APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
OCTOBER 23, 2025

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
September 25, 2025 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Joseph Hardy, Secretary – Mayor, City of Boulder City *(in-person)* April Becker – Commissioner, Clark County *(in-person)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(in-person)* Nancy Brune – Council Member, City of Las Vegas *(in-person)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(in-person)*
ABSENT:	Marilyn Kirkpatrick – Commissioner, Clark County Monica Larson – Council Member, City of Henderson
ALSO PRESENT: (In Audience)	Christopher Boyd, Ann Casey, Chaunsey Chau-Duong, Dawn Christensen, Sean Connell, Pam Droessler, Shelley Essex, Isabelle Frenette, Max Guerrero, Cade Grogan, Jill Hart, Diane Henry, Larry Ish, Joanna Jacob, Joyne Kotnik, Donna Laffey, Bradley Mayer, Laura McSwain, Christopher Price, Jennifer Quihuis, B-J Rogers, Christian Salmon, ChanceLyn Sisson, David Tabaczynski, Will Yepez
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Adriana Alvarez, Emily Anelli, Larry Armstrong, Maria Azzarelli, Tawana Bellamy, Amanda Brown, Cory Burgess, Nikki Burns-Savage, Victoria Burris, Donna Buss, Joe Cabanban, Nicole Charlton, Andria Cordovez Mulet, Carol Cottam, Gerard Custodio, Christian DeHaan, Rayleen Earney, Lisa Falkner, Kimberly Franich, Sarah George, Xavier Gonzales, Jacques Graham, Heather Hanoff, Maria Harris, Amineh Harvey, Richard Hazeltine, Semilla Neal, Valerie Herzog, Raychel Holbert, Carmen Hua, Dan Isler, Danielle Jamerson, Jessica Johnson, Theresa Ladd, Annie Lin, Josie Llorico, Anil Mangla, Blanca Martinez, Geoff Melly, Marco Mendez, Kimberly Monahan, Samantha Morales, Todd Nicolson, Brian Northam, Kyle Parkson, Luann Province, Devin Raman, Vivek Raman, Emma Rodriguez, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Ronique Tatum-Penegar, Candyce Taylor, Will Thompson, Renee Trujillo, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei 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.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. **Dr. Cassius Lockett, Dr. Anil Mangla, and Lei Zhang**
   - Co-authored the published article "*Application of joinpoint regression to SARS-CoV-2 wastewater-based epidemiology in Las Vegas, Nevada, USA*" in Open Access in Epidemiology and Infection of the Cambridge University Press

   The Chair recognized Dr. Cassius Lockett, Dr. Anil Mangla, and Lei Zhang for co-authoring the published article "Application of joinpoint regression to SARS-CoV-2 wastewater-based epidemiology in Las Vegas, Nevada" in the Open Access of Epidemiology and Infection of the Cambridge University Press. This study explored the use of piecewise linear trend analysis to identify significant trends and trend turning points in SARS-CoV-2 RNA wastewater concentrations and corresponding COVID-19 case rates in the greater Las Vegas area from mid-2020 to April 2023. These findings guide future applications of advanced statistical methodologies and support the continued integration of wastewater-based epidemiology as a complementary approach to traditional COVID-19 surveillance systems. On behalf of the Southern Nevada Health District and the Board of Health, the Chair congratulated staff on this publication.

2. **Southern Nevada Health District – September Employees of the Month**
   - Marites Navarro and Vanessa Ortiz-Rivera

   The Chair recognized the September Employees of the Month; Magali Cano, Community Health Nurse II in the FQHC, and Myles Holland, Environmental Health Specialist. The Health District, and the Board of Health, recognized the employees went above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this recognition.

Member Summers-Armstrong joined the meeting at 9:06 a.m.

IV. FIRST PUBLIC COMMENT

FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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 25, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Bond, and carried unanimously to approve the September 25, 2025 Agenda, as amended.

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 28, 2025 *(for possible action)*

2. **PETITION #05-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department (LVMPD) to collaborate on training and enhancement activities related to prearrest and pretrial diversion for those with substance use disorder and those vulnerable to overdose**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #06-26: Approval of the Amendment to the Interlocal Agreement between the Southern Nevada Health District and the Clark County School District (CCSD) for the allowance of CCSD nurses to assist the Health District during outbreak investigations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #07-26: Approval of the Amendment to the Interlocal Agreement between the Southern Nevada Health District and the City of North Las Vegas for the acquisition and relocation of modular structures**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **PETITION #08-26: Approval of the Amended Contract between the Southern Nevada Health District and Argentum Partners for government affairs consulting services**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

6. **PETITION #09-26: Approval of the Contract Renewal with Info-Tech Research Group Inc. 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)*

   Chair Black disclosed that he had an existing contractual relationship with Argentum Partners and confirmed that use of their services did not affect his judgment regarding the Health District also utilizing their services. Chair Black stated that he could participate fairly and impartially in voting, however, was disclosing the contractual relationship to maintain transparency to the Board and the general public.

A motion was made by Member Nielson, seconded by Member Hardy, and carried unanimously to approve the September 25, 2025 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.

1. **MEMORANDUM #02-26: Review and Approve the Environmental Health Business Impact Statement (BIS) for the Proposed 2025 Public Accommodation Facilities Regulations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
    a. Attachment A: Business Impact Statement (BIS)
    b. Attachment B: BIS Surveys/Written Correspondence
    c. Attachment C: Proposed 2025 PA Regulations
    d. Attachment D: Summary of Major Changes
    e. Attachment E: Proposed 2025 PA Regulations – Red Line
    f. Attachment F: BIS Notifications
    g. Attachment G: Posting Verifications
    h. Attachment H: Workshop
    i. Attachment I: BOH Presentation

    Vivek Raman, Environmental Health Supervisor, and Christian DeHaan, Senior Environmental Health Specialist, presented the Business Impact Statement on the Proposed 2025 Public Accommodation Facilities Regulations.

    Member Brune joined the meeting at 9:11 a.m.

    Mr. Raman explained that the regulations were first established in 2006 and there have been no updates since they were established. Mr. Raman advised that the review and proposed revisions make the requirements clear and more concise for public accommodation operators and address areas with high frequency of violations to ultimately reduce room closures and associated fees. Mr. Raman outlined the business impact survey process and results.

    Mr. DeHaan proceeded to highlight the major proposed changes.

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

    Further to an inquiry from Member Summers-Armstrong, Mr. Raman advised that currently there were no requirements regarding mattress protectors on pull-out and sofa beds, aside from guestroom attendants removing soiled mattresses. Member Summers-Armstrong inquired regarding signage on ice dispensers and the requirement for a food handler card. Mr. Raman advised that staff dispending large buckets of ice in a kitchen were required to have a food handler card.

    Further to an inquiry from Member Hardy, Mr. Raman addressed the environmental cleaning of surfaces and confirmed that the proposed regulations did not apply to short-term rentals.

Member Nielson confirmed that the Nevada Resort Association responded to the Business Impact Survey on behalf of their members. The Nevada Resort Association collected information from their members and submitted a single response to the Health District, including the cost impacts of changes, the hose bib, and mattress covers.

Member Nielson inquired regarding the regulatory oversight of short-term rentals. Mr. Raman advised that staff have undertaken significant research and advised that Code Enforcement for the various jurisdictions had oversight of short-term rentals.

Member Nielson further inquired on the next steps in the process. Mr. Raman advised, if the Board approved the Business Impact Statement, notification would be sent to all industry partners and public workshops would be held. Health District staff would collect the feedback, undertake any adjustments to the proposed regulations, and present the final proposed regulations to the Board of Health at a future meeting.

Member Bond inquired as to the complaint process of a short-term rental. Mr. Raman advised that the Health District had only received eight complaints regarding short-term rentals, which were directed to that jurisdiction's code enforcement or business license departments.

A motion was made by Member Summers-Armstrong, seconded by Member Hardy, and carried unanimously to approve the Business Impact Statement on the Proposed 2025 Public Accommodation Facilities Regulations, as presented.

2. **Variance Request for an existing septic system, SNHD Permit #ON0010273, located at 2625 Barbaradale Cir., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Daniel Isler, Environmental Health Engineer Supervisor, presented the variance request for an existing septic system located at 2625 Barbaradale Cir., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system. Mr. Isler advised that the variance stemmed from a tenant improvement request, that determined trees encroaching on the leach field. Mr. Isler advised that the trees could potentially cause root intrusion into the septic system, which could lead to hydraulic failure and sewage back-up. Mr. Isler confirmed that staff was recommending denial of the variance. However, if the Board approved the variance, staff recommended approval with conditions.

Sean Connell, the applicant, provided context for his variance request, noting that a detailed letter had already been submitted. He explained that the trees in question are several decades old and provide the only shade in his backyard; removing them would significantly impact the usability of his outdoor space. Mr. Connell stated that his septic system had been inspected and pumped multiple times over the past ten years, with no indication of malfunction. He acknowledged the potential for future issues, but emphasized that no current problems existed. He expressed concern that the presence of the trees and septic system was being used to prevent a bathroom renovation, specifically, re-tiling a shower, which he finds disproportionate. Mr. Connell offered to refrain from planting additional trees and committed to maintaining the existing system. Mr. Connell argued that any future damage would primarily affect his property and finances, not public health. He also referenced tree-planting initiatives by the water district, questioning the rationale behind requiring the removal of healthy, longstanding trees.

The Chair opened for Public Comment.

Laura McSwain, representing the Water Fairness Coalition, referenced a prior application involving a similar issue where a property owner incurred approximately $8,000 in legal fees due to complications caused by a tree affecting their project. Ms. McSwain expressed hope that the current arguments presented support preserving the tree in question. Ms. McSwain indicated she would address related matters during the public comment period. She also noted, based on observations from a recent meeting regarding rule changes, that individuals who choose to manage their own sewer systems tend to be independent-minded. Accordingly, she expressed support for deferring to the property owner's judgment in this case.

Diane Henry encouraged approval of the variance. Ms. Henry believed the requirement to connect to a sewer main within 400 feet imposed an excessive financial burden, potentially exceeding $40,000, based on an estimated cost of $200 per linear foot, and unreasonable.

Christian Salmon expressed support for the homeowner's request, aligning with previous comments advocating for approval. He emphasized that the issue at hand, tiling a bathroom, should not require escalation to a public hearing, suggesting that such matters consume unnecessary time and resources. Mr. Salmon questioned the efficiency of government processes in this context. He concluded by urging approval of the homeowner's request.

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

Further to an inquiry from Member Hardy regarding references to the Colorado River, Mr. Isler advised that the reference was in line with the recent local goal to remove septic systems from receiving Colorado River water.

Member Hardy requested clarification on how the tree roots were involved with septic system. Mr. Isler advised that tree roots could enter the piping and break through the septic system.

Member Becker agreed that the application by the homeowner was very thorough, and she did not see an issue with the trees. Member Becker stated her support of the variance request.

Further to an inquiry from Member Brune, Mr. Isler advised there was no current requirement for homeowners to perform regular maintenance on the septic system, and believed that a single tree was to be removed. Mr. Connell advised that it had not been confirmed to him how many trees had to be removed. Mr. Connell advised that he routinely has the septic system pumped and inspected.

Further to an inquiry from the Chair regarding the suggested conditions, Mr. Connell agreed in part to the conditions, however, was concerned with the first condition regarding the requirement to connect to community sewage when available within 400 feet of the property line and can be made by gravity flow, and requested that it not be imposed at this time. Mr. Isler confirmed that the first condition was usually included in every variance application and was a requirement in the regulations.

A motion was made by Member Becker, seconded by Member Nielson, and carried unanimously to approve the Variance Request for an existing septic system, SNHD Permit #ON0010273, located at 2625 Barbaradale Cir., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system*, with the following conditions:*

1. *Petitioners and their successor(s) in interest shall abide by all local government regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
3. *No additional trees are allowed within ten feet (10') of the existing septic system.*
4. *The variance will be in effect until the existing residential septic system is inactivated, removed, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.*
5. *Petitioners and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*

[NOTE: Before the Second Public Comment, Member Bond stated her intention to rescind her initial opposition vote. Member Bond confirmed that she supported the variance request and wished to reflect her vote in approval.]

3. **Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Mr. Isler presented the variance request for an existing septic system located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed. Mr. Isler advised that the variance stemmed from a tenant improvement request, wherein the homeowner, constructed a shed over the leach field. Mr. Isler noted that the shed was 400 square feet, which requires a building permit process. Through the permitting process the Health District is notified and would have directed the shed be built in another location. Mr. Isler confirmed that there was no building permit associated with the shed. Mr. Isler confirmed that staff was recommending denial of the variance, as sewer was available less than 400 feet from the property. However, if the Board approved the variance, staff recommended approval with conditions.

   Matthew Vance, the homeowner, was not in attendance.

   The Chair opened for Public Comment.

   Diane Henry indicated that if the Board were to approve and impose the conditions, the homeowner was already within 400 feet. Ms. Henry inquired whether the intention was for the homeowner to connect to sewer right now.

   Christian Salmon requested that the Board vote in favor of the homeowner and stated this was punitive.

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

Mr. Isler addressed the first condition regarding connection to sewer within 400 feet and confirmed that the Health District was not notifying the homeowner that they were required to connect to sewer.

Member Summers-Armstrong inquired whether removing the floor would render the shed unusable. Mr. Isler was unable to answer, but confirmed that the shed was built without a permit.

Further to an inquiry from the Chair, Mr. Isler advised that the property was a residential, private farm with animals and the shed was used by cats and to store feed for the farm animals. Mr. Isler noted that the application indicated that moving or removing the shed would make it impossible to care for the animals.

Further to inquiries from Member Becker and Member Gallo regarding the shed only covering 20% of the leach field, Mr. Iser advised that the leach field could not be covered by any impermeable surface, regardless of certain percentage of coverage.

Further to an inquiry from the Chair, Mr. Isler advised that the recommendation would be to remove the entire floor of the shed.

Member Summers-Armstrong inquired whether the property was zoned for farm animals, and if it was not, then making an accommodation for use that is not allowed would place the Board in conflict. Member Hardy noted that the homeowner's cats use the shed, and cats kill rodents, which is a health issue not be ignored.

The Chair noted that the homeowner was not present to address many of the Board's questions and suggested that the variance request be moved to a future meeting to allow Mr. Vance to attend.

A motion was made by Chair Black, seconded by Member Hardy, and carried unanimously that the Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed, be continued until a future Board of Health meeting.

4. **Variance Request for an existing septic system, SNHD #ON0015884, located at 3107 Ramrod Street, Las Vegas, NV 89108 to remain underneath the existing driveway**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Isler presented the variance request for an existing septic system located at 3107 Ramrod Street, Las Vegas, NV 89108 to remain underneath the existing driveway. Mr. Isler noted the septic system dated back to 1974 and that the circular driveway covered approximately 60% of the leach field. Mr. Isler further noted that the property was a Las Vegas Valley Water District customer, with a production well within a mile of property. Mr. Isler confirmed that staff was recommending denial of the variance. However, if the Board approved the variance, staff recommended approval with conditions.

David Tabaczynski, the homeowner, provided background on his property, purchased five years ago and originally built in 1978. He emphasized that the septic system, including the tank and leach field, was approved by the Clark County Health District and the building department at the time of construction. Prior to purchase, the system was professionally inspected and found to be fully functional. The tank is regularly maintained and pumped every three years. Mr. Tabaczynski noted that the leach field is partially located beneath a circular driveway, but there have been no signs of system failure or public health concerns; no odors, surface issues, or drainage problems. He also confirmed that the proximity of a newly anticipated pool complies with recommended distances from both the tank and leach field. He stated that the system has operated without issue for over 45 years and cited research indicating that properly maintained septic systems can last up to 100 years. He requested removal of a stipulation preventing closure of the building permit for the pool, citing continued functionality, proper maintenance, and lack of any environmental or public safety impact. He also noted that removing the driveway would cost approximately $15,000, despite no evidence of system compromise.

The Chair opened for Public Comment.

Christian Salmon raised questions regarding impact of a property with a leach field located beneath a driveway. He noted that the homeowner had conducted inspections and taken steps to identify any issues. Mr. Salmon questioned who would be harmed if the system failed, suggesting the homeowner would bear the consequences. He requested clarification on how the septic system failures could pose broader public health risks, including surfacing wastewater and groundwater contamination. Mr. Salmon emphasized that leach fields are designed to allow wastewater to percolate and be naturally filtered before reaching the water table. He noted that septic systems have been used safely for decades and that any failure would force the homeowner to take corrective action due to immediate impacts like sewage backup. He also pointed out that water used in the valley is partially reclaimed, suggesting minimal long-term loss and reinforcing that the homeowner would be the primary party affected.

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

Member Summers-Armstrong commended the homeowner on following the proper process and being well informed of the requirements. Member Summers-Armstrong stated her support of the variance request.

Member Brune noted that the property did not have many trees and inquired whether a condition could be imposed to not plant any additional trees on the property near the septic system. Mr. Isler advised that the Board had the authority to include an additional condition regarding no trees within ten feet of the existing septic system.

Further to an inquiry from the Chair, Mr. Tabaczynski was agreeable to the conditions noted in the materials, and with the additional condition regarding no trees within ten feet (10') of the existing septic system.

A motion was made by Member Summers-Armstrong, seconded by Member Brune, and carried by a vote of 8-1 to approve the Variance Request for an existing septic system, SNHD #ON0015884, located at 3107 Ramrod Street, Las Vegas, NV 89108 to remain underneath the existing driveway, with the following conditions:

1. *Petitioner and their successor(s) in interest shall abide by all local government regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
3. *The variance will be in effect until the existing residential septic system is inactivated, removed, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.*
4. *Petitioners and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*
5. *No trees are allowed within ten feet (10') of the existing septic system.*

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

VIII. REPORT / DISCUSSION / ACTION

There were no items heard.

IX. BOARD REPORTS:

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 Nemec raised the topic of the West Coast Health Alliance, which the Nevada State Board of Health was currently considering joining. This alliance comprises several western states, including California, Oregon, Washington, and Hawaii, and aims to address recent leadership changes within the U.S. Department of Health and Human Services (HHS) that have, according to the alliance, impacted the independence of the Centers for Disease Control and Prevention (CDC) and introduced increased partisanship into scientific decision-making. Member Nemec expressed hope that the State of Nevada would formally join the alliance.

Member Summers-Armstrong expressed support for the recommendation regarding participation in the West Coast Health Alliance. She noted that similar initiatives were underway in other regions of the country and emphasized the importance of ensuring continued access to critical public health resources, including vaccinations for influenza, COVID-19, and RSV. Member Summers-Armstrong stated that when she was an assembly member her district was significantly

impacted during the initial stages of the COVID-19 pandemic. She acknowledged the life-saving role of scientific advancements and voiced concern about the potential challenges in maintaining access to necessary vaccines.

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

- DHO Comments

  In addition to the written report, Dr. Lockett confirmed that a vaccination update will be provided at the next Board meeting to include information regarding the Health District's standing order and ongoing efforts to expand COVID-19 vaccine eligibility for clients.

- Presentation on Short-Term Rentals

  Mr. Raman and Mr. DeHaan presented on short-term rentals. Mr. Raman advised that in preparation for the presentation, they contacted code enforcement agencies, reviewed municipal codes, county ordinances, and available resources for the different jurisdictions.

  There was robust discussion on the current inspection protocols for short-term rentals and the extent to which public health considerations are included.

  The Chair proposed that the Health District collaborate with jurisdictions to develop a public health checklist based on existing public accommodation regulations. This checklist could serve as a standard for issuing business licenses and special use permits, ensuring that health concerns such as pest control and pool cleanliness are addressed upfront.

  Member Brune cautioned against duplicating existing complaint systems and advocated for working in partnership with jurisdictions to streamline processes. The Chair agreed, emphasizing that each jurisdiction operates differently and that the Health District's role should focus on providing information and guidance to support consistent public health standards. There was consensus on the need for a legal review of the NRS related to short-term rentals, development of a public health inspection framework, and improved coordination between the Health District and local jurisdictions.

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

Member Bond stated her intention to rescind her initial vote in opposition to Item VII.2, concerning the variance request for an existing septic system (SNHD Permit #ON0010273), located at 2625 Barbaradale Circle, Las Vegas, NV 89146. Member Bond confirmed that she now supported the variance request and wishes her vote to reflect approval.

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.

Laura McSwain expressed appreciation for the community engagement observed during the meeting and shared concerns stemming from a workshop meeting she attended. Representing the Water Fairness Coalition, she emphasized the organization's focus on water policy and government overreach. McSwain cautioned against an overemphasis on Colorado River water issues, noting that residents using septic systems are being overlooked. She raised concerns about Southern Nevada Water Authority's (SNWA) approach to acquiring water credits that affect existing residents. McSwain referenced Commissioner Gibson's remarks regarding the proposed waiver process and associated fees and noted that such costs should not be passed on to residents, as fees ranging from $40,000 to $100,000. Ms. McSwain also cited Commissioner Kirkpatrick's identification of the issue as a billion-dollar problem. Ms. McSwain asserted that the financial burden should be borne by the government rather than individual homeowners. Ms. McSwain stated that the quality of community life was deteriorating due to the removal of trees. Additionally, she voiced concern over proposed septic rule changes requiring reapplication every five years, questioning the strain this would place on Health District resources. Ms. McSwain praised the thoughtful public input received and encouraged continued direct engagement with affected constituents. She concluded by urging reconsideration of the proposed regulations.

Diane Henry expressed concern regarding the lack of public notice for the recent workshop, noting that over 100 attendees participated despite limited awareness and the meeting being held during a weekday morning. She recommended future workshops be publicly noticed in local media, such as the *Las Vegas Review-Journal*, similar to prior meetings regarding business impact statements. Ms. Henry highlighted widespread community concern over proposed changes to septic system regulations, particularly the financial burden on homeowners. She opposed replacing permanent septic permits with five-year revocable permits, citing the potential for forced sewer connections without available funding support. She noted that septic-to-sewer conversions typically cost at least $40,000, which poses a significant hardship, especially for residents in older neighborhoods like Section 10. Ms. Henry acknowledged SNWA's conversion programs but criticized the limited funding, reimbursement model, and restrictive eligibility. Ms. Henry outlined additional proposed costs, including permit fees, mandatory inspections, appeal fees, and requirements for nitrogen removal systems. She also referenced anticipated annual septic fees and mandated septic pumping and well water testing, all of which could negatively impact property values. Ms. Henry shared the experience of her neighbor who, after a fire, faced over $100,000 in costs to resolve a septic issue related to a pool built by previous owners. Ms. Henry urged the Board of Health not to implement regulation changes or mandate sewer connections until adequate funding is available to assist affected homeowners.

My name is Christian Salmon, S-A-L-M-O-N. Under NRS 624.331, I invoke the privilege that all my comments be verbatim, word for word. Also, I'd like to give you, because I did not do this yesterday. Can I give the officer these comments? This has a lot of the arguments that were made yesterday. I'd like to give them to each of the Board members so they, so they have them themselves. Thank you so much. So thank you so much. I appreciate your time here, guys. I know it was, it was heated yesterday and Mr. Isler, I appreciate him providing all the information. Um. And we're all here trying to do something. You're here, doing your best to act on our behalf and that's what, that's what we'd like and we have problems in society we want to solve. I think our representative was on the news last night. She was also participatory in the meeting yesterday,

Lisa Cole and she said in the legislature up in up north, there's a common quote, searching for a problem with which to institute a regulation. Or there's another way to put it, when your tool is regulation, everything looks like a problem in need of one. And so some of these things we're looking at, not just here in this room, but other places, it's, it's overbearing, it's too much it's not really looking to solve the particular problem. Some of the questions I have and other neighbors have is what quantity of water, so talking about septic systems and converting over to sewer, what quantity of water will be reclaimed by converting from septic systems to municipality sewers? Also, no, no water is lost if water goes into the septic system, correct? I mean these are, these are basic things that we've, we've heard them if if you listen to a long session like this and there are horrendously ignorant. What they're saying is, and it's not, it's blatantly, blatantly false. The other thing I'm going to say is, and I asked yesterday, you know, is this basically a public health agency or a public water policy agency? This is coming over here and you guys have a purview of what you're supposed to do regarding health. They need to fight their own battles and not dump it in your lap. That's my opinion. Again, regarding the applications here today, who's the victim if the water is not going to hurt anybody and and they can't survive without a septic system, it will fix itself because they have to. I mean, at some point I guess you could come in and do something, but this is all before it happens. This is pre-crime, I guess. It's kind of like that movie that was out with. I forgot his name now, but Minority Report, you know, so we have a system in this country where people are innocent until proven guilty and nothing has happened yet. A lot of times we feel, I'm speaking from my area too I live in the Northwest, Northwest rural preservation neighborhood and our neighbors, we are so sick of having to come to all these meetings and we constantly get talked down to like, we're stupid, not that that was done here, so that's where some of this comes from, I just want to relay that. And and we'd like, like we don't know anything and we constantly have to fight for what we have already bought into. We bought into our home with a septic, with a well, whatever, zoning, all these things should be forever, you know, should not, unless there's a major change that everybody agrees to. But we're we're being forced and and we're bludgeoned to death with government. It's weaponizing government. And that's not what this is supposed to be. I love government. Government should be around to protect, protect from anarchy. We've got to have some rules in place. But when you constantly are barraged by people that are on the public servants, they're not servants anymore. They're coming after us constantly. And that's how it feels. You know, I'd like to ask would the Board members, and I've asked Belanger, who's the head negotiator and lobbyist for the SNWA and Las Vegas Valley Water District, will you meet with me to look at new opportunities to find water? Because I've seen them out there, and he, he, he doesn't return a phone call back. We debated over at AB220 at length and a lot, all of us did and and that's not within their, what they, want you know. So I I I I just wanted, I just want to let this one last thing. If we had more back and forth dialogue, then I wouldn't need to go further than 5 minutes. We would love to have this with all public agencies, so we have it, we can find the common ground and agree. I support you guys. Thank you for your time.

Carol Reynolds, a resident of Section 11, shared her personal perspective shaped by her early career as a field worker for the state of Nevada, where she conducted home visits to assess welfare eligibility. Her experiences with vulnerable populations instilled a lifelong concern about financial security in retirement, which she and her husband planned for carefully. Ms. Reynolds expressed deep concern over what she described as an “undeclared war” on longtime local residents, citing recent increases in water-related fees and proposed septic regulations. She believes these changes pose a serious financial threat to homeowners, particularly seniors on fixed incomes who previously installed septic systems when no other options were available. Ms. Reynolds warned that the proposed regulations, such as revocable permits and increased inspections, could leave residents at the mercy of county inspectors, potentially resulting in

financial ruin. Ms. Reynolds characterized this as a form of elder abuse and urged the Board of Health not to move forward with these changes until adequate financial support is available for affected homeowners.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 11:10 a.m.

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

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
September 25, 2025 – 9:00 A.M.
Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/d9479d3f-318f-498b-9644-d5762b1a1788@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 650 149 918#

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. RECOGNITIONS

1. **Dr. Cassius Lockett, Dr. Anil Mangla, and Lei Zhang**
   - Co-authored the published article "*Application of joinpoint regression to SARS-CoV-2 wastewater-based epidemiology in Las Vegas, Nevada, USA*" in Open Access in Epidemiology and Infection of the Cambridge University Press

2. **Southern Nevada Health District – September Employees of the Month**
   - Magali Cano and Myles Holland

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 and spell your name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**
- **By Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.

- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 650 149 918#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. ADOPTION OF THE SEPTEMBER 25, 2025 AGENDA *(for possible action)*

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 28, 2025 *(for possible action)*

2. **PETITION #05-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department (LVMPD) to collaborate on training and enhancement activities related to prearrest and pretrial diversion for those with substance use disorder and those vulnerable to overdose**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #06-26: Approval of the Amendment to the Interlocal Agreement between the Southern Nevada Health District and the Clark County School District (CCSD) for the allowance of CCSD nurses to assist the Health District during outbreak investigations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #07-26: Approval of the Amendment to the Interlocal Agreement between the Southern Nevada Health District and the City of North Las Vegas for the acquisition and relocation of modular structures**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **PETITION #08-26: Approval of the Amended Contract between the Southern Nevada Health District and Argentum Partners for government affairs consulting services**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

6. **PETITION #09-26: Approval of the Contract Renewal with Info-Tech Research Group Inc. 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)*

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.

1. **MEMORANDUM #02-26: Review and Approve the Environmental Health Business Impact Statement (BIS) for the Proposed 2025 Public Accommodation Facilities Regulations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
    a. Attachment A: Business Impact Statement (BIS)
    b. Attachment B: BIS Surveys/Written Correspondence
    c. Attachment C: Proposed 2025 PA Regulations
    d. Attachment D: Summary of Major Changes
    e. Attachment E: Proposed 2025 PA Regulations – Red Line
    f. Attachment F: BIS Notifications
    g. Attachment G: Posting Verifications
    h. Attachment H: Workshop
    i. Attachment I: BOH Presentation

2. **Variance Request for an existing septic system, SNHD Permit #ON0010273, located at 2625 Barbaradale Cir., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Variance Request for an existing septic system, SNHD #ON0015884, located at 3107 Ramrod Street, Las Vegas, NV 89108 to remain underneath the existing driveway**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. REPORT / DISCUSSION / ACTION

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)*

X. HEALTH OFFICER & STAFF REPORTS *(Information Only)*
- DHO Comments
- Presentation on Short-Term Rentals

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

XIII. ADJOURNMENT

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

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

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
August 28, 2025 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Joseph Hardy, Secretary – Mayor, City of Boulder City *(in-person)* April Becker – Commissioner, Clark County *(in-person)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(via Teams)* Nancy Brune – Council Member, City of Las Vegas *(in-person)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Marilyn Kirkpatrick – Commissioner, Clark County *(in-person)* Monica Larson – Council Member, City of Henderson *(in-person)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(in-person)*
ABSENT:	N/A
ALSO PRESENT: (In Audience)	Toluwanimi Babarinde, Al Bingham, Christopher Boyd, John Gonzalez, Cameron Pfand, Samuel Scheller
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Elizabeth Adelman, Adriana Alvarez, Emily Anelli, Maria Azzarelli, Tanja Baldwin, Tawana Bellamy, Haley Blake, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Nicole Charlton, Arcmiguel Cordial, Andria Cordovez Mulet, Susie Crutchfield, Cherie Custodio, Gerard Custodio, Aaron DelCotto, Brandon Delise, Jason Frame, Kimberly Franich, Cheri Gould, Xavier Gonzales, Jacques Graham, Heather Hanoff, Valerie Herzog, Raychel Holbert, Rich Hosey, Carmen Hua, Dan Isler, Jessica Johnson, Matthew Kappel, Mikki Knowles, Dann Limuel Lat, Josie Llorico, Cassondra Major, Anil Mangla, Jonas Maratita, Blanca Martinez, Marco Mendez, Kimberly Monahan, Deborah Moran, Corey Morrison, Marites Navarro, Semilla Neal, Todd Nicolson, Veralynn Orewyler, Vanessa Ortiz-Rivera, Kyle Parkson, Katarina Pulver, Emma Rodriguez, Larry Rogers, Alexis Romero, Kim Saner, Aivelhyn Santos, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Angel Stachnik, Ronique Tatum-Penegar, Will Thompson, Rebecca Topol, Gred Tordjman, Jorge Viote, Anna Voeva, Donnie Whitaker, Tiana Wright, Edward Wynder, Merylyn Yegon, Ying Zhang

DRAFT

I. CALL TO ORDER and ROLL CALL

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

Member Nielson joined the meeting at 9:04 a.m.
Member Brune joined the meeting at 9:04 a.m.
Member Summers-Armstrong joined the meeting at 9:05 a.m.

III. OATH OF OFFICE

Ms. Cordovez Mulet administered the Officers' Oath of Office to Chair Black, Vice-Chair Nemec, and Secretary Hardy; and the Members' Oath of Office to Member Larson and Member Summers-Armstrong.

IV. RECOGNITIONS

1. In Memory of Douglas Dobyne

The Chair recognized the passing of Doug Dobyne, earlier this year, who was a former Board member from 2012 to 2018. Mr. Dobyne was an at-large member and served as the Vice-Chair of the Board for the 2017-2018 term. Mr. Dobyne was passionate about public health and left a generous donation to the Health District to support STD education and prevention. The Board wanted to recognize Mr. Dobyne for his donation and contributions to the Health District.

2. Victoria Burris and Angel Stachnik

- Co-authored the published article "*Individual- and Neighborhood- Level Predictors of HIV Care Continuum Progression: Clark County, Nevada*" in Open Forum Infectious Diseases of the Oxford University Press on behalf of Infectious Diseases Society of America

The Chair recognized Victoria Burris and Angel Stachnik for co-authoring the published article "*Individual- and Neighborhood- Level Predictors of HIV Care Continuum Progression: Clark County, Nevada*" in the Open Forum for Infectious Diseases of the Oxford University Press on behalf of the Infectious Diseases Society of America. This article investigated the HIV epidemic in Clark County, Nevada, to identify local predictors of progression along the HIV care continuum. The article highlighted the need for linking and engaging individuals in higher-poverty neighborhoods to medical providers and supports the need for targeted interventions in those same neighborhoods to increase viral suppression rates. On behalf of the Southern Nevada Health District and the Board of Health, the Chair congratulated staff on this publication.

DRAFT

3. **Southern Nevada Health District – August Employees of the Month**
   - Marites Navarro and Vanessa Ortiz-Rivera

   The Chair recognized the August Employees of the Month; Marites Navarro, Community Health Nurse in the Southern Nevada Community Health Center, and Vanessa Ortiz-Rivera, Senior Environmental Health Specialist. 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 Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

V. **FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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.

VI. **ADOPTION OF THE AUGUST 28, 2025 MEETING AGENDA** *(for possible action)*

A motion was made by Secretary Hardy, seconded by Member Brune, and carried unanimously to approve the August 28, 2025 Agenda, as amended.

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 24, 2025 *(for possible action)*

2. **PETITION #01-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Division of Public and Behavioral Health Public Health Infrastructure and Improvement for the provision of state public health funding to support foundational public health services**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #02-26: Approval of the Revisions to the Definition of Exempt Employee in the SNHD Employee Handbook**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #03-26: Approval of the Revision to Bereavement Leave in the SNHD Employee Handbook**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Secretary Hardy, seconded by Member Kirkpatrick, and carried unanimously to approve the August 28, 2025 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 #01-26: Review and Approve the Environmental Health Business Impact Statement (BIS) for the Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations and Proposed ISDS Operating Permit Fee**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dan Burns, Environmental Health Manager, and Daniel Isler, Environmental Health Engineer Supervisor, presented the Business Impact Statement on the proposed updates to the Individual Sewage Disposal System (ISDS) and Liquid Waste Management (LWM) Regulations, and a new five-year Operating Permit Fee.

   Mr. Isler explained that the last major update to ISDS and liquid waste regulations was in 2009, and the new proposal incorporates updated best practices, federal and state requirements, and administrative options for scenarios like undersized parcels. Mr. Isler proceeded to highlight the major proposed changes.

   Mr. Burns outlined the business impact survey process and results; the majority did not anticipate significant economic burden. Mr. Burns further outlined that the proposed five-year Operating Permit Fee, $226 per five-year permit cycle, was benchmarked against regional rates, found to be either lower or comparable. Further to an inquiry from Member Nielson, Mr. Burns confirmed that the proposed fee, if approved, would be incorporated into the Environmental Health Fee Schedule and include CPI increases.

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

   A motion was made by Member Kirkpatrick, seconded by Member Bond, and carried unanimously to approve the Business Impact Statement on the Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations and Proposed ISDS Operating Permit Fee, as presented.

