



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

August 24, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Webinar

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:

Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Scott Nielson, Vice-Chair – At-Large Member, Gaming (*via WebEx*)
Frank Nemec, Secretary – At-Large Member, Physician (*in-person*)
Scott Black – Mayor Pro Tempore, City of North Las Vegas (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*in-person*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*in-person*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*in-person*)
Jim Seebeck – Council Member, City of Henderson (*in-person*)

ABSENT:

Tick Segerblom – Commissioner, Clark County

ALSO PRESENT:

(In Audience)

Yazmin Beltran, David Brown, Jonathan Cisowski, William Covington, Richard Eide, Kanani Espinoza, Kiran Gill, Emily Hernandez, Cecilia Heston, Maya Holmes, Rhiann Jarvis Denman, Javier Rivera-Rojas, Jose Ruiz, Katie Ryan, Stacie Sasso, Gina Stroughter, Cassidy Wilson, Ted Wood

LEGAL COUNSEL:

Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY:

Fermin Leguen, MD, MPH, District Health Officer

STAFF:

Talibah Abdul-Wahid, Elizabeth Adelman, Angeline Agbayani, Adriana Alvarez, Larry Armstrong, Jocelyn Arquette, Ben Ashraf, Maria Azzarelli, Karen Berry, Tawana Bellamy, Julie Bingham, Haley Blake, Murphy Boudreaux, Jennifer Bowers, Alexis Brignola, Amanda Brown, Dee Dee Bulloch, Dan Burns, Victoria Burris, Jonathan Bustinza, Michael Castelo, Andria Cordovez Mulet, Fidel Cortes, Cate Costanzo, Shea Crippen, Susan Crutchfield, Corey Cunningham, Aaron DelCotto, Brandon Delise, Karin Dinda, Lauren DiPrete, Rebecca Drew, Rebecca Dunne, Karen Easterling, Lizette Enzenauer, Kaylina Fleuridas, Jason Frame, Kimberly Franich, Tamara Giannini, Sandra Gordon, Jacques Graham, John Hammond, Heather Hanoff, Amineh Harvey, Richard Hazeltine, Carmen Hua, Ian Imperial, Jessica Johnson, Michael Johnson, Stacy Johnson, Matthew Kappel, Theresa Ladd, Josie Llorico, Cassius Lockett, Cortland Lohff, Randy Lockett, Sandy Lockett, Marisol Maciel, Cassondra Major, Chris Elaine Mariano, Blanca Martinez, Robert McMahan, Kimberly Monahan, Deborah Moran, Sage Nagai, Todd Nicolson, Brian Northam, Veralynn Orewyler, Laura Palmer, Kyle Parkson, Neleida Pelaez, Michael Polintan, Luann Province, Jeff Quinn, Larry Rogers, Alexis Romero, Raquel Samatra, Kim Saner, Chris Saxton, Dave Sheehan, Karla Shoup, Candice Sims, Jennifer Sizemore, Randy Smith, Betty Souza-Lui, Daniele Staple, Rebecca Topol, Greg Tordjman, Danielle Torres, Robert Urzi, Shylo Urzi, Michelle Villanueva, Jorge Viote, Scott Wagner, Brenda Welch, Donnie Whitaker, Michelle Wong, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Susan Zannis, Ying Zhang

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. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

Member Nielson joined the meeting at 9:01 a.m.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

The Oath of Office was administered to Mayor Pro Tempore Black.

IV. RECOGNITION

1. Lourdes Yapjoco, Chris Elaine Mariano, Dr. Jessica Penney, Benjamin Ashraf, Elizabeth Adelman, Victoria Burris, Matthew Kappel (Human Papillomavirus (HPV) Team)

- Certificate of Appreciation for Exceptional Work in HPV Promotion as a Community Partner of American Cancer Society

The CDC reports over 47,000 HPV-associated cancer cases yearly in the US. The HPV vaccine offers robust protection. The American Cancer Society has collaborated with SNHD's Disease Surveillance and Control and Primary and Preventive Care Divisions to enhance HPV vaccination in Clark County. The initiative aims to boost vaccination rates, gain leadership support, implement evidence-based interventions, and employ data-driven strategies. The ACS recognized our HPV promotion team in August, applauding their dedicated work with a Certificate and Plaque of Appreciation. This recognition highlights their vital role in safeguarding community health. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the entire team for this well-deserved honor.

Member Bond joined the meeting at 9:06 a.m.

2. Successful Delivery of Back-to-School Services

- SNHD Immunization Staff

The Chair recognized the Back-to-School vaccination efforts. The Health District successfully served our community to ensure that children were ready for the new school year, at various events, including the evenings and weekends. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the entire team for this well-deserved honor. Member Bond further recognized the Immunization Staff for their services at two Back-to-School fairs held by the Culinary Health Fund.

3. Lauren DiPrete (Senior Environmental Health Specialist)

- Coauthored the *Focus Groups Among Retail Food Establishment Staff and Management Reveal Obstacles and Promoters of Good Food Safety Culture* published in Food and Humanity

Lauren DiPrete, Senior Environmental Health Specialist, coauthored an article on "Focus Group Among Retail Food Establishment Staff and Management Reveal Obstacles and Promoters of Good Food Safety Culture" in the Food & Humanity publication. Food & Humanity is a broad and inclusive scientific journal covering all areas of science related to food, with an emphasis on food chemistry, food safety, nutrition & health, and sensory & consumer sciences. Focus groups were

conducted with 48 retail food establishment workers and managers in Clark County on their lived experience of food safety culture. The article explores two major themes that emerged during the focus groups: the explicit expression of food safety culture, which includes elements of training and oversight, and the implicit expression of food safety culture which includes elements of communication, space, staffing, and appreciation. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated Ms. DiPrete for this well-deserved honor.

- 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.

Regena Ellis, SEIU, stated that there continued to be issues with the Sexual Health Clinic move to the FQHC. Ms. Ellis shared that a provider in the family planning clinic was leaving due to a change in her job duties. Ms. Ellis shared that, to reduce provider silos, providers were asked to see any patient within the clinics in the FQHC. Ms. Ellis further stated that providers were advised that they needed to see a certain number of patients per day. The Chair requested that Ms. Ellis provide her with specifics following the meeting.

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

- VI. ADOPTION OF THE AUGUST 24, 2023 MEETING AGENDA** *(for possible action)*

A motion was made by Member Black, seconded by Member Nemec, and carried unanimously to approve the amended August 24, 2023 Agenda, as presented.

- VII. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES/BOARD OF HEALTH MEETING:** July 27, 2023 *(for possible action)*
- 2. PETITION #04-24: Approval of the Interlocal Contract between the Southern Nevada Health District, Clark County, City of Las Vegas, City of Henderson, City of North Las Vegas, University of Nevada Las Vegas, Las Vegas Metropolitan Police Department, Clark County School District, Nye County, City of Boulder City, City of Mesquite, Lincoln County, Esmeralda County for the Southern Nevada All-Hazard Incident Management Assistance Team (IMAT);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. PETITION #05-24: Approval of the Interlocal Memorandum of Understanding between the Southern Nevada Health District and University Medical Center of Southern Nevada (UMC) for collaboration efforts to make supportive Ryan White service available to individuals living with HIV/AIDS;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Hardy, seconded by Member Knudsen, and carried unanimously to approve the August 24, 2023 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 #01-24: Request for Approval of Re-Authorization of Mike O'Callaghan Military Medical Center (MOMMC) as a Level III Trauma Center; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Stacy Johnson, Regional Trauma Coordinator, presented the Re-authorization of Mike O'Callaghan Military Medical Center (MOMMC) as a Level III Trauma Center. Ms. Johnson advised that the Office of Emergency Medical Services and Trauma System (OEMSTS) reviewed the verification with the ACS (American College of Surgeons), and noted they are compliant with regulations. Ms. Johnson further advised that the Regional Trauma Advisory Board reviewed the application, approved the re-authorization application, and recommended that the Board of Health approve the re-authorization application.

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

Further to a question and a request for an educational presentation on MOMMC, Ms. Johnson advised that her office was reaching out to EMS that were going to other facilities, instead of following the catchment area, should go to MOMMC. The Chair further advised that she would reach out to MOMMC to discuss a possible educational session for the Board of Health.

Dr. Leguen advised that he recently met with representatives from Nellis and UMC to discuss initiatives to increase the number of patients at MOMMC. Dr. Leguen confirmed that UMC was willing to assist MOMMC. Dr. Leguen advised that a challenge was with the expected number of patients needed to go to MOMMC was higher than the catchment estimates.

Ms. Johnson advised that she received a brochure from MOMMC that advised issues with family visiting patients at MOMMC and she will circulate it among Board of Health members.

A motion was made by Member Nemec, seconded by Member Black and carried unanimously to approve the Re-authorization of Mike O'Callaghan Military Medical Center (MOMMC) as a Level III Trauma Center.

IX. REPORT / DISCUSSION / ACTION

1. Receive, Discuss and Approve Board of Health Committees and Committee Memberships; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

A motion was made by Member Hardy, seconded by Member Seebock and carried unanimously to approve the composition of the SNHD Board of Health Committees and Working Groups as follows:

<u>At-Large Member Selection Committee (Term 2022-2024)</u>	<u>DHO Annual Review Committee</u>	<u>DHO Succession & Planning Committee</u>	<u>Finance Committee</u>	<u>Nomination of Officers Committee</u>
Scott Black Pattie Gallo Joseph Hardy Marilyn Kirkpatrick Frank Nemec	Scott Black Nancy Brune Joseph Hardy Marilyn Kirkpatrick Jim Seebock	Scott Black Nancy Brune Pattie Gallo Marilyn Kirkpatrick Frank Nemec	Scott Black Bobbette Bond Nancy Brune Marilyn Kirkpatrick Scott Nielson	Scott Black Bobbette Bond Nancy Brune Marilyn Kirkpatrick Frank Nemec

- X. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*

Member Hardy requested to revisit the Environmental Health fees and the potential use of warnings.

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

- DHO Comments

In addition to Dr. Leguen's written report, Dr. Leguen introduced Kim Saner, as the Deputy District Health Officer for Administration, effective July 12, 2023.

Dr. Leguen further commended the teams involved in Back-to-School immunizations as the process was well organized and saw more individuals than in previous years.

Dr. Leguen also advised that last month was National Health Center Month and recognized the Southern Nevada Community Health Center, that has more than 6,000 unique patients and provided more than 16,000 office visits the previous year.

- Overview of Senate Bill 92 (Sidewalk Vendors)

Larry Rogers, Environmental Health Manager, provided an overview of Senate Bill 92 (Sidewalk Vendors).

Further to an inquiry from Member Hardy, Mr. Rogers suggested that the Board of Health members work with the Business Licensing Departments to ensure compliance in their jurisdictions.

Chair Kirkpatrick advised that representatives from Business Licensing Departments had been meeting to discuss process and procedures.

Further to an inquiry from Member Knudsen, Edward Wynder, Associate General Counsel, advised that the task force would be constituted by the Secretary of State and that they were still working on the process related to the regulations.

Dr. Leguen advised that there would be concerns if the public health representative on the task force was not from either Southern Nevada or Washoe County.

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
7. Legislative Report from Argentum Partners

- 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.

Member Nielson left the meeting at 10:11 a.m. and did not return.

David Brown was a current resident of Clark County and previously worked in mosquito surveillance. Mr. Brown was concerned about the presence of *Aedes aegypti* in Clark County, which could spread rapidly, and transmit Dengue, Zika, Chikungunya, and other diseases. Mr. Brown was concerned that there was no single mosquito control program in Clark County. Mr. Brown advised that the CDC and NACCHO identified core and competency requirements for sound, integrated mosquito management programs. Mr. Brown advised that staff were doing their best. Mr. Brown encouraged the establishment of an integrated mosquito control program for Clark County. Mr. Brown advised of a recent study in Texas that indicated that residents were willing to pay over \$30 per individual for an effective mosquito program. The Chair requested that Mr. Brown leave his email address to provide him with additional information on the Clark County and Health District initiatives related to mosquito surveillance.

Richard Eide, owner of Great Basin Cooking Company, commented on the closing of his trailers, Papa's Gyros and Soda Papas, due to imminent health hazards and the imposed fines. Mr. Eide advised that further to a recent spot inspection, the Soda Papas trailer was found to have a drip, which was later found to be due to air conditioning condensation and resulted in a \$1,778 fine. The Papa's Gyros trailer was also found to have a drip, which was later found to be potable water, antibacterial soap and bleach water, that resulted in a \$1,778 fine. Mr. Eide advised that the fine did not fit the issue and was out of line. Pursuant to NRS 446.880, Mr. Eide was requesting a hearing before the Board of Health.

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

XIV. ADJOURNMENT

The Chair adjourned the meeting at 10:19 a.m.

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

/acm



AMENDED

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

August 24, 2023 – 9:00 A.M.

Meeting will be conducted In-person and via Webex

**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B**

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m4b0a42d2e46bf3ffdb0304e75b1d811>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2555 320 3455](https://snhd.webex.com/snhd/j.php?MTID=m4b0a42d2e46bf3ffdb0304e75b1d811)

For other governmental agencies using video conferencing capability, the Video Address is:

25553203455@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

IV. RECOGNITION

- 1. Lourdes Yapjoco, Chris Elaine Mariano, Dr. Jessica Penney, Benjamin Ashraf, Elizabeth Adelman, Victoria Burris, Matthew Kappel (Human Papillomavirus (HPV) Team)**

- Certificate of Appreciation for Exceptional Work in HPV Promotion as a Community Partner of American Cancer Society

- 2. Successful Delivery of Back-to-School Services**

- SNHD Immunization Staff

- 3. Lauren DiPrete (Senior Environmental Health Specialist)**

- Coauthored the *Focus Groups Among Retail Food Establishment Staff and Management Reveal Obstacles and Promoters of Good Food Safety Culture* published in Food and Humanity

- #### **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 Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

AMENDED

- **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.
- **By telephone:** Call (415) 655-0001 and enter access code 2555 320 3455. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

VI. ADOPTION OF THE AUGUST 24, 2023 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:** July 27, 2023 *(for possible action)*
2. **PETITION #04-24: Approval of the Interlocal Contract between the Southern Nevada Health District, Clark County, City of Las Vegas, City of Henderson, City of North Las Vegas, University of Nevada Las Vegas, Las Vegas Metropolitan Police Department, Clark County School District, Nye County, City of Boulder City, City of Mesquite, Lincoln County, Esmeralda County for the Southern Nevada All-Hazard Incident Management Assistance Team (IMAT);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #05-24: Approval of the Interlocal Memorandum of Understanding between the Southern Nevada Health District and University Medical Center of Southern Nevada (UMC) for collaboration efforts to make supportive Ryan White service available to individuals living with HIV/AIDS;** 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 #01-24: Request for Approval of Re-Authorization of Mike O'Callaghan Military Medical Center (MOMMC) as a Level III Trauma Center;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

IX. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Approve Board of Health Committees and Committee Memberships;** direct staff accordingly or take other action as deemed necessary *(for possible 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)*

AMENDED

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

- DHO Comments
- Overview of Senate Bill 92 (Sidewalk Vendors)

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
7. Legislative Report from Argentum Partners

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. **See above for instructions for submitting public comment.**

XIV. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify 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.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

July 27, 2023 – 9:00 a.m.

Meeting was conducted In-person and via Webex Webinar

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT: Marilyn Kirkpatrick, Chair – Commissioner, Clark County (*in-person*)
Frank Nemec, Secretary – At-Large Member, Physician (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via WebEx*)
Nancy Brune – Council Member, City of Las Vegas (*in-person*)
Pattie Gallo – Council Member, City of Mesquite (*via WebEx*)
Joseph Hardy – Council Member, City of Boulder City (*in-person*)
Brian Knudsen – Mayor Pro Tempore, City of Las Vegas (*in-person*)
Jim Seebeck – Council Member, City of Henderson (*via WebEx*)
Tick Segerblom – Commissioner, Clark County (*in-person*)

ABSENT: Scott Black – Mayor Pro Tempore, City of North Las Vegas
Scott Nielson, Vice-Chair – At-Large Member, Gaming

ALSO PRESENT: Linda Anderson, Georgi Collins, Harold Collins, Sarah Collins, Cassidy Cotton,
(In Audience) Javier Rivera-Rojas, Jeff Waufle

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer (*absent*)

STAFF: Talibah Abdul-Wahid, Elizabeth Adelman, Adriana Alvarez, Larry Armstrong, Jonna Arqueros, Maria Azzarelli, Josephine Baltazar, Mateo Beers, Tawana Bellamy, Haley Blake, Jennifer Bowers, Amanda Brown, Cory Burgess, Dan Burns, Victoria Burris, Erika Bustinza, Jonathan Bustinza, Joe Cabanban, Nicole Charlton, Andria Cordovez Mulet, Johanna Corpuz, Fidel Cortes, Shea Crippen, Beverly Cuasito, Jeffrey Dawson, Aaron DelCotto, Banessa Diaz-Villa, KJ Dionisio, Liliana Dominguez, Corina Estrella, Brian Felgar, Gimmeko Fisher-Armstrong, Jason Frame, Kimberly Franich, Monia Galaviz, Khang Giang, Sandra Gordon, Jacques Graham, John Hammond, Heather Hanoff, Amineh Harvey, Valerie Herzog, Carmen Hua, Daniel Isler, Danielle Jamerson, Michael Johnson, Stacy Johnson, Mikki Knowles, Theresa Ladd, Miriam Lee, Josie Llorico, Cassius Lockett, Cortland Lohff, Randy Lockett, Hetal Luhar, Cassondra Major, Bernadette Meily, Alicia Mitchell, Marites Navarro, Semilla Neal, Todd Nicolson, Brian Northam, Lorraine Oliver, Veralynn Orewyler, Laura Palmer, James Park, Kyle Parkson, Melanie Perez, Desiree Petersen, Luann Province, Audrey Rangel, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Randy Smith, Candice Stirling, Ronique Tatum-Penegar, Rebecca Topol, Greg Tordjman, Lizbeth Vasquez, Angeles Viote, Jorge Viote, Brian Weissenburger, Donnie Whitaker, Candyce White, Edward Wynder, Lourdes Yapjoco, Joseph Yumul

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. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

RECOGNITION [Addition]

1. COVID-19 Testing and Vaccination Clinic Staff

Earlier this month, the Health District COVID-19 Testing Clinic, located at the north-side of this building, along with the COVID-19 Vaccination Clinic, located just inside the main doors, closed. There were many staff that worked in these clinics, some of which have done so since the start of the COVID-19 pandemic. The Chair, on behalf of the Health District and the District Board of Health, extended deep gratitude for their dedication, and long hours, to ensure that testing and vaccinations were accessible to Southern Nevadans, and countless visitors. The Chair further advised that for anyone looking for COVID-19 testing and vaccines should visit the Health District website for updated information.

III. OATH OF OFFICE

The Oath of Office was administered to members Commissioner Kirkpatrick, Councilwoman Brune, Councilwoman Gallo, Mayor Hardy, Mayor Pro Tempore Knudsen, Councilman Seebeck, Commissioner Segerblom.

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.

Regena Ellis, representing SEIU, commented on the movement of the Sexual Health Clinic into the Federally Qualified Health Center (FQHC) and the effect on the employees. Ms. Ellis read from the Minutes from the March 23, 2023, on page 9, related to the vision of clinical services and the incorporation of the Sexual Health Clinic into the FQHC operations. Ms. Ellis indicated that the Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) had been mandated to sign a new job description. Ms. Ellis indicated that SEIU was not notified of the changes to the job descriptions and that the providers have raised concerns. Ms. Ellis suggested that the Board of Health inquire as to how many providers have left the Health District and the FQHC. Ms. Ellis indicated that staff had expressed concerns and disagreements with the removal of a public health service and moving the Sexual Health Clinic into the FQHC. Ms. Ellis stated that the impact on the public was by losing access to a low-cost service provided by the Sexual Health Clinic and by moving it into the FQHC would have a negative impact on retention of providers. Ms. Ellis urged to let the providers work in the area that they applied for, were hired for, and accepted to work in and not in an area they believe to be outside their scope of practice. Ms. Ellis encouraged the Board of Health to look at the billing from the Finance Department, particularly the patients that went through the Sexual Health Clinic and what they were billed. Ms. Ellis indicated a concern about access to the Sexual Health Clinic and the inability for patients to pay for services for a communicable disease.

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

V. ADOPTION OF THE JULY 27, 2023 MEETING AGENDA (for possible action)

A motion was made by Member Nemec, seconded by Member Hardy, and carried unanimously to approve the July 27, 2023 Agenda, as presented.

- 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:** June 22, 2023 *(for possible action)*
 2. **PETITION #01-24: Approval of the Interlocal Contract between the Southern Nevada Health District and the Clark County School District to provide healthcare services, which may include general immunizations, seasonal influenza clinics, and other community health programs;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 3. **PETITION #02-24: Approval of the Insurance Coverage Renewal through Chubb for Southern Nevada Health District's Medical Professional Liability Insurance, coverage period 08/01/2023 – 08/01/2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 4. **PETITION #03-24: Approval of Contract Renewal (A03) with Info-Tech Research Group to provide Strategy, Governance, Security, Policy and Operational Consulting and related activities;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
 5. **PETITION #34-23: Approval of Augmentation to the Southern Nevada Health District FY2023 Budget [clerical correction];** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Hardy, seconded by Member Brune, and carried unanimously to approve the July 27, 2023 Consent Agenda, as presented.

- 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, Discuss and Approve the Recommendations from the Nominations of Officers Committee for the Officers (Chair, Vice-Chair and Secretary) of the Southern Nevada District Board of Health for a One Year Term Beginning July 1, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Brune provided a summary of the Nomination of Officers Committee meeting on July 26, 2023.

A motion was made by Member Hardy, seconded by Member Knudsen, and carried unanimously to approve the recommendation from the Nomination of Officers Committee and appoint Member Kirkpatrick as Chair, Member Nielson as Vice Chair, and Member Nemec as Secretary of the Southern Nevada District Board of Health for FY2024.

2. **Receive, Discuss and Approve the Recommendations from the Nominations of Officers Committee for the Officers (Chair and Vice-Chair) of the Public Health Advisory Board for a One Year Term Beginning July 1, 2023;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Brune provided a summary of the Nomination of Officers Committee meeting on July 26, 2023.

A motion was made by Member Hardy, seconded by Member Nemec, and carried unanimously to approve the recommendation from the Nomination of Officers Committee and appoint Dr. Francisco Sy as Chair and Dr. Kenneth Osgood as Vice Chair of the Public Health Advisory Board for FY2024.

- 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)***

Chair Kirkpatrick requested a discussion on the septic conversion with the water district.

Chair Kirkpatrick requested a presentation on the food vendor legislation that recently passed.

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

- DHO Comments

In addition to Dr. Leguen's written report, Dr. Cassius Lockett, Director of Disease Surveillance and Control, on behalf of Dr. Leguen, reminded the Board members to complete the Strategy Survey from Huron Consulting for the development of the Health District's Strategic Plan.

- Overview of the Office of Acute Communicable Disease Control

Kimberly Franich, Communicable Disease Manager, provided an overview of the Office of Communicable Disease Control.

Member Bond joined the meeting at 9:26 a.m.

Further to an inquiry from Member Brune, Ms. Franich advised that the Health District had partnered with HopeLink to assist them with their capacity to support their staffing. Member Brune further inquired regarding the case counts for the various disease investigations. Ms. Franich advised that all cases were investigated and the investigation timeline depended on the specific disease.

Further to an inquiry from Member Hardy, Ms. Franich advised that if food borne illnesses arise from food vendors, the disease surveillance team would be able to track it.

Further to an inquiry from Member Knudsen, Ms. Franich advised that NAC 441A provided the authority for providers and labs to advise the Health District on positive results. Ms. Franich further stated that if the positive results were reported to the state, then they would be redirected to the Health District for investigation.

Further to an inquiry from Chair Kirkpatrick, Ms. Franich advised that her team were in discussions related to wastewater surveillance.

Chair Kirkpatrick requested an organizational chart that showed the different programs within each division.

- Overview of the Aquatic Health Hazards and Enforcement

Candice Stirling, Environmental Health Supervisor, and Alicia Mitchell, Environmental Health Supervisor, provided an overview of Aquatic Health Hazards and Enforcement.

Further to an inquiry from Member Hardy, Ms. Stirling advised that the stance taken by the manufacturers was that if there was a crack in a drain cover it may indicate that it was old or brittle and should be replaced. Ms. Stirling advised that, regarding any degree of damage to a drain cover that can be identified, it was better to air on the side of caution and close the pool until another cover that was intact and structurally sound throughout could be installed.

Further to an inquiry from Member Brune, Ms. Mitchell advised that there were over 5,000 pools that are inspected once a year. Further to a follow-up from Chair Kirkpatrick, Ms. Mitchell advised that the closure rate was 11% out of the 5,000. Ms. Stirling advised that approximately 20% of venues were able to be reinspected basically at the end of the inspection, but it depends on the nature of the closure. Ms. Stirling further advised that disinfectant or water chemistry violations were generally quicker to fix, whereas broken drain covers could take longer.

Ms. Stirling advised that municipalities have largely adopted the CDC's Model Aquatic Health Code but may have added items that were specific to their local jurisdiction.

Chair Kirkpatrick advised that she would attend some pool inspections.

Further to inquiries from Member Bond, Ms. Mitchell advised that manufacturers would not commit to the level of a broken drain cover and indicate that if there is a crack or chip, the pool must be closed immediately. Ms. Stirling advised that there were 12 inspectors and that re-inspections are normally done on the same day or the following day.

Further to an inquiry from Member Segerblom, Ms. Mitchell advised that the regulations outlined the requirement to either immediately fix the problem or close the pool.

Further to an inquiry from Member Brune, Ms. Mitchell advised that apartment complexes had the most closures with the most common issues being with the water chemistry, gates and drain covers.

XI. INFORMATIONAL ITEMS

1. Board of Health

- A.** Letter from the City of Boulder City reappointing Mayor Joe Hardy as member of the Southern Nevada District Board of Health and reappointing Paul Klouse as the Public Health Advisory Board representative, both for the term July 1, 2023 – June 30, 2025.
- B.** Letter from Clark County reappointing Commissioner Marilyn Kirkpatrick and Commissioner Tick Segerblom as members of the Southern Nevada District Board of Health, both for the term July 1, 2023 – June 30, 2025.
- C.** Letters from the City of Henderson appointing Councilman Jim Seebock as member of the Southern Nevada District Board of Health and reappointing Holly Lyman as the Public Health Advisory Board representative, both for the term July 1, 2023 – June 30, 2025.
- D.** Letters from the City of Las Vegas reappointing Councilman Brian Knudsen and Councilwoman Nancy Brune as members of the Southern Nevada District Board of Health, and reappointing Jennifer Young as the Public Health Advisory Board representative, all for the term July 1, 2023 – June 30, 2025.
- E.** Letters from the City of Mesquite reappointing Councilwoman Pattie Gallo as member of the Southern Nevada District Board of Health for the term July 1, 2023 – June 30, 2025.
- F.** Letters from the City of North Las Vegas reappointing Mayor Pro Tempore Scott Black as member of the Southern Nevada District Board of Health and reappointing Ronald Kline as the Public Health Advisory Board representative, both for the term July 1, 2023 – June 30, 2025.

2. Monthly Reports

- A.** Administration Division Monthly Activity Report
- B.** Community Health Division Monthly Activity Report
- C.** Community Health Center (FQHC) Division Monthly Report
- D.** Disease Surveillance and Control Division Monthly Activity Report
- E.** Environmental Health Division Monthly Activity Report
- F.** 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

The Chair adjourned the meeting at 10:20 a.m.

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

/acm







TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** August 24, 2023

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and Clark County*

PETITION #04-24

That the Southern Nevada District Board of Health *approve the Interlocal between the Southern Nevada Health District and Clark County for member participation in the Southern Nevada Incident Management Assistance Team.*

PETITIONERS:

Fermin Leguen, MD, MPH, *District Health Officer* 
Michael Johnson, PhD, *Director of Community Health* 
Jeff Quinn, MPH, *Public Health Preparedness Manager* 
Misty Robinson, MA, *Public Health Preparedness Supervisor* 

DISCUSSION:

The Clark County Office of Emergency Management (OEM) has established a Type III All-Hazard Incident Management Assistance Team (IMAT) to organize and manage the most serious, complex, and costly emergency incidents that occur in Clark County, and incidents in Lincoln, Nye, and Esmeralda Counties south of Tonopah; and to respond nationally through state or federal request. Members of this team are made up of trained staff from Clark County, the City of Las Vegas, the City of Henderson, the City of North Las Vegas, the University of Nevada, Las Vegas, the Las Vegas Metropolitan Police Department, the Clark County School District, Nye County, City of Boulder City, City of Mesquite, Lincoln County, Esmeralda County, and the Southern Nevada Health District. The IMAT is a comprehensive resource team that can either augment ongoing operations through the provision of infrastructure support or when requested, transition to an incident management function to include all components/functions of a command and general staff during an emergency. If activated, the Southern Nevada Health District may be requested by the Clark County OEM that pre-identified and trained staff be dismissed from regular duties on a temporary basis to respond to an incident/emergency. This agreement also stipulates that pre-identified staff be allowed the opportunity to attend meetings and training related to their specific role in the Southern Nevada IMAT during work hours. For historical context, the Southern Nevada IMAT was requested by the Southern Nevada Health District and activated during the COVID-19 response to assist in setting up COVID vaccination clinics in January 2021.



FUNDING:

Once approved, the Southern Nevada Health District agrees to provide Workers' Compensation for any Southern Nevada Health District employee activated to respond to an incident/emergency as a member of the Southern Nevada IMAT. The Southern Nevada Health District also bears the responsibility to pay for staff time to attend meetings and training, however, the Southern Nevada IMAT will pay all travel and meal expenses and seek reimbursement from the requesting agency for these expenses as well as wages for staff time once members are activated.

CBE NO. 606565-23

**INTERLOCAL AGREEMENT FOR SOUTHERN NEVADA ALL-HAZARD
INCIDENT MANAGEMENT ASSISTANCE TEAM (IMAT)**

This INTERLOCAL AGREEMENT herein after referred to as "AGREEMENT" is entered into on this _____ day of _____, 2023 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and CITY OF LAS VEGAS, CITY OF HENDERSON, CITY OF NORTH LAS VEGAS, UNIVERSITY OF NEVADA LAS VEGAS, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, SOUTHERN NEVADA HEALTH DISTRICT, CLARK COUNTY SCHOOL DISTRICT, NYE COUNTY, CITY OF BOULDER CITY, CITY OF MESQUITE, LINCOLN COUNTY, ESMERALDA COUNTY, hereinafter referred to as "AGENCY" for SOUTHERN NEVADA ALL-HAZARD INCIDENT MANAGEMENT ASSISTANCE TEAM (IMAT). COUNTY and AGENCY may hereafter be referred to collectively as "PARTIES".

WITNESSETH:

WHEREAS, NRS 277.180 authorizes public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

WHEREAS, COUNTY, through its Fire Department, has created an Office of Emergency Management (OEM) in accordance with NRS Chapter 414;

WHEREAS, COUNTY through OEM has established a Type 3 All-Hazard Incident Management Assistance Team (IMAT) to organize and manage the most serious, complex, and costly emergency incidents that occur in Clark County, and incidents in Lincoln, Nye, and Esmeralda Counties south of Tonopah; and to respond nationally through state or federal request;

WHEREAS, the IMAT consists of trained personnel from different departments, organizations, agencies, and jurisdictions within the Department of Homeland Security Urban Area Security Initiative (UASI) region of Las Vegas and surrounding area south of Tonopah, activated to support incident management upon request by Nevada Division of Emergency Management/Homeland Security or Southern Nevada Emergency Managers;

WHEREAS, the IMAT is a comprehensive resource team that has the ability to either augment ongoing operations through provision of infrastructure support, or when requested, transition to an incident management function to include all components/functions of a command and general staff;

WHEREAS, the IMAT members may be comprised of personnel from the City of Boulder City, the City of Henderson, the City of Las Vegas, the City of Mesquite, the City of North Las Vegas, Nye County, Lincoln County, Esmeralda County, Clark County, University of Nevada Las Vegas, Las Vegas Metropolitan Police Department, Southern Nevada Health District, and Clark County School District who have expertise and training to work as part of the IMAT;

WHEREAS, a requesting agency incident commander or other authorized representative may submit a request for IMAT activation through the various jurisdiction's designated Emergency Management Coordinator;

WHEREAS, the request for activation will be forwarded to the Nevada Division of Emergency Management/Homeland Security ("NV DEM/HS") for approval which will then be forwarded to OEM;

WHEREAS, once NV DEM/HS authorizes team activation, OEM will notify all the regional agency emergency management coordinators of the activation;

WHEREAS, If activation is declined by NVDEM/HS a jurisdiction Emergency Management Coordinator may request IMAT team activation through Clark County OEM and the requesting jurisdiction will be responsible for team costs.

WHEREAS, the PARTIES desire to outline the obligations and expectations resulting from the team activation

WHEREAS, COUNTY has determined that it is in the best interest of the community, to allow the various jurisdictions listed above to participate in the IMAT.

NOW, THEREFORE, the PARTIES mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth the PARTIES respective responsibilities with regard to member participation in the Southern Nevada IMAT. Nothing in this AGREEMENT is intended to lessen the responsibility or restrict the authority of COUNTY or AGENCY to act as provided by law or regulation.

A. COUNTY AGREES TO:

1. Organize the IMAT following the directives and policies outlined in the IMAT Operating Guidelines.
2. Provide administrative and personnel management relating to reporting requirements for all members of the IMAT.
3. Ensure all training records for all IMAT related training is maintained for review by the State, COUNTY, and the respective AGENCY.
4. Provide notification to the AGENCY of all advisories, alerts, and activations for the IMAT to permit the AGENCY to prepare and plan for deployments of its members.
6. Provide an incident reporting location to responders as soon as it has been determined.

B. AGENCY AGREES TO:

1. Upon notification of an IMAT activation by COUNTY, AGENCY agrees to release requested employees, who are approved members of the IMAT, from their regular assigned duties within sufficient time for emergency activation.
2. Maintain an interest list of employees of AGENCY who desire to become members of the IMAT, who understand the requirements and provision required under the IMAT program.
3. Permit selected employees who are members of the IMAT to attend all training, deployment exercises and work details as required for their respective position on the IMAT.
4. To provide all AGENCY employed IMAT members with Workers Compensation and liability coverage when AGENCY employed personnel are attending local authorized or sanctioned trainings exercises, IMAT meetings, and/or work details.

C. COUNTY AND AGENCY BOTH AGREE THAT:

1. Employees of AGENCY who are members of the IMAT shall abide by all rules adopted by the Southern Nevada IMAT Operating Guidelines that were received upon acceptance to the team. The operating guideline is subject to periodic changes to reflect the potential staff and policy changes.

ARTICLE II: TERM OF AGREEMENT

Commencing from the date of execution of AGREEMENT, the term shall be for one (1) year. Thereafter, unless terminated pursuant to the provisions contained herein, the term of AGREEMENT will automatically renew for a one (1) year term, not to exceed five (5) years from the date of execution.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving ninety (90) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30th of the current fiscal year. Termination due to the failure of COUNTY or AGENCY to appropriate monies shall not relieve the PARTIES' obligations under AGREEMENT incurred through June 30th of the fiscal year for which monies were appropriated for their operations.

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

A. COUNTY AGREES TO:

1. Provide travel expenses to responding team members based on the Clark County travel policy when travel is reimbursable, if not, AGENCY will be responsible for reasonable travel expenses.
2. Apply for grant funding from reasonably known funding sources to aid in the reimbursement of staffing costs of the various AGENCY.
3. To compensate IMAT members with grant funds, if available, upon receipt of an invoice from the AGENCY for those members who are activated, while they are activated at their contractual rate as negotiated between AGENCY and the union representing its employees. Such compensation includes, but not limited to wages and benefits shall be subject to the availability of appropriated grant funds. If there is insufficient funding, funding will be dispersed to the AGENCY on a pro rata basis.
4. Pursue reimbursement for costs incurred by IMAT team activation through federal or state request, which could include Agency personnel wages and benefits.

B. AGENCY AGREES TO:

1. Except as provided herein, seek no reimbursement from COUNTY for services and/or expenses incurred by AGENCY related to this AGREEMENT.
2. Compensate those employees of AGENCY who are members of the IMAT in accordance with applicable AGENCY labor contracts and submit invoices to COUNTY for reimbursement of actual costs pursuant to Section III.A(3) of this AGREEMENT.

C. COUNTY AND AGENCY BOTH AGREES THAT:

1. Employees of AGENCY agree not to seek additional compensation or reimbursement from COUNTY. If employee receive compensation by AGENCY for expenses, then reimbursement will be made to AGENCY.
2. IMAT members shall be compensated in accordance with pay schedules and policies as set forth by FEMA requirements and guidelines. If no such compensation is allowed under the policies, any compensation due to an employee of AGENCY serving as an IMAT member remains the obligation of AGENCY.
3. The PARTIES understand and agree that nothing in this AGREEMENT creates an employment relationship with the respective AGENCY'S employee. Other than reimbursement for duties performed under the terms of this AGREEMENT as funded by available grant funds, all other employment obligations remain with the jurisdiction under which the employees are employed.
4. Notwithstanding the monetary obligations of this AGREEMENT, this AGREEMENT may terminate, and COUNTY'S reimbursement obligations thereunder shall be extinguished should Federal, State, or local grant opportunities fail to appropriate monies for the payment of obligations incurred for the operation of the IMAT.

If COUNTY rejects an invoice as incomplete, AGENCY will be notified within thirty (30) calendar days of receipt and AGENCY will have thirty (30) days to correct the invoice and resubmit.

Invoices shall be submitted as follows: Assistant Chief Brian O'Neal 575 E Flamingo Rd. Las Vegas, NV 89119

AGENCY must notify COUNTY in writing of any changes to AGENCY remit payment address or other pertinent information that may affect issuance of payment, and allow thirty (30) days for the change to be processed.

COUNTY is not responsible for late payments on inaccurate invoices and/or incomplete or unsatisfactory deliverables or milestones. COUNTY does not pay late fees or charges. Final payment may be withheld until all deliverables have been submitted and accepted or final services have been rendered.

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under AGREEMENT between the PARTIES shall not exceed those monies appropriated and approved by COUNTY for the then current fiscal year under the Local Government Budget Act. AGREEMENT shall terminate and COUNTY'S obligations under it shall be extinguished at the end of any of COUNTY'S fiscal years in which COUNTY'S governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under AGREEMENT. COUNTY agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to AGREEMENT. In the event this section is invoked, AGREEMENT will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve COUNTY of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

ARTICLE V: AMENDMENT / ENTIRE AGREEMENT

Amendment to AGREEMENT may be made only upon mutual consent in writing, by the PARTIES hereto and executed with the same formality attending the original. Executed AGREEMENT, together with any attachments, contains the entire agreement between COUNTY and AGENCY relating to the rights granted and obligations assumed by the PARTIES hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of agreement not expressly set forth in AGREEMENT are of no force or effect.

ARTICLE VI: SUBCONTRACTS

AGREEMENT is entered into to secure the services of AGENCY. Services specified in this AGREEMENT shall not be subcontracted by AGENCY without the written consent of COUNTY.

ARTICLE VII: ASSIGNMENTS

Neither party may assign or delegate all or any part of AGREEMENT without the written consent of both PARTIES, and executed with the same formality as attending this original.

