



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

September 26, 2024 – 9:00 a.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

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

ABSENT: N/A

ALSO PRESENT: Linda Anderson, Vince Anghel, Don Barnak, Christopher Boyd, Lauren Canaff,
(In Audience) Courtney Cannon, Georgi Collins, Cara Evangelista, Tomas Hammond, Maya
Holmes, Nadine Kienhoefer, Brian Labus, Stacie Sasso

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Emily Anelli, Jacqueline Ayala, Maria Azzarelli, Tanya Baldwin, Tawana
Bellamy, Haley Blake, Amanda Brown, Daniel Burns, Nikki Burns-Savage,
Victoria Burris, Yvette Butac, Nancy Cadena, Delaney Chastain, Michelle
Clarke, Andria Cordovez Mulet, Shea Crippen, Cherie Custodio, Gerard
Custodio, Natalya DeCicco, Lauren DiPrete, Tara Edwards, Lisa Falkner,
Renee Fejeran, Brian Felgar, Kaylina Fleuridas, Jason Frame, Kimberly Franich,
Nicholas Gabler, Joe Ginty, Mayra Gonzalez, Jacques Graham, Alyssa Hall,
Jeremy Harper, Maria Harris, Richard Hazeltine, Dan Isler, Jessica Johnson,
Mallory Jones, Horng-Yuan Kan, Theresa Ladd, Josie Llorico, Cassius Lockett,
Lakesia Lowery, Sandy Lockett, Anilkumar Mangla, Blana Martinez, Kimberly
Monahan, JaQuanna Moore, Linda Nguyen, Todd Nicolson, Verallynn
Orewyler, Kyle Parkson, Yin Jie Qin, Vivek Raman, Larry Rogers, Alexis Romero,
Jazzmin Rubledo, Luscinda Santiago, Aivelhyn Santos, Chris Saxton, Dave
Sheehan, Karla Shoup, Jennifer, Sizemore, Betty Souza-Lui, Will Thompson,
Tamera Travis, Lizbeth Vasquez, Jorge Viote, Donnie Whitaker, Willandra
Whiting-Green, Rebecca Wright, 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 9:06 a.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed quorum. Ms. Bellamy 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

III. RECOGNITIONS

1. Veralynn Orewyler

- Recognition from the Centers for Disease Control and Prevention (CDC) for the Health District's Contracts Program

The Chair recognized Veralynn Orewyler, the Health District's Contract Administrator. In a recent SNHD site visit at the Centers for Disease Control and Prevention, two different CDC programs grant managers noted that other agencies receiving funding from the CDC experience challenges with contract development and execution; an experience that SNHD does not share due to its robust Contracts program. Ms. Orewyler has been building the Contracts program under the broad oversight of General Counsel since 2018 to provide timely contract production through close collaboration with internal clients while ensuring compliance with state and federal laws, regulations, executive orders, and grant-specific requirements. On behalf of the Board of Health, the Chair congratulated Ms. Orewyler on this recognition.

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

- Lisa Falkner and Joseph Yumul

The Chair recognized the Employees of the Month. Each month the Health District, and the Board of Health, recognized those employees that went above and beyond for the Health District and our community and that best represented the Health District's C.A.R.E.S. Values. On behalf of the Board of Health, the Chair congratulated these exceptional employees.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

V. ADOPTION OF THE SEPTEMBER 26, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Black, and carried unanimously to approve the September 26, 2024 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:** August 22, 2024 *(for possible action)*
2. **PETITION #03-25: Approval of a Lease Agreement between the Southern Nevada Health District and the City of Mesquite for office space located at Jimmie Hughes Campus, 150 North Yuca Street, Mesquite, NV;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #04-25: Approval of an Equipment Sale Agreement with Abbott Core Diagnostics for the purchase of a Chemistry Analyzer for the Clinical Laboratory at the Southern Nevada Public Health Laboratory;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #05-25: Approval of an Amendment to the Interlocal Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #06-25: Approval of a Contract for Professional Managed Detection and Response (MDR) Services between Dyntek Services, Inc. dba Arctiq and the Southern Nevada Health District;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
6. **PETITION #07-25: Approval of a Construction Change Order Request between the Southern Nevada Health District and KOR Building Group, LLC to build a Behavioral Health Clinic at 280 S. Decatur Blvd.;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Nielson, seconded by Member Seebock, and carried unanimously to approve the September 26, 2024 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. Discussion and Approval of the Activation of the District Health Officer (DHO)

Succession & Planning Committee; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel, advised that as Dr. Leguen announced his retirement for February 2025, the DHO Succession & Planning Committee would need to be activated. Ms. Anderson-Fintak advised of the current members of the DHO Succession & Planning Committee and indicated that now would be the time to add any additional members. Ms. Anderson-Fintak advised that due to scheduling challenges, the DHO Succession & Planning Committee meeting is scheduled after the Board of Health meeting.