IX. REPORT / DISCUSSION / ACTION

1. **PETITION #04-26: Approval of Board of Health delegation of authority to the District Health Officer or his designee for contracts in the amount up to $100,000**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Heather Anderson-Fintak, General Counsel, presented a proposal to increase the delegation of authority to the District Health Officer, or his designee, for contract approvals from $50,000 to $100,000. Ms. Anderson-Fintak advised that the $50,000 threshold had been in place since

at least 2008. The increase by other local agencies to $100,000 prompted an administrative review of the Health District's current practice. Ms. Anderson-Fintak advised that the Health District has a very robust contract and procurement process that complies with state law, 2 CFR 200, and 45 CFR 75, depending on grant requirements.

Further to a comment from Member Summers-Armstrong, Ms. Anderson-Fintak confirmed that all contracts over $50,000 were reviewed and signed by herself or the Associate General Counsel.

Further to discussion, the Board requested that the Finance Committee discuss the need for ongoing oversight, suggesting quarterly reports on contracts between $50,000 and $100,000. It was agreed that at their next meeting the Finance Committee would establish criteria, and provide guidance to staff on establishing reports.

A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to approve the delegation of authority to the District Health Officer, or designee, to approve contracts up to $100,000 without requiring the approval of the Southern Nevada District Board of Health.

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

Member Kirkpatrick raised the issue of short-term rentals and requested a future presentation on the potential role of the Health District in implementing inspections for short-term rentals, including any cost-recovery fees.

In addition, Member Summers-Armstrong requested the future presentation to address inspection practices and habitability standards for apartment complexes, considering increased concerns about mold.

Vice-Chair Nemec left the meeting at 9:49 a.m.

Further, the Board discussed the current lack of legislative authority to address mold in apartments and requested that the Health District explore available legal options or possible new legislation.

Vice-Chair Nemec returned to the meeting at 9:51 a.m.

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

- DHO Comments

In addition to the written report, Dr. Lockett thanked the Governor for the $10.7M State Public Health Fund, which is a line item in the state budget. Dr. Lockett reported that the $10.7M, which would be spread out over a couple of years, would support a new agreed-upon responsibility in collaboration with the State Department of Public and Behavioral Health for investigating and reducing multidrug-resistant organisms in healthcare facilities. The State

Public Health Fund would also support the Health District in disease surveillance, laboratory capacity, and data analysis.

Dr. Lockett advised that on August 7th there was a single measles detection in wastewater, with no confirmed cases and follow-up testing was negative. With the start of the new school year, Dr. Lockett outlined the Health District's procedures to respond to any school-based cases. Dr. Lockett reiterated that measles is a highly contagious disease and advised that the Health District continues to urge vaccinations.

Dr. Lockett advised that on July 29th the Health District detected the first West Nile Virus positive mosquito pool and issued a reminder of the Fight the Bite campaign, by eliminating standing water and protecting against mosquito bites. Dr. Lockett noted that the human cases of West Nile Vile have fluctuated over the years.

- Update on Mosquito Surveillance and West Nile Virus

Vivek Raman, Environmental Health Supervisor, presented an update on mosquito surveillance and West Nile Virus. Mr. Raman detailed the fluctuating levels of West Nile virus in Clark County, the robust mosquito surveillance program, and the ongoing spread of *Aedes aegypti* mosquitoes, with public education emphasized.

Member Larson left the meeting at 10:03 a.m.

Further to an inquiry from Vice-Chair Nemec, Dr. Lockett described mechanisms for communicating emerging health threats to clinicians, including targeted health alerts and multi-source surveillance reports, to ensure timely response to new risks.

Member Larson returned to the meeting at 10:05 a.m.

The Board further discussed the lack of coordinated regional mosquito abatement, recent pilot efforts in North Las Vegas and Wetlands Park, and the need to expand and pre-plan abatement activities for future seasons.

XII. INFORMATIONAL ITEMS

1. Letter from the City of Henderson reappointing Councilwoman Monica Larson 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, 2025 – June 30, 2027.

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. Public Health & Preventive Care Division Monthly Activity Report

DRAFT

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.

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

XIV. ADJOURNMENT

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

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

DRAFT

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 25, 2025

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
DATE: September 25, 2025

RE: *Approval of Interlocal Service Agreement between the Southern Nevada Health District and the Las Vegas Metropolitan Police Department*

PETITION # 05-26

That the Southern Nevada District Board of Health *approves the Interlocal Service Agreement between the Southern Nevada Health District (SNHD) and the Las Vegas Metropolitan Police Department to collaborate on training and enhancement activities related to pre-arrest and pre-trial diversion for those with substance use disorder and those vulnerable to overdose.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Anil Mangla, MS, PhD, MPH, FRIPH, *Director of Disease Surveillance and Control*
Victoria Burris, MPH, *Communicable Disease Manager*

DISCUSSION:

This is an agreement to support and collaborate with the Las Vegas Metropolitan Police Department's Law Community Engagement/HOT (CEP) Program to expand their training programs through internal capacity building.

FUNDING:

This agreement will provide additional funding to the Las Vegas Metropolitan Police Department for their collaboration in post overdose response and diversion efforts funded through an award from the Department of Justice, Office of Justice Programs, Bureau of Justice Assistance 15PBJA-23-GG-02351-COAP, under year 3 activities.

AMENDMENT A03
TO
INTERLOCAL AGREEMENT FOR PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
C2400113

THIS AMENDMENT A03 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services C2400113 ("Agreement"), Effective Date May 14, 2024, and as amended on October 1, 2024 and January 28, 2025, by and between the Southern Nevada Health District ("Health District") and Las Vegas Metropolitan Police Department ("LVMPD") (individually "Party" and collectively "Parties").

WHEREAS, the Parties mutually desire to extend the term and add funding to the Agreement.

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

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

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

      ATTACHMENT A-A03: SCOPE OF WORK
      ATTACHMENT B-A03: PAYMENT
      ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

2) The total not-to-exceed amount of the Agreement is increased by $53,011, from $96,989 to $150,000. Section 3, Compensation, is hereby deleted in its entirety and replaced with the following:

   3. COMPENSATION. LVMPD shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A-A03. LVMPD will be reimbursed for expenses incurred as provided in Attachment B-A03: Payment. The total not-to-exceed amount of this Agreement is $150,000, all of which is funded by the Grant described on the first page of this Agreement; this accounts for 100% of the total funding for the term of the Agreement.

3) Attachment A-A02, Scope of Work, is hereby deleted in its entirety and replaced with Attachment A-A03, which is attached hereto and expressly incorporated by reference

herein.

4) Attachment B-A02, Payment, is hereby deleted in its entirety and replaced with Attachment B-A03, which is attached hereto and expressly incorporated by reference herein.

This Amendment A03 is effective as of October 1, 2025.

Except as expressly provided in this Amendment A03, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A03 to Agreement C2400113.

SOUTHERN NEVADA HEALTH DISTRICT

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

Date:_____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

By:_____
Kevin McMahill
Sheriff
LVMPD UEI: DCJLHJL4WQ94

Date:_____

APPROVED AS TO FORM:

This document is approved as to form.
Signatures to be affected after approval by
Southern Nevada District Board of Health.

By: _____
Edward Wynder, Esq.
Associate General Counsel
Southern Nevada Health District

ATTACHMENT A-A03
Scope of Work

A. Description of Services, Scope of Work and Deliverables, Performance Period October 1, 2025 through September 30, 2026.

A.1 LVMPD will assist Health District with the following activities:

Objective	Activities	Outputs	Due Date	Evaluation
Goal 1: Receive training and education as well as learn best trends and practices from other agencies regarding prescription drugs, opioids, and other illicit drugs.				
1.1. CIT International Conference; Orlando, FL (August 2026)	1.1.1. Officers assigned to the Community Engagement Bureau will attend training and discuss ideas with other policing agencies who have a law enforcement drug diversion program. Members of the Las Vegas Metropolitan Police Department will learn about the deterrence, handling of citizens with drug dependance, achievements and practices to better cultivate LVMPD's program.	The quantity of LVMPD officers who attended the training will be reported.	October 2026	Quarterly report - copy of course agenda
1.2. RX and Illicit Drug Summit Conference; Nashville, TN (April 2026)	1.2.1. Law enforcement members from the Community Engagement Bureau will attend informative events while joining annual stakeholder assemblies to confer about successful practices in diversion, prevention, and treatment.	The number of CEB officers who attended the training will be reported.	July 2026	Quarterly report - copy of course agenda

Objective	Activities	Outputs	Due Date	Evaluation
Goal 1 Cont.: Receive training and education as well as learn best trends and practices from other agencies regarding prescription drugs, opioids, and other illicit drugs.				
1.3. RISE conference; Nashville, TN (July 2026)	1.3.1. Officers working with the Law Enforcement Intervention for Mental Health and Addiction Program will attend a conference to participate in training and educational classes to learn and converse about successful diversion, prevention, and treatment programs.	The number of LVMPD law enforcement training attendees will be reported.	October 2026	Quarterly report - copy of course agenda

Objective	Activities	Outputs	Due Date	Evaluation
Goal 2: Continue training LVMPD officers about drug diversion resources.				
2.1. Employees assigned to the Community Engagement Bureau will educate officers about non-violent drug offenders.	2.1.1. Officers assigned to the CEB Behavioral Health Unit will visit all 10 area commands to present information about the diversion program during Patrol Briefing. Officers working in area commands are briefed prior to their shift starting and often receive educational information during that period. 2.2.1. Officers assigned to the LIMA squad will offer in-person training classes to be scheduled through the LVMPD Organizational Development Bureau, Advanced Training Section. Training material will also be available to LVMPD employees through the University of Metro Las Vegas, an electronic system where training outside of a classroom is provided and tracked. Information obtained from the CIT International, RX and Illicit Drug Summit and RISE conferences will be shared with attendees.	The number of officers trained per area command will be reported each quarter. The number of in-person classes as well as the total count of attendees will be reported.	Ongoing through the performance period.	Quarterly report of outcomes

Objective	Activities	Outputs	Due Date	Evaluation
Goal 3: Provide direct connection to resources to citizens in need of behavioral health support with a clinician from a partnering agency.				
3.1. Citizens experiencing non-violent behavioral health issues will be linked with a social worker or mental health specialist.	3.1.1. Law enforcement officers assigned to the Community Engagement Bureau will link citizens experiencing mental health events with a clinician from Clark County Social Services or the Eighth Judicial District Court.	The number of citizens assisted by clinicians will be reported each quarter.	Ongoing through the performance period	Quarterly report of outcomes

Goal 4: Utilize overtime funds to pay officers during non-work hours to participate in pre-planned, proactive site visits to provide diversion resources. Overtime funds may also be used to train LVMPD officers during hours outside of the workday.				
4.1. Officers assigned to the Community Engagement Bureau will respond during non-work hours to assist those in need of immediate diversion.	4.1.1. The Crisis Intervention Team (CIT) and officers from the Law Enforcement Intervention for Mental Health and Addiction Program will review cases of citizens eligible to participate in the diversion program to lessen the backlog of residents who need behavioral health support. Officers will learn background information to determine if a clinician is required and to ensure the best resources are offered to clients during the home visit. 4.1.2 Crisis Intervention Team members and LIMA officers will complete site visits at residences or in- and out-patient facilities when a citizen needs behavioral health assistance from a clinician. If the social service provider is unable to respond in-person, the officer will provide resource guides to provide information to help the citizen find housing, behavioral health services, and other forms of	The number of and types of case reviews will be reported each quarter. The number of call outs will be reported each quarter.	Quarterly	Quarterly report of outcomes

	assistance.			

Objective	Activities	Outputs	Due Date	Evaluation
Goal 4 Cont.: Utilize overtime funds to pay officers during non-work hours to participate in pre-planned, proactive site visits to provide diversion resources. Overtime funds may also be used to train LVMPD officers during hours outside of the workday.				
4.2. Overtime will be used to pay LIMA officers when training sessions are requested outside of work hours.	4.2.1. Officers assigned to the Community Engagement Bureau will provide in-person training classes during normal work hours as well as during non-work hours to provide training to various shifts of officers. Visits will also be made to area commands during normal work hours, but some overtime will be used to make it possible to visit the patrol briefing during various work shifts at the 10 different area commands.	The number of employees who receive training will be reported each quarter.	Quarterly	Quarterly report of outcomes

B. Description of Services, Scope of Work and Deliverables, Performance Period January 29, 2024 through September 30, 2025.

B.1 LVMPD will assist Health District with the following activities:

Objective	Activities	Output	Due Date	Evaluation
1. Goal 1: Receive training and education as well as learn best trends and practices from other agencies regarding prescription drugs, opioids, and other illicit drugs.				

1.1. CIT International Conference: Detroit, Michigan (August 2024) Anaheim, California (August 2025)	1.1.1 LVMPD Community Engagement/HOT Program ("CEP") officers will attend training and exchange ideas with other policing agencies who have a law enforcement drug diversion program. LVMPD members will learn about the deterrence, handling of citizens with drug dependence, triumphs and practices to better grow LVMPD's program.	The number of officers who attended the training will be reported upon completion of the conference.	October 2024 October 2025	Quarterly report – Copy of course agenda
1.2. RX and Illicit Drug Summit conference; Atlanta, Georgia (April 2024) Nashville, Tennessee (April 2025)	1.2.1. LVMPD's officers will attend educational events to be shared while joining annual stakeholder gatherings to discuss what is working in diversion, prevention, and treatment.	The number of officers who attended the training will be reported each quarter	July 2024 July 2025	Quarterly report – Copy of course agenda
1.3. RISE conference; Houston, Texas (June 2024) Kissimmee, Florida (May 2025)	1.3.1. LVMPD's CEP Law Enforcement Intervention for Mental Health and Addiction program ("LIMA") officers will attend training and educational classes to learn about and discuss what is working in diversion, prevention, and treatment.	The number of officers who attended the training will be reported each quarter.	July 2024 July 2025	Quarterly report – Copy of course agenda

Objective	**Activities**	**Outputs**	**Due Date**	**Evaluation**
2. Goal 2: Continue training other officers about drug diversion resources throughout the LVMPD.				

2.1. LVMPD's CEP employees will continue to train officers about non-violent drug offenders.	2.1.1. LVMPD's CEP Unit will continue to train officers throughout the LVMPD. Visits will be made to each patrol briefing occurring at each area command. 2.2.1. In-person training classes will be available to be scheduled through the LVMPD Organizational Development Bureau Advanced Training Section as well as training material will be made accessible in University of Metro Las Vegas. Information obtained from the CIT International, RX and Illicit Drug Summit and RISE conferences will be shared with attendees.	The number of officers trained per area command will be reported each quarter.	Ongoing through the performance period.	Quarterly report of outcomes

Objective	**Activities**	**Outputs**	**Due Date**	**Evaluation**
3. Goal 3: Provide direct connection to resources to citizens in need of behavioral health support with a clinician from a partnering agency.				
3.1. LVMPD's Office of Community Engagement officers will connect citizens in need of behavioral health services with a clinician from Clark County Social Services or the Eighth Judicial District Court	3.2.1. When linking a citizen with a behavioral health clinician, the LVMPD's CEP will track and report the type of call the officer responded to resulting in the need for diversion services.	The number of citizens assisted by clinicians will be reported each quarter.	Ongoing through the performance period	Quarterly report of outcomes

Objective	**Activities**	**Outputs**	**Due Date**	**Evaluation**
4. Goal 4: Utilize overtime funds to pay officers during non-work to participate in pre-planned, proactive site visits to provide diversion resources. Overtime funds may also be used to train LVMPD officers during non-work hours.				

4.1. Overtime will aid CEP to respond during non-work hours to assist those in need of immediate diversion.	4.1.1. CEP, LIMA, and Crisis Intervention Team ("CIT") officers will complete case reviews to lessen the backlog of citizens who need behavioral health support. The case reviews will prepare the officer with background information to determine if a clinician is required and to ensure the best resources are offered during the home visit. 4.1.2 LIMA and CIT officers assigned to CEP will deploy to complete site visits at the citizens home or in/out- patient facility who need behavioral health assistance by connecting the person in need with a collaborating clinician. If the social service provider is unable to respond in-person, the officer will provide resource guides to provide information where the citizen may find housing, mental health, and a myriad of other assistance.	The number of and type of case reviews will be reported each quarter. The number of call outs will be reported each quarter.	Quarterly	Quarterly report of outcomes
4.2. Overtime will be used to pay LVMPD's CEP officers when training sessions are requested outside of work hours.	4.2.1. Officers assigned to CEP will provide in-person training classes during normal work hours as well as during non- work hours to provide training to various shifts of officers Visits will also be made to area commands during normal work hours, but some overtime will be used to make it possible to visit the patrol briefing during various work shifts at LVMPD's ten (10) different area commands.	The number of employees who receive training will be reported each quarter.	Quarterly	Quarterly report of outcomes

B.2 LVMPD will:

(a) Submit programmatic reports on time, and as directed by Health District project staff. All programmatic and financial reports will be reviewed by Health District project staff to ensure LVMPD is on track with project deliverables.

(b) Work closely with Health District project staff to ensure proper close-out of Grant related obligations.

ATTACHMENT B-A03
PAYMENT

A. Payment to LVMPD during Budget Period October 1, 2025 through September 30, 2026 are not-to-exceed **$53,011**. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period October 1, 2025 through September 30, 2026						
CATEGORY: PERSONNEL	**Total Estimated Amount Budgeted:**					**$24,748**
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
Position	Annual Salary	Fringe Rate	% of Time	Months	Percent of Months worked Annual	Amount Requested
Overtime - PO II (Training)	$16,429	0.000%	100.000%	12	100.00%	$16,429
Overtime - PO Sgt (Training)	$8,319	0.000%	100.000%	12	100.00%	$8,319

Justification:
Personnel
Year three - $53,011 is requested to continue the LVMPD Law Enforcement Intervention for Mental Health and Addiction (LIMA) program to aid non-violent drug offenders and those community members in need of behavioral health services.

The year three grant funds totaling $53,011 will empower members from the Community Engagement Bureau to expand the Law Enforcement Intervention for Mental Health and Addiction program focusing on non-violent offenders with opioid and mental health issues. The concentration of LVMPD's LIMA program focuses on diversion for non-violent offenders in need of behavioral health assistance and connection with a collaborating mental health clinician. The LIMA team may meet with the individual in need of support at his/her home or an in- or out-patient facility.

The grant funds will afford the Community Engagement Bureau law enforcement officers the opportunity to a) increase the number of diversion visits that are made; b) provide continuing LIMA program training to LVMPD officers; and c) send LIMA employees for annual

training to learn about novel diversion trends and solutions to support non-violent offenders who experience opioid and behavioral health problems.						
CATEGORY: TRAVEL	**Total Estimated Amount Budgeted:**					**$20,328**
LVMPD will utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless LVMPD's policies specify lower rates for these expenses.						
Out-of-State Travel						**$20,328**
CIT International Conference (Orlando, FL) – August 2026	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$1,120	1		3	$3,360	
Baggage fee: $ amount per person x # of trips x # of staff	$35	2		3	$210	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$80	1	4.5	3	$1,080	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$140	1	4	3	$1,680	
Ground Transportation: $ per r/trip x # of trips x # of staff	$50	2	1	3	$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$18	1	4	3	$216	

						$6,846
RX and Illicit Drug Summit (Nashville, TN) – April 2026	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$750	1		3	$2,250	
Baggage fee: $ amount per person x # of trips x # of staff	$35	2		3	$210	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$86	1	4.5	3	$1,161	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$217	1	4	3	$2,604	
Ground Transportation: $ per r/trip x # of trips x # of staff	$50	1	2	3	$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$18	1	4	3	$216	
						$6,741
RISE (Nashville, TN)- July 2026	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$750	1		3	$2,250	
Baggage fee: $ amount per person x # of trips x # of staff	$35	2		3	$210	

Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$86	1	4.5	3	$1,161	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$217	1	4	3	$2,604	
Ground Transportation: $ per r/trip x # of trips x # of staff	$50	1	2	3	$300	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$18	1	4	3	$216	
						$6,741
Justification: LVMPD requests up to $20,328 in travel reimbursements to send up to three (3) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.						
CATEGORY: TRAINING	**Total Estimated Amount Budgeted:**					**$7,935**
CIT International Conference Registration (CIT Intl. Members) (Orlando, FL) – August 2026			$1,650			
CIT International Conference Coordinator's Certification Course Registration (Orlando, FL) – August 2026			$1,575			
CIT Annual Membership			$75			
RX and Illicit Drug Summit Conference Registration (Nashville, TN) – April 2026			$1,800			

RISE Conference Registration (Houston, TX – June 2026)			$2,835			
LVMPD's requests $7,935 to pay for conference fees associated with the above meetings which are also referenced under Category: Travel.						
TOTAL DIRECT CHARGES						**$53,011**
CATEGORY: INDIRECT CHARGES	**Indirect Methodology**: 0% indirect is charged					**$0**
Budget Period October 1, 2025 through September 30, 2026, Total Not-to-Exceed Amount:						**$53,011**

A.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.

(a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.

A.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period October 1, 2025 through September 30, 2026 as shown above.

A.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not bill more frequently than monthly for the term of the Agreement. Except as specified below in Subsection A.4, Requests for Reimbursement ("RFR(s)") for each monthly period shall be submitted by LVMPD to AP@snhd.org no later than the 15th day of the following month, referencing Contract Number C2400113. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement.

A.4 LVMPD acknowledges that the end of Health District's fiscal year is June 30 of any given year. In observance of the close of Health District's fiscal year, LVMPD acknowledges its RFR for month ending June 30 must include all reimbursable expenses incurred to-date but not previously billed; and must be submitted to Health District no later than July 7. Failure to remit this RFR inclusive of all previously unbilled reimbursable expenses within the applicable Budget Period by July 7 may result in a delay in payment and/or in an adjustment to the amount deemed eligible for reimbursement.

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

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

(c) Invoices are subject to approval by Health District project and fiscal staff.

(d) LVMPD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require that LVMPD return some or all payments made with Grant funds to Health District.

(e) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.5 Health District will not be liable for interest charges on late payments.

A.6 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

B. Payments to LVMPD during Budget Period October 1, 2024 through September 30, 2025 are not-to-exceed **$71,018**. The total not-to-exceed amount for this budget period consists of $18,008 carried over from Budget Period January 29, 2024 through September 30, 2025 as described in the below Section B, in addition to $53,010 in new funding. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period October 1, 2024 through September 30, 2025						
CATEGORY: PERSONNEL			**Total Estimated Amount Budgeted:**			**$38,126**
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
Position	Annual Salary	Fringe Rate	% of Time	Months	Percent of Months worked Annual	Amount Requested

Overtime - PO II (Training)	$24,354	0.000%	100.000%	12	100.00%	$24,354
Overtime - PO Sgt (Training)	$13,772	0.000%	100.000%	12	100.00%	$13,772

Justification:

Personnel

When a request is submitted for diversion, the Office of Community Engagement will position officers to complete site visits in partnership with clinicians from the Eighth Judicial District Court and Clark County Social Services at the person's home, in-patient/out-patient location and occasionally the Clark County Detention Center. In year two, LVMPD is requesting $38,126 comprised of $7,800 rolled over from year one extension funds, $1,985 of unspent year one travel funds moved to the Personnel category and the requested year two amount totaling $28,341 to pay for overtime costs for a 12-month period. During overtime hours, CEB officers will proactively complete 5-7 case file reviews per shift. During the same shift or a subsequent work period, and contingent on the period it takes to finish the case assessments, officers may visit with 5-7 citizens in need of cooperative mental health and instant diversion. Officers will work approximately eight hours during an overtime shift.

Training will be completed during regular work hours, but there will be times when instructors will need to work outside of those hours and requested grant funds will be used to pay overtime. CEB officers will educate patrol officers in 10 different area commands regarding the Law Enforcement Intervention for Mental Health and Addiction team and diversion options. Area commands, located in specific locations in Clark County, are home to police officers and police supervisors, who join patrol briefings prior to respective shifts, so one to two CEB officers will be present at briefings and train clusters of officers on the opioid trends and benefits of diverting drug offenders.

CATEGORY: TRAVEL					**Total Estimated Amount Budgeted:**	**$23,512**
LVMPD will utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless LVMPD's policies specify lower rates for these expenses.						
Out-of-State Travel						**$23,512**
CIT International Conference (Anaheim, CA)	Cost	# of Trips	# of days	# of Staff		

Airfare: cost per trip (origin & designation) x # of trips x # of staff	$600	1		4	$2,400	
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$86	1	4.5	4	$1,548	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$191	1	4	4	3,056	
Ground Transportation: $ per r/trip x # of trips x # of staff	$50	1	2	4	$400	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$16	1	4	4	$256	
						$7,660
RX and Illicit Drug Summit (Nashville, TN)	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$600	1		4	$4,000	
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$86	1	4.5	4	$1,548	

Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$217	1	4	4	$3,472	
Ground Transportation: $ per r/trip x # of trips x # of staff	$50	1	4	4	$400	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$16	1	4	4	$256	
						$9,676
RISE (Kissimmee, FL)	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$1,030	1		4	$4,120	
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$68	1	4.5	4	$1,224	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$11	1	4	4	$176	
Ground Transportation: $ per r/trip x # of trips x # of staff	$50	1	2	4	$176.00	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0	

Parking: $ per day x # of trips x # of days x # of staff	$16	1	4	4	$256	
						$6,176
Justification: LVMPD requests up to $23,512 in travel reimbursements to send up to four (4) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.						
CATEGORY: TRAINING				**Total Estimated Amount Budgeted:**		**$9,380**
CIT International Conference Registration (CIT Intl. Members) (Detroit, MI)			$1,700			
CIT International CIT Coordinator's Certification Course Registration (Detroit, MI)			$1,500			
CIT Annual Membership			$100			
RX and Illicit Drug Summit Conference Registration (Atlanta, GA)			$2,500			
RISE Conference Registration (Houston, TX)			$3,850			
LVMPD's Community Engagement Bureau requests $9,380 comprised of $2,287 rolled over from year one extension funds and the requested year two amount totaling $7,035 to pay for conference fees associated with the above meetings which are also referenced under Category: Travel. Additionally, $58 of year one unspent travel funds are moved to year two, Category: Training.						
TOTAL DIRECT CHARGES						**$71,018**
CATEGORY: INDIRECT CHARGES	**Indirect Methodology**: 0% indirect is charged					**$0**
Budget Period October 1, 2024 through September 30, 2025, Total Not-to-Exceed Amount:						**$71,018**

B.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.

(a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.

B.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period October 1, 2024 through September 30, 2025 as shown above.

B.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not bill more frequently than monthly for the term of the Agreement. Except as specified below in Subsection A.4, Requests for Reimbursement ("RFR(s)") for each monthly period shall be submitted by LVMPD to AP@snhd.org no later than the 15th day of the following month, referencing Contract Number C2400113. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement.

B.4 LVMPD acknowledges that the end of Health District's fiscal year is June 30 of any given year. In observance of the close of Health District's fiscal year, LVMPD acknowledges its RFR for month ending June 30 must include all reimbursable expenses incurred to-date but not previously billed; and must be submitted to Health District no later than July 7. Failure to remit this RFR inclusive of all previously unbilled reimbursable expenses within the applicable Budget Period by July 7 may result in a delay in payment and/or in an adjustment to the amount deemed eligible for reimbursement.

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

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

(c) Invoices are subject to approval by Health District project and fiscal staff.

(d) LVMPD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require

that LVMPD return some or all payments made with Grant funds to Health District.

(e) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

B.5 Health District will not be liable for interest charges on late payments.

B.6 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

C. The not-to-exceed amount eligible for payment to be made to LVMPD during Budget Period January 29, 2024 through September 30, 2024 is hereby reduced by $18,008; from $43,979 to **$25,971**. The reduction of $18,008 from Budget Period January 29, 2024 through September 30, 2024 is added to Budget Period October 1, 2024 through September 30, 2025 as carry-over funds as described in the above Section A. Categorized Total Estimated Amounts Budgeted eligible for reimbursement to LVMPD for work actually performed and billed are detailed below:

Budget Period January 29, 2024 through September 30, 2024						
CATEGORY: PERSONNEL				**Total Estimated Amount Budgeted:**		**$10,261**
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.						
Position	Annual Salary	Fringe Rate	% of Time	Months	Percent of Months worked Annual	Amount Requested
Overtime - PO II (Training)	$8,389.92	0.000%	100.000%	12	100.00%	$8,390
Overtime - PO Sgt (Training)	$1,870.54	0.000%	100.000%	12	100.00%	$1,871
Justification: Personnel LVMPD requests $10,261 to pay for overtime costs. The funds will cover an approximate 12-month period. During non-work hours,						

LVMPD's Community Engagement/HOT Program ("CEP") Behavioral Health Unit officers will proactively complete 5-7 case file reviews per shift. Depending on the time it takes to complete the case reviews, officers may respond to the residence of 5-7 citizens who requiring interactive mental health and immediate diversion assistance during the same shift or during an ensuing work period. When a request is submitted for diversion, CEP will position officers to complete site visits in collaboration with clinicians from the Eighth Judicial District Court and Clark County Social Services at the citizen's home, in/out-patient facility and occasionally the Clark County Detention Center. Officers will work roughly eight hours during an overtime shift. During non-work hours, LVMPD officers will train patrol officers in 10 different area commands regarding the Law Enforcement Intervention for Mental Health and Addiction team and diversion options. Area commands, located in specific locations in Clark County, house police officers and police supervisors, who attend patrol briefings prior to each shift, so one to two CEP officers will attend briefings and train groups of officers on the opioid trends and benefits of diverting drug offenders. Most of the training will be completed during regular work hours, but there will be times when lessons will need to be provided outside of work hours and grant funds will be used to pay for training provided in overtime.

CATEGORY: TRAVEL					**Total Estimated Amount Budgeted:**	**$10,930**
LVMPD will utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (58.0 cents) as a guide unless LVMPD's policies specify lower rates for these expenses.						
Out-of-State Travel						**$10,930**
CIT International Conference (Detroit, MI)	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$574	1		3	$1,723	
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$51	1	4.5	3	$682	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$149	1	4	3	$1783	

Ground Transportation: $ per r/trip x # of trips x # of staff	$13	1	2	3	$80	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$16	1	4	3	$192	
						$4,268
RX and Illicit Drug Summit (Atlanta, GA)	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$498	1		1	$498	
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$52	1	4.0	1	$206	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	1	4	1	$0	
Ground Transportation: $ per r/trip x # of trips x # of staff	$59	1	1	1	$59	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$64	1	1	1	$64	
						$827

RISE (Houston, TX)	Cost	# of Trips	# of days	# of Staff		
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$528	1		4	$2,110	
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0	
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$52	1	4.0	4	$832	
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$214	1	3	4	$2,569	
Ground Transportation: $ per r/trip x # of trips x # of staff	$38	1	1	3	$114	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0	
Parking: $ per day x # of trips x # of days x # of staff	$18	1	3	4	$210	
						$5,835
Justification: LVMPD requests up to $10,930 in travel reimbursements to send up to three (3) officers to three (3) training conferences. The classes have speakers who specialize in mental health and diversion topics associated with the opioid epidemic.						
CATEGORY: TRAINING				**Total Estimated Amount Budgeted:**		**$4,780**
CIT International Conference Registration (CIT Intl. Members) (Detroit, MI)			$1,500			

CIT International CIT Coordinator's Certification Course Registration (Detroit, MI)			$400.00			
RISE Conference Registration (Houston, TX)			$2,880.00			
1. LVMPD will send three (3) CEP team members to attend the CIT International Conference in Detroit, Michigan, which provides the substance necessary to encourage community and local solutions to assist those with addictions and mental health issues 2. LVMPD will send one (1) CEP team member to the RX and Illicit Drug Summit conference, held in Atlanta, Georgia, which will provide current and relevant training to the Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends regarding the treatments working for those with addictions. 3. LVMPD will send four (4) CEP team members to the RISE conference, held in Houston, Texas, which will provide current and relevant training to LVMPD's Law Enforcement Intervention for Mental Health and Addiction team, specifically on new trends surrounding those with substance and mental health illnesses.						
TOTAL DIRECT CHARGES						**$25,971**
CATEGORY: INDIRECT CHARGES	**Indirect Methodology**: 0% indirect is charged					**$0**
Budget Period January 29, 2024 through September 30, 2024, Total Not-to-Exceed Amount:						**$25,971**

C.1 LVMPD must receive documented approval from Health District prior to redirecting any portion of a calculated Total Estimated Amount Budgeted from any one Category for use in another Category.

(a) A Health District approved redirection moving 10% or more between Categories will be mutually agreed upon in writing by the Parties through amendment of this Agreement pursuant to Subsection 1.05 of the Agreement.

C.2 Services provided by LVMPD outside of the Budget Period date range will not be eligible for payment. Under no circumstances will LVMPD be reimbursed for any amount in excess of the Total Not-to-Exceed Amount for Budget Period January 29, 2024 through September 30, 2024 as shown above.

C.3 Payments shall be based on Health District approved LVMPD invoices in accordance with this Agreement. LVMPD will not

bill more frequently than monthly for the term of the Agreement. Each invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties as identified in the Agreement, and will reference this Agreement number C2400113.

(a) LVMPD will bill Health District for reimbursement of services actually provided in a timely manner. Additionally, LVMPD will submit its final Request for Reimbursement to Health District for Budget Period January 31, 2024 through September 30, 2024 no later than October 21, 2024.

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

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

(d) Invoices are subject to approval by Health District project and fiscal staff.

(e) LVMPD is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties. Additionally, the Health District may terminate this Agreement for cause as described in Section 1 of the Agreement, and may withhold payment to LVMPD, and/or require that LVMPD return some or all payments made with Grant funds to Health District.

(f) Except as is specifically listed as unallowable activity in Attachment C, Subsection A.5, cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

C.4 Health District will not be liable for interest charges on late payments.

C.5 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held with disputed items.

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 25, 2025

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **September 25, 2025**

RE: *Approval of the Amendment to the Agreement between the Southern Nevada Health District and The Clark County School District*

PETITION #06-26

That the Southern Nevada District Board of Health *approve the Amendment to the Agreement between the Southern Nevada Health District and The Clark County School District for the allowance of Clark County School District nurses to assist the Health District during outbreak investigations.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Lourdes Yapjoco, MSN-PH,R, CCM, *Director of Public Health and Preventive Care* SP on behalf of LY.
Shannon Pickering, BSN, RN, *Community Health Nurse Manger* SP

DISCUSSION:

Clark County School District nurses will assist the Health District with communicable disease testing and/or administering vaccinations under the direction of the Health District through Just in Time Training Nevada or other applicable instruction. If recommended, District nurses may be provided Respirator Fit Testing by the Health District.

FUNDING:

Not applicable

ADDENDUM TO THE INTERLOCAL AGREEMENT BETWEEN THE CLARK COUNTY SCHOOL DISTRICT AND THE SOUTHERN NEVADA HEALTH DISTRICT

This Addendum is incorporated into and made part of "The Interlocal Agreement between the Clark County School District and The Southern Nevada Health District" ("Agreement"). The Clark County School District ("District") and the Southern Nevada Health District ("Health District") are each a political subdivision of the State of Nevada.

This Addendum shall allow District nurses to assist the Health District during outbreak investigations. District nurses will assist the Health District with communicable disease testing and/or administering vaccinations under the direction of the Health District through Just in Time Training Nevada or other applicable instruction. If recommended, District nurses may be provided Respirator Fit Testing by the Health District.

This Addendum shall commence upon approval and align with the terms of the Agreement.

Approved By:

CLARK COUNTY SCHOOL DISTRICT:

_____ _____

Jhone Ebert — Date
Superintendent of Schools

_____ _____

Irene Bustamante Adams — Date
President, Board of Trustees

_____ _____

Tameka Henry — Date
Clerk, Board of Trustees

Approved as to Form:

_____ _____

Jon Okazaki — Date
General Counsel CSousa
2025-121 082725 Approved.

SOUTHERN NEVADA HEALTH DISTRICT:

Cassius Lockett, PhD District Health Officer	Date

Approved as to Form:

This document is approved as to form.
Signatures to be affixed after
SNDBOH approval.