ARTICLE VIII: NOTICES

Any notice required or permitted to be given hereunder shall be in writing and shall either be delivered personally to the party to whom such notice is given, or sent to it by United States registered or certified mail, postage prepaid and return receipt requested, addressed or delivered to such party at the address or addresses designated below (or such other address or addresses as may hereafter be designated by a party) by written notice to the other party:

To COUNTY:	Attention: Assistant Chief Brian O'Neal Office of Emergency Management & Homeland Security 575 East Flamingo Road Las Vegas, Nevada 89119
------------	--

To AGENCY:

Attention: Office of Emergency Management
City of Las Vegas
495 South Main Street
Las Vegas, Nevada 89101

Attention: Office of Emergency Management
City of Henderson
240 South Water Street
Henderson, Nevada 89015

Attention: Office of Emergency Management
City of North Las Vegas
2250 North Las Vegas Boulevard
North Las Vegas, Nevada 89030

Attention: Jeff Ohs
University of Nevada Las Vegas
4505 South Maryland Parkway
Las Vegas, Nevada 89154

Attention: Diana Clarkson
Las Vegas Metropolitan Police Department
400 South Martin Luther King Boulevard
Las Vegas, Nevada 89106

Attention: Jeff Quinn
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

With a copy to:
Southern Nevada Health District
Contract Administrator, Legal Dept.
280 S. Decatur Boulevard
Las Vegas, Nevada 89107

Attention: School Safety Director
Clark County School District
120 Corporate Park Drive
Henderson, Nevada 89074

Attention: Scott Lewis
Nye County
2100 East Walt Williams Drive
Pahrump, Nevada 89048

Attention: William Gray
City of Boulder City
1101 Elm Street
Boulder City, Nevada 89005

Attention: Jayson Andrus
City of Mesquite
3 John Deere Drive
Mesquite, Nevada 89027

Attention: Eric Holt
Lincoln County
PO Box 90
Pioche, Nevada 89043

Attention: Paul Melendrez
Esmeralda County
PO Box 517
Goldfield, Nevada 89013

ARTICLE IX: POLICIES AND PROCEDURES

AGENCY agrees to abide by all quality assurance, utilization review, peer review and consultation, standardized reporting, credentialing, and policies and procedures mutually established by COUNTY and AGENCY.

ARTICLE X: INSURANCE

AGENCY agrees to maintain, at its own expense, general liability and medical malpractice insurance, through a self-funded program, on its employees and officers.

ARTICLE XI: WAIVER AND SEVERABILITY

Any waiver of a breach of any provision of AGREEMENT shall not be deemed a waiver of any other breach of the same or different provision. In the event any provision of AGREEMENT is rendered invalid or unenforceable by any valid act of Congress or the Nevada State Legislature, or declared null and void by any court of competent jurisdiction, or is found to be in violation of State Statutes and/or regulations, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the non-compliance. The remainder of the provisions of AGREEMENT not in question shall remain in full force and effect.

ARTICLE XII: LAW OF VENUE

AGREEMENT shall be governed by the laws of the State of Nevada.

ARTICLE XIII: NO PRIVATE RIGHT CREATED

The PARTIES do not intend to create in any other individual or entity the status of a third-party beneficiary, and this AGREEMENT shall not be construed to create such status. The rights, duties, and obligations contained in the AGREEMENT shall operate only between the PARTIES to this AGREEMENT and shall inure solely to the benefit of the PARTIES determining and performing their obligations under this AGREEMENT.

ARTICLE XIV: EXECUTION IN 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.

ARTICLE XV: INTERPRETATION

This AGREEMENT and each of the terms and provisions of it are deemed to have been explicitly negotiated by the PARTIES, and the language in all parts of this AGREEMENT shall, in all cases, be construed according to its fair meaning and not strictly for or against either of the PARTIES hereto. The captions and headings in this AGREEMENT are used only for convenience and are not intended to affect the interpretation of the provisions of this AGREEMENT. This AGREEMENT shall be construed so that wherever applicable the use of the singular number shall include the plural number, and vice versa, and the use of any gender shall be applicable to all genders.

ARTICLE XVI: WARRANT OF AUTHORITY

Each of the signatories hereto warrants and represents that he or she is competent and authorized to enter into this AGREEMENT on behalf of the COUNTY and AGENCY for whom he or she purports to sign this AGREEMENT.

IN WITNESS WHEREOF, the PARTIES hereto have caused AGREEMENT to be signed and intend to be legally bound thereby.

COUNTY OF CLARK:

BY: _____

JAMES B. GIBSON, CHAIR
Clark County Commissioners

ATTEST:

BY: _____

LYNN MARIE GOYA
County Clerk

APPROVED AS TO FORM:

Steven Wolfson, District Attorney

BY: _____

JASON B. PATCHETT
Deputy District Attorney

CITY OF LAS VEGAS, NEVADA

ATTEST:

BY: _____

CAROLYN GOODMAN

Mayor

BY: _____

LUANN D HOLMES, MMC

City Clerk

APPROVED AS TO FORM:

BY: _____

BRYAN SCOTT

City Attorney

CITY OF HENDERSON, NEVADA

ATTEST:

BY: _____

MICHELLE ROMERO

Mayor

BY: _____

JOSE LUIS VALDEZ, CMC

City Clerk

APPROVED AS TO FORM:

BY: _____

NICHOLAS VASKOV

City Attorney

CITY OF NORTH LAS VEGAS, NEVADA

ATTEST:

BY: _____

PAMELA GOYNES-BROWN

Mayor

BY: _____

RYANN JUDEN

City Manager

APPROVED AS TO FORM:

BY: _____

MICAELA R. MOORE

City Attorney

UNIVERSITY OF NEVADA LAS VEGAS, NEVADA

ATTEST:

BY: _____

ADAM GARCIA

Director of University Police Services

BY: _____

JEFFREY OHS

Emergency Management Coordinator

APPROVED AS TO FORM:

BY: _____

Elda Luna Sidhu, Esq

General Counsel

Office of the President, UNLV

LAS VEGAS METROPOLITAN POLICE DEPARTMENT, NEVADA

ATTEST:

BY: _____

KEVIN MCMAHILL

Metro, Sheriff

BY: _____

DIANA CLARKSON

Metro, Emergency Manager

APPROVED AS TO FORM:

BY: _____

Matthew Christian

Asst. General Counsel

Metro

Attorney

SOUTHERN NEVADA HEALTH DISTRICT, NEVADA

ATTEST:

BY: _____

FERMIN LEGUEN, MD, MPH

District Health Officer

APPROVED AS TO FORM:

This document is approved as to form.

Signatures to be affixed after approval by

BY: Southern Nevada District Board of Health

Heather Anderson-Fintak, Esq.

General Counsel

Southern Nevada Health District

CLARK COUNTY SCHOOL DISTRICT, NEVADA

ATTEST:

BY: _____

JESUS JARA
Superintendent

BY: _____

JAE BEASLEY
School Safety Director

APPROVED AS TO FORM:

BY: _____

Luke Puschnig
General Counsel, CCSD
Attorney

NYE COUNTY, NEVADA

ATTEST:

BY: _____

TIM SUTTON

County Manager

BY: _____

SCOTT LEWIS

Emergency Manager

APPROVED AS TO FORM:

BY: _____

BRIAN KUNZI

District Attorney

CITY OF BOULDER CITY, NEVADA

ATTEST:

BY: _____

William Gray
Chief, Boulder City

APPROVED AS TO FORM:

BY: _____

Brittany Walker, Esq.
Boulder City Attorney

CITY OF MESQUITE, NEVADA

ATTEST:

BY: _____

Jayson Andrus
Chief, City of Mesquite

BY: _____

Al Litman
Mayor, City of Mesquite

APPROVED AS TO FORM:

BY: _____

Cheryl Hunt
Mesquite City Attorney

ESMERALDA COUNTY, NEVADA

ATTEST:

BY: _____

Paul Melendrez
Esmeralda County Emergency Manager

BY: _____

Ralph Keyes
Chair, County Commission

APPROVED AS TO FORM:

BY: _____

Robert Glennen III
DA Esmeralda County

LINCOLN COUNTY, NEVADA

ATTEST:

BY: _____

Eric Holt
Emergency Manager

BY: _____

Varlin Higbee
Chair, County Commission

APPROVED AS TO FORM:

BY: _____

Dylan Frehner
DA, Lincoln County

**CBE 606565-23
ATTACHMENT A**

Southern
Nevada
All-Hazard
Incident
Management
Assistant
Team

2022

Southern Nevada
IMAT

OPERATING
GUIDELINES

Table of Contents

Operating Guidelines.....	3
Team Member Expectations.....	3
Responsibilities Prior to Dispatch.....	5
Equipment.....	6
Team Request.....	6
Responsibilities Upon Deployment.....	7
Procedures at Incident.....	8
Standard Meeting Information.....	10
Demobilization.....	12
Law Enforcement.....	14
Transportation.....	14
Resource Accountability.....	15
Letters of Appreciation.....	15

Appendices

Appendix A.....Sponsoring Agency IMAT Participant Letter of Support.....	16
Appendix B.....Nevada Emergency Management Assistance Compact (NEMAC).....	17
Appendix C.....IMT Organizational Structure.....	22
Appendix D.....Delegation of Authority.....	23
Appendix E.....IMT Performance Evaluation.....	25
Appendix F.....Clark County Travel Policy.....	29
Appendix G.....PayScale Information.....	33

**SOUTHERN NEVADA
ALL-HAZARD INCIDENT MANAGEMENT ASSISTANT TEAM
OPERATING GUIDELINES**

PURPOSE

IMT's have been established to organize and manage our most serious, complex, and costly incidents. Incidents will be managed in a safe and economical manner taking into consideration incident objectives, resource values, and social, environmental, and political issues. All activities will be conducted in a manner that ensures the safety of all personnel and the public. All IMAT activities will be conducted in harmony with the National Incident Management System and in compliance with Nevada Division of Emergency Management Operational requirements.

OBJECTIVE

To provide fast, effective, and cooperative organization to an agency/unit in need of assistance for the management of emergency incidents.

TEAMMEMBER SELECTION

All prospective IMT members must complete and submit a signed application to be considered. All applications will be reviewed by _____. Selection recommendations will be submitted to _____ for final approval. Applications should be submitted to:

Clark County Fire Department
Assistant Fire Chief Brian O'Neal, Team Manager
575 E Flamingo Road
Las Vegas Nevada 89119
Attn: SNV AHIMT
boneal@ClarkCountyNV.gov

TRAINING REQUIREMENTS

IS 100,200,300,400,700,800. 0-305,
Position specific trainings and Task books

PLEASE NOTE: Keep a copy for your records and send copies of your FEMA EMI or NFA training certificates, task book certification page (if any), and a comprehensive resume. The certificates must verify your successful completion of the requirements for the position unless you are applying as a trainee. Applicants that lack the minimum requirements to be team members may apply as trainees.

TEAM MEMEBER EXPECTATIONS**Professionalism & Behavior**

Incident management will be conducted in a professional manner that exhibits a situational awareness to the agency and the public. Team attitude and actions shall reflect a sense of urgency commensurate with the incident situation. Teams will establish internal and external accountability on the incident.

Team professionalism extends to "off duty" hours as well. The personal conduct of Team members "after hours" should not affect the public perception of the Team in a negative way. Furthermore, team members will use good judgment and "after hours" activities and interactions

will not serve to diminish Team performance during “on duty” hours. Team members are expected to remain unimpaired until released from the incident.

Harassment and/or discrimination will not be tolerated. Team members will actively promote the prevention and mitigation of any occurrences and report occurrences to their line supervisor, member of Command and General Staff, and/or human resource specialist.

Open and honest communication

Open and honest communication is expected of all team members. Positive or negative feedback is given professionally, openly, frequently and directly and is expected by all team members. Team members should express their thoughts and feelings about the team’s performance and each other, focusing on specific work-related issues and behaviors, not personalities. Team members should listen carefully, seek clarification when necessary, and work to resolve disputes or disagreement before they impact incident/event operations. Periodic team meetings should be scheduled to assess team performance and provide a forum for addressing issues. When communicating by radio, always use plain speech.

Dress Code

Team members will wear clothing or personal protective equipment (PPE) that is professionally appropriate for their position while on the assignment. Team members will wear team identification while traveling, at agency administration briefings, transition and community meetings, media events, and other events where team members will be representing the team or agency in public. Agency personnel are encouraged to wear a team shirt, while working, when not wearing agency uniforms. Team members should only wear team shirts, hats & position I.D. tags on incidents and in team meetings/training. Cut-offs, tank tops/muscle shirts, shorts or open toe shoes are examples of clothing that are not appropriate when on duty.

Commitment

Team members will place incident and team needs over individual importance. Team members must remember they have been requested to help others, remain service oriented and display a proactive and positive attitude. Team members with down time are expected to help other team members who need assistance with their responsibilities.

Professional Development

Team members will participate in team training and position training as required, to stay proficient. Line supervisors on IMATs are expected to train their replacement or help build team or agency capacity. All team members should look for opportunities to develop people to move up in incident qualification and/or cross-train. This builds team strength, depth, and the ability to handle the unexpected.

Team members are expected to attend a minimum of one (1) in-person class or take two (2) IS courses relevant to either team position or response, annually.

Member Readiness

Since the Regional Type 3 Team is on a call-up roster of personnel who will work at an incident you will do well to prepare in advance. Do not assume that you will have time to prepare for deployment after the alert or deployment is announced. Attend all required training. Knowing what position you will fill on-scene will help you prepare, but even if you aren't exactly sure when or how you will be deployed, there are some items that you should assemble in advance. Preparing a "Go Kit" in advance will help ensure that you have everything that you need and will reduce the amount of time between deployment and check-in.

TEAM MEMBER RESPONSIBILITIES PRIOR TO ALERT/DISPATCH

If a team member is not available for an assignment during a period when the IMAT can expect to be placed on alert and/or dispatched, they will inform the Incident Commander(s). The host agency will identify any vacancies and the IMAT's member replacements for those vacancies.

When teams are placed on alert, team members are notified through the IMAT notification system. Each team member is responsible to notify their work unit supervisor and IMAT Incident Commander of their availability and readiness for dispatch.

Assembling a "Go-Kit"

Your Go Kit should include all the items that you would need on every incident:

- IMAT ID badge
- Pens, pencils, markers (both thin and thick point)
- Paper
- ICS and other forms (e.g., accident/injury forms, inventory, etc)
- Appropriate functional annex to your agency's Policy and Procedures
- Other policies, procedures, and instructions that you will (or might) need at the incident.
- Maps
- Masking tape and/or pushpins

Your job also may require:

- Laptop computer
- Appropriate software (word processing, spreadsheets, data bases, etc)
- Printer
- Some form of external storage (including disks, USB, etc.
- Surge protector
- Supply of paper/ink cartridges
- Fill out of any required form (leave the date blank) for hardware check-out/check-in and have them on hand.

Personal Preparedness

You must also consider your personal needs for deployment.

- One or more changes of clothing (including shoes), especially if you could be deployed for an extended period.
- Toiletries and hygiene supplies.
- Outerwear, as appropriate to the incident, the season, or the climate.
- A flashlight.
- Watch

- Handkerchiefs
- Optional items may include sunglasses, writing paper, envelopes, stamps, notepad, and pens.
- Medications (Note: If the medications that you take have a shelf life, always keep the newest medication in your Go Kit. As you finish your medication, use the one in your Go Kit and replace it with new medication).
- Snacks
- Reading material, Kindle, iPod, laptop, or other entertainment for your time off.

Deployment will be a busy time, especially at a large or complex incident. There are some guidelines that you can follow that will make deployment easier. You may not be able to gather all this information at the time you are activated, but you should gather as much information as you can.

- Incident/event name
- Incident/event job assignment
- Reporting location
- Specific location of the incident/event
- Location of check-in point
- Reporting time
- Travel instructions/chief of party
- Any special communications instructions
- Resource Order number and request number (if applicable)
- Unit designator (if applicable)
- Point of contact at incident/event

IMAT EQUIPMENT

The IMAT may have equipment under its control. This equipment may be issued for deployment. The IMAT shall account for all issued, loaned, or borrowed equipment and any provided equipment will be returned as soon as possible following demobilization. The IMAT will arrange for and coordinate necessary inventory, tracking, maintenance, and repairs of equipment under their care and control. Any lost or damaged equipment will be documented and billed as incident costs to maintain the readiness of the equipment cache.

TEAM REQUEST

- This team is established and authorized by the local Councils or Commissions for the City of Boulder City, the City of Las Vegas, the City of North Las Vegas, the City of Henderson, the City of Mesquite, Lincoln County, Esmerelda County, Nye County below the Tonopah line, Clark County, and the State of Nevada (NRS 414 - <http://leg.state.nv.us/nrs/nrs-414.html>).
- The Incident Commander, or other authorized representative, will submit a resource request for IMAT team activation through the respective jurisdiction's designated Emergency Management Coordinator. If the request comes through the Fire Alarm Office (FAO), the on-duty Senior Communications Specialist will forward that request to the requesting jurisdiction's designated Emergency Management Coordinator.
- The jurisdiction's designated Emergency Management Coordinator will forward that request to Clark County Office of Emergency Management (CCOEM) and request the activation the IMAT.

- Once team activation has been authorized by the Clark County Emergency Manager, a team will be assembled by the IMAT Team Manager based on the availability of rostered team members.
- Deployment Priority will be given based on a “point system” determined by volunteer and training activity.
- If the IMAT is not available, the Emergency Manager will coordinate with NV DEM/HS to locate an available team. **If no regional teams are available, see procedures below to request a state level team.*
- CCOEM will notify all regional Emergency Management Coordinators of the activation via email and/or text message.
- The IMAT Incident Commander(s), or their designee, will contact the requesting agency/jurisdiction Emergency Management Coordinator and directly coordinate the response.
- Individual IMAT members are responsible to obtain approval from their supervisor to deploy.
- Members will be paid by their home agency based on their contracted hourly wage. Members who are part time or contracted employees through Clark County will be paid based on the County and FEMA pay scales (*See Appendix H*).
- The team will not deploy until a resource order has been placed for the team using the appropriate resource ordering form(s).

RESPONSIBILITIES UPON DEPLOYMENT

Safety

1. Safety is the first and foremost responsibility of all supervisors. Safety is also the responsibility of all Team personnel on the incident/event.
2. Supervisors are responsible for ensuring that their personnel have, and use, all required safety equipment.
3. All Team Members should survey and identify hazards. Make them known and/or correct them as appropriate.
4. All injuries on the incident SHALL be reported and documented.
5. Supervisors should provide an appropriate safety briefing, at the beginning of each shift, which shall identify all potential hazards and pertinent safety information relative to the Incident and the surrounding area.
6. Monitor all activities to ensure adherence to the risk reduction steps stated above. This also includes abiding by agency supported safety guidelines, and applicable OSHA standards.
7. Supervisors SHALL report or take action with any employee involved in an unsafe act that would endanger themselves or others.

8. We will use the ICS 215A (Operational Planning Worksheet) during strategy meetings to identify hazards associated with operations on the incident/event. A copy of the worksheet and/or the mitigation measures will be included in the incident action plan.

PROCEDURES AT INCIDENT

General/Command Staff are to notify the Incident Commander(s) of their estimated time of arrival (ETA) to the reporting location once they and those in their section are enroute.

There may be several locations for incident check-in. Check-in officially logs you in at the incident/event and provides important release and demobilization information. You only check in once. Check-in Recorders may be found at the following locations:

- Incident Command Post
- Base or Camp
- Staging Area
- Helibase
- If you are instructed to report directly to an assignment, you should check-in with your supervisor at the incident/event.

All team members are expected to attend the Transition Briefing with the Agency Administrator/Line Officer whenever possible. An attempt will be made to schedule the briefing at a time when all can attend. Incident Commander(s) may meet one-on-one with Agency Administrator before or after the briefing. The Briefing with the Outgoing IC may or may not be part of this briefing.

The standard transition briefing/debriefing format will be used. The elements affecting your section are each team member's responsibility. The team is expected to ask questions and get answers. Team members need to clarify all points, issues, or concerns at this meeting. This is a one-time opportunity therefore team members need to be prepared in advance with questions because of time restraints. The time for assuming command of the incident is negotiated and established at this briefing. Furthermore, how local personnel will be included in the incident organization is also determined at this time.

The team has been requested to manage an emergency and transition may have to be immediate upon arrival. In these situations, an Agency Administrator's Meeting with the team may not be possible or practical. In some cases, the transition briefing may take place by telephone and the team takes over incident in stages, as members arrive.

The IMAT Incident Commander will receive a written Delegation of Authority from the Agency Administrator prior to engaging in incident management activities. If no written form is provided, team members may conduct *support* activities.

After check-in, locate your incident supervisor and obtain your initial briefing. The items that you receive in your briefing, in addition to functional objectives, will also be needed by your subordinates in their briefing. The items include:

- Identification of specific job responsibilities expected of you for satisfactory performance.
- Identification of co-workers within your job function.
- Definition of functional work area.
- Identification of eating and sleeping arrangements.
- Procedural instructions for obtaining additional supplies, services, and personnel.
- Identification of operational period work shifts.
- Clarification of any important points pertaining to assignments that may be questionable.
- Provisions for specific debriefing at the end of an operational period.
- A copy of the current Incident Action Plan.

As time permits, a team meeting will be held shortly following the briefing to coordinate and prioritize activities and set the time for the initial strategy meeting. Use available “waiting time” to refresh training, improve organization and communications, and check equipment. Take notes during your briefing, especially if you will have subordinates working for you as you will have to brief them.

Unit Logs

Unit logs are to be kept by all unit leaders/division supervisors and above. At a minimum, they should include assignment progress, major events, key decisions, and other significant “happenings” that need to be part of the final incident documentation. These events are to be documented on an ICS 214 (Activity Log) and should be turned into Documentation Unit Leader (DOCL) daily.

Record Keeping

All incidents/events require some form of record keeping, but the specific requirements will vary depending on your agency’s policy and procedures and the nature of the incident/event. Follow local procedures for documenting your activities. Even though you will be extremely busy, take your record keeping responsibilities seriously. The completeness and accuracy of your records may be critical to documenting the need for State and/or Federal assistance and also may be critical should an incident/event occur that results in future litigation against the community.

Work/Rest Guidelines

Safety for all incident/event personnel is the first and foremost priority on any assignment. Therefore, the SNUC IMT will adhere to National Wildfire Coordinating Group (NWCG) work/rest guidelines, commercial driver regulations for equipment transportation and the Federal Aviation Regulations governing pilot duty day limitations as tools to aid in the protection of incident personnel.

Lodging

Incident personnel will be lodged at the nearest available facility(s) but no more than one-hour travel from the Incident Command Post (ICP) or assigned location on the incident. Exceptions to this rule may be made at the discretion of the Incident Commander.

Single rooms may be requested and will be provided if they are available and within per diem. When single rooms are not available personnel are expected to double up with persons in similar assignments on the incident.

Team members should always be prepared for a remote duty location and should be self-sufficient for a minimum of 72 hours. This may include at times providing personal camping equipment including sleeping bag, cot, and tent.

Section Specific Expectations

All incident personnel are expected to fulfill their assigned duties as outlined in the position task books or job aid.

STANDARD MEETINGS

The types of meetings, schedule times, attendees, etc. may vary from one incident/event to another. This flexibility is needed to ensure meetings/schedule meet the needs of the incident.

Expectations

- Team members will participate in all meetings required of their position assignment. If unable to attend the meeting it is the responsibility of the Team member to find a suitable replacement to attend in his/her place.
- All meetings will start on time at the designated location and adhere to the time schedule established, punctuality of attendees is required.
- Attendees are expected to arrive at the meeting fully prepared to participate and contribute.
- Meetings will be conducted without interruption, except for those of a true emergency nature.
- Using the Team briefing document all attendees should ensure that they have received the information they will need to fulfill their function upon the Teams assuming control of the incident. This includes relevant documents and lists of key contacts.
- Any concerns regarding the Teams acceptance of the incident based on the information as presented should be voiced during this meeting.
- Using Team briefing document ensure that all critical available information is gathered.
- An ICS 201 or its equivalent should either be presented or generated during this meeting.
- Establish Date/ Time of official transition of control to Team.
- Objectives to be established by IC with input from the team
- Strategic Plan developed or validated and bought into by the team
- Timelines and information requirements for Team activities will be established
- Complete 215 Operational Planning Worksheet
- Complete 215A LCES Worksheet
- Develop IAP for first Operational Period
- Identify release priorities
- Identify release procedures

- Identify checkout procedures
- Begin development of the Demobilization Plan
- Provide incoming Team/IC with complete set of information using Team briefing form.
- Agree which Team resources will remain after transition.
- Establish Date/Time of official transition to incoming Team/IC.
- Obtain written documentation of the transfer or discontinuation of the Delegation of Authority.
- Conducted by IC
- Self-critique of performance by Team
- Each Section will self-critique and present to group
- Determine what issues should be raised at Closeout Meeting
- Jurisdictional agency reviews team performance on incident.
- Agenda usually set by AA with input from IC.
- Team leaves documentation with AA.
- Complete draft 215
- Complete draft 215A
- Finalize 215
- Finalize 215A
- Develop IAP for next Operational Period
- IAP's available for all required attendees
- Brief discussion by each Section
- Follow up with separate small group briefings by DIVS to resources assigned.
- Breakout areas for DIVS briefings will be clearly marked
- Each member of Command & General staff updates IC on status of activities
- Command & General Staff priorities are set for the Operational Period
- Team members share issues and concerns that need to be addressed to improve Team performance
- Team members share positive actions that are enhancing Team performance.

Transition Plan Outline

- Introduction
- Transition Schedule
- Fire or incident Status
- Resources Left on The Incident
- Rehabilitation Plan
- Items Completed
- Items To Be Completed
- Narrative Report
- Demobilization Plan and Schedule
- Other Items Not Completed
- Key Contacts

DEMOBILIZATION ACTIVITIES

Preparation for demobilization begins with mobilization. Everyone mobilized to an incident has responsibilities in the demobilization process. The following checklist identifies some of the key responsibilities:

General Guidelines and Procedures

Major emphasis will be given to swift, efficient demobilization of the Incident. In many instances, demobilization occurs at the same time mobilization is occurring elsewhere. Demobilization is an important function of each Command and General Staff position. Demobilization must be given adequate attention such as:

- Actively participate in the planning, development and implementation of the demobilization plan and schedule.
- Provide for a minimum advance notice of 24 hours when identifying resources that will be available for demobilization.
- Ensure that there is no room for interpretation in identifying actual versus tentative demobilization information.

The Demobilization Unit will be operational early in the incident/event and, with help from the General Staff, will develop a tentative demobilization plan. Before the plan is finalized, major parts will be coordinated with the requesting agency. Once the plan is finalized, it will be given wide distribution, including posting on incident/event bulletin boards so everyone knows the demobilization plan.

Demobilize in a timely and professional manner. Team members will demobilize together as a Team and will remain together until after their final incident critique.

Demobilization does not mean just going home. When you are notified that you will be demobilized:

- Complete all work in progress, unless otherwise directed.
- Ensure that all of your records and files are up to date.
- Brief your relief (or, if you are not being relieved, your immediate supervisor) on the status of all work.
- Brief your subordinates, and introduce your relief, as necessary.
- Return or otherwise transfer custody of all equipment that you have signed for.
- Follow the local checkout procedures before leaving the incident area.

- Verify demobilization schedule with supervisor.
- Ensure that your base/camp sleeping area or room is clean.
- Clean and ready gear for another assignment and travel.
- File required forms and reports with the Documentation Unit and/or Finance and Administration Section.
- Return incident issued communications equipment to the Communications Unit.
- Return incident-issued work materials to the Supply Unit.
- Follow approved check-out procedures (ICS Form 221).
- Report to departure points ahead of schedule.
- Stay with your group until you arrive at your destination.
- Evaluate performance of subordinates prior to release from the incident.
- Get feedback on overhead performance suggestions for improvement.

Functional heads (i.e., Section Chiefs and Unit Leaders) are responsible for determining resource surpluses to their needs or needing to be demobilized and submitting lists to Demobilization Unit Leader (DMOB). This requires functional heads to monitor personnel time regarding maximum tour guidelines. The Demobilization Unit Leader will use check-in information to also monitor time regarding maximum tour guidelines.

Some specific demobilization guidelines for deployments are:

- Local, in town deployments may be 14 to 21 days
- In-state, regional deployments may be 14 days plus travel days
- No person, except local resources, will be released prior to obtaining minimum of eight hours rest, unless specifically approved by the Incident Commander.
- Local personnel (those within 2 hrs of ICP) may be released with IC approval but must meet the *Driver Duty Limitation Guidelines* of no more than 10 hrs driving within a 16 hr duty day.
- All resources must be able to arrive at their home base prior to 2200 hrs.
- Leaders will be thoroughly briefed on methods of travel and transportation arrangements.
- On in-state incidents, the Demobilization Unit Leader will notify by e-mail the Home Dispatch Center, Home Unit Office and Requesting Agency when resources are released and enroute to home unit or another incident. If e-mail not available on incident, the Demobilization Unit Leader will notify the local Dispatch and the local Dispatch will e-mail out the information.

Incident Stress Debriefings

Depending on your job and the nature of the incident (e.g., fire, hurricane), you also may be required to attend special incident debriefings and/or a talk with a psychological counselor. These briefings may be called critical incident stress debriefings (CISD). Do not ignore these briefings. They are intended to ensure that you are okay and to inform you of special services that may be available to you should you experience physical and/or psychological problems when you return home.

Performance evaluations

Evaluations will be done on all team members to document feedback given for the purpose of maintaining and improving both individual and team performance. Feedback is defined as the ability of team members to give, seek, and receive comments. It includes the ability to accurately monitor the performance of teammates, provide constructive feedback regarding errors and offer advice for improving performance.

The Agency Administrator will complete the Team Evaluation, with discussion and review with the IC.

LAW ENFORCEMENT

Incident Law Enforcement will be handled as follows:

- Incident Base, ICP, and staging area related traffic management activities are the responsibility of the Logistics Section Chief. Logistics Section Chief will order qualified personnel to perform these functions.
- Special operations activities requiring Law Enforcement investigative support, including personnel security, or other field operations, is the responsibility of the Operations Section Chief and Incident Commander. Special Agents or equivalent qualified personnel will be assigned as determined by the host Special Law Enforcement Officer (SLEO) or equivalent in accordance with the host agency policy and may work independently of incident personnel.
- Investigation of the cause of the Incident, and all other law enforcement activities in the area remain under the supervision of the responsible agency (ies).

TRANSPORTATION

(See Appendix F)

Depending on the situation, team members should drive their personal agency vehicle to the incident/event whenever it is within reasonable driving time and the incident/event request time and date can be met. Otherwise, use any appropriate means of public transportation. Consider necessary rest and be prepared to perform team assignments upon arrival at the incident/event. Obtain a 4-wheel drive truck, van, or large passenger car, if necessary.

The SNV IMAT has a truck and trailer available for official team use. Use of the vehicle and/or trailer must be approved by the acting Chief or Team Manager. Adherence to all local laws and posted speed limits, and not going beyond the capacity of the vehicles is required.

If a vehicle needs to be rented, prior approval should be obtained from the Incident Commander or their designee. If using a government VISA or personal credit card, inform the Finance Section upon arrival at the Incident. The Finance Section will attempt to convert the rental agreement to an Emergency Equipment Rental Agreement. Ensure the Vehicle Inspection Form is completed.

Avoid renting vehicles that are obviously damaged and/or are not fully operational.

Assign crews transportation early on to avoid delay in movement on the incident/event. Ensure availability of tool transportation in a compartment separate from personnel or in a separate vehicle.

Drive carefully, slowly, and defensively, and ensure that all drivers under our command do the same.

RESOURCES ACCOUNTABILITY

Immediately after the incoming briefing with the Agency Administrator, Command and General Staff shall review the Initial Orders, and make any needed adjustments; Logistics Section Chief shall then place the initial order.

Once the Team has assumed command of the incident/event, place all orders through the Supply Unit. This includes any orders placed by the host unit to be charged to the Incident. This understanding with the Agency Administrator will be obtained at the incoming briefing.

All orders shall be signed at the Unit Leader, or higher, level and shall be placed with the Supply Unit. The Supply Unit will assign a Resource Order Number to all resources ordered for the Incident.

All incoming procurement/supply items will come through Receiving and Distribution (Supply Unit). Personnel will come through Planning Section Check-in. Resource Orders will be reconciled when receiving items.

All non-expendable, and some expendable, supply items will be signed out at Supply using the sign-out system. Property items will be formally tracked using Form ICS-213. Only Logistics Officers can draw supplies for crews.

Requests for additional team members will be submitted on a 213 General Message to the Incident Commander (IC). If the IC concurs with the request, he will review the request with the Agency Administrator and provide the additional cost. Once approved the request will be forwarded to the Planning Section and a Resource Order will be created. Completed resource requests will be forwarded by the Planning Section to the Team Manager. The Team Manager will attempt to fill the request by using rostered team members. In the event the request cannot be filled by the SNUCMT, the request can either be forwarded to the Nevada State Division of Emergency Management or filled at the local level depending on the needs of the IMT. The IC must approve all local hiring.

No one will be demobilized until he/she has been checked out by the Supply Unit and have reconciled their supply sign-out sheets.

LETTERS OF APPRECIATION

We will strive to prepare Letters of Appreciation to people and organizations, to incident/event cooperators such as Volunteer Fire Departments, fixed base operators, private individuals, and other organizations who participated in the conduct of the Incident.

APPENDIX A

DATE

To: Sponsoring Agency

From: Southern Nevada Unified Type 3 Incident Management Team Board

Re: Participation in the Southern Nevada Unified Type 3 Incident Management Team

The individual listed below has applied for a position with the Southern Nevada Unified Type 3 Incident Management Team (IMT).

The Southern Nevada All Hazards Type 3 IMT is an Incident Management Team which is activated by the State of Nevada to respond to disasters and incidents of national importance to support the activities of the Local Incident Command Team. The IMT system is designed to manage the logistical, fiscal, planning, operational, safety and community issues related to the incident/emergency, an Incident Management Team will provide the command-and-control infrastructure that is required.

Rostered IMT members are required to be on call for 1 month at a time, 4 times a year. While on call members are expected to be available to respond within two hours of activation for response assignments up to 14 days. Members may be called at other times as the result of multiple large-scale events requiring more than one IMT activation.

To meet the response requirements, it is essential that the IMT member have your support and authorization to respond. Costs associated with IMT activations may be reimbursable through Nevada Emergency Management Assistance Compact or Emergency Management Assistance Compact. Costs associated with IMT training and exercise, are not reimbursable, and come from Department of Homeland Security grant funds.

Membership on an All-Hazards Incident Management Team is an honor and significant accomplishment and requires a large commitment of time and effort from both the individual and their agency. Members have been chosen from a select few from across Southern Nevada and represent the best managers in the Emergency Response System.

By signing this authorization letter, you are approving participation of the listed individual in the authorized Southern Nevada Type 3 IMT activations and training. You are also agreeing to provide financial and logistical and administrative support to ensure the individual receives appropriate training. All support both financial and administrative is dependent on available Department of Homeland Security funds and in no way obligates your agency to any additional financial implications. Local significant emergency situations or disasters affecting your jurisdiction may take priority over a State Activation.

<hr/>	
Applicant Name	IMT Position Applied for
<hr/>	
Sponsoring Agency Chief Signature	Rank
	Date
<hr/>	
IMT Board Chair Signature	Date

APPENDIX B

Nevada Emergency Management Assistance Compact (NEMAC)

CHAPTER 415 - EMERGENCY MANAGEMENT ASSISTANCE COMPACT

NRS 415.010 Text of Compact. The Legislature of this State hereby ratifies a Compact on behalf of the State of Nevada with any other State legally joining therein in the form substantially as follows:

Implementation

This section authorizes the Governor to implement Public Law 104-321, Emergency Management Assistance Compact (EMAC), Articles 1 through 13, dated October 19, 1996.

Emergency Management Assistance Compact

ARTICLE I—PURPOSES AND AUTHORITIES

This Compact is made and entered into by and between the participating member States which enact this Compact, hereinafter called party States. For the purposes of this agreement, the term “States” is taken to mean the several States, the Commonwealth of Puerto Rico, the District of Columbia, and all U.S. territorial possessions.

The purpose of this Compact is to provide for mutual assistance between the States entering into this Compact in managing any emergency or disaster that is duly declared by the Governor of the affected State(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.

This Compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by party States or subdivisions of party States during emergencies, such actions occurring outside actual declared emergency periods. Mutual assistance in this Compact may include the use of the States’ National Guard forces, either in accordance with the National Guard Mutual Assistance Compact or by mutual agreement between States.

ARTICLE II—GENERAL IMPLEMENTATION

Each party State entering into this Compact recognizes many emergencies transcend political jurisdictional boundaries and that intergovernmental coordination is essential in managing these and other emergencies under this Compact. Each State further recognizes that there will be emergencies which require immediate access and present procedures to apply outside resources to make a prompt and effective response to such an emergency. This is because few, if any, individual states have all the resources they may need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.

The prompt, full and effective utilization of resources of the participating States, including any resources on hand or available from the Federal Government or any other source, that are essential to the safety, care, and welfare of the people in the event of any emergency or disaster declared by a party State, shall be the underlying principle on which all articles of this Compact shall be understood.

On behalf of the Governor of each State participating in the Compact, the legally designated state official who is assigned responsibility for emergency management will be responsible for formulation of the appropriate interstate mutual aid plans and procedures necessary to implement this Compact.

ARTICLE III—PARTY STATE RESPONSIBILITIES

1. It shall be the responsibility of each party State to formulate procedural plans and programs for interstate cooperation in the performance of the responsibilities listed in this Article. In formulating such plans, and in carrying them out, the party States, insofar as practical, shall:
 - (a) Review individual state hazards analyses and, to the extent reasonably possible, determine all those potential emergencies the party States might jointly suffer, whether due to natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency or enemy attack.
 - (b) Review party States' individual emergency plans and develop a plan which will determine the mechanism for the interstate management and provision of assistance concerning any potential emergency.
 - (c) Develop interstate procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans.
 - (d) Assist in warning communities adjacent to or crossing the state boundaries.
 - (e) Protect and assure uninterrupted delivery of services, medicines, water, food, energy and fuel, search and rescue and critical lifeline equipment, services and resources, both human and material.
 - (f) Inventory and set procedures for the interstate loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness.
 - (g) Provide, to the extent authorized by law, for temporary suspension of any statutes.
2. The authorized representative of a party State may request assistance of another party State by contacting the authorized representative of that State. The provisions of this agreement shall only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. If verbal, the request shall be confirmed in writing within 30 days of the verbal request. Requests shall provide the following information:
 - (a) A description of the emergency service function for which assistance is needed, such as, but not limited to, fire services, law enforcement, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services, and search and rescue.
 - (b) The amount and type of personnel, equipment, materials and supplies needed, and a reasonable estimate of the length of time they will be needed.
 - (c) The specific place and time for staging of the assisting party's response and a point of contact at that location.
3. There shall be frequent consultation between state officials who have assigned emergency management responsibilities and other appropriate representatives of the party States with affected jurisdictions and the United States Government, with free exchange of information, plans and resource records relating to emergency capabilities.

ARTICLE IV—LIMITATIONS

Any party State requested to render mutual aid or conduct exercises and training for mutual aid shall take such action as is necessary to provide and make available the resources covered by this Compact in accordance with the terms hereof; provided that it is understood that the State rendering aid may withhold resources to the extent necessary to provide reasonable protection for such State. Each party State shall afford to the emergency forces of any party State, while operating within its state limits under the terms and conditions of this Compact, the same powers (except that of arrest unless specifically authorized by the receiving State), duties, rights and privileges as are afforded forces of the State in which they are performing emergency services. Emergency forces will continue under the command and control of their regular leaders, but the organizational units will come under the operational control of the emergency services authorities of the State receiving assistance. These conditions may be activated, as needed, only subsequent to a declaration of a state of emergency or disaster by the Governor of the party State that is to receive assistance or commencement of exercise or training for mutual aid and shall continue so long as the exercise or training for mutual aid are in progress, the state of emergency or disaster remains in effect or loaned resources remain in the receiving State(s), whichever is longer.

ARTICLE V—LICENSES AND PERMITS

Whenever any person holds a license, certificate, or other permit issued by any State party to the Compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party State, such person shall be deemed licensed, certified or permitted by the State requesting assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the Governor of the requesting State may be prescribed by executive order or otherwise.

ARTICLE VI—LIABILITY

Officers or employees of a party State rendering aid in another State pursuant to this Compact shall be considered agents of the requesting State for tort liability and immunity purposes; and no party State or its officers or employees rendering aid in another State pursuant to this Compact shall be liable on account of any act or omission in good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this Article shall not include willful misconduct, gross negligence or recklessness.

ARTICLE VII—SUPPLEMENTARY AGREEMENTS

Inasmuch as it is probable that the pattern and detail of the machinery for mutual aid among two or more States may differ from that among the States that are party hereto, this instrument contains elements of a broad base common to all States, and nothing herein contained shall preclude any State from entering into supplementary agreements with another State or affect any other agreements already in force between States. Supplementary agreements may comprehend, but shall not be limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, police, public utility, reconnaissance, welfare, transportation and communications personnel, and equipment and supplies.

ARTICLE VIII—COMPENSATION

Each party State shall provide for the payment of compensation and death benefits to injured members of the emergency forces of that State and representatives of deceased members of such forces in case such members sustain injuries or are killed while rendering aid pursuant to this Compact, in the same manner and on the same terms as if the injury or death were sustained within their own State.

