeting.

9. 22 JUN – HPP Liaison participated in a meeting on the Assistant Secretary for Preparedness and Response - emPOWER expansion plan for requesting and utilization of emPOWER data during emergencies. The participants demonstrated the current state of the team’s developmental process and demonstrated the current capabilities. The participants provided feedback and asked questions on the upgrade to the emPOWER system. Also, the HPP Liaison, as the Deputy Planning Section Chief, participated in the planning meeting and operational period brief for the SNHD Incident Command System.

10. 23 JUN – HPP Liaison participated in an interview with an organization to identify gaps in the interaction between the healthcare coalitions and federally qualified health centers/health centers.

11. 28 JUN – HPP Liaison participated in the bi-weekly State of Nevada Microplanning session for Southern Nevada.

12. 29-30 JUN – HPP Liaison provided subject matter instruction to employees of the Southern Nevada Health District and community partners for Incident Command System 300 - Intermediate Incident Command System for Expanding Incidents.

D. Grants and Administration
OPHP staff are supporting SNHD and MACC/MSST COVID-19 response and logistical needs.

E. Medical Reserve Corps (MRC) of Southern Nevada
MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID-19 response.

In May, one volunteer assisted at the SNPHE with test kit assembly and specimen accessioning. One nurse volunteer supported the COVID-19 vaccination community outreach site as vaccinator. Three volunteers supported SNHD ODS
with Safer Sex Kit assembly. Five volunteers assisted the SNHD immunization clinic at the intake desk. Total "accepted" volunteers stand at about 566. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers and participates in COVID-19 planning and operations meetings as available. MRC also attended monthly NACCHO MRC Workgroup and PPAG meetings. The table below summarizes volunteer hours served in the fourth quarter of this fiscal year.

**MRC Volunteer Hours FY2022 Q3 COVID-19 Response and Non-Emergency**

(Economic impact rates updated April 2022)

<table>
<thead>
<tr>
<th>Activity</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNHD IMM CLINIC</td>
<td>0</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>SNHD COVID-19 VAX OUTREACH</td>
<td>8</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>SNPHL</td>
<td>3.25</td>
<td>2.75</td>
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<tr>
<td>SNHD ODS Support</td>
<td>2</td>
<td>22.5</td>
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<tr>
<td>Total Hours</td>
<td>13.25</td>
<td>70.25</td>
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<tr>
<td>Economic Impact</td>
<td>$380.12</td>
<td>$2,093.54</td>
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**IV. VITAL RECORDS**

**A. Vital Statistics**

June 2022 is currently showing an 12% decrease in birth certificate sales in comparison to June 2021. Death certificate sales currently showing 6.8% increase in comparison to June 2021. SNHD received revenues of $39,806 for birth registrations; $24,752 for death registrations; and an additional $9,134 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

<table>
<thead>
<tr>
<th>Vital Statistics Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21 (June)</th>
<th>FY 21-22 (June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births Registered</td>
<td></td>
<td></td>
<td>24,299</td>
<td>24,765</td>
</tr>
<tr>
<td>Deaths Registered</td>
<td>2,111</td>
<td>1,995</td>
<td>1,654</td>
<td>23,663</td>
</tr>
<tr>
<td>Fetal Deaths Registered</td>
<td>13</td>
<td>21</td>
<td>215</td>
<td>199</td>
</tr>
</tbody>
</table>
### COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

<table>
<thead>
<tr>
<th>Vital Statistics Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21 (June)</th>
<th>FY 21-22 (June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificates Sold (walk-in)</td>
<td>22</td>
<td>45</td>
<td>↑ 86</td>
<td>↑ 292</td>
</tr>
<tr>
<td>Birth Certificates Mail</td>
<td>114</td>
<td>121</td>
<td>↑ 1,236</td>
<td>↑ 1,393</td>
</tr>
<tr>
<td>Birth Certificates Online Orders</td>
<td>4,568</td>
<td>3,918</td>
<td>↓ 43,629</td>
<td>↑ 45,992</td>
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<tr>
<td>Birth Certificates Billed</td>
<td>105</td>
<td>140</td>
<td>↑ 1,180</td>
<td>↑ 1,186</td>
</tr>
<tr>
<td>Birth Certificates Number of Total Sales</td>
<td>4,809</td>
<td>4,224</td>
<td>↓ 46,131</td>
<td>↑ 48,863</td>
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<tr>
<td>Death Certificates Sold (walk-in)</td>
<td>32</td>
<td>15</td>
<td>↓ 111</td>
<td>↑ 274</td>
</tr>
<tr>
<td>Death Certificates Mail</td>
<td>166</td>
<td>119</td>
<td>↓ 1,318</td>
<td>↑ 1,552</td>
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<tr>
<td>Death Certificates Online Orders</td>
<td>7,771</td>
<td>8,393</td>
<td>↑ 107,843</td>
<td>↑ 113,347</td>
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<tr>
<td>Death Certificates Billed</td>
<td>44</td>
<td>35</td>
<td>↓ 579</td>
<td>↑ 627</td>
</tr>
<tr>
<td>Death Certificates Number of Total Sales</td>
<td>8,013</td>
<td>8,562</td>
<td>↑ 109,851</td>
<td>↑ 115,900</td>
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</table>

### COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

<table>
<thead>
<tr>
<th>Vital Statistics Sales by Source</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21 (June)</th>
<th>FY 21-22 (June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificates Sold Valley View (walk-in)</td>
<td>.5%</td>
<td>1.1%</td>
<td>↑ .2%</td>
<td>↑ .6%</td>
</tr>
<tr>
<td>Birth Certificates Mail</td>
<td>2.4%</td>
<td>2.9%</td>
<td>↑ 2.7%</td>
<td>↑ 2.9%</td>
</tr>
<tr>
<td>Birth Certificates Online Orders</td>
<td>95%</td>
<td>92.8%</td>
<td>↓ 94.6%</td>
<td>↑ 94.1%</td>
</tr>
<tr>
<td>Birth Certificates Billed</td>
<td>2.2%</td>
<td>3.3%</td>
<td>↑ 2.6%</td>
<td>↑ 2.4%</td>
</tr>
<tr>
<td>Death Certificates Sold Valley View (walk-in)</td>
<td>.4%</td>
<td>.2%</td>
<td>↓ .1%</td>
<td>↓ .2%</td>
</tr>
<tr>
<td>Death Certificates Mail</td>
<td>2.1%</td>
<td>1.4%</td>
<td>↓ 1.2%</td>
<td>↑ 1.4%</td>
</tr>
<tr>
<td>Death Certificates Online Orders</td>
<td>97%</td>
<td>98%</td>
<td>↑ 98.2%</td>
<td>↓ 97.8%</td>
</tr>
<tr>
<td>Death Certificates Billed</td>
<td>.5%</td>
<td>.4%</td>
<td>↓ .5%</td>
<td>↓ .5%</td>
</tr>
</tbody>
</table>

### COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

<table>
<thead>
<tr>
<th>Revenue</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21 (June)</th>
<th>FY 21-22 (June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificates ($25)</td>
<td>$120,225</td>
<td>$105,600</td>
<td>↓ $1,153,275</td>
<td>↑ $1,221,575</td>
</tr>
<tr>
<td>Death Certificates ($25)</td>
<td>$200,325</td>
<td>$214,050</td>
<td>↑ $2,746,275</td>
<td>↑ $2,897,500</td>
</tr>
<tr>
<td>Births Registrations ($13)</td>
<td>$45,422</td>
<td>$39,806</td>
<td>↓ $458,185</td>
<td>↑ $462,371</td>
</tr>
<tr>
<td>Deaths Registrations ($13)</td>
<td>$23,179</td>
<td>$24,752</td>
<td>↑ $319,139</td>
<td>↑ $328,679</td>
</tr>
<tr>
<td>Convenience Fee ($2)</td>
<td>$9,346</td>
<td>$8,378</td>
<td>↓ $91,836</td>
<td>↓ $90,208</td>
</tr>
<tr>
<td>Miscellaneous Admin</td>
<td>$980</td>
<td>$756</td>
<td>↓ $8,951</td>
<td>↑ $10,895</td>
</tr>
<tr>
<td>Total Vital Records Revenue</td>
<td>$399,477</td>
<td>$393,342</td>
<td>↓ $4,777,661</td>
<td>↑ $5,011,228</td>
</tr>
</tbody>
</table>
COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. Passport Services

Passport Services is appointment only. Passport photos remain suspended.

<table>
<thead>
<tr>
<th>Applications</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21 (June)</th>
<th>FY 21-22 (June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passport Applications</td>
<td>774</td>
<td>585</td>
<td>4,318</td>
<td>7,837</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21 (June)</th>
<th>FY 21-22 (June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passport Execution/Acceptance fee ($35)</td>
<td>$27,090</td>
<td>$20,475</td>
<td>$151,130</td>
<td>$274,295</td>
</tr>
</tbody>
</table>

V. HEALTH CARDS

A. Food Handling

1. Appointments
   a. Currently, appointment availability is as follows:
      - Decatur and Henderson: December through the end of the year.
      - Mesquite: September through the end of the year.
      - Laughlin: October through the end of the year.

   b. Saturday sessions planned for July 9th and 16th.

2. Low-Risk/Limited Health Cards

   First session completed on June 8, 2022.

   a. Class consisted of 7 clients from The Garden Foundation.

   b. After training, each client demonstrated proficiency in handwashing and hygiene principles.

   c. Received “Low Risk” Health Card valid for three years allowing them to perform specific duties in the workplace.

3. MGM Resorts International

   a. 9 days during the month with capacity for 300 clients per day.

   b. MGM Resorts employees did a 15-minute refresher training, then tested. If they passed the test with 70% or better, they were issued a completion certificate. With the certificate, employees could come in without an appointment to pay for and pick up their Health Cards.

   c. Employees seen during the course of the project –
      - Employees that passed the food safety test and received certificates = 1,851
      - Did not pass = 109
      - Total of 1,960 employees seen

   d. No overtime or comp time needed compared to sessions for the Wynn.
4. On-Line Renewals
   a. Phillip Pilares in I.T. currently working on the project. Given two-week deadline by Jason Frame.
   b. Testing should be conducted during week of July 5th.
   c. Will plan roll-out with Communications to promote the enhancement for qualified clients.

5. Appointment reminder notifications
   a. Enhancement has been developed and testing ongoing.
   b. Clients to receive e-mail reminder 10 days prior to their appointment then another 1 to 2 days prior.
   c. Future enhancement planned to send a text confirmation to clients. If they do not confirm their reservation, it will be cancelled, and the timeslot will become available to another client.

6. Other Items:
   A second staff member transferred out and is now working in Environmental Health.
   a. Currently recruiting for two positions.
   b. Job posting to go up July 5th.
   c. Interviews scheduled for first week of August.
### SERVICES

<table>
<thead>
<tr>
<th></th>
<th>Jun 1 - 30</th>
<th>May 1 - 31</th>
<th>Apr 1 - 30</th>
<th>Mar 1 - 31</th>
<th>Feb 1 - 28</th>
<th>Jan 1 - 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Handler Cards - New</td>
<td>1,319</td>
<td>1,359</td>
<td>1,069</td>
<td>1,141</td>
<td>997</td>
<td>1,034</td>
</tr>
<tr>
<td>Food Handler Cards - Renewals</td>
<td>4,913</td>
<td>4,685</td>
<td>3,604</td>
<td>3,666</td>
<td>3,079</td>
<td>3,160</td>
</tr>
<tr>
<td>Duplicates</td>
<td>129</td>
<td>131</td>
<td>121</td>
<td>173</td>
<td>133</td>
<td>134</td>
</tr>
<tr>
<td>CFMS (Manager) Cards</td>
<td>201</td>
<td>146</td>
<td>142</td>
<td>170</td>
<td>145</td>
<td>134</td>
</tr>
<tr>
<td>Re-Tests</td>
<td>1,002</td>
<td>880</td>
<td>535</td>
<td>517</td>
<td>491</td>
<td>525</td>
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<tr>
<td>Body Art Cards</td>
<td>120</td>
<td>84</td>
<td>125</td>
<td>176</td>
<td>159</td>
<td>161</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>7,684</strong></td>
<td><strong>7,285</strong></td>
<td><strong>5,596</strong></td>
<td><strong>5,843</strong></td>
<td><strong>5,004</strong></td>
<td><strong>5,148</strong></td>
</tr>
</tbody>
</table>

### REVENUE - Point of Sale

<table>
<thead>
<tr>
<th></th>
<th>Jun 1 - 30</th>
<th>May 1 - 31</th>
<th>Apr 1 - 30</th>
<th>Mar 1 - 31</th>
<th>Feb 1 - 28</th>
<th>Jan 1 - 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Handler Cards - New</td>
<td>$26,380.00</td>
<td>$27,180.00</td>
<td>$21,380.00</td>
<td>$22,820.00</td>
<td>$19,940.00</td>
<td>$20,680.00</td>
</tr>
<tr>
<td>Food Handler Cards - Renewals</td>
<td>$98,260.00</td>
<td>$93,700.00</td>
<td>$72,080.00</td>
<td>$73,320.00</td>
<td>$61,580.00</td>
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<tr>
<td>Duplicates</td>
<td>$2,580.00</td>
<td>$2,620.00</td>
<td>$2,420.00</td>
<td>$3,460.00</td>
<td>$2,660.00</td>
<td>$2,680.00</td>
</tr>
<tr>
<td>CFMS (Manager) Cards</td>
<td>$4,020.00</td>
<td>$2,920.00</td>
<td>$2,840.00</td>
<td>$3,400.00</td>
<td>$2,900.00</td>
<td>$2,680.00</td>
</tr>
<tr>
<td>Re-Tests</td>
<td>$5,010.00</td>
<td>$4,400.00</td>
<td>$2,675.00</td>
<td>$2,585.00</td>
<td>$2,455.00</td>
<td>$2,625.00</td>
</tr>
<tr>
<td>Body Art Cards</td>
<td>$2,400.00</td>
<td>$1,680.00</td>
<td>$2,500.00</td>
<td>$3,520.00</td>
<td>$3,180.00</td>
<td>$3,220.00</td>
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<tr>
<td>Late Fee</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$138,650.00</strong></td>
<td><strong>$132,500.00</strong></td>
<td><strong>$103,895.00</strong></td>
<td><strong>$109,105.00</strong></td>
<td><strong>$92,715.00</strong></td>
<td><strong>$95,085.00</strong></td>
</tr>
</tbody>
</table>

### B. COVID-19 Activities

1. Continued oversight of door screener.
2. Current door screener will end her assignment at close-of-business Friday, July 8th. Replacement temp worker requested through NeoGov.