Heather Anderson-Fintak, Esq. General Counsel Southern Nevada Health District	Date

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 25, 2025

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **September 25, 2025**

RE: *Approval of the Amendment to the Interlocal Agreement between the Southern Nevada Health District and The City of North Las Vegas.*

PETITION #07-26

That the Southern Nevada District Board of Health *approves the Amendment to the Interlocal Agreement for acquisition and relocation of modular structures between the Southern Nevada Health District and The City of North Las Vegas.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Kim Saner, *Deputy District Health Officer - Administration*
Corey Morrison, *Interim Chief Facilities Officer*

DISCUSSION:

The City of North Las Vegas shall acquire the two modular structures from SNHD at no cost. This Amendment amends the move date of the smaller modular structure (Asset #2) to January 15, 2026. The larger modular structure (Asset #1) will be moved as initially agreed upon by October 31, 2025.

FUNDING:

There is no funding associated with this Amendment. The City of North Las Vegas shall be responsible for all costs associated with the disassembly, transportation and reassembly of both modular structures.

AMENDMENT ONE TO INTERLOCAL AGREEMENT FOR ACQUISITION AND RELOCATION OF MODULAR STRUCTURES

This Amendment One to Interlocal Agreement for Acquisition and Relocation of Modular Structures ("Amendment One"), is made and entered into as of the date of the last signature affixed hereto ("Effective Date") by and between the City of North Las Vegas, a Nevada Municipal corporation ("City") and the Southern Nevada Health District, a political subdivision of the State of Nevada (hereinafter referred to as ("SNHD") (each, a "Party" and collectively, the "Parties") for the purpose of the acquisition of surplus modular structures components and their relocation.

RECITALS

WHEREAS, on May 27, 2025, City and SNHD entered into an Interlocal Agreement for Acquisition and Relocation of Modular Structures ("Agreement"); and

WHEREAS, the Parties mutually desire to amend the removal date of Asset #2.

NOW, THEREFORE, pursuant to Section 5 of the Agreement, the Parties mutually agree to amend the Agreement as follows:

1. Subsection 1.2 of the Agreement is hereby deleted in its entirety and replaced with the following:

   1.2 The City shall ensure the removal of Asset #1 no later than October 31, 2025 and the removal of Asset #2 no later than January 15, 2026 from SNHD's property located at 280 South Decatur Boulevard Las Vegas, NV 89107.

2. This Amendment One may be executed in counterparts and all of such counterparts, taken together, shall be deemed part of one instrument.

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

[SIGNATURE PAGE TO FOLLOW]

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

City of North Las Vegas,
a Nevada municipal corporation

By: _____
Micaela Rustia-Moore, City Manager

Date:_____

ATTEST:

By:_____
Jackie Rodgers, City Clerk

Approved as to Form:

By:_____
Andy Moore, City Attorney

Southern Nevada Health District,
a public agency with jurisdiction over all public health matters in Clark County, Nevada

By: _____
Cassius Lockett, PhD
District Health Officer

Date:_____

Approved as to Form:

This document is approved as to form. Signatures to be affixed after approval by Southern Nevada District Board of Health.

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

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 25, 2025

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **September 25, 2025**

RE: *Approval of the amended contract between the Southern Nevada Health District and Argentum Partners*

PETITION #08-26

That the Southern Nevada District Board of Health *approves the contract between Southern Nevada Health District and Argentum Partners for government affairs consulting services.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Kim Saner, JD, *Deputy District Health Officer - Administration*
Jennifer Sizemore, *Chief Communications Officer*

DISCUSSION:

Argentum Partners was re-selected to continue representing the Health District after a request for proposals was issued in 2023 and a review of qualified firms was completed. Argentum has represented the agency since May 1, 2016. The government affairs consulting services provided by Argentum ensure that the Health District has experienced representation before governmental entities and maintains an effective, onsite presence during legislative sessions.

FUNDING:

This agreement provides $7,500 per month for 24 months. Contract will be paid with General Funds.

AMENDMENT A02 TO
PROFESSIONAL SERVICES AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
ARGENTUM PARTNERS
C2200039

THIS AMENDMENT A02 IS MADE WITH REFERENCE TO PROFESSIONAL SERVICES AGREEMENT ("Agreement"), Effective Date October 1, 2021, and as amended on October 1, 2023, by and between the Southern Nevada Health District ("Health District") and Argentum Partners ("Contractor") (may be individually referred to as "Party" and collectively, referred to as "Parties").

WHEREAS, the Parties mutually desire to extend the term of the Agreement, to update terms and conditions, and to further clarify Contractor obligations;

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

1) The first paragraph of Section 1, Term, Termination, and Amendment, is hereby amended to extend the end date of the Agreement through September 30, 2027.

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

2. INCORPORATED DOCUMENTS. The services to be performed and the consideration therefore shall be specifically described in the attachments to this Agreement, which are incorporated into and are specifically a part of this Agreement, as follows:

ATTACHMENT A-A02: SCOPE OF WORK
ATTACHMENT B-A02: PAYMENT

3) Subsection 4.01 of the Agreement is increased by $180,000, from $336,000 to $516,000. Section 4.01 is hereby deleted in its entirety and replaced with the following:

4.01 Health District agrees to pay Contractor the total amount of $516,000 plus reasonable preapproved costs, for Lobbying Services actually performed and completed pursuant to this Agreement, which amount shall be accepted by Contractor as full compensation for all such services. Contractor will be paid for services provided at the rate set forth in Attachment B-A02, Payment.

4) Subsection 14.16, Code of Conduct, is hereby deleted in its entirety and replaced with the following:

14.16 CODE OF CONDUCT. By executing the Agreement, 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/code-of-conduct.pdf

5) Attachment A-A01, Scope of Work, is hereby deleted in its entirety and replaced with Attachment A-A02, which is attached hereto and is expressly incorporated by reference herein.

6) Attachment B-A01, Payment, is hereby deleted in its entirety and replaced with Attachment B-A02, which is attached hereto and is expressly incorporated by reference herein.

This Amendment A02 is effective as October 1, 2025.

Except as expressly provided in this Amendment A02, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A02 to Agreement C2200039.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer

Date: _____

ARGENTUM PARTNERS

By:_____
John P. Sande, IV
Managing Partner

Date: _____

APPROVED AS TO FORM:

This document is approved as to form.
Signatures to be affixed after approval by
Southern Nevada District Board of Health.

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

ATTACHMENT A-A02
SCOPE OF WORK

Period of Performance October 1, 2025 through September 30, 2027

A. Contractor will assist Health District in developing and pursuing its legislative priorities. Assistance will include preparing information for legislators, drafting legislation and amendments, preparing and presenting testimony, and preparing applicable reports and updates. Contractor will report directly to the Chief Communications Officer or her designee.

Contractor shall also provide the following services:

A.1 Assist the Health District in preparing for the 2027 Legislative Session.

A.2 Represent the Health District's interests in interim study or legislative standing committees before which public health matters are raised and report on key developments related to Health District concerns.

A.3 Provide coverage, lobbying, and representation of the Health District on legislative, regulatory, or political issues occurring during interim legislative sessions.

A.4 Inform the Health District in person or by audio or video conferencing as necessary of political, legislative, or regulatory developments and provide strategic advice to assist the Health District in developing and implementing appropriate strategies.

A.5 Actively communicate with and provide real-time updates to the Health District during the legislative session on information gathered from meetings, hearings and/or discussions of relevance to priority legislation that will impact the Health District's programs, strategic plans and/or budgets.

A.6 Act as the Health District's liaison with the Nevada State Legislature at key committee meetings, sub-committee meetings, legislative events and special interest meetings related to legislative activities.

A.7 Assist the Health District to interpret legislation and file comments as appropriate.

A.8 Arrange and prepare for presentations of testimony during legislative committee meetings to be presented by Contractor or by Health District subject matter experts as appropriate.

A.9 Review proposed legislation and advise the Chief Communications Officer or her designee on issues that may impact Health District policies, programs, or success at fulfilling its public health mission, current mandates and/or goals.

A.10 Collaborate with Health District to develop and implement legislative strategies to advance identified public health goals.

A.11 Communicate the Health District's positions and policies to appropriate legislators and other key stakeholders.

A.12 Identify key legislators to sponsor bills or champion issues of importance to the Health District.

A.13 Produce issue papers, talking points and fact sheets to educate legislators and other stakeholders on key public health issues.

A.14 Identify potential funding opportunities.

A.15 Send the Health District updated lists and commentary of introduced bill draft requests and introduced bills that are relevant to and/or are aligned with the Health District's legislative priorities, are of interest to the Health District, and/or may impact the Health District's programs, strategic plans and/or budgets.

A.16 Track legislation pertinent to the Health District and provide reports to Health District that include the hearings attended and testimony provided on an agreed upon schedule.

A.17 Produce specific memoranda analyzing bills of special interest, amendments proposed, or other key issues pertinent to the Health District's interests.

A.18 Arrange meetings with Nevada Senate and Assembly delegations, members of the Executive branch and state agencies as appropriate.

A.19 Coordinate with stakeholders and/or Health District partners on legislative issues to advance public health legislative goals and priorities.

A.20 Prepare a detailed end of session report and analysis, in writing, within 30 days of the end of each legislative session.

A.21 Ensure continuous presence in Carson City, Nevada during regular, interim and special legislative sessions.

A.22 Ensure continuous monitoring of any legislative developments or initiatives during periods when the Legislature is not in session.

A.23 Arrange meetings with local and federal elected officials as appropriate and provide related advocacy services as directed.

Period of Performance October 1, 2023 through September 30, 2025

B. Contractor will assist Health District in developing and pursuing its legislative priorities. Assistance will include preparing information for legislators, drafting legislation and amendments, preparing and presenting testimony, and preparing applicable reports and updates. Contractor will report directly to the Chief Communications Officer or her designee.

Contractor shall also provide the following services:

B.1 Assist the Health District in preparing for the 2025 Legislative Session.

B.2 Represent the Health District's interests in interim study or legislative standing committees before which public health matters are raised and report on key developments related to Health District concerns.

B.3 Provide coverage, lobbying, and representation of the Health District on legislative, regulatory, or political issues occurring during interim legislative sessions.

B.4 Inform the Health District in person or by audio or video conferencing as necessary of political, legislative, or regulatory developments and provide strategic advice to assist the Health District in developing and implementing appropriate strategies.

B.5 Actively communicate with and provide real-time updates to the Health District during the legislative session on information gathered from meetings, hearings and/or discussions of relevance to priority legislation that will impact the Health District's programs, strategic plans and/or budgets.

B.6 Act as the Health District's liaison with the Nevada State Legislature at key committee meetings, sub-committee meetings, legislative events and special interest meetings related to legislative activities.

B.7 Assist the Health District to interpret legislation and file comments as appropriate.

B.8 Arrange and prepare for presentations of testimony during legislative committee meetings to be presented by Contractor or by Health District subject matter experts as appropriate.

B.9 Review proposed legislation and advise the Chief Communications Officer or her designee on issues that may impact Health District policies, programs, or success at fulfilling its public health mission, current mandates and/or goals.

B.10 Collaborate with Health District to develop and implement legislative strategies to advance identified public health goals.

B.11 Communicate the Health District's positions and policies to appropriate legislators and other key stakeholders.

B.12 Identify key legislators to sponsor bills or champion issues of importance to the Health District.

B.13 Produce issue papers, talking points and fact sheets to educate legislators and other stakeholders on key public health issues.

B.14 Identify potential funding opportunities.

B.15 Send the Health District updated lists and commentary of introduced bill draft requests and introduced bills that are relevant to and/or are aligned with the Health District's legislative priorities, are of interest to the Health District, and/or may impact the Health District's programs, strategic plans and/or budgets.

B.16 Track legislation pertinent to the Health District and provide reports to Health District that include the hearings attended and testimony provided on an agreed upon schedule.

B.17 Produce specific memoranda analyzing bills of special interest, amendments proposed,

or other key issues pertinent to the Health District's interests.

B.18 Arrange meetings with Nevada Senate and Assembly delegations, members of the Executive branch and state agencies as appropriate.

B.19 Coordinate with stakeholders and/or Health District partners on legislative issues to advance public health legislative goals and priorities.

B.20 Prepare a detailed end of session report and analysis, in writing, within 30 days of the end of each legislative session.

B.21 Ensure continuous presence in Carson City, Nevada during regular, interim and special legislative sessions.

B.22 Ensure continuous monitoring of any legislative developments or initiatives during periods when the Legislature is not in session.

B.23 Arrange meetings with local and federal elected officials as appropriate and provide related advocacy services as directed.

Period of Performance October 1, 2021 through September 30, 2023

C. Contractor will assist Health District in developing and pursuing its legislative priorities. Assistance will include preparing information for legislators, drafting legislation and amendments, preparing and presenting testimony, and preparing applicable reports and updates. Contractor will report directly to the District Health Officer or his designee.

Contractor shall also provide the following services:

C.1 Assist the Health District in preparing for the 2023 Legislative Session.

C.2 Represent Health District interests with any legislative standing or interim committees before which public health matters are raised and report on key developments related to Health District concerns.

C.3 Provide coverage, lobbying, and representation of the Health District on legislative, regulatory, or political issues occurring during the Interim and 2023 Legislative Sessions.

C.4 Attend meetings in person or by phone with Health District as necessary to keep it informed of political, legislative, or regulatory developments and provide strategic advice to assist Health District in developing and implementing appropriate strategies.

C.5 Identify key legislators to sponsor bills and/or champion issues of importance to Health District.

C.6 Arrange meetings with Nevada Senate and Assembly delegations and members of their staffs as appropriate.

C.7 Arrange meetings with local elected officials, federal elected officials, and other lobbying groups, as appropriate.

C.8 Review proposed legislation and advise the District Health Officer or designee on issues that may impact Health District policies, programs, or success in fulfilling its public health mission, current mandates, or goals.

C.9 Send updated lists and commentary of introduced bill draft requests and introduced bills that are aligned with Health District's legislative priorities and/or are of interest, relevant, or will have an impact on Health District programs, strategic plan, or budget.

C.10 Track legislation pertinent to Health District, provide real-time reports on an agreed upon schedule, including hearings attended, testimony provided, etc.

C.11 Produce specific memoranda analyzing bills of special interest, amendments proposed, or other key issues important to District interests.

C.12 Actively communicate and provide real-time updates as needed during the legislative session on information gathered from meetings, hearings and/or discussions relevant to priority legislation that will/may have an impact on Health District's programs, strategic plan, and/or budget.

C.13 Act as a liaison on behalf of Health District with the Nevada State Legislature at key committee meetings, sub-committee meetings, legislative events, and special interest meetings related to legislative activities.

C.14 Assist Health District in interpreting legislation and filing comments, as appropriate.

C.15 Arrange and prepare for presentations of testimony during legislative committee meetings to be given by Contractor or by Health District subject matter experts, as appropriate.

C.16 Collaborate with designated Health District staff to develop and implement legislative strategies to further identified public health goals.

C.17 Communicate Health District's positions and policies to appropriate legislators and other key stakeholders.

C.18 Produce issue papers, talking points and fact sheets for educating legislative members and stakeholders on key public health issues.

C.19 Identify potential Health District funding opportunities.

C.20 Coordinate with stakeholders and/or Health District partners on legislative issues to further public health legislative goals and priorities.

C.21 Ensure continuous monitoring of any legislative developments or initiatives during non-session periods.

C.22 Ensure continuous presence in Carson City during 2023 Legislative Session.

C.23 Prepare a detailed end of session report and analysis within 30 days of the end of each legislative session.

ATTACHMENT B-A02
PAYMENT

Budget Period October 1, 2025 through September 30, 2027

A. Contractor will be paid for the performance Lobbyist Services pursuant to Attachment A-A02, Scope of Work, at the rate of $7,500 per month with a not-to-exceed amount of $180,000.

B. Following each month in which Lobbyist Services are provided, Contractor shall submit an invoice to Health District for the compensation, payment of such invoice not-to-exceed the monthly payment amount set forth herein. Each invoice submitted shall describe the nature of the services performed during the applicable month and include as an attachment any applicable supporting documentation, receipts, or other documentation requested by Health District.

B.1 Invoices shall be submitted to Health District's Chief Information Officer within fifteen (15) days following the end of the month for which compensation is sought, except that Contractor's final invoice shall be submitted not later than sixty (60) days following the termination of this Agreement, regardless of cause.

C. Health District reserves the right to reject any invoice which fails to adequately describe the services rendered by Contractor or include appropriate backup documentation, receipts, or other documentation requested by Health District.

C.1 In the event the Health District rejects an invoice, Contractor shall submit a revised invoice within twenty (20) days of being notified of the rejected invoice.

C.2 Health District shall remit payment for services described in the invoice within thirty (30) days of accepting Contractor's statement. Upon written notice to Contractor, Health District may withhold payment, in whole or in part, for Contractor's failure to comply with a term, condition or requirement of this Agreement. Thereafter, any withheld amount(s) shall be paid upon Contractor's satisfactory demonstration of compliance to Health District's Chief Communications Officer.

C.3 All amounts paid by Health District shall be subject to audit by Health District.

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

Budget Period October 1, 2023 through September 30, 2025

A. Contractor will be paid for the performance Lobbyist Services pursuant to Attachment A-A02, Scope of Work, at the rate of $7,500 per month with a not-to-exceed amount of $180,000.

B. Following each month in which Lobbyist Services are provided, Contractor shall submit an invoice to Health District for the compensation, payment of such invoice not-to-exceed the monthly payment amount set forth herein. Each invoice submitted shall describe the nature of the services performed during the applicable month and include as an attachment any applicable supporting documentation, receipts, or other documentation requested by Health District.

B.1 Invoices shall be submitted to Health District's Chief Information Officer within fifteen

(15) days following the end of the month for which compensation is sought, except that Contractor's final invoice shall be submitted not later than sixty (60) days following the termination of this Agreement, regardless of cause.

C. Health District reserves the right to reject any invoice which fails to adequately describe the services rendered by Contractor or include appropriate backup documentation, receipts, or other documentation requested by Health District.

C.1 In the event the Health District rejects an invoice, Contractor shall submit a revised invoice within twenty (20) days of being notified of the rejected invoice.

C.2 Health District shall remit payment for services described in the invoice within thirty (30) days of accepting Contractor's statement. Upon written notice to Contractor, Health District may withhold payment, in whole or in part, for Contractor's failure to comply with a term, condition or requirement of this Agreement. Thereafter, any withheld amount(s) shall be paid upon Contractor's satisfactory demonstration of compliance to Health District's Chief Communications Officer.

C.3 All amounts paid by Health District shall be subject to audit by Health District.

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

Budget Period October 1, 2021 through September 30, 2023

A. Contractor will be paid for the performance Lobbyist Services pursuant to Attachment A-A02, Scope of Work, at the rate of $6,500 per month with a not-to-exceed amount of $156,000.

A.1 Contractor will be reimbursed for all reasonable costs incurred and pre-approved by the District Health Officer.

B. Following each month in which Lobbyist Services are provided, Contractor shall submit an invoice to Health District for the compensation, payment of such invoice not-to-exceed the monthly payment amount set forth herein. Each invoice submitted shall describe the nature of the services performed during the applicable month and include as an attachment any applicable supporting documentation, receipts, or other documentation requested by Health District.

B.1 Invoices shall be submitted to Health District's Chief Information Officer within fifteen (15) days following the end of the month for which compensation is sought, except that Contractor's final invoice shall be submitted not later than sixty (60) days following the termination of this Agreement, regardless of cause.

C. Health District reserves the right to reject any invoice which fails to adequately describe the services rendered by Contractor or include appropriate backup documentation, receipts, or other documentation requested by Health District.

C.1 In the event the Health District rejects an invoice, Contractor shall submit a revised invoice within twenty (20) days of being notified of the rejected invoice.

C.2 Health District shall remit payment for services described in the invoice within thirty (30)

days of accepting Contractor's statement. Upon written notice to Contractor, Health District may withhold payment, in whole or in part, for Contractor's failure to comply with a term, condition or requirement of this Agreement. Thereafter, any withheld amount(s) shall be paid upon Contractor's satisfactory demonstration of compliance to the District Health Officer and Chief Information Officer.

C.3 All amounts paid by Health District shall be subject to audit by Health District.

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

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 25, 2025

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **September 25, 2025**

RE: *Approval of contract renewal with Info-Tech Research Group ("Info-Tech") to provide strategy, governance, security, policy and operational consulting and related activities.*

PETITION #09-26

That the Southern Nevada District Board of Health *approve Amendment A04 to the existing service agreement C1900036 between the Southern Nevada Health District and Info-Tech Research Group for strategy, governance, security, policy and operational consulting and related activities.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Kim Saner, Esq., *Deputy District Health Officer - Administration*
Jason Frame, *Chief Information Officer*

DISCUSSION:

The Southern Nevada Health District (SNHD) has engaged Info-Tech Research Group for professional services geared toward strategy development, AI and Data governance, cybersecurity, contract negotiation, policy creation and technology operational consulting and other related activities. This is a three-year continuation of the original agreement. By renewing early, we will still be contracted under the FY24 GSA rate and avoid the new FY26 GSA rates and bundle changes which are set to increase on October 1. This will provide $35,814 annual savings.

The contract amendment utilizes established GSA competitive rates.

FUNDING:

These additional years' fees will be added to upcoming budgets. Funding will be from the general fund.

AMENDMENT A04 TO
SERVICE AGREEMENT WITH INFO-TECH RESEARCH GROUP
C1900036

THIS AMENDMENT A04 IS MADE WITH REFERENCE TO Service Agreement ("Agreement") with Info-Tech Research Group, Effective Date October 28, 2018, and as amended on July 31, 2020, July 31, 2022, and July 30, 2023, by and between Southern Nevada Health District ("Health District") and Info-Tech Research Group ("Info-Tech") (individually "Party" and collectively "Parties").

WHEREAS, the Parties mutually desire to extend the Agreement for an additional three (3) years, through July 30, 2029.

NOW THEREFORE, the Parties agree to amend the Agreement as follows:

1) Exhibit 1-A04, Service Dates July 30, 2026 through July 29, 2028 is hereby added to the Agreement, and is attached hereto and expressly incorporated by reference herein.

2) Exhibit 1-A03, Service Agreement with Info-Tech Research Group, Service Dates July 30, 2023 through July 29, 2026 is hereby deleted in its entirety and replaced with Exhibit 2-A04, Service Dates July 30, 2023 through July 29, 2026, which is attached hereto and expressly incorporated by reference herein.

3) Attachment C-A03, Historical Record of Services provided from July 31, 2020 through July 30, 2023, is hereby deleted in its entirety and replaced with Attachment C-A04, which is attached hereto and expressly incorporated by reference herein.

4) Attachment D-A03, Historical Records of Services Provided from July 31, 2022 through July 30, 2023 is hereby deleted in its entirety and replaced with Attachment D-A04, which is attached hereto and expressly incorporated by reference herein.

5) Attachment E-A03, Historical Record of Services Provided from October 28, 2018 through July 30, 2020 is hereby deleted in its entirety and replaced with Attachment E-A04, which is attached hereto and expressly incorporated by reference herein.

This Amendment A04 is effective on the date of the last signature affixed hereto.

Except as expressly provided in this Amendment A04, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A04 to Agreement C1900036.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer

INFO-TECH RESEARCH GROUP

By: _____
Name:
Title:

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

EXHIBIT 1, A04

SERVICE AGREEMENT C1900036 WITH INFO-TECH RESEARCH GROUP INC

Service Start Date: July 31, 2026 || Contract Length: 3-year
Contact: Jason Frame

Southern Nevada Health District

Product	Bundle Options	Description	Quantity	Subtotal	Discount	Total
Small Enterprise Advisory Membership		Unlimited analyst calls, full diagnostic access,1 combined Contract Review / Price Benchmarking and Negotiation Engagement, 1 software selection engagement	2.00	$38,484.52	$2,309.08	$36,175.44
Team Membership		Access to core research content - project blueprints, Info-Tech Academy, online Leadership training, software selection content, tools and templates library	4.00	$16,972.64	$1,018.36	$15,954.28
Executive Counselor Membership	See below for your selected bundle products	Dedicated Executive Counselor, 2 Onsite/Virtual Counselor visits, Concierge Services, Industry Research, Unlimited Price Benchmarking, IT Vendor Negotiation Assistance for 3 contracts	1.00	$65,621.03	$3,937.26	$61,683.77
	Online IT Spend & Staffing Benchmarking Membership	IT Spend & Staffing Benchmarking Membership (Online)	1.00			
	Industry /MLE (Executive/ Technical Counselor Option)	Deep Insights Tailored To Your Industry	1.00			
					Total Discounts:	$7,264.70
					Total:	$113,813.49

All items stated on this document are in USD and is subject to applicable taxes.

EXHIBIT 1, A04
Federal Supply Service Authorized Federal Supply Schedule Price List (GSA) - GS-35F-298GA
Payment Terms: Prompt payment terms 0%, Net 30 days

Unless otherwise stated, consulting and workshop engagements do not include travel and expenses, which will be charged in addition to the fees listed. Workshops purchased as part of membership expire without refund or credit at the end of the membership period covered by the purchase. Workshops purchased outside membership expire without refund or credit 1-year after purchase. Please work with your member services representative to select and schedule workshops prior to expiration.

Subject to applicable taxes. If your company is tax exempt, please provide a valid tax exemption certificate with the signed proposal. This Service Agreement is subject to the terms of the Federal Supply Schedule for Info-Tech, available online, including s 552.238-114 (Use of Federal Supply Schedule Contracts by Non-Federal Entities) of the GS-35F-298GA Contract Clause

Unless agreed to in writing, any customer terms, including purchase order terms and conditions, are of no force or effect. By signing this Service Agreement, you agree to pay the fees set out herein annually for the term indicated.

This proposal has a definite expiry date of September 30, 2025.

Please return this signed Service Agreement to Info-Tech by DocuSign, email jabbott@infotech.com or fax (1-519-432-2506). Please include PO if required. Thank you for your business!

The signature below affirms your commitment to pay for the services ordered in accordance with the terms of this Service Agreement and the GSA Approved Terms of Use.

If you are tax exempt, please provide tax exemption certificate.

Term Number	Invoice Date	Invoice Amount	Term Start Date	Term End Date	Notes
1	May 1, 2026	$113,813.39	July 28, 2026	July 28, 2027	Year 1 of services
2	May 1, 2027	$113,813.39	July 28, 2027	July 28, 2028	Year 2 of services
3	May 1, 2028	$113,813.39	July 28, 2028	July 28, 2029	Year 3 of services

Name Cassius Lockett, PhD _____ Signature by: _____

Title District Health Officer _____ Date _____

EXHIBIT 2-A04

SERVICE AGREEMENT C1900036 WITH INFO-TECH RESEARCH GROUP

Service Start Date: July 30, 2023 || Contract Length: 3-year
Contact: Jason Frame

Southern Nevada Health District

Product	Description	Quantity	Subtotal	Discount	Total
Counselor Membership	Dedicated Executive Counselor, 1 Onsite/Virtual Counselor visit, Unlimited Price Benchmarking, IT Vendor Negotiation Assistance for 2 contracts	1.00	$46,901.76	$4,572.92	$42,328.84
Small Enterprise Advisory Membership	Unlimited analyst calls, full diagnostic access,1 combined Contract Review / Price Benchmarking and Negotiation Engagement, 1 software selection engagement	2.00	$35,224.18	$3,434.36	$31,789.82
Team Membership	Access to core research content - project blueprints, Info-Tech Academy, online Leadership training, software selection content, tools and templates library	4.00	$14,932.00	$1,455.88	$13,476.12
Concierge Services	Over 20 high-impact, single-day consulting engagements designed to be delivered online or onsite	1.00	$21,632.24	$21,632.24	$0.00
				Total Discounts:	$31,095.40
				Total:	$87,594.78

All items stated on this document are in USD.

ATTACHMENT 2-A04

Federal Supply Service Authorized Federal Supply Schedule Price List (GSA) - GS-35F-298GA
Payment Terms: Prompt payment terms 0%, Net 30 days

Unless otherwise stated, consulting and workshop engagements do not include travel and expenses, which will be charged in addition to the fees listed. Workshops purchased as part of membership expire without refund or credit at the end of the membership period covered by the purchase. Workshops purchased outside membership expire without refund or credit 1-year after purchase. Please work with your member services representative to select and schedule workshops prior to expiration.

Subject to applicable taxes. If your company is tax exempt, please provide a valid tax exemption certificate with the signed proposal. This Service Agreement is subject to the terms of the Federal Supply Schedule for Info-Tech, available online, including s 552.238-114 (Use of Federal Supply Schedule Contracts by Non-Federal Entities) of the GS-35F-298GA Contract Clause

Unless agreed to in writing, any customer terms, including purchase order terms and conditions, are of no force or effect. By signing this Service Agreement, you agree to pay the fees set out herein annually for the term indicated.

This proposal has a definite expiry date of July 30, 2023.

Please return this signed Service Agreement to Info-Tech by DocuSign, email eleeanan@infotech.com or fax (1-519-432-2506). Please include PO if required. Thank you for your business!

The signature below affirms your commitment to pay for the services ordered in accordance with the terms of this Service Agreement and the GSA Approved Terms of Use.

If you are tax exempt, please provide tax exemption certificate.

Term Number	Invoice Date	Invoice Amount	Term Start Date	Term End Date	Notes
1	July 30, 2023	$87,594.78	July 30, 2023	July 30, 2024	Year 1 of 3 Invoice upon signature
2	May 31, 2024	$87,594.78	July 30, 2024	July 30, 2025	Year 2 of 3
3	May 31, 2025	$87,594.78	July 30, 2025	July 30, 2026	Year 3 of 3

Name Fermin Leguen, MD, MPH Signature By:

Title District Health Officer Date Jul 28, 2023

ATTACHMENT C-A04

HISTORICAL RECORD OF SERVICES PROVIDED

SERVICE DATES JULY 31, 2020 THROUGH JULY 30, 2023

SERVICE AGREEMENT WITH INFO-TECH RESEARCH GROUP

Service Start Date: 31/07/2020 || Service Agreement Length: 3-year

Program Contact: Jason Frame

Southern Nevada Health District

Product	Bundle Options	Description	Quantity	Subtotal	Discount	Total
UPGRADE: Leadership Membership to Counselor Membership		UPGRADE: Leadership Membership to Counselor Membership	1.00	$11,486.15	$11,486.15	$0.00
Basic Bundle/ML (RO)	See below for your selected bundle products		1.00	$40,775.82	$7,943.82	$32,832.00
	Leadership Membership	Leadership Membership	1.00			
	Team Seat	Includes Premium access to Industry and Technology coverage with Full Web Research Access	4.00			
	Advisory Membership	Premium access to Industry and Technology coverage, access to Subject matter experts, full access to diagnostics	1.00			
	Concierge Services	Concierge Services	1.00			
					Total Discounts:	$19,429.97
					Total:	$32,832.00

All items stated on this document are in USD.

ATTACHMENT C-A04

HISTORICAL RECORD OF SERVICES PROVIDED

SERVICE DATES JULY 31, 2020 THROUGH JULY 30, 2023

GSA # GS-35F-298GA
Prompt Payment: Net 30
GSA Eligible products payment terms: Payable within thirty (30) days of receipt of each Invoice

Unless otherwise stated, consulting and workshop engagements do not include travel and expenses, which will be charged in addition to the fees listed. Workshops purchased as part of membership expire without refund or credit at the end of the membership period covered by the purchase. Workshops purchased outside membership expire without refund or credit 1-year after purchase. Please work with your member services representative to select & schedule workshops prior to expiration.

Terms of Use are attached to Health District Agreement C1900036 as Attachment B, Terms of Use, and are expressly incorporated by reference herein. Unless agreed to in writing, any customer terms, including purchase order terms and conditions, are of no force or effect. By signing this Service Agreement, Health District agrees to pay the fees set out herein annually for the Subscription Terms indicated.

Please return this signed Service Agreement to Info-Tech by DocuSign, email knielson@infotech.com or fax (1-519-432-2506). Thank you for your business!

The signature below affirms Health District's commitment to pay for the services ordered in accordance with the terms of this Service Agreement and in accordance with Attachment B, Terms of Use, to Agreement C1900036.
3 Year Agreement Paid upfront (includes 5% multi-year discount):
(Each Term as detailed below constitutes a "Subscription Term")

Term 1 - July 31, 2020 - July 31, 2021
Amount: $25,174.56 USD
*Note: a credit of $7,657.44 has been applied from existing services for Term 1. Term 1 may be invoiced by Info-Tech upon execution of this Service Agreement.

Term 2 - July 31, 2021 - July 31, 2022
Amount: $32,832 USD
Term 2 may be invoiced by Info-Tech up to thirty (30) days prior to July 31, 2021.

Term 3 - July 31, 2022 - July 31, 2023
Amount: $32,832 USD
Term 3 may be invoiced by Info-Tech up to thirty (30) days prior to July 31, 2022.

Total Amount: $90,838.56

Name Fermin Leguen, MD, MPH

Signature By: Fermin Leguen Digitally signed by Fermin Leguen DN: cn=Fermin Leguen, o=Southern Nevada Health District, ou=Administration, Executive Office, email=fleguen@snhd.org, c=US Date: 2020.07.24 14:34:02 -07'00'

Title: Acting Chief Health Officer

Date: _____

ATTACHMENT D-A04

HISTORICAL RECORD OF SERVICES PROVIDED

Service Start Date: July 31, 2022 || Contract Length: 1-year
Contact:

Southern Nevada Health District

Product	Description	Quantity	Subtotal	Discount	Total
Advisory Membership	Unlimited analyst calls, full diagnostic access, 1 software selection engagement	1.00	$24,600.00	$6,100.00	$18,500.00
				Total Discounts:	$6,100.00
				Total:	$18,500.00

All items stated on this document are in USD and is subject to applicable taxes

ATTACHMENT D-A04

HISTORICAL RECORD OF SERVICES PROVIDED

Payment terms: Payable on November 1st, 2022

Reference GSA Contract GSF-35F-298GA

Unless otherwise stated, consulting and workshop engagements do not include travel and expenses, which will be charged in addition to the fees listed. Workshops purchased as part of membership expire without refund or credit at the end of the membership period covered by the purchase. Workshops purchased outside membership expire without refund or credit 1-year after purchase. Please work with your member services representative to select and schedule workshops prior to expiration.

This Exhibit B-A02 is governed by the terms and conditions of Service Agreement with Info-Tech Research Group C1900036. In the event of any conflict between this Amendment A02, Exhibit B-A02 to Service Agreement with Info-Tech Research Group C1900036 inclusive of Amendment A01 (Existing Contract Documents"), the terms and provisions of the Existing Contract Documents shall control.

Please return this signed document to Info-Tech by DocuSign, email mchandrasekaran@infotech.com or fax (1-519-432-2506). Please include PO if required. Thank you for your business!

The signature below affirms the Health District's commitment to pay for the services ordered in accordance with the terms of Service Agreement with Info Tech

Term Number	Invoice Date	Invoice Amount	Term Start Date	Term End Date	Notes
1	July 28, 2022	$18,500	July 31, 2022	July 31, 2023	1 Additional Advisory seat at $18,500.

Name Cortland Lohff, MD, MPH

Signature By: _____**

**Signature authorized by Fermin Leguen, MD, MPH
District Health Officer

Title Chief Medical Officer

Date 07/29/2022

SERVICE AGREEMENT WITH INFO-TECH RESEARCH GROUP

Service Start Date: **October 28th , 2018 - November 27th , 2019 (13 Months for the Price of 12 Months EOY Signing Incentive Offer)**
Technical Contact: Jason Frame

Southern Nevada Health District

Advisory Membership	Quantity	Yearly Price
Info-Tech Advisory Membership • IT Management & Strategy • Training & Development • Project Execution Assistance • Info-Tech Academy	**Up to 10 Named Users** 2 Advisory Seats *- Unlimited Web & Advisory Access* Up to 8 Reference Seats *- Web Access Only* For a list of included features, see Info-Tech Services Outline on following pages	~~$25,200 USD~~ • GSA Discount **$22,972.30 USD**

Consulting and workshop engagements do not include travel expenses. Any such Info-Tech travel expenses will be mutually agreed upon in writing by the Parties before Customer will provide reimbursement payment to Info-Tech, and before training is provided.