ARTICLE IX—REIMBURSEMENT

Any party State rendering aid in another State pursuant to this Compact shall be reimbursed by the party State receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with such requests; provided, that any aiding party State may assume in whole or in part such loss, damage, expense or other cost, or may loan such equipment or donate such services to the receiving party State without charge or cost; and provided further, that any two or more party States may enter into supplementary agreements establishing a different allocation of costs among those States. Article VIII expenses shall not be reimbursable under this provision.

ARTICLE X—EVACUATION

Plans for the orderly evacuation and interstate reception of portions of the civilian population as the result of any emergency or disaster of sufficient proportions to so warrant, shall be worked out and maintained between the party States and the emergency management/services directors of the various jurisdictions where any type of incident requiring evacuations might occur. Such plans shall be put into effect by request of the State from which evacuees come and shall include the manner of transporting such evacuees, the number of evacuees to be received in different areas, the manner in which food, clothing, housing, and medical care will be provided, the registration of the evacuees, the providing of facilities for the notification of relatives or friends, and the forwarding of such evacuees to other areas or the bringing in of additional materials, supplies and all other relevant factors. Such plans shall provide that the party State receiving evacuees and the party State from which the evacuees come shall mutually agree as to reimbursement of out-of-pocket expenses incurred in receiving and caring for such evacuees, for expenditures for transportation, food, clothing, medicines and medical care, and like items. Such expenditures shall be reimbursed as agreed by the party State from which the evacuees come. After the termination of the emergency or disaster, the party State from which the evacuees come shall assume the responsibility for the ultimate support of repatriation of such evacuees.

ARTICLE XI—IMPLEMENTATION

1. This Compact shall become operative immediately upon its enactment into law by any two (2) States; thereafter, this Compact shall become effective as to any other State upon its enactment by such State.
2. Any party State may withdraw from this Compact by enacting a statute repealing the same, but no such withdrawal shall take effect until 30 days after the Governor of the withdrawing State has given notice in writing of such withdrawal to the Governors of all other party States. Such action shall not relieve the withdrawing State from obligations assumed hereunder prior to the effective date of withdrawal.
3. Duly authenticated copies of this Compact and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the party States and with the Federal Emergency Management Agency and other appropriate agencies of the United States Government.

ARTICLE XII—VALIDITY

This Act shall be construed to effectuate the purposes stated in Article I hereof. If any provision of this Compact is declared unconstitutional, or the applicability thereof to any person or circumstances is held invalid, the constitutionality of the remainder of the Act and the applicability thereof to other persons and circumstances shall not be affected thereby.

ARTICLE XIII—ADDITIONAL PROVISIONS

Nothing in this Compact shall authorize or permit the use of military force by the National Guard of a State at any place outside that State in any emergency for which the President is authorized by law to call into federal service the militia, or for any purpose for which the use of the Army or the Air Force would, in the absence of express statutory authorization, be prohibited under section 1385 of Title 18, United States Code.

(Added to NRS by 1975, 145; A [2005, 1559](#))

APPENDIX C

Incident Management Team Organizational Structure

GOVERNING AND POLICY GROUP

- **Billy Samuels:** Deputy Fire Chief, Emergency Manager Clark County Fire Department
- **Brian O'Neal:** Assistant Fire Chief, IMAT Manager, Clark County Fire Department
- **Carolyn Levering:** Emergency Manager, City of Las Vegas-
- **Brad Iverson:** Emergency Manager, City of Henderson
- **Travis Anderson:** Emergency Manager, City of North Las Vegas
- **Jayson Andrus:** Fire Chief, Emergency Manager Mesquite Fire Department
- **Scott Lewis:** Fire Chief, Emergency Manager Pahrump Fire Department
- **William Gray:** Fire Chief, Emergency Manager Boulder City Fire Department
- **Lanita Magee:** Operations, Nevada Division of Emergency Management and Homeland Security
- **Eric Holt:** Emergency Manager, Lincoln County
- **Paul Melendrez:** Esmerelda County
- **Tyler Hecht:** Fire Management Officer, Bureau of Land Management

APPENDIX D
SNUC IMT Delegation of Authority

Date: MM/DD/YYYY

To: XXX, Incident Commander

From: Agency Administrator

Subject: NV Incident Delegation of Authority

Effective at XXX hours on MM, DD, YYYY, you are delegated authority as the Incident Commander for the overall management of the NV XXX Incident on the XXX UNIT. This delegation carries with it the full responsibility for managing the incident. You have full authority and responsibility for managing incident operations within the framework of legal statute, current policy, and the broad direction provided in your oral and written briefing materials. You are expected to do a complete and efficient job, while providing for Safety First. Safety will be the number one priority throughout the incident.

I expect open communication during all phases of management under this delegation. Please ensure the immediate notification of any significant concerns, issues, or events as they arise. At anytime I, the Agency Administrator, reserve the right to terminate this delegation of authority.

_____	_____
Incident Commander	Date

_____	_____
Agency Administrator	Date

Attachment to Delegation of Authority

Provide your intent and expectations as a part and parcel of the performance elements and review those with the IC after the initial in-brief is concluded. Take the time to review the performance elements and establish communication expectations during the in-briefing, as the incident develops, and in conjunction with the final performance evaluation process.

How well did the Team accomplish the objectives described in the Wildland Fire Decision Support System (WFDSS) the Delegation of Authority, and the Agency Administrator Briefing?

How well did the Team manage the cost of the incident? Did the team follow agency incident operating guidelines? Were follow-up issues identified and documented for the Agency Administrator i.e.; invoices, OWCP and vendor issues?

How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns?

How well did the Team deal with sensitive political and social concerns?

Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency?

How well did the Team anticipate and respond to changing conditions, was the response timely and effective?

How well did the Team place the proper emphasis on safety?

Did the Team activate and manage the mobilization/demobilization in a timely and cost effective manner?

How well did the Team use local resources, trainees, and closest available forces?

How did the Team notify the incident agencies regarding triggers for initiating a cost share agreement or large fire cost review? How were those recommendations implemented?

Was the IC engaged and in charge of the Team and the Incident? How well did the IC function and operate as a leader?

How timely was the IC in assuming responsibility for the incident and initiating action?

How did the IC show sincere concern and empathy for the hosting unit and local conditions?

Was the agency administrator or designee made aware that the Time Unit closed out/transitioned per unit operating guidelines? Example: AD time complete per payment center and agency requirements, cooperators given appropriate documents per agreements, OF 288's complete and returned.

Other needs as determined by the Agency Administrator/host unit.

APPENDIX E

IMT Performance Evaluations

Team IC		Incident Type	
Incident Name		Incident Number	
Assignment Dates		Total Acres	
Host Agency		Evaluation Date	
Administrative Unit		Sub-Unit	

COMPLETE THE FOLLOW EVALUATION NARRATIVES AND RATING FOR EACH QUESTION

(0 – did not achieve, 5 – excelled)

1.		How well did the Team accomplish the objectives described in the Wildland Fire Decision Support System (WFDSS) the Delegation of Authority, and the Agency Administrator Briefing?				
Circle one	0	1	2	3	4	5
(Explain)						
2.		How well did the Team manage the cost of the incident? Did the team follow agency incident operating guidelines? Were follow-up issues identified and documented for the Agency Administrator ie; invoices, OWCP and vendor issues?				
Circle one	0	1	2	3	4	5
(Explain)						
3.		How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns?				
Circle one	0	1	2	3	4	5
(Explain)						

4.		How well did the Team deal with sensitive political and social concerns?				
Circle one	0	1	2	3	4	5
(Explain)						
5.		Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency?				
Circle one	0	1	2	3	4	5
(Explain)						
6.		How well did the Team anticipate and respond to changing conditions, was the response timely and effective?				
Circle one	0	1	2	3	4	5
(Explain)						
7.		How well did the Team place the proper emphasis on safety?				
Circle one	0	1	2	3	4	5
(Explain)						
8.		Did the Team activate and manage the mobilization/demobilization in a timely and cost effective manner?				
Circle one	0	1	2	3	4	5
(Explain)						
9.		How well did the Team use local resources, trainees, and closest available forces?				
Circle one	0	1	2	3	4	5

(Explain)						
10.		How did the Team notify the incident agency regarding triggers for initiating a cost share agreement or large fire cost review? How were those recommendations implemented?				
Circle one	0	1	2	3	4	5
(Explain)						
11.		Was the IC engaged and in charge of the Team and the Incident? How well did the IC function and operate as a leader?				
Circle one	0	1	2	3	4	5
(Explain)						
12.		How timely was the IC in assuming responsibility for the incident and initiating action?				
Circle one	0	1	2	3	4	5
(Explain)						
13.		How did the IC show sincere concern and empathy for the hosting unit and local conditions?				
Circle one	0	1	2	3	4	5
(Explain)						
14.		Was the agency administrator or designee made aware that the Time Unit closed out/transitioned per unit operating guidelines? Example: AD time complete per payment center and agency requirements, cooperators given appropriate documents per agreements, OF 288's complete and returned.				
Circle one	0	1	2	3	4	5

(Explain)			
15.		Other comments:	
Note: Agency Administrators may provide additional feedback relating to the financial package to Incident Commanders and GACCs 60-90 days following the IMT close-out. AA;'s should coordinate with the payment centers and local business specialists on follow-up evaluation questions 2, 10, 14 and any other pertinent feedback.			
Agency Administrator or Agency Representative:		Date:	
Incident Commander:		Date:	

**APPENDIX F
CLARK COUNTY TRAVEL POLICY
Effective November 2019**

Yolanda T. King, County Manager Jeff Wells, Assistant County Manager
Kevin Schiller, Assistant County Manager Randall Tarr, Assistant County Manager Jessica
Colvin, Chief Financial Officer
Les Lee Shell, Chief Administrative Officer

COUNTY TRAVEL POLICY – QUICK REFERENCE GUIDE

Introduction

This is a quick reference guide to travel policies and procedures contained in the County's Travel Policy. It is NOT meant to provide comprehensive information.

Guiding Principles

All expenses incurred while on County business should be reasonable and a prudent use of public funds. Travelers shall choose the most efficient, direct and economical travel options required by the occasion.

Travel Authorization

Any person traveling on County business and seeking reimbursement from the County, should obtain travel authorization 30 days prior to the travel. Formal written request for travel reimbursement is made on a Travel Request and Authorization (TRA) form. This form must be completed if one or more of the following are incurred: airfare, lodging, meals, or car rental.

Within 10 calendar days of return from a county trip, travelers must submit travel documents to their departments to allow a final accounting on a Travel Reimbursement Expense (TRE) Report.

Attendance by more than two (2) employees from the same Department at a seminar/workshop is strongly discouraged. Any request above two should be explained within the TRA.

Reimbursable Travel Costs Transportation Costs

Air travel reservations may be made through a County-approved travel agency. Contact your Departmental Travel Coordinator for travel arrangement assistance

A car rental is allowable if it is the most economical and appropriate transportation option. Any reimbursement must be supported by an itemized car rental receipt.

Travelers who use a private auto for traveling on County business will be reimbursed for personal car mileage which exceeds the normal home-to-work mileage. When traveling to a destination with scheduled airline service, the mileage payment may not exceed the equivalent coach class airfare plus transportation to local airport and other transportation related costs at destination (such as ground transportation and hotel vehicle parking charges).

For any other ground transportation options, the most economical and appropriate form of available transportation that meets the traveler's needs should be selected.

Lodging Costs

Lodging is allowed if the traveler is required to stay overnight to attend training, a meeting, or other business purpose. The lowest cost option should be selected with consideration given to convenience and safety of the traveler.

Always check special rates, e.g., government rate, conference, or last-minute specials, which would reduce County cost.

A valid, itemized receipt must accompany the lodging reimbursement claim.

Meal Costs

Travel meals will be reimbursed at the federal per diem rate allowed for the location of the travel and receipts are not required unless travel exceeds five (5) working days.

Federal Per Diem Rate

For Travel within the 48 contiguous United States, use the rates listed on the U.S. General Services Administration website: <http://www.gsa.gov/>.

Non-reimbursable Expenses include (but not limited to):

- * Parking and traffic violations
- * Mileage for County vehicles
- * Mileage for commute to work
- * Emergency repairs for non- County vehicles
- * Car rental insurance for travel in United States
- * Fuel Service Option
- * Refreshments & snacks
- * Alcoholic beverages
- * Personal travel expense
- * Non-County companion travel expenses
- * Medicinal remedies, health supplies, cosmetics
- * Personal entertainment, e.g., in- room movies
- * Childcare fees; kennel/boarding fees (except for County-owned animals)
- * Short-term airport parking exceeding long term rates
- * Valet parking fees
- * Mini Bar items
- * Additional hotel room offered sundries
- * Early check-in/late check- out fees
- * Airline club membership fees
- * Airline priority boarding fees/upgrades
- * Credit card fees
- * Personal losses incurred while on County business
- * Political or charitable contributions
- * Add-on events in conjunction with a conference

Personal Credit Card Use

Travelers may use their personal credit cards to pay for travel costs related to County business; however, they should not use such cards to pay travel costs for other employees without prior approval of the Finance Department and noted on the Travel Request and Authorization (TRA) form. The reimbursement will occur once travel has been completed and the TRE has been processed.

Required Documentation

For each travel occasion supporting documentation for the final accounting. This documentation should include, but is not limited to, the following:

- Invoice and trip itinerary from vendor or travel agent, if applicable.
 - Receipt of airfare or other travel mode.
 - Car rental – original car rental receipt showing the dates and number of days, mileage driven, and type/class of vehicle rented.
 - Fuel receipts for rental car.
 - Event brochure or agenda for the conference, training, and/or special event (with cost listed).
 - Itemized hotel bill or statement.
 - Airport parking receipt.
 - A written explanation if any travel cost exceeds 10% of the TRA authorized amount.
 - Documentation of any additional charges incurred during travel status.
- The County assumes no obligation to reimburse travelers for expenses that are not in compliance with the Clark County Travel Policy, other County policies, federal, state, or local laws.

TRANSPORTATION**General Guidelines**

When planning the transportation portion of a trip, consider all aspects of cost to the County – e.g., daily expenses, overtime, lost work time – as well as actual transportation costs. In general, a common carrier (e.g., plane) is the preferred mode of transportation. However, use of a personal or county vehicle – especially if two or more employees are traveling together – may be less expensive for travel. The increased time for automobile transportation and the potential for lost work time, overtime, or increased lodging, parking and fuel costs should be considered in determining the best mode of transportation.

Transportation by Car**General Guidelines**

Current County Vehicle Policy is referred to within Administrative Guideline #6. This policy refers to the usage of County vehicles, personal vehicles, and rental vehicles in the performance of County business.

Transportation – Personal Car**Personal Car Guidelines**

Current County Vehicle Policy is referred to within Administrative Guideline #6.

Employees, if pre-approved, may use their personal car while traveling for business purposes when one or more of the following applies:

1. Public transportation is limited or unavailable.
2. It is more flexible and timelier than taking public transportation.
3. Expense is equal to or less than alternate transportation.
4. Employee is willing to accept reimbursement equal to the lowest price of reasonable transport; or
5. For extended stays, a department may authorize the use of an employee's car with reimbursement for mileage to/from the destination work site and other work- related uses.

Mileage/Reimbursement Rate

Travelers will be reimbursed for personal car mileage expenses for County business purposes but cannot exceed established federal rates. Personal car mileage reimbursement covers the operating cost of the vehicle, such as cost of gas, oil, wear, and tear, and needed servicing during the trip. In order to claim travel mileage reimbursement, travelers should use the TRE. Current mileage rates can be found at the Department of Finance intranet website or <http://www.irs.gov/>.

Transportation – County Car

County vehicles may be used for travel outside of Nevada only if it is a necessity to properly complete County business activities. For example, travelers transporting heavy equipment, large/bulky or sensitive materials would be acceptable reasons to use a county vehicle as the mode of transportation. In addition, the Department of Finance will review the length or distance of the trip for reasonableness. Use of County vehicles for travel outside of Nevada is prohibited for education, conferences, seminars, training, professional meetings, and other similar events.

The use of County vehicles outside of Clark County, but within Nevada, may be considered if it is the most economical means of transportation. The Automotive Division of the Department of Finance must be notified if a vehicle will be driven outside of Clark County. Please refer to Administrative Guideline #6 for the County vehicle policy.

Receipts are required for reimbursement. When asking for a receipt, taxi travelers should ask the driver to provide a completed receipt for the trip. Ride share services provide an email receipt. Tips to transportation drivers are reimbursable up to 15% of the total fare.

LODGING***Lodging Guidelines***

Lodging is allowed if the traveler is required to stay overnight to attend a training, a meeting, or other business purpose. The lowest cost option should be selected with consideration given to convenience and safety of the traveler.

APPENDIX G
Pay Scale Information

CLARK COUNTY
PART-TIME CLASSIFICATIONS

Part Time Pay Rates	(Federal 2022)	
	Qualified	Trainee
Type 3 IC	39.64	35.96
Type 3 OSC	39.64	35.96
Type 3 Plans	39.64	35.96
Type 3 Logistics	39.64	35.96
Resource Unit	32.56	29.04
Situation Unit	32.56	29.04
Documentation Unit	26.64	24.44
Demobilization Unit	32.56	29.04
Liaison Officer	43.52	39.64
Safety Officer	35.96	32.56
Public Information Officer	35.96	32.56
Staging Area Manager	26.64	24.44
Div/Group Supervisor	39.64	35.96
Communications Unit Leader	32.56	29.04
Medical Unit Leader	52.12	43.52
Food Unit Leader	32.56	29.04
Supply Unit Leader	32.56	29.04
Part-time County Employees shall be paid according to the federal administratively determined pay plan for emergency workers based on the position filled during the incident. They shall have compensable time from their time of departure to the incident to their arrival at the home unit, 16 hour daily rate, and overtime for hours above 40 per week.		

Effective 1/9/2023



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
AUGUST 24, 2023**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: August 24, 2023

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and University Medical Center of Southern Nevada*

PETITION #05-24

That the Southern Nevada District Board of Health *approve the Interlocal Agreement between the Southern Nevada Health District and University Medical Center for collaboration efforts to make supportive Ryan White service available to individuals living with HIV/AIDS, with the goal of improving patient outcomes.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer *FL*
Cassius Lockett, PhD, Director of Disease Surveillance and Control *CL*
Victoria Burris, MPH, Communicable Disease Manager *VB*

DISCUSSION:

This collaboration will allow Health District staff to refer clients to the UMC Wellness Center for care and case management. SNHD and UMC Wellness often serve the same clients in various capacities and UMC Wellness will be providing space in their location 1 day per week for SNHD staff to meet with mutual clients. SNHD has had a long-standing relationship with UMC Wellness Center and we are pleased to continue this collaboration.

FUNDING:

There is no funding associated with this MOU



**INTERLOCAL MEMORANDUM OF UNDERSTANDING
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
C2400004**

This Interlocal Memorandum of Understanding (“MOU”) is entered into between the Southern Nevada Health District (“Health District”), and University Medical Center of Southern Nevada (“UMC”) (individually “Party” and collectively “Parties”).

RECITALS

WHEREAS, Health District is the public health entity organized pursuant to Nevada Revised Statutes, Chapter 439 with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, UMC through its Wellness Center (together with UMC, “UMC Wellness”), serves as the center for HIV/AIDS clinical research for the Clark County area and cares for people living with HIV/AIDS and their families regardless of age or ability to pay; and

WHEREAS, with the execution of this MOU, the Parties intend to set forth their respective responsibilities concerning the cooperative working relationship.

NOW THEREFORE, in consideration of the foregoing, the Parties agree as follows:

1) PURPOSE

1.01 The purpose of this MOU is to establish a collaborative effort between the Parties to make supportive Ryan White services to HIV/AIDS available to patients, and to comply with the intent and requirements of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009), with the desired result of improved patient outcomes. This document identifies the roles of each Party as they relate to the delivery of these services.

2) AUTHORITY

2.01 Nothing in this MOU is intended to lessen the responsibility or restrict the authority of the Health District or UMC Wellness to act as provided by law or regulation.

2.02 NRS 277.180 authorizes public entities to contract with one or more other public agencies to perform any governmental service activity or undertaking which any of the public agencies entering into the contract is authorized to perform.

2.03 Each Party shall continue under the control of its respective officers and boards of directors or trustees, and each shall remain solely responsible in all respects for the management of its own affairs.

3) SCOPE / PARTY AGREEMENT

3.01 Health District agrees to:

- a) Maintain a physical presence at UMC Wellness a minimum of one (1) day each week to meet with clients.
- b) Refer new and existing Health District clients, on a non-exclusive basis, to UMC Wellness, as medically necessary and appropriate, for medical, dental, vision, and psychiatric appointments.
- c) Make UMC Wellness program brochures/information available to current clients who qualify for medical and/or supportive services.
- d) Share and maximize resources, based upon best practices of organizations that typically offer the same or similar services to low-income individuals.
- e) Provide case management and community health worker patient support, partner services, or other services as appropriate and available.

3.02 UMC Wellness agrees to:

- a) Provide appropriate space for a minimum of one (1) day each week to meet clinic needs and meet with clients.
- b) Refer new and existing UMC Wellness clients, on a non-exclusive basis, as medically necessary and appropriate to Health District for HIV case management, community health worker patient support, partner services, or other needed services.
- c) Participate in monthly meetings with Health District case management staff to discuss quality management.
- d) Share and maximize resources, based upon best practices of organizations that typically offer the same or similar services to low-income individuals.
- e) Collaborate with Health District to get eligible clients enrolled in the Ryan White Program.

4) INCORPORATED DOCUMENTS

The following document is attached, incorporated into, and specifically made a part of this Agreement:

Attachment A: Business Associate Agreement

5) REFERRAL DISCLAIMER AND STATEMENT OF ELIGIBILITY

- 5.01 The Parties acknowledge that the payment or receipt of any remuneration, direct or indirect, to induce the referral of a patient or for the purpose of purchasing either goods or services reimbursable under the federal Medicare or state Medicaid programs is prohibited. No provision of this Agreement is intended to, nor shall it be construed as requiring any Party hereto to refer any patient to any other Party hereto nor shall any payment contemplated hereunder be contingent or conditioned upon

nor measured by the referral by any Party of patients, or for the purchase of services or goods, to any of the other Parties hereto; it being expressly provided that no purpose of this Agreement is to induce referrals or health care business.

5.02 The Parties further acknowledge that all patients have the right of freedom of choice to choose a vendor for services, including medical services from private physicians, and the Parties shall take such reasonable steps as may be necessary and appropriate to ensure such freedom of choice, including advising the patient as to the availability of such services from other sources in the community and conforming to all requirements of law.

5.03 UMC Wellness and Health District state that, to the best of their knowledge, it and any of its employees/contractors is/are not (a) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and (b) has/have not been convicted of a criminal offense that falls within the ambit of 42 USC Section 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

6) EFFECTIVE AND ENDING DATES

This MOU will become effective upon the date of the last signature affixed hereto ("Effective Date"). This MOU shall be effective through May 31, 2024, unless otherwise terminated as provided in Paragraph 7 below.

7) TERMINATION

This MOU may be terminated by either Party with or without cause with thirty (30) days' prior written notice to the other Party.

8) MUTUAL COOPERATION

8.01 The Parties agree to cooperate and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of this MOU.

8.02 The Parties shall fully cooperate with one another, and shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this MOU.

9) EXPENSES

Each Party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOU.

10) NOTICES

All notices, permitted or required under this MOU, shall be made by overnight delivery, or via U.S. certified mail, postage prepaid, to the other Party at their address set out below:

Southern Nevada Health District
Contract Administrator, Legal
280 S. Decatur Blvd
Las Vegas, NV 89107

University Medical Center of Southern Nevada
ATTN: Contracts Management
901 Rancho Lane, Suite 265
Las Vegas, NV 89106

11) GENERAL PROVISIONS

- 11.01 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this MOU without the prior written consent of the other Party.
- 11.02 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this MOU on behalf of each Party has full power and authority to enter into this MOU and that the Parties are authorized by law to perform the services contemplated herein.
- 11.03 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties.
- 11.04 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this MOU, and any other documents generated incidental thereto may be opened by the Parties to 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.
- 11.05 SEVERABILITY. If any provision contained in this MOU is held to be unenforceable by a court of law or equity, this MOU shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this MOU unenforceable.
- 11.06 WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of this MOU 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.
- 11.07 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Agreement 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
- 11.08 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this MOU shall not be construed to create such status. The rights, duties, and obligations contained in this MOU shall operate only between the Parties to this MOU, and shall inure solely to the benefit of the Parties determining and performing their obligations under this MOU.
- 11.09 INDEPENDENT ENTITIES. The Parties are associated with each other only for the purposes and to the extent set forth in this MOU. The Parties are independent public entities, and nothing contained herein shall be construed or deemed to create a relationship of employer and employee, principal and agent, partners, or any relationship other than that of independent parties voluntarily cooperating with each other solely for the purpose of carrying out the provisions herein.
- 11.10 GOVERNING LAW. This MOU and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, notwithstanding conflict of laws principles, with Clark County, Nevada, as the

exclusive venue of any action or proceeding related to or arising out of this MOU.

- 11.11 CONFIDENTIALITY. To comply with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, to protect the security, confidentiality, and integrity of protected health information, the Parties will execute a Business Associate Agreement, attached hereto and expressly incorporated herein as Attachment A.
- 11.12 AMENDMENTS OR MODIFICATIONS. Amendments or modifications of the provisions of this MOU shall only be valid when they have been reduced to writing and duly signed by both Parties.
- 11.13 INDEMNIFICATION. Neither Party waives any right or defense to indemnification that may exist in law or equity.
- 11.14 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, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, gender identity or expression. The Parties likewise agree that they will each comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11.15 CODE OF CONDUCT. By executing this MOU, the Parties acknowledge they have each read and respectively agree to comply as applicable with Health District's Code of Conduct, which is available online at:
- <https://media.southernnevadahealthdistrict.org/download/FQHC-2020/20200129/20200129-VII-1-Code-of-Conduct-Booklet-Leguen-Signature.pdf>
- 11.16 EXECUTION IN COUNTERPARTS. This MOU 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.

[SIGNATURE PAGE TO FOLLOW]

IN WITNESS WHEREOF, the Parties hereto have caused this MOU to be executed by their undersigned officials as duly authorized.

SOUTHERN NEVADA HEALTH DISTRICT

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

By: _____
Fermin Leguen, MD, MPH
District Health Officer

By: _____
Mason VanHouweling
Chief Executive Officer

Date: _____

Date: _____

APPROVED AS TO FORM:

**This document is approved as to form;
signatures to be affixed**
By: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

DRAFT

**ATTACHMENT A
BUSINESS ASSOCIATE AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**

This Business Associate Agreement ("Agreement") is made and entered into this ____ day of _____, 2023, between the Southern Nevada Health District and University Medical Center of Southern Nevada (individually "Party" or collectively as "Parties").

WITNESSETH:

WHEREAS, Section 261 through 264 of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Rules"); and

WHEREAS, the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), pursuant to Title XIII of Division A and Title IV of Division B, called the "Health Information Technology for Economic and Clinical Health" ("HITECH") Act, as well as the Genetic Information Nondiscrimination Act of 2008 ("GINA, Pub. L. 110-233), provide for modifications to the HIPAA Rules; and

WHEREAS, the Parties will provide services as such, each Party is a Covered Entity and a Business Associate of the other Party to each other pursuant to one or more contractual relationships, said Agreements are detailed below and are hereinafter referred to as "Service Agreements." In the course of fulfilling its responsibilities under such Service Agreement, the Business Associate may have access to, use, and/or disclose Protected Health Information (as defined below); and

WHEREAS, the Parties acknowledge that in their role as Business Associate for the other, they may have or obtain access to confidential protected health information ("PHI") as defined below, including but not limited to individually identifiable health information, some of which may be Electronic Protected Health Information ("Electronic PHI") as defined below. The functions or activities authorized to be performed for or on behalf of the other are described below:

Interlocal Memorandum of Understanding between Southern Nevada Health District and University Medical
Center of Southern Nevada (C2400004)

THEREFORE, in consideration of the Parties continuing obligations under the Underlying Agreement, compliance with the HIPAA Rules, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Rules and to protect the interests of both Parties.

1. DEFINITIONS

Any terms used, but not otherwise defined in this Agreement shall have the same meaning as those terms in 45 CFR Parts 160 and 164.

- a) "Breach" means the acquisition, access, use, or disclosure of PHI in a manner that is not permitted under the privacy regulations which compromises the security or privacy of the PHI. Any unpermitted access, use, or disclosure is presumed a breach absent a demonstration of a low probability that the PHI has been compromised.
- b) "Protected Health Information" means individually identifiable health information including, without limitation, all data, documentation, demographic, medical and financial information collected from an individual which relates to the past, present, or future physical or mental health, condition, provision of

health care, or payment for the provision of health care to an individual. PHI includes without limitation "Electronic Protected Health Information" as defined below.

- c) "Electronic Protected Health Information" (ePHI) means PHI which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.
- d) "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.
- e) "Required by Law" has the same meaning as the term "required by law" in 45 CFR § 164.103.
- f) "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

2. BUSINESS ASSOCIATE CONFIDENTIALITY REQUIREMENTS (Privacy Rule)

Business Associate acknowledges and agrees:

- a) To not use or disclose PHI other than as permitted or required by this Agreement, the Service Agreements, or as Required by Law.
- b) To use appropriate safeguards to prevent the use or disclosure of the PHI other than as provided for by this Agreement.
- c) In case of any conflict between this Agreement and the Service Agreement(s), this Agreement shall govern.
- d) All PHI created, received, maintained, or transmitted by Covered Entity and disclosed or made available in any form or format by Covered Entity or its operating units to Business Associate or is created, received, maintained or transmitted by Business Associate on Covered Entity's behalf shall be subject to this Agreement.
- e) To use or disclose any PHI solely for meeting its obligations as set forth in the Service Agreement(s) and as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity.
- f) Ensure all such uses and disclosures of PHI are subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and minimum necessary requirements.
- g) Ensure any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restriction and conditions that apply through this Agreement to Business Associate with respect to such information (45 CFR § 164.314).
- h) To fully cooperate in good faith and to assist Covered Entity in complying with the requirements of the HIPAA Rules.
- i) Subject to the exceptions contained in the HITECH Act, Business Associate will not directly or indirectly receive remuneration for the sale or exchange of any PHI without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed "marketing" under the HIPAA Rules.

3. BUSINESS ASSOCIATE SECURITY REQUIREMENTS (Security Rule)

Business Associate acknowledges and agrees:

- a) To implement appropriate safeguards and internal controls to prevent the use or disclosure of PHI other than as permitted in this Agreement or by the HIPAA Rules.
- b) To use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by the Service Agreement(s), this Agreement, or as Required by Law. This includes the implementation of administrative, physical, and technical safeguards to reasonably and appropriately protect and secure the Covered Entity's ePHI against any reasonably anticipated threats or hazards, utilizing technology commercially available to the Business Associate. (45 CFR §§ 164.308, 164.310, 164.312). Business Associate shall maintain appropriate documentation of its compliance with the Privacy Rule, including, but not limited to, its policies, procedures, records of training, and sanctions of its workforce member. (45 CFR §164.316).

- c) To notify Covered Entity immediately of any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- d) In the case of an unsuccessful attempt to gain unauthorized access, Business Associate need only notify Covered Entity of an attempt that had a reasonable probability of success.
- e) To notify Covered Entity immediately upon discovery of a breach pursuant to the terms of 45 CFR § 164.410 and cooperate in Covered Entity's breach analysis procedures, including risk assessment and final determination on whether to notify affected individuals, media, or HHS.
 - (i) A breach shall be treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate.
 - (ii) Business Associate shall provide Covered Entity with all required content of notification pursuant to 45 CFR § 164.410 and 45 CFR 404 within 15 business days of discovery of the Breach.
- f) For breaches determined to have resulted from the Business Associate actions and/or its subcontractors, Business Associate will handle and pay all costs for any breach notifications and/or mitigation to affected individuals and notifications to HHS and the media, on behalf of the Covered Entity.
- g) All notifications as permitted or required pursuant to this Agreement must be in writing, and shall be made by personal delivery, overnight delivery, or via U.S. certified mail, postage prepaid, to Covered Entity.

4) BUSINESS ASSOCIATE PERMITTED USES AND DISCLOSURES

Notwithstanding the prohibitions otherwise set forth in this Agreement, Business Associate may use and disclose PHI as follows:

- a) Subject to the limitations of this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- b) Except as otherwise limited in this Agreement, Business Associate may use PHI to provide Data Aggregation Services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(b).
- c) Business Associate shall report to Covered Entity any use or disclosure of PHI which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident it becomes aware of, including breaches of unsecured PHI.
- d) Business Associate may use PHI to report violations of law to appropriate federal and state authorities, consistent with 45 CFR § 164.502(j)(1).

5) SPECIFIC USE AND DISCLOSURES

- a) HHS has the right to review, audit, or investigate Business Associate's records and practices related to the use and disclosure of PHI to ensure Covered Entity's compliance with the terms of the HIPAA Rules.
- b) Upon request, provide Covered Entity with timely and appropriate access to records, electronic records, personnel, or facilities sufficient for Covered Entity to gain reasonable assurance that Business Associate is in compliance with the HIPAA Rules and the provisions of this Agreement.
- c) At Covered Entity's Request, Business Associate agrees:
 - (i) To comply with any requests for restrictions on certain disclosures of PHI to which Covered Entity has agreed and of which Business Associate has been notified.
 - (ii) Within 15 days of a request by Covered Entity, account for disclosures of PHI and make an account of such disclosure available to Covered Entity as required by 45 CFR § 164.528.

7) TERMINATION

- a) Covered Entity shall have the right to terminate this Agreement and the Service Agreement(s) immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement.

- b) If Covered Entity reasonably believes that Business Associate has violated a material term of this Agreement, where practicable, Covered Entity shall either:
 - (i) give written notice to Business Associate with an opportunity to reasonably and promptly cure or end the violation and terminate the Agreement if the Business Associates does not cure the breach or end the violation within the reasonable time specified; or
 - (ii) terminate this Agreement and the Service Agreement(s) immediately.
- c) This Agreement shall terminate in the event that the underlying relationship, functions, or services that gives rise to the necessity of this Agreement terminates for any reason. Upon such termination, the provisions of this Agreement which expressly or by their nature survive expiration or termination will remain in effect.
- d) Upon termination of the Service Agreement(s), this Agreement, or at the request of Covered Entity, Business Associate will return or destroy all PHI received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information.
 - (i) If such return or destruction is not feasible, Business Associate shall provide written assurances as to the means of continued protection of the data and extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction unfeasible for so long as Business Associate maintains the same.
 - (ii) Business Associate shall consult with Covered Entity as necessary to ensure an appropriate means for the return and/or destruction of any PHI and notify the Covered Entity in writing when such destruction is complete.
 - (iii) If PHI is returned, the Parties shall document when the PHI has been received by the Covered Entity.

8) MISCELLANEOUS

- a) The Parties agree that the provisions of HIPAA and the HITECH Act that apply to Business Associate are incorporated by reference into this Agreement in their entirety.
- b) Business Associate agrees to make PHI available for amendment and incorporate any amendments to PHI in accordance with the requirements of 45 CFR § 164.526.
- c) Except as expressly stated herein or the HIPAA Rules, the Parties to this Agreement do not intend to create any rights in any third parties.
- d) The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Service Agreement(s) and/or the business relationship of the Parties, and shall continue to bind Business Associate, its subcontractors, agents, employees, contractors, successors, and assigns.
- e) Each Party ("Indemnifying Party") will indemnify and hold harmless the other Party ("Indemnified Party") and any of its officers, directors, employees, or agents against any claim, cause of action, liability, damage, cost, or expense, including the right to seek reasonable attorneys' fees and court or proceeding costs, arising out of or in connection with any breach of the terms of this Agreement, any Breach of PHI under the control of the Indemnifying Party or its agents or subcontractors that requires notification under the HIPAA Rules or state law, or any failure to perform its obligations with respect to PHI by Indemnifying Party, its officers, employees, agents, or any person or entity under Indemnifying Party's direction or control.
- f) This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party.
- g) The Parties are independent entities and nothing contained herein shall be construed or deemed to create a relationship of employer and employee, principal and agent, partners, or any relationship other than that of independent parties voluntarily cooperating with each other solely for the purpose of carrying out the provisions herein.

- h) This Agreement will be governed by the laws of the State of Nevada.
- i) Failure to declare a breach or the actual waiver of any particular breach of the Agreement or Service Agreement(s) 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.
- j) Waiver of any term, provision or condition of this Agreement, in any one or more instances, shall not be deemed to be construed as a further waiver from any such term, provision or condition, or as a waiver of any other term, provision or condition of this Agreement.
- k) Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and the Business Associate to comply with the HIPAA Rules.
- l) Any reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.
- m) In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.
- n) This Agreement is the result of the joint efforts of Covered Entity and Business Associate, and each provision hereof has been subject to the mutual consultation, negotiation and agreement of the Parties and there shall be no construction against any Party based on any presumption of that Party's involvement in the drafting thereof.
- o) This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original, but all of which together will constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

SOUTHERN NEVADA HEALTH DISTRICT

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

By: _____
Fermin Leguen, MD, MPH
District Health Officer

By: _____
Mason VanHouweling
Chief Executive Officer

Date: _____

Date: _____

Memorandum #01-24

Date: August 24, 2023

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Stacy Johnson, MSN, RN, Regional Trauma Coordinator *SD*
John Hammond, Paramedic, EMS & Trauma System Manager *JH*
Michael D. Johnson, PhD, Director of Community Health *MDJ*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Request for Approval of Authorization of Mike O'Callaghan Military Medical Center 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 Mike O'Callaghan Military Medical Center'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 authorization under the condition that Mike O'Callaghan Military Medical Center shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

JH:nc

Attachments:

- A. Mike O'Callaghan Military Medical Center verification of a Level III Trauma Center through the American College of Surgeons (ACS).



Verification Review Consultation
American College of Surgeons

June 7, 2023

Jeremy Kilburn
Mike O'Callaghan Military Medical Center
4700 N Las Vegas Blvd
Nellis AFB, NV 89191

The Committee on Trauma would like to extend its congratulations to Mike O'Callaghan Military Medical Center on its Level III Verification through 3/29/2026. The Verification Review Committee (VRC), a subcommittee of the Committee on Trauma of the American College of Surgeons, has very carefully reviewed the verification report from the site visit that began on 3/28/2023.

To access the report, click on the link and use your TQP Account Center login: [Final Report](#). If the report does not automatically open in your browser after logging in, you will find the report in your browser's Downloads folder.

The Committee on Trauma's certificate of verification will arrive in the mail within the next several weeks.

Thank you for your continued participation and support of the Verification, Review, & Consultation Program of the Committee on Trauma of the American College of Surgeons. As always, we will be glad to answer any questions you may have and look forward to working with your trauma center in the future.

Sincerely,

Nilda Garcia, MD FACS
Chair, Verification Review Committee

A handwritten signature in black ink, appearing to read "Nilda Garcia".

Scott Sagraves, MD, FACS
Vice-Chair, Verification Review Committee

A handwritten signature in black ink, appearing to read "Scott Sagraves".



Committee Participation Interest Form Summary

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

AUGUST 24, 2023

Summary of Interest Form – FY24

At-Large Member Selection Committee	DHO Annual Review Committee	DHO Succession & Planning Committee	Finance Committee	Nomination of Officers Committee
Scott Black Marilyn Kirkpatrick	Scott Black Marilyn Kirkpatrick	Scott Black Marilyn Kirkpatrick	Marilyn Kirkpatrick Scott Nielson	Scott Black Marilyn Kirkpatrick

2022-2023 BOARD OF HEALTH COMMITTEE MEMBERS				
At-Large Member Selection Committee <i>Term: 2022-2024</i>	DHO Annual Review Committee	DHO Succession & Planning Committee	Finance Committee	Nomination of Officers Committee
Nancy Brune Marilyn Kirkpatrick Frank Nemec	Scott Black Nancy Brune Marilyn Kirkpatrick	Scott Black Nancy Brune Marilyn Kirkpatrick Frank Nemec	Scott Black Nancy Brune Marilyn Kirkpatrick Scott Nielson	Bobbette Bond Nancy Brune Marilyn Kirkpatrick



DATE: August 24, 2023

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Back-to-School/National Immunization Awareness Month

The Southern Nevada Health District began reminding parents and guardians early that all students enrolled in Nevada public, private or charter schools must be up to date on mandatory vaccines before classes begin. Health District immunization clinics offered expanded dates and times to accommodate the back-to-school rush.