### VI. HEALTH EQUITY

The Health Equity program received funding from the Center for Disease Control to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.
2. The program continues to participate in community-based coalitions and workgroups addressing COVID-19 health disparities, testing and vaccination initiatives.
3. The program continues to collaborate with the Ryan White program in their HIV Stigma reduction project, providing technical assistance and support.
4. On June 13th and 23rd, the Health Equity program conducted Health Equity 101 trainings for the Office of Epidemiology and Disease Surveillance.
A. Clinical Testing

SNPHL Supports:
1. The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
2. SNHD STD Department: the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs NAAT and culture testing of N. gonorrhoeae isolates and submits isolates to a reference laboratory for the determination of antibiotic susceptibility patterns. SNPHL has also joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
3. Total monthly samples tested are listed in the following table:

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Monthly Count</th>
<th>Avg Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GC Cultures</td>
<td>76</td>
<td>80</td>
</tr>
<tr>
<td>NAAT NG/CT</td>
<td>1309</td>
<td>1158</td>
</tr>
<tr>
<td>Syphilis</td>
<td>983</td>
<td>823</td>
</tr>
<tr>
<td>RPR/RPR Titors</td>
<td>227/80</td>
<td>162/82</td>
</tr>
<tr>
<td>Hepatitis Total</td>
<td>868</td>
<td>628</td>
</tr>
<tr>
<td>HIV/differentiated</td>
<td>667/16</td>
<td>515/14</td>
</tr>
<tr>
<td>HIV RNA</td>
<td>58</td>
<td>45</td>
</tr>
</tbody>
</table>

B. COVID-19 Testing

1. SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
2. SNPHL goal is to maintain capacity of 2000 tests/day with a turnaround-time of <48 hours (TAT 2Day- currently at/near goal).
3. For June, the average daily testing was 544 and the average turnaround time was 35 hours days for PCR testing from the collection date to the release the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptomia NAAT testing is 798 tests per week.
4. IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
5. Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station
6. A monthly summary of COVID-19 PCR/NAAT testing is listed as follows:

<table>
<thead>
<tr>
<th>Month</th>
<th># PCR/#POS</th>
<th>COVID-19</th>
<th># PCR/#POS</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>35322/14313</td>
<td>July</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>11532/1407</td>
<td>August</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>6890/219</td>
<td>September</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>5576/308</td>
<td>October</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>9130/1165</td>
<td>November</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>11975/1999</td>
<td>December</td>
<td></td>
</tr>
</tbody>
</table>
C. Reportable Disease Reports

1. SNPHL continues to perform routine testing of reportable disease specimens submitted to SNPHL. Isolates are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.

2. A monthly summary of reportable diseases tests is listed as follows:

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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<tr>
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<td>76</td>
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<td>10</td>
<td>7</td>
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<td></td>
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</tr>
</tbody>
</table>

D. Epidemiological Testing and Consultation

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 1 outbreak investigations in June.

2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed June, 37 respiratory panels on the BioFire.
E. Emergency Response and Reportable Disease Isolate Testing Report

1. SNPFL 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), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.

2. SNPFL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Agent Rule out (total PCR)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. SNPFL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPFL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

4. SNPFL performed 28 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in June 2022.

5. SNPFL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.

6. SNPFL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.

7. SNPFL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of June 2022, SNPFL has sequenced 582 SARS-CoV-2-positive RNA extracts. The new Laboratory Technologist and Laboratory Assistant have completed their training and have been aiding in SARS-CoV-2 sequencing.

8. SNPFL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPFL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

9. SNPFL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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</thead>
<tbody>
<tr>
<td>Legionella</td>
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<td>2</td>
<td>0</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
10. SNPHL provides vector testing for Environmental Services; testing for Zika, West Nile, Western/Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team. In June, we test a total 450 mosquito pools samples.

11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in June, a total of 76 clinical isolates, Neisseria gonorrhoeae 76 isolates) and Neisseria meningitidis (0 isolates), were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

F. All-Hazards Preparedness

1. SNPHL provides/assists testing for SNHD COVID-19 Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia, BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.

2. SNPHL provides COVID-19 Biosafety Training/Guidelines to Non-Traditional testing sites.

3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.

4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.

5. Provided onsite training for COVID-19 online ordering application for long-term care facilities.

G. June 2022 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID-19 collection kits.

2. Facility team has placed a temporary office in the back lot for contracted security and has a guard placed on-site 24/7 during construction to monitor lot access and to watch over supplies stored on site. Sean asked the City to allow us temporary use of the empty lot to the west of our facility for construction vehicles parking and their office. The formal laboratory renovation is expected to be complete on Thursday, July 28, 2022.

3. The NextSeq 2000 whole genome sequencer has been used in SARS-CoV-2 sequencing in the Micro laboratory. The WGS capacity of SARS-CoV-2 is 192 samples per week. The laboratory is in the process to purchase one liquid handler to handle the COVID-19 samples and reduce human error.

4. PHILIP in full production, passed CDC validation. The test result for NAAT SARS-Cov-2, influenza, Norovirus, MERS, Biofire RP2.1 panel, and respiratory viruses panel will send to CDC through PHILIP. Next discussions will involve the procedure for NREVSS validation to get it automated.

5. Laboratory developed a centralized accessioning section consisting of five Lab Assistants (1 LA to be assigned, 2 from the COVID-19 teams, 1 from
Immunology, and 1 from Molecular; the Micro LA will help out when free but will not be assigned) handling data entry, courier, sample processing, and sample delivery tasks.

6. According to the WGS and genomic data analysis, the Omicron variant BA.5 lineage are domain lineage in June, for Clark County and State. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation. Currently, the lineage BA.2.12.1 is second only to BA.5 lineage in Clark County.

7. The new and updated SNPHL has been launched in public. This new website provides an electronic order form and automatically populates the demographic information after providers select their facility name. Our NSPHL homepage on the APHL website has also been updated.

8. Currently our BSL-3 laboratory has detected three possible Monkeypox cases. One of them has been confirmed by CDC for Monkeypox and the other two samples has been sent to CDC this week to CDC for confirmation test.

H. COMMUNITY HEALTH – SNPHL – Calendar Year Data

<table>
<thead>
<tr>
<th>SNPHL Services</th>
<th>YTD-June 2021</th>
<th>June 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Testing Services</td>
<td>3019</td>
<td>5689</td>
</tr>
<tr>
<td>Epidemiology Services</td>
<td>242</td>
<td>950</td>
</tr>
<tr>
<td>State Branch Public Health Laboratory Services</td>
<td>13881</td>
<td>11924</td>
</tr>
<tr>
<td>All-Hazards Preparedness Services</td>
<td>40</td>
<td>7</td>
</tr>
<tr>
<td>Environmental Health Services</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVID-19 Ab immunologic tests.
2 Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.
3 Includes COVID-19 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: July 28, 2022
To: Southern Nevada District Board of Health
From: Randy Smith, FQHC Operations Officer  
Fermin Leguen, MD, MPH, District Health Officer

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT-June 2022

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.

June Highlights:

• Response to COVID-19
  o Coordinating the efforts of the NCS
  o Collecting data from FQHC partners for point of care (POC) testing
  o Project Manager for FEMA NCS grant
  o Antiviral medication treatment
  o Vaccine/Behavioral Health grant
  o PPE supply distribution

• Administrative
  o Grant Project Period ends 1/31/2024
  o HRSA Operational Site Visit (OSV) completed 6/28 – 6/30. Overall, the health center demonstrated strong performance, adherence to program requirements and engagement by the Governing Board. Five areas of non-compliance identified. Corrections are underway

COVID-19 Vaccine Clinic Facility: COVID-19 Response

1) NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021

I. HIV / Ryan White Care Program

A. The HIV/Medical Case Management (MCM) program received 10 referrals in May. There were 2 pediatric clients and 2 pregnant women living with HIV were referred to the program.

B. There were 240 visits for the Ryan White Program: There were 10 initial provider visits, 102 established provider visits, 18 nurse visits and 102 lab visits in the month
of April. There were 8 Ryan White clients seen for Behavioral Health; by either the Licensed Clinical Social Worker (LCSW) or the Psychiatric Advanced Practice Registered Nurse (APRN).

C. The Ryan White Program continues to implement the Rapid stART project, which has 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.

D. The Ryan White Program dietitian continues to provide medical nutritional therapy.

II. Family Planning (FP)
   A. FP Program services at East Las Vegas and Decatur Public Health Centers conducted 596 patient visits.

III. Family Healthcare Center
   A. The Family Healthcare Clinic conducted 432 patient visits in June.

IV. Pharmacy Services
   A. Dispensed 1,814 prescriptions for 1,426 clients.
   B. Pharmacist assessed/counseled 78 clients in clinics.
   C. Assisted 12 clients to obtain medication financial assistance.
   D. Assisted 3 clients with insurance approvals.

V. Eligibility Case Narrative and Eligibility Monthly Report

<table>
<thead>
<tr>
<th>Eligibility Monthly Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2022</td>
</tr>
<tr>
<td>Total number of referrals received</td>
</tr>
<tr>
<td>Total number of applications submitted</td>
</tr>
</tbody>
</table>

* Eligibility services are undergoing a new workflow and infrastructure. New approaches and processes to identify and proactively provide support is being established.

VI. Refugee Health Program
   A. The Refugee Health Program served 19 adults in June.

VII. Quality & Risk Management:

Quality
COVID-19 Testing
From April 2020 to June 2022 the Southern Nevada Community Health Center completed 93,064 COVID-19 tests, 2,081 of which were conducted in June of 2022.
The Health Center and the Southern Nevada Health District continue to remind those who are sick to stay home and if they have been in contact with a person who has COVID-19 or think they have been exposed, they should get tested. SNCHC is also providing antiviral medications for appropriate candidates. The Health Center and Health District also encourage those who are medically appropriate to get the COVID-19 vaccine.

In June 2022, the COVID test positivity rate was 41.66%.

Testing positivity rates broken out by race and ethnicity below:

- Asian: 21%
- Black/African American: 14%
- Hispanic: 9%
- Native Hawaiian/Pacific Islander: 7%
- Native American: 2%
- Other: 1%
- Unknown: 46%
Testing positivity rates broken out by age below:

![Pie chart showing COVID-19 testing by age group in June 2022.]

### COVID-19 Vaccine Program
The Southern Nevada Community Health Center began administering COVID-19 Vaccine on May 3, 2021 as part of HRSA’s COVID-19 Vaccine Program. The vaccine site is located at the Southern Nevada Health District main location in the NCS Building. To date, the health center has administered 43,665 COVID-19 vaccinations.

### Telehealth
In Q2, the Health Center saw 196 patients via telehealth, 9.4% of the patients that were seen in our clinics.

The Health Center implemented telehealth following the need for modified clinic operations as we continue to navigate the COVID-19 pandemic. The goal of the Health Center is to continue fulfilling its mission to provide safe, quality healthcare to the community amid the COVID-19 public health emergency. Health Center patients are seen by providers via audio (telephone) and video via Healow, an app by eClinicalWorks. We are currently seeing a slight upward trend in COVID-19 positivity rates, and when medically appropriate, telehealth will continue to be offered, even following the COVID-19 pandemic.

### Health Center Visits
The Health Center had 3,372 scheduled patient appointments in Q2. Of scheduled patients, 61.9% kept their appointments. There was a 7.6% cancellation rate and a 30.6% no-show rate.

### Risk Management

**Health Insurance Portability and Accountability Act (HIPAA):**
There were no HIPAA breaches at the Health Center in June.
Exposure Incidents:
There were no exposure incidents at the Health Center in June.

Medical Events:
There were two (2) medical events at the Health Center in June.

Patient Satisfaction:
The Health Center received 182 patient satisfaction surveys in June. Overall survey completion 99.2% (English) and 92.3% (Spanish). Approximately 17.04% of visits to the Health Center in June completed the patient satisfaction survey.

The Health Center received generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait 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.