Customer is a governmental tax-exempt entity and shall not be responsible for any taxes for any Service provided herein, whether federal or state, unless otherwise required by law. A valid tax exemption certificate is attached hereto as Attachment A and expressly incorporated by reference herein. Terms of Use are attached hereto as Attachment B and expressly incorporated by reference herein. By signing this Service Agreement, you agree to pay the fees set out herein annually for the term indicated above by the service start and end date ("Initial Term"), subject to an annual increase in the fee of 3%.

Please return this signed Service Agreement to Info-Tech by DocuSign, email efont@infotech.com or fax (1-519-432-2506). Please include PO if required.

Thank you for your business!

The signature below affirms your commitment to pay for the services ordered in accordance with the terms of this service agreement and in accordance with the Terms of Use.

Select Membership Term

■ TWO-YEAR TERM THREE-YEAR TERM

Customer Name: Southern Nevada Health District

By: Andrew J. Glass, FACHE, MS

Title: Director of Administration

Date 10/25/18

SNHD C1900036, Page 1 of 3

Advisory Seat Access

Systematically Improve IT

Dedicated Account Manager & Executive Advisor
Engage in quarterly progress calls with your dedicated Account Manager and Executive Advisor to create real improvements over your membership.

Key Initiative Plans
This role-based membership program has been specifically designed with key initiatives that our members have found to make the most significant impact for individuals in this role.

- CIO
- Applications
- Infrastructure
- Security
- Projects & PPM
- Data & BI
- Enterprise Architecture
- Vendor Management

Core IT Processes

Diagnostics Programs
Info-Tech diagnostics are an automated way to collect crucial data, turn it into actionable insights, and communicate with stakeholders.

1. End User Satisfaction
2. IT Security Program
3. Application Portfolio Assessment
4. Project Portfolio Assessment

IT Strategy

Data-Driven IT Strategy
These data-driven programs collect data from you and your stakeholders to build powerful reports that help your IT department make strategic decisions.

1. CEO-CIO Alignment
2. CIO Business Vision
3. Management & Governance
4. IT Staffing Assessment

Technology Projects

Guided Implementations
Unlimited phone access to our subject matter experts to guide you through your most challenging technology projects.

Contract Review
Our analyst team reviews your most important technology contracts to identify ways to save you money and correct vendor-slanted terms and conditions.

IT Leadership Team

IT Engagement Survey
A high-frequency, low-effort, one-question IT employee engagement survey to measure and improve staff engagement levels.

SNHD C1900036, Page 2 of 3

Reference Seat Access

Technology Projects

Role-Based Research	300+ instructional blueprints for effectively executing IT projects for the 8 main roles in IT: • CIO • Applications • Infrastructure • Security • Project & PPM • Data & BI • Enterprise Architecture • Vendor Management
Technology Selection & Implementation Research	25+ handbooks for navigating the most challenging technology evaluation and implementation projects.
Tools & Templates	Over 1,000 powerful tools and ready-made templates to identify issues and take action.
On-Demand Webinars	150+ recordings of Info-Tech Analysts sharing their latest findings and presenting their recent publications.
Infographics	More than 100 highly visual summaries of our research meant for easy consumption and quick sharing with peers.
Trends & Predictions	Weekly articles from world-renowned IT thought leaders to provide you with need-to-know information that will position you as a forward thinker among industry peers.

Core IT Processes

IT Management & Governance Framework	45 comprehensive, connected methodologies for improving and optimizing core IT processes.

IT Leadership Team

Info-Tech Academy	Access to our online learning management platform with 100+ hours of video content, 50+ quizzes, and 9 certification programs.
Talent & Leadership Research	30+ best practice training materials to help IT leaders attract, hire, and develop talent, as well as lead and engage their teams.
Job Description Bank	150+ detailed IT job description templates that will save time and effectively communicate the role.
IT Policy Library	An extensive collection of 100+ IT policy templates to expedite authoring and ensure proper risk mitigation.

SNHD C1900036, Page 3 of 3

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
SEPTEMBER 25, 2025

Memorandum #02-26

Date: September 25, 2025

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

From: **Vivek Raman, MPH, REHS,** *Environmental Health Supervisor* VR
Brian Northam, REHS, *Environmental Health Manager* BN
Chris Saxton, MPH-EH, REHS, *Environmental Health Director* CS
Cassius Lockett, PhD, *District Health Officer* CJ

Subject: Presentation of the Business Impact Statement for the Proposed 2025 Public Accommodation Facilities Regulations

I. BACKGROUND:

The Health District is responsible for state-mandated permitting and sanitation inspections for public accommodations in Clark County, Nevada. The Environmental Health (EH) division of the Health District has not had an update to the Public Accommodation Facilities Regulations since they were initially implemented in 2006. Over the last 19 years of sanitation inspections and industry development, the Health District has an understanding of the regulation areas that need updating.

On December 19, 2024, the EH division issued industry notification of the Business Impact Statement Survey. The comment period was open from December 19, 2024, through February 25, 2025. Based upon business input, the EH division has made several concessions to limit burdens on industry and reduce some costs for businesses.

II. PROPOSED ADJUSTMENTS:

The Health District proposes updating the Public Accommodation (PA) regulations to remove unnecessary sections, clarify language, and update sanitation and safety requirements. The major changes are listed in the Summary of Major Changes document (Attachment D). Some items of interest include a requirement for mattresses to be protected from fluids with a waterproof barrier, specifying plan review requirements for new facilities or major changes to existing facilities, ensuring Ground Fault Circuit Interrupter outlets are installed as required by the latest

National Electric Code, and excluding short-term rental properties from the PA regulatory requirements. The Health District believes that these changes will result in an environment that is business-friendly while protecting public health.

The proposed regulations do not create new fees or increase existing fees for Environmental Health services.

III. RECOMMENDATION:

The Health District recommends approval of the Business Impact Statement for the Proposed 2025 Public Accommodation Facilities Regulations with recommendation that staff move forward with the presentation of the Proposed 2025 Public Accommodation Facilities Regulations at the January 22, 2026, Board of Health meeting.

VR:hh

Attachments:
Attachment A: Business Impact Statement (BIS)
Attachment B: BIS Surveys/Written Correspondence
Attachment C: Proposed 2025 PA Regulations
Attachment D: Summary of Major Changes
Attachment E: Proposed 2025 PA Regulations – Red Line
Attachment F: BIS Notifications
Attachment G: Posting Verifications
Attachment H: Workshop
Attachment I: BOH Presentation

Attachment A

Business Impact Statement

NRS 237 BUSINESS IMPACT STATEMENT
PROPOSED 2025 PUBLIC ACCOMMODATION REGULATIONS

SECTION A - A DESCRIPTION OF THE MANNER IN WHICH COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION OF THE MANNER IN WHICH OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Comment was solicited in the following ways:

1. The Business Impact Survey notification was emailed or mailed to 434 Environmental Health public accommodation permit contacts.

2. The Business Impact Survey notification was faxed and/or emailed to the following jurisdictions for posting at their offices: Henderson City Hall, Boulder City's City Hall, Mesquite City Hall, North Las Vegas City Hall, Las Vegas City Hall, Clark County Manager's Office, and Laughlin Community Resource Center.

3. The Business Impact Survey notification was mailed or emailed to the following associations: Vegas Chamber of Commerce, Latin Chamber of Commerce, Urban Chamber of Commerce, Nevada Hotel and Lodging Association, and the Nevada Resort Association.

4. The Business Impact Survey notification was emailed to individuals that have previously expressed interest in Environmental Health notifications.

5. SNHD held one workshop, in-person and via Teams, on January 23, 2025, to gather data and comments from the public.

During the comment period ending on February 25, 2025, the Health District received two survey responses.

Questions	Yes Responses	No Responses
Will the proposed 2025 Public Accommodation Regulations impose a direct and significant economic burden upon your business?	2	0
Do you anticipate any indirect economic effects to your business as a result of the 2025 Public Accommodation Regulations?	2	0

Will the proposed 2025 Public Accommodation Regulations have an estimated beneficial economic effect on your business?	0	2
Will the proposed 2025 Public Accommodation Regulations restrict the formation, operation, or expansion of your business?	2	0

The Business Impact Statement and Summary is available at 280 South Decatur Boulevard, Las Vegas, Nevada, or a copy may be viewed online via the September 25, 2025 Board of Health Meeting Agenda at: https://www.southernnevadahealthdistrict.org/meetings/board-of-health-agendas-minutes-and-audio-recordings/.

SECTION B – THE ESTIMATED ECONOMIC EFFECT OF THE PROPOSED RULE ON THE BUSINESSES WHICH IT IS TO REGULATE, INCLUDING, WITHOUT LIMITATION:

Adverse Effects:

- 4.3.5 *Mattresses must be protected from contamination with waterproof encasements.*
    - Respondent provided a conservative cost estimate to add waterproof mattress encasements across the industry of $4 to $6 million solely for the initial purchase of mattress encasements.
    - Respondent anticipates spending more than $200,000 on new encasements, not including recurring costs for replacement encasements, labor costs, and training of housekeeping personnel.

- 3.9 *Ground Fault Circuit Interrupters (GFCI)*
    - Respondent estimates a total cost impact of $300,000 for parts and labor for immediate updates to GFCI installations at all their properties.

- 3.10.3 *All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests.*
    - Respondent indicated moving this temperature threshold will cause issues for HVAC systems which will need to work harder, leading to failure or replacement ahead of schedule. This wide range could require a full upgrade of HVAC systems, wall insulation, and windows to meet the proposed ranges at all times of the year. They provided a business impact estimated at $150,000,000 for multiple properties.

- 3.14.5 *Each hose bib must be equipped with a suitable backflow prevention device,*

such as an Atmospheric Vacuum Breaker (AVB) and installed and maintained in accordance with manufacturer guidelines.

- Respondent estimates the cost impact to their properties to add these is estimated at $264,000 for labor and parts.
- Another, representing about 2,500 rooms, provided a cost estimate of approximately $8.50 per value.

- *6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.*
  - Respondent states the requirement of "wall-mounted" will have a direct and economic impact on their members as many of them currently have sink-mounted soap dispensers which would require construction costs to reconfigure the soap dispensers. Given the number of employee restrooms in their members' properties, this would create a significant economic burden. Having to make this change would result in an estimated cost of approximately $165,000 to update all employee restrooms.

Beneficial Effects:

- No beneficial effects were indicated by respondents.

Direct Effects:

- The regulation does not impose new fees on businesses.
- The passing of the regulations may have additional direct effects; however, those effects cannot be quantified at this time.

Indirect Effects:

- 3.11.7 *The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.*
  - Respondent states the change reflected here elevates the process from a standard cleaning performed by a guest room attendant to a more in-depth process that would require personnel from facilities to access the mechanical equipment in a spa tub, which would affect staffing and staff hours/time at task and potentially taking rooms out of service for cleaning.

- 10.2 *Plans for construction and remodeling - At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules, e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.*
  - Respondent states that given the volume of projects their members embark on throughout the year, this requirement would be

burdensome and difficult to manage, both by resorts and for the Health District. Many of these projects do not have a nexus with environmental health regulations as they may be more aesthetic in nature. One member, which represents multiple properties, provided an estimate based on the hundreds of building permits they submit each year, reporting that the estimated total impact is $150,000 per year for the cost of labor and materials associated with preparing and submitting the plans.

- 10.3.2 *Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.*
    - Respondent indicated delays created by this process could have a major impact on project opening dates. Delays in opening dates due to additional regulatory review could cost thousands or even millions of dollars depending on the type of project and duration of the delay.

- 3.1 *Plans for construction, remodeling*
    - Respondent indicates SNHD will need significant time to review the substantial volume of documents resorts will be required to submit in advance of each project that requires a building permit, and delays created by this new process could have a significant impact on project opening dates. A member, representing multiple properties, estimates those delays to cost approximately $1 million in lost business revenue per year.

- 1.1 *"Short-Term Residential Rental"…Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.*
    - Respondent states exempting commercial short-term residential rentals from public accommodations facility regulations also creates substantial inequities that will place lawfully approved, commenced, and highly regulated public accommodations facilities at a material competitive disadvantage that may have severe economic consequences for the state.

- 12.6 *Appeal Rights*
    - Respondent notes the timeframe required for a hearing for a public accommodations facility operator who wishes to appeal revocation of their operating permit has been tripled from ten to thirty days. Delayed adjudication for a matter as urgent and existential as an appeal of an operating permit revocation is deeply troubling and will result in substantial adverse economic impacts to a public

accommodations facility operator.

- 3.11.4 *While being used by guests, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services.*
    - Respondent indicates the proposed aggressively prescriptive daily room cleaning standard proposed by the Southern Nevada Health District will create substantial cost and resource burdens on public accommodations facilities.

- The passing of the regulations may have additional indirect effects; however, those effects cannot be quantified at this time.

SECTION C – A DESCRIPTION OF THE METHODS THAT THE GOVERNING BODY OF THE LOCAL GOVERNMENT OR ITS DESIGNEE CONSIDERED TO REDUCE THE IMPACT OF THE PROPOSED RULE ON BUSINESSES AND A STATEMENT REGARDING WHETHER THE GOVERNING BODY OR ITS DESIGNEE ACTUALLY USED ANY OF THOSE METHODS

- 4.3.5 *Mattresses must be protected from contamination with waterproof encasements.*
    - To lessen the business impact on public accommodation facilities already employing waterproof mattress pads, SNHD has agreed to modify the language to include waterproof mattress pads or similar barriers. SNHD agrees to provide an 18-month implementation period before enforcing this requirement.

- 3.9 *Ground Fault Circuit Interrupters (GFCI)*
    - SNHD agrees to add that facilities should be compliant with the latest National Electrical Code (NEC) approved by their local municipality.

- 3.10.3 *All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests.*
    - The change was to standardize the temperature range with section 2.19 in the current regulations.

- 3.14.5 *Each hose bib must be equipped with a suitable backflow prevention device, such as an Atmospheric Vacuum Breaker (AVB), and installed and maintained in accordance with manufacturer guidelines.*
    - SNHD agrees to clarify the requirement to be for hose bibs that have a hose attached. Hose bibs without a hose attached are protected by

an air gap and integrated backflow prevention devices satisfy this requirement.

- *6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.*
    - Counter and sink-mounted soap dispensers meet the intent of this change, and SNHD agrees to change the language to "mounted" dispenser.

- 3.11.7 *The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.*

    This requirement for cleaning fill-and-drain whirlpool spa bathtubs is currently outlined in Appendix F, and the updated regulations only moved it to the body of the regulations.

- 10.2 *Plans for construction and remodeling At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.*
    - The building permit requirement is in the current regulations in section 3.1. SNHD only requires application for remodels of a public accommodation facility if major changes are made to hotel sections, such as guest rooms. Examples of major changes include changes in room dimensions or moving electrical or sewer. SNHD agrees to clarify when facilities are required to submit applications for remodels.

- 10.3.2 *Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.*
    - In the current regulations, section 3.1 states that plans must be submitted for review and approval prior to constructing or remodeling a public accommodation facility. Section 10.2 requires plans to be sent at least 30 days before beginning construction. Additionally, in the new regulations, section 10.3.1 says plans received by SNHD must be reviewed within a reasonable timeframe or a mutually agreed upon timeframe. SNHD believes that the changes made in this section do not deviate significantly from current practices.

- 3.1 *Plans for construction, remodeling*
    - Section 3.1 in the current regulations already requires submission of plans before construction or extensive remodeling of a public

accommodation facility that requires a building permit.

- 1.1 *"Short-Term Residential Rental"…Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.*
    - The exclusion of Short-Term Residential Rentals as Public Accommodations does not prevent them from being permitted in other ways. Due to various factors, if short-term residential rentals were to be permitted, SNHD believes it would be more appropriate to create separate regulations governing their safety and sanitation.

- 12.6 *Appeal Rights*
    - Throughout the existence of SNHD's public accommodations program, no facility has had their permit revoked or held a revocation hearing. SNHD will look at clarifying the language and timeframes in the upcoming comment period.

- 3.11.4 *While being used by guests, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services.*
    - This requirement has not changed from the current regulations. Sections 3.11.4 and 3.11.5 in the current regulations were consolidated to reduce redundancy.

SECTION D – THE ESTIMATED COST TO THE LOCAL GOVERNMENT FOR ENFORCEMENT OF THE PROPOSED RULE

There will be no additional enforcement costs based on the proposed regulation.

SECTION E – IF THE PROPOSED RULE PROVIDES A NEW FEE OR INCREASES IN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE LOCAL GOVERNMENT EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED

There are no new fees, or fee increases with the proposed regulation. The proposed regulation will have no effect on EH division revenue.

SECTION F – IF THE PROPOSED RULE INCLUDES PROVISIONS WHICH DUPLICATE OR ARE MORE STRINGENT THAN FEDERAL, STATE, OR LOCAL STANDARDS REGULATING THE SAME ACTIVITY, AN EXPLANATION OF WHY SUCH DUPLICATIVE OR MORE STRINGENT PROVISIONS ARE NECESSARY

Not applicable.

SECTION G – THE REASONS FOR THE CONCLUSIONS REGARDING THE IMPACT OF THE PROPOSED RULE ON BUSINESSES

SNHD has concluded that approval of the proposed 2025 Public Accommodation Regulations is not likely to impose a direct and significant economic burden upon businesses or directly restrict the formation, operation, or expansion of businesses because there are few substantive changes that would impose additional costs. Additionally, some changes will actually result in cost savings for businesses. Burdens on industry have been reduced with the mitigation measures SNHD has implemented that are described in Section C. The proposed regulations do not create new fees or increase existing fees for Environmental Health services.

Pursuant to NRS 237.090, the Board of Health (BOH) will hold a PUBLIC HEARING considering this Business Impact Statement in-person at 280 South Decatur Boulevard and/or virtually on Thursday, September 25, 2025, at 9:00 a.m. The BOH will review and consider approval of the proposed 2025 Public Accommodation Regulations at a PUBLIC HEARING on Thursday, January 22, 2026, at 9:00 a.m. in-person at 280 South Decatur Boulevard and/or virtually.

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



09/15/2025

Christopher Saxton, MPH-EH, REHS
Director of Environmental Health

Date

Attachment B

BIS Surveys/Written Correspondence

From: Tyburski, Matt
To: Carol Cottam
Subject: Re: SNHD Public Accomodations Regulations Revisions
Date: Thursday, January 2, 2025 9:30:54 AM
Attachments: Outlook-certified-.png

Hello Carol,

Thank you for this information. Is SNHD able to answer the following questions?

Will the public workshop have a virtual attendance option?

How does this apply to sofa beds / sleeper-sofas / pullout sofas?
4.3.5 - Mattresses must be protected from contamination with waterproof encasements

How does this apply to vacation ownership / timeshare resorts that do not provide daily cleaning?
3.11.4 - While being used by guests, the floors of the bathrooms every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests.

Thank you,
Matt

Matt Tyburski, CAM, CMCA, AMS
General Manager – Club Wyndham Desert Blue

Wyndham Destinations
3200 W Twain Ave
Las Vegas, NV 89103
office: 702-238-1214
fax: 702-238-1201
cell: 702-423-1089
Matt.Tyburski@travelandleisure.com

From: Carol Cottam <cottam@snhd.org>
Sent: Thursday, December 19, 2024 5:33 PM
To: Tyburski, Matt <Matt.Tyburski@wyn.com>

Subject: SNHD Public Accomodations Regulations Revisions

This e-mail is from an external source. Use caution when opening attachments or clicking on links.

Dear Public Accommodation operator:

We are informing you of a proposed update to the existing SNHD Regulations Governing the Health and Safety of Public Accommodation Facilities. The Regulations have not been updated since their development in 2006 and our goal is to simplify and clarify the existing language, as well as make a small number of needed changes.

A copy of the draft regulations, as well as a red-line document and a list of major changes, can be found at https://www.southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/

We are interested in your feedback regarding the proposed updates and have posted a survey at the above link, where you can provide input on how these revisions may impact your business. **The survey closes on January 31, 2025.**

Additionally, a public workshop to discuss the proposed changes will be held in person on **January 23, 2025, from 1:00 – 2:00 p.m.** in the Red Rock conference room at the main Public Health Center, 280 S. Decatur Blvd, Las Vegas, NV 89107.

We hope you have a great holiday season and look forward to hearing from you.

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Business Impact Survey
Proposed Public Accommodations Regulations

Please complete and return this business impact survey for the proposed changes to the Public Accommodations Regulations. You can include any data or arguments that are relevant and add additional pages as necessary to complete your responses.
A copy of the proposed changes to the regulations can be found at https://www.southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/ Please review the regulations thoroughly to assist with your response.

1. **Business/Organization Name**	2. **Name of Person Completing Survey**
The Venetian Resort – Las Vegas	Ray N. Kessler – Exec. Director Emergency Management, Security and Property Safety.

3. Will the proposed changes to the Public Accommodations Regulations impose a direct and significant economic burden on your business or the public accommodation industry?

Yes ■ No ☐

Estimate in Dollars: $200K+ initial outlay(est.)

Please Explain

Section 4 – General Sanitation
Major Changes:

- **Added language regarding protecting mattresses from contamination with waterproof encasements (4.3.5).**

Unbudgeted direct and significant economic impact to business processes include, but are not limited to:

- Initial fiscal outlay for waterproof encasements for over 10,000 (@$15-$23 per encasement unit) mattresses across three hotel towers.
- Recurring costs for replacement encasements.
- Additional labor required to install and maintain encasements.

4. Will the proposed changes to the Public Accommodations Regulations directly restrict the formation, operation, or expansion of your business or the public accommodation industry?

Yes ■ No ☐

Please Explain

Section 4 – General Sanitation
Major Changes:

- **Added language regarding protecting mattresses from contamination with waterproof encasements (4.3.5).**

Unbudgeted direct and significant operational impacts to HSKP processes include, but are not limited to:

- Development and training of updated HSKP processes/SOPs to include installation and maintenance of the encasements.
- Additional personnel and time on tasks will be required to install and maintain encasements, which will impact required daily productivity of HSKP staff, resulting in additional labor costs.
- Potential impact on guest experience and the diminishing of luxury branding.

5. Will the proposed changes to the Public Accommodations Regulations have an estimated beneficial economic effect on your business or the public accommodation industry?

Yes ☐ No ■

Estimate in Dollars:

Please Explain

Our HSKP Team currently employs a "three-sheet" bedmaking method to help achieve increased mattress hygiene and sanitation.

We do not feel this mandate, along with initial and on-going costs associated with it, would be cost effective for our business operations.

6. **Do you anticipate any indirect economic effects to your business or the public accommodation industry as a result of the proposed changes to the Public Accommodations Regulations?**

Yes	No	Please Explain
■	☐	If this regulation is approved and enacted, we request an 18-24 month implementation period before it takes effect to ensure that policy, training, and procurement processes are properly established.

Please return this form before January 31, 2025. Email to pa@snhd.org, mail to Southern Nevada Health District, EH Public Accommodations, PO Box 3902, Las Vegas, NV 89127, or deliver in person to 280 S Decatur, Las Vegas, NV 89107.

A public workshop on the proposed changes will be held **January 23 from 1:00 – 2:00** in the Red Rock room at SNHD, 280 S. Decatur Blvd.

Business Impact Survey
Proposed Public Accommodations Regulations

Please complete and return this business impact survey for the proposed changes to the Public Accommodations Regulations. You can include any data or arguments that are relevant and add additional pages as necessary to complete your responses.
A copy of the proposed changes to the regulations can be found at https://www.southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/ Please review the regulations thoroughly to assist with your response.

1. Business/Organization Name	2. Name of Person Completing Survey
Nevada Resort Association	Virginia Valentine, CEO & President

3. Will the proposed changes to the Public Accommodations Regulations impose a direct and significant economic burden on your business or the public accommodation industry?

Yes ☑ No ☐

Estimate in Dollars: $4-6 million+ (est.)

Please Explain
Please see attached document for our comments.

4. Will the proposed changes to the Public Accommodations Regulations directly restrict the formation, operation, or expansion of your business or the public accommodation industry?

Yes ☑ No ☐

Please Explain
Please see attached for our comments.

5. Will the proposed changes to the Public Accommodations Regulations have an estimated beneficial economic effect on your business or the public accommodation industry?

Yes ☐ No ☑

Estimate in Dollars:

Please Explain
Our members do not see a beneficial economic effect from these regulations.

6. Do you anticipate any indirect economic effects to your business or the public accommodation industry as a result of the proposed changes to the Public Accommodations Regulations?

Yes ☑ No ☐

Please Explain
The exclusion of short-term rentals from these regulations will have indirect economic impacts. Please see attached document for more information.

Please return this form before February 25, 2025. Email to pa@snhd.org, mail to Southern Nevada Health District, EH Public Accommodations, PO Box 3902, Las Vegas, NV 89127, or deliver in person to 280 S Decatur, Las Vegas, NV 89107.

Comments on the Proposed Public Accommodations Regulations BIS
Submitted by the Nevada Resort Association
February 25, 2025

Question 3: ***Will the proposed changes to the Public Accommodations Regulations impose a direct and significant economic burden on your business or the public accommodation industry?***

Yes. Based on a high-level review of operations by our members, we have received initial estimates showing that the proposed changes will have significant economic costs – in the multi-millions of dollars. **One member alone estimated a direct initial cost of $1,029,000 in connection with the new requirements set forth in just Section 3.1. With approximately 63 members in Clark County, it is clear to see that extrapolating these costs can easily reach into the tens of millions of dollars.** It is challenging to provide a total economic cost estimate across our membership as each company uses different products to fit their unique needs. Therefore, we have provided a snapshot of cost impacts regarding the different proposed requirements in certain sections.

Section 4.3.5: Mattresses must be protected from contamination with waterproof encasements. This will have a very large direct and significant economic burden on our members. Currently, our members already have robust mattress and/or encasement related cleaning/disinfecting procedures in place and have invested significant resources into this effort. As an example, a similar product (mattress pad) is in use, which essentially performs the same function as a full "mattress encasement." All of these, which were previously approved in inspections, would have to be replaced. There are nearly 167,000 hotel rooms in Clark County, many of which have two or more beds in the room. This requirement is not currently budgeted and will be a reoccurring expense. In addition, there are labor costs as these encasements will need to be installed, maintained and replaced. Based on insight from our members, a conservative cost estimate to add these encasements across the industry is $4 to 6 million solely for the initial purchase of mattress encasements. As one member reported, they anticipate spending more than $200,000 on new encasements. There will also be ongoing costs to replace them which are not included in the estimate. There is the question of what would happen to the current mattress pads if deemed insufficient as they would most likely end up in a landfill en masse, running counter to our members' waste diversion programs and goals. If this were to be approved, would properties that have purchased new mattresses with a built-in encasement satisfy the requirement?

Section 3.9: Ground Fault Circuit Interrupters (GFCI). Clarification on this would be appreciated as the building code and the National Electric Safety Code already address this issue. All properties were built to meet existing building code requirements at the time they were constructed and are upgraded to meet the current code as new permits are pulled, in compliance with the building code. We propose that existing buildings be exempt from making this change, unless it is required by the original building code. One of our members estimates the total cost impact at $300,000 for parts and labor for their properties alone if immediate updates are required at all properties.

Section 3.10.3: All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F (20°C) and 90°F (26.7°C) while being used by guests. This change will have a significant fiscal impact on energy costs and affect our members' energy consumption reduction goals. These new ranges may conflict with energy code and ASHREA guidelines (which recommend the following: Air temperature in cooling mode: 23.5°C to 25.5°C {74.3°F to 77.9°F}; air temperature in heating mode: 20.5°C to 24.5°C {68.9°F to 76.1°F}.) With nearly 167,000 hotel rooms, this change has the potential to increase energy costs for the industry into millions of dollars. For some of our members,

moving this temperature threshold will cause issues for HVAC systems which will need to work harder, leading to failure and replacement ahead of schedule. This wide range could require a full upgrade of HVAC systems, wall insulation and windows to meet the proposed ranges at all times of the year. This could be very costly with a business impact estimated at $150,000,000 for one member (with multiple properties) alone.

Section 3.11.7: The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests. The change reflected here elevates the process from a standard cleaning performed by a guest room attendant to a more in-depth process that would require personnel from facilities to access the mechanical equipment in a spa tub. This would affect staffing and staff hours/time at task and potentially could take rooms out of service for cleaning, all of which would have a significant fiscal impact.

Section 3.14.4-6: Anti-siphon valves added to hose bibs. Based on an estimate from one of our members, the cost impact to their properties to add these is estimated at $264,000 for labor and parts. Another member, representing about 2,500 rooms, provided a cost estimate of approximately $8.50 per value. Again, given the number of fixtures across the industry, this quickly becomes a very large number. Clarity about this item would be appreciated as the building code already addresses this issue. It is unclear if the requirement is for these to go on hose bibs in utility closets on hotel floors and whether they would only need to be added where there is an actual hose on the spigot? Without further clarification, it is difficult to determine a count and therefore a cost. It would also be helpful to understand the concerns and address those based on equipment currently in use. Many utility sinks have a built-in backflow mechanism. As it stands now, this issue will be addressed over time as areas are upgraded and building permits are pulled in accordance with the building code.

Section 6.5.2: Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water. The requirement of "wall-mounted" will have a direct and economic impact on our members as many of them currently have sink-mounted soap dispensers which would require construction costs to reconfigure the soap dispensers. Given the number of employee restrooms in our members' properties, this would create a significant economic burden. We propose that this section be changed to match the requirements for amenities in guest-facing public restrooms (Section 4.2.4) which provide for greater optionality. Section 4.2.4 states that guest restrooms must have "*disposable paper towels, electric dryers or single-use cloth towels and liquid soap dispensed from easily cleanable permanent wall- or counter-mounted dispensers.*" Looking at the impact on just one of our members, having to make this change would result in an estimated cost of approximately $165,000 to update all their property employee restrooms.

Question 4: *Will the proposed changes to the Public Accommodations Regulations directly restrict the formation, operation, or expansion of your business or the public accommodation industry?*

Yes. Our members report many of these proposed changes will impair the operation of their existing businesses and delay the development of new construction or remodel projects.

Sections 10.2: Plans for construction and remodeling at least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules*; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval and 10.3.2: Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.* Our members are continually updating their facilities

to ensure they remain competitive and modern. Given the volume of projects our members embark on throughout the year, this requirement would be burdensome and difficult to manage, both by resorts and for the Health District. Many of these projects do not have a nexus with environmental health regulations as they may be more aesthetic in nature. Further, there is already a process in place through the building department, which would make this requirement duplicative. We would appreciate clarification on where the concern is, perhaps a list of requirements under which the submittals would be required. One member, which represents multiple properties, provided an estimate based on the hundreds of building permits they submit each year, reporting that the estimated total impact is $150,000 per year for the cost of labor and materials associated with preparing and submitting the plans. In addition, delays created by this process could have a major impact on project opening dates. Delays in opening dates due to additional regulatory review could cost thousands or even millions of dollars depending on the type of project and duration of the delay.

Question 6: ***Do you anticipate any indirect economic effects to your business or the public accommodation industry as a result of the proposed changes to the Public Accommodation Regulations?***

Yes. We anticipate that SNHD will need significant time to review the substantial volume of documents resorts will be required to submit in advance of each project that requires a building permit under the proposed changes in Sections 3.1.1-3.1.3. Delays created by this new process could have a significant impact on project opening dates. A member, representing multiple properties, estimates those delays to cost approximately $1 million in lost business revenue per year.

Short-term Residential Rentals Exclusion: *Section 1.3* indicates the intent of the proposed regulation is *"to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities."* We applaud and support this intent as ensuring a safe experience for visitors, guests and employees is essential to maintaining Southern Nevada's reputation as a top destination, and therefore, ensuring our local and state economies continue to grow and thrive given the dependence on the tourism industry for jobs, tax revenue and economic output.

Respectfully, the exemption of short-term rentals from these regulations as noted in *Section 1* conflicts with the intent to protect public health: *"Short-Term Residential Rentals (STRs) are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit."* We are deeply concerned about the grave public health consequences associated with new language at page 9 defining a "short-term residential rental" and the exclusion.

Much of Southern Nevada's success is due to catering to customers' preferences, and while resort hotels continue to be the leading choice of visitors, more and more visitors are choosing short-term rentals as their accommodations, making them de facto hotel rooms. By some accounts, there may be anywhere from 10,000 to 15,000 short-term rentals operating in Clark County. Therefore, it is imperative that these places of public accommodation (STRs) be included in the regulations. By excluding STRs from these regulations, there is increased potential for disease outbreaks, bed bugs or other pest infestations, biohazards, mold and additional substantial threats to human health and safety to occur. Each of the items listed in *Section 2.1 ("Substantial Hazards to Public Health and Safety")* are possibilities at a STR, harming guests and potentially extending into the surrounding neighborhood and beyond.

In addition to the potential damage unsanitary or dangerous conditions at STRs pose to visitors, excluding STRs from regulation creates an uneven playing field between the types of accommodations.

The resort industry recognizes the value of regulations for places of public accommodation and complying with them generates significant expenses for the industry. Allowing STRs to operate without these health and safety regulations and, therefore, without inspections is welcome news to the bad actor operators as they have no requirement to invest in robust disinfection, sanitation, cleaning or any other preventive measure to keep their guests safe.

Whether operated unlawfully or pursuant to a license issued by a local government agency, short-term residential rentals are held out to the public and transacted as commercial transient lodging establishments for financial gain.

- The public has a reasonable expectation that local public health authorities have in place permitting requirements and processes to ensure that public health and welfare is protected at such establishments. This includes ensuring that cleaning and sanitation standards are being followed, including that the occupants are kept clear of pest infestation or interactions with solid waste that could jeopardize their health or potentially spread disease, and that access to clean, potable water is maintained, among other critical matters.

- We believe the public would be alarmed to learn that public health authorities propose to decline any level of public health oversight of commercial short-term residential rentals that are being held out to the public and transacted as transient lodging establishments.

- The Southern Nevada Health District presumably has exempted short-term residential rentals from permitting requirements and regulations that apply to public accommodations facilities on the basis of staff resources. However, the health district offers no analysis as to the amount of revenue that could be generated through short-term residential rentals being required to obtain public accommodations facility permits as a means to fund additional staff to oversee such operations.

Exempting commercial short-term residential rentals from public accommodations facility regulations also creates substantial inequities that will place lawfully approved, commenced, and highly regulated public accommodations facilities at a material competitive disadvantage that may have severe economic consequences for the state. Nevada's resort industry powers the state, generating billions in economic activity each year, generating $98 billion in total economic impact, accounting for 37 percent of Nevada's GDP. The industry supports 436,600 jobs, making up 28 percent of the state's total employment. And the resort industry contributes nearly $2 billion to Nevada's general fund revenues or 34 percent of the General Fund revenue, the state's largest tax contributor.

Chapter 7.100 of The Clark County Code includes important licensing and recordkeeping requirements for commercial short-term residential units operating in Unincorporated Clark County. The licensing requirements for commercial short-term residential units operating in Unincorporated Clark County recognize the critical nature and economic imperative of proper oversight of short-term rentals, in stark contrast to the approach taken by the Southern Nevada Health District in the proposed amendments to public accommodations facility regulations.

We strongly oppose how this matter has been addressed in the proposed public accommodations facility regulations. We encourage the Southern Nevada Health District to remove the new language at Page 9 and to create meaningful public accommodations facility permitting and regulatory requirements for short term residential rentals to protect the health and welfare of the public. We further strongly encourage the Southern Nevada Health District to recognize the substantial threat to public health and

welfare associated with unlawful operation of short-term residential rentals in Southern Nevada and to take action to mitigate the same.