The following vaccinations are required for students enrolling in the Clark County School District (CCSD): chickenpox (varicella), hepatitis A, hepatitis B, polio, tetanus-diphtheria-pertussis (DTaP and Tdap), quadrivalent meningitis, and measles-mumps-rubella (MMR). Parents who recently moved to Nevada were made aware that hepatitis A vaccination is required in the state, and immunizations that were up to date in other states that do not require hepatitis A vaccination might not be current in Nevada.

Students enrolled in the 12th grade in Nevada schools must receive the meningococcal vaccine (MenACWY) before the start of the 2023-2024 school year. MenACWY is also required for students entering 7th grade and for students entering grades 8-12 who are new to Nevada schools, including private or charter schools. In addition, 7th-graders must receive their tetanus-diphtheria-pertussis (Tdap) vaccine. For additional information on required vaccinations, visit Immunize Nevada's [School Vaccinations](#) page.

The Health District is highlighting the importance of routine vaccinations for people of all ages during National Immunization Awareness Month. Vaccines have saved lives for more than a century, but serious disease remains a threat. The World Health Organization estimates that vaccines save an estimated 2-3 million lives globally each year. According to the Centers for Disease Control and Prevention (CDC), "There are more than 25 safe and effective vaccines to prevent diseases, protect health throughout the lifespan, and help to prevent and mitigate outbreaks."

The success of vaccines such as MMR, Tdap and HPV is well-documented. However, even today, people still become seriously ill or die from diseases that vaccines can help prevent. This is why it's important to stay up to date on recommended vaccines. Since some protections stemming from vaccines can fade over time, boosters may be needed to maintain protection.

Some vaccine-preventable diseases can have serious complications. These diseases include seasonal influenza, hepatitis B and HPV. In such cases, vaccination can provide protection not only against the disease itself but also against the dangerous consequences it can bring.

National Health Center Week

The Southern Nevada Community Health Center celebrated National Health Center Week August 6-12, by raising awareness of the services it offers, showing appreciation for patients with giveaways and raffle prizes, and celebrating its dedicated employees at its Community Health Center locations.

National Health Center Week is a time to recognize how community health centers touch many aspects of community life and are a critical component of the public health priorities of increasing access to care and improving health outcomes for the most vulnerable populations. On a national level:

- One in 11 Americans are health center patients. Of those:
 - 20% are uninsured
 - 59% are publicly insured
 - 90% are low-income
 - 65% are members of racial and/or ethnic minority groups

At the local level, the Health District's Federally Qualified Health Center (Community Health Center) began operations in 2019 at its main location at 280 S. Decatur, Blvd., Las Vegas, NV 89107. Services provided by the Community Health Center include primary care, family planning, Ryan White, behavioral health, sexual health, pharmacy and telehealth services. A second location opened in August 2022, at the Fremont Public Health Center at 2380 E. Fremont St., Las Vegas, NV 89104, and a satellite location at All Saints Sexual Health Clinic, 4201 W. Washington Ave., Las Vegas, NV 89107, provides sexual health services.

In 2022, the Community Health Center served 6,242 patients for a total of 16,642 patient encounters, of which 9,117 (55%) were delivered to uninsured patients. The Community Health Center offers services on a sliding fee scale, which allows patients to pay according to their income and federal poverty levels, and no one is turned away due to an inability to pay. In 2022, sliding fee adjustments saved patients a total of \$2.5 million for health care services provided at the Health District's Community Health Center.

Community Health Centers look beyond their patients' medical charts to address the root cause of their symptoms such as social and mental health needs, or access to resources. They collaborate with community partners to improve the long-term outcomes for patients who represent some of the most medically vulnerable and underserved populations in Southern Nevada.

During National Health Center Week, the Health District reaffirmed its committed to supporting the Community Health Center and to ensuring the patients who need it most have access to health care that is affordable and provided in a culturally respectful environment.

For more information about the Southern Nevada Community Health Center, its locations and services, go to www.snchc.org. For information about National Health Center Week, visit <https://healthcenterweek.org/about-nhcw/>.

Extreme Heat

The Health District continues to urge people to take precautions during extreme heat conditions. Triple-digit temperatures can persist until early fall in Southern Nevada. Older adults, the very young, and those with mental illness or chronic medical conditions have the highest risk of heat-related illness. However, anyone can be affected if participating in strenuous physical exercise in hotter weather. Everyone should take precautions to reduce their risk. Recommended precautions include:

- Plan activities earlier in the morning or later in the evening.
- Dress in light, loose-fitting clothes.
- Wear a wide-brimmed hat to protect the face and use sunscreen.
- If unaccustomed to working or exercising in a hot environment, start slowly and gradually increase the pace.
- Avoid being out in the sun for extended periods.
- When planning extended outdoor activities, bring an adequate supply of water. Drink plenty of water at regular intervals, regardless of activity level.
- Avoid alcohol or liquids that contain high amounts of sugar.
- Plan well-balanced light meals.
- Check the local weather forecasts and plan activities accordingly.
- Check on the status of homebound neighbors and relatives.

The Health District cautions that people who have epilepsy or heart, kidney, or liver disease; are on fluid-restrictive or low-salt diets; or have a problem with fluid retention should consult a doctor before increasing liquid intake or changing what they eat and drink. More information on extreme heat is available on the Centers for Disease Control and Prevention's website at <https://www.cdc.gov/disasters/extremeheat/index.html>. For additional summer safety tips, visit SNHD's website at <https://www.southernnevadahealthdistrict.org/safer-summer>.

Community Meetings

Week ending 07/30:

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Councilwoman Gallo, Commissioner Segerblom, Commissioner Kirkpatrick, Mayor Hardy
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Southern Nevada District Board of Health Nomination of Officers Committee meeting
- Attended the Big Cities Health Coalition (BCHC) Monthly Member Call

Professional Development/Conferences:

- Attended the "Homeless Clients: Compassionate solutions to problematic behavior" webinar facilitated by the Homeless Training Institute

Week ending 07/23:

Monthly:

- Participated in the Southern Nevada Community Health Center Finance & Audit Committee meeting
- Participated in the Clark County Medical Society Board of Trustees meeting

Professional Development/Conferences:

- Attended the “Diagnosing and Treating Congenital Syphilis Training Program” webinar facilitated by The Pacific AIDS Education & Training Center-Nevada

Ad-hoc Meetings/Events:

- Participated in a meeting with representatives from the Clark County School District (CCSC) regarding Tuberculosis Risk Assessment Screening
- Attended the Senate Bill 118 Ceremonial Signing in Fallon, Nevada

Week ending 07/16:

Professional Development/Conferences:

- Attended the “2023 NACCHO 360 Conference”

Ad-hoc Meetings/Events:

- Attended a meeting with Drs. Joe Greer, Karin Esposito, & Gregory Schneider (Roseman University College of Medicine)




Senate Bill 92

Sidewalk Vendors



Main Impacts of SB 92

- Empowers and limits local governments' abilities to restrict street food vending
 - Creates the Task Force on Safe Sidewalk Vending within the Office of the Nevada Secretary of State
 - Requires SNHD to adopt regulations
- 

Indirect Impacts on SNHD

- Law prohibits sidewalk vendors from selling within 1,500 feet of:
 - Resort hotels
 - Convention facilities
 - Event facilities with 20K+ person capacity
 - Highway medians adjacent to these venues' parking lots





Indirect Impacts on SNHD

- Law allows Clark County and cities to restrict sidewalk vendors from operating within a set distance of a:
 - Food establishment,
 - School,
 - Childcare facility,
 - Highly trafficked pedestrian mall,
 - Convention center or designated entertainment district, and
 - Certain other areas.



Direct Impacts on SNHD

- Must accept identification cards from non-US issued authorities for food handler safety cards (no change needed)
- Must adopt payment plans for sidewalk vendor permit application fees
- Must adopt regulations for sidewalk vending by the end of 2025
 - 2023 Food Regulations allows for permitting sidewalk vendors as open-air vendors
 - SNHD would not need to draft new regulations now
- Must adopt regulations the Task Force deems “necessary”

Operational Requirements for Sidewalk Vendors

- Sidewalk Vendors must follow all current regulations, which mandates they have a permit from the Health Authority.
- Food offered to the public may not be prepared from home kitchens.
- Food must be:
 - Ingredients bought the same day and prepared at the sidewalk vendor location, or
 - Ingredients stored and food prepared at a permitted commissary location.
- The operator is financially responsible for their permit(s), including any payment plans.
- All other sanitary requirements for food establishments remain.



Sidewalk Vendor Task Force



Created the Task Force on Safe Sidewalk Vending in the Office of the Secretary of State.



The Task Force will review existing laws relating to sidewalk vending and make recommendations to the State and municipalities and submit a report to the Legislature every even year.

SNHD must adopt regulations deemed “necessary” by the Task Force.



The Task Force members have not yet been selected. The 9-member task force will be comprised of representatives from: Health District (1), Business Licensing (1), Gaming/Restaurant (1), Law Enforcement (1), Secretary of State (1), Members at large with preference to representatives of sidewalk vendors (4).

- Questions



MEMORANDUM



Date: August 24, 2023
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer* *FL*
Subject: **Administration Division Monthly Report – July 2023**

Executive Summary.....	1
Academic Affairs Program	2
Office of Communications	2
Contracts Administration.....	3
Employee Health Program.....	3
Facilities	3
Finance.....	4
Human Resources	6
Information Technology	8
Workforce Director – Public Health Infrastructure Grant (PHIG)	8
Appendix A – Office of Communications.....	10
Appendix B – Finance – Payroll Earnings Summary – June 24, 2023 to July 7, 2023.....	12
Appendix C – Finance – Payroll Earnings Summary – July 8 to 21, 2023.....	14

Executive Summary

The Office of Communications issued one News Releases and provided support on initiatives related to smoking cessation and nutrition, and immunizations initiatives including Back-To-School vaccinations and various health fairs. Staff also developed a new brand identity for Southern Nevada Trauma System. On social media, the Health District joined the new platform, Threads. Several staff attended the 2023 NACCHO 360 Conference in Denver. Dr. Leguen attended the Ceremonial Signing of Senate Bill 118 in Fallon, NV. As of July 21, 2023, the Health District had 793 active employees, with a total number of open positions of 34 FTEs. The Human Resources Department arranged 54 interviews, extended 20 job offers (nine offers declined) and successfully onboarded 11 new hires. There were 13 terminations, including one retirement. There were nine promotions, including four flex-reclass, one transfer and one demotion. There were eight recruitments that were posted.

Academic Affairs Program

- Fifteen (15) interns completed a total of 458 hours of applied public health practice

Office of Communications

News Releases Disseminated:

- Health District urges caution amid extreme heat

Press:

During July, public health topics in the media included:

- Heat-associated deaths
- Back-to-school immunizations
- Bed bugs
- Opioid overdoses
- Street food vendors
- Brain-eating amoeba death

434 news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in July. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at [202307-PI-Report.pdf](#).

Advertisements, Projects Completed and Social Media Summary:

In July, staff provided ongoing support for Chronic Disease Prevention and Health Promotion initiatives including smoking cessation and nutrition, and Immunizations initiatives including Back-to-School vaccinations and various health fairs. Staff developed a new brand identity for Southern Nevada Trauma System. Staff updated content on the Southern Nevada Health District website, as well as the GetHealthyClarkCounty.org and covid.snhd.org sites. Additionally, our staff is working on updates to Health District's main website.

On social media, staff focused on Back-to-school clinics, extreme heat, summer food safety tips, VaxFacts, long COVID-19 survey, community health survey, sexual health care, 2023 Southern Nevada Substance Misuse and Overdose Prevention Summit, and Board of Health recognitions. The Health District has joined the new platform, Threads, as of July 5, 2023.

Community Outreach:

July 03, 2023: YMCA-Centennial and Centennial Library Back-to-School outreach

July 03, 2023: Latin Chamber of Commerce and Hispanic Outreach Back-to-School outreach

July 10, 2023: Rainbow Library Back-to-School outreach

July 12, 2023: East Las Vegas Library and Cambridge Center Back-to-School outreach

Community/ Partner Meetings and Events of Note:

July 03, 2023: Department of Welfare & Supportive Services site visit

July 11, 2023: CDC Health Department Liaison meeting

July 13, 2023: National Health Center planning meeting

July 14, 2023: Big Cities Health Coalition PIO monthly call

July 17, 2023: CDC Site Visit Planning Meeting/Braintrust

July 18-21, 2023: National Conference on Health Communication, Marketing and Media
 July 19, 2023: New volunteer interview
 July 20, 2023: National Health Center planning meeting
 July 24, 2023: FQHC/All Saints National Health Center Week planning
 July 26, 2023: Nevada Restaurant Association Back-to-School Clinic Outreach planning
 July 27, 2023: MRC/Health Equity planning for Clark County Employee Health Fair
 July 27, 2023: NPHA APC Monthly call
 July 31, 2023: Volunteer Process meeting

Please see Appendix A for the following:

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

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
July 1-31, 2023	24	16	67%	27

Employee Health Program

- One (1) employee submitted testing for COVID-19.
- Twenty-three (23) Tuberculosis tests were completed as part of new hire onboarding or routine annual testing.
- Seventeen (17) medical questionnaires were reviewed and cleared for fit testing.
- No employees were exposed to blood borne pathogens.
- No employees were exposed to TB.
- Eight (8) employees received vaccinations.
- Employee Health policies and procedures continued to be reviewed and updated.

Facilities

Monthly Work Orders	July 2022	July 2023		YTD FY23	YTD FY24	
Maintenance Responses	131	201	↑	131	201	↑
Electrical Work Orders	8	2	↓	8	2	↓
HVAC Work Orders	15	17	↑	15	17	↑
Plumbing Work Orders	6	12	↑	6	12	↑
Preventive Maintenance	21	22	↑	21	22	↑
Security Responses	1,546	2,374	↑	1,546	2,374	↑

Current Projects

280 S Decatur Parking Lot

- Installed 1 of 3 radar signs

Walnut Warehouse

- Assisted with the cleanout of our warehouse at 3020 North Walnut to free up space for OPHP

290 E Bonanza

- Installed water misting system at Bonanza Clinic for Back-To-School to make longer wait times more bearable in the heat

Track-It

- Track-It is now live on Facilities' staff phones, allowing them to access work orders while away from a desk

Finance

Total Monthly Work Orders by Department	July 2022	July 2023		YTD FY23	YTD FY24	
Purchase Orders Issued	541	529	↓	541	529	↓
Grants Pending – Pre-Award	3	5	↑	3	5	↑
Grants in Progress – Post-Award	5	9	↑	5	9	↑

* Grant applications and NCC's created and submitted to agency

** Subgrants routed for signature and grant amendments submitted

No-Cost Extensions and Carryover requests are not quantified on this report.

Grants Expired – July 2023						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
State of Nevada, Epidemiology and Laboratory Capacity Legionnaires' Disease Prevention (elcle_23)	P-CDC	7/31/2023	\$47,576	End of project period	0.39	End of project
State of Nevada, Epidemiology Laboratory Capacity (elcont23)	P-CDC	7/31/2023	\$459,208	End of project period	2.09	Renewal in progress
American College of Preventive Medicine COVID-19 (hcvapm22)	P-CDC	7/31/2023	\$250,000	End of project period	0.01	One time funding
NU62PS924642-01-04 CDC Integrated HIV Programs for	F-CDC	7/31/2023	\$2,144,080	End of project period	3.25	End of project period, funding renewed for Yr 4

Grants Expired – July 2023						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Southern Nevada Health District, Year 1 of 4 (hivehe21)						
NU62PS924642-02-02 CDC Integrated HIV Programs for Southern Nevada Health District, Year 2 of 4 (hivehe22)	F-CDC	7/31/2023	\$2,144,080	End of project period	3.20	End of project period, funding renewed for Yr 4

Grants Awarded – July 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
State of Nevada, HIV Prevention and Surveillance Program, Year 2 of 3, Amendment #1 (hivprv23)	P-CDC	7/5/2023	1/1/2023	12/31/2023	\$422,190	Addition of funds	12.88
NUE1EH001395-04 CDC Strengthening Environmental Health Capacity, Clark County Water Quality Project, Year 4 of 5 (wqdata24)	F-CDC	7/6/2023	9/1/2023	8/31/2024	\$147,000	non-competitive renewal FY2024, year 4	0.50
NU62PS924642-03-02 CDC Integrated HIV Programs, Year 3 of 4, Amendment #2 (hivehe23)	P-CDC	7/7/2023	8/1/2022	7/31/2023	\$75,000	Carryover	0.00
State of Nevada, Supplemental Nutrition Assistance Program Education, Year 2 of 2, Amendment #1 (snaped23)	P-USDA	7/10/2023	10/1/2022	9/30/2023	\$10,695	Addition of funds	0.00
NU62PS924642-04 CDC Integrated HIV Programs, Year 4 of 4 (hivehe24)	P-CDC	7/13/2023	8/1/2023	5/31/2024	\$1,786,734	FY2024 renewal	1.96

Grants Awarded – July 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
U01EH001369-04 CDC Food Illness, Safety Culture, Year 4 of 5 (fdill_24)	F-CDC	7/19/2023	9/30/2023	9/29/2024	\$192,586	non- competing continuation renewal	1.20
State of Nevada, Substance Abuse M. Tuberculosis Prevention Program, Amendment #1 (saptb_23)	P- SAMHS A	7/25/2023	10/1/2022	9/30/2023	\$5,000	Addition of funds	0.005

Contracts Awarded – July 2023							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Department of Conservation and Natural Resources, Division of Environmental Protection, Underground Storage Tank, Year 3 of 4 (ust_24)	P-EPA	7/1/2023	7/1/2023	6/30/2024	\$212,500.00	FY2024 renewal	1.95
Clark County, Thrive by Zero to Three Prevention Services Program (ehbsa22)	O-CC	7/5/2023	10/1/2022	9/30/2023	\$150,000	CONTRACT	2.40
Nye Communities Coalition, Cannabis Prevention & Education Program (canpe_24)	O-Nye Communities Coalition	7/18/2023	7/10/2023	9/29/2023	\$14,335	CONTRACT	0.00

Human Resources

Employment/Recruitment:

- 2 New job titles for July
- 793 active employees as of July 21, 2023
- 11 New Hires, including 0 rehires and 0 reinstatements

- 13 Terminations, including 1 retirements
- 9 Promotions, 4 Flex-reclass
- 1 Transfer
- 1 Demotions
- 53 Annual Increases
- 37 Evaluations received and recorded in One Solution
- Total number of open positions: 34 FTEs
- 54 Interviews
- 20 Offers extended (9 offers declined)
- 8 Recruitments posted
- Turn Over Rates
 - Administration: 2.42%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 1.56%
 - Environmental Health: 2.19%
 - Primary & Preventive Care: 0.86%
 - FQHC: 2.17%

Temporary Employees

- 32 Temporary Staff
- 1 New Agency Temporary Staff Member
- 2 Agency Temporary Staff Member assignment ended
- 0 canceled
- 0 resigned
- 0 converted to per diem SNHD Employee
- 0 term
- 18 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
- 7 temporary staff from Maxim with 0 pending positions open
- 5 temporary staff from Robert Half with 0 pending positions
- 0 temporary staff from Manpower with 0 pending positions
- 2 temporary employee from RPHontheGO with 0 pending positions

Employee/Labor Relations

- 0 Coaching & Counseling, 0 Verbal Warnings, 0 Written Warnings, 0 Suspensions, 2 Final Written Warnings, 0 Termination, 3 Probationary Releases
- 3 Grievances
- 1 Arbitrations
- 40 hours of Labor Meetings (with Union)
- 30 hours Investigatory Meetings
- 6 Investigations
- 23 Complaints & Concerns
- 40 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 7

Information Technology

Service Requests	July 2022	July 2023		YTD FY23	YTD FY24	
Service Requests Completed	980	1117	↑	980	1117	↑
Service Requests Opened	1023	1269	↑	1023	1269	↑
Information Services System Availability 24/7						
Total System	99.13	97.61	↓	99.13	97.61	↓
*Total Monthly Work Orders by Department						
Administration	297	298	↑	297	298	↑
Community Health	239	81	↓	239	81	↓
Environmental Health	125	244	↑	125	244	↑
**Primary & Preventive Care		258			258	
**Disease Surveillance & Control		206			206	
**FQHC		139			139	
Other		13			13	
First Call Resolution & Lock-Out Calls						
Total number of calls received	1023	1269	↑	1023	1269	↑

*The section has been updated to reflect the more current Department Organizational Structure.

**No historical info from previous years to report, YTD beginning Feb 2023

Workforce Director – Public Health Infrastructure Grant (PHIG)

- Workforce engagements
 - Human Resources – continuous collaboration
 - Health Equity – contract approval – execution
- Annual All-Hands Retreat
 - Venue – Worked approval of venue with CDC Project Officer and Grants Management Specialist
 - Westgate Resort & Casino
 - October 5, 2023 – 0800 until 1200
 - Casual/Sports Team Jersey/Polo (No jeans with holes; no t-shirts, etc.)
 - Focus is Wellness
 - Theme: Revitalize, Reenergize, Reinvigorate!
- Performance Measures and Progress Reports
 - The Performance Measures were completed and the Project Officer advised that the PM's were ready for technical review.
 - The Progress Report was submitted through the Public Health Infrastructure Virtual Engagement (PHIVE) Platform for technical review. Due date was August 1, 2023 but submitted July 21, 2023 for technical review.
- Non-Competitive Continuation
 - Notice received in July 2023
 - Public Health Infrastructure Non-Competitive Continuation pre-award meeting convened on August 1st, 2023
 - Due date from NCC of PHIG A2 funds is September 15, 2023
- SNHD 3-year Strategic Plan

- Continued collaboration with the vendor and District Leadership to assemble data
- Vendor assembling input from the Board, Community partners, and internal staff regarding Mission, Vision, and Values in addition to competitive analysis
- On track with publishing the full plan no later than 12/30/2023
- Quality Improvement
 - Added 2 new members to QI Council
 - Scheduled vendor meetings to utilize PHIG grant funding and Technical Assistance to increase the scope of QI across the District
 - Utilize QI Maturity survey to evaluate status of QI and determine best steps to drive more QI projects and sustain continuous improvement
 - Working with Dr. Lockett as SME for A3 system of quality to supplement the QOI program
 - Larson Institute at UNR will accept grant funding for instructional design and content of A3 toolkit
- PHAB Reaccreditation
 - Meeting with all contributing stakeholders to confirm ownership of each standard and measure
 - Assembling documentation and building projects required to fulfil Reaccreditation requirements
 - Using the timeline below and will allow approx. two years to complete and document our work

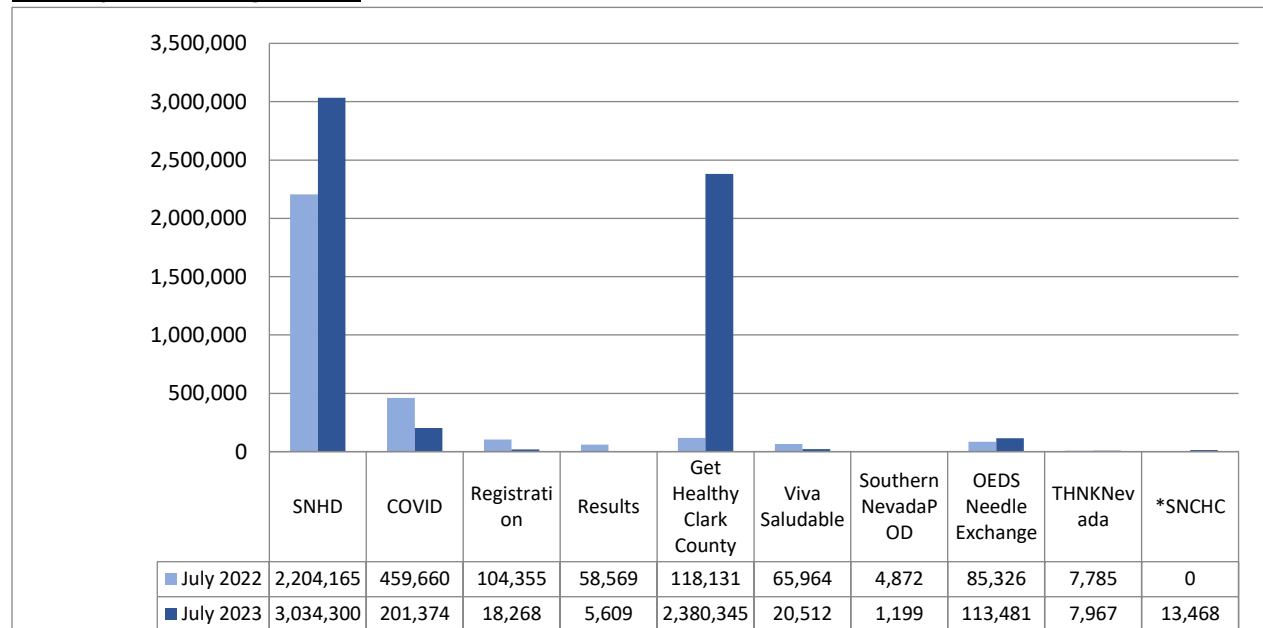
Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:

	July 2022	July 2023		YTD FY23	YTD FY24
Media - Print Articles	165	30	↓	165	30
Media - Broadcast stories	255	76	↓	255	76
Collateral - Advertising/Marketing Products	88	16	↓	88	16
Community Outreach - Total Volunteers ¹	7	9	↑		
Community Outreach - Volunteer Hours	537	720	↑	537	720

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

Monthly Website Page Views:



Social Media Services		July 2022	July 2023		YTD FY23	YTD FY24
*Facebook SNHD	Likes/Followers	13011	13310	↑	N/A	N/A
*Facebook GHCC	Likes/Followers	6157	6127	↓	N/A	N/A
*Facebook SHC	Likes/Followers	1674	1656	↓	N/A	N/A
*Facebook THNK/UseCondomSense	Likes/Followers	5517	5401	↓	N/A	N/A
*Facebook SNHD THNK Project	Likes/Followers	46	45	↓	N/A	N/A
*Facebook Food Safety	Likes/Followers	118	138	↑	N/A	N/A
*Instagram SNHD	Followers	3876	4272	↑	N/A	N/A
*Instagram Food Safety	Followers	527	528	↑	N/A	N/A
*Twitter EZ2Stop	Followers	434	434	=	N/A	N/A
*Twitter SNHDflu	Followers	1915	1857	↓	N/A	N/A
*Twitter Food Safety	Followers	96	100	↑	N/A	N/A
*Twitter GetHealthyCC	Followers	0	74	↑	N/A	N/A
*Twitter SNHDinfo	Followers	10480	10415	↓	N/A	N/A
*Twitter TuSNHD	Followers	338	339	↑	N/A	N/A
*Twitter THNK/ Use Condom Sense	Followers	716	695	↓	716	695
*Twitter SoNVTraumaSyst	Followers	134	128	↓	N/A	N/A
**Threads SNHD	Followers	0	441	↑	0	441
YouTube SNHD	Views	52283	186818	↑	52283	186818

Social Media Services		July 2022	July 2023		YTD FY23	YTD FY24
YouTube THNK/UseCondomSense	Views	468	216	↓	468	216
<p>*Facebook, Instagram and Twitter numbers are not cumulative.</p> <p>*Due to a recent change to Twitter, GetHealthyCC deleted their account in June. They've created an Instagram account to supplement.</p> <p>**Meta (Facebook) has created a platform to compete with Twitter on July 5, 2023. SNHD has joined this platform and will start tracking our follower count.</p>						

Appendix B – Finance – Payroll Earnings Summary – June 24, 2023 to July 7, 2023

PAYROLL EARNINGS SUMMARY June 24, 2023 to July 7, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 340,936.96	\$ 4,930,149.93	\$ 343,030.55	\$ 8,657,996.00	4%	
ENVIRONMENTAL HEALTH	\$ 576,373.79	\$ 8,154,921.83	\$ 587,495.22	\$ 15,850,582.00	4%	
COMMUNITY HEALTH	\$ 327,752.39	\$ 4,889,708.97	\$ 327,752.39	\$ 9,914,422.00	3%	
DISEASE SURVEILLANCE & CONTROL	\$ 389,332.09	\$ 5,645,300.97	\$ 389,332.09	\$ 12,244,275.00	3%	
FQHC	\$ 286,640.01	\$ 3,283,999.75	\$ 287,806.49	\$ 9,488,158.00	3%	
ADMINISTRATION W/O ICS-COVID	\$ 494,546.01	\$ 5,998,492.78	\$ 494,546.01	\$ 12,236,771.00	4%	
ICS-COVID General Fund	\$ -	\$ -	\$ -		0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -			
TOTAL	\$ 2,415,581.25	\$ 32,902,574.23	\$ 2,429,962.75	\$ 68,392,204.00	4%	4%

FTE 795

Regular Pay	\$ 1,725,748.39	\$ 26,469,532.63	\$ 1,730,008.00
Training	\$ 4,094.32	\$ 160,734.26	\$ 4,094.32
Final Payouts	\$ 67,734.64	\$ 687,985.56	\$ 74,662.99
OT Pay	\$ 14,939.55	\$ 312,209.65	\$ 14,939.55
Leave Pay	\$ 568,821.36	\$ 4,861,392.87	\$ 572,014.90
Other Earnings	\$ 34,242.99	\$ 410,719.26	\$ 34,242.99
TOTAL	\$ 2,415,581.25	\$ 32,902,574.23	\$ 2,429,962.75

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT June 24, 2023 to July 7, 2023

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION					
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u> <u>Value</u>
LAL, KRISTAL		3.00	94.28		
MASTERS, CHRISTOPHER		20.25	615.18		
GALAVIZ, MONICA		5.75	361.57		
MALDONADO, JULIE		7.75	402.84		
UBANDO, MARJORIE K		18.00	856.28		
JAIME, JENNIFER		9.75	442.03		
ARRIAGA, JOCELYN		20.00	729.61		
SQUIRES, TONI		18.00	636.84		
PLAIR, TONIA M		22.00	1,166.84		
Total Administration		124.50	5305.47		0.00 0.00

COMMUNITY HEALTH SERVICES					
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u> <u>Value</u>
				BARRY, NANCY	0.38 12.18
Total Community Health Services		0.00	0.00		0.38 12.18

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CARREON, GABRIELA		3.00	101.84			
MORALA, DENNIS		-7.00	-427.35			
DOMINGUEZ, LILIANA	HCNAP_23	3.00	122.32			
ANDERSON, RENITA		2.50	98.11			
MENDOZA, WENDY		3.00	97.10			
HERNANDEZ, EDITH		1.75	54.99			
LEVINSKY, JUSTIN		1.00	32.37			
CUSTODIO, CHERIE		10.00	421.55			
Total FQHC-Community Health Clinic		17.25	500.93		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
ZARRET, MARIAM	IMMPOX22	1.00	58.07	BERNABE, XANDEE S	14.25	679.27
FALKNER, LISA M		6.00	214.38	HODGE, VICTORIA	1.13	35.64
OROZCO, CARISSA	PH1SH_23	1.00	58.32			
LISTON, CELESTE M	STD_23	1.50	107.25			
GUTIERREZ, SHEILA T		3.00	161.19			
ZAVALA, ISAAC	IMMEQ_22	8.00	466.59			
HENRIQUEZ, SERGIO	IMMCD_22	2	64.74			
HENRIQUEZ, SERGIO	IMMEQ_22	5.5	178.02			
LUONG, STEPHEN	IMMEQ_22	8.00	478.46			
WONG, MICHELLE	IMMEQ_22	8.00	464.52			
BATACLAN, MARIA	IMMEQ_22	7.50	242.10			
MACIEL PEREZ, MARISOL	IMMCD_22	9.50	446.64			
Total Primary & Preventative Care		61.00	2940.28		15.38	714.92

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
WADE, CYNTHIA		2.50	107.26	AHMED, MARYAM	3.75	107.26
DIAZ-ONTIVEROS, LUZ		5.00	220.24	BROUNSTEIN, JODI	1.50	64.57
LIZON, ANDREW		2.75	117.60	CAVIN, ERIN M	2.25	96.85
PARANGAN, CHRISTOPHER D		2.50	130.99	GOLDMAN, JOY	0.75	20.90
ROSS, ALYSSA		3.50	150.17	GUZMAN, MICHELLE D	5.63	261.18
BUCHER, BRADON		2.00	85.53	JONES, MALLORY	0.75	22.02
RICH, VICTORIA		14.75	835.84	PONTIUS, KEVIN	6.75	269.13
MICHEL, GUILLERMO		4.00	172.98	RAMAKRISHNAN, VEENA	6.75	249.04
LETT, KENDRA A		4.75	275.81	SHARIF, RABEA	2.25	87.49
REYES, ABEGAIL		4.00	194.86			
RAKITA, DANIEL		3.25	138.99			
SHARIF, RABEA		14.00	811.86			
NAVARRETE, GEORGE		3.00	208.26			
EDWARDS, TARA A		4.25	281.56			
WOODS, HEATHER A		5.00	275.63			
WALTON, SHAUNTE A		3.00	145.71			
GARCIA, JASON M		3.00	179.42			
Total Environmental Health		81.25	4332.71		30.38	1178.43

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
DE LOS SANTOS, SHERILYN M	STDSP_23	8.00	334.34			
CONTRERAS, KATHERINE D		8.00	326.18			
MARTINEZ, EVA	HIVPRV23	6.00	264.29			
ROSSI BOUDREAUX THIB, DUSTIN M	HIVPRV23	7.50	471.61			
EWING, TABITHA L	HIVPRV23	7.50	437.43			
ASHRAF, BENJAMIN	IMMEQ_22	0.50	26.31			
Total Disease Surveillance & Control		37.50	1860.16		0.00	0.00
Combined Total		321.50	14939.55		46.13	1905.53

Appendix C – Finance – Payroll Earnings Summary – July 8 to 21, 2023

PAYROLL EARNINGS SUMMARY July 8, 2023 to July 21, 2023

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2024	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 317,136.84	\$ 5,250,169.77	\$ 663,050.39	\$ 8,657,996.00	8%	
ENVIRONMENTAL HEALTH	\$ 569,045.08	\$ 8,723,966.91	\$ 1,156,540.30	\$ 15,850,582.00	7%	
COMMUNITY HEALTH	\$ 356,685.76	\$ 5,246,394.73	\$ 684,438.15	\$ 9,914,422.00	7%	
DISEASE SURVEILLANCE & CONTROL	\$ 386,335.70	\$ 6,039,382.53	\$ 783,413.65	\$ 12,244,275.00	6%	
FQHC	\$ 302,824.03	\$ 3,590,492.91	\$ 594,299.65	\$ 9,488,158.00	6%	
ADMINISTRATION W/O ICS-COVID	\$ 434,832.73	\$ 6,458,212.54	\$ 954,265.77	\$ 12,236,771.00	8%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ -	\$ -		
TOTAL	\$ 2,366,860.14	\$ 35,308,619.39	\$ 4,836,007.91	\$ 68,392,204.00	7%	8%

FTE 789

Regular Pay	\$ 2,054,693.83	\$ 28,530,228.41	\$ 3,790,703.78
Training	\$ 13,365.07	\$ 174,099.33	\$ 17,459.39
Final Payouts	\$ -	\$ 716,084.71	\$ 102,762.14
OT Pay	\$ 24,128.41	\$ 336,338.06	\$ 39,067.96
Leave Pay	\$ 257,535.53	\$ 5,123,371.23	\$ 833,993.26
Other Earnings	\$ 17,137.30	\$ 428,497.65	\$ 52,021.38
TOTAL	\$ 2,366,860.14	\$ 35,308,619.39	\$ 4,836,007.91

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT July 8, 2023 to July 21, 2023

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BEACH, DYLAN		1.00	29.15	VARGAS, CARLOS	13.13	397.56
CENTENO, JUAN		1.50	43.73			
GARCIA, GUADALUPE		1.50	43.73			
MASTERS, CHRISTOPHER		16.50	506.54			
YELL, CINDY		4.50	131.19			
ARRIAGA, JOCELYN		8.00	294.42			
GALAVIZ, MONICA		25.25	1,587.76			
GONZALES, FABIANA	PH1FN_23	15.00	537.66			
KEEGAN, DAHLIA J		6.25	312.67			
MALDONADO, JULIE		16.50	868.27			
SQUIRES, TONI		4.50	161.30			
STAPLE, DANIELE		11.50	652.96			
TAITANO, KYOMI		15.50	520.08			
TRAN, AMY		33.50	1,902.09			
UBANDO, MARJORIE K		11.50	560.21			
WILCOX, TERESA E		14.75	860.28			
SHORE, STEVEN M		4.00	176.01			
Total Administration		191.25	9188.05		13.13	397.56

COMMUNITY HEALTH SERVICES						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
SANCHEZ, JULIO C	PHEPLB24	2.00	125.76			
YOUNG, ANGELA K	PHEPLB24	1.50	112.93			
Total Community Health Services		3.50	238.69		0.00	0.00

FQHC-COMMUNITY HEALTH CLINIC

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CARREON, GABRIELA		3.00	104.89			
DUARTE, JOCELYNE		3.00	97.10			
COOPER, CHRISTOPHER		3.00	97.10			
LEVINSKY, JUSTIN		1.00	32.37			
TORRES DEL TORO, DAYANA		2.00	64.74			
CUSTODIO, CHERIE		8.00	343.24			
LOYSAGA, JENNIFER		3.00	97.10			
SEDANO, ALBERT	FP_23	1.00	42.90			
BURQUEZ AHUJA, LILIA		0.25	11.29			
Total FQHC-Community Health Clinic		24.25	890.73		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BERNABE, XANDEE S		5.00	357.51			
CARCAMO, MONICA A	IMMSPF24	7.25	302.99			
CONTRERAS ARAIZA, ALONDRA		1.00	69.65			
FISHER ARMSTRONG, GIMMEKO D		4.00	158.83			
HAMILTON, ISABEL		0.50	27.67			
JOHNSON, JESSICA L		7.25	480.31			
MARTINEZ, AZALIA		10.00	349.63			
MCTIER, CHIKA		8.75	579.68			
O'TOOLE, DENISE		2.00	75.43			
ROSSI BOUDREAUX THIB, LESTER A		8.50	383.73			
SANTOS, CYNTHIA I		4.00	180.58			
YOUNG, MAITA WEBB		8.50	548.81			
AGBAYANI, ANGELINE	IMMEQ_22	5.50	328.94			
ARQUETTE, JOCELYN M	IMMEQ_22	1.50	110.01			
BINGHAM, JULIE	IMMCD_22	1.5	96.85			
BINGHAM, JULIE	IMMEQ_22	6	387.39			
COSTANZO, CATHERINE	IMMEQ_22	9.50	554.08			
DREW, REBECCA M	IMMEQ_22	5.00	174.82			
GARAY, CECILIA G	IMMCD_22	20.00	815.45			
HENRIQUEZ, SERGIO	IMMEQ_22	7.50	242.76			
LUONG, STEPHEN	IMMCD_22	1	59.81			
LUONG, STEPHEN	IMMEQ_22	7.5	448.55			
MACIEL PEREZ, MARISOL	IMMCD_22	14.00	665.34			
SAMATRA, RAQUEL	IMMEQ_22	15.00	485.52			
WALKER, AMBER	IMMEQ_22	0.50	18.40			
YUEN, TEARRA	IMMEQ_22	3.00	113.14			
ZAVALA, ISAAC	IMMEQ_22	5.00	291.62			
ENZENAUER, LIZETTE		4.00	210.49			
FALKNER, LISA M		6.00	220.81			
Total Primary & Preventative Care		179.25	8738.80		0.00	0.00

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BUCHER, BRADON	FDILL_23	6.50	286.31	ANDRES MEJIA, SANDRA	2.63	71.77
COHEN, VALERIE NICOLE S		2.00	135.87	BIDINGER, JOY	2.25	61.51
CUMMINS, VERONICA J		2.00	105.25	CAVIN, ERIN M	3.00	126.71
LETT, KENDRA A	FDILL_23	8.25	493.41	GOLDMAN, JOY	0.38	10.45
PARANGAN, CHRISTOPHER D		5.50	296.82	GUZMAN, MICHELLE D	3.75	170.86
RICH, VICTORIA		9.50	539.40	MCCANN, ALEXANDRA	2.25	64.83
ROSS, ALYSSA	FDILL_23	2.75	117.99	NORTHAM, KORIE	0.75	34.17
SHEFFER, THANH V		7.00	418.65	SHARIF, RABEA	6.75	257.54
DIPRETE, LAUREN K		2.25	156.71	SMITH, JESS W	0.38	13.24
EDWARDS, TARA A		1.50	99.37	VALADEZ, ALEXIS	2.25	69.95
GOLDMAN, JOY		3.75	156.72	WILLS, JERRY A	3.75	125.75
HERNANDEZ, STEPHANIE		3.00	161.90	SMITH, JESS W	5.63	198.58
SABOUR, ISABELLA		7.00	300.33	MCGAHEN, RYAN	3.00	108.61
WALTON, SHAUNTE A		3.00	150.08	SMITH, JESS W	0.75	26.48
Total Environmental Health		64.00	3418.81		37.50	1340.44

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
CONTRERAS, KATHERINE D	STDSP_23	8.00	326.18			
DE LOS SANTOS, SHERILYN M		8.00	334.34			
ALLAN-RIVERA, BRIANNA L	HIVPRV23	2.00	85.81			
MONTGOMERY, JOSHUA M	HIVPRV23	3.00	179.42			
ROSSI BOUDREAUX THIB, DUSTIN M	HIVPRV23	3.00	188.64			
ASHRAF, BENJAMIN	IMMEQ_22	0.50	26.31			
LOPEZ, ERICK	CVDIF_21	10.00	512.63			
Total Disease Surveillance & Control		34.50	1653.33		0.00	0.00
Combined Total		496.75	24128.41		50.63	1738.00



Memorandum

Date: August 24, 2023

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, *Director of Community Health*
Fermin Leguen, MD, MPH, *District Health Officer* *FZ* *mj*

Subject: Community Health Division Monthly Activity Report – July 2023

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

A. Chronic Disease Prevention Program (CDPP)

The 2023 Move Your Way activities continued in the community. CDPP worked with local jurisdictions to host free family pool days. To date, our CDPP team and partners have participated in 12 events and over 2,000 people have been affected through our initiative activities. This initiative will continue through early August.