SNCHC Patient Satisfaction Survey Results:

1. Service received during your visit?
   - Family Health – 6.9% (English)/ 4.1% (Spanish)
   - Family Planning – 74.6% (English)/ 93.9% (Spanish)
   - Ryan White – 18.5% (English)/ 2.0% (Spanish)
   - Behavioral Health – 0.0% (English)/ 0.0% (Spanish)

2. Southern Nevada Health District (SNHD) location?
   - Main – 99.2% (English)/ 98.0% (Spanish)
   - East Las Vegas – 0.8% (English)/ 2.0 (Spanish)

3. Do you have health insurance?
   - Yes – 63.8% (English)/ 10.2% (Spanish)
   - No – 36.2% (English)/ 89.8% (Spanish)

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?
   - Less than 6 months – 43.1% (English)/ 44.9% (Spanish)
   - 6 months to a year – 4.6% (English)/ 8.2% (Spanish)
   - 1-3 years – 27.7% (English)/ 10.2% (Spanish)
   - 3-5 years – 14.6% (English)/ 6.1% (Spanish)
   - 5+ years – 10.0% (English)/ 30.6% (Spanish)

5. How did you hear about us?
   - Friends and/or Family – 42.3% (English)/ 75.5% (Spanish)
   - Referral from another Provider/Resource – 23.8% (English)/ 10.2% (Spanish)
   - Search Engine (e.g. Google) – 8.5% (English)/ 0.0% (Spanish)
SNHD Website – 12.3% (English)/ 2.0% (Spanish)
Social Media – 5.4% (English)/ 8.2% (Spanish)
Postal Mailer - 0.0% (English)/ 0.0% (Spanish)
Other Ads – 7.7% (English)/ 4.1% (Spanish)

6. Ease of scheduling an appointment?
   Excellent – 83.8% (English)/ 89.8% (Spanish)
   Good – 9.2% (English)/ 10.2% (Spanish)
   Average – 3.8% (English)/ 0.0% (Spanish)
   Poor – 1.5% (English)/ 0.0% (Spanish)
   Terrible – 1.5% (English)/ 0.0% (Spanish)

7. Wait time to see provider?
   Excellent – 73.8% (English)/ 79.6% (Spanish)
   Good – 14.6% (English)/ 14.3% (Spanish)
   Average – 9.2% (English)/ 6.1% (Spanish)
   Poor – 1.5% (English)/ 0.0% (Spanish)
   Terrible – 0.8% (English)/ 0.0% (Spanish)

8. Care received from providers and staff?
   Excellent – 91.5% (English)/ 91.8% (Spanish)
   Good – 6.2% (English)/ 8.2% (Spanish)
   Average – 1.5% (English)/ 0.0% (Spanish)
   Poor – 0.8% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?
   Excellent – 91.5% (English)/ 89.8% (Spanish)
   Good – 7.7% (English)/ 10.2% (Spanish)
   Average - 0.8% (English)/ 0.0% (Spanish)
   Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?
    Excellent – 79.2% (English)/ 79.6% (Spanish)
    Good – 16.2% (English)/ 18.4% (Spanish)
    Average – 4.6% (English)/ 2.0% (Spanish)
    Poor - 0.0% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?
    Extremely Likely – 89.2% (English)/ 100% (Spanish)
    Somewhat Likely – 4.6% (English)/ 0.0% (Spanish)
    Neutral – 5.4% (English)/ 0.0% (Spanish)
    Somewhat Unlikely – 0.8% (English)/ 0.0% (Spanish)
<table>
<thead>
<tr>
<th>Health Center Visit Report Summary: June 2022</th>
<th>Completed Pt</th>
<th>Telehealth Visits</th>
<th>Total Scheduled Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provider Visits</td>
<td>Cancelled Visits</td>
<td>No Show Visits</td>
</tr>
<tr>
<td>Southern Nevada Community Health Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Health Clinic</td>
<td>339</td>
<td>33</td>
<td>127</td>
</tr>
<tr>
<td>Behavioral Health Clinic</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Family Planning Clinic</td>
<td>321</td>
<td>12</td>
<td>97</td>
</tr>
<tr>
<td>Refugee Clinic</td>
<td>28</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Ryan White</td>
<td>380</td>
<td>61</td>
<td>169</td>
</tr>
<tr>
<td>Totals</td>
<td>1068</td>
<td>112</td>
<td>405</td>
</tr>
</tbody>
</table>

Percent of scheduled patients who no showed: 23.88%

DK
# Memorandum

**Date:** July 8, 2022  
**To:** Southern Nevada District Board of Health  
**From:** Cassius Lockett, PhD, *Director of Disease Surveillance & Control*  
Fermin Leguen, MD, MPH, *District Health Officer*

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – June 2022

## A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

<table>
<thead>
<tr>
<th></th>
<th>June 2021</th>
<th>June 2022</th>
<th>FYYTD 20-21</th>
<th>FYYTD 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexually Transmitted</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>1132</td>
<td>952</td>
<td><strong>13525</strong></td>
<td><strong>12181</strong></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>618</td>
<td>484</td>
<td><strong>7069</strong></td>
<td><strong>6564</strong></td>
</tr>
<tr>
<td>Primary Syphilis</td>
<td>23</td>
<td>11</td>
<td>260</td>
<td>249</td>
</tr>
<tr>
<td>Secondary Syphilis</td>
<td>43</td>
<td>8</td>
<td>446</td>
<td>373</td>
</tr>
<tr>
<td>Early Non-Primary, Non-Secondary&lt;sup&gt;1&lt;/sup&gt;</td>
<td>49</td>
<td>19</td>
<td>552</td>
<td>595</td>
</tr>
<tr>
<td>Syphilis Unknown Duration or Late&lt;sup&gt;2&lt;/sup&gt;</td>
<td>112</td>
<td>37</td>
<td>1037</td>
<td>1324</td>
</tr>
<tr>
<td>Congenital Syphilis (presumptive)</td>
<td>1</td>
<td>0</td>
<td>41</td>
<td>39</td>
</tr>
<tr>
<td><strong>Moms and Babies Surveillance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Pregnant Cases</td>
<td>5</td>
<td>1</td>
<td><strong>37</strong></td>
<td><strong>25</strong></td>
</tr>
<tr>
<td>Syphilis Pregnant Cases</td>
<td>15</td>
<td>13</td>
<td><strong>149</strong></td>
<td><strong>221</strong></td>
</tr>
<tr>
<td>Perinatally Exposed to HIV</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>12</td>
</tr>
</tbody>
</table>

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 Later  

<table>
<thead>
<tr>
<th><strong>Vaccine Preventable</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemophilus influenzae, invasive disease</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B, acute</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Influenza</td>
<td>3</td>
<td>21</td>
<td>37</td>
</tr>
<tr>
<td>Pertussis</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Enteric Illness</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease</td>
<td>June 2021</td>
<td>June 2022</td>
<td>FYTYD 20-21</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>20</td>
<td>15</td>
<td>79</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>1</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>5</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>21</td>
<td>4</td>
<td>84</td>
</tr>
<tr>
<td>Shiga toxin-producing Escherichia coli (STEC)</td>
<td>12</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>5</td>
<td>7</td>
<td>41</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coccidioidomycosis</td>
<td>19</td>
<td>6</td>
<td>88</td>
</tr>
<tr>
<td>Hepatitis C, acute</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Invasive Pneumococcal Disease</td>
<td>5</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>8</td>
<td>4</td>
<td>54</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>0</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Meningitis, aseptic</td>
<td>3</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Streptococcal Toxic Shock Syndrome (STSS)</td>
<td>4</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td><strong>New Active TB Cases Counted (&lt;15 yo)</strong></td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>New Active TB Cases Counted (&gt;= 15 yo)</strong></td>
<td>5</td>
<td>0</td>
<td>52</td>
</tr>
</tbody>
</table>

2. Number of Cases Investigated by ODS

<table>
<thead>
<tr>
<th>Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB</th>
<th>Contacts</th>
<th>Clusters</th>
<th>Reactors/ Symptomatic/ Xray</th>
<th>OOJ/ FUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>32</td>
<td>2</td>
<td>111</td>
<td>0</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>34</td>
<td>1</td>
<td>148</td>
<td>0</td>
</tr>
<tr>
<td>Syphilis</td>
<td>42</td>
<td>6</td>
<td>220</td>
<td>2</td>
</tr>
<tr>
<td>HIV/AIDS (New to Care/Returning to Care)</td>
<td>13</td>
<td>0</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>18</td>
<td>0</td>
<td>08</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>127</td>
<td>9</td>
<td>540</td>
<td>2</td>
</tr>
</tbody>
</table>

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. COVID-19 Specific Staffing and Response

a. Contact Tracers (CTs) – SNHD
   i. SNHD staff, Current Total: 37
      1. Lead CTs – 7
      2. Contact Tracers; investigators and outreach – 30
   ii. Contracted Contact Tracers, Current Total: 100
      1. CSAA team of 100
b. Testing  
   i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites  
   ii. CT Team continues to assist SNHD with in-house clinical testing at METS clinic  
   iii. Strike teams for testing are deployed for outbreak and clusters identified  

c. Contact Tracing/Outreach/Outbreak investigations  
   i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.  
   ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.

4. Disease and Outbreak Investigations  
   a. Influenza: 2021-2022 influenza season was to end on 5/21/2022; however, current influenza surveillance efforts have shown that Nevada, along with the nation, is experiencing higher case rates, influenza-like illness rates, and hospitalization rates than what is typically expected during this time of the year. It is unclear how influenza rates and hospitalizations will trend moving into the summer months. Given this uncertainty, along with the increasing trends, the current influenza surveillance season in Nevada will be extended through the summer months and into the 2022-2023 season, which will begin on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. In Clark County, as of 6/25/2022 (week 25), 411 influenza-associated hospitalizations and 13 deaths associated with influenza have been reported. The percentage of emergency room (ER) and urgent care clinic visits for ILI decreased to 2.7% in week 25. Approximately 22% of area ER and urgent care clinic visits for ILI were made by children 0-4 years of age. Influenza A has been the dominant type circulating.  
   b. 2019 Novel Coronavirus (COVID-19): As of June 30, Clark County had 553,221 cases; 8,655 deaths, and 110 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Health District continues to utilize the Incident Command System to expand our efforts as needed and sustain the COVID-19 response. The Health District continues to meet with Clark County emergency managers, Fire, EMS, School Officials, hospital emergency response and infection control staff to communicate the current response and plan for continued partnership. The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of
confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC is making recommendations of isolation and quarantine for individuals that are diagnosed with COVID-19 or have been identified as exposed to someone with COVID-19 through use of technology as capacity allows. Currently SNHD has contact tracers including staff from SNHD, CSAA to follow up on the reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.

c. **THC Investigation:** DSC investigated reports of THC toxicity among patrons that consumed food or drink from a local restaurant. Symptoms reported included hallucinations, tachycardia, blurry vision, confusion, dry mouth, numbness or tingling in extremities, and loss of consciousness. Some of the ill sought medical attention and tested positive for THC, denying any marijuana use 30 days prior to their test. Multiple dishes tested through Las Vegas Metro Police Department were positive for THC. The restaurant is now reopened. SNHD’s investigation is now closed. SNHD’s final report is pending internal reviews.

d. **Hepatitis of Unknown Cause:** ACDC worked with Informatics to identify any reported adenovirus cases that met criteria for further investigation. SNHD has had 0 reported cases. ACDC continues to participate in CDC calls and monitor for possible cases.

e. **Monkeypox:** To date, ACDC has investigated five cases of either confirmed or probable monkeypox. ACDC monitors contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases.

f. **Heavy Metal Exposure:** ACDC is working with outside partners attempting to identify the source of heavy metal exposure in a cluster of individuals, many with recent foreign travel. Samples of food and environmental swabs have been sent for testing.

5. 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. SNHD is receiving naloxone via State Targeted Response funding through the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. 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 trainings/distributions have taken place in the month of June:

6/3/22 - UNLV (14 trained, 34 doses distributed)
6/3/22 - SNHD L2A (192 doses distributed)
6/9/22 - City of Las Vegas Dept of Public Safety (192 doses distributed)
6/9/22 - Roseman University (50 doses distributed)
6/9/22 - Help of Southern Nevada (192 doses distributed)
6/9/22 - LVMPD (842 doses distributed)
6/10/22 - SNHD Pharmacy (50 doses distributed)
6/27/22 - Westcare (84 doses distributed)

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of May:

06/01/2022: Trac-B/Impact Exchange (300 strips)

6. Prevention - Community Outreach/Provider Outreach/Education

Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. 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, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Express Testing in SHC/Annex A services continues to do well. Walk in Services have resumed making it much easier for the community to access services with limited barriers. Outreach events this month include Hawks Gym and Fun Hog Ranch Bar. Both are monthly recurring events targeting MSM. HIV and syphilis testing are offered along with information on PrEP/PEP and condoms. ODS staff work with the managers of the businesses to help promote prior to the outreach event. This month several outreaches took place for HIV Prevention/EHE efforts including Henderson Pride Festival at the Galleria Mall. Staff were onsite in the MTU to offer rapid Hep C testing, syphilis testing, information and education on PrEP/PEP and condom distribution. Target population was LGBTQ. In addition, the ODS PrEP Navigators participated in a "PrEP Rally" at The Center promoting PrEP/PEP services within the community. Several local agencies were onsite to network and distribute information. Lastly, June 27th was observed for National HIV Testing Day. SNHD staff worked with 3 high morbidity Walgreens locations to offer free, rapid HIV testing on the MTU. 20 tests were completed with no positive results. Each Walgreens stop was a 3-4 hour period and included information on PrEP/PEP and STIs. SNHD also worked with the Southern Nevada HIV Awareness Consortium to promote various access points with community partners for individuals to get tested. Social media and media advisories were provided by OOC. The Center and TRAC-B had very successful events as consortium members. The Center tested 25 people with one reactive, 2 return to HIV care client engagements and multiple PrEP referrals. TRAC-B tested 40 people at their store front location and offered incentives. Express Testing in the SHC was a steady flow all day and Collect2Protect had a nice bump in online orders for the day from the additional promoting from OOC.