Additional Comments

HEALTH PERMITS: At page 42 under 9.4, the proposed regulations delete the requirement that The Southern Nevada Health District shall, upon receipt of a completed Health Permit application, construction plans, and all applicable fees, acknowledge receipt of the plans within 48 hours. The revisions to the public accommodations do not include an amended, time-based requirement for The Southern Nevada Health District to acknowledge receipt of the completed Health Permit application and plans. The justification for removing this time-based acknowledgement requirement is unclear and any undue or unreasonable delay in processing Health Permits can create substantial adverse impacts on a public accommodation facility that cannot commence with its plans or operations as a result of administrative delays. We encourage The Southern Nevada Health District to reinstate the requirement to acknowledge receipt of a completed Health Permit application and plans within 48 hours.

Further, at page 48 under 12.6, the timeframe required for a hearing for a public accommodations facility operator who wishes to appeal revocation of their operating permit has been tripled from ten days to thirty days. Delayed adjudication for a matter as urgent and existential as an appeal of an operating permit revocation is deeply troubling and will result in substantial adverse economic impacts to a public accommodations facility operator.

CLEANING: New language at page 16 under 3.11.4 appears to require an aggressive standard of daily room cleaning without any compelling justification or basis in public health rationale. The existing language under this section has served the public health imperative and public accommodations facility industry well for more than two decades. The proposed aggressively prescriptive daily room cleaning standard proposed by the Southern Nevada Health District will create substantial cost and resource burdens on public accommodations facilities, a striking disparity when contrasted with the Southern Nevada Health District's apparent position that the short-term residential rental industry warrants no public health authority oversight whatsoever.

Section 6.3 Handwashing: Respectfully, we request an exemption for employees who use gloves at all times and change their gloves between handling dirty and clean linens. The practice of using gloves is a reasonable alternative to washing hands in a guest bathroom that has not yet been thoroughly cleaned or repeated handwashing that can create discomfort or skin conditions for personnel who are cleaning multiple rooms per day.

Section 8: SCRV Dry Camping at Public Accommodation Facilities. We would appreciate confirmation regarding the requirement related to RVs having water and sewer applies, particularly that it would not apply to situations where a guest may be simply parking a big rig or RV/camper at a resort property.

TIMELINE ON COMPLIANCE AND ENFORCEMENT: If the proposed changes to the regulations are approved, the resort industry would appreciate an 18–24-month implementation period before the regulations are enforced to allow for the development and implementation of training for staff as well as the procurement and installation of required equipment or materials.

Thank you for considering our perspective.

Attachment C

Proposed 2025 PA Regulations

SOUTHERN NEVADA HEALTH DISTRICT
2025 PUBLIC ACCOMMODATION REGULATIONS

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the Public Health Authority for those entities, pursuant to Nevada Revised Statutes (NRS) 439; and

WHEREAS, the Southern Nevada District Board of Health is the governing body of the Southern Nevada Health District, and is authorized to adopt Regulations necessary to protect and promote the public health and safety in the geographical area subject to its jurisdiction; and

WHEREAS, the Southern Nevada District Board of Health finds that the sanitation and safety of public accommodation facilities does affect the public health, and that it is necessary to adopt Public Accommodation Regulations to prevent and control the spread of communicable disease, and to promote and regulate the safety and sanitary condition of those establishments; and

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

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Section 1 – General Provisions

1.1 Title

These Provisions must be known as the Southern Nevada Health District (SNHD) 2024 Public Accommodation Regulations, hereinafter referred to as "Regulations."

1.2 Scope

The Regulations establish definitions; set minimum standards for the design, construction, operation, and maintenance of public accommodation facilities; outline record keeping and reporting requirements; provide for enforcement; and include provisions for the issuance, suspension, and revocation of Health Permits

1.3 Intent

The purpose of these Regulations is to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities.

1.4 Definitions.

The following definitions apply in the interpretation and application of these Regulations

"Air Gap" is an unobstructed vertical distance between the lowest opening from a pipe, plumbing fixture, or appliance to the flood-level rim of the drain.

"Agency of jurisdiction" is the local building department, safety authority, fire marshal, business licensing, police or other federal, state or local health agency, federal regulatory agencies, departments of agriculture, other than the Health Authority, having jurisdiction concerning construction, operation, maintenance, and public safety of a public accommodation facility.

"Back siphonage" is backflow caused by a negative pressure (i.e., a vacuum or partial vacuum) in a public water system or consumer's potable water system.

"Bathroom" is a room which contains a bathtub or a shower, or both.

"Bedding" includes mattresses, quilts, blankets, sheets, pillows, comforters and spreads.

"Biohazard event" is an event in which a biological agent, including pathogenic microorganisms and their toxins, causes a condition that may constitute a threat to human health and safety.

"Biohazard Event Control Plan" is a written plan which contains detailed clean-up procedures by which public accommodation facility employees can safely disinfect potentially-contaminated surfaces and control potential communicable disease outbreaks among guests and/or employees.

"Certified applicator" is a person who is certified by the Nevada Department of Agriculture as qualified to use or supervise the use of restricted-use pesticides.

"Clean" means free of visible dirt, dust, sludge, foam, slime (including algae and fungi), rust, scale, mineral deposits, accumulation of impurities, and/or other foreign material.

“Common bathroom” is a guest bathroom that is to be shared by the guests of more than one guest room.

“Communicable disease” is a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

“Disinfect” means the use of a disinfectant to destroy of inhibit pathogenic microorganisms on work surfaces, equipment or instruments.

“Disinfectant” is a United States Environmental Protection Agency (EPA)-registered antimicrobial agent, such as a chemical or heat, that destroys, neutralizes, or inhibits the growth of pathogenic microorganisms

“Dry camping” is the practice of camping or parking where there are no available hookups for water, sewage disposal, electricity, and other amenities at each individual parking space.

“Furniture” is the movable articles in a guest room or public area that make it fit for living or working. Furniture includes but is not limited to tables, chairs, bed headboards, bed frames, box frames, sofas, curtains, pictures, vases, mirrors, televisions and other electrical equipment, and appliances. Bedding and tableware are NOT considered to be furniture.

“Ground Fault Circuit Interrupter” (GFCI) is a device for protection of personnel that de-energizes an electrical circuit or portion thereof in the event of excessive ground current.

“Guest” is any person other than employees, either paying or non-paying, that uses any part of a public accommodation facility.

“Guest room” is any sleeping or resting rooms and contiguous areas such as bathrooms, kitchens, kitchenettes, etc., intended for private use by a guest or guests of a public accommodation facility.

“Guest room attendant” is any public accommodations facility employee who, as part of their normal work assignment, performs the routine cleaning and upkeep (excluding maintenance items) of one or more guest rooms.

“Health Authority” means the officers and agents of the Southern Nevada Health District.

“Health Permit” is written approval by the Health Authority to operate a public accommodation facility under the provisions of these Regulations.

“Hostel” is a public accommodation facility consisting of a building or group of buildings in which there are five or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public transitory lodging. Hostels are supervised, and include common restroom, bathroom, and kitchen facilities.

“Hotel” is any public accommodation facility which is a building or group of buildings in which there are three or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public lodging, on a day-to-day basis, where the primary entrance is through a lobby or foyer.

“Housekeeping cart” is any cart used by guest room attendants to facilitate cleaning, linen exchange, and other routine housekeeping activities associated with guest room upkeep.

“Mold” is any of the microscopic organisms of the kingdom *Fungi*, which possess a filamentous structure or mycelium.

“Mold remediation” includes, without limitation:

> The enclosure, abatement, or removal of mold or material containing mold from a building or structure, including any associated mechanical systems inside or outside the building or structure;
>
> The repair, renovation, or demolition of a building or structure containing mold or material containing mold; or
>
> Any activity connected with the enclosure, removal, abatement, repair, renovation, or demolition of a building or structure containing mold or material containing mold.

“Motel” is a public accommodation facility which consists of a building or group of two or more detached or semi-detached buildings containing one or more guest rooms, each with a separate exterior entrance, used as a room for lodging on a day-to-day basis.

“Non-sewered toilet” is a toilet that is not connected to a sewage disposal system. The term includes, without limitation, a free-standing portable toilet and a recreational vehicle and/or trailer equipped with waste holding tanks.

"Nuisance" is anything which is injurious to health or offensive to the senses, so as to interfere with the comfort or endanger the health or safety of the public.

“Order” is a written directive issued by the Health Authority which instructs the responsible person to immediately stop doing or allowing a specific action to occur at a public accommodation facility.

“Outbreak” is the occurrence of cases of a communicable disease in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population, per Nevada Administrative Code (NAC) 441A.130.

“Pathogenic” means the ability to produce disease.

“Person in Charge” means the individual present at a public accommodation facility who is responsible for its operation.

“Personal hygiene items” are consumable articles that are used for personal cleanliness and/or grooming.

“Potable water” is water that is safe for human consumption.

“Public accommodation facility” is a hotel/casino, resort, hotel, motel, hostel, , or other facility offering rooms or areas to the public for monetary compensation or other financial consideration on an hourly,

daily, or weekly basis. Facilities offering rooms for 31 consecutive days or longer may be exempt from these Regulations.

"Public area" is any area open to public view, whether indoors or outdoors, excluding guest rooms, at a public accommodation facility to which the public has approved access.

"Putrescible" means capable of being decomposed by microorganisms with sufficient rapidity as to cause nuisances from odors or gases.

"Recreational park trailer" is a vehicle which is primarily designed to provide temporary living quarters for recreational, camping, or seasonal use and which:

Is built on a single chassis mounted on wheels;

Has a gross trailer area not exceeding 400 square feet in the set-up mode; and

Is certified by the manufacturer as complying with Standard No. A119.5 of the American National Standards Institute. (NRS 482.1005)

"Recreational vehicle (RV)" is a vehicular-type unit primarily designed as temporary living quarters for travel, recreational or camping use, which may be self-propelled, mounted upon, or drawn by, a motor vehicle, occupied in any one place for 30 days or less. The term includes a recreational park trailer. (NRS 482.101)

"Responsible person" is the person or persons who own, manage, lease, act as the primary point of contact or otherwise control the construction, remodeling, operation or maintenance of a public accommodation facility.

"Restricted-use pesticide" is any pesticide that has been classified for restricted use by or under the supervision of a certified applicator in accordance with Title 7, Agriculture; Chapter 6, Insecticides and Environmental Pesticide Control; Subchapter II, Environmental Pesticide Control; Section 136.

"Restroom" is a public room that contains one or more toilets and one or more sinks.

"Room service cart" is any cart used by food establishment staff to facilitate the provision of food from a room service kitchen to guests in a guest room.

"Sanitary station" is a facility used for removing and disposing of wastes from RV and self-contained recreational vehicle (SCRV) waste retention tanks.

"Sanitized" means the treatment of equipment, tableware, and surfaces that can be accessed by the public with a biocide by a process which has been approved by the Health Authority as being effective in destroying pathogenic microorganisms of public health concern.

"Self-contained recreational vehicle (SCRV)" is a recreational vehicle or trailer of any size designed to serve as self-contained living quarters, including potable water and waste disposal facilities, for recreational or seasonal travel.

"Service animal" is any dog or miniature horse that is individually trained to provide assistance to an individual with a disability.

“Service building” is a building provided to house toilet and shower facilities.

“Sewage” is wastewater consisting of liquid waste and water-carried solids, including effluent from commercial, industrial, and domestic sources and toilets.

“Short-Term Residential Rental” means the commercial use, or the making available for commercial use, of a residential unit for dwelling, lodging or sleeping purposes, wherein any individual guest rents or occupies the entire dwelling unit or one or more individual rooms within the unit for a period of less than thirty-one consecutive calendar days. Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.

“Significant water/moisture” is the presence of uncontrolled visible water or detectable moisture (measured as 95 percent relative humidity or higher) which persists for more than twenty-four hours from an unmitigated source such as a roof leak, pipe leak or similar unexpected source; or evidence of uncontrolled visible water or detectable moisture (unmeasured) indicated by the presence of visible mold

“Solid waste” is all putrescible and nonputrescible refuse in solid or semisolid form, including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, and solid or semisolid commercial and industrial waste. The term does not include hazardous waste managed pursuant to NRS 459.400 to 459.600, inclusive, or a vehicle described in subparagraph (2) of paragraph (b) of subsection 1 of NRS 444.620.

“Surface” is the surface of any furniture, equipment, fixture, walls, floors, ceilings, bathtubs, showers or similar surface which is part of a public accommodation facility.

“Tableware” is eating, drinking, and serving utensils for table use, such as flatware including forks, knives, and spoons; hollowware including bowls, cups, serving dishes, ice buckets, coffee pots, carafes, and tumblers; and plates.

“Time/Temperature Control for Safety” (TCS) means a food that requires time or temperature control to limit pathogenic microorganism growth or toxin formation.

Section 2 – Substantial Hazards to Public Health and Safety

2.1 Substantial Hazards to Public Health and Safety include, but are not limited to:

2.1.1 Substantial damage to the public accommodation facility caused by earthquake, wind, fire, rain, or flood.

2.1.2 Loss of electrical power to such critical systems as lighting, heating, cooling, or ventilation controls for a period of two or more hours.

2.1.3 Reduction of water pressure below 20 pounds per square inch (psi) to any part of a facility, any unplanned water outage, for a period of one or more hours.

2.1.4 A water supply that is not approved by the Health Authority.

2.1.5 A defect or condition that exists in the system supplying potable water that may result in the contamination of the water.

2.1.6 A cross-connection between the potable and non-potable water distribution systems, such as landscape irrigation, air conditioning, heating, and/or fire suppression.

2.1.7 A back siphonage event.

2.1.8 Sewage that is not disposed of in an approved and sanitary manner.

2.1.9 Lack of properly installed toilet and/or hand washing facilities.

2.1.10 An infestation, harborage or propagation of pests.

2.1.11 The presence of toxic or noxious gases, vapors, fumes, mists or particulates in concentrations immediately dangerous to life or health, or in concentrations sufficient to cause an environmental disease or a public nuisance.

2.1.12 The presence of any unapproved pesticide residues in the interior building areas of a public accommodation facility, in food establishments contained within the public accommodation facility, or in any food present in the facility; or the presence of excessive restricted-use pesticides in any outdoor area of a public accommodation facility; or any evidence of the indiscriminate use of a pesticide or herbicide which may be injurious to the health of humans.

2.1.13 The presence of any disease-causing organism in water exposed to the atmosphere, which has caused an environmental disease in the public accommodation facility.

2.1.14 An employee infected with a communicable disease which represents an immediate hazard to staff or guests.

2.1.15 Equipment that by condition, design, construction or use poses an immediate risk of entrapment, fall, puncture, pinch, crush, trip, or other cause of injury.

2.1.16 Surfaces, furnishings, bedding, towels, chairs or other items within a room that are stained with blood or bodily fluids, soiled, or infested with pests; or are in an otherwise unsanitary condition.

2.1.17 Any unmitigated biohazardous event that simultaneously involves more than one guest room or a public area.

2.1.18 Missing or inoperable smoke detection equipment in each sleeping or separated living area.

2.1.19 Inability of the heating and cooling equipment to maintain the room temperature between 60°F and 90°F by thermostatic control in all living and sleeping rooms while being used by guests.

2.1.20 The presence of uncontrolled putrescible waste within the public accommodation facility, on the facility grounds, or in waste accumulation and disposal areas in quantity and duration as to create a nuisance.

2.1.21 All illegal clandestine drug laboratories and related activities..

2.2 Notification of the Health Authority

All substantial health hazards listed in Section 2 that are not mitigated within the required timeframes listed in these Regulations must be reported to the Health Authority.

2.3 Health Authority Actions

When the Health Authority determines a substantial health hazard exists at a public accommodation facility, the Health Authority may order the public accommodation facility to take corrective action, suspend operations, and/or take any other action as provided in Section 12 of these regulations.

Section 3 – Facilities and Equipment

3.1 Plans for construction, remodeling

3.1.1 No person may construct or extensively remodel a public accommodation facility that requires a building permit without written approval from the Health Authority.

3.1.2 Plans to construct or remodel a public accommodation facility must include:

3.1.2.1 Full set of onsite Civil Engineering Improvement Plans

3.1.2.2 Mechanical (heating, ventilation, and cooling) Drawings

3.1.2.3 Plumbing Drawings

3.1.2.4 Electrical and lighting/photometric Drawings

3.1.2.5 Specification sheets for the guest room heating/cooling units

3.1.2.6 Exterior site plans and details

3.1.2.7 Interior floor plans and details, including guestroom plans and elevations.

3.1.3 Plans must be submitted prior to beginning construction or remodeling

3.2 Certain areas prohibited from use as quarters for living or sleeping

A public accommodation facility must not allow any person to use, or to permit another person to use, any of the following portions of a public accommodation facility for living or sleeping purposes:

3.2.1 Any kitchen, cellar, hallway, water closet, bath, shower compartment, or mop-sink room.

3.2.2 Any other room or place which does not comply with the provisions of this chapter, or in which, in the judgment of the Health Authority, living or sleeping is dangerous or prejudicial to life or health by reason of an overcrowded condition, insufficient light, windows, ventilation or drainage, dampness, or offensive or obnoxious odors or poisonous gases in the room or place, or a lack of exits as required by the version of the Uniform Building Code being used by the agency of jurisdiction.

3.3 Air space, floor area and ceiling height of rooms

No room for sleeping purposes shall have less than 500 cubic feet of air space for each occupant. The floor area of each sleeping room must be at least 80 square feet and at least 7 feet in width. All rooms must have a ceiling height of at least 8 feet.

3.4 Floors

3.4.1 Every floor and every floor covering, such as carpeting, must be kept clean and in good repair, sanitized or replaced so that it will not become a hazard to safety or health.

3.4.2 The floors in areas with a high potential to be wet, including areas used for washing and sanitizing tableware and in laundry areas, kitchenettes, and in areas in bathrooms and

toilet rooms, which are next to the tub, shower or toilet, must be constructed of smooth, durable, nonabsorbent and easily cleanable material. The Health Authority may prohibit the use of carpeting in any other area, which it deems would be made unsanitary by the use of carpeting.

3.4.3 Every concrete, tile, ceramic and vinyl floor installed in a bathroom, toilet room, laundry room or kitchenette must be coved at the junctures between the floor and the walls. All material used to cove the junctures must be fitted snugly to the floor and the walls so there are no openings large enough to permit the entrance of pests.

3.5 Walls, ceilings and closures

3.5.1 All walls, ceilings, doors, windows, skylights, other closures, fixtures and decorative material must be kept clean and in good repair.

3.5.2 The walls of bathrooms, toilet rooms, rooms for washing tableware, and kitchenettes must be smooth and easily cleanable.

3.5.3 The materials used in constructing the walls and ceilings must be joined along their edges so as to leave no open spaces or cracks.

3.5.4 Studs, joists, rafters and beams must not be left exposed in bathrooms, toilet rooms, laundry rooms or kitchenettes. If left exposed in other areas, these structural members must be suitably finished and be kept clean and in good repair.

3.6 Furniture

All furniture must be kept in good repair, cleanable, and maintained in a clean and sanitary condition.

3.7 Lighting

3.7.1 At least 50 foot-candles of light at a distance of 30 inches from the floor must be provided in each area for washing tableware and in each kitchenette.

3.7.2 At least 20 foot-candles of light at a distance of 30 inches from the floor must be provided in each laundromat area for guest use, toilet room, bathroom and in each other area during cleaning.

3.7.3 At least 15 foot-candles of light at a distance of 30 inches from the floor must be provided in any area used for living or sleeping.

3.8 Smoke Alarms

3.8.1 Each guest room or separated living area must be equipped with at least one working smoke alarm, which is installed, maintained, and tested according to existing fire codes.

3.8.2 The smoke alarm must be free of foreign matter such as tape or paint that could impair its proper function.

3.9 Ground Fault Circuit Interrupters (GFCI)

GFCI electrical outlets shall be installed in all public accommodation facilities built after 1971 at the following locations:

3.9.1 Bathrooms: All electrical outlets must be GFCI protected

3.9.2 Kitchens: All electrical outlets serving countertop areas and any receptacle within 6 feet of a sink must have GFCI protection

3.9.3 Laundry, Utility and Wet Bar sinks: Any receptacle within 6 feet of a sink must have GFCI protection

3.9.4 Public accommodation facilities constructed prior to 1971 without GFCI protection must install GFCI outlets if updating the building's electrical system.

3.10 Heating and ventilating systems

3.10.1 All bathrooms and toilet rooms must be adequately ventilated so that excessive moisture is removed from the room.

3.10.2 Each system for heating, cooling or ventilation must be properly installed and maintained at all times that guest rooms are occupied.

3.10.3 All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests.

3.10.4 The use of portable space heaters as the primary source of heat is prohibited in guest rooms.

3.11 Baths, showers, toilets and sinks

3.11.1 Common bathrooms servicing guest rooms are prohibited in all hotels and motels newly built.

3.11.2 Each guest room in a public accommodation facility must contain, at a minimum, one toilet, one sink, and one shower and/or bathtub, which may include a bathtub/shower combination.

3.11.3 All baths, showers, toilets and sinks must be kept in good repair.

3.11.4 While being used by guests, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.

3.11.5 Cloths used for cleaning and sanitizing dirty environmental surfaces of the guest room shall be used in one guest room only, and then be placed in the dirty compartment of

the housekeeping cart when the guest room attendant has completed cleaning that room.

3.11.6 Cellulose sponges are prohibited from use; abrasive scrubbing pads that are used in multiple rooms must be stored in disinfecting solution

3.11.7 The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.

3.11.8 All under-the-counter cabinets must be maintained in a clean, dry, and structurally sound condition. The cabinets must be replaced if the understructure shows warping, peeling and/or rotting.

3.12 Sanitation of guest room following occupation by guest having a communicable disease

3.12.1 Whenever the responsible person knows or suspects that a guest room has been occupied by a person with a reportable infectious illness, the guest room shall be thoroughly cleaned and sanitized, depending on the suspected or known pathogen, according to the public accommodation facility's Biohazard Event Response Plan. ***An example SOP can be found in Appendix A***.

3.12.2 All linens, towels, and bedding from the contaminated guest room shall be laundered and dried before reuse.

3.12.3 The guest room shall not be occupied by new guests until the timeframe recommended by the manufacturer of the treatment substance has passed.

3.13 Water supply

3.13.1 The potable water supply for each public accommodation facility must be from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and must meet all NRS 445A requirements.

3.13.2 Each public accommodation facility must be supplied with a hot and cold potable water supply that meets all sanitary purposes, including water for cooking, bathing, sink use, and laundering.

3.13.3 Anytime the responsible person receives a water quality-related complaint in which two or more persons report similar illness within 24 hours of each other, the responsible person must report the alleged illnesses to the Health Authority immediately.

3.14 Plumbing

3.14.1 The potable water system must be installed and maintained in such a manner that there is no cross connection between it and any other system.

3.14.2 Every room with laundry facilities must have a drain in the floor of the room. The floor must be sloped to provide proper drainage.

3.14.3 Each washing machine, dishwasher or sink used for washing laundry, tableware, and all ice machines, must drain through an approved air gap to a floor sink.

3.14.4 A device used to prevent backflow or back siphonage that is installed on a potable water system must comply with the standards for the construction, installation, maintenance, inspection, and testing of the Uniform Plumbing Code (UPC) for that specific application and type of device.

3.14.5 Each hose bibb must be equipped with a suitable backflow prevention device, such as an Atmospheric Vacuum Breaker (AVB), and installed and maintained in accordance with manufacturer guidelines.

3.14.6 The written results of annual backflow prevention device testing must be made available at the public accommodation facility for Health Authority review.

3.15 Water damage evaluation

3.15.1 Whenever evidence of significant water/moisture intrusion from any source is found within or on the walls, ceilings, attic spaces, crawl spaces, floors, carpeted surfaces, ventilation ducts, insulation, or other materials or areas which may promote the growth of mold, the source of the water or moisture must be identified and stopped to prevent or reduce mold growth.

3.15.2 Whenever a need arises to conduct a large-scale mold remediation affecting more than 1,000 square feet within a public accommodation facility, the Health Authority must be notified in writing of actions taken.

3.16 Solid waste disposal

3.16.1 Each public accommodation facility must have solid waste containers of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until the solid waste is removed.

3.16.2 When solid waste is not being removed in a manner that prevents a public health nuisance or danger, the Health Authority may direct the responsible person at the public accommodation facility to increase their solid waste container capacity and/or increase the frequency of scheduled pickups until adequate removal of the solid waste is achieved.

3.16.3 The solid waste containers must be:

3.16.3.1 Kept at locations approved by the Health Authority.

3.16.3.2 Emptied at least twice weekly. The frequency of solid waste removal must be at an interval, which prevents putrescible waste from becoming a nuisance even if such frequency is more often than twice weekly.

3.16.3.3 Kept covered and closed with a tight-fitting lid at all times except when being filled, emptied, or cleaned, unless the equipment is specifically designed to be operated as an open dumpster or trash compactor.

3.16.3.4 Kept clean. Facilities for washing them must be provided and operated in a sanitary manner or appropriate contracts with a solid waste disposal company

must be in place to clean and/or replace waste containers that become excessively dirty.

3.16.4 Wastewater generated from cleaning the containers must be disposed of as sewage in the public sewerage system, in an Individual Sewage Disposal System (ISDS) approved by the Health Authority, or as otherwise approved by the Health Authority. This wastewater must not be discharged into storm drains or onto public thoroughfares.

3.17 Sewage disposal

3.17.1 All sewage must be disposed of to a public sewerage system.

3.17.2 Any sewage discharge, sewer pipe leaks, spills, or backflow onto the ground, or other inappropriate release of sewage must be promptly stopped, contained, and remediated. When a public accommodation facility fails to stop, contain, and remediate an inappropriate sewage release within four hours of the condition being discovered, the Health Authority may close the facility without notice in accordance with Section 12 of these Regulations.

3.17.4 All sewage spills must be remediated in a manner that eliminates potential disease transmission, offensive odors, sewage solids, and sewage litter. ***For guidance, see Appendix C: Sewage Remediation Guidelines***

3.18 Outdoor areas

3.18.1 All outdoor areas including, but not limited to, parking areas, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and must be kept clean and free of any health hazards.

Section 4 – General Sanitation

4.1 Public areas

4.1.1 All public areas of public accommodation facilities must be maintained in a clean and sanitary manner, free of nuisances.

4.2 Public restrooms

4.2.1 All public restrooms must be kept in sanitary condition and good repair.

4.2.2 The floors of all public restrooms must be cleaned and sanitized at least daily.

4.2.3 All surfaces of toilets, urinals, and other fixtures which may come in contact with a person's body in a public restroom, must be cleaned and sanitized at least daily. Any other surfaces not specifically addressed must be maintained in a clean condition.

4.2.4 All public restrooms must be stocked with a sufficient supply of toilet paper, disposable paper towels, electric hand dryer, or single-use cloth towels and liquid soap dispensed from easily cleanable permanent wall- or counter-mounted dispensers.

4.2.5 Cloth towels provided in public restrooms for use by guests and customers must be dispensed in a manner that clearly facilitates single use prior to laundering. If cloth towels are provided for this purpose, they must be stored for use, dispensed, and stored for re-laundering in a sanitary manner.

4.3 Guest room bedding, linen, and towels

4.3.1 All items of bedding, linen, and towels must be protected from contamination.

4.3.2 All guest room bathrooms must be provided with a sufficient supply of clean towels while the room is occupied.

4.3.3 All beds must be provided with a sufficient supply of clean bedding, which is appropriately sized, while the room is occupied.

4.3.4 Sheets and pillow cases must be replaced at least twice weekly, at the request of a guest, between guests, and whenever they have become soiled or are in disrepair.

4.3.5 Mattresses must be protected from contamination with waterproof encasements.

4.3.6 Clean bedding that is found to be in poor condition must be discarded and replaced.

4.3.7 Clean linen and bedding must not be stored or transported in laundry bags, laundry carts or other containers which have been used for soiled linen unless the operator of the public accommodation facility demonstrates to the Health Authority that the containers are, or can be, properly cleaned and their surfaces sanitized.

4.4 Third-party linen provider

When a third-party linen provider is used, any bedding, linens, towels, and/or conveyances that are found to be dirty, stained, or otherwise in poor condition must be rejected and returned to the third-party linen provider.

4.5 On-site laundry facilities

When bedding, linens, and/or towels are laundered in-house:

4.5.1 They must be laundered, folded, and stored in an area that is clean and well maintained.

4.5.2 Separate storage areas must be designated for soiled bedding, linen, and towels away from clean bedding, linen, and towels.

4.5.3 There must be an adequate hot water (at least 90°F) supply to the on-site laundry facilities.

4.5.4 There must be an adequate number of washing machines, dryers, and folding tables to handle the volume of laundry generated at the public accommodation facility. Such approved equipment must be installed or placed:

4.5.4.1 With a drain indirectly connected to sewer through an air gap;

4.5.4.2 On an approved floor, with wall-to-floor junctures sealed with base coving;

4.5.4.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.5.4.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur; and

4.5.4.5 In a room with an enclosed ceiling, finished with a cleanable surface.

4.5.5 The washing machines, dryers, and folding tables must be maintained in good operating condition.

4.5.6 There must be a handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels installed in the laundry room.

4.5.7 Prior to their next use, bedding, linens, and towels must be washed with soap or detergent and sanitized with a product labeled for that use.

4.5.8 Laundry that has been exposed to a biohazardous event, must be handled in accordance with the public accommodation facility's Biohazard Event Response Plan and all applicable regulatory requirements. ***An example "Biohazard Event Response Plan" can be found in Appendix A.***

4.5.9 Laundered bedding, linen, and towels must be stored off the floor level in a clean, place until used.

4.5.10 Linen storage shelves or cabinets must be constructed of smooth, nonporous, corrosion, and water damage-resistant material.

4.5.11 Existing wooden or combination metal/wood shelving must be sealed with an enamel sealing paint or clear coat and the shelves must be maintained in an easily cleanable condition.

4.6 Used bedding

4.6.1 The responsible person may not sell, trade, give away, or otherwise allow the transfer of any used bedding from a public accommodation facility for use in another public accommodation facility unless the used bedding is first sterilized by an approved sterilization process at a sterilization plant that has been approved by the Health Authority or otherwise disinfected in accordance with NAC 444.001 through 444.006. This prohibition does not include the exchange of furniture and mattresses that are in good condition between properties that are operated under the same management group, when such a need arises.

4.6.2 No used bedding may be recovered from any landfill, dump, dumpster or other waste disposal, junkyard, or hospital for the purpose of reuse in a public accommodation facility even after sterilization at an approved sterilization plant.

4.6.3 Used mattresses that have been sterilized in a process approved by the Health Authority, which are transported for sale in Southern Nevada from another jurisdiction must be labeled with a waterproof tag permanently affixed on each article of bedding. The label must state "Sterilized", “Disinfected” or “Sanitized” and, “Secondhand". The label must include the name, address, and Health Permit number of the sterilization plant.

4.6.4 The owner of a sterilization plant located outside of the Health Authority’s jurisdiction may submit an application for reciprocity approval if the sterilization plant meets all of the requirements of NRS 444.010 through 444.040, NAC 444.001 through 444.006, and Section 4.6 of these Regulations inclusive, and has a current Health Permit in good standing from the agency of jurisdiction.

4.7 Maintenance areas

Maintenance areas shall be clean and organized. Chemical storage and use shall be conducted in accordance with manufacturer’s instructions.

4.8 Housekeeping carts

4.8.1 Each cart shall be maintained in clean, sanitary, and good working condition.

4.8.2 Clean items shall not come into contact with any soiled articles or chemicals on the cart.

4.8.3 Each cart used for combined delivery of clean articles and removal of items for laundering must have a separate storage bin or bag for the soiled articles. The storage bin shall be made of a cleanable, smooth, and impervious material while storage bags shall be made of a durable material that is machine washable unless the bag is for single use only.

4.8.4 Laundry storage bins and bags shall be washed whenever they become visibly dirty.

4.8.5 All containers of chemicals used for maintaining guest rooms must be labeled.

4.9 Personal hygiene supplies

4.9.1 A supply of toilet paper must be provided to guests for use in the guest room bathroom.

4.9.2 A supply of single-use soap must be made available for use by guests. Used personal hygiene items left by departing guests must be discarded. Permanently-mounted stocked soap and shampoo dispensers may be provided for tub, shower, or sink use.

4.10 Ice

4.10.1 Ice used in a public accommodation facility must be made of water obtained from a water supply approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water or the ice must be obtained from a food establishment approved by the Health Authority.

4.10.2 All ice-making machines must be certified by National Sanitation Foundation (NSF) or an equivalent third-party certification organization and located, installed, operated and maintained to prevent contamination of the ice.

4.10.3 The responsible person at the public accommodation facility must have and adhere to an appropriate or effective routine maintenance and cleaning schedule for ice machines.

4.10.4 Ice must be handled, transported and stored in a manner which protects it from contamination.

4.10.5 Ice machines that are provided for direct use by guests must be designed to dispense ice cubes automatically from a storage area, which is within the machine and is inaccessible to the guest.

4.10.6 Ice buckets, ice scoops and other containers and tableware used for ice, unless of a disposable/single-use type, must be made of a smooth, impervious material and designed to permit effective cleaning. Such containers and utensils must be cleaned and sanitized each day the guest room is occupied, and must be stored and handled in a sanitary manner. When a guest declines regular guest room service, the public accommodation facility must ensure that containers and tableware are cleaned and sanitized at least once per week and between guests.

4.10.7 New, disposable/single-use, food-grade plastic ice bucket liners must be provided each day that the guest room is occupied except when disposable/single-use ice buckets are being provided.

4.11 Tableware

4.11.1 Suitable areas and equipment must be provided for the cleaning, sanitizing, drying and storage of tableware. Such equipment must be installed and/or placed:

4.11.1.1 With a drain indirect to sewer;

4.11.1.2 On, at a minimum, a composite tile or other approved floor, with wall-to-floor junctures sealed with base coving;

4.11.1.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.11.1.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur;

4.11.1.5 In a room with an enclosed ceiling, finished with a smooth, washable surface; and

4.11.1.6 In a room maintained to prevent the contamination of equipment and tableware.

4.11.2 In-room cleaning of any tableware is permitted in a guest room with use of an in-room automatic dishwasher, appropriate detergent, and having a functional and/or adequate sanitizing cycle.

4.11.3 If the tableware is not cleaned using a dishwasher in the guest room, a sink with three compartments and integral double drain boards or a dishwasher having a functional and/or adequate sanitizing cycle, certified by NSF or equivalent third-party certification organization must be used in another area of the facility.

4.11.4 Dish tables and drain boards must be large enough to accommodate the separate proper handling of soiled and clean tableware.

4.11.5 A handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels, must be installed within any room, other than a guest room, used for washing tableware or glassware.

4.11.6 The Health Authority may approve any type of facility, device, or procedure for cleaning and sanitizing tableware if the responsible person demonstrates that it is effective and reliable for that purpose.

4.11.6 If no dishwashing facilities are available, single-use tableware only must be provided.

4.11.7 Manually washing and sanitizing

4.11.7.1 All tableware must be thoroughly washed in a reasonably clean solution that contains an effective concentration of detergent.

4.11.7.2 All tableware must be rinsed in clean water after washing.

4.11.7.3 All tableware, when manually washed, must be sanitized by immersion into an approved sanitizer at concentrations per the manufacturer's use directions included in the labeling.

4.11.7.4 The proper test kit must be provided for each type of sanitizer used.

4.11.8.5 After being sanitized, all the tableware must be placed in a position permitting self-draining in a suitable area where it is allowed to air dry.

4.11.8 Storage and handling

4.11.8.1 All tableware must be stored at least six inches above floor level in a clean and dry location so that it is protected from contamination.

4.11.8.2 All cleaned and sanitized tableware must be protected from contamination during storage and handling.

4.12 Disposable/single-use articles

4.12.1 All disposable/single-use articles in a public accommodation facility must be stored in closed containers to protect the contents from contamination and be handled and dispensed in a manner that will prevent contamination.