The Soda Free Summer/Verano Sin Soda initiative also continued in June. The CDPP staff and partners have participated in nine (9) community events to distribute pledge cards, education, and promotional materials to date. Over 1,200 people have visited our outreach booth at these events. Our initiative is supported by a media campaign in Spanish and runs through early August.

CDPP, RTC, and Prevail Marketplace hosted a Pop-Up Produce Stand in June at the RTC's Bonneville Transit Center. The Pop-Up Produce stands offer affordable, regionally grown fruits and vegetables and accept SNAP and Senior Farmer Market Nutrition Program (SFMNP) coupons. The June market sold over 2,000 lbs. of produce with 48% of all sales being SNAP/EBT or SFMNP coupons. Produce Stands are on summer break until September.

Team CDPP partnered with Marketon grocery store in May and June to provide two (2) grocery store tours in Spanish by our bilingual Registered Dietitian. Participants received information on how to shop healthy on a budget, how to eat for good health, and how to read a food label. Participants also received educational materials to support healthy eating. 15 people participated.

To encourage physical activity, the CDPP partnered with the City of Henderson (COH) to host Tail Hunt (geocaching) activities. Trail hunt treasure boxes were placed along trails and in parks around Henderson. Participants searched for the treasure boxes and sent pictures to COH once they found them to be eligible for a prize drawing. Nearly 100 families participated in the activity.

A 4-session Faithful Families class was provided in Spanish during June at 3RA Iglesia Apostolica de la Fe en Cristo Jesus. Over ten (10) people registered, and eight (8) people completed the course by attending each class. The class provides education on physical activity and healthy eating and is developed specifically for implementation in places of faith. CDPP staff worked with Promotoras to teach the class sessions.

CDPP worked with the City of Henderson (COH) to launch a pilot project to increase access to healthy foods for low-income seniors. As part of the project, a free shuttle provides transportation from 2 downtown senior centers to a Henderson farmers market that accepts SNAP and SFMNP coupons as well as vouchers provided by COH. As a result of the effort, the COH has relocated the downtown farmers market to a location across the street from one of the senior centers to increase accessibility. Since launching, the voucher redemption rate among low-income seniors participating in the program has increased from 14% in 2022 to 95% in 2023 and over 100 seniors have utilized the transportation shuttle. COH plans to permanently relocate the farmers market and sustain the transportation service.

As part of Commissioner Kirkpatrick's Pathway from Poverty initiative, CDPP is supporting the new After Market and food pantry which had a grand opening in June. The After Market is located in a food desert and is run by the Foundation Christian Center. It is a fully stocked market that also has a food pantry on site. CDPP provided support to purchase additional refrigeration, a point of service machine (so SNAP benefits could be accepted) and is assisting with promotional activities. In addition, CDPP has provided the After Market with bus passes to provide to customers who do not have transportation to the market.

The CDPP's Barber Shop Health Outreach Program (BSHOP) hosted another 'Shop Talk' event in June to commemorate Men's Health Month. The theme for Shop Talk was 'Healthcare is Self-Care'. Nine expert panelists from primary care, mental health, fitness and nutrition, and the faith community shared their expertise and experiences with cardiovascular disease and also provided tips on how to access preventive care, what to expect and how to prepare for a PCP visit as well as the correlation between mental health and cardiovascular disease. Commissioner William McCurdy provided the opening remarks. State Senator Dina Neal was also in attendance. Participants were offered free blood pressure screenings and health education materials. Over 50 people attended the event.

CDPP staff hosted the annual meeting of the BSHOP and BeSHOP (Barber/Beauty Shop Health Outreach Program) partners in June. Representatives including owners, barbers and stylists attended. CDPP staff provided an overview of the success of the program including screening totals from the past project year and relevant outcomes. Fourteen local, Black-owned barber and beauty shops participate in the BSHOP and BeSHOP program and host blood pressure and prediabetes screenings at their shops.

As part of our partnership to support the Healthy Kids Maps program, 200 children participated in the program at a Summer Camp at one of 4 YMCA locations in June. The program teaches children about the importance of healthy eating and being physically active.

This quarter, CDPP staff provided 1 in person Diabetes Self-Management, Education & Support (DSMES) class and 1 virtual DSMES class. Sixteen people registered and 15 of the 16 completed their class.

B. Tobacco Control Program (TCP)

In June, TCP staff distributed vaping prevention training toolkits to every CCSD high school principal and assistant principal. Additionally, staff coordinated a virtual panel discussion of high school students, school administrators, coaches, and teachers to provide insight into the youth vaping epidemic. The virtual webinar was open to community members and partners.

The TCP's 'Because We Matter' initiative partnered with Clark County Parks and Recreation for the 33rd Jazz in the Park series which ran in May and June. This community event is primarily attended by African Americans and consists of multiple event dates. Staff provided educational material on tobacco-related topics, including vaping, flavoring, menthol, and promoted the Nevada Tobacco Quitline to attendees at all events. Over 40,000 people attended the events.

Other outreach by the SNHD TCP's 'Because We Matter' initiative included partnerships with Eta Chi Sigma's (Sigma Gamma Rho) Southern Nevada Neighborhood Awards, and Rainbow Dreams Academy's Las Vegas Juneteenth Festival. Staff provided resources about voluntary tobacco policy adoption, cessation, and general education about the burden of tobacco use to African Americans and the Black community. Over 30,000 people participated in these activities.

This month, 20 businesses implemented and/or expanded their smoke and vape free policy. TCP staff provided technical assistance including model policy language, signage, and educational materials for patrons and staff to support policy implementation.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID 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 June:

- To date, 332 community-level spokespersons have been trained.
- Two (2) community events to distribute information and promote vaccination occurred in reaching 335 individuals.
- Four (4) new pop-up vaccine clinics were offered however, 14 people received a COVID-19 vaccine. A total of 5,912 vaccines have been provided to date through these efforts.
- A new media campaign highlighting changes that will occur as a result of the end of the public health emergency declaration and to encourage vaccination among priority populations began airing in May. To date this campaign has reached 1.6 million people.

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

A. July Meetings:

1. 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.

This committee has worked on the development of an education program for the Paramedic Mentorship/Internship Program.

2. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting 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. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Board reviewed the 1st Quarter 2023 trauma transport data, announced the posting of the 2022 Annual Trauma Report, and approved the submission by Mike O'Callaghan Military Medical Center as a Level III Trauma Center.

B. OEMSTS – July 2022 / 2023 Data

June EMS Statistics	July 2022	July 2023	
Total certificates issued	47	84	↑
New licenses issued	40	73	↑
Renewal licenses issued (recert only)	0	0	=
Driver Only	28	30	↑
Active Certifications: EMT	842	909	↑
Active Certifications: Advanced EMT	1675	1777	↑
Active Certifications: Paramedic	1908	1973	↑
Active Certifications: RN	62	64	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff began planning for a full-scale exercise to be conducted in October 2023.
2. This trained team corroborates with community and hospital partners, by hosting and attending community meetings virtually.
3. OPHP extensively works with the SNHD contractor to develop the regional and SNHD COVID After Action Report.
4. Our personnel have avidly been planning with community partners for the upcoming Formula 1 and Super Bowl LVIII special events.
5. The OPHP Team is identifying a vendor to conduct a recovery seminar and workshop on June 1, 2023.

B. PHP Training and PH Workforce Development:

1. Internally, we provide Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 73 Fit tests completed.
2. Developed training manuals for OPHP to use for ICS training. Beginning to work with PHP trainers to come up with a training program for SNHD staff in ICS roles.
3. The SNPHC Clinical Advisor reviewed and updated the SNHPC Charter. We have ongoing participation in the Western Regional Alliance for Pediatric Emergency Management weekly meetings: Emerging Infectious Disease, where we handle patient tracking. We have continuous engagement with the Clark County Multiagency Victim Database Project meetings. We demonstrate perpetual support for activities preparing for Formula 1 and the Superbowl.
4. Our Senior Planner continues planning for the upcoming Full-Scale Anthrax Exercise to take place October 12th – 14th.
5. We collaborated with auxiliary players to support their objectives for this exercise as well as support the SNHD mission.
6. July 3rd Our PHP Planner I made strides on HAC/MSST Tabletop. Here we began reviewing SNHPC Pediatric Surge Annex.
7. July 5th 1-on-1 meeting with PHP Supervisor. Continue reviewing SNHPC Pediatric Surge Annex. PHP Planner I administrative duties.
8. July 6th Attended SNHPC meeting to make progress on the HAC/MSST Tabletop PHP & Planner I administrative duties.
9. July 10th Began review of SNHPC Response plan with PHP Planner I administrative duties.
10. July 11th Attended the 2023 National Access and Functional Needs Symposium.
11. July 12th Provided input for the Public Health Emergency Preparedness Association - Preparedness Coordinator Focus group.
12. July 12th Attended and participated in the Quality Improvement Council meeting.

13. July 12th Completed Planning Section Chief handbook for PHP trainers to begin building an SNHD specific incident response roles training.
14. July 12th Attended the 2023 National Access and Functional Needs Symposium. Attended Psychological First Aid by Clark County.
15. July 13th Attend Emergency Preparedness Committee Meeting at UMC. Attend LAS After Hours Alert 5 emergency response tabletop exercise.
16. July 14th Participated in Nevada State Health Improvement Public Health Infrastructure subcommittee workgroup. Report and recommendations to governor should be made soon.
17. July 17th Attended L102 Science of Disaster and L103 Planning FEMA Basic Academy courses.
18. July 24th Provided final input for Beacon Academy Emergency Operations plan as the public health representative. Also connected them with the OD2A program to provide overdose prevention training through Epi.
19. July 24th Attended NEMAA Basic Academy L 102/103.
20. July 24th – July 31st Worked on materials needed for SNHPC August Workshop.
21. July 26th Met with State Division of Emergency Management.
22. July 27th Attended the Integrated Preparedness Planning Workshop for DPBH.

C. Hospital Preparedness Program (HPP): OPHP dispensed a Hospital Preparedness Program Liaison

1. MSST /SNHD/Trauma Centers: Preparation for SNHPC August 3 Workshop at the Wetlands.
2. Participated in the Local Emergency Planning Committee (LEPC) special meeting.
3. Attended the Psychological First Aid training at LVMPD.
4. Encountered the on new NHA patient tracking platform presentation.
5. Cooperated in the Medical Preparedness and Response for Bombing Incidents (MGT-348) @ the VA July 18th – July 19th.
6. Collaborated in the UMC Emergency Management Committee meeting.
7. Facilitated the ICS 300 with City of Las Vegas Training Cadre at North Las Vegas Fire Administration July 24th – July 25th.
8. Achieved the ASPR training on the Medical Response and Surge Exercise updates.
9. Collaboration with Response and Readiness Coordinator re: BP 5 activities.

D. Grants and Administration:

1. OPHP staff are working with the State Division of Public and Behavioral Health on carryforward from Budget Period three (3) for both the HPP and PHEP grants.
2. OPHP staff are working with the Division of Emergency Management to submit the UASI grant application to maintain a public health analyst at the Southern Nevada Counterterrorism Center.

- E. **Medical Reserve Corps (MRC) of Southern Nevada:** MRC Volunteers staffed a blood pressure screening station and provided general assistance at the North Las Vegas Fire Station 51 Open House on June 10th. One MRC Volunteer assisted at the SNHD Immunization Clinic for two weeks. Our MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers. MRC Coordinator attended monthly NACCHO MRC and PPAG Workgroup meetings, as well as SNHPC.

MRC Volunteer Hours FY2023 Q4

(Economic impact rates updated June 2023):

Activity	April	May	June
First Aid Station	8.5		
Preparedness Exercise	32	17.5	
Community Event/BP			21
SNHD Immunization Clinic			36
Total Hours	40.5	17.5	57
Economic impact	\$1,226.49	\$524.13	\$1707.15

IV. VITAL RECORDS

- A. July 2023 is currently showing 12.3% increase in birth certificate sales in comparison to July 2022. Death certificate sales currently showing an 15% decrease in comparison to July 2022. SNHD received revenues of \$37,843 for birth registrations, \$20,046 for death registrations; and an additional \$8,829 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data

Vital Statistics Services	July 2022	July 2023		FY 21-22 (July)	FY 22-23 (July)	
Births Registered	1,988	1,814	↓	2,047	1,814	↓
Deaths Registered	1,678	1,577	↓	1,678	1,577	↓
Fetal Deaths Registered	23	16	↓	23	16	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data

Vital Statistics Services	July 2022	July 2023		FY 21-22 (July)	FY 22-23 (July)	
Birth Certificates Sold (walk-in)	56	42	↓	56	42	↓
Birth Certificates Mail	89	162	↑	89	162	↑
Birth Certificates Online Orders	3,781	4,166	↑	3,781	4,166	↑
Birth Certificates Billed	81	130	↑	81	130	↑
Birth Certificates Number of Total Sales	4,007	4,500	↑	4,007	4,500	↑
Death Certificates Sold (walk-in)	2	17	↑	2	17	↑
Death Certificates Mail	127	186	↑	127	186	↑
Death Certificates Online Orders	8,039	6,643	↓	8,039	6,643	↓
Death Certificates Billed	29	41	↑	29	41	↑
Death Certificates Number of Total Sales	8,197	6,887	↓	8,197	6,887	↓

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data

Vital Statistics Sales by Source	July 2022	July 2023		FY 21-22 (July)	FY 22-23 (July)	
Birth Certificates Sold Valley View (walk-in)	1.4%	.9%	↓	1.4%	.9%	↓
Birth Certificates Mail	2.2%	3.6%	↑	2.2%	3.6%	↑
Birth Certificates Online Orders	94.4%	92.6%	↓	94.4%	92.6%	↓
Birth Certificates Billed	2%	2.9%	↑	2%	2.9%	↑
Death Certificates Sold Valley View (walk-in)		.2%	↑		.2%	↑
Death Certificates Mail	1.5%	2.7%	↑	1.5%	2.7%	↑
Death Certificates Online Orders	98.1%	96.5%	↓	98.1%	96.5%	↓
Death Certificates Billed	.4%	.6%	↑	.4%	.6%	↑

COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data

Revenue	July 2022	July 2023		FY 21-22 (July)	FY 22-23 (July)	
Birth Certificates (\$25)	\$100,175	\$112,500	↑	\$100,175	\$112,500	↑
Death Certificates (\$25)	\$204,925	\$172,175	↓	\$204,925	\$172,175	↓
Births Registrations (\$13)	\$37,427	\$37,843	↑	\$37,427	\$37,843	↑
Deaths Registrations (\$13)	\$23,361	\$20,046	↓	\$23,361	\$20,046	↓
Convenience Fee (\$2)	\$8,156	\$8,276	↑	\$8,156	\$8,276	↑
Miscellaneous Admin	\$676	\$553	↓	\$676	\$553	↓
Total Vital Records Revenue	\$374,720	\$351,393	↓	\$374,720	\$351,393	↓

*Numbers will change once stable

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only. Passport photos remain suspended.

	July 2022	July 2023		FY 21-22 (July)	FY 22-23 (July)	
Applications						
Passport Applications	686	750	↑	686	750	↑
Revenue						
Passport Execution/Acceptance fee (\$35)	\$24,010	\$26,250	↑	\$24,010	\$26,250	↑

V. HEALTH CARDS

A. Food Handling / Health Cards:

1. Same-day appointments for food handler cards, which was introduced June 5th, across all five testing locations in an effort to reduce No Show appointments.
2. For the month of July, we averaged 38 “passing and paying” online renewal clients per day, with a total of 1,168 clients renewing online. This is a 74% decrease since the peak in January 2023.
3. Beginning July 3rd, renewing clients whose last test was before July 2018, will take the same 20-question food safety test as our new clients. This helps to ensure that food handlers who haven’t been working in the industry lately prove a more robust understanding of food handler safety. Clients renewing a more recent card take a 10-question renewal test.

B. Body Art Cards

1. Body Art Mentors are actively using the new mentor-dedicated email address to submit any questions or requests related to their apprentices’ cards. This allows Health Cards staff to easily address card-related issues, which were previously sent to the Environmental Health special programs office.

D. Other

1. An additional employee has been hired to serve as the receptionist at our Decatur public health center starting in early August. The temporary employee currently in that role has been extended throughout July.

<u>CLIENTS SERVED</u>	July 2023	June 2023	May 2023	April 2023	Mar 2023	Feb 2023
FH Cards – New	5,615	5,118	4,705	4,035	4,539	3,953

FH Cards – Renewals	820	2,232	2,605	2,619	3,294	3,312
FH Cards – Online Renewals	1,168	1,185	1,398	1,754	3,004	3,563
Duplicates	301	328	312	306	382	362
CFSM (Manager) Cards	301	293	271	257	320	264
Re-Tests	1,244	1,232	1,165	1,242	1,471	1,238
Body Art Cards	121	102	117	115	83	80
TOTALS	9,570	10,490	10,573	10,328	13,093	12,772

VI. HEALTH EQUITY

- A. The Health Equity program received a No Cost Extension from the Center for Disease Control to build, leverage, and expand infrastructure support for COVID 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 community strategies and events.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
 1. During July, the Health Equity team engaged with the community through participation in several outreach events, collaboration with internal SNHD Programs and community coalitions.
 2. On July 11th & July 27th, the Health Equity staff implemented an “Introduction to Health Inequities Community training in collaboration with NV Hands.

VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

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. A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	61	62
NAAT NG/CT	1022	1080
Syphilis	908	967
RPR/RPR Titers	144/92	191/93
Hepatitis Total	843	887
HIV/differentiated	607/31	615/16
HIV RNA	83	68

4. COVID testing:

- SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
- SNPHL is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
- For July, the average daily testing was 61 and the average turnaround time was 30 hours days for PCR testing from the collection date to the release of the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 17 tests per week.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Molecular laboratory will add Tecan instrument after installing the updated script for the SARS-CoV-2 WGS procedure. The field person from Tecan will come to install the script in August.

A monthly summary of COVID PCR/NAAT testing is listed as follows:

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	8775/722	July	1216/85
February	6614/542	August	
March	6676/497	September	
April	5174/4335	October	
May	4544/244	November	

June	2103/136	December	
------	----------	----------	--

5. Reportable disease reports:

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.
- A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	3	7	2	7	7	10	9						
	Campy Screen	7	10	6	10	11	12	13						
Neisseria species	Gonorrhoeae Culture	70	66	34	56	71	75	61						
	Gram Stain/WBC	0	0	0	5	0	0	0						
	Neisseria ID	0	0	0	0	0	5	0						
	Haemophilus ID	0	0	8	2	3	0	1						
Unknown ID	Bacterial ID	0	0	0	3	0	0	0						
	WGS (PulseNet)	24	21	24	33	36	37	34						
Salmonella	Salmonella Screen	16	14	13	17	25	26	26						
	Salmonella Serotype	15	10	12	17	25	21	21						
Shigella	Shigella Screen	4	7	10	10	4	6	3						
	Shigella Serotype	4	5	12	3	3	3	2						

STEC	STEC Screen	4	0	7	8	1	5	7						
	STEC Serotype	4	0	1	2	1	3	2						
Unknown	Stool Culture	3	14	2	4	5	0	0						
Vibrio	Vibrio ID	0	1	0	0	0	3	0						
	Vibrio Screen	0	0	1	1	0	6	0						
Yersinia	Yersinia Culture/ID	0	0	1	0	2	0	0						

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero cases for GI outbreak investigation in July.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In July, SNPHL performed 20 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. SNPHL'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.

2023	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	2	2	1	0	1					

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and

Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

4. SNPHL performed 34 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in July 2023.
5. SNPHL 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. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL 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 July 2023, SNPHL has sequenced 70 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. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	7	1	24	8	0	8	8					

10. SNPHL provides vector testing for Environmental Services, Viral testing for Zika, West Nile, Western Equine Encephalitis, and Saint Louis encephalitis. Our facility hosted a CDC demonstration for the Vector team. In June, we test a total of 409 mosquito pool samples. Two positive WNV mosquito pool samples were identified in July. Environmental Health released the test result to the public after we informed the test result to them.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in July, a total of 61 clinical isolates, Neisseria gonorrhoeae 10 isolates) and Neisseria meningitidis 2 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.

D. All-Hazards Preparedness:

1. SNPHL provides / assists testing for SNHD COVID 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 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 online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

E. July 2023 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. The inspectors from CDC the Division of Select agent and Toxin (DSAT) came to do the renew certificate inspection on July 31st and August 2nd.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health service. SNPHL received the urine analysis and Hematology instruments. At this time, the validation for both instruments have begun.
4. SNPHL is working with CDC to develop an Electronic Laboratory Reporting (ELR) system for Monkeypox testing. This system allows us to report the MONKEYPOX testing report to CDC promptly. Currently, we are using a laboratory Network System to report the result which is time-consuming and labor intensive.
5. We are in the process of backfilling the position for the senior lab tech in the Microbiology Laboratory.
6. Emergency Response laboratory started to validate the warrior panel and verification process with CDC.

7. According to the WGS and genomic data analysis, the Omicron variant XBB.1.5 and XBB.1.16, lineages are domain lineage, 5%, 8%, and 46% respectively, in July, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
8. SNPHL still remain the service for the Monkeypox testing for the residents of Clark County even the ICS for Monkeypox has been demobilized.
9. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 are major subtype of influenza and the percentage of ratio between two subtypes are 80% and 20%, respectively.
10. SNPHL participates in the CDC Avian Flu surveillance project by sending the testing guidance and specimen collection procedure to the local hospitals through HAN system. Any ICU patient with influenza A positive must send the specimen to our laboratory to do influenza subtyping in order to rule out avian influenza
11. There are safety concerns for the SNPHL facility security camera upgrade which is currently under process by Facilities. The facility team will provide the quotation for us. This project will replace the current surveillance cameras and software system to enhance the quality of images and cover more areas of the laboratory building.
12. Currently our BSL-3 laboratory has detected a total of 46 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. There hasn't been any Monkeypox cases received since May 2023.
13. The builder/Architect for the SNPHL Lab expansion project has been selected. The contract is reviewing by SNHD contract office and Ewing Cole Company

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

July SNPHL Services	2022	2023	
Clinical Testing Services ¹	4,761	4,448	↓
Epidemiology Services ²	696	1,445	↑
State Branch Public Health Laboratory Services ³	13,599	174	↓
All-Hazards Preparedness Services ⁴	7	6	↓
Environmental Health Services ⁵	513	409	↓

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVD Ab immunologic tests.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

³ Includes COVD PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

⁴ Includes Preparedness training, teleconferences, and Inspections.

⁵ Includes vector testing

Memorandum

Date: August 15, 2023
To: Southern Nevada Community Health Center Governing Board
From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT – JULY 2023

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.

July Highlights

Access

- 875 unduplicated patients
 - 293 new patients
- 3,603 unduplicated patients served YTD.

Administrative

- The Sexual Health Clinic (SHC) formally joined the FQHC in July 1st.
- Service Area Competition (SAC) notice of award released. Applications due by 8/23/23.
- Federal Tort Claim Act (FTCA) deeming application in the final phase of completion.
- Title X Family Planning program visit postponed. New date to be determined.
- Additional unbudgeted Family Planning funds awarded from the State.
- Azara DRVS staff training underway.
- One new mid-level provider began on 8/7/23.
- Recruitments for the Medical Director, Licensed Clinical Social Worker, and a mid-level provider are ongoing.
- Transition of the Refugee Health Clinic (RHC) to Fremont on track for 9/5/23.

HIV / Ryan White Care Program

- A. The Ryan White program received 65 referrals between July 1st through July 31st. There were no pediatric clients referred to the MCM (Medical Case Management) program in July and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 570 total service encounters in the month of July provided by the Ryan White program (Linkage Coordinator, Eligibility Workers, Nurse Case Managers, Community Health Workers, Registered Dietitian and Health Educator). There were 280 unduplicated clients served under these programs in July.
- C. The Ryan White ambulatory clinic had a total of 422 visits in the month of July: 48 initial provider visits, 147 established provider visits, 15 tele-visits (established clients). There were 25 Nurse visits and 187 lab

visits. There were 23 Ryan White clients seen under Behavioral Health by the Licensed Clinical Social Worker (LCSW) and the Psychiatric APRN during the month of July.

- D. The Ryan White clinic 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. There were 19 patients enrolled and seen under the Rapid stART program in July.

Family Planning (FP)

Unduplicated Patients	July 2022	July 2023		FY 21- 22	FY 22- 23	
Number of Pt: Fremont PHC	110	161	↑	110	161	↑
Number of Pt: Decatur PHC	303	191	↓	303	191	↓

Duplicated Patients	July 2022	July 2023		FY 21- 22	FY 22- 23	
Number of Pt: Fremont PHC	111	175	↑	111	175	↑
Number of Pt: Decatur PHC	323	199	↓	323	199	↓
New Patients	123	84	↓	123	84	↓
Number of Pt: Fremont PHC	30	39	↑	30	39	↑
Number of Pt: Decatur PHC	93	45	↓	93	45	↓
APRN Visits	324	258	↓	324	258	↓
Number of Pt: Fremont PHC	75	120	↑	75	120	↑
Number of Pt: Decatur PHC	249	138	↓	249	138	↓

Client Encounters by Locations			
Location	Decatur PHC	Fremont PHC	Total
Family Planning	199	175	374

Client Encounters by Location				
Location /Program	Jun-22	Jun-23	FY 21-22	FY 22-23
Family Planning	434	374	434	374

- A. FP Program services at Fremont and Decatur Public Health Centers served 439 clients: 422 of them were unduplicated.
- B. The Fremont Public Family Planning Clinic served 249 clients: 238 of them were unduplicated.
- C. The Decatur Family Planning Clinic served 190 clients: 184 of them were unduplicated.

Pharmacy Services

	Jun-22	Jun-23		FY22	FY23		% Change YTD
Client Encounters (Pharmacy)	1,426	1170	↓	13,677	13,870	↑	1.4%
Prescriptions Filled	1,814	1611	↓	17,470	18,820	↑	7.7%
Client Clinic Encounters (Pharmacist)	78	52	↓	405	584	↑	44.2%
Financial Assistance Provided	12	15	↑	127	129	↑	1.6%
Insurance Assistance Provided	2	9	↑	46	29	↓	-37.0%

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 374 clients: 352 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 175 clients: 161 of them were unduplicated.
- C. The Decatur Family Planning Clinic serviced 199 clients: 191 of them were unduplicated.

Eligibility Case Narrative and Monthly Report

As a team, the Eligibility Workers submitted a total of 174 applications for the month.

Applications	Status
92	Approved
44	Denied
66	Pending

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 606 encounters to 521 unduplicated patients for the month of July. There were 96 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- B. The FQHC- SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI's as a tool for HIV prevention. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. The FQHC-SHC clinical team completed annual trainings, including trainings on human trafficking and safe injection practices.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. Three (3) community health nurses, one (1) medical assistant, and one (1) administrative assistant are continuing orientation in FQHC-SHC. Additionally, FQHC-SHC began the process for filling one (1) vacant community health nurse position.

Tuberculosis Clinic/Refugee Health Program

Refugee Health Program for the month July 2023.

Client required medical follow- up for Communicable Diseases	21
Referrals for TB issues	12
Referrals for Chronic Hep B	5
Referrals for STD	3
Pediatric Refugee Exams	6
Clients encounter by program (adults)	57
Refugee Health screening for July 2023	57
Total for FY22-23	57

Quality & Risk Management

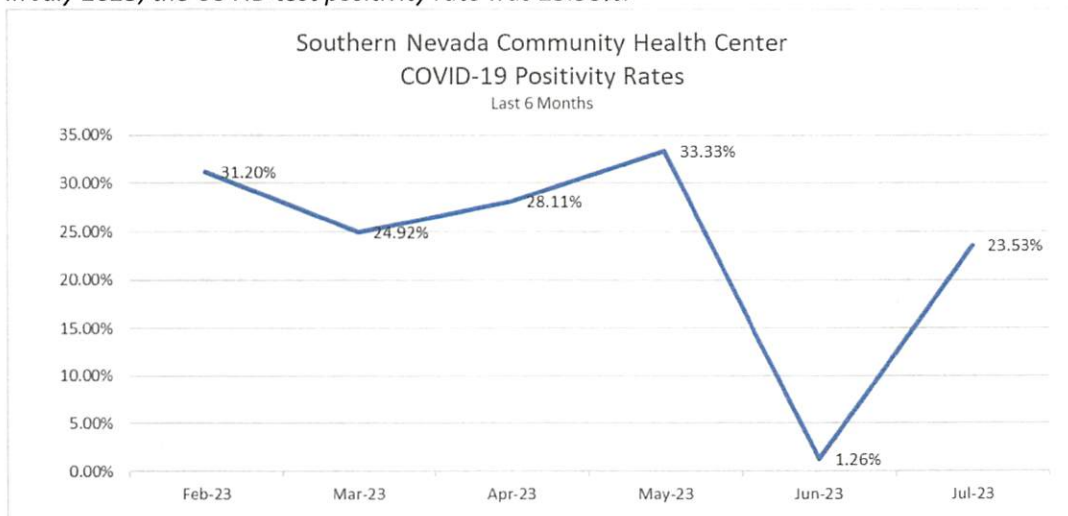
A. Quality

COVID-19 Testing

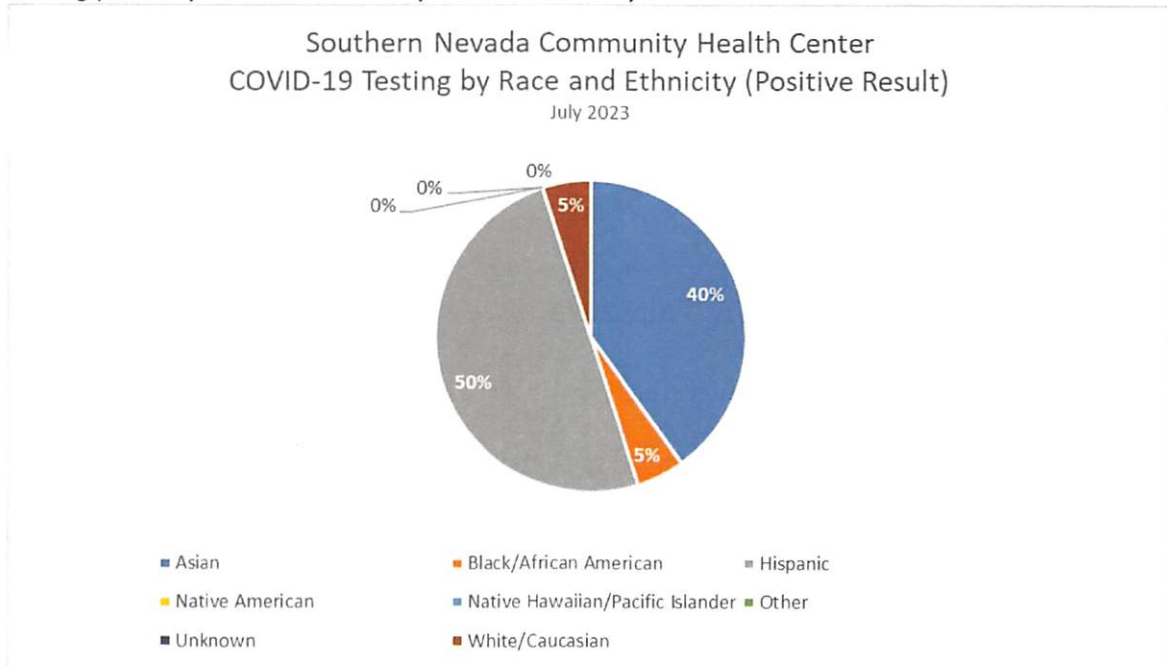
From January 2021 to July 2023 the Southern Nevada Community Health Center completed **100,519** COVID-19 tests, 105 of which were conducted in July of 2023.

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.

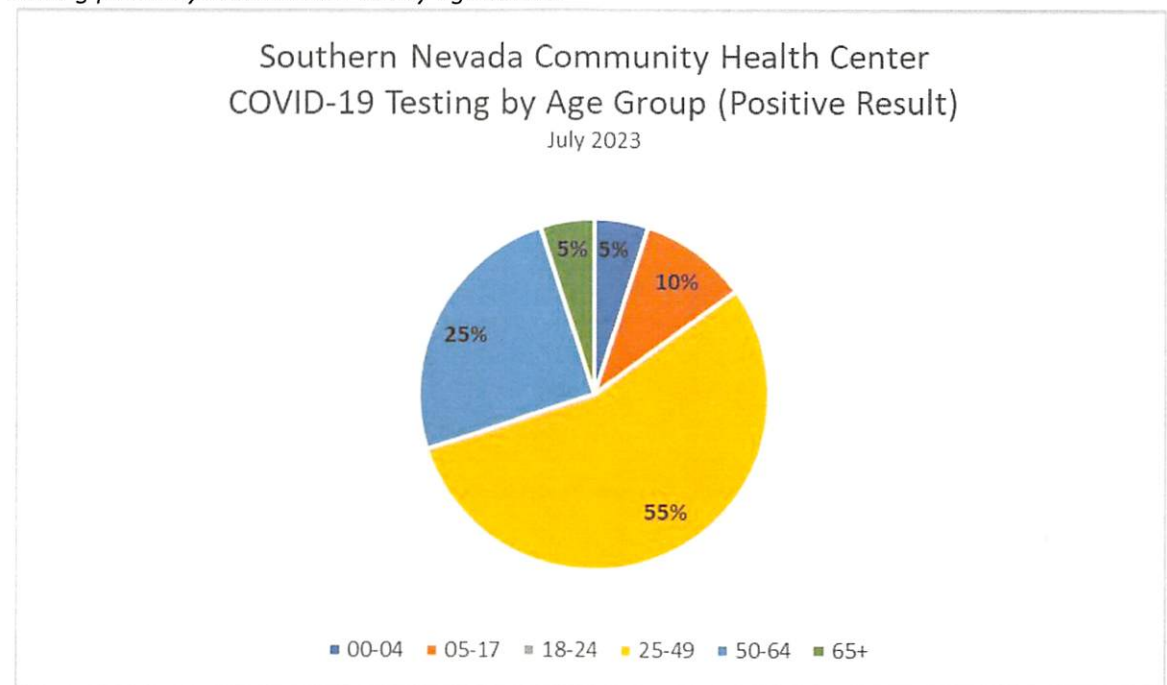
In July 2023, the COVID test positivity rate was 23.53%.



Testing positivity rates broken out by race and ethnicity below:



Testing positivity rates broken out by age below:



B. COVID-19 Vaccine Program and Monkeypox

The Southern Nevada Community Health Center administered 98 COVID and Monkeypox vaccines in July.

Risk Management

- Medical Events (Dr. Bluebird) – Two (2)
- Patient Complaints/Grievances – Zero (0)
- Medication Errors – Zero (0)
- Patient Issues – Zero (0)
- Employee Incidents – Zero (0)
- HIPAA Violation(s) – Zero (0)

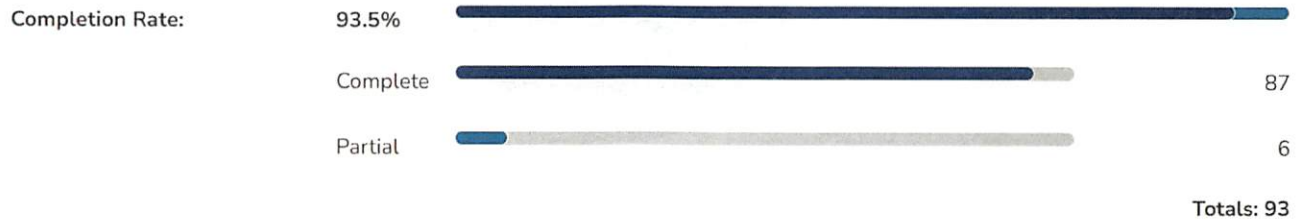
Health Center Visit Report Summary – July 2023

Patient Satisfaction: See attached survey results.

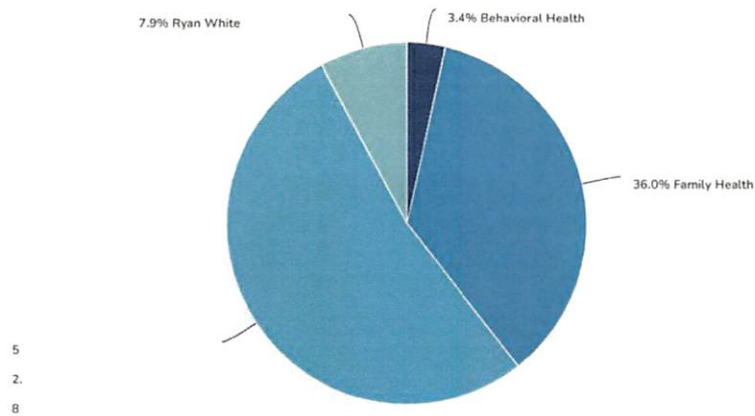
The Health Center continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Report for Southern Nevada Community Health Center (SNCHC) Patient Satisfaction Survey (English) July 2023

Response Counts

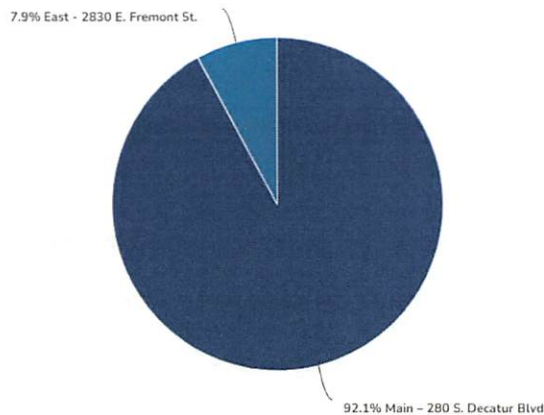


1. Service received during your visit



Value	Percent	Responses
Behavioral Health	3.4%	3
Family Health	36.0%	32
Family Planning	52.8%	47
Ryan White	7.9%	7
Totals: 89		

2. Southern Nevada Health District (SNHD) location



Value

Main - 280 S. Decatur Blvd

East - 2830 E. Fremont St.