B. High Impact HIV/STD/Hepatitis Screening Sites
Testing is currently being 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 |
|---|---|---|---|---|
| Outreach/Targeted Testing | 1035 | 426 | 9292 | 10460 |
| Clinic Screening (SHC/FPC/TB) | 377 | 188 | 4148 | 2597 |
| Outreach Screening (Jails, SAPTA) | 118 | 179 | 733 | 898 |
| Collect2 Protect | 5 | 6 | 36 | 242 |
| TOTAL | 1535 | 799 | 14209 | 14197 |
| Outreach/Targeted Testing POSITIVE | 11 | 2 | 70 | 73 |
| Clinic Screening (SHC/FPC/TB) POSITIVE | 3 | 0 | 22 | 9 |
| Outreach Screening (Jails, SAPTA) POSITIVE | 0 | 0 | 2 | 3 |
| Collect2 Protect POSITIVE | 0 | 0 | 0 | 1 |
| TOTAL POSITIVES | 14 | 2 | 94 | 86 |

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 06/01-02/2022: Mission Possible: Reducing the Impact of Substance Abuse + Mental Illness - attended by ODS Health Educator Staff; ~260 people in attendance; 1 SNHD ODS staff attendee.
2. 06/06/2022: Presented “Field Safety for UNLV School of Nursing Students”, ~35 students and 1 faculty member trained by 1 SNHD ODS Health Educator.
3. 06/06/2022 – 06/08/2022: 2022 Public Health Improvement Training (PHIT) Conference; ~300 people in attendance; 1 ODS Health Educator attendee.
4. 06/07/2022: Attended SURG (Attorney General’s Working Group on Substance Use) Meeting to review priorities and recommendations from committee members; 15 attendees; 1 ODS Health Educator attendee.
5. 06/09/2022: “Motivational Interviewing Training” facilitated by ODS Health Educator Staff; 4 people in attendance; 4 SNHD ODS staff attendees.
6. 06/15/2022: Attended “Field Safety” online training by National Network of Disease Intervention Training Centers; ~30 people in attendance; 1 ODS Health Educator attendee.
7. 06/17/2022: Collaborated with Councilman James Adams to lead a Boulder City Community Meeting on Substance Use; 30 attendees from community to discuss prevention, recovery, and harm reduction; 1 ODS Health Educator attendee.
8. 06/182022-06/22/2022: Attended and presented at the annual Council for State and Territorial Epidemiologists conference in Louisville, KY. The presentation was part of a panel of best practices for investigating Legionella infections. 2 ACDC attendees.
9. 06/20/2022-06/21/2022: Presented to College of Southern Nevada (CSN) students about working at SNHD and job as a Health Educator; 25 attendees; 1 ODS Health Educator.
10. 06/21/2022: Hosted the National Public Health Vending collaborative; 50 attendees; hosted by 1 ODS Health Educator.
11. 06/21/2022: Guest speaker for Dr. Jason Flatt’s PBH 210 “Principles of Health Promotion” Class; ~15 students in attendance; 1 ODS Health Educator attendee.
12. 06/22/2022: “Mental Health First Aid for Adults” facilitated by ODS Health Educator Staff; 11 people in attendance; 5 SNHD ODS staff attendees.
14. 06/23/2022: Co-presented with ODS Supervisor to CDC Strategy 5 Community of Practice hosted by ICF on harm reduction and linkage programs; 60 attendees; 2 ODS staff attendees.
15. 06/24/2022: Fentanyl Test Strip (FTS) program discussion facilitated by ODS Health Educator; 5 people in attendance; 1 ODS Health Educator in attendance.
16. 06/25/2022: Hosted a table at the Battle Mountain (Lander County) Wellness Fair to discuss Overdose Prevention with 80 doses of naloxone distributed; 40 attendees; 1 ODS Health Educator attendee.
17. 06/29/2022: "Stigma Reduction with Community Counseling Center of Southern Nevada" facilitated by Southern Nevada Health District, 10 people in attendance, 1 ODS Staff attendee.
18. 06/29/2022: Presented “UMC Quick Care HIV Disclosure Training” for ~14 UMC Urgent Care and Wellness Staff by 1 AETC staff and 1 SNHD ODS Health Educator attendee.
19. 06/29/2022: “Prenatal HIV Education Logo” for Las Vegas TGA Part A Planning Council Strategic Planning and Assessment Committee Meeting; ~25 people in attendance; Co-facilitated by SNHD OOC and 2 ODS Health Educator staff attendee.
20. 06/30/2022: National Coalition of STD Directors (NCSD) Policy Academy Enrollment Module and training on “Bicillin Delivery Programs” attended by ~10 policy academy participants; 1 ODS Health Educator staff attendee.

D. Other

Communicable Disease Statistics: May 2022 disease statistics are attached (see Table 1).

MONTHLY REPORT – June 2022

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

A. Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections. Debugged issues from Trisano server configuration and VPN setting.

B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems, and updated EMSA to process Coronavirus ELRs.

C. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory. Harvest PHLIP initial validation completed, reverse validation with CDC in progress. Additional tests added to PHLIP feed. New PC installs of 7500 Fast for data migration and COVID Interpretive software that has been upgraded. Started National Respiratory and Enteric Virus Surveillance System (NREVSS) validation.
D. Assist SNPHL to develop COVID interface between instruments, COVID POD app and Orchard, with COVID testing and reporting as needed.

E. Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Working on import of COVID testing demographic data from POC application into eCW. Working on configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.

F. Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.

G. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.

H. Continue to maintain and enhance the iCircle web application for OEDS by adding new form for STD TracB site questions, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.

I. Continue to support Clark County Coroner’s Office (CCCO) on new CME implementation, data requests and reports. Configured and created training material for an issue tracking site that is being used internally during the testing of the customized case management software.

J. Enhance COVID19 surveillance by automating COVID19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.

K. Continue working with Wellpartner on prescription notification from eCW. Encounter reports completed.

L. Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.

M. Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.

N. Maintain and enhance COVID19 lab results portal to include NSPHL overflow test results. Clients can access their results online.

O. Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and produce COVID19 DECIPHER report.

P. Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Data Migration scripts from Trisano being validated through Disease Surveillance workflows. Data Warehouse schemas rebuilt to meet Epi Team needs. ETL process optimized with data refresh. Pentaho report conversion for Epitrax in progress.

Q. Continue working on EpiTrax migration from Trisano and address issues identified from UAT test. API for 3rd party app is under testing.

R. Continue to work with state on DMI project including eCR onboarding and RCKMS training.

S. Onboarded 2 new labs for COVID ELR reporting.

T. Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support. New Hospital added.

U. Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.

V. Grant development and work plan discussion with Clark county for RWCQM grant.

X. Continue to work with Epi office on the Yale project for case conferencing.

Y. Adding SNHD vending location for SVM project.

Z. Worked with the state to address the discrepancies of the weekly COVID case reporting.

AA. Staff attended CSTE Conference, Data + AI Summit and HL7 Training for workforce development.

BB. Started working on the Public Health Infrastructure Grant application.

CC. Updated the workplan for CDC Health Disparity Grant.
## May 2022: Clark County Disease Statistics

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<th>Disease</th>
<th>2020 May</th>
<th>2020 YTD</th>
<th>2021 May</th>
<th>2021 YTD</th>
<th>2022 May</th>
<th>2022 YTD</th>
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<td>Streptococcal Toxic Shock Syndrome (STSS)</td>
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</table>

*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. HIV/AIDS/TB case counts are provided on a quarterly basis.

*Diseases not reported in the past two years or during the current reporting period are not included in this report.

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---Hepatitis C, chronic; numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

---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: July 28, 2022

To: Southern Nevada District Board of Health

From: Christopher D. Saxton, MPH-EH, REHS, Director of Environmental Health
Fermin Leguen, MD, MPH, District Health Officer

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

<table>
<thead>
<tr>
<th>Food Operation Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
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<tr>
<td>Routine Inspections</td>
<td>1,859</td>
<td>2,619</td>
<td>21,016</td>
<td>24,025</td>
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<tr>
<td>Reinspections</td>
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<td>202</td>
<td>1,686</td>
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<tr>
<td>Downgrades</td>
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<td>214</td>
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<td>Closures</td>
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<td>23</td>
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<td>Special Events</td>
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<td>54</td>
<td>241</td>
<td>772</td>
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<tr>
<td>Temporary Food Establishments &amp; Tasting Event Booths</td>
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<td>456</td>
<td>660</td>
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<td>TOTALS</td>
<td>2,449</td>
<td>3,568</td>
<td>25,407</td>
<td>35,300</td>
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1. Enforcement Actions and Investigations:

A. Rose Garden Restaurant, 14 W. Pacific Ave.: On June 1, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 20 demerits. The facility was reinspected and reopened with three demerits on June 8.

B. 303 in the Cut, 2987 N. Las Vegas Blvd.: On June 2, the unit was closed for an IHH, other condition or circumstance that may endanger public health. Violations included: not reporting to a commissary/servicing depot as required; unit parked outside of a private residence and plugged into electrical; operator loading food from the private residence into a pickup truck to transport; foods stocked in refrigeration units; reach-in refrigerator added to unit after initial approval; and access to three-
compartment sink blocked. The inspector documented eight demerits. The unit was reinspected and reopened with zero demerits on June 3.

C. **Antojitos Dos Guayabitos Portable Unit for the Service of Food (PUSF), 3085 N. Nellis Blvd.:** On June 5, the unit was closed for several IHHS, no potable water or hot water, gross unsanitary occurrences or conditions including pest infestation, and sewage or liquid waste not disposed of in an approved manner. Other violations included: not reporting to the commissary/service depot as required; multiple employees engaged in active food handling and unable to wash their hands; hot water for the restroom measured at 93°F; excessive amount of flies inside and outside; windows opening directly into the food preparation area did not have an air curtain or fly fan installed; food handlers preparing produce without washing; and Person-in-Charge (PIC) unable to convey sufficient food safety knowledge. The inspector documented 35 demerits. The unit remains closed at this time.

D. **Mama Bird, 10550 Southern Highlands Pkwy.:** On June 06, the facility was given a Cease and Desist Order after the operator was found operating a bar and prep kitchen without health permits. The operator was referred to Plan Review for proper permitting.

E. **7 Plus Agua, 2330 E. Bonanza Rd:** On June 8, the facility was closed for an IHH, no hot water. Other violations included: bottling alkaline water and filtered water into quart size bottles and 5-gallon jugs; operator unable to provide source information regarding alkaline water filter imparting pH altering minerals into the water; spray bottle of chemical not labeled with contents; complete absence of sanitizer solution in open food areas during active food preparation; and no employee health policy. The inspector observed approximately 10 quarts of water filled bottles, a large pallet of empty quart bottles, a box of empty bottles, a bag of black caps, a box of black caps, and a bag of blue caps. The equipment was tagged and removed from service until source information can be provided. The inspector documented 30 demerits. The facility was reinspected and reopened with zero demerits on June 9.

F. **Raging Tacos PUSF, 506 Fremont St.:** On June 9, the unit was closed for an IHH, lack of adequate refrigeration. Other violations included: hot water intentionally turned off or absent at the three-compartment sink and hand sink; food handler excessively sweating and dripping droplets of sweat into the cilantro; food not reheated to 165°F or greater for at least 15 seconds; multiple time/temperature control for safety (TCS) foods in the temperature danger zone; employees actively preparing foods with complete absence of sanitizer solution; cutting board deeply grooved, stained, and no longer smooth and easily cleanable; screen door damaged creating large openings for vermin; steam table used to reheat foods when it is designed for hot holding only; and PIC unable to convey sufficient food safety knowledge. The inspector documented 32 demerits. The unit was reinspected and reopened with nine demerits on June 23.

G. **Dollar Tree Market, 6100 Vegas Dr.:** On June 9, the facility was closed for failure to pay annual permit fees. The fees were paid, and the facility was reopened the next day.

H. **Best Meals on Wheels, 827 N. Main St.:** On June 10, the unit was closed for two IHHS, gross unsanitary occurrences or conditions including pest infestation and lack of adequate refrigeration. Violations included: operating outside of the approved operational permit; hot water intentionally turned off; multiple TCS foods in temperature danger zone; raw chicken stored above several ready-to-eat foods; three-compartment sink used for food preparation; personal food intermingled with food for customers; absence of sanitizer solution in open food areas during active food preparation; food contact surfaces dirty or unsanitary; multiple items stored
inside the basin of the hand sink; open windows not screened; entry door left open allowing entry point for vermin; service windows left open directly into active food area; thermometer broken or not accurate; no thermometer available inside the reach-in refrigerator unit; improperly thawing raw chicken; and PIC unable to convey sufficient food safety knowledge. The inspector documented 48 demerits. The unit was reinspected and reopened with zero demerits on June 17.