4.12.2 Disposable/single-use articles may be used only once.

4.13 Pets and service animals

4.13.1 No pet or service animal may be allowed to create a nuisance.

4.13.2 Animal wastes must be cleaned up as often as necessary to prevent nuisances, odors, and transmission of diseases.

Section 5 – Pest Control

5.1 General provisions and preventive measures

5.1.1 Insects, rodents, and other pests must be controlled. Corrective engineering measures may be required by the Health Authority whenever a pest control problem is identified.

5.1.2 All openings to the exterior of a public accommodation facility must be protected to prevent access of or by rodents, flies and other pests. Operational windows and patio doors in guest rooms may be required to be screened if pest issues are observed.

5.1.3 Access doors such as those used for warehouse access must be kept closed when not in use unless a control measure such as an air curtain or bird netting is being used to prevent pest entry.

5.1.4 The interior and exterior of a public accommodation facility must be maintained to prevent the harborage or feeding of pests.

5.1.5 Guest rooms found to have live rodents, cockroaches, bed bugs, or other pests in type and number to cause a public health nuisance must be closed to the public immediately and until the presence or infestation is eliminated.

5.1.6 The solid waste receptacle storage area must be checked for evidence of pest activity. Corrective actions must be taken whenever evidence of pest activity is found.

5.1.7 The feeding of feral birds and animals may cause a public nuisance and is prohibited.

5.2 Pest control application

5.2.1 All pesticides must be used and stored in a safe manner in accordance with the manufacturer's recommended directions and labeling instructions.

5.2.2 Only certified applicators or persons under the direct supervision of a primary principal or principal, as defined by NRS 555.2618, NAC 555.2555, and NAC 555.256, may apply restricted-use pesticides at a public accommodation facility.

5.2.3 The Health Authority may require that the responsible person enter into a contract for licensed commercial pest control service whenever the Health Authority determines that:

5.2.3.1 An in-house pest control applicator using a restricted-use pesticide does not have a current Nevada Restricted Use Pesticide Certificate issued in their name by the Nevada Department of Agriculture which includes approval in at least the commercial certification categories of Industrial Pest Control and Institutional Pest Control of NAC 555.620 7(a) and 7(b) respectively;

5.2.3.2 In-house pest control measures are inadequate to maintain control of pests;

5.2.3.3 An in-house certified applicator is not available or is not being used;

5.2.3.4 Adequate in-house records as required in Section 5.4 are not being maintained; or

5.2.3.5 In-house pest control chemicals are being stored or applied improperly.

5.3 Rodent waste clean-up

5.3.1 All rodent waste clean-up must be completed in a manner which reduces the disturbance of rodent feces, urine, and saliva particles and associated mists.

5.3.2 Appropriate respiratory protection must be provided for any employee involved in rodent waste clean-up consistent with the U.S. Centers for Disease Control and Prevention recommendations.

5.4 Record keeping

5.4.1 The responsible person must ensure that a copy of all records which document pest control services from licensed commercial applicators, for the past one year timeframe, are maintained on-site for review by the Health Authority.

5.4.2 If the public accommodation facility has an in-house certified applicator performing their pesticide applications, then records documenting all pest control applications at the public accommodation facility must be kept on site and in accordance with NAC 555.700 for the past one year indicating the date, type, and location of pest control activities. ***See Appendix B for a "Pesticide Use Report Sample."***

5.5 Required reporting

Any out-of-control infestation of pests must be reported to the Health Authority.

Section 6 - Employees

6.1 Illness reporting and duty status

6.1.1 Employment in a public accommodation facility is a sensitive occupation under NAC 441A.170

6.1.2 Any employee or person deemed to be an employee pursuant to NAC 441A.205, who has been diagnosed by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice and excluded from work by that medical professional or the SNHD Office of Disease Surveillance (ODS) because he or she:

6.1.2.1 Has a communicable disease,

6.1.2.2 Is in a carrier state of a communicable disease,

6.1.2.3 Has a boil or other infected wound,

6.1.2.4 Or has an acute respiratory infection

must not work in a public accommodation facility until cleared, in writing, by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice. The SNHD ODS shall make the final decision whether or not an excluded employee is released to work based on the requirements of NAC 441A.

6.1.2 During the course of an investigation conducted by the Health Authority into a suspected or confirmed outbreak involving a public accommodation facility, all employees and persons deemed employees must cooperate with the Health Authority in investigating the outbreak, including providing information on illness signs and symptoms and undergoing tests that may be required.

6.2 Employee training

6.2.1 All employees that are directly involved in the servicing or maintenance of guest rooms must be trained to recognize obvious health hazards in the guest room as outlined in Section 2. Any employee encountering such a health hazard must immediately report it to their supervisor or the responsible person.

6.2.2 All employees designated to be directly involved in responding to biohazard events must be trained in biohazard issues and handling in accordance with Occupational Safety and Health Administration (OSHA) standards.

6.2.3 All employees must maintain good personal hygiene practices as appropriate for their work assignment.

6.3 Handwashing

Each employee working in a public accommodation who comes in contact with amenities, tableware, linen or who cleans toilets, bathrooms, or restrooms while servicing guest rooms or public restroom facilities must wash their hands with soap and warm water, change soiled

gloves, and/or apply a hand sanitizer approved by the Health Authority (Apply hand sanitizer only after proper handwashing has been performed):

6.3.1 Before starting work each day;

6.3.2 After personal restroom use;

6.3.3 In laundry rooms between handling dirty and clean linen; and

6.3.4 As often as may be required to remove soil and contamination.

6.4 Employee clothing

6.4.1 The outer garments of each person engaged in handling bedding, linen, towels or tableware in a public accommodation facility must be kept visibly clean.

6.4.2 Soiled employee clothing stored on site must be stored in a designated area away from clean clothing and other laundered items

6.5 Employee facilities

6.5.1 Employee locker rooms and restrooms must be maintained in a clean, sanitary, and safe condition.

6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.

6.6 Employee Food Handler's Health Cards

6.6.1 All employees involved in food handling activities must possess a valid Food Handler's Health Card issued by the Health Authority.

6.6.2 Employees that handle food service tableware only after service to the guest, conduct in-room dishwashing, who only stock mini-bars or collect ice from the public accessible ice machines do not have to possess a current, valid Food Handler's Health Card.

Section 7 – Food Service and Food Service Facilities

7.1 Prepackaged food sales

7.1.1 A public accommodation facility may offer guest room prepackaged non-TCS food sales using a cabinet, refrigerator, or similar mini-bar. No Health Permit is required for this guest service.

7.1.2 The commissary used to service guest rooms with point-of-sale food items must have a valid Health Permit issued by the Health Authority. This Health Permit may be combined with another food establishment as part of a single Health Permit within the public accommodation facility at the discretion of the Health Authority.

7.1.3 Gift shops within public accommodation facilities that sell snacks and beverages must meet the requirements outlined in the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.2 Room service

7.2.1 When room service is offered, a separate Health Permit for the room service kitchen facilities must be obtained and kept in good standing. When the Health Permit of the room service kitchen facility is suspended or revoked, all room service activity must cease.

7.2.2 Room service carts must be kept well maintained, clean, and in sanitary condition.

7.2.3 Chemicals such as “sterno” and “canned heat” must be stored separate from and below food items on room service carts.

7.2.4 Room service carts must not be used for housekeeping purposes.

7.2.5 Leftover room service food items and used tableware must be removed from public hallways at least once per eight hour shift.

7.3 Continental breakfast facilities

7.3.1 Permanent or temporary facilities constructed for the purpose of regularly or routinely serving foods to guests, whether or not a separate fee is charged for the service, shall be considered food establishments, as defined by the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.3.2 A separate Health Permit is required for the operation of a Continental Breakfast.

7.3.3 Facilities may provide coffee and non-TCS, individually prepackaged food for guest use in the lobby or other areas without a food operations health permit. The countertop and equipment must be kept clean. If no three-compartment sink or approved dishwasher is available:

7.3.3.1 All coffee cups and other items must be disposable, single-service and prepackaged.

7.3.3.2 Creamers and food must be non-TCS and dispensed from disposable, prepackaged, single-use containers.

7.4 Kitchenettes

7.4.1 Except in hostels, no community kitchen facilities are permitted.

7.4.2 A kitchenette or community kitchen, when provided, must have all of the following facilities:

7.4.2.1 A sink which is supplied with adequate hot and cold running water. The hot water must be able to reach a temperature of 120°F at the faucet within two minutes, and be supplied at a pressure at the faucet of at least 20 psi.

7.4.2.2 Cooking equipment that is properly installed and a means within the guest room, such as a hood with a fan or other ventilation system, to remove smoke, fumes, and odors.

7.4.2.3 A washable container for waste.

7.4.2.4 A counter for food preparation. The surface of the counter must be made of material which is impervious and easily cleanable.

7.4.2.5 A refrigeration unit for holding cold food. The unit must be capable of maintaining a temperature of 41°F or lower.

7.4.2.6 A cupboard or other receptacle in which tableware and food can be stored protected from contamination.

7.4.3 All tableware stored for use by guests in a kitchenette must be washed, rinsed, and sanitized between guests in an approved three-compartment sink or a dishwasher.

Section 8 – SCRV Dry Camping at Public Accommodation Facilities

8.1 Plans for construction, area designation, remodeling

8.1.1 Any public accommodation facility providing or intending to supply SCRV dry camping spaces must notify the Health Authority at least 30 days prior to doing so and must submit the information outlined in Section 8.11 of these Regulations entitled, The Management Plan. Approval must be obtained from all appropriate agencies of jurisdiction before commencing construction.

8.1.2 No public accommodation facility may construct, reconstruct, or remodel SCRV dry camping facilities without the prior approval of the Health Authority.

8.2 Allowable vehicle type

8.2.1 Only SCRVs registered with a public accommodation's SCRV dry camping facilities are permitted to use those amenities. All other types of RVs or trailers are excluded from using SCRV dry camping facilities.

8.2.2 A public accommodation facility must not allow a guest of the SCRV dry camping facility to stay longer than the facility's management plan allows.

8.3 Special Events

8.3.1 The parking and usage of SCRVs, RVs, trailers and any other associated set-up or conveyance during Health permitted Special events are not governed under these Regulations. Regulations and conditions outlined in the Special Event Permit are in force during the Special event, separate from the operation of the SCRV dry camping facility.

8.4 Parking lots and spaces

8.4.1 Parking spaces for SCRVs must be located on a well-drained site and must not create a public health hazard or nuisance.

8.4.2 Parking spaces for SCRVs must be arranged in a manner so that there is adequate space between each SCRV and from any road, public walkway or the exterior boundary of the property.

8.5 Baths and showers; backup toilets and sinks

8.5.1 An SCRV dry camping facility shall provide conveniently located backup public restrooms, such as within a service building or the public accommodation facility.

8.5.2 When the restroom facilities provided are not in the public accommodation facility, but are in an area such as service building, these rooms must be well ventilated with all openings screened to exclude flying insects and constructed of material permitting satisfactory cleaning.

8.5.3 Floors in a service building must be constructed of water-impervious material, well-pitched to a floor drain. The floor must be free from cracks or uneven surfaces that interfere with proper cleaning.

8.5.4 Partitions must be raised 12 inches from the floor and must be so constructed as to be easily cleaned. All service buildings and sanitary facilities must be kept in good repair.

8.5.5 During health-permitted temporary events, the SCRV dry camping facility may, upon approval by the Health Authority, provide properly maintained non-sewered toilets and temporary hand washing facilities to accommodate the large number of guests present.

8.6 Water supply station

8.6.1 SCRV dry camping facilities must provide a potable water supply from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and meets all applicable NRS 445A requirements.

8.6.1.1 The potable water supply may be located on the property offering SCRV dry camping spaces, or

8.6.1.2 The potable water supply may be provided by another SCRV dry camping facility, RV Park, or campground with potable water hookups. There must be a written inter-facility agreement to permit the guests of the subject SCRV dry camping facility to use the off-site potable water supply.

8.6.2 A new water supply intended to serve the SCRV dry camping facility must be approved by the Health Authority prior to operation as a potable water source.

8.6.3 The potable water system supply station must be maintained in a clean and sanitary manner.

8.6.4 The water supply station must provide hoses to fill SCRV water tanks. These hoses must be maintained in a clean and sanitary manner. A hose can be disconnected and stored in a sanitary place or it can remain attached to the faucet and be rolled up on a hose reel positioned off the ground. The hose must not be allowed to lie on the ground when not in use.

8.6.5 The hose/faucet connection must have an operational backflow or back siphonage prevention device installed.

8.7 Sewage disposal

8.7.1 All liquid wastes from service buildings must be discharged into a sanitary sewer.

8.7.2 An approved sanitary station must be provided and toilet wastes from the retention tanks of SCRVs must be discharged through it to a sanitary sewer.

8.7.3 Sewage disposal sanitary stations must be maintained in good working order. Visual inspections must be made by staff to ensure that no failure occurs.

8.7.4 Any hose or pipe used to empty the SCRV's waste holding tank must be provided with a standard fitting to assure a watertight connection with the sanitary station. Each connection on both the SCRV and the sanitary station must be closed when not in use.

8.7.5 Sanitary stations must be maintained free of litter, debris, and raw sewage. Should an incident occur where raw sewage is released from the SCRV or backs up from the sewer connection, it shall be addressed by implementing the SCRV dry camping facility's Biohazard Event Response Plan. ***An example is provided in Appendix A: Biohazard Event Response Plan for Public Areas.***

8.8 Solid waste disposal

Each SCRV dry camping facility must have solid waste containers (e.g., dumpsters, trash cans) of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until it is removed. The criteria given for solid waste containers in Section 3.16 of these Regulations, apply to the SCRV dry camping facility as well as the public accommodation facility.

8.9 Outdoor areas

The public accommodation facility providing SCRV dry camping facility parking spaces and service buildings is responsible for maintaining the premises. All outdoor areas including, but not limited to, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and be kept clean and free of any health hazards.

8.10 Signage

8.10.1 The SCRV dry camping facility must display signs identifying the location of:

8.10.3.1 Potable water supply.

8.10.3.2 Sewage disposal sanitary station.

8.10.3.3 Solid waste disposal containers.

8.11 The Management Plan

8.11.1 The Management Plan document

As part of applying for an SCRV dry camping facility Health Permit, prior to beginning operation, each SCRV dry camping facility shall have a written Management Plan that addresses the operational and administrative policies and procedures that the SCRV dry camping facility plans to implement on its property. Each Management Plan should include narrative descriptions and/or site map(s) of the following items:

8.11.1.1 Basic facility information such as facility name, address, and contact information.

8.11.1.2 A site map of the SCRV dry camping facility parking area(s). Note the dry camping parking area(s) in relation to an easily located landmark on the public

accommodation facility grounds, such as the hotel/casino itself. On the site map, mark:

8.11.1.2.1 The size of all of the areas of the SCRV dry camping facility.

8.11.1.2.2 The layout of the parking area.

8.11.1.2.3 The layout of the spaces.

8.11.1.2.4 The number of spaces available.

8.11.1.2.5 The location of the potable water supply if it is on property. When water is supplied from off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the water supply. Also provide an abridged site map showing the location of the water supply on the property of the facility with which the supply agreement has been made.

8.11.1.2.6 The location of the sewage system and sanitary station if they are on property. If they are provided off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the sanitary station. Also provide an abridged site map showing the location of the sanitary station on the property of the facility with which the disposal agreement has been made.

8.11.1.2.7 The location of solid waste disposal facilities, including the proposed number of waste disposal stations.

8.11.1.2.8 The location of backup public restrooms.

8.11.1.2.9 Any available signage locations.

8.11.1.3 Include narrative information in the Management Plan such as:

8.11.1.3.1 Information that supports the critical items listed above that are marked on the site map. Examples include a written description of each of the items, such as backup bathrooms (e.g., located in service building or located in casino) and language used on any signs.

8.11.1.3.2 Information regarding any contingency plans the facility might have to accommodate guest overflow or seasonal changes to the size and layout of the dry camping parking area.

8.11.1.3.3 The language used in the inter-facility agreements. Actual copies of the agreements can be attached as part of the management plan submission.

8.11.1.3.4 Plans for visually surveying parking lots and the SCRV dry camping spaces for health and safety hazards at regular intervals by Security or other facility-assigned staff.

8.11.1.3.5 Methods for documenting areas requiring cleanup or other attention during the parking lot/camping space survey. Facility-assigned staff should document any issues, note the necessary corrective action(s) to be taken, and then contact the appropriate department within the facility to complete the work.

8.11.1.3.6 Information regarding the public accommodation facility's own guest check-in, registration, and checkout policies for the SCRV dry camping facility.

8.11.1.3.7 Information regarding rules of conduct and responsibilities assigned to the guests.

8.11.1.3.8 A description of the content of pamphlets, maps, and other informational items provided to the guests.

8.11.1.3.9 Security's location, contact information, duties, and interface with other property departments such as maintenance and management.

8.11.1.3.10 Information on the SCRV dry camping facility's administrative policies regarding the circumstances under which the facility would want to contact the Health Authority for assistance (e.g., guests illegally disposing of liquid or solid waste in a manner inconsistent with these Regulations or the facility's Management Plan), including contact information for the Health Authority.

8.11.1.3.11 Any other information unique to this SCRV dry camping facility.

8.11.1.3.12 Responsibilities and plans for the upgrade of or changes to this Management Plan document.

8.11.2 Management Plan submission

The Management Plan shall be submitted to the Health Authority for review prior to implementation. During the review process, the Health Authority shall make required and recommended changes to the Management Plan. After approval, the Health Authority and the responsible person shall mutually agree upon an implementation schedule and dates by which any noted corrective actions must be taken.

8.11.3 Management Plan revision review

Should any changes to the Management Plan become necessary that would significantly alter the nature of the SCRV dry camping facility's operation, then those changes must be provided to the Health Authority for review and approval prior to their implementation.

Section 9 – Health Permits

9.1 Health Permit required

9.1.1 No person may operate a public accommodation facility without a valid permit from the Health Authority.

9.2 Health Permit posted

The current Health Permit must be posted conspicuously behind the front service counter in the lobby at a location clearly visible to the public at the time of check-in.

9.3 Applications for and issuance of Health Permits to operate

9.3.1 Prior to commencing the operation of any public accommodation facility, the responsible person or persons, business entity, or agent must make written application for a Health Permit on forms provided by the Health Authority, pay all applicable fees, and receive written approval from the Health Authority to operate.

9.3.2 When making application for a Health Permit to operate a public accommodation facility, the following information and items must be brought to the Health Authority for review and/or approval:

9.3.2.1 The name, location and mailing address of the public accommodation facility;

9.3.2.2 The applicant's full name, mailing address, and signature;

9.3.2.3 A statement indicating whether the applicant is a natural person, firm or corporation, and:

9.3.2.3.1 If the applicant is a natural person, the name and mailing address shall be provided.

9.3.2.3.2 If the applicant is a firm or partnership, the name(s) and mailing address(es) of the managing partner(s) shall be provided.

9.3.2.3.3 If the applicant is a corporation, the names and mailing addresses of the corporate officers shall be provided.

9.3.2.3.4 If the applicant is a limited liability company, the name(s) and mailing address(es) of the manager(s) shall be provided.

9.3.2.4 The name and signature of the responsible person of the public accommodation facility;

9.3.2.5 Proof of ownership, lease agreement, or operating agreement for the property and buildings on which the public accommodation facility will be built.

9.3.2.6 A complete set of construction plans including all schedules, e.g., floor plans, elevations, electrical schematics, etc.

9.3.3 Any food establishment or any swimming pool/spa operating at the same address or on the same property as a public accommodation facility must have a separate food establishment or swimming pool/spa Health Permit issued by the Health Authority, respectively.

9.3.4 A Health Permit issued pursuant to these Regulations is not transferable from person to person or from location to location.

9.4 Health Permit issuance

Upon receipt of a completed Health Permit application, construction plans, and all applicable fees, the Health Authority shall acknowledge receipt of the plans and then review the submitted application and plans in a timeframe agreed upon by the Health Authority and the public accommodation facility. The Health Authority shall make an inspection of the public accommodation facility to determine compliance with the provisions of NRS 447, NAC 447, and these Regulations. The Health Authority shall issue a permit to operate when applicable requirements are met.

9.5 Health Permit fee schedule

Pursuant to NRS 439.360(5), and under the authority of NRS 439.410(3), the District Board of Health adopts by reference, the current Environmental Health Fee Schedule.

Section 10 – Plan Review and Submission and Approval

10.1 Regulation of new construction and renovation of a public accommodation facility

The construction of new public accommodation facilities and remodeling of existing public accommodation facilities must be in accordance with all applicable laws, ordinances, codes and regulations.

10.2 Plans for construction and remodeling

At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.

10.3 Health Authority review timeline

10.3.1 Plans for construction and remodeling of a public accommodation facility which are submitted to the Health Authority must be reviewed within a reasonable time frame unless the applicant and the Health Authority agree upon a specific time period.

10.3.2 Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.

10.4 Exemption of existing facilities and equipment from design construction requirements

Equipment in use and compliant at the time these Regulations are revised will be considered compliant so long as it is in good repair, is capable of being cleaned and maintained in a sanitary condition, and does not create a health hazard, safety hazard, or nuisance condition.

Section 11 - Inspections

11.1 Agent of Health Authority identification

An agent of the Health Authority shall wear and show the responsible person their Health Authority photo-identification card upon entering a public accommodation facility to make an inspection or other official visit pursuant to NRS 447.200 and these Regulations. Such an inspection or official visit may be made as often as the Health Authority determines is necessary to ensure compliance with NRS and NAC 447, applicable law and these Regulations.

11.2 Responsible person must provide immediate access to Health Authority

Upon showing the required photo-identification to the responsible party, the Health Authority must be provided immediate access to the public accommodation facility to perform an inspection or other official work. Any unreasonable denial of access by an owner or operator to guest rooms or other areas of the public accommodation facility for inspection after the Health Authority has properly identified himself may result in an immediate suspension of the Health Permit to operate the public accommodation facility. The public accommodation facility Order may state that the Health Permit is suspended and all renting of guest rooms must be discontinued immediately. Any responsible person to whom such an order is issued shall comply with it immediately.

11.3 Unlawful to interfere with Health Authority

It is unlawful for any person to interfere with the Health Authority in the performance of their duties, pursuant to NRS 199.300.

11.4 Health Authority must provide written report

11.4.1 Upon completion of the visit to the public accommodation facility, the Health Authority representative shall prepare a written report describing any findings. The report must set forth any deficiencies discovered during the inspection.

11.4.2 Deficiencies may be present that do not constitute a substantial threat to public health and safety. Corrective actions for these types of deficiencies shall be noted on the inspection report and be assigned a specified period of time within which the indicated corrections must be completed.

11.4.3 A copy of the completed report must be furnished to the owner, operator, or responsible person of the public accommodation facility upon completion of the inspection.

11.5 Failure to correct a deficiency

11.5.1 Failure of the responsible person to correct a deficiency within the period specified in the written report is a violation of these Regulations.

11.5.2 Violations that constitute a substantial threat to public health and safety and their remedies are addressed in Section 2 of these Regulations.

11.6 Annual inspection

Public accommodation facilities shall be inspected at least once each year.

Section 12 - Enforcement

12.1 Corrective Action and Closure Orders

When the Health Authority determines that a violation of these regulations has occurred or that a substantial threat to health and safety exists at a public accommodation facility, the Health Authority may take the following actions:

12.1.1 The Health Authority may order a public accommodation facility to correct a violation within a specified time frame and may order further corrective action, at the public accommodation facility's expense, to protect health and safety. Corrective actions may include without limitation, lockout and tagout of equipment, testing or assessment by qualified individuals, development of procedures, or any other action intended to prevent health and safety. The Health Authority may inspect a public accommodation at any time to verify compliance with an order.

12.1.2 In addition, the Health Authority may order a public accommodation facility to close a portion of the public accommodation facility, including guest rooms, when the Health Authority determines that a violation or condition impacting the public accommodation facility constitutes a substantial threat to health and safety. Any area which has been ordered closed by the Health Authority must not be rented, leased, or otherwise occupied until approved in writing by the Health Authority following a reinspection.

12.2 Reinspection protocol for Corrective Action Orders and Closure Orders

12.2.1 The Health Authority may require a public accommodation facility to pay applicable fees, including without limitation, verified complaint fees, reinspection fees, and closure fees, prior to conducting a reopening inspection of the guest room(s) or area(s) in question (see the current edition of the Southern Nevada Health District Environmental Health Fee Schedule).

12.2.2 Once the public accommodation facility pays the applicable fees and closure fee and requests a reinspection, the Health Authority shall reinspect within three business days of the request, or at some other time mutually agreed upon between the public accommodation facility and the Health Authority.

12.3 Health Permit suspension

12.3.1 When conditions at the public accommodation are so severe as to constitute a substantial threat to public health and safety throughout the majority of the property or when the responsible person fails to remedy deficiencies previously addressed in an inspection report or Order, the Health Authority may suspend the public accommodation's Health Permit.

12.3.2 The Health Authority may suspend a public accommodation facility's health permit when the public accommodation facility causes or allows a food establishment, swimming pool, spa, or potable water supply system, such as a water well, to operate within the public accommodation facility without a required Health Permit.

12.3.3 The Health Authority may suspend the Health Permit of a public accommodation facility if the public accommodation facility:

12.3.3.1 Does not have a valid Health Permit, license, or other authorization required by applicable government agencies.

12.3.3.2 Rents, leases, lets or otherwise allows a room which has been closed by the Health Authority to be occupied.

12.3.3.3 Knowingly causes or allows illegal activity which could cause potential illness, injury, or death of guests or employees to occur at the public accommodation facility.

12.4 Procedure for request of Health Permit reinstatement

12.4.1 When a public accommodation facility Health Permit has been suspended, a responsible person representing the facility may make application for a reinspection, which may result in the reinstatement of the Health Permit.

12.4.2 The applicant must provide to the Health Authority a written request for reinspection and reinstatement within ten calendar days of the initial suspension of the Health Permit.

12.4.3 Following a timely review of the application, the Health Authority shall make a reinspection of the public accommodation facility.

12.4.4 The Health Authority shall determine if the conditions have been corrected, which caused the threat to public health and resulted in the suspension of the Health Permit.

12.4.5 Unless the Health Authority is pursuing permanent revocation of the Health Permit, if the conditions have been corrected and the applicant is complying with the requirements of these Regulations, the Health Permit shall be reinstated.

12.5 Health Permit revocation

The Health Authority may permanently revoke a public accommodation facility's Health Permit due to repeated or willful noncompliance with the requirements of these Regulations. The public accommodation facility must cease all operations upon receipt of a Notice of Revocation and pending a hearing pursuant to an exercised right of appeal.

12.6 Appeal Rights

Upon written petition submitted to the Health Authority within five business days after receipt of a Notice of Suspension or Revocation of a public accommodation facility Health Permit, the recipient of the written Notice may exercise their right of appeal and must then be afforded a hearing as soon as possible, and in any event in not more than thirty days from the receipt of the petition by the Health Authority.

12.7 Hearings

12.7.1 All hearings provided for in this Section must be conducted in accordance with the Nevada Administrative Procedure Act and NRS 233B

12.7.2 All hearings will be conducted by a Hearing officer selected by the Health Authority's legal counsel.

17.7.2.1 The Hearing Officer must not be an employee of the State or any political subdivision of the State, or of any entity which is permitted or regulated pursuant to these Regulations.

17.7.2.2 The Hearing Officer will be an independent contractor paid in accordance with a fee schedule approved by the Southern Nevada District Board of Health.

12.7.3 Based upon the record of the hearing, the Hearing Officer will make a finding and may sustain, modify, or rescind any official notice or order considered in the hearing.

12.7.4 A written order specifying the Hearing Officer's decision will be furnished to the owner or other responsible party by the Health Authority.

12.7.5 Nothing herein contained must be construed as denying the rights of appeal to the courts after administrative remedies as herein above have been exhausted.

12.8 Health Authority additional legal remedy

Whenever the responsible person, operator, or owner fails to comply with the provisions of these Regulations in a timely manner, relief may also be sought through a court of competent jurisdiction.

Section 13 - MISCELLANEOUS

13.1 Severability clause

Should any section, paragraph, sentence, phrase, or provision of these Regulations be held invalid for any reason, the remainder of these Regulations shall not be affected.

13.2 Effective date

13.2.1 These Regulations were adopted at a duly noticed public hearing April 27, 2006.

13.2.2 These Regulations became effective on June 16, 2006 upon approval by the Nevada State Board of Health.

13.2.3 The amendments to these Regulations became effective on August 11, 2006 upon approval by the Nevada State Board of Health.

Attachment D

Summary of Major Changes

03/13/2025

Summary of Major Changes in 2025 Public Accommodation Regulations

Section 1 – General Provisions

Major Changes:

- Unnecessary and unused definitions were removed, and key definitions were added.
    - Modified PA Facility definition – added 31+ stay day exemption (pg. 7)
    - Added Short-term Residential Rental as being exempt from PA regs (pg. 9)
- Unnecessary Appendixes removed and one added (Table of Contents).

Section 2 – Substantial Hazards to Public Health and Safety

Major Changes:

- None

Section 3 – Facilities and Equipment

Major Changes:

- Plan review requirements were outlined in Section 3.1.
- Added language regarding installation of GFCI protection (3.9), disinfection of recirculation systems of whirlpool tubs (3.11.7), prohibition of cellulose sponges (3.11.6), and backflow protection on hose bibs (3.14.5).

Section 4 – General Sanitation

Major Changes:

- Added language regarding protecting mattresses from contamination with waterproof encasements (4.3.5).

Section 5 – Pest Control

Major Changes:

- Unnecessary and unused language was removed, and the section was restructured.
- Updated 5.4.1 to reduce the timeframe that facilities must retain pest control records from two years to one year.

Section 6 – Employees

Major Changes:

- Added language to specify handwashing should be conducted in between handling dirty and clean linen (6.3), each employee restroom must have wall mounted soap, paper towels and hot/cold running water (6.5), and staff that collect ice from publicly accessible ice machines do not need health cards (6.6)

Section 7 – Food Service and Food Service Facilities

Major Changes:

- Added language to clarify that coffee may be provided in a guest lobby without a health permit and if a 3-compartment sink is not available then all coffee cups and other items must be disposable (7.3.3).

Section 8 – Self-Contained Recreational Vehicle (SCRV) Dry Camping at Public Accommodation Facilities

Major Changes:

- Removed Original Section 8 Bed and Breakfast, restructured regulations to have SCRVs as section.
- Changed from recommendation to requirement for the posting of three signs (water, sewage disposal, and solid waste disposal (8.10).

Section 9 - Health Permits

Major Changes:

- None

Chapter 10 – Plan Review and Submission and Approval Date

Major Changes:

- None

Section 11 – Inspections

Major Changes:

- None

Section 12 – Enforcement

Major Changes:

- Changed appeal timeframe from ten business days to thirty days (12.6).
- Hearing Officer section updated to mirror pending updated Individual Sewage Disposal System (ISDS) Regulations (12.7).

Section 13 – Miscellaneous

Major Changes:

- Removed 13.2.3 – SCRVs are already part of the regulations in Section 8.

Attachment E

Proposed 2025 PA Regulations-Red Line

SOUTHERN NEVADA HEALTH DISTRICT

2025 PUBLIC ACCOMMODATION REGULATIONS~~REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES~~

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the Public Health Authority for those entities, pursuant to Nevada Revised Statutes (NRS) 439; and

WHEREAS, the Southern Nevada District Board of Health is the governing body of the Southern Nevada Health District, ~~and is vested with jurisdiction over all public health matters within its district of Clark County, Nevada,~~ and is authorized to adopt Regulations necessary to protect and promote the public health and safety in the geographical area subject to its jurisdiction; and

WHEREAS, the Southern Nevada District Board of Health finds that the sanitation and safety of public accommodation facilities does affect the public health, and that it is necessary to adopt Public Accommodation Regulations ~~Governing the Sanitation and Safety of Public Accommodation Facilities~~ to prevent and control the spread of communicable disease, and to promote and regulate the safety and sanitary condition of those establishments; and

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

~~INTENT AND SCOPE~~

~~**Intent**~~ ~~The purpose of these Regulations is to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities.~~

~~**Scope**~~ ~~These Regulations establish definitions; set minimum standards for the design, construction, operation, and maintenance of public accommodation facilities; outline record keeping and reporting requirements; provide for enforcement; and include provisions for the issuance, suspension, and revocation of Health Permits~~

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Section 1

– ~~GENERAL PROVISIONS~~General Provisions

~~Summary of Acronyms used in this Regulation~~

~~EPA~~	~~United States Environmental Protection Agency~~
~~°F~~	~~Degrees Fahrenheit~~
~~FIFRA~~	~~Federal Insecticide, Fungicide, and Rodenticide Act~~
~~IDLH~~	~~Immediately Dangerous to Life~~
~~ISDS~~	~~Individual Sewage Disposal System~~
~~NAC~~	~~Nevada Administrative Code~~
~~NRS~~	~~Nevada Revised Statute~~
~~NSF~~	~~National Sanitation Foundation International~~
~~OSHA~~	~~Occupational Safety and Health Administration~~
~~Ppm~~	~~parts per million~~
~~Psi~~	~~pounds per square inch~~
~~RV~~	~~Recreational Vehicle~~
~~SCRV~~	~~Self-Contained Recreational Vehicle~~
~~SNHD~~	~~Southern Nevada Health District~~

1.1 Title

These Provisions must be known as the Southern Nevada Health District (SNHD) 2024 Public Accommodation Regulations, hereinafter referred to as "Regulations."

1.2 Scope

The Regulations establish definitions; set minimum standards for the design, construction, operation, and maintenance of public accommodation facilities; outline record keeping and reporting requirements; provide for enforcement; and include provisions for the issuance, suspension, and revocation of Health Permits

1.3 Intent

The purpose of these Regulations is to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities.

1.4 Definitions. ~~As used in these Regulations, unless the context otherwise requires, the following words and terms defined have the meanings ascribed to them in this document:~~

The following definitions apply in the interpretation and application of these Regulations

"Air Gap" is an unobstructed vertical distance between the lowest opening from a pipe, plumbing fixture, or appliance to the flood-level rim of the drain.

~~1.1~~ **"Agency of jurisdiction"** ~~defined. The agency of jurisdiction~~ is the local building department, safety authority, fire marshal, business licensing, police or other federal, state or local health agency, federal regulatory agencies, departments of agriculture, other than the Health Authority, having jurisdiction concerning construction, operation, maintenance, and public safety of a public accommodation facility.

"Back siphonage" is backflow caused by a negative pressure (i.e., a vacuum or partial vacuum) in a public water system or consumer's potable water system.

~~1.2~~ **"Bathroom"** ~~defined. A bathroom~~ is a room which contains a bathtub or a shower, or both.

~~1.3 "Bed and breakfast facility" defined. A bed and breakfast facility is a public accommodation facility located within a commercial home with no more than five (5) guest rooms, offering bed and breakfast accommodations for no more than ten (10) persons, rented or let on a daily basis for a period of time not to exceed thirty (30) days (See NAC 446.850).~~

~~1.4 "Bed frame" defined. A bed frame is an open metal or wooden support framework upon which a bed is placed to allow floor clearance.~~

~~1.5~~ **"Bedding"** ~~defined. Bedding~~ includes mattresses, quilts, blankets, sheets, pillows, comforters and spreads.

~~1.6 "Biocide" defined. A biocide is an Environmental Protection Agency (EPA) - registered physical or chemical agent capable of killing microorganisms.~~

~~1.7 "Biofilm" defined. Biofilm means an assemblage of microbial cells attached to an environmental surface and enclosed in a matrix primarily composed of polysaccharides that is not easily removed by normal rinsing or water flow. Mineral crystals (scale), corrosion particles, clay or silt particles, may be present within or on the biofilm matrix.~~

~~1.8~~ **"Biohazard event"** ~~defined. A biohazard event~~ is an event in which a biological agent, including pathogenic microorganisms and their toxins, causes a condition that may constitute a threat to human health and safety.