Percent

92.1%

7.9%

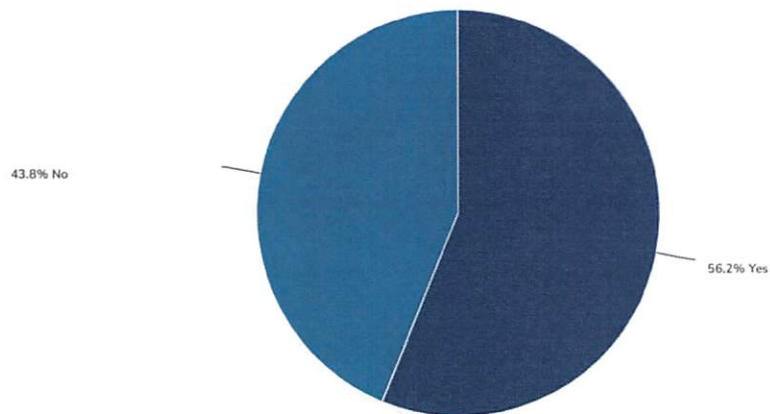
Responses

82

7

Totals: 89

3. Do you have health insurance?



Value

Yes

No

Percent

56.2%

43.8%

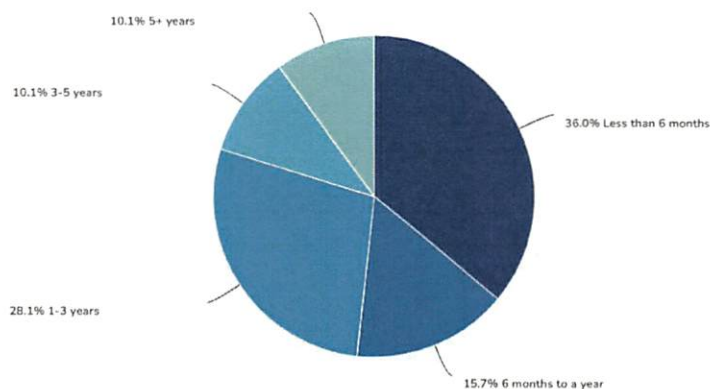
Responses

50

39

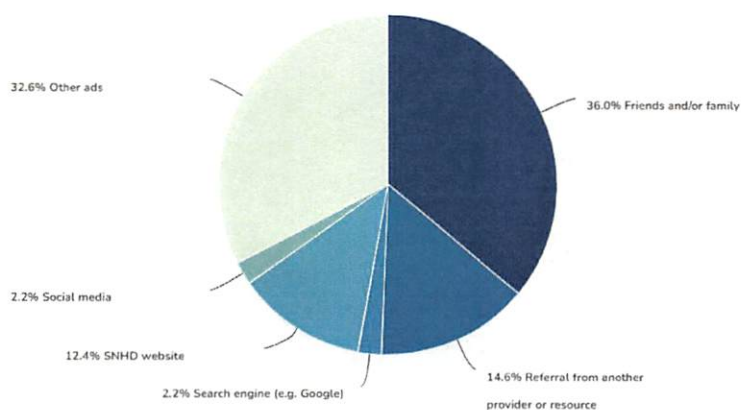
Totals: 89

4. How long have you been a patient at the Southern Nevada Health District/Southern Nevada Community Health Center?



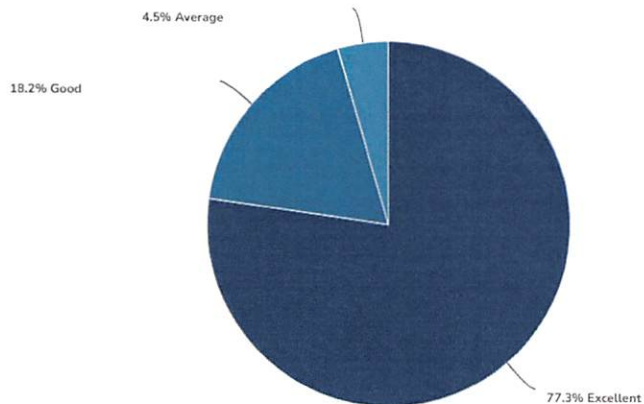
Value	Percent	Responses
Less than 6 months	36.0%	32
6 months to a year	15.7%	14
1-3 years	28.1%	25
3-5 years	10.1%	9
5+ years	10.1%	9
		Totals: 89

5. How did you hear about us?



Value	Percent	Responses
Friends and/or family	36.0%	32
Referral from another provider or resource	14.6%	13
Search engine (e.g. Google)	2.2%	2
SNHD website	12.4%	11
Social media	2.2%	2
Other ads	32.6%	29
		Totals: 89

6. Ease of scheduling an appointment



Value

Excellent

Good

Average

Percent

77.3%

18.2%

4.5%

Responses

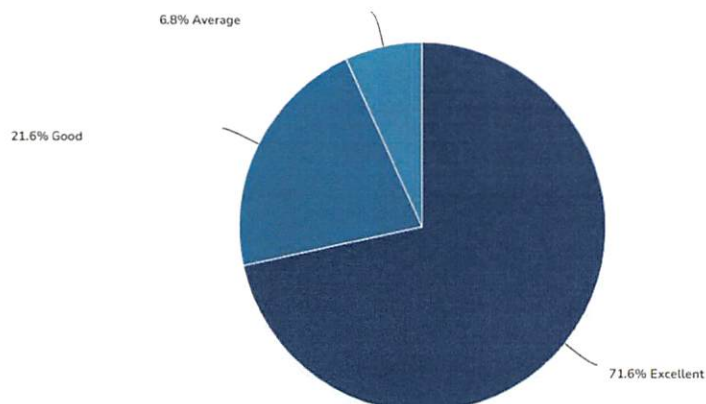
68

16

4

Totals: 88

7. Wait time to see provider



Value

Excellent

Good

Average

Percent

71.6%

21.6%

6.8%

Responses

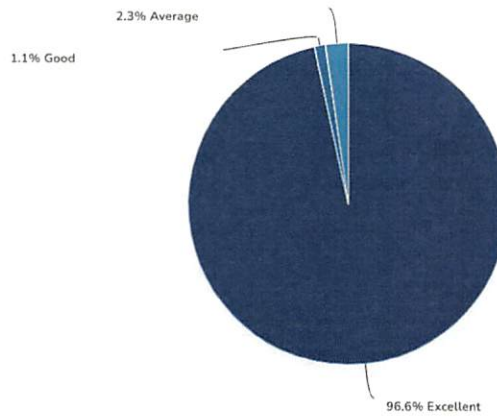
63

19

6

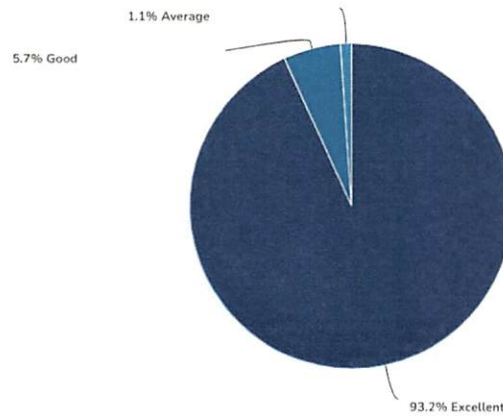
Totals: 88

8. Care received from providers and staff



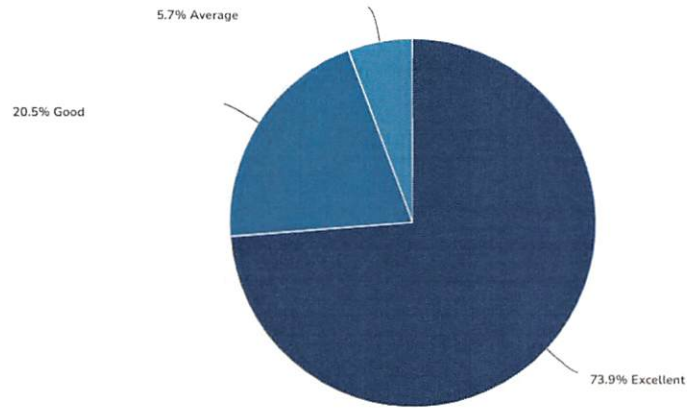
Value	Percent	Responses
Excellent	96.6%	85
Good	1.1%	1
Average	2.3%	2
Totals: 88		

9. Understanding of health care instructions following your visit



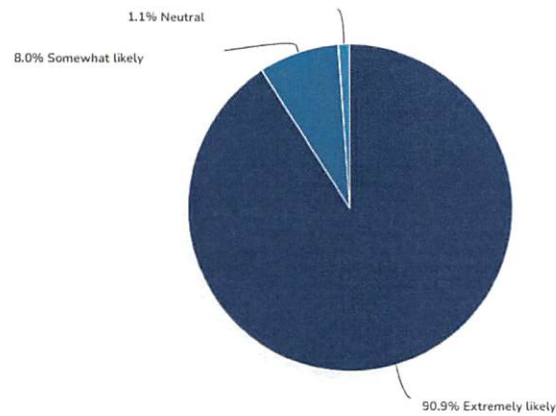
Value	Percent	Responses
Excellent	93.2%	82
Good	5.7%	5
Average	1.1%	1
Totals: 88		

10. Hours of operation



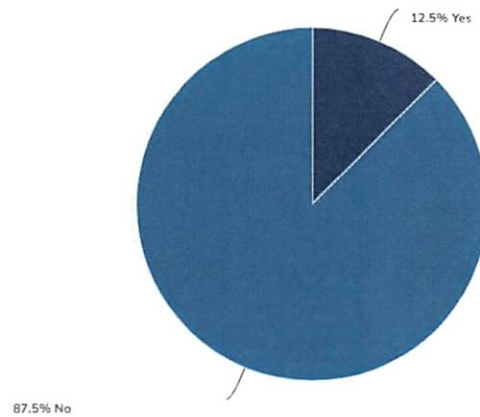
Value	Percent	Responses
Excellent	73.9%	65
Good	20.5%	18
Average	5.7%	5
Totals: 88		

11. Recommendation of our health center to friends and family



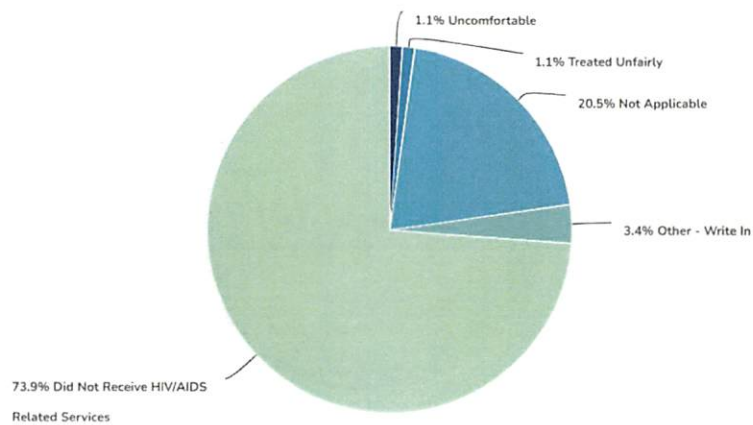
Value	Percent	Responses
Extremely likely	90.9%	80
Somewhat likely	8.0%	7
Neutral	1.1%	1
Totals: 88		

12. Are you visiting today for HIV/AIDS related prevention or treatment services or to received relate information?



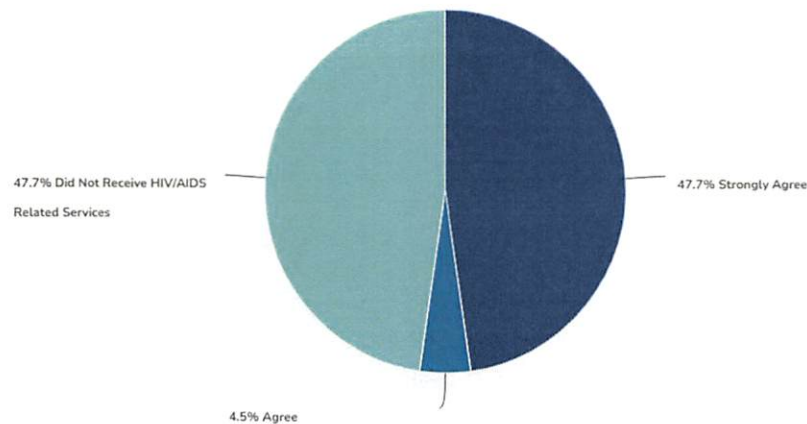
Value	Percent	Responses
Yes	12.5%	11
No	87.5%	77
Totals: 88		

13. Based on your HIV status, at any moment during your visit, did you feel...



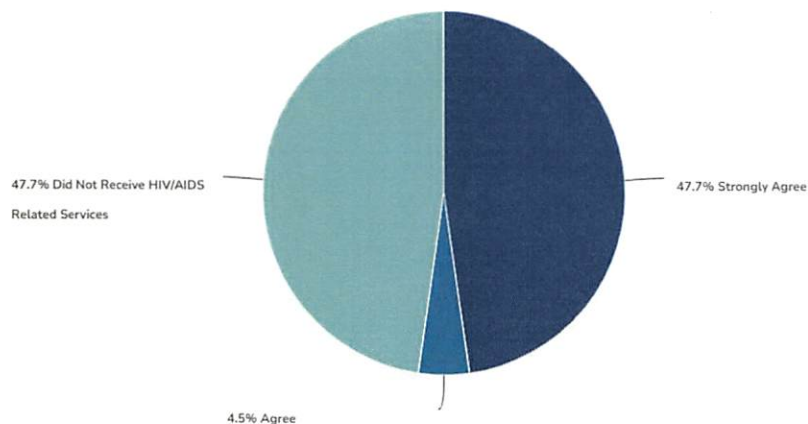
Value	Percent	Responses
Uncomfortable	1.1%	1
Treated Unfairly	1.1%	1
Not Applicable	20.5%	18
Other - Write In (click to view)	3.4%	3
Did Not Receive HIV/AIDS Related Services	73.9%	65
Totals: 88		

14. During your visit, did you feel that staff members treated you with care?



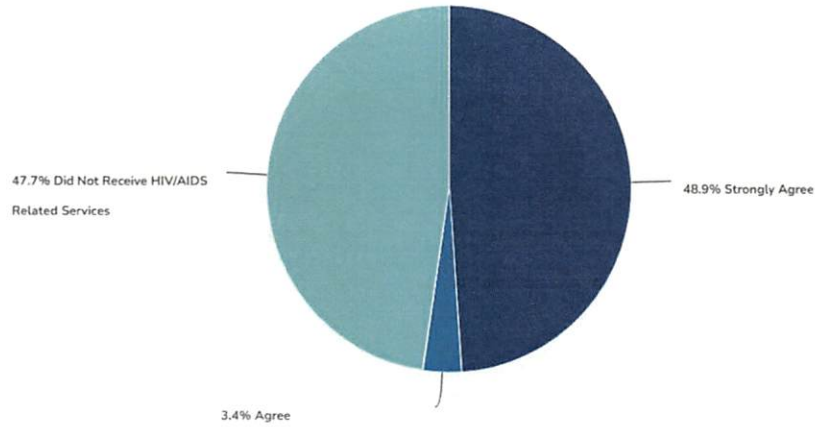
Value	Percent	Responses
Strongly Agree	47.7%	42
Agree	4.5%	4
Did Not Receive HIV/AIDS Related Services	47.7%	42
Totals: 88		

15. During your visit, did you feel that staff members treated you with respect?



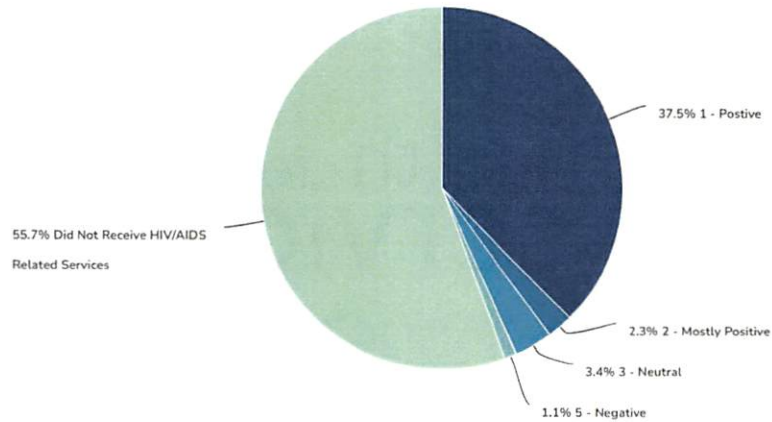
Value	Percent	Responses
Strongly Agree	47.7%	42
Agree	4.5%	4
Did Not Receive HIV/AIDS Related Services	47.7%	42
Totals: 88		

16. During your visit, did you feel that staff members were supportive?



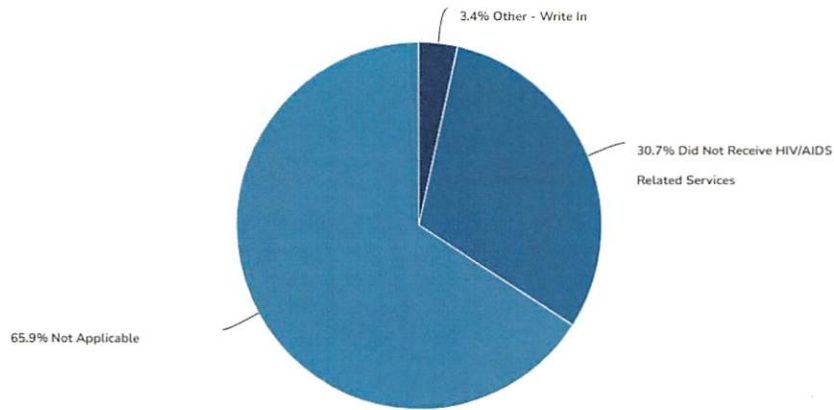
Value	Percent	Responses
Strongly Agree	48.9%	43
Agree	3.4%	3
Did Not Receive HIV/AIDS Related Services	47.7%	42
Totals: 88		

17. On a scale from 1-5, during your visit, did you feel that any staff interactions negatively or positively impacted your likelihood of remaining in care?



Value	Percent	Responses
1 - Positive	37.5%	33
2 - Mostly Positive	2.3%	2
3 - Neutral	3.4%	3
5 - Negative	1.1%	1
Did Not Receive HIV/AIDS Related Services	55.7%	49
Totals: 88		

18. Please provide any feedback that can help SNCHC staff reduce HIV/AIDS related stigma and create a more welcoming and supportive environment.



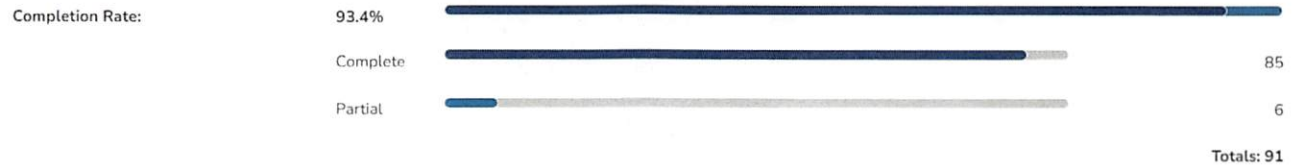
Value	Percent	Responses
Other - Write In (click to view)	3.4%	3
Did Not Receive HIV/AIDS Related Services	30.7%	27
Not Applicable	65.9%	58
		Totals: 88

19. Comments

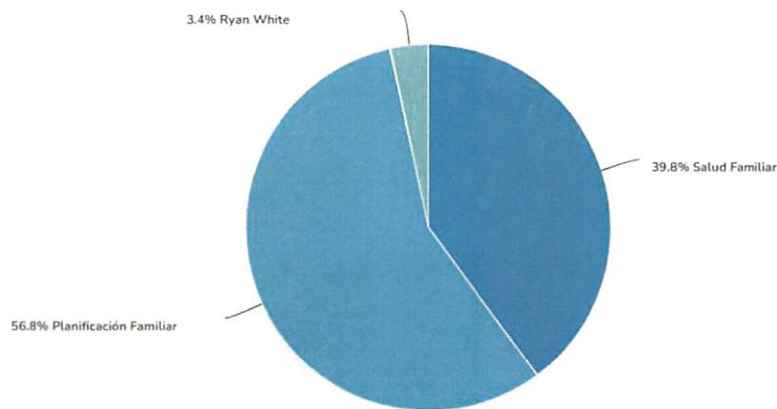


Report for Distrito de Salud del Sur de Nevada Encuesta de Satisfacción del Paciente (SNCHC) (Spanish) July 2023

Response Counts

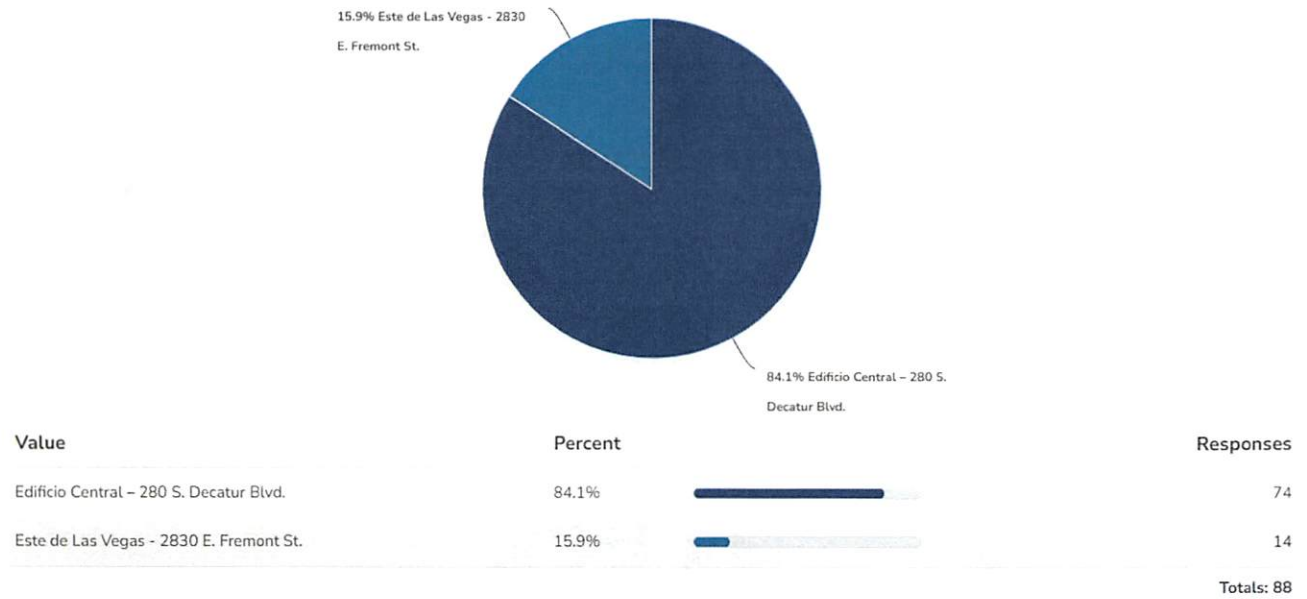


1. Marque los servicios recibidos durante su visita

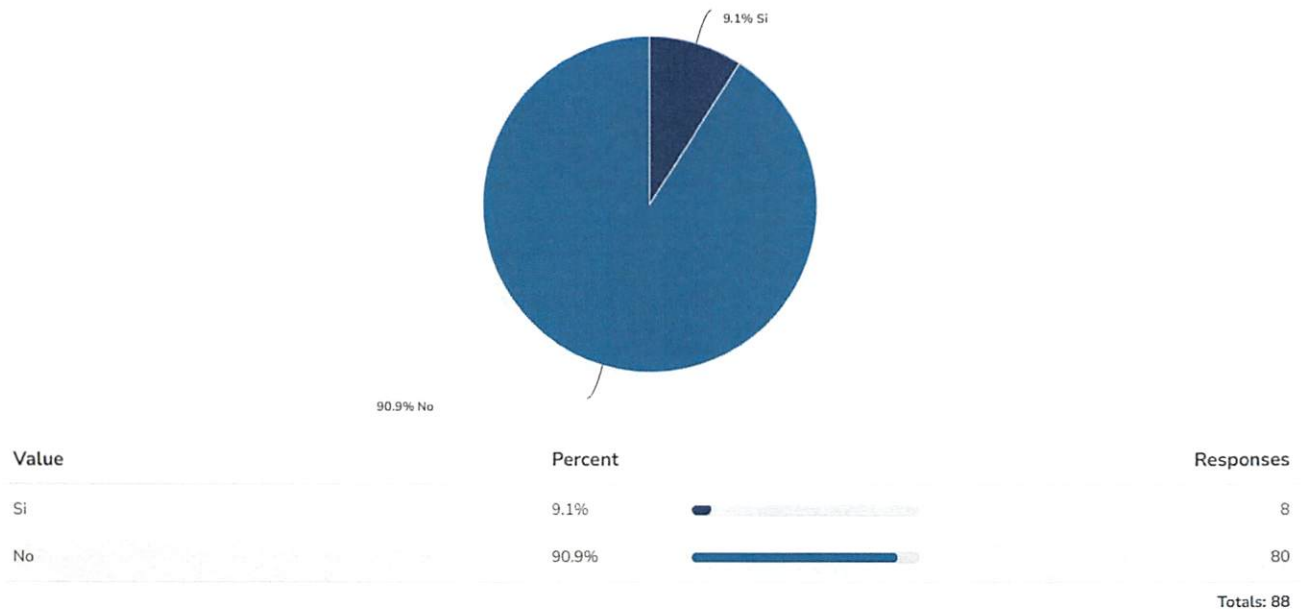


Value	Percent	Responses
Salud Familiar	39.8%	35
Planificación Familiar	56.8%	50
Ryan White	3.4%	3
		Totals: 88

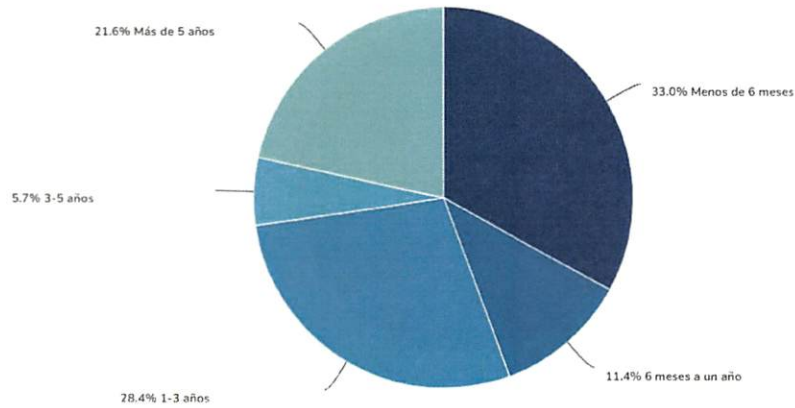
2. ¿En cuál de las localidades del Distrito de Salud recibió los servicios?



3. ¿Tiene seguro médico?

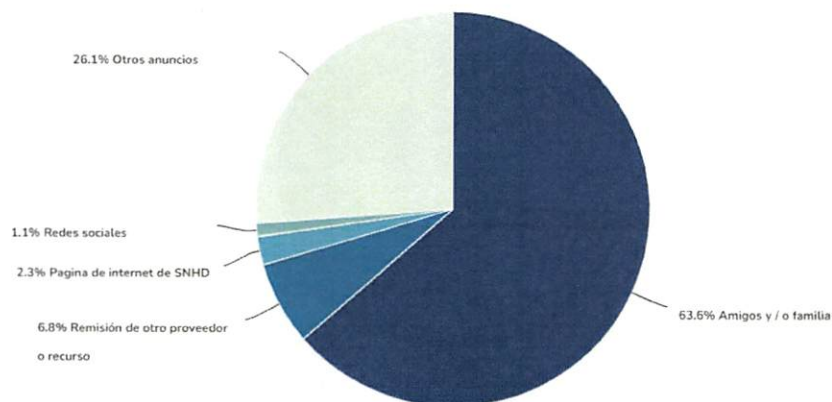


4. ¿Cuánto tiempo ha sido usted paciente en el Distrito de Salud del Sur de Nevada/Centro de Salud Comunitario del Sur de Nevada?



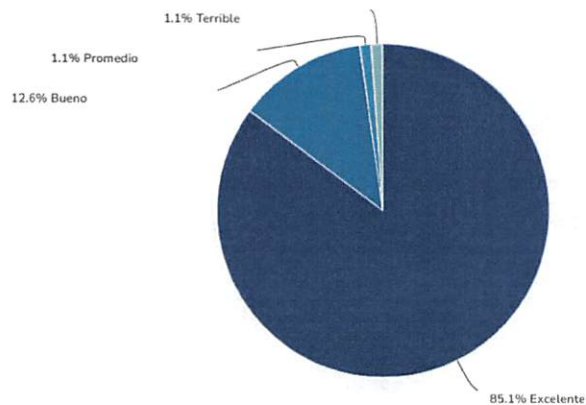
Value	Percent	Responses
Menos de 6 meses	33.0%	29
6 meses a un año	11.4%	10
1-3 años	28.4%	25
3-5 años	5.7%	5
Más de 5 años	21.6%	19
		Totals: 88

5. ¿Como usted supo de nosotros?



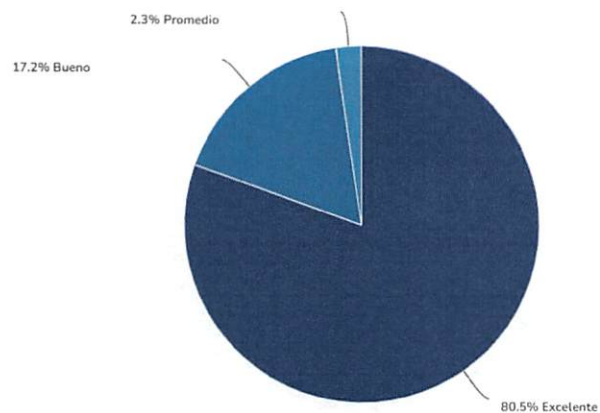
Value	Percent	Responses
Amigos y / o familia	63.6%	56
Remisión de otro proveedor o recurso	6.8%	6
Pagina de internet de SNHD	2.3%	2
Redes sociales	1.1%	1
Otros anuncios	26.1%	23
		Totals: 88

6. Facilidad para programar una cita



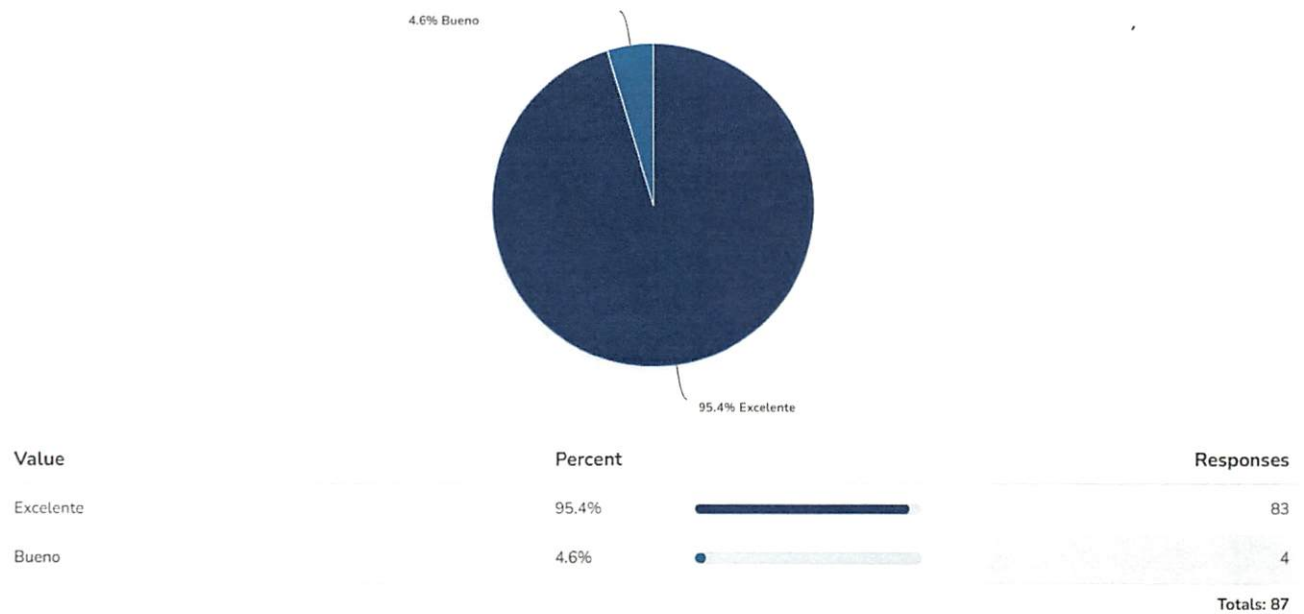
Value	Percent	Responses
Excelente	85.1%	74
Bueno	12.6%	11
Promedio	1.1%	1
Terrible	1.1%	1
Totals: 87		

7. Tiempo de espera para ver a un proveedor de salud

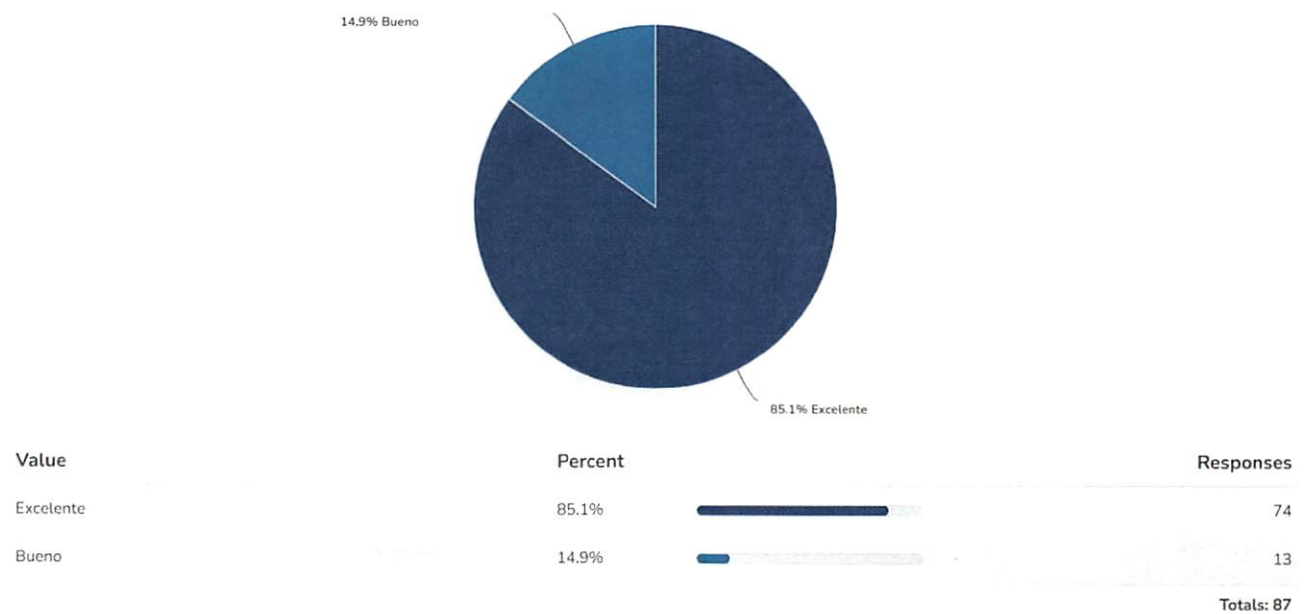


Value	Percent	Responses
Excelente	80.5%	70
Bueno	17.2%	15
Promedio	2.3%	2
Totals: 87		

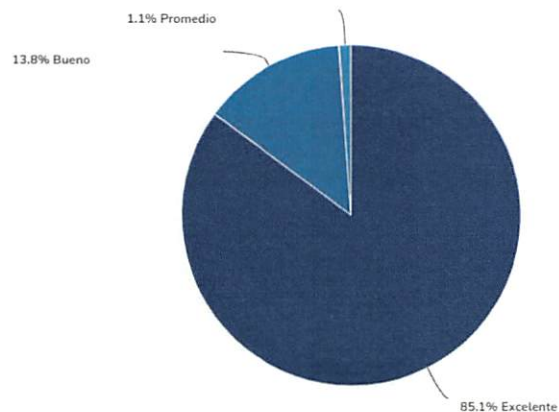
8. Atención recibida de los proveedores y personal



9. Comprensión de las instrucciones del cuidado de salud después de su visita

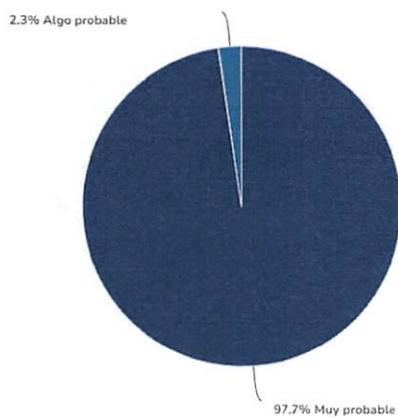


10. Horarios de operación



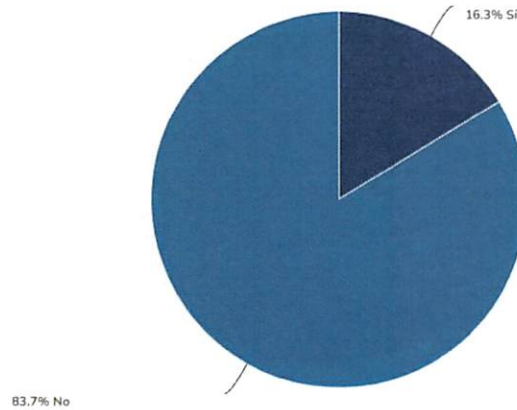
Value	Percent	Responses
Excelente	85.1%	74
Bueno	13.8%	12
Promedio	1.1%	1
Totals: 87		

11. Recomendaría nuestro centro de salud a amigos y familiares



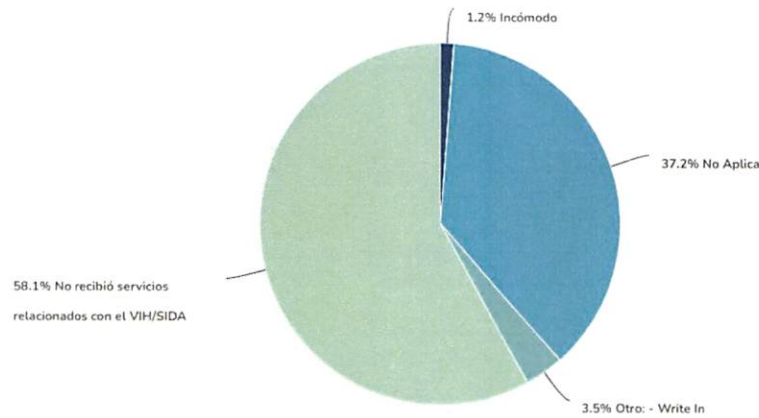
Value	Percent	Responses
Muy probable	97.7%	85
Algo probable	2.3%	2
Totals: 87		

12. ¿Está de visita hoy para recibir servicios de prevención o tratamiento relacionados con el VIH/SIDA o para recibir información relacionada?



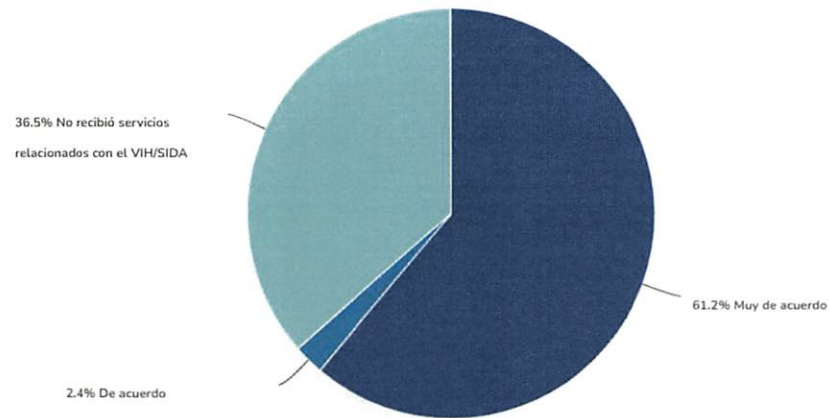
Value	Percent	Responses
Si	16.3%	14
No	83.7%	72
Totals: 86		

13. Con base en su estatus de VIH, en algún momento de su visita, se sintió...



Value	Percent	Responses
Incómodo	1.2%	1
No Aplica	37.2%	32
Otro: - Write In (click to view)	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	58.1%	50
Totals: 86		

14. ¿Durante su visita, sintió que los miembros del personal lo trataron bien?