I. **Greek Delights Mobile, 949 Empire Mesa Way:** On June 11, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner (due to leak in the wastewater tank). The inspector documented five demerits. The unit remains closed at this time.

J. **Angelina’s Italian Kitchen, 4500 W. Tropicana Ave.:** On June 13, the facility was closed when the operator failed a scheduled reinspection of a C downgrade. The inspector documented 33 demerits. The facility was reinspected and reopened with zero demerits on June 15.

K. **Elotes Y Tacos “El Chino”, 1935 Fremont St.:** On June 21, the unit was closed for excessive demerits. Violations included: operating outside of the approved permit; not reporting to commissary/servicing depot as required; food handler not properly washing hands; food handler using bare hands to handle ready-to-eat food; significant evidence of wastewater being improperly discharged onto the dirt lot; food spoiled, adulterated, or not wholesome; multiple TCS foods stored in the temperature danger zone; operator cooking grease laden foods without the hood turned on; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; open food products stored on the floor; scoop handles touching ready-to-eat products; storing raw animal products next to other raw animal products of a different cooking temperature; chemicals not used in operation or maintenance stored in the unit; absence of sanitizer solution in open food areas during active food preparation; hand sink not stocked appropriately (soap not provided); exterior doors and windows opening directly into the food preparation area without an air curtain or fly fan; fruits and vegetables not washed prior to use; no employee health policy; and PIC unable to convey sufficient food safety knowledge. The inspector documented 55 demerits. The unit is still closed at this time.

L. **Orleans Meeting Room Pantry, 4500 W. Tropicana Ave.:** On June 23, the permit area was closed for an IHH, no hot water. The inspector documented 16 demerits. The area remains closed at this time.

M. **Pho Aimie, 8390 S, Rainbow Blvd.:** On June 28, the facility was closed for an IHH, pest infestation. The inspector documented 20 demerits. The facility remains closed at this time.

N. **Quality Food Service Mobile #6, 29 N. 30th St.:** On June 23, the unit was closed for three IHHs, interruption of electrical service, sewage or liquid waste not disposed of in an approved manner, and lack of adequate refrigeration. Violations included: time alone used as a public health control without written procedures available onsite and no marking of food items; food handler not properly washing hands; food handler not able to wash their hands due to impediments such as a cast, splint, or other brace that prevents handwashing; multiple TCS foods in the temperature danger zone; cooking when the hood is turned off; food products double-stacked without a barrier; chemical spray bottles not labeled with contents; food contact surfaces dirty or unsanitary; exterior doors not tightly fitted, weather proofed, or are left open, allowing an entry point for vermin; and thermometer broken or not accurate. The inspector documented 44 demerits. The unit remains closed at this time.
O. Pollos Culiacan #2 BBQ, 1250 E. Tropicana Ave.: On June 23, the unit was closed for an IHH, lack of adequate employee toilets and handwashing facilities (hand sink not available). Violations included: food handler not washing hands when required; single-use gloves not discarded when damaged, soiled, or when interruptions in operation occur; operator selling food made at home; multiple foods in the temperature danger zone; cross-contamination by employees; personal food intermingled with food for customers; in use utensil or food equipment at ambient temperature not changed or washed, rinsed, and sanitized every four hours; and TCS food not properly labeled. The inspector documented 27 demerits. The unit was reinspected and re-opened with three demerits on June 27.

P. San Salvador #2 Restaurant, 2211 S. Maryland Pkwy.: On June 28, the facility was closed for excessive demerits on an unpermitted change of permit holder (CPH) inspection. The inspector documented 33 demerits. The facility remains closed at this time but has contacted Plan Review to obtain a permit.

Q. Pollos Culiacan PUSF, 246 N. Las Vegas Blvd.: On June 29, the unit was closed for three IHHs, no potable water or hot water, sewage or liquid waste not disposed of in an approved manner, and lack of adequate refrigeration. The inspector documented 43 demerits. The unit remains closed at this time.

R. Mi Sonora Restaurant, 23 E. Basic Rd.: On June 30, the facility was closed for an IHH, lack of adequate refrigeration. The facility remains closed until they complete all repairs and pass a full reinspection.

S. El Paisa PUSF, 4680 E. Lake Mead Blvd.: On June 30, the unit was closed for an IHH, no potable water (trailer actively connected to irrigation system). Violations included: not reporting to commissary/servicing depot as required; obtaining water with non-food grade black garden hose; multiple TCS foods in the temperature danger zone; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; fire suppression system last tested in 2020; sanitizer concentration too high; outside make table left open, leaving all foods exposed to potential consumer and environmental contamination; hand sink not stocked appropriately (disposable towels and soap not provided); open windows not screened allowing entryway for pests and vermin; pests in and around the facility; PIC not present or available during all hours of operation; appropriate backflow prevention not installed where required; and items designed for single-use being reused. The inspector documented 39 demerits. The unit remains closed at this time.

T. Orchids Garden Chinese Restaurant, 5485 W. Sahara Ave.: On June 30, the facility was closed for an IHH, pest infestation. The inspector documented 37 demerits. The facility remains closed at this time.

U. El Gasparin, 3850 E. Desert Inn Rd.: On June 30, the unit was closed for excessive demerits and an IHH, sewage or liquid waste not disposed of in an approved manner. Violations included: operating outside of the approved permit; food handler not properly washing hands when required; unable to identify the source of food due to lack of English language on the original manufacturer’s packaging; selling foods from an unknown or unapproved supplier or source; excessive flies on the fruits inside of clear display case; multiple TCS foods in the temperature danger zone; food products transported under unprotected sewage/waste lines; unapproved scoop in a ready-to-eat product; dirty and/or unapproved material used to cover food or line a food contact surface; multiple bottles of chemicals stored next to food on the cutting board; sanitizer concentration too high during ware washing and in sanitizer buckets and spray bottles; utensil or food equipment at ambient temperature not changed or washed, rinsed, and sanitized every four hours; hand
sink not stocked appropriately (soap and disposable paper towels not available); food handler removing produce from the boxes and clamshells and cutting them for service prior to washing; no employee health policy, and PIC unable to convey sufficient food safety knowledge. The inspector documented 60 demerits. The unit remains closed at this time.

V. Taqueria San Miguel PUSF, 3025 N. Las Vegas Blvd.: On June 30, the unit was closed for failure to pass a C downgrade reinspection (repeated violations observed). Violations included: multiple TCS foods in the temperature danger zone; dirty and/or unapproved material used to cover food or line a food contact surface; excessive flies throughout the unit; open windows not screened; ice inside the make table accessory unit being used to supplement refrigeration; and undercounter reach-in unit not maintaining proper temperature. The inspector documented 14 demerits. The facility remains closed at this time.

W. Staff closed 25 unpermitted food vending complaint investigations.

2. Food Safety Assessment Meetings (FSAMs):
   A. FSAMs were held with the following facilities: Elotes Y Tacos El Chino, 1935 Fremont St. and Pollos Culiacan #2, 1250 E. Tropicana Ave.

3. Foodborne Illness Investigations:
   A. L&L Hawaiian, 1900 N. Buffalo Dr.: On June 9, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including handwash violations, foods held in the temperature danger zone, and improper cooling. The investigation resulted in a C downgrade. The establishment passed its reinspection and returned to an A grade on June 17.
   B. The Orleans Banquets, 4500 W. Tropicana Ave.: On June 23, staff responded to multiple reports of foodborne illness after attending an event. Staff observed issues with hot water at hand sinks and also identified a vomiting event that occurred near the banquet hall prior to the event. Staff reviewed biohazard clean-up plans and chemicals for efficacy. The investigation resulted in a B downgrade. A reinspection is still pending.
   C. Mariposa Cocina and Cocktails, 2575 S. Decatur Blvd.: On June 23, staff responded to multiple reports of foodborne illness. Staff observed cooling issues with the food consumed which were corrected. The investigation resulted in an A grade.
   D. Sam’s Town Banquets, 5111 S. Boulder Hwy.: On June 27, staff responded to multiple reports of foodborne illness after attending an event. A vomiting event was reported nearby prior to the event. Staff reviewed biohazard cleanup plans and chemicals for efficacy.

4. Onsite Intervention Training:
   A. Onsite Intervention Training was held with the following facilities: China a GoGo 5, 4780 W. Ann Rd.; Birrieria Los Rojos 702, 3085 N. Nellis Blvd.; and Angelina’s Pizzeria, 6825 W. Russell Rd.
II. SOLID WASTE AND COMPLIANCE PROGRAMS

Enviromental Health Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

<table>
<thead>
<tr>
<th>Illegal Dumping and Hearing Officer Process</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notices of Violations (New &amp; Remails)</td>
<td>0</td>
<td>6</td>
<td>↑ 61</td>
<td>↑ 91</td>
</tr>
<tr>
<td>Adjudicated Hearing Cases</td>
<td>4</td>
<td>12</td>
<td>↑ 89</td>
<td>↓ 72</td>
</tr>
<tr>
<td>Total Cases Received</td>
<td>113</td>
<td>81</td>
<td>↓ 1,244</td>
<td>↓ 1,085</td>
</tr>
<tr>
<td>Total Cases Referred to Other Agencies</td>
<td>28</td>
<td>18</td>
<td>↓ 222</td>
<td>↑ 237</td>
</tr>
<tr>
<td>Hearing Penalties Assessed</td>
<td>$3,000</td>
<td>$17,500</td>
<td>↑ $74,350</td>
<td>↑ $119,200</td>
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Environmental Health Restricted Waste Management – Fiscal Year Data

<table>
<thead>
<tr>
<th>Restricted Waste Management</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
<td>262</td>
<td>197</td>
<td>↓ 1,746</td>
<td>↓ 1,535</td>
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</tbody>
</table>

Environmental Health Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

<table>
<thead>
<tr>
<th>Underground Storage Tanks</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance Inspections</td>
<td>105</td>
<td>63</td>
<td>↓ 1,185</td>
<td>↓ 734</td>
</tr>
<tr>
<td>Final Installation/Upgrade/Repair Inspections</td>
<td>4</td>
<td>3</td>
<td>↓ 66</td>
<td>▼ 38</td>
</tr>
<tr>
<td>Closure Inspections</td>
<td>1</td>
<td>3</td>
<td>↑ 14</td>
<td>↓ 11</td>
</tr>
<tr>
<td>Spill Report Investigations</td>
<td>2</td>
<td>1</td>
<td>↓ 8</td>
<td>▼ 8</td>
</tr>
</tbody>
</table>

Environmental Health Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

<table>
<thead>
<tr>
<th>Permitted Disposal Facilities</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
<td>17</td>
<td>13</td>
<td>↓ 225</td>
<td>▼ 238</td>
</tr>
<tr>
<td>Reinspections</td>
<td>1</td>
<td>1</td>
<td>▼ 14</td>
<td>▼ 22</td>
</tr>
</tbody>
</table>

1. Solid Waste Plan Review Program (SWPR):
   A. Permits Issued – SA Recycling-Range Road (Modification); PGM of Texas (Modification)
   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); Material Recovery Facility (1)
D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in July:
None

**ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data**

<table>
<thead>
<tr>
<th>Asbestos Permitting Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos Permits Issued</td>
<td>74</td>
<td>76</td>
<td>↑ 976</td>
<td>911 ↓</td>
</tr>
<tr>
<td>Revised Asbestos Permits Issued</td>
<td>6</td>
<td>10</td>
<td>↑ 41</td>
<td>85 ↑</td>
</tr>
</tbody>
</table>

**ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data**

<table>
<thead>
<tr>
<th>Subdivision Plan Review</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tentative Maps-Received</td>
<td>25</td>
<td>16 ↓</td>
<td>216</td>
<td>259 ↑</td>
</tr>
<tr>
<td>Tentative Maps-Lot Count</td>
<td>2,598</td>
<td>1,261 ↓</td>
<td>17,856</td>
<td>20,858 ↑</td>
</tr>
<tr>
<td>Final Maps-Received</td>
<td>28</td>
<td>20 ↓</td>
<td>293</td>
<td>360 ↑</td>
</tr>
<tr>
<td>Final Maps-Lot Count</td>
<td>1,276</td>
<td>953 ↓</td>
<td>15,350</td>
<td>18,257 ↑</td>
</tr>
<tr>
<td>Final Maps-Signed</td>
<td>29</td>
<td>26 ↓</td>
<td>274</td>
<td>251 ↓</td>
</tr>
<tr>
<td>Final Maps (Signed)-Lot Count</td>
<td>1,272</td>
<td>1,424 ↑</td>
<td>13,595</td>
<td>12,976 ↓</td>
</tr>
<tr>
<td>Improvement Plans-Received</td>
<td>36</td>
<td>14 ↓</td>
<td>289</td>
<td>324 ↑</td>
</tr>
<tr>
<td>Improvement Plans-Lot Count</td>
<td>1,919</td>
<td>923 ↓</td>
<td>16,075</td>
<td>17,346 ↑</td>
</tr>
<tr>
<td>Expedited Improvement Plans-Received</td>
<td>2</td>
<td>0 ↓</td>
<td>19</td>
<td>1 ↓</td>
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<tr>
<td>Expedited Improvement Plans-Lot Count</td>
<td>3</td>
<td>0 ↓</td>
<td>1,370</td>
<td>1 ↓</td>
</tr>
<tr>
<td>Fees Paid</td>
<td>$56,202</td>
<td>$21,193 ↓</td>
<td>$522,000</td>
<td>$486,299 ↓</td>
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**ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data**