~~1.9~~ **"Biohazard Event Control Plan"** ~~defined. A Biohazard Event Control Plan~~ is a written plan which contains detailed clean-up procedures by which public accommodation facility employees can safely disinfect potentially-contaminated ~~environmental~~ surfaces and control potential communicable disease outbreaks among guests and/or employees. ~~The Biohazard Event Control Plan must also include procedures for which biohazard events are to be reported to the Health Authority and procedures for documenting response activities in a logbook.~~

~~1.10 "Box frame" defined. A box frame is a closed support frame upon which a bed is placed to allow floor clearance.~~

~~1.11 "Cease and Desist Order" defined. A Cease and Desist Order is a written Order issued by the Health Authority which directs the responsible person to immediately stop doing or allowing a specific action to occur at a public accommodation facility. A Cease and Desist Order does not include a direction to completely cease operating a public accommodation facility. Under certain circumstances, a Cease and Desist Order can include a timeframe to achieve compliance with the Order so long as there is not an imminent threat to public health or safety.~~

~~1.12~~ **"Certified applicator"** ~~defined. A certified applicator~~ is a person who is certified by the Nevada Department of Agriculture as ~~and is~~ qualified to use or supervise the use of restricted-use pesticides.

~~1.13~~ **"Clean"** ~~defined. Clean~~ means free of visible dirt, dust, sludge, foam, slime (including algae and fungi), rust, scale, mineral deposits, accumulation of impurities, and/or other foreign material.

~~1.14~~ **"Common bathroom"** ~~defined. A common bathroom~~ is a guest bathroom that is to be shared by the guests of more than one ~~(1)~~ guest room.

~~1.15~~ **"Communicable disease"** ~~defined. A communicable disease~~ is a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

~~1.16~~ **"Disinfect"** ~~defined. Disinfect~~ means the use of a disinfectant to destroy of inhibit pathogenic microorganisms on work surfaces, equipment or instruments~~to carry out a process that kills most or significantly reduces pathogenic microorganisms~~.

~~1.17~~ **"Disinfectant"** ~~defined. A disinfectant~~ is ~~an~~ a United States Environmental Protection Agency (EPA)-registered antimicrobial agent, such as a chemical~~,~~ or heat, that destroys, neutralizes, or inhibits the growth of pathogenic microorganisms~~. All chemical disinfectants must provide a strength equivalent to at least 50 ppm of free available chlorine at a pH of 7.0 to 7.6 in their normal use concentration.~~

~~1.18 "Disposable article" defined. A disposable article is a cup, container, lid, closure, plate, knife, fork, spoon, stirrer, paddle, straw, placemat, napkin, doily, wrapper or similar article which is made wholly or in part from a synthetic or other readily destructible material and which is intended to be discarded after a single use.~~

~~1.19~~ **"Dry camping"** ~~defined. Dry camping~~ is the practice of camping or parking where there are no available hookups for water, sewage disposal, electricity, and other amenities at each individual parking space.

~~1.20 "Environmental surface" defined. An environmental surface is the surface of any furniture, equipment, fixture, walls, floors, ceilings, bathtubs, showers or similar surface which is part of a public accommodation facility.~~

~~1.21 "EPA-registered" defined. EPA-registered means any chemical or substances, including sanitizers, sterilizers, biocides, or other substances which must be registered with the United States EPA under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) prior to their distribution and use by industry and consumers.~~

~~1.22 "Faucet" defined. A faucet is a device that regulates the flow rate of water at the point of delivery at a sink or bathtub.~~

~~1.23 "Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)" defined. Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) is the federal law found in Title 7 of the United States Code, Chapter 6, Subsection 136 et. seq., amended 1996 which provides for federal control of pesticide distribution, sale, and use. EPA was given authority under FIFRA not only to study the consequences of pesticide usage but also to require users (farmers, utility companies, and others) to register when purchasing pesticides. Later amendments to the law require users to take exams for certification as applicators of pesticides. All pesticides used in the United States must be registered (licensed) by EPA.~~

~~1.24 "Foot-candle" defined. Foot-candle is a unit of measure of the intensity of light falling upon a surface, equal to one lumen per square foot and originally defined with reference to a standardized candle burning at one foot from a given surface.~~

~~1.25 "Fumigation" defined. Fumigation is the application of a poisonous substance that has a vapor pressure greater than five (5) millimeters of mercury at 77°F that is intended to destroy living organisms, e.g., methyl bromide.~~

~~1.26~~ **"Furniture"** ~~defined. Furniture~~ is the movable articles in a guest room or public area that make it fit for living or working. Furniture includes but is not limited to ~~,~~ tables, chairs, bed headboards, bed frames, box frames, sofas~~, carpets~~, curtains, pictures, vases, mirrors, televisions and other electrical equipment, and appliances. Bedding ~~, utensils,~~ and tableware are NOT considered to be furniture.

"Ground Fault Circuit Interrupter" (GFCI) is a device for protection of personnel that de-energizes an electrical circuit or portion thereof in the event of excessive ground current.

~~1.27 "Gray water" defined. Gray water is waste water, not including black water (raw sewage), from residential, commercial, and industrial sources, such as sink, shower, or bathtub drainage or washing machine discharges. Gray water is sometimes used for irrigation.~~

~~1.28~~ **"Guest"** ~~defined. A guest~~ is any person other than employees, either paying or non-paying, that uses any part of a public accommodation facility.

~~1.29~~ **"Guest room"** ~~defined. A guest room~~ is any sleeping or resting rooms and contiguous areas such as bathrooms, kitchens, kitchenettes, etc., intended for private use by a guest or guests of a public accommodation facility.

~~1.30~~ **"Guest room attendant"** ~~defined. A guest room attendant~~ is any public accommodations facility employee who, as part of ~~his or her~~ their normal work assignment, performs the routine cleaning and upkeep (excluding maintenance items) of one or more guest rooms.

~~1.31 "Guest room Closure Order" defined. A guest room Closure Order is a written notification to cease immediately the renting, leasing, or other occupation of a guest room at a public accommodation facility.~~

~~1.32~~ **"Health Authority"** ~~defined. Health Authority~~ means the officers and agents of the ~~Southern Nevada District Board of Health and the~~ Southern Nevada Health District.

~~1.33~~ **"Health Permit"** ~~defined. A Health Permit~~ is written approval by the ~~SNHD~~ Health Authority to operate a public accommodation facility~~,~~ under the provisions of these Regulations. ~~Approval is given in accordance with these Regulations and is separate from any other licensing requirements of other agencies of jurisdiction that may exist within communities or political subdivisions comprising the SNHD.~~

~~1.34 "Health Permit revocation" defined. Health Permit revocation occurs when the Health Authority revokes all permission to operate a public accommodation facility based on cause due to the presence of significant health and safety hazards. Upon receipt of the revocation Order, the public accommodation facility must cease immediately all renting, leasing, or other occupation of guest rooms and must close all facilities such as laundry facilities operated under the Health Permit. Revocations are intended to result in permanent closure of the public accommodation facility. The public accommodation facility may seek relief through the appeal process outlined in these regulations.~~

~~1.35 "Health Permit suspension" defined. Health Permit suspension occurs when the Health Authority suspends all permission to operate a public accommodation facility based on cause due to the presence of significant health and safety hazards that are facility wide or are of such severity to cause an imminent hazard to the health and safety of guests and employees. Suspensions may lead to eventual Health Permit Revocation. The public accommodation facility may seek relief through the appeal process outlined in these Regulations.~~

~~1.36~~ **"Hostel"** ~~defined. A hostel~~ is a public accommodation facility consisting of a building or group of buildings in which there are five ~~(5)~~ or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public transitory lodging. Hostels are supervised, and include common restroom, bathroom, and kitchen facilities.

~~1.37~~ **"Hotel"** ~~defined. A hotel~~ is any public accommodation facility which is a building or group of buildings in which there are three ~~(3)~~ or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public lodging, on a day-to-day basis, where the primary entrance is through a lobby or foyer.

~~1.38 "Hot water" defined. Hot water is water that attains and maintains a temperature between 90 and 120 degrees Fahrenheit. Each use of hot water in a public accommodation facility may require a more specific temperature range, (e.g., water at a hand sink should range from 100 to 110 degrees Fahrenheit).~~

~~1.39~~ **"Housekeeping cart"** ~~defined. A housekeeping cart~~ is any cart used by guest room attendants to facilitate cleaning, linen exchange, and other routine housekeeping activities associated with guest room upkeep.

~~1.40 "Immediately Dangerous to Life or Health (IDLH)" defined. Immediately Dangerous to Life or Health (IDLH) means conditions that pose an immediate threat to life or health or conditions that pose an immediate threat of severe exposure to contaminants which are likely to have adverse cumulative or delayed effects on health.~~

~~1.41 "Kitchenette" defined. A kitchenette is a room or area within a single guest room of a public accommodation facility that must have the following amenities: a kitchen sink supplied with hot and cold potable water; cooking facilities such as a microwave oven, convection oven, or stove; a washable counter for food preparation; a refrigerator; and a cupboard or other kitchen cabinetry, and a ventilation hood. A kitchenette may also have an automatic dishwasher with a sanitizing cycle. Any other amenities are optional. (NAC 447.170)~~

~~1.42 "Management Plan"~~ ~~defined. A Management Plan is a document written and used by an SCRV dry camping facility that provides information on how the facility intends to address pertinent issues such as:~~

~~Source(s) of potable water;~~

~~Location(s) of the sanitary station(s);~~

~~Disposal of solid waste;~~

~~Facility signage location and language;~~

~~Availability of back-up restrooms; and/or~~

~~Parking lot(s) and surrounding grounds maintenance.~~

~~1.43 "Medical attention" defined. Medical attention is care given to an individual by a medical professional or other legally credentialed allied health practitioner, such as an emergency medical technician or first responder.~~

~~1.44 "Medical professional" defined. A medical professional is a licensed, certified, or registered provider of health care such as a physician, physician assistant, osteopathic physician, advanced practitioner of nursing, registered nurse, podiatric physician, or a licensed hospital as the employer of any such person.~~

~~1.45~~ **"Mold"** ~~defined. Mold~~ is any of the microscopic organisms of the kingdom *Fungi*, which possess a filamentous structure or mycelium. ~~Molds are devoid of chlorophyll and generally have cell walls made primarily of chitin.~~

~~1.46~~ **"Mold remediation"** ~~defined. Mold remediation~~ includes, without limitation:

The enclosure, abatement, or removal of mold or material containing mold from a building or structure, including any associated mechanical systems inside or outside the building or structure;

The repair, renovation, or demolition of a building or structure containing mold or material containing mold; or

Any activity connected with the enclosure, removal, abatement, repair, renovation, or demolition of a building or structure containing mold or material containing mold.

~~1.47~~ **"Motel"** ~~defined. A motel~~ is a public accommodation facility which consists of a building or group of two ~~(2)~~ or more detached or semi-detached buildings containing one ~~(1)~~ or more guest rooms, each with a separate exterior entrance, used as a room for lodging on a day-to-day basis.

~~1.48 "National Sanitation Foundation International (NSF)" defined. National Sanitation Foundation International (NSF) is an independent, not-for-profit organization that offers programs and services to augment and support the work of regulatory officials. This includes the development of public health standards, certification of products to those standards, and education and training in all areas of environmental health, including air, water, and food safety.~~

~~1.49~~ **"Non-sewered toilet"** ~~defined. A nonsewered toilet~~ is a toilet that is not connected to a sewage disposal system. The term includes, without limitation, a free-standing portable toilet and a recreational vehicle and/or trailer equipped with waste holding tanks.

~~1.50~~ **"Nuisance"** ~~defined. A nuisance~~ is anything which is injurious to health or offensive to the senses, so as to interfere with the comfort or endanger the health or safety of the public.

"Order" is a written directive issued by the Health Authority which instructs the responsible person to immediately stop doing or allowing a specific action to occur at a public accommodation facility.

~~1.51 "Occupational Health and Safety Administration (OSHA)" defined. Occupational Health and Safety Administration (OSHA) is the agency which supervises and regulates all matters relating to the protection of the safety and health of employees in conformity with the provisions of NRS 618. In the~~

~~State of Nevada, this agency is the Division of Industrial Relations of the Department of Business and Industry.~~

~~1.52~~ **"Outbreak"** ~~defined. An outbreak~~ is the occurrence of cases of a communicable disease in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population, per Nevada Administrative Code (~~(~~NAC) 441A.130~~)~~.

~~1.53~~ **"Pathogenic"** ~~defined. Pathogenic~~ means the ability to produce disease.

"Person in Charge" means the individual present at a public accommodation facility who is responsible for its operation.

~~1.54~~ **"Personal hygiene items"** ~~defined. Personal hygiene items~~ are consumable articles ~~such as bars of soap, bath gel, bubble bath, shampoo, conditioner, lotion, mouthwash, toothbrushes, toothpaste, cotton swabs, cotton balls, razors, shaving cream, emery boards, combs, brushes, tweezers, feminine hygiene items, powder, etc., which~~ that are used for personal cleanliness and/or grooming.

~~1.55 "Plumbing Code (PC)" defined. Plumbing Code means the current adopted (by the building department of the agency of jurisdiction) edition of the document entitled "Uniform Plumbing Code" published by the International Association of Plumbing & Mechanical Officials, Walnut, California and any local codes added thereto) or the 2000 International Plumbing Code, if adopted by the agency of jurisdiction.~~

~~1.56~~ **"Potable water"** ~~defined. Potable water~~ is water that is safe for human consumption.

~~1.57 "Principal" defined. A principal is an owner, officer, partner, member or technician of a pest control business who has qualified by examination in one or more of the categories of pest control set forth in NAC 555.280.~~

~~1.58 "Primary principal" defined. A primary principal is a principal who:~~

~~Is the only principal for a pest control business; or~~

~~Has been designated by a pest control business licensed pursuant to NAC 555.370 as the person responsible for the daily supervision of the category or categories of pest control performed by each business location of the pest control business within this state.~~

~~1.59~~ **"Public accommodation facility"** ~~defined. A public accommodation facility~~ is a hotel/casino, resort, hotel, motel, hostel, ~~bed and breakfast facility~~, or other facility offering rooms or areas to the public for monetary compensation or other financial consideration on an hourly, daily, or weekly basis. Facilities offering rooms for 31 consecutive days or longer may be exempt from these Regulations.

~~1.60 "Public accommodation facility Closure Order" defined. A public accommodation facility Closure Order is a written notification to cease immediately all business operations of a public accommodation facility.~~

~~1.61~~ **"Public area"** ~~defined. A public area~~ is any area open to public view, whether indoors or outdoors, excluding guest rooms, at a public accommodation facility to which the public has approved access.

~~1.62~~ **"Putrescible"** ~~defined. Putrescible~~ means capable of being decomposed by microorganisms with sufficient rapidity as to cause nuisances from odors or gases.

"~~1.63~~ Recreational park trailer" ~~defined. A recreational park trailer~~ is a vehicle which is primarily designed to provide temporary living quarters for recreational, camping, or seasonal use and which:

Is built on a single chassis mounted on wheels;

Has a gross trailer area not exceeding 400 square feet in the set-up mode; and

Is certified by the manufacturer as complying with Standard No. A119.5 of the American National Standards Institute. (NRS 482.1005)

~~1.64~~ **"Recreational vehicle (RV)"** ~~defined. A recreational vehicle~~ is a vehicular-type unit primarily designed as temporary living quarters for travel, recreational or camping use, which may be self-propelled, mounted upon, or drawn by, a motor vehicle, occupied in any one place for 30 days or less. The term includes a recreational park trailer. (NRS 482.101)

~~1.65 "Residual pressure" defined. Residual pressure is the pressure available at the fixture or water outlet after allowance is made for pressure drop due to friction loss, head, meter, and other losses in the system during maximum demand periods.~~

~~1.66~~ **"Responsible person"** ~~defined. A responsible person~~ is the person or persons who own, manage, lease, act as the primary point of contact or otherwise control the construction, remodeling, operation or maintenance of a public accommodation facility.

~~1.67~~ **"Restricted-use pesticide"** ~~defined. A restricted-use pesticide~~ is any pesticide that~~, including any highly toxic pesticide, which the Nevada State Department of Agriculture has determined after a hearing, to be injurious to persons, pollinating insects, bees, animals, crops or land, other than pests or vegetation it is intended to prevent, destroy, control or mitigate; or detrimental to vegetation, except weeds; wildlife; or public health and safety; or~~ has been classified for restricted use by or under the supervision of a certified applicator in accordance with Title 7, Agriculture; Chapter 6, Insecticides and Environmental Pesticide Control; Subchapter II, Environmental Pesticide Control; Section 136.

~~1.68~~ **"Restroom"** ~~defined. A restroom~~ is a public room that contains one or more toilets and one or more ~~lavatories~~sinks.

~~1.69~~ **"Room service cart"** ~~defined. A room service cart~~ is any cart used by food establishment staff to facilitate the provision of food from a room service kitchen to guests in a guest room.

~~1.70~~ **"Sanitary station"** ~~defined. A sanitary station~~ is a facility used for removing and disposing of wastes from RV and self-contained recreational vehicle (SCRV) waste retention tanks.

~~1.71~~ **"Sanitized"** ~~defined. Sanitized~~ means the treatment of equipment, tableware~~utensils~~, and surfaces that can be accessed by the public with a biocide by a process which has been approved by the Health Authority as being effective in destroying pathogenic microorganisms of public health concern.

~~1.72 "Scale reduction" defined. Scale reduction is any mechanical or chemical method used to remove the formation of hard water mineral deposits which have formed scale on equipment, plumbing, or~~

~~any other surfaces where its build-up has significantly reduced the function or sanitary condition of the object.~~

~~1.73~~ **"Self-contained recreational vehicle (SCRV)"** ~~defined. A self-contained recreational vehicle (SCRV)~~ is a recreational vehicle or trailer of any size designed to serve as self-contained living quarters, including potable water and waste disposal facilities, for recreational or seasonal travel.

~~1.74~~ **"Service animal"** ~~defined. A service animal~~ is any ~~guide~~ dog~~, signal dog, or any other animal~~ or miniature horse that is individually ~~specially~~ trained to provide assistance to an individual with a disability. ~~This also includes animals such as dogs used to perform work on behalf of a public accommodation facility.~~

~~1.75~~ **"Service building"** ~~defined. A service building~~ is a building provided to house ~~sanitary~~ toilet and shower facilities.

~~1.76~~ **"Sewage"** is wastewater consisting of liquid waste and water-carried solids, including effluent from commercial, industrial, and domestic sources and toilets.~~defined. Sewage is the water-carried human or animal waste from residences, buildings, industrial establishments, feedlots or other places, together with such ground water infiltration and surface water as may be present. The term includes the mixture of sewage with wastes or industrial wastes and gray water.~~

"Short-Term Residential Rental" means the commercial use, or the making available for commercial use, of a residential unit for dwelling, lodging or sleeping purposes, wherein any individual guest rents or occupies the entire dwelling unit or one or more individual rooms within the unit for a period of less than thirty-one consecutive calendar days. Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.

~~**1.77 "Showerhead" defined. A showerhead is a perforated nozzle assembly that sprays water on a guest taking a shower.**~~

~~1.78~~ **"Significant water/moisture"** is~~defined. Significant water/moisture means:~~

t~~T~~he presence of uncontrolled visible water or detectable moisture (measured as 95 percent relative humidity or higher) which persists for more than twenty-four ~~(24)~~ hours from an unmitigated source such as a roof leak, pipe leak or similar unexpected source; or

~~Moisture may be present due to the water contained in warmer air condensing into droplets when it reaches dew point against a cooler surface such as a wall, causing detectable condensation.~~

~~Moisture readings in wall and floor components that exceed recommended percentages for specific materials such as construction materials (12-16 percent) and wood (25 percent). While not absolutes, they may indicate a developing problem.~~

~~The presence of uncontrolled visible water or detectable moisture (measured as 95 percent relative humidity or higher) which originates from the normal activities associated with a public accommodation facility and continues on an ongoing basis; or~~

~~E~~evidence of uncontrolled visible water or detectable moisture (unmeasured) indicated by the presence of visible mold

~~1.79 "Site map" defined. A site map is a pictorial description of the general layout, available services, and location and arrangement of the parking spots provided by the SCRV dry camping facility.~~

~~1.80~~ **"Solid waste"** ~~defined. Solid waste~~ is all putrescible and nonputrescible refuse in solid or semisolid form, including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, and solid or semisolid commercial and industrial waste. The term does not include hazardous waste managed pursuant to NRS 459.400 to 459.600, inclusive, or a vehicle described in subparagraph (2) of paragraph (b) of subsection 1 of NRS 444.620.~~.~~

"Surface" is the surface of any furniture, equipment, fixture, walls, floors, ceilings, bathtubs, showers or similar surface which is part of a public accommodation facility.

~~1.81 "Special Event" defined. A special event is any public gathering which is for a specific purpose, includes the service of food or a temporary food establishment, and is less than 14 days in duration. This does not include any private/"by invitation only" gathering or nonprofit/church gatherings held on nonprofit/church property.~~

~~1.82 "Sterilization plant" defined. A sterilization plant is a building approved by the Health Authority for the purpose of sterilizing used bedding in compliance with NRS 444.010 to 444.040 and NAC 444.001 to 444.005 inclusive.~~

~~1.83~~ **"Tableware"** is eating, drinking, and serving utensils for table use, such as flatware including forks, knives, and spoons; hollowware including bowls, cups, serving dishes, ice buckets, coffee pots, carafes, and tumblers; and plates.~~defined. Tableware is all nondisposable utensils for eating and drinking, including knives, forks, spoons, glasses and cups.~~

"Time/Temperature Control for Safety" (TCS) means a food that requires time or temperature control to limit pathogenic microorganism growth or toxin formation.

~~1.84 "Used bedding" defined. Used bedding is any mattress, box spring, cot, futon, bed sheet, mattress pad, blanket, bedspread, comforter, quilt, dust ruffle, pillow, pillow case, cushion, or other materials used in the filling of any of the above or similar articles which has been previously used prior to receipt by the operator of a public accommodations facility.~~

~~1.85 "Utensils" defined. Utensils are any tableware or kitchenware used in the storing, preparing, conveying or serving of food; specifically including, but not limited to, ice buckets, ice scoops, tongs, and coffee pots and/or carafes.~~

Section 2

~~– SUBSTANTIAL HAZARDS TO PUBLIC HEALTH AND SAFETY~~Substantial Hazards to Public Health and Safety

2.1 **Substantial Hazards to Public Health and Safety include, but are not limited to:**

2.1.1 Substantial damage to the public accommodation facility caused by earthquake, wind, fire, rain, or flood.

2.1.2 Loss of electrical power to such critical systems as lighting, heating, cooling, or ventilation controls for a period of two ~~(2)~~ or more hours.

2.1.3 Reduction of water pressure below 20 pounds per square inch (psi) to any part of a facility, any unplanned water outage, ~~or the water supply is cut off in its entirety~~ for a period of one ~~(1)~~ or more hours.

2.1.4 A water supply that is not approved by the Health Authority.

2.1.5 A defect or condition that exists in the system supplying potable water that may result in the contamination of the water.

2.1.6 A cross-connection between the potable and non-potable water distribution systems, such as landscape irrigation, air conditioning, heating, and/or fire suppression. ~~See Appendix A: "Public Health Significance of Cross-Connections."~~

2.1.7 A back siphonage event.

2.1.8 Sewage that is not disposed of in an approved and sanitary manner.

2.1.9 Lack of properly installed toilet and/or hand washing facilities.

2.1.10 An infestation, harborage or propagation of ~~vermin~~pests.

2.1.11 The presence of toxic or noxious gases, vapors, fumes, mists or particulates in concentrations immediately dangerous to life or health, or in concentrations sufficient to cause an environmental disease or a public nuisance.

2.1.12 The presence of any unapproved pesticide residues in the interior building areas of a public accommodation facility, in food establishments contained within the public accommodation facility, or in any food present in the facility; or the presence of excessive restricted-use pesticides in any outdoor area of a public accommodation facility; or any evidence of the indiscriminate use of a pesticide or herbicide which may be injurious to the health of humans.

2.1.13 The presence of any disease-causing organism in water exposed to the atmosphere, which has caused an environmental disease in the public accommodation facility. ~~An informational example "Legionella Sampling Plan and Form" is provided in Appendix B.~~

2.1.14 An employee infected with a communicable disease which represents an immediate hazard to staff or guests. ~~A list of communicable diseases considered to be an immediate~~

~~hazard is located in Appendix C, along with a combined copy of NRS and NAC 441A, "Communicable Diseases."~~

2.1.15 Equipment that by condition, design, construction or use poses an immediate risk of entrapment, fall, puncture, pinch, crush, trip, or other cause of injury.

2.1.16 ~~Environmental s~~Surfaces, furnishings, ~~beds, mattresses, pillows, blankets, linen~~bedding, towels, chairs or other items within a room that are stained with blood or bodily fluids, soiled, or infested with ~~vermin~~pests; or are in an otherwise unsanitary condition.

2.1.17 Any unmitigated biohazardous event that simultaneously involves more than one ~~(1)~~ guest room or a public area ~~exceeding 200 square feet~~.

2.1.18 Missing or inoperable smoke detection equipment in each sleeping or separated living area.

2.1.19 Inability of the heating and cooling equipment to maintain the room temperature between 60°F and 90°F by thermostatic control in all living and sleeping rooms while being used by guests.

2.1.20 The presence of uncontrolled putrescible waste within the public accommodation facility, on the facility grounds, or in waste accumulation and disposal areas in quantity and duration as to create a nuisance.

2.1.21 All illegal clandestine drug laboratories and related activities. ~~Cleanup guidelines are located in Appendix D~~.

2.2 Notification of the Health Authority

~~2.22~~ All substantial health hazards listed in Section 2 that are not mitigated within the required timeframes listed in these Regulations must be reported to the Health Authority ~~via telephone. Contact information for the Health Authority is provided in Appendix E~~.

2.3 Health Authority Actions

When the Health Authority determines a substantial health hazard exists at a public accommodation facility, the Health Authority may order the public accommodation facility to take corrective action, suspend operations, and/or take any other action as provided in Section 12 of these regulations.

Section 3

~~– FACILITIES AND EQUIPMENT~~Facilities and Equipment

3.1 Plans for construction, remodeling

3.1.1 No person may construct or extensively remodel ~~Before any person begins the construction or extensive remodeling of~~ a public accommodation facility that requires a building permit~~,~~ without written approval from the Health Authority. ~~he must submit the plans to the appropriate Health Authority for review and approval.~~

3.1.2 Plans to construct or remodel a public accommodation facility must include:

3.1.2.1 Full set of onsite Civil Engineering Improvement Plans

3.1.2.2 Mechanical (heating, ventilation, and cooling) Drawings

3.1.2.3 Plumbing Drawings

3.1.2.4 Electrical and lighting/photometric Drawings

3.1.2.5 Specification sheets for the guest room heating/cooling units

3.1.2.6 Exterior site plans and details

3.1.2.7 Interior floor plans and details, including guestroom plans and elevations.

3.1.3 Plans must be submitted prior to beginning construction or remodeling

~~3.2 Exemption of existing facilities, equipment from design, construction requirements~~

~~If any facility or equipment being used by the operator of a public accommodation facility one year from the implementation date of these Regulations does not meet the requirements for design and construction established in this chapter, the operator is exempted from those requirements and may continue to use the facility or equipment if it is in good repair, is capable of being maintained in a sanitary condition and does not create a health hazard.~~

3.2~~3~~ Certain areas prohibited from use as quarters for living or sleeping

~~It is unlawful for~~ A public accommodation facility must not allow any person to use, or to permit another person to use, any of the following portions of a public accommodation facility for living or sleeping purposes:

3.2~~3~~.1 Any kitchen, cellar, hallway, water closet, bath, shower compartment, or ~~slop~~mop-sink room.

3.2~~3~~.2 Any other room or place which does not comply with the provisions of this chapter, or in which, in the judgment of the Health Authority, living or sleeping is dangerous or prejudicial to life or health by reason of an overcrowded condition, ~~a want of~~insufficient light, windows, ventilation or drainage, dampness, or offensive or obnoxious odors or poisonous gases in the room or place, or a lack of exits as required by the version of the Uniform Building Code being used by the agency of jurisdiction.

3.34 Air space, floor area and ceiling height of rooms

No room for sleeping purposes shall have less than 500 cubic feet of air space for each occupant. The floor area of each sleeping room must be at least 80 square feet and at least 7 feet in width. All rooms must have a ceiling height of at least 8 feet.

3.45 Floors

3.45.1 Every floor and every floor covering, such as carpeting, must be kept clean and in good repair, sanitized or replaced so that it will not become a hazard to safety or health.

3.45.2 The floors in areas with a high potential to be wet, including areas used for washing and sanitizing tableware and in laundry areas, kitchenettes, and in areas in bathrooms and toilet rooms, which are next to the tub, shower or toilet, must be constructed of smooth, durable, nonabsorbent and easily cleanable material.

~~3.5.3 The floors must not be covered with carpeting in areas used for washing and sanitizing tableware, in laundry areas, in kitchenettes, and in areas in bathrooms and toilet rooms, which are next to the tub, shower, or toilet.~~ The ~~appropriate~~ Health Authority may prohibit the use of carpeting in any other area, which it deems would be made unsanitary by the use of carpeting.

3.45.4.3 Every concrete, tile, ceramic and vinyl floor installed in a bathroom, toilet room, laundry room or kitchenette must be coved at the junctures between the floor and the walls. All material used to cove the junctures must be fitted snugly to the floor and the walls so there are no openings large enough to permit the entrance of ~~vermin~~pests.

3.56 Walls, ceilings and closures

3.56.1 All walls, ceilings, doors, windows, skylights, other closures, fixtures and decorative material must be kept clean and in good repair.

3.56.2 The walls of bathrooms, toilet rooms, rooms for washing tableware, and kitchenettes must be smooth and easily cleanable.

3.56.3 The materials used in constructing the walls and ceilings must be joined along their edges so as to leave no open spaces or cracks.

3.56.4 Studs, joists, rafters and beams must not be left exposed in bathrooms, toilet rooms, laundry rooms or kitchenettes. If left exposed in other areas, these structural members must be suitably finished and be kept clean and in good repair.

3.67 Furniture

All furniture must be kept in good repair, cleanable, and maintained in a clean and sanitary condition.

3.78 Lighting

3.78.1 At least 50 foot-candles of light at a distance of 30 inches from the floor must be provided in each area for washing tableware and in each kitchenette.

3.78.2 At least 20 foot-candles of light at a distance of 30 inches ~~(76.2 cm)~~ from the floor must be provided in each laundromat area for guest use, toilet room, bathroom and in each other area during cleaning.

3.78.3 At least 15 foot-candles of light at a distance of 30 inches from the floor must be provided in any area used for living or sleeping.

3.89 Smoke Alarms

3.89.1 Each guest room or separated living area must be equipped with at least one working smoke alarm, which is installed, maintained, and tested according to existing fire codes.

3.89.2 The smoke alarm must be free of foreign matter such as tape or paint that could impair its proper function.

3.9 Ground Fault Circuit Interrupters (GFCI)

GFCI electrical outlets shall be installed in all public accommodation facilities built after 1971 at the following locations:

3.9.1 Bathrooms: All electrical outlets must be GFCI protected

3.9.2 Kitchens: All electrical outlets serving countertop areas and any receptacle within 6 feet of a sink must have GFCI protection

3.9.3 Laundry, Utility and Wet Bar sinks: Any receptacle within 6 feet of a sink must have GFCI protection

3.9.4 Public accommodation facilities constructed prior to 1971 without GFCI protection must install GFCI outlets if updating the building's electrical system.

3.10 Heating and ventilating systems

3.10.1 All bathrooms and toilet rooms must be adequately ventilated so that excessive moisture is removed from the room.

3.10.2 Each system for heating, cooling or ventilation must be properly installed and maintained ~~and operational~~ at all times that guest rooms are occupied.

3.10.3 All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 608°F ~~(20°C)~~ and 890°F ~~(26.7°C)~~ while being used by guests.

3.10.4 The use of portable space heaters as the primary source of heat is prohibited in guest rooms.

3.11 Baths, showers, toilets and ~~lavatories~~sinks

3.11.1 Common bathrooms servicing guest rooms are prohibited in all hotels and motels newly built ~~or remodeled one year after the effective date of these regulations~~.

3.11.2 Each guest room in a public accommodation facility ~~newly built one year after the effective date of these regulations~~ must contain, at a minimum, one toilet, one

~~lavatory~~sink, and one shower and/or bathtub, which may include a bathtub/shower combination.

3.11.3 All baths, showers, toilets and ~~lavatories~~ sinks must be kept in good repair.

3.11.4 While being used by guests, the floors of the bathrooms ~~and toilet rooms must be sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests.~~

~~3.11.5 While being used by guests~~, every surface of a bathtub, shower, shower enclosure, toilet and ~~lavatory~~sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.~~Guidance on recommended cleaning and sanitizing of specialty bath equipment such as fill-and-drain whirlpool spa bathtubs can be found in Appendix F.~~

3.11.5~~6~~ Cloths used for cleaning and sanitizing dirty environmental surfaces of the guest room shall be used in one guest room only, and then be placed in the dirty compartment of the housekeeping cart when the guest room attendant has completed cleaning that room.

3.11.6 Cellulose sponges are prohibited from use; abrasive scrubbing pads that are used in multiple rooms must be stored in disinfecting solution

3.11.7 ~~All other surfaces of the bathroom must be cleaned and sanitized when visibly soiled or dirty but at least once a week, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.~~The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.

3.11.8 All under-the-counter cabinets must be maintained in a clean, dry, and structurally sound condition. The cabinets must be replaced if the understructure shows warping, peeling and/or rotting.

3.12 Sanitation of guest room following occupation by guest having a communicable disease

3.12.1 Whenever the responsible person knows or suspects that a guest room has been occupied by a person with a reportable infectious illness, the guest room shall be thoroughly cleaned and sanitized~~, including fumigation, as needed~~, depending on the suspected or known pathogen, according to the public accommodation facility's ~~"Guest~~

~~Room Clean-up Standard Operating Procedure (SOP)."~~Biohazard Event Response Plan. ***An example SOP can be found in Appendix A~~G~~.***

3.12.2 All linens, towels, and bedding from the contaminated guest room shall be ~~thoroughly~~ laundered and~~,~~ dried ~~and disinfected~~ before reuse.

3.12.3 The guest room shall not be occupied by new guests until the timeframe recommended by the manufacturer of the treatment substance~~, such as a fumigant,~~ has passed.

3.13 Water supply

3.13.1 The potable water supply for each public accommodation facility must be from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and must meet all NRS 445A requirements.

3.13.2 Each public accommodation facility must be supplied with a hot and cold potable water supply that meets all sanitary purposes, including water for ~~culinary~~cooking, bathing, ~~lavatory~~sink use, and laundering.

3.13.3 Anytime the responsible person receives a water quality-related complaint in which two or more persons report similar illness within 24 hours of each other, the responsible person ~~shall obtain the name, address, phone number (room number if the affected individual is a guest), along with a list of the reported symptoms and name of the medical facility to which the ill persons are being transported, if medical attention is sought. The responsible person shall then~~must report the alleged illnesses to the Health Authority immediately~~ via the Health Authority's 24-hour telephone line. (See Health Authority contact information in Appendix E)~~

3.14 Plumbing

3.14.1 The potable water system must be installed and maintained in such a manner that there is no cross connection between it and any other system.

3.14.2 Every room with laundry facilities must have a drain in the floor of the room. The floor must be sloped to provide proper drainage.

3.14.3 Each washing machine, dishwasher or sink used for washing laundry, tableware ~~or utensils~~, and all ice machines, must drain through an approved air gap to a floor sink.