Value

Muy de acuerdo

De acuerdo

No recibió servicios relacionados con el VIH/SIDA

Percent

61.2%

2.4%

36.5%

Responses

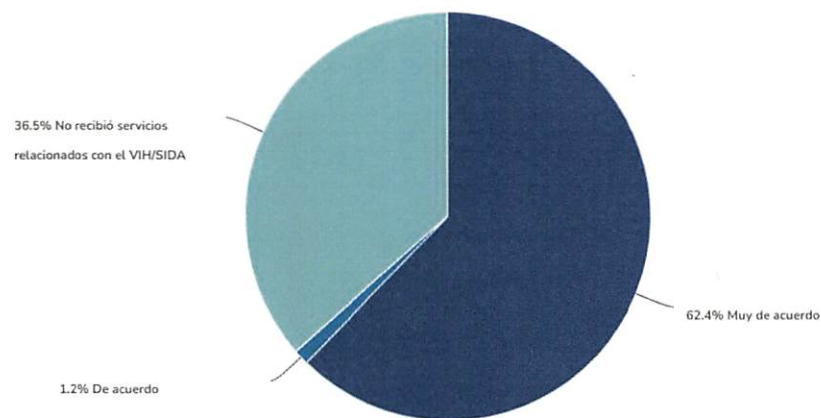
52

2

31

Totals: 85

15. ¿Durante su visita, sintió que los miembros del personal lo trataron con respeto?



Value

Muy de acuerdo

De acuerdo

No recibió servicios relacionados con el VIH/SIDA

Percent

62.4%

1.2%

36.5%

Responses

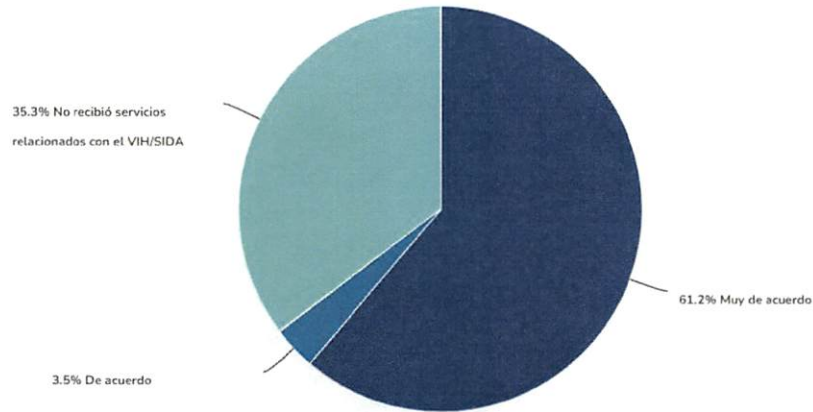
53

1

31

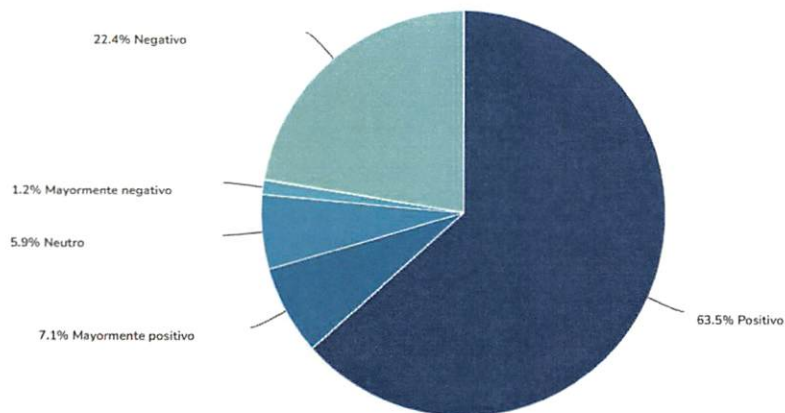
Totals: 85

16. ¿Durante su visita, sintió que los miembros del personal lo apoyaron?



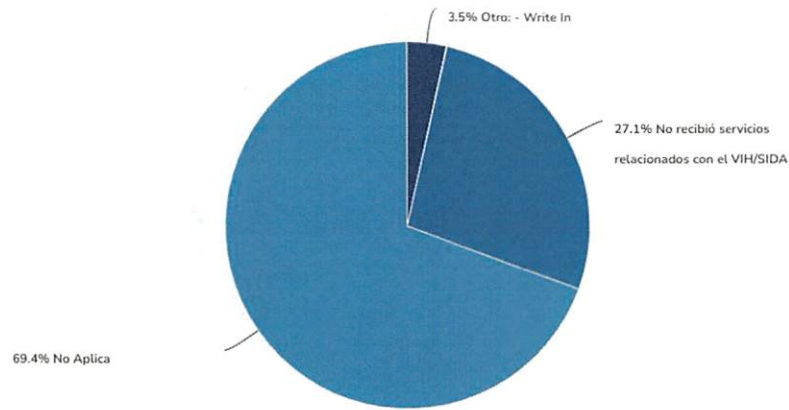
Value	Percent	Responses
Muy de acuerdo	61.2%	52
De acuerdo	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	35.3%	30
Totals: 85		

17. En una escala del 1 al 5, durante su visita, ¿sintió que alguna interacción del personal tuvo un impacto negativo o positivo en su probabilidad de permanecer bajo cuidado?



Value	Percent	Responses
Positivo	63.5%	54
Mayormente positivo	7.1%	6
Neutro	5.9%	5
Mayormente negativo	1.2%	1
Negativo	22.4%	19
Totals: 85		

18. Proporcione cualquier comentario que pueda ayudar al personal de SNHD a reducir el estigma relacionado con el VIH/SIDA y crear un ambiente mas agradable y de apoyo.



Value	Percent	Responses
Otro: - Write In (click to view)	3.5%	3
No recibió servicios relacionados con el VIH/SIDA	27.1%	23
No Aplica	69.4%	59
		Totals: 85



19. Comentarios

clinica
 personal del atención excelente
 para
 de muy por
 todo servicio la su
 excelente amables
 trato atención

Memorandum

Date: August 7, 2023

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 – July 2023

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	July 2022	July 2023		YTD 22	YTD 23	
Sexually Transmitted						
Chlamydia	1088	944	↓	7390	7209	↓
Gonorrhea	525	447	↓	3726	3316	↓
Primary Syphilis	31	12	↓	167	123	↓
Secondary Syphilis	42	17	↓	255	184	↓
Early Non-Primary, Non-Secondary ¹	62	31	↓	363	329	↓
Syphilis Unknown Duration or Late ²	129	61	↓	853	759	↓
Congenital Syphilis (presumptive)	5	2	↓	34	37	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	0	1	↑	19	16	↓
Syphilis Pregnant Cases	23	11	↓	144	159	↑
Perinatally Exposed to HIV	1	0	↓	12	12	→
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late= CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
	June 2022	June 2023		YTD 22	YTD 23	
Vaccine Preventable						
Haemophilus influenzae, invasive disease	1	1	→	9	20	↑
Hepatitis A	1	0	↓	4	4	→
Hepatitis B, acute	1	0	↓	14	11	↓
Influenza	16	17	↑	469	172	↓
Pertussis	2	0	↓	46	11	↓

	July 2022	July 2023		YTD 22	YTD 23	
Enteric Illness						
Campylobacteriosis	12	14	↑	65	109	↑
Cryptosporidiosis	0	0	→	9	4	↓
Giardiasis	5	1	↓	24	30	↑
Rotavirus	4	17	↑	125	80	↓
Salmonellosis	14	12	↓	93	107	↑
Shiga toxin-producing Escherichia coli (STEC)	6	6	→	50	29	↓
Shigellosis	5	1	↓	32	36	↑
Other						
Coccidioidomycosis	18	6	↓	83	134	↑
Candida auris	19	38	↑	249	324	↑
Hepatitis C, acute	1	0	↓	3	2	↓
Invasive Pneumococcal Disease	6	8	↑	109	132	↑
Lead Poisoning	7	10	↑	79	81	↑
Legionellosis	2	0	↓	17	18	↑
Meningitis, aseptic	2	2	→	10	10	→
Meningitis, Bacterial Other	3	0	↓	6	1	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	2	↑	4	19	↑
New Active TB Cases Counted (<15 yo)	0	0	→	1	2	↑
New Active TB Cases Counted (>= 15 yo)	7	4	↓	35	42	↑

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	7	0	11	0
Gonorrhea	7	0	11	0
Syphilis	27	4	268	2
HIV/AIDS (New to Care/Returning to Care)	20	0	103	0
Tuberculosis	22	0	3	1
TOTAL	83	4	396	3

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. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 24
 - 1. Lead CTs – 4
 - 2. Contact Tracers; investigators and outreach – 20
 - b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (2 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii. Strike teams for testing are deployed for outbreak and clusters identified as necessary
 - iii. Vending Machines - providing accessible antigen home kits to vulnerable populations
 - iv. Coordinating Covid Antigen test kit Distribution through CBO partnerships
 - c. Contact Tracing/Outreach/Outbreak Investigations
 - i. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but not limited to, detention centers, homeless shelters, daycares, and congregate settings.
4. Disease and Outbreak Investigations
- a. **2019 Novel Coronavirus (COVID-19):** As of July 24, 2023, Clark County had 606,681 cases; 9,425 deaths, and 115 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and offering referrals for resources in need. ACDC continues to provide public health recommendations for mitigation measures to prevent the spread of Covid-19. SNHD continues to monitor trends, investigate cases, provide guidance and maintain community testing sites. This is an ongoing response effort.
 - b. **Monkeypox:** As of July 31, 2023, Clark County had 295 cases of monkeypox. DSC has partnered with the SNHD vaccination team to provide vaccines at non-traditional locations and times. This response is ongoing.
 - c. **Nationwide Salmonella outbreak linked to backyard poultry:** ACDC was notified of two separate Salmonellosis cases that matched patterns linked to a nationwide outbreak. Initial interviews with the clients identified the likely source of exposure to be poultry kept in the backyard at both residences, with one family keeping backyard chickens and the other keeping ducks. The CDC requested environmental sampling to be performed by affected states to assist with the ongoing, multistate outbreak in backyard poultry. ACDC and EH staff were able to collect dry fecal samples from the pen and coop areas, as well as the bathing trough and drinking water. All samples came back positive for Salmonella. A third case was linked to this outbreak in July with exposure to backyard chickens. Environmental sampling was conducted, results are pending.

- d. ACDC staff responded to a notification of possible rabies exposure from a sick cat in Boulder City. There was risk of exposure to approximately 24 individuals, many of them children. ACDC staff worked closely with Boulder Animal Control to get information on exposures. Prior to issuing advisories for these persons to receive post exposure prophylaxis, testing on the cat's remains came back negative for rabies.

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 through SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant which began on September 30, 2022. 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 July:

07/05/2023: Resorts World (8 trained)

07/06/2023: Henderson Comprehensive Treatment Center (9 trained)

07/11/2023: Nevada State College (17 trained)

07/12/2023: Breaking the Cycle Drug Court (9 trained)

- 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 July:

07/10/2023 Crossroads of Southern Nevada (500 Strips)

07/10/2023 SNHD Linkage to Action Team (300 Strips)

07/18/2023 Catholic Charities (300 Strips)

07/25/2023 First Med Health and Wellness (300 Strips)

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

- b. ODS continues to offer outreaches on the MTU targeting MSM at Oddfellows Bar. ODS has teamed with community partners to participate at outreach events. At these sites, HIV rapid and syphilis testing are offered along with information on PrEP/PEP, condoms, and resources for additional services. Our collaboration and presence at events in the community like these is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. The ODS MTU is currently out for repair, and with the heat, ODS has halted our outreach efforts.

B. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	July -22	July -23		YTD 22	YTD 23	
Outreach/Targeted Testing	835	489	↓	6009	6797	↑
Clinic Screening (SHC/FPC/TB)	310	172	↓	1752	2288	↑
Outreach Screening (Jails, SAPTA)	254	14	↓	808	1250	↑
Collect2 Protect	34	2	↓	188	105	↓
TOTAL	1433	677	↓	8757	10440	↑
Outreach/Targeted Testing POSITIVE	6	0	↓	28	43	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	→	4	7	↑
Outreach Screening (Jails, SAPTA) POSITIVE	0	1	↑	1	7	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	6	1	↓	33	57	↑

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 07/06/2023: ORN Technical Assistance Meeting facilitated by Opioid Response Network; 3 people in attendance; 1 ODS Health Educator attendee.
2. 07/07/2023: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as Vice-Chair; ~30 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
3. 07/10/2023: Prevention Specialist Certification Advisory Committee meeting attended by ODS Health Educator as a representative; ~10 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
4. 07/11/2023: Attended Congenital Syphilis Review Board (CSRB) Steering Committee meeting facilitated by UNR staff; 10 people in attendance; 3 ODS Staff attendees.

5. 07/11/2023: Summit Plenary Discussion with Montana Institute facilitated by ODS Health Educator; 2 people in attendance; 1 ODS Health Educator attendee.
6. 07/11/2023: Southern Nevada Substance Misuse and Overdose Prevention Summit (SNSMOPS) Planning Committee Meeting facilitated by ODS Health Educator; 10 people in attendance; 3 ODS Health Educator attendees.
7. 07/11/2023: Attended Nevada 211 Ambassadors Alliance as SNHD Representative; 50 people in attendance; 1 ODS Health Educator attendee.
8. 07/12/2023: Southern Nevada Human Trafficking Taskforce facilitated by Las Vegas Metropolitan Police Department attended by 2 ODS Health Educator Staff as representatives; ~100 people in attendance; 2 SNHD ODS staff attendees.
9. 07/12/2023: "Southern Nevada HIV Prevention Planning Group Meeting" facilitated by the Southern Nevada HIV Prevention Planning Group; ~25 people in attendance; 4 ODS Staff attendees.
10. 07/12/2023: Attended Substance Use Response Working Group (SURG) meeting as an appointed member representative; 20 people in attendance; 1 ODS Health Educator attendee.
11. 07/13/2023: Attended the Congenital Syphilis Review Board (CSRB) Meeting; 50 people in attendance; 15 ODS Staff attendees.
12. 07/13/2023: Consumer Product Safety Commission quarterly meeting attended by ODS Health Educator as a state representative; 52 people in attendance from multiple states; 2 SNHD ODS staff attendee.
13. 07/16/2023 – 07/20/2023: Attended Community Anti-Drug Coalitions of America (CADCA) Mid-Year Training Conference in Dallas, TX; 450 people in attendance; 1 ODS Health Educator attendee.
14. 07/17/2023: CDC Presentation Tech Run facilitated by CDC; 10 people in attendance; 1 ODS Health Educator attendee.
15. 07/17/2023: Chaired SURG Prevention Subcommittee; 1 ODS Staff, 5 Board members, 30 attendees.
16. 07/17/2023: Participated in Focus Group facilitated by ESCALATE; 7 people in attendance; 6 ODS Staff attendees.
17. 07/18/2023: Chaired National Public Health Vending Machine Public Health Vending Machine (PHVM) Collaborative; 50 people in attendance; 1 ODS Health Educator attendee.
18. 07/18/2023: Attended Mental Health and Substance Use SHIP Subcommittee Meeting facilitated by NV state; ~20 people in attendance; 2 ODS Health Educator attendees.
19. 07/18/2023: Summit Plenary Discussion with Montana Institute facilitated by ODS Health Educator; 2 people in attendance; 1 ODS Health Educator attendee.
20. 07/19/2023 - 07/20/2023: Co-facilitated Empower Change training; 17 people in attendance from SNHD, Trac-B, AFAN, Community Outreach Medical Center, and Planned Parenthood; 2 ODS Health Educator attendees.
21. 07/20/2023: National Resource Center for Academic Detailing (NARCAD) Summer Academic Detailing Community Check-in; 15 people in attendance; 1 ODS Health Educator attendee.
22. 07/20/2023: AIDS Education and Training Centers (AETC) training: Diagnosing and Treating Congenital Syphilis; 100 people in attendance; 5 ODS Staff attendees.
23. 07/20/2023: CDC Community of Practice Harm Reduction Presentation by ODS Health Educator; 52 people in attendance; 1 ODS Health Educator attendee.

24. 07/25/2023: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 19 people in attendance; 3 SNHD ODS staff attendees.
25. 07/25/2023: "Rethink Safe Sex Performance Presentation" facilitated by Rescue Agency; 4 people in attendance; 2 ODS Health Educator attendees.
26. 07/25/2023: Facilitated Naloxone Training - Moapa Vocational Rehabilitation Center; 10 people in attendance; 1 ODS Health Educator trainer.
27. 07/26/2023: Harm Reduction 101 training co-facilitated by ODS Health Educators; 9 people in attendance; 4 ODS Health Educator attendee.
28. 07/26/2023: Attended Las Vegas Ryan White Part A TGA Planning Council Meeting; 30 people in attendance; 2 ODS Health Educator attendees.
29. 07/26/2023: Leadership Development Training - How to Bring Your Skills to a New Level; 200 people in attendance; 2 ODS Health Educator attendees.
30. 07/26/2023: Reaccreditation - Public Health Accreditation Board Domain 1 and Domain 5 Check-In Meeting; 3 people in attendance; 2 ODS Staff Attendees.
31. 07/27/2023: Homeless Clients - Compassionate Solutions to Problematic Behavior Training; 10 people in attendance; 4 ODS Health Educator attendees.
32. 07/27/2023: Signs of Hope Site Visit facilitated by ODS Health Educator Supervisor; 9 people in attendance; 2 ODS Health Educator attendees.
33. 07/27/2023: "Advocacy and Policy Committee Call" facilitated by the Nevada Public Health Association; 20 people in attendance; 2 ODS Health Educator attendees.
34. 07/27/2023: Facilitated Naloxone Training - City of Las Vegas Prosecutors office; 10 people in attendance; 1 ODS Health Educator trainer.

D. Other

1. Communicable Disease Statistics: June 2023 and Quarter 2 2023 disease statistics are attached (see Table 1).



June 2023: Clark County Disease Statistics*

Disease	2021		2022		2023	
	June	YTD	June	YTD	June	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	1	2	1	8	1	19
Hepatitis A	0	1	0	3	1	3
Hepatitis B, acute	2	8	0	13	1	9
Hepatitis B, chronic	44	276	47	353	129	554
Influenza	3	37	42	453	26	149
Pertussis	4	6	7	44	0	11
SEXUALLY TRANSMITTED						
Chlamydia	1132	6779	1060	6302	932	6166
Gonorrhea	618	3677	533	3201	446	2804
HIV	42	228	46	217	33	227
Stage 3 HIV (AIDS)	21	95	15	79	11	68
Syphilis (Early non-primary, non-secondary)	49	331	47	301	38	290
Syphilis (Primary & Secondary)	66	388	79	349	34	272
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	2	0	0	0	1
Congenital Syphilis	1	17	6	29	1	30
ENTERICS						
Amebiasis	0	2	1	1	0	1
Campylobacteriosis	21	80	19	53	15	95
Cryptosporidiosis	1	5	1	9	1	4
Giardiasis	1	18	3	19	1	29
Rotavirus	5	14	14	121	24	63
Salmonellosis	21	84	12	79	23	95
Shiga toxin-producing <i>E. coli</i> (STEC)	12	27	4	44	10	24
Shigellosis	5	41	10	27	6	35
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	0	1	2
Yersiniosis	2	7	0	3	1	7
OTHER						
Brucellosis	0	0	0	1	0	0
Coccidioidomycosis	20	92	9	65	12	127
Exposure, Chemical or Biological	0	1	0	1	0	1
Hepatitis C, acute	1	2	0	2	0	1
Hepatitis C, chronic	281	1687	264	1586	153	1618
Invasive Pneumococcal Disease	5	56	14	103	7	124
Lead Poisoning	8	54	13	72	5	70
Legionellosis	0	9	3	15	2	18
Listeriosis	0	0	1	3	0	0
Lyme Disease	2	5	1	3	0	0
Malaria	0	0	1	3	0	4
Meningitis, Aseptic	3	20	3	8	0	8
Meningitis, Bacterial Other	0	5	1	3	0	1
Meningitis, Fungal	0	4	0	0	0	0
Q Fever, acute	1	1	0	0	0	0
RSV	38	62	78	878	18	662
Rabies, exposure to a rabies susceptible animal	21	123	29	174	34	178
Spotted Fever Rickettsiosis	0	1	0	0	0	0
Streptococcal Toxic Shock Syndrome (STSS)	4	16	0	3	3	16
Tuberculosis (Active)	7	30	6	29	3	37

*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.

~~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:** August 24, 2023

**To:** Southern Nevada District Board of Health

**From:** Christopher D. Saxton, MPH-EH, REHS, *Director of Environmental Health* CS  
 Fermin Leguen, MD, MPH, *District Health Officer* FL

---

**Subject:** Environmental Health Division Monthly Report

---

## I. FOOD OPERATIONS PROGRAM

### ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

| Food Operation Services                              | July 2022    | July 2023    |          | FY 22-23     | FY 23-24     |          |
|------------------------------------------------------|--------------|--------------|----------|--------------|--------------|----------|
| Routine Inspections                                  | 2,089        | 1,866        | ↓        | 2,089        | 1,866        | ↓        |
| Reinspections                                        | 195          | 160          | ↓        | 195          | 160          | ↓        |
| Downgrades                                           | 164          | 136          | ↓        | 164          | 136          | ↓        |
| Closures                                             | 23           | 13           | ↓        | 23           | 13           | ↓        |
| Special Events                                       | 62           | 46           | ↓        | 62           | 46           | ↓        |
| Temporary Food Establishments & Tasting Event Booths | 262          | 232          | ↓        | 262          | 232          | ↓        |
| <b>TOTALS</b>                                        | <b>2,795</b> | <b>2,453</b> | <b>↓</b> | <b>2,795</b> | <b>2,453</b> | <b>↓</b> |

#### 1. Enforcement Actions and Investigations:

- A. **Dickey's Barbecue Pit, 5597 S. Rainbow Blvd.:** On July 3, the facility was closed for an Imminent Health Hazard (IHH), lack of adequate refrigeration. The inspector documented 14 demerits. The facility was reinspected and reopened with zero demerits later that day.
- B. **7-Eleven/S&S Fuels #14 Snack Bar, 6985 S. Rainbow Blvd.:** On July 3, the facility was closed for an IHH, no hot water. The inspector documented 17 demerits. The facility was reinspected and reopened with three demerits on July 5.
- C. **Sol Family Farms Farmer's Market Low-Risk (FMLR), 2100 N. Boulder Hwy.:** On July 3, the facility was closed for an IHH, lack of adequate handwashing facilities. Violations included: food handler not properly washing hands when required; and portable hand sink water tank less than five gallons was empty during active food

preparation. The inspector documented 10 demerits. The facility was reinspected and reopened with zero demerits on July 7.

- D. **La Patrona Mexican Cantina Restaurant, 1401 S. Las Vegas Blvd.:** On July 10, the facility was closed for an IHH, pest infestation. The inspector documented 25 demerits. The facility was reinspected and reopened with zero demerits on July 12.
  - E. **Zip Noodle Bar and Cafe, 3528 S. Maryland Pkwy.:** On July 11, the facility was closed for a failed Unpermitted Change of Owner Identified inspection that exceeded the allowable 15 demerits. The inspector documented 39 demerits. The facility was reinspected and reopened with zero demerits on July 26.
  - F. **Picanha Steak Truck Mobile, 4181 Pioneer Ave.:** On July 13, the unit was closed for two IHHs, lack of adequate refrigeration and no power. Violations included: multiple time/temperature control for safety (TCS) foods stored in the temperature danger zone; cold holding equipment with mechanical problems and in obvious disrepair; mobile unit generator off/in disrepair and unable to provide power to the unit at the time of the inspection; chemical not labeled as required; and exterior doors not tightly fitted, weatherproof, or left open which allows an entry point for vermin. The inspector documented 17 demerits. The unit remains closed at this time.
  - G. **City of Las Vegas:** On July 15, staff conducted joint complaint investigations for unpermitted food vending with representatives from the City of Las Vegas Business License, the Las Vegas Metropolitan Police Department, and Marshalls.
  - H. **Hana Sushi Restaurant, 3700 S. Hualapai Way:** On July 18, the facility was closed for failing a C grade reinspection. The inspector documented 30 demerits. The facility was reinspected and reopened with six demerits on July 21.
  - I. **IHOP #1606, 3595 S. Rainbow Blvd.:** On July 28, a complaint investigation resulted in closure for an IHH, no hot water. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits later that day.
  - J. **Paris Hotel and Casino – Main Dish Room, 3655 S. Las Vegas Blvd.:** On July 28, a 48-hour follow-up was conducted resulting in the permitted area being closed for an IHH, pest infestation. The inspector documented three demerits. The facility was reinspected and reopened with zero demerits on July 31.
  - K. **Papa's Gyros Great Basin Cooking Company, 63 N. 30th St.:** On July 28, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner (wastewater tank valve completely missing/removed). Violations included: multiple TCS foods in the temperature danger zone; cold holding equipment with mechanical problems or in obvious disrepair; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; inadequate sanitizer concentration; food contact surfaces dirty/unsanitary; and multiple utensils in the hand sink inhibiting access for handwashing. The inspector documented 19 demerits. The unit remains closed at this time.
  - L. **Soda Papas Portable Unit for the Service of Food (PUSF), 3525 Moapa Valley Blvd.:** On July 28, the unit was closed for an IHH, sewage or liquid waste not disposed of in an approved manner (ground erosion observed underneath the wastewater valve and missing screw cap). Chemicals were also not labeled as required. The inspector documented eight demerits. The unit remains closed at this time.
  - M. Staff closed 22 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
- A. An FSAM was held with the following facility: Shawarma Alsham, 3850 E. Desert Inn Rd.



**3. Foodborne Illness Investigations:**

- A. McDonald's, 2513 E. Owens Ave.:** On July 6, staff responded to a lab-confirmed case of foodborne illness. The investigation resulted in an A grade.
- B. Felipito's Mexican Food, 1325 E. Tropicana Ave.:** On July 11, staff responded to a lab-confirmed case of foodborne illness. Staff observed risk factors that could lead to illness including improper cooling and cold holding. The investigation resulted in a B downgrade. The facility passed its reinspection with an A grade on July 18.
- C. Paris Hotel, 3655 S. Las Vegas Blvd.:** On July 13, staff responded to multiple complaints of staff working while ill at multiple food outlets. SNHD met with hotel leadership to discuss resort-wide norovirus prevention strategies including ill employee exclusion policies and sanitization methods. After the educational meeting, no further reports of illness were received.
- D. Orchids Garden Chinese Restaurant, 5485 W. Sahara Ave.:** On July 18, staff responded to multiple complaints of foodborne illness. Staff observed risk factors that could lead to illness including improper handwashing and ware washing. The investigation resulted in a C downgrade. A reinspection is still pending.
- E. Salmonella Investigation:** On July 20, SNHD responded to an additional case of salmonella related to the multi-state outbreak associated with backyard poultry. Staff collected environmental samples from the chicken coop with the consent of the residents. The laboratory tests did not detect salmonella in the samples.

**4. Onsite Intervention Training:**

- A.** Onsite Intervention Training was held with the following facility: Tacos La Carreta PUSF, 4130 Spring Mountain Rd.

**II. SOLID WASTE AND COMPLIANCE**

**ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data**

| Illegal Dumping and Hearing Officer Process | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------------------------|-----------|-----------|---|----------|----------|---|
| Notices of Violations (New & Remails)       | 0         | 0         | → | 0        | 0        | → |
| Adjudicated Hearing Cases                   | 0         | 8         | ↑ | 0        | 8        | ↑ |
| Total Cases Received                        | 70        | 70        | → | 70       | 70       | → |
| Total Cases Referred to Other Agencies      | 21        | 17        | ↓ | 21       | 17       | ↓ |
| Hearing Penalties Assessed                  | \$0       | \$6,250   | ↑ | \$0      | \$6,250  | ↑ |

**ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data**

| Restricted Waste Management | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|-----------------------------|-----------|-----------|---|----------|----------|---|
| Inspections                 | 222       | 252       | ↑ | 222      | 252      | ↑ |

**ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data**

| Underground Storage Tanks                     | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|-----------------------------------------------|-----------|-----------|---|----------|----------|---|
| Compliance Inspections                        | 81        | 69        | ↓ | 81       | 69       | ↓ |
| Final Installation/Upgrade/Repair Inspections | 0         | 0         | → | 0        | 0        | → |
| Closure Inspections                           | 0         | 2         | ↑ | 0        | 2        | ↑ |
| Spill Report Investigations                   | 0         | 1         | ↑ | 0        | 1        | ↑ |

**ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data**

| Permitted Disposal Facilities | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|-------------------------------|-----------|-----------|---|----------|----------|---|
| Inspections                   | 28        | 22        | ↓ | 28       | 22       | ↓ |
| Reinspections                 | 2         | 1         | ↓ | 2        | 1        | ↓ |

**III. VECTOR SURVEILLANCE**

**ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data**

| Vector Surveillance and Other EH Services              | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|--------------------------------------------------------|-----------|-----------|---|----------|----------|---|
| West Nile Virus Surveillance Traps Set                 | 535       | 420       | ↓ | 535      | 420      | ↓ |
| West Nile Virus Surveillance Mosquitoes Tested         | 3,856     | 4,747     | ↑ | 3,856    | 4,747    | ↑ |
| West Nile Virus Surveillance Submission Pools Tested   | 447       | 361       | ↓ | 447      | 361      | ↓ |
| West Nile Virus Surveillance Positive Mosquitoes       | 0         | 81        | ↑ | 0        | 81       | ↑ |
| West Nile Virus Surveillance Positive Submission Pools | 0         | 2         | ↑ | 0        | 2        | ↑ |
| Mosquito Activity Complaints                           | 3         | 34        | ↑ | 3        | 34       | ↑ |
| Elevated Blood Level Home Investigations               | 1         | 1         | → | 1        | 1        | → |
| Legionella Residential Investigations                  | 6         | 2         | ↓ | 6        | 2        | ↓ |
| Legionella Travel Associated Investigations            | 1         | 3         | ↑ | 1        | 3        | ↑ |
| Public Accommodations Inspections                      | 8         | 11        | ↑ | 8        | 11       | ↑ |
| Public Accommodations Complaints                       | 14        | 26        | ↑ | 14       | 26       | ↑ |
| Mobile Home/Recreational Vehicle Park Inspections      | 0         | 0         | → | 0        | 0        | → |
| Mobile Home/Recreational Vehicle Park Complaints       | 2         | 0         | ↓ | 2        | 0        | ↓ |



#### IV. EH ENGINEERING

##### 1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – TTT Services (Recycling 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 (6); and Waste Grease (2)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in August:** None

#### ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

| Asbestos Permitting Services    | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------------|-----------|-----------|---|----------|----------|---|
| Asbestos Permits Issued         | 78        | 63        | ↓ | 78       | 63       | ↓ |
| Revised Asbestos Permits Issued | 17        | 7         | ↓ | 17       | 7        | ↓ |

#### ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

| Subdivision Plan Review               | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------------------|-----------|-----------|---|----------|----------|---|
| Tentative Maps-Received               | 26        | 13        | ↓ | 26       | 13       | ↓ |
| Tentative Maps-Lot Count              | 1,901     | 566       | ↓ | 1,901    | 566      | ↓ |
| Final Maps-Received                   | 35        | 20        | ↓ | 35       | 20       | ↓ |
| Final Maps-Lot Count                  | 1,937     | 806       | ↓ | 1,937    | 806      | ↓ |
| Final Maps-Signed                     | 23        | 24        | ↑ | 23       | 24       | ↑ |
| Final Maps (Signed)-Lot Count         | 754       | 913       | ↑ | 754      | 913      | ↑ |
| Improvement Plans-Received            | 33        | 14        | ↓ | 33       | 14       | ↓ |
| Improvement Plans-Lot Count           | 1,902     | 449       | ↓ | 1,902    | 449      | ↓ |
| Expedited Improvement Plans-Received  | 0         | 0         | → | 0        | 0        | → |
| Expedited Improvement Plans-Lot Count | 0         | 0         | → | 0        | 0        | → |

#### ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

| Individual Sewage Disposal Systems | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|------------------------------------|-----------|-----------|---|----------|----------|---|
| Residential ISDS Permits           | 7         | 4         | ↓ | 7        | 4        | ↓ |
| Commercial ISDS Permits            | 0         | 0         | → | 0        | 0        | → |
| Commercial Holding Tank Permits    | 4         | 0         | ↓ | 4        | 0        | ↓ |
| Residential Tenant Improvements    | 26        | 21        | ↓ | 26       | 21       | ↓ |
| Residential Certifications         | 0         | 1         | ↑ | 0        | 1        | ↑ |
| Compliance Issues                  | 10        | 9         | ↓ | 10       | 9        | ↓ |

**ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data**

| Safe Drinking Water Program           | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------------------|-----------|-----------|---|----------|----------|---|
| Public Water System Sanitary Surveys  | 2         | 1         | ↓ | 2        | 1        | ↓ |
| Public Water System Violations Issued | 4         | 1         | ↓ | 4        | 1        | ↓ |

**2. Safe Drinking Water Activity:**

- A. Four *coliform*-present results were reported from routine monitoring events: North Las Vegas Utilities (no repeat positive results); Spring Mountains Visitor Gateway (no repeat positive results); Equestrian Estates COOP Water Association (no repeat positive results); Hoover Dam Lodge - dba Hacienda (repeat results pending; triggered a self-assessment for original samples being reported late).
- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Spring Mountain Youth Camp; and Cowboy Trail Rides.

**V. SPECIAL PROGRAMS**

**ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data**

| Special Programs                          | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|-------------------------------------------|-----------|-----------|---|----------|----------|---|
| School Food Facility Inspections          | 0         | 0         | → | 0        | 0        | → |
| School Food Facility Complaints           | 0         | 0         | → | 0        | 0        | → |
| School Facility Inspections               | 0         | 0         | → | 0        | 0        | → |
| School Facility Complaints                | 0         | 0         | → | 0        | 0        | → |
| Summer Food Service Surveys               | 47        | 3         | ↓ | 47       | 3        | ↓ |
| Child Care Facility Inspections           | 34        | 26        | ↓ | 34       | 26       | ↓ |
| Child Care Facility Complaints            | 1         | 2         | ↑ | 1        | 2        | ↑ |
| Body Art Facility Inspections             | 65        | 73        | ↑ | 65       | 73       | ↑ |
| Body Art Facility Complaints              | 4         | 7         | ↑ | 4        | 7        | ↑ |
| Body Art Artist Special Event Inspections | 0         | 0         | → | 0        | 0        | → |
| Total Program Services Completed          | 151       | 111       | ↓ | 151      | 111      | ↓ |

**1. Child Care:**

- A. **Cherished Legacy Academy, 5300 Spring Mountain Rd.:** On July 7, staff investigated a complaint alleging inadequate sanitization and disinfection practices. Staff observed improper use and application of sanitizer and disinfectant on food contact surfaces and diaper changing surfaces. Employees were using sanitizer on diaper changing surfaces rather than disinfectant and did not allow for sufficient sanitizer contact time on food surfaces. Employees were also unclear about the difference between sanitizer and disinfectant. Improper use of sanitizers and disinfectants can increase the likelihood of disease transmission between children. SNHD staff provided education on proper cleaning procedures and use of chemical sanitizers and disinfectants. Facility staff were directed to use chemicals in accordance with manufacturers' instructions.



## VI. PLAN REVIEW PROGRAM

### ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

| Food Pre-Permitting Services                       | July<br>2022 | July<br>2023 |   | FY<br>22-23 | FY<br>23-24 |   |
|----------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Food Safety Assessment Meetings                    | 0            | 1            | ↑ | 0           | 1           | ↑ |
| Total Pre-Permitting Services                      | 1,306        | 1,113        | ↓ | 1,306       | 1,113       | ↓ |
| New Project Submissions                            | 267          | 253          | ↓ | 267         | 253         | ↓ |
| Released Projects                                  | 379          | 378          | ↓ | 379         | 378         | ↓ |
| Total Service Requests Currently in Pre-Permitting | 1,296        | 1,589        | ↑ |             |             |   |

#### 1. Enforcement Actions and Investigations:

- A. **Del Taco, 1802 E. Charleston Blvd.:** Twenty-one Del Taco Change of Permit Holder (CPH) applications were submitted in July and only this location was closed due to excessive demerits. Staff issued a total of 32 demerits for violations that included: TCS food in hot holding at 83°F; condensate dripping onto open food; no written procedure for time as a control; TCS food in cold holding at 50°F; sanitizer bucket stored on food contact surface; and soiled ice machine. SNHD Regulations require no greater than 15 demerits during a CPH inspection. A reinspection is still pending.
- B. **Fontainebleau, 2777 S. Las Vegas Blvd.:** Final permitting inspections for 57 out of 208 permits have been completed for the new resort and casino. Some vendor supplied equipment is still pending installation such as soda fountains and chemical dispensers for dishwashing machines. Since the soda fountain and dishwashing machines are not crucial to their operation, the permits were approved, and follow-up inspections will occur once installation is complete.
- C. **Jack in the Box, 580 N. Eastern Ave.:** Plans were reviewed for a remodel that included new dining furniture, new plumbing fixtures in the restrooms, and new ceiling, wall, and floor finishes. During the final remodel inspection, the hot water temperature of the restroom hand sinks was below the minimum of 100°F. The hot water was adjusted during the inspection and no other violations were observed. The remodel was approved.
- D. **Sphere, 255 Sands Ave.:** Final permitting inspections for 52 health permits were conducted over the course of two days. All permits were approved. There are nine remaining Grab-No-Go market permits pending inspection because the refrigeration equipment did not arrive as scheduled. Facility representatives will also be submitting plans for portable bars that can be used throughout the property.
- E. **Zucker Jewish Academy, 10100 Banbury Cross Dr.:** A pre-permitting inspection was conducted for a preschool, school, and school kitchen that had been closed for three years. The plans submitted were outdated and did not accurately reflect classrooms, age groups, and kitchen equipment. The pre-permitting inspection allowed staff to have a more accurate depiction of the condition and layout of the facility. Staff worked with the owner to update the plan. A final permitting inspection is still pending.
- F. **Rockin' Crab, 10140 W. Tropicana Ave.:** Staff made initial contact with the CPH applicant to assess knowledge and to verify that no changes had been made to the facility. Although the owner stated that there would only be cosmetic changes, during the phone call, it became evident that the equipment had been changed as well.



Discovering changes early in the process prevents unintended consequences for the owner during a final permitting inspection. The owner submitted plans and equipment specifications for review and a final permitting inspection is pending completion of tenant improvements.

## VII. AQUATIC HEALTH PROGRAM

### ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

| Aquatic Health Operations                                              | July<br>2022 | July<br>2023 |   | FY<br>22-23 | FY<br>23-24 |   |
|------------------------------------------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Total Operation Inspections                                            | 607          | 622          | ↑ | 607         | 622         | ↑ |
| Complaint Investigations                                               | 51           | 66           | ↑ | 51          | 66          | ↑ |
| Inactive Body of Water Surveys                                         | 16           | 9            | ↓ | 16          | 9           | ↓ |
| Drowning/Near Drowning/Accident Investigations at Permitted Facilities | 11           | 6            | ↓ | 11          | 6           | ↓ |
| Total Program Services Completed                                       | 685          | 703          | ↑ | 685         | 703         | ↑ |

#### 1. Aquatic Health Operations

- A. **Cadence Central Park, 1015 E. Sunset Rd.:** A complaint investigation regarding the pool being over-chlorinated was verified and resulted in an IHH closure. High disinfectant levels increase bather's risk of skin irritation and susceptibility to infections. A reinspection was conducted, and the pool was approved to reopen.
- B. **MGM Signature Tower 3, 145 E. Harmon Ave.:** A routine inspection conducted at the pool resulted in the immediate correction of an IHH. While the pool was open with lifeguards posted, staff noticed a large gap in the enclosure. The maintenance staff reduced the gap to a compliant dimension and provided photos of the repairs. The pool continued to operate and remains open to bathers.
- C. **Sunrise Villas VIII East, 2800 Emerson Ave.:** A routine inspection conducted at the spa resulted in an IHH for a broken drain cover. A broken drain cover could result in severe injury or death from suction entrapment. A reinspection is still pending.
- D. **Falling Water Apartments, 1350 N. Town Center Dr.:** A routine inspection conducted at the spa resulted in closure due to multiple IHHs. The chlorine level was low, a drain cover was broken, and the water temperature was over 104°F. Low disinfectant levels can allow the spread of pathogens, and high temperatures can cause heat illnesses in bathers. A reinspection is still pending.
- E. **El Dorado Mobile Home Park, 4525 W. Twain Ave.:** A routine inspection conducted at the spa resulted in an IHH closure for high chlorine. Additionally, the suction outlet covers had been changed from the previously approved models without SNHD approval. A compliance schedule was given to submit the drain covers for plan review. A reinspection is still pending.