<table>
<thead>
<tr>
<th>Individual Sewage Disposal Systems</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential ISDS Permits</td>
<td>7</td>
<td>8 ↑</td>
<td>117</td>
<td>114 ↓</td>
</tr>
<tr>
<td>Commercial ISDS Permits</td>
<td>3</td>
<td>0 ↓</td>
<td>7</td>
<td>11 ↑</td>
</tr>
<tr>
<td>Commercial Holding Tank Permits</td>
<td>10</td>
<td>8 ↓</td>
<td>23</td>
<td>25 ↑</td>
</tr>
<tr>
<td>Residential Tenant Improvements</td>
<td>40</td>
<td>30 ↓</td>
<td>337</td>
<td>328 ↓</td>
</tr>
<tr>
<td>Residential Certifications</td>
<td>1</td>
<td>0 ↓</td>
<td>8</td>
<td>12 ↑</td>
</tr>
<tr>
<td>Compliance Issues</td>
<td>5</td>
<td>7 ↑</td>
<td>98</td>
<td>85 ↓</td>
</tr>
</tbody>
</table>
## ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

<table>
<thead>
<tr>
<th>Safe Drinking Water Program</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Water System (PWS) Sanitary Surveys</td>
<td>2</td>
<td>4</td>
<td>↑ 39</td>
<td>65 ▲</td>
</tr>
<tr>
<td>Public Water System Violations Issued</td>
<td>8</td>
<td>1</td>
<td>↓ 57</td>
<td>41 ▼</td>
</tr>
<tr>
<td>Public Water System Complaints</td>
<td>0</td>
<td>0</td>
<td>→ 0</td>
<td>0 ▶</td>
</tr>
</tbody>
</table>

### 2. Safe Drinking Water Activity:

#### A. Eleven coliform-present sample events were reported for the following PWSs: Blue Diamond Rainbow NW Plaza Water, Camp Stimson LDS, Cowboy Trail Rides, Equestrian Estates COOP Water Association, Southern Desert Correctional Center NDOC, Tropicana Resort and Casino, Red Rock Canyon Visitor Center BLM, Spring Mountains Visitor Gateway, and Silverhawk Power Plant. All original and repeat samples were *Escherichia coli*-absent.

#### B. Staff continued to monitor water hauling activities for multiple PWSs: Trout Canyon; Laker Plaza; Red Rock Visitor Center; Red Rock Campground; Spring Mountain Youth Camp; and Silverhawk Power Plant.

#### C. Staff continued to field and guide complainants regarding water quality issues and availability within private residences and rental properties.

#### D. On June 21-24, staff collaborated with the Nevada Division of Environmental Protection (NDEP) Bureau of Safe Drinking Water (BSDW) staff during the Environmental Protection Agency (EPA) audit of the BSDW. The audit involved a review of the following EPA selected permits:
- Riverside Resort (NV0001042)
- Goodsprings Elementary School Clark County Community Center (NV0001045)
- MGM Grand Hotel and Casino (NV0001121)
- Berkley (NV0001155)
- Resorts World Las Vegas (NV0001210)
- Blue Diamond Rainbow NW Plaza Water (NV0004131)
- Cowboy Trail Rides (NV0004134)

#### E. Trout Canyon Land and Water Users Association (NV0004060): On June 6, the PWS team reported their water system was vandalized. Staff advised the team to file a police report. Guidance also included information about federal legal codes related to tampering, system repair, and an outline of projected follow-up activities by both NDEP and SNHD. On June 7 and 8, debriefs were held with the PWS team and SNHD. On June 10, staff hosted and moderated an incident debrief between the PWS team and NDEP BSDW. The discussion covered the scale of the tampering, repairs, the community's history including their PWS qualification, and the police report. Further follow-up work will be carried out by NDEP BSDW due to tampering being a federal offense. On June 22, staff held a follow-up meeting with the PWS team to expand upon details about the PWS qualification and census of the service area. Staff will continue to follow-up.

#### F. Blue Diamond Rainbow NW Plaza (PWS NV0004131): On June 9, staff conducted an unannounced visit of the PWS to verify observance of the Cease and Desist Order for food operations. No issues were noted; public notification was appropriately posted. On June 10, staff hosted and moderated a compliance discussion between
the landlord's agents (property manager and engineer) and the store tenant. The meeting was also attended by the NDEP BSDW's Engineering Branch Supervisor.

G. Cowboy Trail Rides (PWS NV0004134): On June 22, staff held a compliance discussion with the operator's agents (engineer and water system operator). The meeting was also attended by a member of the SNHD Food Plan Review team. The discussion addressed necessary milestones, including engineering plan review questions.

III. VECTOR CONTROL OFFICE

<p>| ENVIRONMENTAL HEALTH Vector Control and Other EH Services - Fiscal Year Data |</p>
<table>
<thead>
<tr>
<th>Vector Control and Other EH Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Nile Virus Surveillance Traps Set</td>
<td>463</td>
<td>604</td>
<td>↑ 2,582</td>
<td>3,071</td>
</tr>
<tr>
<td>West Nile Virus Surveillance Mosquitoes Tested</td>
<td>5,464</td>
<td>8,176</td>
<td>↑ 21,052</td>
<td>33,971</td>
</tr>
<tr>
<td>West Nile Virus Surveillance Submission Pools Tested</td>
<td>339</td>
<td>523</td>
<td>↑ 1,607</td>
<td>2,486</td>
</tr>
<tr>
<td>West Nile Virus Surveillance Positive Mosquitoes</td>
<td>0</td>
<td>0</td>
<td>→ 210</td>
<td>82</td>
</tr>
<tr>
<td>West Nile Virus Surveillance Positive Submission Pools</td>
<td>0</td>
<td>0</td>
<td>→ 8</td>
<td>2</td>
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<tr>
<td>Saint Louis Encephalitis Positive Mosquitoes</td>
<td>0</td>
<td>0</td>
<td>→ 0</td>
<td>0</td>
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<tr>
<td>Saint Louis Encephalitis Positive Submission Pools</td>
<td>0</td>
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<td>→ 0</td>
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<tr>
<td>Western Equine Encephalitis Positive Mosquitoes</td>
<td>0</td>
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<td>→ 0</td>
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<td>Western Equine Encephalitis Positive Pools</td>
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<td>→ 0</td>
<td>0</td>
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<tr>
<td>Mosquito Activity Complaints</td>
<td>5</td>
<td>21</td>
<td>↑ 41</td>
<td>47</td>
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<tr>
<td>Elevated Blood Level Home Investigations</td>
<td>0</td>
<td>0</td>
<td>→ 4</td>
<td>4</td>
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<tr>
<td>Legionella Residential Investigations</td>
<td>5</td>
<td>3</td>
<td>↓ 19</td>
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<td>Legionella Travel Associated Investigations</td>
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<td>4</td>
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<td>Legionella Healthcare Associated Investigations</td>
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<td>↑ 0</td>
<td>2</td>
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<tr>
<td>Public Accommodations Inspections</td>
<td>4</td>
<td>8</td>
<td>↑ 357</td>
<td>377</td>
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<tr>
<td>Public Accommodations SB4 Inspections</td>
<td>35</td>
<td>37</td>
<td>↑ 937</td>
<td>860</td>
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<tr>
<td>Public Accommodations Complaints</td>
<td>11</td>
<td>12</td>
<td>↑ 139</td>
<td>182</td>
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<tr>
<td>Mobile Home/Recreational Vehicle Park Inspections</td>
<td>0</td>
<td>1</td>
<td>↑ 183</td>
<td>171</td>
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<tr>
<td>Mobile Home/Recreational Vehicle Park Complaints</td>
<td>2</td>
<td>4</td>
<td>↑ 21</td>
<td>14</td>
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IV. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

<table>
<thead>
<tr>
<th>Special Programs</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
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<tbody>
<tr>
<td>School Food Facility Inspections</td>
<td>14</td>
<td>2</td>
<td>338</td>
<td>847</td>
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<tr>
<td>School Food Facility Complaints</td>
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<tr>
<td>School Facility Inspections</td>
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<td>Summer Food Service Surveys</td>
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<td>Child Care Facility Inspections</td>
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<td>464</td>
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<td>Child Care Facility Complaints</td>
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<td>Body Art Facility Inspections</td>
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<td>Body Art Artist Special Event Inspections</td>
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<tr>
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<td>194</td>
<td>133</td>
<td>1,635</td>
<td>3,064</td>
</tr>
</tbody>
</table>

1. Child Care:
   A. Source Academy, 10 N. 28th St.: During a routine inspection of the facility, staff found multi-generational roaches in the kitchen. No evidence of pest infestation was found in other parts of the facility. The PIC reported that the roaches may have come in on produce that was delivered the previous week. Staff closed the kitchen while the operator is completing pest control treatment and deep cleaning of the kitchen, including sanitizing all food contact surfaces. Staff will follow-up in seven days to ensure that the pests were removed.

   B. Discovery Gardens Childcare, 555 Page St.: During a routine inspection, staff found the playground surfacing had been changed. A blue rubber mulch had been mixed with the existing wood chips in an area that did not have any equipment that would require impact attenuation surfacing. In areas where impact attenuation surfacing was required, staff found no mixing of material. Staff informed the PIC that they would need apply for a remodel if the surfacing replacement was needed where impact attenuation is required.

2. Institutions:
   A. Clark County Detention Center, 330 S. Casino Center Dr.: A routine inspection of the main kitchen resulted in a 26 demerit C downgrade due to multiple critical and major food safety violations. Violations included: improper use of time as a public health control; improper cooling of food; food held in the temperature danger zone for greater than four hours; and PIC not knowledgeable on food safety measures. A reinspection resulted in a zero demerit A grade. Staff will continue to monitor the facility with unannounced inspections to ensure that the operator is following food safety regulations.

3. Body Art:
   A. LV Tattoo Studio, 1955 E. Tropicana Ave.: Staff investigated a complaint alleging that the facility was operating without a permit. The shop owner reported that the facility was not open for business and was under construction. Staff observed no clients in the facility and no evidence that the facility was operating. The complaint
was unsubstantiated. Following the permit application and Plan Review inspection, the facility was approved for operation on June 17.

B. In preparation for the implementation of the 2022 Southern Nevada Health District Regulations Governing the Safety and Sanitation of Body Art Establishments on July 1, staff provided industry training on the new regulations. Over a dozen artists attended virtually and the presentation will be placed on SNHD’s website. Staff also updated the body art web pages to reflect the new requirements of the regulations.

C. Staff from Environmental Health, Card Services, and IT continue to work on developing the procedures and processes for the new mentor, microblader, and microblading apprentice cards.

V. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

<table>
<thead>
<tr>
<th>Food Pre-Permitting Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safety Assessment Meetings</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>8</td>
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<tr>
<td>Total Pre-Permitting Services</td>
<td>1,524</td>
<td>699</td>
<td>17,918</td>
<td>16,005</td>
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<tr>
<td>New Project Submissions</td>
<td>259</td>
<td>271</td>
<td>2,974</td>
<td>3,470</td>
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<tr>
<td>Released Projects</td>
<td>115</td>
<td>142</td>
<td>3,059</td>
<td>3,511</td>
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<tr>
<td>Total Service Requests Currently in Pre-Permitting</td>
<td>1,377</td>
<td>1,380</td>
<td>17,918</td>
<td>16,005</td>
</tr>
</tbody>
</table>

1. Enforcement Actions and Investigations:
   A. The Club, 316 E. Fremont St.: A final permitting inspection resulted in failure due to no hot water, waste lines running through millwork cabinetry, and uninstalled refrigeration. The water heater was turned off prior to arrival and the hot water was not able to recover during the inspection. SNHD Regulations require hot water to be provided at a minimum of 120°F at the three-compartment sink and 100°F at hand sinks. No drain lines or other wet lines are permitted to run through millwork cabinetry and all equipment must be installed and operable prior to permit issuance. The facility is in the process of making repairs and a final permitting inspection is still pending.

   B. Rollin Frozen, 4343 N. Rancho Dr.: Plans were reviewed but not approved due to several issues including the absence of a mop sink, a three-compartment sink plumbed with no air gap for backflow protection, and equipment that did not meet sanitation standards. The facility was also referred to City of Las Vegas Public Works to inquire about the installation of a grease interceptor. SNHD Regulations require that wastewater drain indirectly from food equipment to sewer, that all food equipment meets the National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) sanitation standards, and access to a mop sink. The applicant is in the process of making corrections and getting approval from Public Works regarding the type of grease capture required. The final permitting inspection is still pending.

   C. Moxie Lounge Restaurant, 4258 Spring Mountain Rd.: Staff arrived for a final permitting inspection and was notified that there was a recent power outage. All equipment was operable except for the hood above the cookline and as a result, the permit was not approved. SNHD Regulations require food establishments to have
adequate ventilation above cooking equipment. The owner called an electrician and found out that when the power went out, it tripped a control for the hood which was located on the roof.

D. Von’s #2615, 45 E. Horizon Ridge Pkwy.: A survey was conducted at the request of Food Operations staff after the operator made changes to the layout of several areas including a new pick-up storage area, new refrigeration, and replacement of existing equipment. The PIC was advised that SNHD must be informed prior to making equipment changes to determine whether the scope of work requires a remodel permit. In this case, a remodel was required due to the additional equipment and changes to the floorplans of several departments. Staff are waiting for submission of the remodel application and plans.