The Chair advised that due to timing and with the Board of Health normally not meeting in December, time was of the essence and agreed that the best option was to have the DHO Succession & Planning Committee meeting after this Board of Health meeting. The Chair called for any members that wished to be added to the DHO Succession & Planning Committee.

Member Bond requested to be added to the DHO Succession & Planning Committee meeting.

Further to an inquiry from Member Nielson, Ms. Anderson-Fintak clarified that all members of the Board of Health were welcome to attend the DHO Succession & Planning Committee, however only the members of that committee would be counted for quorum and voting rights.

A motion was made by Chair Kirkpatrick, seconded by Member Nielson, and carried unanimously to approve Bobbette Bond to join the District Health Officer (DHO) Succession & Planning Committee.

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)**

There were no items raised.

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

- DHO Comments

In addition to his written report, Dr. Leguen reminded the community of the serious health risks associated with consuming raw milk, due to an increased availability of raw milk products in the community.

- Community Status Assessment Update

Tamera Travis, Epidemiologist, provided an updated on the Community Status Assessment.

XI. INFORMATIONAL ITEMS

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

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.

Mallory Jones, a Field Inspector in the Food Operations department, commented on a current issue with field staff. Ms. Jones advised that on September 6th, under the pretense to save on mileage, a directive came from leadership saying that all field staff were to start and end their days in the office starting September 30th. Ms. Jones wished to comment on the effects of the directive on Environment Health, essentially Food Operations, staff. Ms. Jones advised that most field staff worked a hybrid or remote schedule for the 2-3 hours of daily office time. Ms. Jones wanted to ensure that the Board remained informed of operations. Ms. Jones advised that the directive would severely impact productivity as, by reporting to the office at the start and end of the day, there would be less time for staff to complete inspections due to the increase in travel times and decrease in field time. There would be less availability to schedule certain tasks as re-inspections, red tag removals or permitting inspections. Ms. Jones indicated that a decrease in the amount of field time would also mean that staff would not be able to conduct additional inspections at facilities as well as an increase in trips and time with major facilities putting an excessive strain on the industry. Ms. Jones stated that many inspectors would not be able to complete their inspections before the end of the calendar year, potentially putting the health and well-being of the public at risk. Ms. Jones further stated that there would be increased car emissions and general environmental impact with increased time on the road. Ms. Jones indicated that the directive put a strain on the health and well-being of the inspectors, as the world had changed since the COVID-19 pandemic and a hybrid or remote work was a standard for many. Ms. Jones stated that without remote work, many inspectors had considered finding other employment. Ms. Jones stated that the inspectors were nearly fully staffed and losing team members would put additional strain and higher expectations on the current staff. An overworked and tired inspector was not an effective health inspector. Ms. Jones indicated that many staff have stressed about how they would find and make adjustments to accommodate the needs of their modified family dynamics since remote work started. Ms. Jones indicated that she had lost sleep and countless hours of time discussing and digesting this directive. Ms. Jones stated that this directive had come under the guise of saving money, however no one could produce data that a return to office or a starting and ending in the office would reduce mileage. Mileage and costs associated would increase as inspectors currently only received paid for one direction, from the office to or from the field. Ms. Jones indicated that many inspectors requested inspections that were close to their homes and this directive would increase travel times and distances. Additionally, if staff quit, the cost of replacing seasoned staff with new hires was almost never cost efficient in any field. Ms. Jones advised that late yesterday a statement was released by leadership that this directive would be placed on hold for 60 days as leadership attempted to create solutions, procedures and hopefully a compromise with staff. Ms. Jones asked the Board to take the information into consideration and would intervene if necessary or even possible. Ms.

Jones concluded that she shared the same views as many of her colleagues and thanked the Board for their time and consideration.