**ENVIRONMENTAL HEALTH Aquatic Health Plan Review  
Program - Fiscal Year Data**

| Aquatic Health Plan Review              | July<br>2022 | July<br>2023 |   | FY<br>22-23 | FY<br>23-24 |   |
|-----------------------------------------|--------------|--------------|---|-------------|-------------|---|
| Total Pre-Permitting Services           | 406          | 392          | ↓ | 406         | 392         | ↓ |
| New Project Submissions                 | 69           | 47           | ↓ | 69          | 47          | ↓ |
| Released Projects                       | 96           | 151          | ↑ | 96          | 151         | ↑ |
| Total Projects Currently in Plan Review | 488          | 485          | ↓ |             |             |   |

**2. Aquatic Health Plan Review:**

- A. **Canyon Trails Recreation Vehicle (RV) Park, 1200 Industrial Rd.:** CPH inspections were conducted resulting in compliance schedules for the pool and spa. The height of the gate latching mechanism on the northwest gate was too low at 40 inches. Failure to maintain latching mechanisms at the proper height can lead to unauthorized access of the enclosure by children. Also, the pump and motor horsepower (HP) for both the pool solar booster pump and the spa filtration pump did not match. Failure to maintain pumps and motors with corresponding HP ratings may lead to inadequate system flow. Facility staff are working on corrections and the pool and spa remain open.
- B. **The Harmon at 370 Apartments, 370 E. Harmon Ave.:** A final remodel inspection was conducted on the north pool for the installation of new filters, disinfection system automation, and circulation pump. A secondary interlock for the chemical feed system was not functional, which could result in chlorine and acid mixing and a release of chlorine gas into the pool. The contractor was able to repair the interlock and demonstrate successful testing during the inspection. The final remodel inspection was approved, and the pool resumed operation.
- C. **Sahara View Apartments, 3600 El Conlon Ave.:** A final remodel inspection was conducted on the spa for the installation of a new chemical feed system. The system met the requirements for installation and was approved; however, the suction outlet fitting assembly (SOFA) in the spa was broken, which could result in severe injury or death from suction entrapment. Facility representatives were able to replace the broken SOFA with extra stock onsite. The remodel inspection was approved, and the aquatic venue was permitted to operate.
- D. **Club Ridges Recreation Center Pools, 11550 Granite Ridge Dr.:** A plumbing inspection for the pool resulted in failure due to an inadequate sump depth beneath the SOFA/drain cover to the top of the suction pipe. If the required sump depth is not met, the flow rate for the SOFA cannot be evaluated to ensure that the SOFA is adequately sized for the recirculation system. Inadequately sized SOFAs can result in severe injury or death from suction entrapment. The plumbing inspection was not approved, and the contractor was required to create a minimum three-inch sump depth prior to continuing work on the remodel. Follow-up photos were provided indicating the correct sump depths for the plumbing, and the project was approved to continue.
- E. **Springhill Suites by Marriott, 6590 S. Decatur Blvd.:** Final permitting inspections for a new pool and spa were not approved. There was no disinfectant residual in either body of water. Several filtration system inadequacies were also observed. Inadequate filtration and disinfection systems can result in water that is not properly maintained and presents a risk of contracting recreational water illnesses. After



failing two subsequent reinspections, the fourth final permitting inspection was approved, and the aquatic facility was released from Plan Review.

#### **VIII. REGULATORY SUPPORT**

1. Regulatory Support Office (RSO) staff participated in or performed the following activities: Association of Food and Drug Officials (AFDO) Partnership for Food Protection (PFP) Training and Credentialing meetings; Council for Food Protection (CFP) Council and New Path meetings; individual and full team mentorship meetings; National Environmental Health Association (NEHA) Leadership Academy mentor meetings; grant project-conversion of trainings to digital format for use in NEOGOV; Violation Standards Document updates; Food Establishment Inspection Report Form and canned comments for Envision Connect updates; and HAZWOPER training.
2. RSO staff released Shaunte Walton to the Special Programs Office on July 21.
3. RSO staff welcomed new environmental health specialists (EHSs) Deshawn Thompson, Alyssa Hall, Kimberly Gonzalez, and Alexis Galvez to food training on July 24.
4. RSO staff coordinated and led the Food Safety Partnership meeting with Industry on July 17.
5. Special Processes staff collected data for the Centers for Disease Control and Prevention (CDC) Ill Worker Multi-Site Study throughout the month.
6. Special Processes staff collected data from schools and delis for the Risk Factor Study throughout the month.
7. Special Processes staff met with various 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 eight cook chill/sous vide plans, seven 2-barrier plans, 27 other HACCP plans, 11 waivers, and one operational plan in review.

#### **IX. SPECIAL PROCESSES**

##### **ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data**

| Label Review                      | July<br>2022 | July<br>2023 |   | FY<br>22-23 | FY<br>23-24 |   |
|-----------------------------------|--------------|--------------|---|-------------|-------------|---|
| Facility Label Review Submissions | 17           | 25           | ↑ | 17          | 25          | ↑ |
| Facility Label Review Releases    | 13           | 21           | ↑ | 13          | 21          | ↑ |
| Number of Labels Approved         | 156          | 303          | ↑ | 156         | 303         | ↑ |

### ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

| Special Processes Review                                                                                                            | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|---|----------|----------|---|
| Cook Chill/Sous Vide Submissions                                                                                                    | 0         | 0         | → | 0        | 0        | → |
| Cook Chill/Sous Vide Releases                                                                                                       | 1         | 0         | ↓ | 1        | 0        | ↓ |
| 2-Barrier ROP Submissions                                                                                                           | 0         | 1         | ↑ | 0        | 1        | ↑ |
| 2-Barrier ROP Releases                                                                                                              | 2         | 0         | ↓ | 2        | 0        | ↓ |
| Other HACCP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.) | 1         | 0         | ↓ | 1        | 0        | ↓ |
| Other Special Processes Releases                                                                                                    | 0         | 0         | → | 0        | 0        | → |

### ENVIRONMENTAL HEALTH Special Processes Waivers & Operational Plans Review - Fiscal Year Data

| Waivers & Operational Plans Review | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|------------------------------------|-----------|-----------|---|----------|----------|---|
| Waiver Review Submissions          | 3         | 0         | ↓ | 3        | 0        | ↓ |
| Waiver Review Releases             | 0         | 0         | → | 0        | 0        | → |
| Operational Plan Submissions       | 0         | 0         | → | 0        | 0        | → |
| Operational Plan Releases          | 0         | 0         | → | 0        | 0        | → |

### ENVIRONMENTAL HEALTH Cottage Food Operations Registrations - Fiscal Year Data

| Cottage Food Operations Registrations                 | July 2022 | July 2023 |   | FY 22-23 | FY 23-24 |   |
|-------------------------------------------------------|-----------|-----------|---|----------|----------|---|
| Registrations Approved Without Voluntary Label Review | 0         | 15        | ↑ | 0        | 15       | ↑ |

# Memorandum



**Date:** August 10, 2023

**To:** Southern Nevada District Board of Health

**From:** Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Primary & Preventive Care *LY*  
Fermin Leguen, MD, MPH, District Health Officer *FL*

---

**RE: PRIMARY & PREVENTIVE SERVICES BOARD OF HEALTH REPORT – July 2023**

---

## **I. Immunization Program**

### **A. Immunization Program Activities**

1. A total of 292 COVID-19 Bivalent Vaccines were administered.
2. ECW continues to be a work in progress. The Immunization Clinic Team continues to work in collaboration with the PPC Project Coordinator to standardize Immunization documentation with the Immunization Outreach Team, Covid-19 Outreach Team, Refugee Health, and the FQHC.
3. Immunizations, Immunizations Project, IT and Office of Communications are working together to improve access for Immunizations Appointments via Healow Access and updates are made accordingly and updated in the SNHD Website.
4. Immunizations, Facilities, and IT collaborated to improve workflows, decrease immunization wait lines, and increase patient appointments. This will be evaluated after the back-to-school (BTS) period.
5. BTS process improvements is ongoing to improve client experiences. Clinic hours have been extended to accommodate for increased access and availability for the public.
  - Decatur Public Health Center
    - Monday-Thursday 0700-1730
    - Friday - July 28, 2023 (0800-1630) additional clinic
    - Friday – August 4, 2023 (0800-1630) additional clinic
    - Saturday – August 5, 2023 (0900-1500) additional clinic
    - Friday – August 11, 2023 (0800-1630) additional clinic
  - Bonanza Public Health Center
    - Tuesday-Friday 0700-1730
    - Monday - July 31, 2023 (0800-1630) additional clinic
    - Monday - August 7, 2023 (0800-1630) additional clinic
  - Mesquite Public Health Center
    - Wednesday, July 26, 2023
    - Monday, July 31, 2023
    - Friday, August 4, 2023 additional clinic
6. BTS internal and external community partners Planning has continued with
  - SNHD – IT, Facilities, Security, Office of Communications, Medical Reserve Corp (MRC)
  - Community Partners – Immunize Nevada
7. There continues to be noted increase in Immigration Vaccines administered to the Southern Nevada Community.
8. Immunizations Clinic continues with the HPV Learning Collaborative to increase the initiation and completion of the HPV Vaccine among children and adolescents starting at 9 years of age as per ACIP guidelines and SNHD protocol.



**B. Immunization Outreach Activities**

1. A total of 8 outreach clinics were conducted in partnership with CCSD, Culinary, and Harm Reduction team. A total of 1151 vaccines were administered to 506 clients. The clinics are walk-ins and no cost to clients. Weekly clinics were held at the CCSD Support Center in preparation for back to school.
2. Administrative Assistants and Nursing staff assisted with back to school clinics starting July 24 through August 11, 2023.
3. Two clinics were conducted at Shannon West Homeless Youth Center. A total of 38 clients were assessed and tested for tuberculosis. Funding is from the State of NV Substance Abuse and Prevention Tuberculosis (SAPTb) grant.

**II. COVID-19 Vaccine Campaign**

**A. Community COVID-19 Vaccine Static Clinics and Pop-Up Sites**

1. There were 262 COVID-19 vaccines administered through 17 pop-up, community partners, and static sites. These activities include clinics focused on the following population groups: 11-18 years old, individuals 65 and older, historically underserved communities, people experiencing homelessness, and individuals who are homebound.
2. The COVID-19 Vaccination program continues to utilize both contract companies, and community partners to assist with vaccination sites.
3. Community partnerships and collaborations included Touro University, Clark County School District, The Center, Arthur McCants Senior Apartments, Novum Women's Center, Las Vegas Rescue Mission, R.E.A.C.H., and Healthy Asians & Pacific Islander Center.
4. As requested from State partners, vaccination services for long term care facilities continue to be made available through SNHD during the month. Long term care facilities can request vaccination services at <https://dpbhrdc.nv.gov/redcap/surveys/?s=J3T8FLWRRHEM8Y3A>.
5. Homebound vaccination services continue to be provided once a week for qualifying people throughout the county. Appointments can be made through the COVID-19 Call Center at (702) 759-INFO.

**C. MPOX vaccinations**

1. A total of 24 vaccines were administered through 2 static sites and 1 community partner.
2. Mpox vaccination access continues at the following 2 static sites:
  - El Mercado in the Boulevard Mall
    - Tues- Sat, 1100-1700
  - SNHD Fremont Public Health Center
    - Tues-Fri, 0800-1700
2. Ongoing community partner calls are conducted monthly for updates and activity coordination. Community partners include Las Vegas PRIDE, Immunize Nevada, AIDS Healthcare Foundation, Henderson Equality Center, and Department of Behavioral Health and Human Services.

3. Touro University expanded mpox vaccine availability among the population at high-risk for mpox within the community of people experiencing homelessness and administered 9 vaccines.
4. Logistics for a mpox second dose reminder via SMS and email is currently being finalized. The anticipated launch period is August 2023.

**D. Additional projects**

1. During the last month, COVID-19 staff implemented back-to-school vaccine administration for clients 11 to 18 years old at static sites and select pop-up sites. There was a total of 1,477 vaccinations administered. Of this total, 349 TDaP, 634 MCV4, 81 Hepatitis A and 413 HPV vaccines administered. COVID-19 vaccine education and co-administration was provided during the clinics.
2. The Healthcare Provider GET IT. GIVE IT. COVID-19 Vaccine Initiative continues to provide support, encouragement, and awareness for health care providers to carry and administer vaccines on-site. The initiative has been expanded to include long-term care facilities.
3. In collaboration with staff members from the SNHD Office of Informatics and Epidemiology, COVID-19 staff members are continuing a cost analysis of the vaccine reminder magnet project relating to COVID-19 vaccine uptake.

**III. Community Health Nursing**

**A. Maternal Child Health**

1. There was one new childhood lead case for the month of July.
2. There were no new 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 171 active families. Forty-three are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Sixty-four are participating through the Temporary Assistance for Needy Families (TANF) funding. Grants from the Nevada Division of Public and Behavioral Health make these programs possible. Teams continue to meet the program and funder's goals and benchmarks.

The teams are continuing outreach and partner with community service providers to reach and enroll eligible parents to be. Families in the program get a well-trained registered nurse who provides education, support, and resources.

**C. Embracing Healthy Baby**

The Southern Nevada Health District's Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with support from the program Community Health Nurse. Telephone and home visits continue with enrolled families. The program provides services primarily through home visits. Education and referrals to needed services continue to be provided to families.

In July, no program outreach was performed.

**IV. Sexual Health Outreach and Prevention Program**

- A.** Express Testing provided 200 screening encounters to 197 clients.



- B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. A second Congenital Syphilis nurse case manager is now orientated and starting to take a case load. The CSCM team provided education r/t congenital syphilis and case management program to all pregnant persons seen in FQHC SHC. The first CSCM client was treated at home under Home Administered Therapy for Syphilis (HATS).
- C. SHOPP is participating in a Learning Collaborative under the Ending the HIV Epidemic efforts: 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. SHOPP is participating in a Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- D. CSCM Celeste presented CSCMP at the Public Health Advisory Board. Shannon Pickering presented SHOPP to CSN Biomedical students and faculty. The SHOPP team attended training on Diagnosis and Treatment of Congenital Syphilis. CSCM team participated in Congenital Syphilis Quarterly Review Board.

#### **V. Tuberculosis Clinic**

- A. 3 new active adult TB cases were reported by the TB Clinic in the month of July 2023. There are no pediatric TB cases.

#### **VI. Project Program Coordinator**

- 1. Worked with key departments to implement appointment scheduling using SNHD's electronic medical record, eClinicalWorks (eCW). Clients are now able to make their own appointments using the online portal.
- 2. Provided eCW training for all immunization and COVID staff on use of eCW as the new platform for documenting immunization services. Frequent retraining was provided to ensure quality assurance during the early implementation phase.
- 3. Implemented QI process through continuous feedback to staff on documentation issues. This has resulted in significant improvements in the processes.
- 4. Provided clinic and program support to immunization clinic during the back-to-school (BTS) surge by coordinating the work of volunteers and other staff members from other departments who assisted in BTS.

#### **VIII. 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 July.

LY: le

Attachments: July 2023 Statistical Report

**PRIMARY AND PREVENTIVE CARE  
MONTHLY REPORT  
July 2023**

**Client Encounters by Locations**

| Location                    | DECATUR<br>PHC | ELV<br>PHC | Hend<br>PHC | Mesquite<br>PHC | Laughlin | Mobile<br>Clinic | Homeless<br>Outreach | Targeted<br>Populations | **Other<br>BTS Clinic | TOTAL        |
|-----------------------------|----------------|------------|-------------|-----------------|----------|------------------|----------------------|-------------------------|-----------------------|--------------|
| Immunization                | 2,239          | 740        | 291         | 115             | 0        | 0                | 0                    | 470                     | 1034                  | 4,889        |
| Immunization Records Issued | 454            | 121        | 25          | 0               |          |                  |                      |                         |                       | 600          |
| Newborn Metabolic Screening | 1              | 0          | 0           | 0               |          |                  |                      |                         |                       | 1            |
| Sexual Health Clinic        |                |            |             |                 |          |                  |                      |                         |                       | 0            |
| TB Treatment & Control      | 1,558          |            |             |                 |          |                  |                      |                         |                       | 1,558        |
| SAPTA Services              |                |            |             |                 |          |                  |                      | 38                      |                       | 38           |
| <b>TOTAL</b>                | <b>4,252</b>   | <b>861</b> | <b>316</b>  | <b>115</b>      | <b>0</b> | <b>0</b>         | <b>0</b>             | <b>508</b>              | <b>1,034</b>          | <b>7,086</b> |

\*\*COVID Team started coadministering back-to-school adolescent vaccines this season

**Client Encounters by Program**

| Program                     | July<br>2022 | July<br>2023 |          | FY 22-23    | FY 23-24    |          |
|-----------------------------|--------------|--------------|----------|-------------|-------------|----------|
| Immunizations**             | 4,111        | 4,889        | ↑        | 4,111       | 4,889       | ↑        |
| Immunization Records Issued | 926          | 600          | ↓        | 926         | 600         | ↓        |
| COVID-19 Vaccine Given*     | 1723         | 262          | ↓        | 1,723       | 262         | ↓        |
| Newborn Met. Screening      | 0            | 1            | ↑        | 0           | 1           | ↑        |
| Sexual Health Clinic        |              |              | →        |             |             | →        |
| TB Treatment & Control      | 1,277        | 1,558        | ↑        | 1,277       | 1,558       | ↑        |
| SAPTA Services              | 52           | 31           | ↓        | 56          | 38          | ↓        |
| <b>TOTAL</b>                | <b>8089</b>  | <b>7,341</b> | <b>↓</b> | <b>8093</b> | <b>7348</b> | <b>↓</b> |

5,923

\*Funded by COVID Grant Funds-Data Collection started January 2022

\*\*Includes BTS encounters by clinic, outreach, and COVID teams

## Immunization Program

| Immunizations     | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|-------------------|--------------|--------------|---|----------|----------|---|
| Flu Vaccine Given | 0            | 0            | → | 0        | 0        | → |
| Gratis            | 227          | 102          | ↓ | 227      | 102      | ↓ |
| COVID Vaccine*    | 195          | 292          | ↑ | 195      | 292      | ↑ |

\*Given by Immunization Clinics

| Vaccines for Children (VFC)*       | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|------------------------------------|--------------|--------------|---|----------|----------|---|
| Number of VFC Compliance Visits    | 0            | 1            | ↑ | 48       | 1        | ↓ |
| Number of IQIP Visits*             | 4            | 1            | ↓ | 88       | 1        | ↓ |
| Number of Follow Up Contacts       | 0            | 11           | ↑ | 338      | 11       | ↓ |
| Number of Annual Provider Training | 1            | 1            | → | 121      | 1        | ↓ |
| Number of State Requested Visits   | 65           | 27           | ↓ | 1,055    | 27       | ↓ |

| Perinatal Hepatitis B        | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|------------------------------|--------------|--------------|---|----------|----------|---|
| # of Expectant Women         | 17           | 16           | ↓ | 19       | 16       | ↓ |
| # of Infants                 | 84           | 64           | ↓ | 78       | 64       | ↓ |
| Total # of Infants Delivered | 5            | 1            | ↓ | 43       | 1        | ↓ |
| New Cases                    | 3            | 5            | ↑ | 55       | 5        | ↓ |
| Closed Cases                 | 1            | 3            | ↑ | 69       | 3        | ↓ |

| Childcare Program          | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|----------------------------|--------------|--------------|---|----------|----------|---|
| Childcare Audits           | 0            | 0            | → | 70       | 0        | ↓ |
| Baseline Immunization Rate | 0%           | 0%           | → | 74%      | 0%       | ↓ |
| # of Final Audits          | 0            | 0            | → | 70       | 0        | ↓ |
| Final Immunization Rate    | 0%           | 0%           | → | 93%      | 0%       | ↓ |
| # of Records Reviewed      | 0            | 0            | → | 4891     | 0        | ↓ |

## Covid-19 Vaccine Campaign

| COVID-19 Vaccine Campaign                                  | July<br>2022 | July<br>2023 |   | FY 22-23* | FY 23-24 |   |
|------------------------------------------------------------|--------------|--------------|---|-----------|----------|---|
| # of COVID-19 Vaccines administered                        | 1723         | 262          | ↓ | 1,723     | 262      | ↓ |
| # of Monkeypox Vaccine administered*                       | 0            | 24           | ↑ | 0         | 24       | ↑ |
| # of Influenza Vaccine administered**                      | 0            | 0            | → | 0         | 0        | → |
| # of Healthcare Provider Compliance Visits                 | 0            | 0            | → | 0         | 0        | → |
| # of Newly Enrolled Healthcare Provider Education Sessions | 5            | 8            | ↑ | 5         | 8        | ↑ |
| # of Potential Healthcare Provider Recruitment Sessions    | 5            | 8            | ↑ | 5         | 8        | ↑ |
| # of Healthcare Provider Contacts                          | 53           | 289          | ↑ | 53        | 289      | ↑ |

\* Vaccine administration started October 2022

\*\*Flu not in season as of 06/30/2023

## Community Health Program

|                                | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|--------------------------------|--------------|--------------|---|----------|----------|---|
| Nursing Field Services         |              |              |   |          |          |   |
| MCH Team Home Visit Encounters | 11           | 6            | ↓ | 11       | 6        | ↓ |

|              | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|--------------|--------------|--------------|---|----------|----------|---|
| NFP (Team 1) |              |              |   |          |          |   |
| Referrals    | 9            | 19           | ↑ | 9        | 19       | ↑ |
| Enrolled     | 6            | 5            | ↓ | 6        | 5        | ↓ |
| Active       | 129          | 107          | ↓ |          |          |   |

|                           | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------|--------------|--------------|---|----------|----------|---|
| NFP (Expansion Team)      |              |              |   |          |          |   |
| Referrals                 | 2            | 10           | ↑ | 2        | 10       | ↑ |
| Enrolled                  | 2            | 8            | ↑ | 2        | 8        | ↑ |
| Active                    | 5            | 64           | ↑ |          |          |   |
|                           |              |              |   |          |          |   |
|                           | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
| MCH                       |              |              |   |          |          |   |
| # of Referrals Received** | 4            | 1            | ↓ | 4        | 1        | ↓ |
| # from CPS*               | 4            | 0            | ↓ | 4        | 0        | ↓ |
| # of Lead Referrals       | 0            | 1            | ↑ | 0        | 1        | ↑ |
| # of Total Admissions     | 4            | 1            | ↓ | 4        | 1        | ↓ |

|           | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|-----------|--------------|--------------|---|----------|----------|---|
| EHB       |              |              |   |          |          |   |
| Referrals | 7            | 3            | ↓ | 7        | 3        | ↓ |
| Enrolled  | 3            | 3            | → | 3        | 3        | → |
| Active    | 54           | 47           | ↓ |          |          |   |

|                      | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|----------------------|--------------|--------------|---|----------|----------|---|
| Thrive by 0 - 3      |              |              |   |          |          |   |
| Referrals            | 69           | 56           | ↓ | 69       | 56       | ↓ |
| One-Time Home Visits | 2            | 3            | → | 2        | 3        | ↑ |
| Enrolled             | 3            | 1            | ↓ | 3        | 1        | ↓ |
| Active               | 13           | 11           | ↓ |          |          |   |

## Tuberculosis Program

| Tuberculosis                                                                                      | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------------------------------------------------------------------------------|--------------|--------------|---|----------|----------|---|
| Number of Case Management Activities*                                                             | 266          | 243          | ↑ | 266      | 243      | ↓ |
| Number of Monthly Pulmonary Specialist Clinic Clients Seen                                        | 38           | 26           | ↓ | 38       | 26       | ↓ |
| Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)                       | 17           | 21           | ↑ | 17       | 21       | ↑ |
| Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc. | 5            | 5            | → | 5        | 5        | → |
| Directly Observed Therapy (DOT) Field, clinic and televideo encounters                            | 1,316        | 1,316        | → | 1,316    | 1,316    | → |

\*New EMR system- Counting only successful activities

| Substance Abuse Prevention & Treatment Agency (SAPTA) | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|-------------------------------------------------------|--------------|--------------|---|----------|----------|---|
| # of Site Visits                                      | 4            | 2            | ↓ | 4        | 2        | ↓ |
| # of Clients Screened                                 | 56           | 38           | ↓ | 56       | 38       | ↓ |
| # of TB Tests                                         | 52           | 31           | ↓ | 52       | 31       | ↓ |
| # of Assessments only                                 | 4            | 7            | ↑ | 4        | 7        | ↑ |

## Sexual Health Outreach and Prevention Program

| Sexual Health Outreach and Prevention Program (SHOPP)- Express Testing ** | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
|---------------------------------------------------------------------------|--------------|--------------|---|----------|----------|---|
| # of screening encounters                                                 | 0            | 200          | ↑ | 0        | 200      | ↑ |
| # of clients screened                                                     | 0            | 197          |   | 0        | 197      |   |
| # of clients with positive STI identified                                 | 0            | 21           |   | 0        | 21       | ↑ |
| Sexual Health Outreach and Prevention Program (SHOPP)- Linkage **         | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
| # of clients referred to Linkage                                          | 0            | 19           |   | 0        | 19       | ↑ |
| # of clients linked to care                                               | 0            | 13           |   | 0        | 13       |   |
| Sexual Health Outreach and Prevention Program (SHOPP)- CSCMP **           | July<br>2022 | July<br>2023 |   | FY 22-23 | FY 23-24 |   |
| # of referrals (pregnant, post-partum, infants)                           | 0            | 19           |   | 0        | 19       | ↑ |
| # of clients enrolled in CM                                               | 0            | 5            |   | 0        | 5        |   |
| # of active pregnant clients                                              | 0            | 16           |   | 0        | 16       |   |
| # of infants being followed                                               | 0            | 12           |   | 0        | 12       |   |
| # of provider/community trainings                                         | 0            | 1            |   | 0        | 1        |   |
| **New program/department as of 7/1/2023                                   |              |              |   |          |          |   |

## Interns and Clinical Rotations

# Southern Nevada Health District

## 2023 Nevada Legislative Session Report

Nevada's 82<sup>nd</sup> session ended on June 5<sup>th</sup>, 2023. As usual given SNHD's expansive mission and status as a local government, the district was involved in a variety of legislation including some of the most talked about bills of the session. SNHD's staff and representatives worked diligently engaging in the process, shaping legislation to improve outcomes and protect against unintended consequences. SNHD's session culminated with a signature piece of legislation, passing an historic investment in public health after attempts in previous sessions fell short.

The legislative body was composed of a supermajority of 28 Democrats and 14 Republicans in the Assembly and 13 Democrats and 8 Republicans in the Senate. If the assembly holds and Democrats pick up a seat in the senate to achieve a supermajority, each of the 75 bills Governor Lombardo vetoed has a chance to be overridden and passed into law, as bills automatically come back for reconsideration at the next regular legislative session in 2025.

Below is a summation of important legislation of interest to the Southern Nevada Health District, with links to bill pages where bill history, hearings and exhibits for each piece of legislation can be found.

### [SB118 – Public Health Improvement Fund](#)

The signature public health win of the session, this bill allocates \$15,000,000 to the Public Health Improvement Fund in DPBH to be allocated to the three health districts in the state and DPBH or a designee, \$10,950,000 of which will be awarded to the Southern Nevada Health District. The allocation is population based and defined in statute with the following percentages:

- SNHD 73%
- Washoe 16%
- Central Nevada 1.3%
- DPBH will receive the remaining 9.7%, with 2% of that being the “designee” health department, Carson City

The funds will be transferred to SNHD by August 1, 2024. This bill also removed the adjacent county requirement for forming new health districts, allowing the new CNHD to officially form and begin operations.



This is contemplated to be an ongoing line item in the Governor's budget and the legislative intent was made clear to that affect.

There is a reporting requirement in this bill due to the Interim Finance Committee, which includes a description of the process used to evaluate the public health needs of residents and the priority of those needs, a description of each expenditure, as well as the unallocated funds remaining in the account. Notably, this money has an extra year to be expended unlike most allocations that revert at the end of the 2 year biennium if not spent.

#### **AB220 – Septic Conversion Program**

This bill allows for SNHD, via a two-thirds vote of the board, to create a voluntary septic conversion program for residential property current served by municipal water. The board may impose a fee no greater than the annual sewer fee of Clark County, currently \$250 a year. 100 percent of the cost to convert may be paid by the program and those who have not paid the voluntary fee are ineligible. Notably, this bill also allows SNWA to limit usage amongst the largest water users in Clark County. We anticipate this bill will undergo may changes in upcoming future legislatures.

#### **AB53 – Underage Tobacco Sales Enforcement**

This bill revises the penalties for underage sales of tobacco products, removing both warnings and moving straight in to fines. The new law, which takes effect Jan 1, states that the penalties for violations occurring within a 24-month period at the same premises, a licensee is liable for the following civil penalties:

- 1<sup>st</sup> violation: \$2,500
- 2<sup>nd</sup> violation \$5,000
- 3<sup>rd</sup> violation \$7,500 and
- 4<sup>th</sup> violation \$10,000 for a fourth and any subsequent violation

The hope is this will increase Nevada's compliance rate on underage sales, currently one of the lowest in the nation. Future iterations of this law will hopefully include suspensions of sales to strengthen penalties, if needed.

### **SB92 – Street Food Vendors**

This bill develops requirements for the licensing and regulation of street food vendors in Clark and Washoe Counties.

It creates the task force on Safe Sidewalk Vending in the Secretary of State's Office, which will be required to review existing laws related to sidewalk vending and recommend approaches to improve the laws of the state, cities and counties to legalize sidewalk vending, simplify and standardize the laws governing sidewalk vending, remove unnecessary barriers and protect public health by ensuring that sidewalk vendors follow clear and narrowly tailored laws.

This bill also requires SNHD to offer a payment plan for licensing fees by January 1, as well as a process for accepting alternatives to licensing for those without a Nevada driver's license. SNHD will be required to issue new regulations for street food vendors by the end of 2025, after the initial report of the task force which is due on September 1, 2024. Notably, this is after the conclusion of the next legislative session and such a process could be further changed by statute.

The nine-member task force consists of the following members, and SNHD has already advanced Nikki Burns-Savage as its representative for consideration (not yet appointed).

- Representative of a health district
- Representative of a county or city who works in business licensing
- A gaming or restaurant representative
- Law enforcement
- Secretary of State
- 4 members at large chosen by the SOS with priority given to sidewalk vendors and an organization that represents sidewalk vendors.

This bill prohibits sidewalk vending within 1,500 feet of a resort hotel, event facility of greater than 20K and a convention facility. City and county ordinances are required to be created by this bill and will further govern their operation under the purview of these jurisdictions.

### **SB 439 – HIV Modernization Task Force**

Notably, this bill requires state and local agencies, including SNHD, to develop policies to provide uninterrupted services to individuals diagnosed with HIV during a public health emergency. It also mandates that private and public detention centers provide treatment and prevention programs and medication related to the transmission of HIV. The bill also requires

certain public and private insurers to cover testing, treatment, condoms/preventative measures as well as labs, diagnostics and drugs to prevent HIV/Hep C.

#### **SB172 – Minor Access to Care**

This bill allows for minors to receive access to preventative STD treatments, as well as contraception, without parental consent.

#### **SB441 – Daily Room Cleaning**

This bill completely repealed SNHD's requirement to inspect transient lodging facilities over 200 rooms every 2 months, returning the organization to the pre-pandemic practice of once per year. This bill also repeals certain cleaning requirements and liabilities related to businesses impacted by SB4, adopted during the COVID special sessions in 2020.

#### **SB232 – Postpartum Medicaid Expansion**

Expands Medicaid postpartum care services for 12 months, up from 60 days currently.

#### **SB35 – Fentanyl Trafficking**

This bill establishes different levels of fentanyl trafficking and associated penalties based on quantity of possession in grams between 28-42g and between 42-100g. It also requires reporting to the state of certain information of those who were charged, including deaths and treatment programs in prisons. Also provides for medication assisted treatment program for offenders experiencing a substance abuse disorder.

#### **SB237 – 988 Hotline**

This bill sets the 988 hotline surcharge at 35 cents and makes clarifying language changes in wake of the regulatory process setting up the hotline.

#### **AB45 – Student Loan Repayment**

This bill strives to reduce the healthcare provider shortage in Nevada by providing for student loan repayment incentives not to exceed \$120k per individual. It provides repayment for those operating in a qualified census tract, socially vulnerable tract, historically discriminated area or areas where at least 20% of the population is non-English speaking. At least 15% of the fund must go to those operating in counties other than Clark and Washoe. The Nevada Treasurer's Office will be adopting regulations to carry out the specifics of the program.

#### **AB232 – Wholesale Cigar Tax**

This bill lowers the 30% wholesale tax on "premium cigars" to a maximum of 50 cents per cigar. The program has a built in sunset in 2027 in the event sales tax doesn't rise accordingly to offset the tax revenue loss, as was the bill sponsor's rationale for bringing the legislation forward.

#### **AB122 – Electronic Age Verification for Tobacco**

This bill clarifies that patrons receiving tobacco products on the casino floor of unrestricted gaming establishments are exempted from having their ID scanned for electronic age verification.

#### **AB364 - Board of Medical Examiners Changes**

This bill adds two seats to the Nevada Board of Medical Examiners – one for a Physician's Assistant and one for a Respiratory Specialist.

#### **AB7 – Electronic Health Records**

Requires implementation of electronic health care records in accordance with DHHS regulations by certain dates and appropriates \$3mm to help satisfy the bill's requirements. The dates/types are as follows:

- July 1, 2024 for hospitals and large physician group practices
- July 1, 2025 for government entities, other large health care practices, insurers, Pharmacy Benefit Managers and other insurance administrators

- January 1, 2030 for small physician practices and other small health care practices

### **AB132 – Opioid Task Force**

This bill creates the Regional Opioid Task Force, which will include a representative from SNHD along with an Epidemiologist nominated by SNHD. Other representatives include a social services agency, Department of Family Services, Department of Juvenile Justice, primary health care provider, mental health care provider, Clark County School District, Metro, behavioral health provider, addiction specialist, EMS provider, public health educators or community health workers, bilingual rep, Substance Abuse Prevention Coalition and the Clark County Coroner.

The task force will be reviewing data to identify gaps and propose interventions in battling the opioid epidemic. After October 1, all deaths will be reviewed and analyzed on a variety of factors such as geography and social determinants of health. The group will meet quarterly and a report is due 12/2024.

### **AB158 – EMS Licensure**

This bill enacts the Interstate EMS Licensure Compact, allowing EMT's to work freely between states that have ratified the compact. Of note, SNHD would like to be appointed at least every other year to the national conference Nevada will be joining as a result of passing this bill.

### **AB40 – Health Inspection Records**

This bill, which is already SNHD practice, simply allows for health inspection records to be transmitted electronically.

### **SB22 – Legal Notices**

Allows for legal notices to be published in the online only version of newspaper websites.

### **AB219 – Public Comment**

This legislation mandates that public comment must be taken on each item for action on an agenda, after an item is heard but before voted upon and makes a host of other changes ensuring access for public comment to be given depending on the meeting type.

### **AB135 – Birth Certificates**

Under AB135, those experiencing homelessness will be able to get a copy of their birth certificate without having their application notarized and will be given 30 days to correct deficiencies in their application. Also covers provisions for helping homeless youth get identification.

### **AB120 – Volunteer Medical Service**

Under this bill, medical professionals will be able to provide volunteer medical services without meeting the previous requirement of 3 consecutive years of practice.

### **SB289 – Healthcare Assault and Battery**

This expands the assault and battery penalties for crimes against medical professionals in a variety of healthcare settings, including SNHD.

### **SB117 - Community Health Workers**

Allows for Medicaid expansion covering Community Health Workers who are supervised by medical professionals as defined under NRS 629.031. Previously these workers were eligible only under supervision of physicians after the law passed in 2021.

### **SB434 – PERS**

Allows for an option of having PERS benefits paid to a beneficiary for 6 months following death of recipient.



### **AB434 – 340B Protections**

This bill will positively impact SNHD's FQHC. Under AB434, PBM's are prohibited against taking certain actions against those who participate in the 340B program. It also limits the use of DHHS money administering the program, ensuring that a covered provider participating in the 340B program to buy drugs at discount, or a pharmacy contracting with a provider, get the full benefit of the program.

### **AB52 – Open Meeting Law Changes**

This bill makes several clarifying changes to open meeting law, stating that nonvoting members do not count towards a meeting quorum and that if a vacancy occurs, the vacant position does not count towards calculating a quorum. It also adds additional methods whereby a subject of administrative action can be notified of a hearing while adding additional definitions and deadlines for such a proceeding.

### **SB261 – Business Impact Statements**

Under SB261, SNHD is formally defined as a "local government" in statute. As such, the legislation lays out a series of requirements which must be met when issuing business impact statements, while including chambers of commerce in such processes. If two or more chambers of commerce request a workshop on potential rule changes, one must be held and notification sent as to when the workshop will occur. It also requires a list of chambers, trade associations and business owners be maintained and updated by January 31<sup>st</sup> each year. Finally, business impact statements must list the number of businesses likely to be affected, the list of organizations that were notified and a summary of the workshop held.

### **SB2 – Disaster Coordination Committee**

Allows for SNHD to request a report from the committee for the purposes of conducting reunification or identification during an emergency. Also allows for the committee to be convened in preparation for an imminent public health emergency and if the committee is convened, prepare for the sharing of information on those who have contracted an illness or been injured or killed.

### **AB24 – State EMS Committee**

This bill adds members to the State Committee on Emergency Medical Services, which includes a member of a local government that provides EMS services (but not fire services), as well as a representative of an organization that provides EMS services on tribal land.

### **AB37 – Behavioral Health Workforce**

This bill authorizes the Board of Regents to establish the Behavioral Health Workforce Development Center of Nevada at one more institutions within NSHE. The center will consist of a main hub and regional hubs in each of the five behavioral health regions.

### **SB44 – Oral Health Care**

This bill transfers the State Program for Oral Health, the Advisory Committee on the State Program for Oral Health, and the duty to appoint the State Dental Health Officer and the State Public Health Dental Hygienist to the Department of Health and Human Services. Additionally, the bill revises certain educational and licensing requirements for the State Dental Health Officer and the State Public Health Dental Hygienist and provides that persons holding these positions can be part time.

### **SB119 - Telehealth**

This bill allows for payment parity in telehealth and repeals the expiration of coverage that was allowed during the COVID-19 Emergency Declaration. It makes permanent requiring a third-party payer who is not an industrial insurer to cover telehealth services, except for those provided through audio-only interaction, in the same amount as services provided in person or by other means.

### **SB445 - EMS System**

This bill allows money generated from administrative penalties, fees from the issuance or renewal of a license to create and maintain an information system, which will consist of records of those who have completed ambulance attendant, firefighter, or legislative training programs.

## **Notable Vetoes and Bills Not Advancing**

[SB361](#) was a bill SNHD played a major role in stopping that would have taken certain hard plastics out of the definition of solid waste for the purposes of “advanced recycling”, creating a slippery slope of what does and does not constitute solid waste.

[AB322](#) would have banned kratom products but was vetoed.

[SB419](#) was an expansive Medicaid bill that would have most notably covered pregnant women who are undocumented, amongst a variety of other Medicaid initiatives, but it was vetoed by the Governor.

[AB69](#) would have expanded loan repayment program to behavioral healthcare providers but did not advance. Notably, AB45 passed which more broadly provides loan repayment to healthcare providers in underserved areas.

[AB108](#) would have enacted the Nurse Licensure Compact but failed in committee.

[AB263](#) would have put certain requirements in place for water systems in health care facilities for the purpose of preventing Legionnaires’ disease. However, there was consensus in the public health community that these changes would not have moved the needle on prevention.

[AB294](#) was an ambitious, omnibus tobacco bill that sought to ban flavored tobacco/vapor products, phase out sales to those born after 2002 and make changes to tobacco wholesaling - the bill did not receive a hearing.

August 24, 2023

## Great Basin Cooking Co.

Richard J. Eide owner/operator

Box 858

Logandale, Nevada 89021

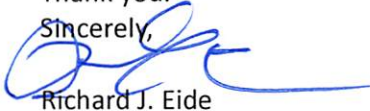
[gbcc@mvdsl.com](mailto:gbcc@mvdsl.com)

702-379-5919

To the members of Southern Nevada Health District Board, as pursuant to NRS.446.880, I am requesting a formal hearing to discuss the closing of Soda Papa's and Papa's Gyros and impending fines after being closed for an "Imminent Health Hazard." I would like to have this hearing convene as soon as possible.

Thank you.

Sincerely,



Richard J. Eide