E. Mama Bird, 10550 Southern Highlands Pkwy.: Construction was completed for a new bar and a remodel to the existing kitchen without SNHD approval. SNHD Regulations require food establishments to submit plans for review prior to construction so that a permit can be issued prior to operation. The facility was closed pending SNHD approval. An application and plans were submitted; the plans were approved, and the final permitting inspection is still pending.

F. Cowabunga Snack and Support PUSF, 900 Galleria Dr.: A Change of Permit Holder (CPH) inspection was conducted, and staff found that the portable permit had an outdoor support area with a permanently plumbed three-compartment sink and hand sink. SNHD Regulations stipulate that PUSFs not have permanent plumbing. Additionally, the owner could not verify whether the three-compartment sink was tied into grease capture. The permit was approved but was converted to a snack bar since the unit is not truly portable. The owner will consult with the sewer agency to ensure compliance with grease capture requirements.

G. Its Izakaya Restaurant, 5685 Spring Mountain Rd.: Staff conducted a pre-permitting inspection for a restaurant and a sushi preparation kitchen. There were lighting deficiencies throughout the cooking and food preparation areas. Staff measured light levels at 15-foot candles on the working surfaces and informed the owner that SNHD Regulations require a minimum of 50-foot candles of light. The owner agreed to increase the light levels and installed new LED light fixtures that exceeded the minimum requirements. The final permitting inspection was conducted, and the permit was approved.

VI. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

<table>
<thead>
<tr>
<th>Aquatic Health Operations</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
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<tbody>
<tr>
<td>Total Operation Inspections</td>
<td>430</td>
<td>562</td>
<td>↑ 3,049</td>
<td>4,432</td>
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<tr>
<td>Complaint Investigations</td>
<td>50</td>
<td>36</td>
<td>↓ 114</td>
<td>221</td>
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<tr>
<td>Inactive Body of Water Surveys</td>
<td>6</td>
<td>12</td>
<td>↑ 53</td>
<td>46</td>
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<tr>
<td>Total Program Services Completed</td>
<td>486</td>
<td>610</td>
<td>↑ 3,276</td>
<td>4,699</td>
</tr>
</tbody>
</table>

Drowning/Near Drowning/Diving Incident Investigations at Permitted Facilities: 7
1. **Aquatic Health Operations**

   A. **Sedona on the Blvd Clubhouse Spa, 9000 S. Las Vegas Blvd.** - A routine inspection resulted in an IHH closure. Both the chlorine and the cyanuric acid exceeded regulation requirements, which could create health hazards for bathers. After the qualified operator corrected the water chemistry, SNHD staff conducted a reinspection and approved the spa for use.

   B. **Destinations Pueblo, 8600 Scholar Ln.** - A survey of the pool resulted in an IHH closure due to improper water chemistry and the presence of chlorine tablets in the pool’s waterfall. The chlorine tablets did not fully dissolve before pieces made their way into the pool, creating a chemical hazard to bathers. Property management was notified, and the qualified operator was told to cease and desist placing chlorine tablets in the waterfall. All IHHs had been addressed, and the chlorine tablets were correctly loaded into the disinfectant feeder at the reinspection.

   C. **Pacific Harbors Sunrise, 5150 E. Sahara Ave.** - Staff investigated a complaint alleging that the spa was dirty with algae and had not been maintained since April. Both the pool and spa were management closed upon arrival. The pool had no detectable chlorine, and the spa was above the acceptable maximum limit for chlorine. The spa had no depth markers present. SNHD Regulations require that closed facilities be maintained to prevent nuisance conditions. Dried sewage overflow was also noticed at an uncapped and unsecure sewer cleanout pipe just outside of the pool enclosure. Findings were reported to Solid Waste Program staff, who issued a notice of violation ordering a cleanup of the sewage spill within four hours. Reinspections are still pending.

   D. **The Orleans Hotel and Casino, 4500 W. Tropicana Ave.** - A routine inspection conducted on the wading pool resulted in a written compliance schedule for chipped interior plaster. Plaster in disrepair is no longer easily cleanable. The permit holder plans to replaster the aquatic venue during the off season.

   E. **Sahara Casino Lower Center Pool, 2535 S. Las Vegas Blvd.** - Routine inspections resulted in an IHH closure due to having no lifeguards while bathers were present in the pool. Failure to maintain adequate lifeguard coverage presents a safety hazard during an emergency. According to the approved staffing plan, the pool requires two lifeguards on each end of the pool seated in an elevated stand, while a standing rover guard is to be placed at the stairs. Facility management was able to provide proper coverage immediately and the reinspection was conducted while the inspector was still onsite. The pool is currently open for use.

   F. **Topaz Apartments, 8780 W. Nevso Dr.** - CPH inspections for this management closed pool and spa resulted in a written compliance schedule due to the presence of an IHH. The aquatic facility did not have a functional ground fault circuit interrupter (GFCI) installed for underwater lighting. Failure to provide adequate electrical protection to the underwater lights creates an electrocution hazard to bathers. Facility management will keep the aquatic venues closed until a functional GFCI is installed and confirmed. Staff is awaiting verification.
ENVIRONMENTAL HEALTH Aquatic Health Plan Review
Program - Fiscal Year Data

<table>
<thead>
<tr>
<th>Aquatic Health Plan Review</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
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<tbody>
<tr>
<td>Total Pre-Permitting Services</td>
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<td>Released Projects</td>
<td>41</td>
<td>46</td>
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<td>855</td>
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<tr>
<td>Total Projects Currently in Plan Review</td>
<td>387</td>
<td>437</td>
<td></td>
<td></td>
</tr>
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</table>

2. **Aquatic Health Plan Review:**
   A. **Willow Ranch Homeowner’s Association (HOA), 533 Gloster Ave.:** A final permitting inspection of the pool resulted in failure. Violations included: no free chlorine in the pool; pH above 8.0; none of the gates properly self-closed or self-latched; and the depth markers on the deck did not have the “No Diving” symbol. A reinspection is still pending.

   B. **Acadia Ridge, 267 Gandara St.:** A plumbing inspection was conducted at the pool. To comply with current suction outlet fitting assembly (SOFA) standards, approximately 16 inches of three-inch piping was required at the sump. The contractor was instructed to correct the plumbing and send follow-up photos. The photos were received, and the plumbing inspection was approved.

   C. **Peppertree HOA, 699 W. Pepper Tree Cir.:** A final permitting inspection of the spa resulted in failure. Violations included: an inoperable gate latching mechanism; no disinfection or pH control system installed; and hand dosing with chlorine tablets in the skimmer. A reinspection is still pending.

   D. **La Posada Condos, 7701 W. Lake Mead Blvd.:** A final remodel inspection for the installation of a pump was conducted and approved for the pool; however, the deck drains were missing resulting in tripping hazards. The facility was instructed to keep the pool closed until the deck drains had been reinstalled. No verification from the operator has been received at this time.

   E. **Monterey Ranch HOA, 7568 Redfish Bay Ave.:** A remodel inspection to evaluate an increase in height of the enclosure was conducted. The modifications to the fence were not complete, and the gates did not self-close or self-latch at close distances, so the inspection failed. The remodel was approved the next day after correction were made.

   F. **Carefree Mobile Home Park, 3325 N. Nellis Blvd.:** A remodel inspection for the installation of a skimmer and underwater lights was conducted at the pool. There was no detectable flow through the skimmers, and the GFCI for the underwater lights was not working so the inspection failed. A reinspection is still pending.

VII. REGULATORY SUPPORT
1. Regulatory Support Office (RSO) staff welcomed two Environmental Health Specialists (EHSs) to training on June 6: Adair Charfauros and Jill Craig.

2. RSO staff participated in or performed the following activities: reviewed and attended meetings for the draft Food Regulations; attended and presented at the 2022 Retail Program Standards Symposium; attended and presented at Association of Food and Drug Officials (AFDO) 2022 Annual Educational Conference; attended and acted as moderator during the National Environmental Health Association (NEHA) 2022 Annual Educational Conference; assisted with Office of Public Health Preparedness’ (OPHP) Community Assessment for Public Health Emergency Response; attended Quality
Improvement training; attended Incident Command System (ICS) Planning P training; and participated in the following external meetings: CDC’s Environmental Assessment Training Series; Conference for Food Protection (CFP) Allergen Committee, CFP Food Safety Management Systems Committee, CFP Program Standards SubCommittee #5, and NEHA Food Safety Program Committee, cohort calls, and meetings for the National Association of County and City Health Officials (NACCHO) Mentorship Program.

3. Staff provided onsite training for differently abled food handlers on June 8 and provided onsite food handler training at the Aria to support the Food Handler Card program on June 14-16, June 21-23, and June 28-30.

4. Special Processes staff met with operators, in a virtual setting via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans. There are currently seven cook chill/sous vide plans, five 2-barrier plans, 15 other HACCP plans, 11 waivers, and two operational plans in review.

VIII. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

<table>
<thead>
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<th>Label Review</th>
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<th>FY 20-21</th>
<th>FY 21-22</th>
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<td>13</td>
<td>↓ 188</td>
<td>247 ↑</td>
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<tr>
<td>Facility Label Review Releases</td>
<td>19</td>
<td>14</td>
<td>↓ 156</td>
<td>261 ↑</td>
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<tr>
<td>Number of Labels Approved</td>
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<td>223</td>
<td>↓ 2,310</td>
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ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

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<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Chill/Sous Vide Submissions</td>
<td>1</td>
<td>0</td>
<td>↓ 4</td>
<td>2 ↓</td>
</tr>
<tr>
<td>Cook Chill/Sous Vide Releases</td>
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<td>0</td>
<td>⇒ 1</td>
<td>3 ↑</td>
</tr>
<tr>
<td>2-Barrier ROP Submissions</td>
<td>0</td>
<td>0</td>
<td>⇒ 4</td>
<td>2 ↓</td>
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<td>↑ 5</td>
<td>1 ↓</td>
</tr>
<tr>
<td>Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)</td>
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<td>0</td>
<td>⇒ 6</td>
<td>6 ⇒</td>
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<tr>
<td>Other Special Processes Releases</td>
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<td>0</td>
<td>⇒ 2</td>
<td>3 ↑</td>
</tr>
<tr>
<td>Waivers &amp; Operational Plans Review</td>
<td>June 2021</td>
<td>June 2022</td>
<td>FY 20-21</td>
<td>FY 21-22</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------</td>
<td>----------</td>
</tr>
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<td>1</td>
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<td>2</td>
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<tr>
<td>Operational Plan Releases</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
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CDS/hh
Memorandum

Date: July 14, 2022
To: Southern Nevada District Board of Health
From: Cortland Lohff, Chief Medical Officer, Director of Primary & Preventive Care
       Fermin Leguen, MD, MPH, District Health Officer

RE: PRIMARY & PREVENTIVE CARE BOARD OF HEALTH REPORT - June 2022

I. Immunization Program
   A. Immunization Program Activities
      1. There were 53 reminder calls made to parents/guardians of children 2-35 months
         who are not up to date with their immunization in the month of June.
      2. In a continued effort to avoid the back-to-school rush for this new mandate, a list
         was generated from NV WEBIZ for reminder calls to get their 16-year-old
         vaccinated with MenACWY. A total of 1402 calls were made in June by team
         members and volunteers.
      3. Immunization Program transitioned to a new documentation and appointment
         system, Salesforce on 6/21/22. Clients can make their own appointments through
         the Patient Portal for routine, travel, flu, and other vaccines at all four of the Health
         District’s immunization clinic locations. The system is the same one currently
         used for COVID-19 vaccine.

   B. Immunization Outreach Activities
      1. A total of 7 outreach clinics were conducted in partnership with local
         organizations. The clinics were held at the Mexican Consulate, Courtyard, CCDC,
         Pop up clinic, Boulder City Library. A total of 181 vaccines were administered to
         96 clients. Vaccines administered were Covid-19, Flu, Hepatitis A, Hepatitis B,
         Pnevmar 20 and Tdap.
      2. Adolescent Back to School clinics were held in 4 CCSD high schools – Sierra
         Vista, Desert Pines, Centennial, and Cheyenne. A total of 6 clinics were held and
         192 adolescents were seen. A total of 332 vaccines were administered. Vaccines
         included Covid-19, Tdap and Meningococcal (MenACWY).

II. COVID-19 Vaccine Campaign
   A. Community COVID-19 Vaccine Static Clinics
      1. There were 1,558 COVID-19 vaccines were administered at 9 static sites held
         at 2 CSN campuses, 4 CCSD schools, Galleria Mall, Boulevard Mall, and the
         main SNHD Office Building.
      2. COVID-19 Vaccination program continue to utilize both contract companies and
         community partners for static sites.
      3. Got Vax Activities included 800 vaccine clinic flyers distributed in selected zip
         codes throughout the county.
B. Community COVID-19 Pop-Up Sites
1. There were 223 COVID-19 vaccines administered through 23 pop-up sites and strike team activities. These includes clinics targeted to health equity and homeless communities. SNHD and community partners were utilized to conduct clinics.
2. Community partnerships administering vaccine included: Touro University, and the North Las Vegas Fire Department
3. Department of Public and Behavioral Health awarded a Long-Term Care Facilities grant to the program. There were 32 vaccinations administered at 8 long-term care facilities
4. In-home vaccination services were provided for disabled and immobile clients. There were 61 COVID-19 vaccinations administered.