The Chair advised that she was aware of the notification that was sent out yesterday. The Chair further advised that both she and Dr. Lockett have spoken with the union representatives and that all parties were trying to do what was in the best interest of everyone.

Lauren Canaff, an aspiring doctor, stated that before starting medical school, she began clinical work as a medical and research assistant at a local gastroenterology practice with Dr. Nemeč. Ms. Canaff advised that over a short period of time, their practice noted three different incidents of inadvertent ingestion of beer line cleaner at local taverns leading to serious and permanent injuries to the oral cavity, tongue and esophagus. Some injuries included long-term scarring of the esophageal mucosa, and prolonged dysgeusia, a condition that makes the injured party feel like foods taste metallic, sweet, sour or bitter. Ms. Canaff advised that ingestion also resulted in tissue necrosis, a process caused by saponification of fats and proteins disrupting the cellular membranes and emulsifying tissue. Ms. Canaff indicated that exposed patients faced a 1,000-fold increase of risk of developing esophageal carcinoma that would require year endoscopic monitoring. Ms. Canaff advised that the issue was not unique to Nevada as similar incidents had occurred in La Vista, Nebraska, Mishawaka, Indiana, Alamo, Texas and a fatality in Winston-Salem, North Carolina. Ms. Canaff stated that it was obviously a significant safety concern in our community and it was probably underreported. The approach to this problem needed an update. Ms. Canaff advised that while the FDA's Model Food Code did categorize the beer line cleaner as poisonous or toxic material, they did not have a clear protocol on clearing the beer line cleaner after clearing. A standard protocol in the industry was not consistently applied, as some bartenders determined that the line was clear once they "see bubbles come out," which was clearly a subjective assessment that could easily lead to the compromise of public safety. Ms. Canaff further outlined a case in the U.K. wherein an individual had to have a total esophagectomy and colonic interposition after he drank just a small amount of beer line cleaner that was served to him in Leeds by mistake. Ms. Canaff outlined the regulations in the U.K. that require pubs clear any toxic agents from the line before the tap was available to service for patrons, which included taverns being closed to the public while their lines are cleaned, a blue dye was added to the line cleaner to avoid confusing beer line cleaner with beer and the pH of the affluent was measured before opening the tavern to the general public. Given the 24-hour nature of Las Vegas, closing the bars during the cleaning process was not practical. Ms. Canaff presented three low-cost, easily implemented measures to be updated within the FDA guidelines to prevent caustic ingestion; (i) the blue dye used in the U.K., Protinate, could be added to the line giving it easy recognizable color; (ii) beer line cleaner was clear and odorless so adding a color to this liquid would prove helpful just like Mercaptan was added to natural gas to warn of a gas leak; and (iii) test pH strips could also be used at the end of the cleaning cycle and testing the affluent. If the pH was anywhere around 4 or 4.5 then the line has been flushed and it was safe to use. If the pH is lower than 4 then the line should continue to be flushed. The tap could also be locked or covered with a universally known symbol warning staff that the line is unsafe to use. Ms. Canaff thanked Dr. Fermin Leguen, Dr. Cassius Lockett, Christine Sylvis, Larry Rogers, and the entire Environmental Health team for moving so quickly to help arrive at a solution to this problem.

The Chair requested that Member Nemeč include Member Nielson in any discussion as he is the At-Large Gaming Representative on the Board of Health.

Cara Evangelista was previously a health inspector at the Health District and currently represented a number of permit holders in the community. She wished to speak on the issue of

Environmental Health staff starting and ending in the office. Ms. Evangelista noted that many of her clients were on the strip or had off-hours, so they scheduled those inspections at the end of the day. Ms. Evangelista stated that some inspectors contacted her to warn her that there may be issues making appointments at the end of the day. Ms. Evangelista stated that her organization was not in the support of this directive. Ms. Evangelista stated that since the inspectors have worked from home, her organization has found more freedom to make appointments and made it easier to speak with the inspectors on the phone with less distraction. Ms. Evangelista advised that her organization had not found any issue with the inspectors having a home office, in fact the inspectors were more accessible. Ms. Evangelista concluded that, especially regarding the night and off-hour restaurants, this directive created limitations if the inspectors were always having to be in the office at a certain time.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 9:36 a.m.

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