III. Community Health Nursing
A. Maternal Child Health
1. There was one new childhood lead cases for the month of June.
2. There was one referral for the Newborn Screening Program that required follow-up by the field nurse.

B. Nurse Family Partnership (NFP)
The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 135 active clients. Fifty-five are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program grant made available through the Nevada Division of Public and Behavioral Health.

The team continues to visit high risk families to improve maternal and child health outcomes during pregnancy and early childhood. Most of the visits are now in person while still observing COVID-19 precautions. Telephone visits are available to clients if needed.

The expansion team Lead continues in her orientation and is enrolling clients. Interviews for expansion team nurse home visitors occurred in late June 2022.

C. Embracing Healthy Baby
The Southern Nevada Health District’s Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with minimal guidance from the program Community Health Nurse. Telephone, virtual and home visits continue with enrolled families. The program is providing services primarily through home visits. Education and referrals to needed services continue to be provided to families. Interviews for the remaining vacant CHW position occurred in June 2022. A CHW was hired and is expected to begin employment July 2022.

There was no program outreach in the month of June.

IV. Sexual Health Clinic
A. The clinic provided services provided 1,129 unique services to 809 unduplicated patients for the month of May. Seventy-four unduplicated patients were seen at the All Saints Episcopal Church (ASEC) Outreach Clinic.
B. The Sexual Health Clinic (SHC) is participating in two Learning Collaboratives under the Ending the HIV Epidemic efforts: 1) Community-wide Rapid stART Program through the Clark County Office of HIV with the goal of early treatment initiation and 2) STD
Specialty Clinic Learning Community through the University of Washington’s Prevention Training Center with the goal of scaling up HIV preventive services in STD specialty clinics. Two SHC clinical staff participated in the quarterly Congenital Syphilis Case Review Board meeting.

C. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The SHC nurse case manager has added six program participants this month. This is value-added service to patients accessing the SHC and clinicians have seen the difference in outcomes among patients who are partnered with the nurse. The NCM visited and provided program materials to 12 venues and locations in the area. Safe Sleep training is conducted with the cribs. There are 28 active participants in the month of June.

E. The SHC staff received training on Monkeypox preparedness.

F. The SHC completed interviews and has an accepted offer to fill a vacant Administrative Assistant position. The SHC began recruitment for a CHN Supervisor.

V. Tuberculosis Clinic
   A. Six new active adult TB cases reported by the TB Clinic during this period. There were zero pediatric active TB cases reported by the TB Clinic during this period.
   B. The Refugee Health Program served 19 adults in June.

VI. Employee Health Nurse
   A. There were Two Hundred and Eighteen (218) tests were conducted to SNHD Employees in June. This includes One hundred and sixty-three (163) PCR tests and one hundred and fifty (150) Rapid tests. Fifty-one (51) employees tested positive for COVID.
   B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of June. Annual catch-up TB testing is ongoing. Twenty-Eight (28) Tuberculosis tests were completed.
   C. There were no employee Blood Borne Pathogens exposure cases for the month of June.
   D. There are no new employee TB exposure cases for the month of June.

VII. Preventive Care Administration
   A. Clinical Services Division continues to retain Nevada State Board of Nursing approval to provide Continuing Education credits for SNHD Nursing staff. There were no CEU’s offered in June.

CL: ms
Attachments: June 2022 Statistical Report
### PRIMARY AND PREVENTIVE CARE
#### MONTHLY REPORT
June 2022

**Client Encounters by Locations**

<table>
<thead>
<tr>
<th>Location</th>
<th>DECatur PHC</th>
<th>ELV PHC</th>
<th>Hend PHC</th>
<th>Mesquite PHC</th>
<th>Laughlin PHC</th>
<th>Mobile Clinic</th>
<th>Homeless Outreach</th>
<th>Targeted Populations</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>1801</td>
<td>306</td>
<td>291</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>151</td>
<td>2621</td>
</tr>
<tr>
<td>Immunization Records Issued</td>
<td>499</td>
<td>64</td>
<td>32</td>
<td>6</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>601</td>
</tr>
<tr>
<td>Newborn Metabolic Screening</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Health Clinic</td>
<td>1129</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1129</td>
</tr>
<tr>
<td>TB Treatment &amp; Control</td>
<td>1071</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1071</td>
</tr>
<tr>
<td>SAPTA Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4500</td>
<td>370</td>
<td>323</td>
<td>78</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>205</td>
<td>5476</td>
</tr>
</tbody>
</table>

**Client Encounters by Program**

<table>
<thead>
<tr>
<th>Program</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>1890</td>
<td>2621</td>
<td>61230</td>
<td>38,836</td>
</tr>
<tr>
<td>Immunization Records Issued</td>
<td>561</td>
<td>601</td>
<td>4178</td>
<td>7,101</td>
</tr>
<tr>
<td>COVID-19 Vaccine Given*</td>
<td>0</td>
<td>1558</td>
<td>0</td>
<td>25815</td>
</tr>
<tr>
<td>Newborn Met. Screening</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Sexual Health Clinic</td>
<td>1244</td>
<td>1129</td>
<td>10101</td>
<td>15062</td>
</tr>
<tr>
<td>TB Treatment &amp; Control</td>
<td>941</td>
<td>1071</td>
<td>10294</td>
<td>11156</td>
</tr>
<tr>
<td>SAPTA Services</td>
<td>23</td>
<td>54</td>
<td>233</td>
<td>385</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4660</td>
<td>7035</td>
<td>86046</td>
<td>98364</td>
</tr>
</tbody>
</table>

*Funded by COVID Grant Funds-Data Collection started January 2022
## Immunization Program

### Immunizations

<table>
<thead>
<tr>
<th></th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu Vaccine Given</td>
<td>96</td>
<td>260</td>
<td>↑ 11,942</td>
<td>↓ 9,932</td>
</tr>
<tr>
<td>Gratis</td>
<td>1,033</td>
<td>68</td>
<td>↓ 1,033</td>
<td>↑ 2,254</td>
</tr>
<tr>
<td>COVID Vaccine*</td>
<td>n/a</td>
<td>230</td>
<td>↓ n/a</td>
<td>↓ 5,659</td>
</tr>
</tbody>
</table>

*Given by Immunization Clinics

### Vaccines for Children (VFC)*

<table>
<thead>
<tr>
<th></th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of VFC Compliance Visits</td>
<td>2</td>
<td>12</td>
<td>↑ 56</td>
<td>↑ 93</td>
</tr>
<tr>
<td>Number of IQIP Visits*</td>
<td>0</td>
<td>10</td>
<td>↑ 19</td>
<td>↑ 44</td>
</tr>
<tr>
<td>Number of Follow Up Contacts</td>
<td>28</td>
<td>47</td>
<td>↑ 437</td>
<td>↑ 544</td>
</tr>
<tr>
<td>Number of Annual Provider Training</td>
<td>45</td>
<td>51</td>
<td>↑ 107</td>
<td>↑ 136</td>
</tr>
<tr>
<td>Number of State Requested Visits</td>
<td>0</td>
<td>235</td>
<td>↑ 622</td>
<td>↑ 1,625</td>
</tr>
</tbody>
</table>

### Perinatal Hepatitis B

<table>
<thead>
<tr>
<th></th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Expectant Women</td>
<td>21</td>
<td>19</td>
<td>↓ 21</td>
<td>↓ 16</td>
</tr>
<tr>
<td># of Infants</td>
<td>73</td>
<td>93</td>
<td>↑ 81</td>
<td>↑ 83</td>
</tr>
<tr>
<td>Total # of Infants Delivered</td>
<td>3</td>
<td>0</td>
<td>↓ 3</td>
<td>↑ 38</td>
</tr>
<tr>
<td>New Cases</td>
<td>1</td>
<td>2</td>
<td>↑ 53</td>
<td>↓ 48</td>
</tr>
<tr>
<td>Closed Cases</td>
<td>1</td>
<td>4</td>
<td>↑ 63</td>
<td>↓ 53</td>
</tr>
</tbody>
</table>

### Childcare Program

<table>
<thead>
<tr>
<th></th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare Audits</td>
<td>7</td>
<td>2</td>
<td>↓ 29</td>
<td>↑ 67</td>
</tr>
<tr>
<td>Baseline Immunization Rate</td>
<td>75%</td>
<td>62%</td>
<td>↓ 72%</td>
<td>72%</td>
</tr>
<tr>
<td># of Re-Audits</td>
<td>9</td>
<td>2</td>
<td>↑ 20</td>
<td>↑ 71</td>
</tr>
<tr>
<td>Re-Audit Immunization Rate</td>
<td>89%</td>
<td>84%</td>
<td>↓ 91%</td>
<td>90%</td>
</tr>
<tr>
<td># of Records Reviewed</td>
<td>378%</td>
<td>240</td>
<td>↑ 2442</td>
<td>5601</td>
</tr>
</tbody>
</table>

### Covid-19 Vaccine Campaign

<table>
<thead>
<tr>
<th></th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21*</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of COVID-19 Vaccines administered</td>
<td>0</td>
<td>1558</td>
<td>↑ 0</td>
<td>25815</td>
</tr>
<tr>
<td># of Healthcare Provider Compliance Visits</td>
<td>0</td>
<td>10</td>
<td>↑ 0</td>
<td>41</td>
</tr>
<tr>
<td># of Newly Enrolled Healthcare Provider Education Sessions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td># of Potential Healthcare Provider Recruitment Sessions*</td>
<td>0</td>
<td>5</td>
<td>↑ 0</td>
<td>37</td>
</tr>
<tr>
<td># of Healthcare Provider Contacts</td>
<td>0</td>
<td>107</td>
<td>↑ 0</td>
<td>799</td>
</tr>
</tbody>
</table>

*Data collection started January 2022
### Community Health Program

<table>
<thead>
<tr>
<th>Nursing Field Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCH Team Home Visit Encounters</td>
<td>16</td>
<td>16</td>
<td>124</td>
<td>137</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NFP</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>14</td>
<td>14</td>
<td>135</td>
<td>213</td>
</tr>
<tr>
<td>Enrolled</td>
<td>10</td>
<td>11</td>
<td>71</td>
<td>117</td>
</tr>
<tr>
<td>Active</td>
<td>140</td>
<td>139</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MCH</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Referrals Received**</td>
<td>5</td>
<td>5</td>
<td>48</td>
<td>39</td>
</tr>
<tr>
<td># from CPS*</td>
<td>3</td>
<td>3</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td># of Lead Referrals</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td># of Total Admissions</td>
<td>1</td>
<td>3</td>
<td>21</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EHB</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>7</td>
<td>5</td>
<td>72</td>
<td>153</td>
</tr>
<tr>
<td>Enrolled</td>
<td>3</td>
<td>2</td>
<td>59</td>
<td>70</td>
</tr>
<tr>
<td>Active</td>
<td>28</td>
<td>56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thrive by 0 - 3</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>104</td>
<td>72</td>
<td>866</td>
<td>869</td>
</tr>
<tr>
<td>Enrolled</td>
<td>3</td>
<td>1</td>
<td>39</td>
<td>18</td>
</tr>
<tr>
<td>Active</td>
<td>23</td>
<td>13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Tuberculosis Program

<table>
<thead>
<tr>
<th>Tuberculosis</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Case Management Activities*</td>
<td>241</td>
<td>228</td>
<td>2197</td>
<td>2934</td>
</tr>
<tr>
<td>Number of Monthly Pulmonary Specialist Clinic Clients Seen</td>
<td>18</td>
<td>14</td>
<td>283</td>
<td>270</td>
</tr>
<tr>
<td>Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)</td>
<td>11</td>
<td>26</td>
<td>30</td>
<td>155</td>
</tr>
<tr>
<td>Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.</td>
<td>0-</td>
<td>4</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Directly Observed Therapy (DOT) Field, clinic and televideo encounters</td>
<td>690</td>
<td>805</td>
<td>7785</td>
<td>7798</td>
</tr>
</tbody>
</table>

*New EMR system- Counting only successful activities

### Substance Abuse Prevention & Treatment Agency (SAPTA)

<table>
<thead>
<tr>
<th>Substance Abuse Prevention &amp; Treatment Agency (SAPTA)</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Site Visits</td>
<td>3</td>
<td>4</td>
<td>20</td>
<td>36</td>
</tr>
<tr>
<td># of Clients Screened</td>
<td>23</td>
<td>54</td>
<td>233</td>
<td>385</td>
</tr>
<tr>
<td># of TB Tests</td>
<td>20</td>
<td>49</td>
<td>201</td>
<td>334</td>
</tr>
<tr>
<td># of Assessments only</td>
<td>3</td>
<td>5</td>
<td>32</td>
<td>51</td>
</tr>
</tbody>
</table>

### Sexual Health Clinic Program

<table>
<thead>
<tr>
<th>STD Services</th>
<th>June 2021</th>
<th>June 2022</th>
<th>FY 20-21</th>
<th>FY 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD treatment/screening/exam</td>
<td>1244</td>
<td>1129</td>
<td>10101</td>
<td>15062</td>
</tr>
<tr>
<td>Total # of patients served</td>
<td>876</td>
<td>809</td>
<td>7805</td>
<td>10005</td>
</tr>
</tbody>
</table>