3.14.4 A device used to prevent backflow or back siphonage that is installed on a potable water system must comply with the standards for the construction, installation, maintenance, inspection, and testing of the Uniform Plumbing Code (UPC) for that specific application and type of device~~, including the Southern Nevada 1997 Plumbing Code Amendments, unless a more stringent code is adopted by the agency of jurisdiction.~~

3.14.5 Each hose bibb must be equipped with a suitable backflow prevention device, such as an Atmospheric Vacuum Breaker (AVB), and installed and maintained in accordance with manufacturer guidelines.

3.14.65 The written results of annual backflow prevention device testing must be made available at the public accommodation facility for Health Authority review.

3.15 Water damage evaluation

3.15.1 Whenever evidence of significant water/moisture intrusion from any source is found within or on the walls, ceilings, attic spaces, crawl spaces, floors, carpeted surfaces, ventilation ducts, insulation, or other materials or areas which may promote the growth of mold, the source of the water or moisture must be identified and stopped to prevent or reduce mold growth.

3.15.2 Whenever a need arises to conduct a large-scale mold remediation affecting more than 1,000 square feet within a public accommodation facility, the Health Authority must be notified in writing of actions taken. For guidance, see Appendix H: "Mold Remediation Guidelines (NYC and SNHD)"

3.16 Solid waste disposal

3.16.1 Each public accommodation facility must have solid waste containers of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until the solid waste is removed.

3.16.2 If the When solid waste is not being removed in a manner that prevents a public health nuisance or danger, the Health Authority shall may direct the responsible person at the public accommodation facility to increase their solid waste container capacity and/or increase the frequency of scheduled pickups until adequate removal of the solid waste is achieved.

3.16.3 The solid waste containers must be:

3.16.3.1 Kept at locations approved by the Health Authority.

3.16.3.2 Emptied at least twice weekly. The frequency of solid waste removal must be at an interval, which prevents putrescible waste from becoming a nuisance even if such frequency is more often than twice weekly.

3.16.3.3 Kept covered and closed with a tight-fitting lid at all times except when being filled, emptied, or cleaned, unless the equipment is specifically designed to be operated as an open dumpster or trash compactor.

3.16.3.4 Kept clean. Facilities for washing them must be provided and operated in a sanitary manner or appropriate contracts with a solid waste disposal company must be in place to clean and/or replace waste containers that become excessively dirty.

3.16.4 Wastewater generated from cleaning the containers must be disposed of as sewage in the public sewerage system, or in an Individual Sewage Disposal System (ISDS) approved by the Health Authority, or as otherwise approved by the Health Authority. This wastewater must

~~3.16.5 Wastewater generated during cleaning of solid waste containers shall~~ not be discharged into ~~the~~ storm drains or onto public thoroughfares.

3.17 Sewage disposal

3.17.1 All sewage ~~carried by water~~ must be disposed of ~~by means of~~to a public sewerage system ~~or by a system for disposal such as an ISDS, which is approved by the Health Authority~~.

3.17.2 ~~**If the public accommodation facility intends to discharge its sewage to an ISDS, the facility must submit plans for review and approval and obtain a permit for the ISDS from the Health Authority for that purpose.**~~

~~3.17.3~~ Any sewage discharge, sewer pipe leaks, spills, or backflow onto the ground, or other inappropriate release of sewage must be promptly stopped, ~~and/or~~ contained, and remediated. When a public accommodation facility fails to stop, contain, and remediate an inappropriate sewage release within four hours of the condition being discovered, the Health Authority may close the facility without notice in accordance with Section 12 of these Regulations.~~within four (4) hours or the facility may be subject to closure by the Health Authority.~~

3.17.4 All sewage spills must be remediated in a manner that eliminates potential disease transmission, offensive odors, sewage solids, and sewage litter. ***For guidance, see Appendix C: Sewage Remediation Guidelines***

3.18 Outdoor areas

3.18.1 All outdoor areas including, but not limited to, parking areas, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and must be kept clean and free of any health hazards.

Section 4

~~– GENERAL SANITATION~~General Sanitation

4.1 Public areas

4.1.1 All public areas of public accommodation facilities must be maintained in a clean and sanitary manner, free of nuisances.

4.2 Public restrooms

4.2.1 All public restrooms must be kept in sanitary condition and good repair.

4.2.2 The floors of all public restrooms must be ~~thoroughly~~ cleaned and sanitized at least daily.

4.2.3 All surfaces of toilets, urinals, and other fixtures which may come in contact with a person's body in a public restroom, must be cleaned and sanitized at least daily. Any other surfaces not specifically addressed must be maintained in a clean condition.

4.2.4 All public restrooms must be stocked with a sufficient supply of toilet paper, disposable paper towels, electric hand dryer, or single-use cloth towels and liquid soap dispensed from easily cleanable permanent wall- or counter-mounted dispensers.

4.2.5 Cloth towels provided in public restrooms for use by guests and customers must be dispensed in a manner that clearly facilitates single use prior to laundering. If cloth towels are provided for this purpose, they must be stored for use, dispensed, and stored for re-laundering in a sanitary manner.

4.3 Guest room bedding, linen, and towels

4.3.1 All items of bedding, linen, and towels must be protected from contamination ~~by dust or filth~~.

4.3.2 All guest room bathrooms must be provided with a sufficient supply of clean towels while the room is occupied.

4.3.3 All beds ~~kept or used in any public accommodation facility~~ must be provided with a sufficient supply of clean bedding, which is appropriately sized, while the room is occupied.

4.3.4 Sheets and pillow cases must be replaced at least twice weekly, at the request of a guest, between guests, and~~or~~ whenever they have become soiled or are in disrepair.

4.3.5 Mattresses must be protected from contamination with waterproof encasements.

4.3.6 Clean bedding that is found to be in poor condition ~~during the room makeup process~~ must be discarded and replaced.

4.3.7~~6~~ Clean linen and bedding must not be stored or transported in laundry bags, laundry carts or other containers which have been used for soiled linen unless the operator of the public accommodation facility demonstrates to the Health Authority that the containers are, or can be, properly cleaned and their surfaces sanitized.

4.4 Third-party linen provider

When a third-party linen provider is used, ~~then~~ any bedding, linens, towels, and/or conveyances that are found to be dirty, stained, or otherwise in poor condition must be rejected ~~at the receiving dock~~ and returned to the third-party linen provider.

4.5 On-site laundry facilities

When bedding, linens, and/or towels are laundered in-house~~, then~~:

4.5.1 They must be laundered, folded, and stored in an area that is clean and well maintained.

4.5.2 Separate storage areas must be designated for soiled bedding, linen, and towels away from clean bedding, linen, and towels.

4.5.3 There must be an adequate hot water (at least 90°F) supply to the on-site laundry facilities.

4.5.4 There must be an adequate number of washing machines, dryers, and folding tables to handle the volume of laundry generated at the public accommodation facility. Such approved equipment must be installed or placed:

4.5.4.1 With a drain indirectly connected to sewer through an air gap;

4.5.4.2 On an~~, at a minimum, a composite tile or other~~ approved floor, with wall-to-floor junctures sealed with base coving;

4.5.4.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.5.4.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur; and

4.5.4.5 In a room with an enclosed ceiling, finished with a cleanable surface.

4.5.5 The washing machines, dryers, and folding tables must be maintained in good operating condition.

4.5.6 There must be a handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels installed in the laundry room. ~~and/or chemical storage and handling room.~~

4.5.7 Prior to their next use, bedding, linens, and towels must be washed with soap or detergent and sanitized with a product labeled for that use.

4.5.8 Laundry that ~~arrives in the laundry facility, which~~ has been exposed to a biohazardous event, must be handled in accordance with the public accommodation facility's Biohazard Event Response Plan ~~written for the facility~~ and all applicable regulatory requirements. ***An example "Biohazard Event Response Plan" can be found in Appendix ~~I~~A.***

4.5.9 Laundered bedding, linen, and towels must be stored off ~~at least six (6) inches above~~ the floor level in a clean, ~~ventilated, illuminated, and well-maintained~~ place until used.

4.5.10 Linen storage shelves or cabinets must be constructed of smooth, nonporous, corrosion, and water damage-resistant material.

4.5.11 Existing wooden or combination metal/wood shelving must be sealed with an enamel sealing paint or clear coat and the shelves must be maintained in an easily cleanable condition.

4.6 Used bedding

4.6.1 The responsible person may not sell, trade, give away, or otherwise allow the transfer of any used bedding from a~~his~~ public accommodation facility for use in another public accommodation facility unless the used bedding is first sterilized by an approved sterilization process at a sterilization plant that has been approved by the Health Authority or otherwise disinfected in accordance with NAC 444.001 through 444.006. This prohibition does not include the exchange of furniture and mattresses that are in good condition between properties that are operated under the same management group, when such a need arises.

4.6.2 No used bedding may be recovered from any landfill, dump, dumpster or other waste disposal, junkyard, or hospital for the purpose of reuse in a public accommodation facility even after sterilization at an approved sterilization plant.

4.6.3 Used mattresses~~bedding which has~~that have ~~-~~been sterilized in a ~~sterilization plant~~process approved by the Health Authority, ~~otherwise disinfected in accordance with NAC 444.001 through 444.006 or~~which are transported for sale in Southern Nevada from another jurisdiction must be labeled with a waterproof tag permanently affixed on each article of bedding. The label must state "Sterilized", "Disinfected" or "Sanitized" and, "Secondhand~~,~~" ~~in accordance with the language required by the jurisdiction in which the bedding was processed~~. The label must include the name, address, and Health Permit number of the sterilization plant.

4.6.4 The owner of a sterilization plant located outside of the Health Authority's jurisdiction may submit an application for reciprocity approval ~~(see Appendix J for a sample application)~~ if the sterilization plant meets all of the requirements of NRS 444.010 through 444.040, NAC 444.001 through 444.006, and Section 4.6 of these Regulations inclusive, and has a current Health Permit in good standing from the agency of jurisdiction.

4.7 Maintenance areas

Maintenance areas shall be clean and organized. ~~well maintained and c~~Chemical storage and use shall be conducted in accordance with manufacturer's instructions.

~~4.7.2 Maintenance areas where chemicals are processed or mixed shall have a sink supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels.~~

4.8 Housekeeping carts

4.8.1 Each cart shall be maintained in clean, sanitary, and good working condition.

~~4.8.2 Each cart shall be maintained in clean and sanitary condition.~~

4.8.2~~3~~ Clean items shall not come into contact with any soiled articles or chemicals on the cart.

4.8.3~~4~~ Each cart used for combined delivery of clean articles and removal of items for laundering must have a separate storage bin or bag for the soiled articles. The storage bin shall be made of a cleanable, smooth, and impervious material while storage bags shall be made of a durable material that is machine washable unless the bag is for single use only.

4.8.4~~5~~ Laundry storage bins and bags shall be washed whenever they become visibly dirty.

4.8.5~~6~~ All containers of chemicals used for maintaining guest rooms must be labeled.

4.9 Personal hygiene supplies

4.9.1 A supply of toilet paper must be provided to guests for use in the guest room bathroom.

4.9.2 A supply of single-use soap must be made available for use by guests. Used personal hygiene items left by departing guests must be discarded. Permanently-mounted stocked soap and shampoo dispensers may be provided for tub, shower, or ~~lavatory~~ sink use.

4.10 Ice

4.10.1 Ice used in a public accommodation facility must be made of water obtained from a water supply approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water or the ice must be obtained from a food establishment approved by the Health Authority.

4.10.2 All ice-making machines must be certified by National Sanitation Foundation (NSF) or an equivalent third-party certification organization and located, installed, operated and maintained ~~so as~~ to prevent contamination of the ice.

4.10.3 The responsible person at the public accommodation facility must have and adhere to an appropriate or effective routine maintenance and cleaning schedule for ice machines.

4.10.4 Ice must be handled, transported and stored in a manner which protects it from contamination.

4.10.5 Ice machines that are provided for direct use by guests must be designed to dispense ice cubes automatically from a storage area, which is within the machine and is inaccessible to the guest.

4.10.6 Ice buckets, ice scoops and other containers and ~~utensils~~ tableware used for ice, unless of a disposable/single-use type, must be made of a smooth, impervious material and designed to permit effective cleaning. Such containers and utensils must be cleaned and

sanitized each day the guest room is occupied, and must be stored and handled in a sanitary manner. When a guest declines regular guest room service, the public accommodation facility must ensure that containers and tableware are cleaned and sanitized at least once per week and between guests.

4.10.7 New, disposable/single-use, food-grade plastic ice bucket liners must be provided each day that the guest room is occupied except when disposable/single-use ice buckets are being provided.

4.11 Tableware

4.11.1 Suitable areas and equipment must be provided for the cleaning, sanitizing, drying and storage of tableware. Such equipment must be installed and/or placed:

4.11.1.1 With a drain indirect to sewer;

4.11.1.2 On, at a minimum, a composite tile or other approved floor, with wall-to-floor junctures sealed with base coving;

4.11.1.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.11.1.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur;

4.11.1.5 In a room with an enclosed ceiling, finished with a smooth, washable surface; and

4.11.1.6 In a room maintained to prevent the contamination of equipment~~,~~ and tableware ~~or utensils~~.

4.11.2 In-room cleaning ~~and sanitizing~~ of any tableware is permitted in a guest room with use of an in-room automatic dishwasher, appropriate detergent, and having a functional and/or adequate sanitizing cycle.

4.11.3 If the tableware is not cleaned using a dishwasher in the guest room, a sink with three ~~(3)~~ compartments and integral double drain boards or a dishwasher having a functional and/or adequate sanitizing cycle, certified by NSF or equivalent third-party certification organization must be used in another area of the facility. ~~All sinks must be certified by NSF or equivalent third-party certification organization.~~

4.11.4 Dish tables and drain boards must be large enough to accommodate the separate proper handling of soiled and clean tableware.

4.11.5 A handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels, must be installed within any room, other than a guest room, used for washing tableware~~, utensils~~ or glassware.

4.11.6 The Health Authority may approve any type of facility, device, or procedure for cleaning and sanitizing tableware if the responsible person demonstrates that it is effective and reliable for that purpose.

4.11.67 If no dishwashing facilities are available, single-use tableware only must be provided.

4.11.78 Manually washing and sanitizing

4.11.78.1 All tableware must be thoroughly washed in a reasonably clean solution that contains an effective concentration of detergent.

4.11.78.2 All tableware must be rinsed in clean ~~warm~~ water after washing.

4.11.78.3 All tableware, when manually washed, must be sanitized by immersion ~~for 1 minute in a clean, sanitizing solution containing 50 ppm of available chlorine.~~into an approved sanitizer at concentrations per the manufacturer's use directions included in the labeling.

4.11.78.4 ~~A test kit of reasonable accuracy, plus or minus 25%, must be used to test the available chlorine in the sanitizing solution.~~ The proper test kit must be provided for each type of sanitizer used.

~~4.1221.8.5 Other chemical agents which have been demonstrated to the satisfaction of the Health Authority to be effective and non-toxic without rinsing under conditions of use and for which a suitable test kit is available may be used in the sanitizing solution if the solution has a bactericidal effect equivalent to a solution containing 50 ppm of available chlorine. These other chemical agents include, but are not limited to, Quaternary Ammonium Compounds (Quats) at 200 ppm and Iodine at 12.5 ppm.~~

4.11.8.6 5 After being sanitized, all the tableware must be placed in a position permitting self-draining in a suitable area where it is allowed to air dry.

4.11.89 Storage and handling

4.1231.81.9.1 All tableware must be stored at least six inches above floor level in a clean and dry location so that it is protected from ~~splash, dust and other~~ contamination.

~~4.11.9.2 All cleaned and sanitized tableware must be handled by employees of a public accommodation facility in such a manner that no part of their hands or clothing touch any surfaces of the tableware which will later be in contact with the food or the user's mouth.~~

4.11.831.9.32 All cleaned and sanitized tableware must be protected from contamination during storage and handling. ~~Acceptable methods include, but are not limited to, wrapping, paper caps, a utensil drawer with an organizer, placement upside down on a doily, cabinets, and bins.~~

4.12 Disposable/single-use articles

4.12.1 All disposable/single-use articles in a public accommodation facility must be stored in closed ~~cartons or~~ containers to protect the contents from contamination~~,~~ and be handled and dispensed in a manner that will prevent contamination.

4.12.2 Disposable/single-use articles may be used only once.

4.13 Pets and service animals

4.13.1 No pet or service animal may be allowed to create a nuisance.

4.13.2 Animal wastes must be cleaned up as often as necessary to prevent nuisances, odors, and transmission of ~~zoonotic~~ diseases.

Section 5

~~CONTROL OF VERMIN~~Pest Control

5.1 General provisions and preventive measures

5.1.1 Insects, rodents, and other ~~vermin~~ pests must be controlled. Corrective engineering measures may be required by the Health Authority whenever a pest control problem is identified.

5.1.2 All openings to the exterior of a public accommodation facility must be protected to prevent access of or by rodents, flies and other ~~vermin~~pests. Operational windows and patio doors in guest rooms may be required to be screened if pest issues are observed.

5.1.3 Access doors such as those used for warehouse access must be kept closed when not in use unless a control measure such as an air curtain or bird netting is being used to prevent ~~vermin~~pest entry.

5.1.4 The interior and exterior of a public accommodation facility must be maintained ~~in a condition, which will~~to prevent the harborage or feeding of ~~vermin~~pests.

5.1.5 Guest rooms found to have live rodents, cockroaches, bed bugs, or other ~~vermin~~ pests in type and number to cause a public health nuisance must be closed to the public immediately and until the presence or infestation is eliminated.

5.1.6 The solid waste receptacle storage area must be checked for evidence of ~~vermin~~ pest activity. Corrective actions must be taken whenever evidence of ~~vermin~~ pest activity is found.

5.1.7 The feeding of feral birds and animals may cause a public nuisance and is prohibited.

5.2 Pest control application

5.2.1 All pesticides must be used and stored in a safe manner in accordance with the manufacturer's recommended directions and labeling instructions ~~and stored in a safe manner~~.

5.2.2 Only certified applicators or persons under the direct supervision of a primary principal or principal, as defined by NRS 555.2618, NAC 555.2555, and NAC 555.256, may apply restricted-use pesticides at a public accommodation facility.

~~**5.2.3** Any activities involving fumigation must be performed in compliance with NRS and NAC 555. Information regarding NRS and NAC 555 is located in Appendix K.~~

5.2.43 The Health Authority may require that the responsible person enter into a contract for licensed commercial pest control service whenever the Health Authority determines that:

5.2.43.1 An ~~i~~in-house pest control applicator using a restricted-use pesticide does not have a current Nevada Restricted Use Pesticide Certificate issued in ~~his or her~~their name by the Nevada Department of Agriculture which includes

approval in at least the commercial certification categories of Industrial Pest Control and Institutional Pest Control of NAC 555.620 7(a) and 7(b) respectively;

5.2.43.2 In-house pest control measures are inadequate to maintain control of pests;

5.2.43.3 An in-house certified applicator is not available or is not being used;

5.2.34.4 Adequate in-house records as required in Section 5.4 are not being maintained; or

5.2.34.5 In-house pest control chemicals are being stored or applied improperly.

5.3 Rodent waste clean-up

5.3.1 All rodent waste clean-up must be completed in a manner which reduces the disturbance of rodent feces, urine, and saliva particles and associated mists.

5.3.2 Appropriate respiratory protection must be provided for any employee involved in rodent waste clean-up consistent with the U.S. Centers for Disease Control and Prevention recommendations ~~which can be found on the worldwide web at http://www.cdc.gov/ncidod/diseases/hanta/hps/noframes/prevent3.htm Also see Appendix L~~.

5.4 Record keeping

5.4.1 The responsible person must ensure that a copy of all records which document ~~the receipt of~~ pest control services from licensed commercial applicators, for the past one~~two (2)~~ year timeframe, are maintained on-site for review by the Health Authority.

5.4.2 If the public accommodation facility has an in-house certified applicator performing their pesticide applications, then records documenting all pest control applications at the public accommodation facility must be kept on site and in accordance with ~~as per~~ NAC 555.700 for the past ~~two (2)~~one year~~s~~ indicating the date, type, and location of pest control activities. ***See Appendix ~~K~~ B for a "Pesticide Use Report Sample."***

5.5 Required reporting

Any out-of-control infestation of pests~~vermin~~ must be reported ~~verbally~~ to the Health Authority. ~~See Appendix E for Health Authority contact information.~~

Section 6

- ~~EMPLOYEES~~Employees

6.1 Illness reporting and duty status

6.1.1 Employment in a public accommodation facility is a sensitive occupation under NAC 441A.170

6.1.2~~1~~ Any employee or person deemed to be an employee pursuant to NAC 441A.205, who has been diagnosed by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice and excluded from work by that medical professional or the SNHD Office of Disease Surveillance (ODS)~~Epidemiology (OOE)~~ because he or she:

6.1.2~~1~~.1 Has a communicable disease,

6.1.2~~1~~.2 Is in a carrier state of a communicable disease,

6.1.2~~1~~.3 Has a boil or other infected wound,

6.1.2~~1~~.4 Or has an acute respiratory infection

must not work in a public accommodation facility until cleared, in writing, by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice. The SNHD ODS~~OOE~~ shall make the final decision whether or not an excluded employee is released to work based on the requirements of NAC 441A. ~~(See Appendix C)~~

6.1.2 During the course of an ~~outbreak~~ investigation conducted by the Health Authority ~~at a public accommodation facility~~ into a suspected or confirmed outbreak involving a public accommodation facility, all employees and persons deemed employees must~~will~~ cooperate with the Health Authority in investigating the outbreak, including providing information on illness signs and symptoms and undergoing tests that may be required.

6.2 Employee training

6.2.1 All employees that are directly involved in the servicing or maintenance of guest rooms ~~shall~~ must be trained to recognize obvious health hazards in the guest room as outlined in Section 2. Any employee encountering such a health hazard ~~shall~~ must immediately report it to ~~his or her~~their supervisor or the responsible person.

6.2.2 All employees designated to be directly involved in responding to biohazard events must be trained in biohazard issues and handling in accordance with Occupational Safety and Health Administration (OSHA) standards. ~~Guidance regarding precautions that may be used by employees in public accommodation facilities is found in Appendix M.~~

6.2.3 All employees must maintain good personal hygiene practices as appropriate for their work assignment.

6.3 Handwashing

Each employee working in a public accommodation who comes in contact with amenities, tableware, linen or who cleans toilets, bathrooms, or restrooms while servicing guest rooms or public restroom facilities ~~shall thoroughly~~ must wash their~~his~~ hands with soap and warm water, change soiled gloves, and/or apply a hand sanitizer approved by the Health Authority (Apply hand sanitizer only after proper handwashing has been performed):

6.3.1 Before starting work each day;~~,~~

6.3.2 After personal restroom use;~~,~~

6.3.3 In laundry rooms between handling dirty and clean linen; and

6.3.~~4~~3 As often as may be required to remove soil and contamination.

6.4 Employee clothing

6.4.1 The outer garments of each person engaged in handling bedding, linen, towels or tableware in a public accommodation facility must be kept visibly clean.

6.4.2 Soiled employee clothing stored on site must be stored in a designated area away from clean clothing and other laundered items

6.5 Employee facilities

6.5.1 Employee locker rooms and restrooms must be maintained in a clean, sanitary, and safe condition.

6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.

6.6 Employee Food Handler's Health Cards

6.6.1 All employees involved in food handling activities ~~associated with room service and continental breakfasts~~ must possess a ~~current,~~ valid Food Handler's Health Card issued by the Health Authority.

6.6.2 Employees that handle food service tableware~~utensils~~ only after service to the guest, conduct in-room dishwashing, ~~or~~ who only stock mini-bars or collect ice from the public accessible ice machines do not have to possess a current, valid Food Handler's Health Card.

Section 7

-- FOOD SERVICE AND FOOD SERVICE FACILITIESFood Service and Food Service Facilities

7.1 Prepackaged food sales

7.1.1 A public accommodation facility may offer guest room prepackaged nonpotentially hazardousnon-TCS food sales using a cabinet, refrigerator, or similar mini-bar. No Health Permit is required for this guest service.

7.1.2 The commissary used to service guest rooms with point-of-sale food items must have a valid Health Permit issued by the Health Authority. This Health Permit may be combined with another food establishment as part of a single Health Permit within the public accommodation facility at the discretion of the Health Authority.

7.1.3 Gift shops within public accommodation facilities that sell snacks and beverages must meet the requirements outlined in NRS 446.870 and NAC 446.042. See Appendix N-Food Establishment Health Permit Exemptions. the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.2 Room service

7.2.1 If When room service is offered, a separate Health Permit for the room service kitchen facilities must be obtained and kept in good standing. WhenIf the Health Permit of the room service kitchen facility is suspended or revoked, all room service activity must cease.

7.2.2 Room service carts must be kept well maintained, clean, and in sanitary condition.

7.2.3 Chemicals such as "sterno" and "canned heat" must be stored separate from and below food items on room service carts.

7.2.4 Room service carts mustshall not be used for housekeeping purposes.

7.2.5 Leftover room service food items and used tableware mustshall be removed from public hallways at least once per eight (8) hour shift.

7.3 Continental breakfast facilities

7.3.1 Permanent or temporary facilities constructed for the purpose of regularly or routinely serving foods to guests, whether or not a separate fee is charged for the service, shall be considered food establishments, as defined by NRS 446.020, and shall be subject to the provisions of NRS 446, and the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.3.2 A separate Health Permit is required for the operation of a Continental Breakfast.

7.3.3 Facilities may provide coffee and non-TCS, individually prepackaged food for guest use in the lobby or other areas without a food operations health permit. The countertop and

equipment must be kept clean. If no three-compartment sink or approved dishwasher is available:

7.3.3.1 All coffee cups and other items must be disposable, single-service and prepackaged.

7.3.3.2 Creamers and food must be non-TCS and dispensed from disposable, prepackaged, single-use containers.

7.4 Kitchenettes

7.4.1 Except in hostels, no community kitchen facilities are permitted.

7.4.2 A kitchenette~~,~~ or community kitchen, when provided, must have all of the following facilities:

7.4.2.1 A sink which is supplied with adequate hot and cold running water. The hot water must be able to reach a temperature of 120°F at the faucet within two minutes, and be supplied at a pressure at the faucet of at least 20 psi.

7.4.2.2 Cooking equipment that is properly installed and a means within the guest room, such as a hood with a fan or other ventilation system, to remove smoke, fumes, and odors.

7.4.2.3 A washable container for waste.

7.4.2.4 A counter for food preparation. The surface of the counter must be made of material which is impervious and easily cleanable.

7.4.2.5 A refrigeration unit for holding cold food. The unit must be capable of maintaining a temperature of 41~~5~~°F or lower.

7.4.2.6 A cupboard or other receptacle in which ~~utensils,~~ tableware and food can be stored protected from contamination.

7.4.3 All tableware stored for use by guests in a kitchenette must be washed, rinsed, and sanitized between guests in an approved three-compartment sink or a dishwasher ~~with a sanitizing cycle~~.

Section 814 –

ADJUNCT PROVISIONS FOR SCRV DRY CAMPING AT PUBLIC ACCOMMODATION FACILITIESSCRV Dry Camping at Public Accommodation Facilities

NOTE: As shown in Section 1, Definitions, definition 1.59:

"Public accommodation facility" defined. A public accommodation facility is a hotel/casino, resort, hotel, motel, hostel, bed and breakfast facility, or other facility offering rooms or areas to the public for monetary compensation or other financial consideration on an hourly, daily, or weekly basis.

This Section of these Regulations only applies to public accommodation facilities that wish to offer dry camping on their property.

148.1 Plans for construction, area designation, remodeling

8.1.1 All SCRV dry camping facilities in Clark County, Nevada which are constructed, reconstructed or extensively altered after July 27, 2006, must conform to the requirements outlined in these Regulations. Any public accommodation facility providing or intending to supply SCRV dry camping spaces must notify the Health Authority at least 30 days prior to doing so and must submit the information outlined in Section 814.11 of these Regulations entitled, The Management Plan. *See Appendix S for an example.* Approval for construction of SCRV dry camping facilities must be obtained from all appropriate agencies of jurisdiction before commencing construction. *See Appendix P for a list of state, county, and local agencies of jurisdiction which may apply.*

8.1.2 No public accommodation facility may construct, reconstruct, or remodel SCRV dry camping facilities without the prior approval of the Health Authority.

148.2 Allowable vehicle type

814.2.1 Only SCRVs registered with a public accommodation's SCRV dry camping facilities are permitted to use those amenities. All other types of RVs or trailers are excluded from using SCRV dry camping facilities.

814.2.2 A public accommodation facility must not allow a guest of the SCRV dry camping facility to stay longer than the facility's management plan allows. Guests who plan on staying for more than the time indicated in the public accommodation SCRV dry camping facility's Management Plan and who arrive in RVs or passenger vehicles towing trailers must either:

14.2.2.1 Rent a guest room in a public accommodation facility, or

14.2.2.2 Secure a space at a health-permitted RV park or campground.

814.3 Exclusions Special Events

8~~14~~.3.1 The parking and usage of SCRVs, RVs, trailers and any other associated set-up or conveyance during Health permitted Special events are not governed under these Regulations. Regulations and conditions outlined in the Special Event Permit are in force during the Special event, separate from the operation of the SCRV dry camping facility.~~Guests driving SCRVs who do not intend to stay for more than the time indicated in the public accommodation SCRV dry camping facility's Management Plan and that do not cause a substantial health hazard or public nuisance; but are at a public accommodation facility to make use of the hotel, casino, and/or food and beverage services presented there, are excluded from parking in or using the services in the SCRV dry camping facility parking area.~~

~~14.3.2 Visitors who intend to stay for less than the time period indicated in Section 14.3.1 shall be directed to park in the parking lot assigned to accommodate larger vehicles such as SCRVs, RVs, busses, and travel trailers.~~

~~14.3.3 Individuals who park their vehicles temporarily, such as truckers, are not required to park in the SCRV parking lot nor register as SCRV guests.~~

~~14.3.4 The parking and usage of SCRVs, RVs, trailers and any other associated set-up or conveyance during Health Permitted Special Events are not governed under these Regulations. Regulations and conditions outlined in the Special Event Health Permit are in force during the Special Event, separate from the operation of the SCRV dry camping facility.~~

8~~14~~.4 **Parking lots and spaces**

8~~14~~.4.1 Parking spaces for SCRVs must be located on a well-drained site and ~~shall~~ must not create a public health hazard or nuisance.

8~~14~~.4.2 Parking spaces for SCRVs must be arranged in a manner so that there is adequate space between each SCRV and from any road, public walkway or the exterior boundary of the property.

8~~14~~.5 **Baths and showers; backup toilets and ~~lavatories~~ sinks**

8~~14~~.5.1 An SCRV dry camping facility shall provide conveniently located backup public restrooms, such as within a service building or the public accommodation facility.

8~~14~~.5.2 When the restroom facilities provided are not in the public accommodation facility, but are in an area such as service building, these rooms must be well ventilated with all openings screened to exclude flying insects and constructed of material permitting satisfactory cleaning.

8~~14~~.5.3~~2.1~~ Floors in a service building must be constructed of water-impervious material, well-pitched to a floor drain. The floor must be free from cracks or uneven surfaces that interfere with proper cleaning.

814.5.42.2 Partitions must be raised 12 inches from the floor and must be so constructed as to be easily cleaned. All service buildings and sanitary facilities must be kept in good repair.

814.5.53 During health-permitted temporary events, the SCRV dry camping facility maycan, upon approval by the Health Authority, provide properly maintainedproperly maintained non-sewered toilets and temporary hand washing facilities to accommodate the large number of guests present.

~~14.5.4 Bathtubs and showers are not required to be provided in support of SCRV dry camping facilities. If the SCRV bathtub or shower breaks down, then the guest can rent a guest room at a public accommodation facility, which provides bathing and showering facilities.~~

814.6 Water supply station

148.6.1 SCRV dry camping facilities must be provided with a potable water supply from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and meets all applicable NRS 445A requirements.

814.6.1.1 The potable water supply may be located on the property offering SCRV dry camping spaces, or

814.6.1.2 The potable water supply may be provided by another SCRV dry camping facility, RV Park, or campground with potable water hookups. There must be a written inter-facility agreement to permit the guests of the subject SCRV dry camping facility to use the off-siteoff-site potable water supply.

814.6.2 A new water supply intended to serve the SCRV dry camping facility must be approved by the Health Authority prior to operation as a potable water source.

814.6.3 The potable water system supply station must be maintained in a clean and sanitary manner.

814.6.4 The water supply station shall must provide hoses to fill SCRV water tanks. These hoses must be maintained in a clean and sanitary manner. The A hose can be disconnected and stored in a sanitary place or it can remain attached to the faucet and be rolled up on a hose reel positioned off the ground. The hose shall must not be allowed to lie upon the ground when not in use.

814.6.5 The hose/faucet connection must have an operational backflow or back siphonage prevention device installed.

814.7 Sewage disposal

814.7.1 All liquid wastes from service buildings must be discharged into a public sanitary sewer. ~~or ISDS approved by the Health Authority or State of Nevada Division of Environmental Protection. These wastes must be disposed of in accordance with NAC 444.750 to 444.8396, inclusive.~~

814.7.2 An approved sanitary station must be provided and toilet wastes from the retention tanks of SCRVs must be discharged through it to a ~~public~~sanitary sewer ~~or ISDS~~.

814.7.3 Sewage disposal sanitary stations must be maintained in good working order. Visual inspections must be made by staff to ensure that no failure occurs.

814.7.4 Any hose or pipe used to empty the SCRV's waste holding tank must be provided with a standard fitting to assure a watertight connection with the sanitary station. Each connection on both the SCRV and the sanitary station must be closed when not in use.

814.7.5 Sanitary stations must be maintained free of litter, debris, and raw sewage. Should an incident occur where raw sewage is released from the SCRV or backs up from the sewer connection, it shall be addressed by implementing the SCRV dry camping facility's Biohazard Event ~~Cleanup~~ Response Plan. ***An example is provided in Appendix ~~I~~A: Biohazard Event Response Plan for Public Areas.***

814.8 Solid waste disposal

Each SCRV dry camping facility must have solid waste containers (e.g., dumpsters, trash cans) of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until it is removed. The criteria given for solid waste containers in Section 3.16 of these Regulations~~, entitled Solid Waste Disposal~~, apply to the SCRV dry camping facility as well as the public accommodation facility.

814.9 Outdoor areas

The public accommodation facility providing SCRV dry camping facility parking spaces and service buildings is responsible for maintaining the premises. All outdoor areas including, but not limited to, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and be kept clean and free of any health hazards.

814.10 Signage

~~The SCRV dry camping facility may display signs providing direction to guests. The following types of signs are recommended to be posted in areas where guests enter the property, and should be easily readable at a distance from the driveway or entrance:~~

814.10.1 The SCRV dry camping facility must display signs identifying the location of~~A sign directing SCRVs intending to dry camp to the appropriate area.~~

~~14.10.2 Signs directing all other SCRVs, RVs, large trucks, and trailers to the appropriate large-vehicle parking area and average-sized vehicles to their designated parking areas.~~

~~14.10.3 A sign identifying the location of~~:

814.10.3.1 Potable water supply.

814.10.3.2 ~~-~~Sewage disposal sanitary station.

8~~14~~.10.3.3 Solid waste disposal containers.

~~14.10.4 The SCRV dry camping spaces are recommended to be clearly marked in a manner that makes them easy to locate.~~

~~14.10.5 An alternative to signage such as a map directing individuals to the needed services would be allowed.~~

8~~14~~.11 The Management Plan

8~~14~~.11.1 The Management Plan document

As part of applying for an SCRV dry camping facility Health Permit, prior to beginning operation, each SCRV dry camping facility shall have a written Management Plan that addresses the operational and administrative policies and procedures that the SCRV dry camping facility plans to implement on its property. Each Management Plan should include narrative descriptions and/or site map(s) of the following items:

8~~14~~.11.1.1 Basic facility information such as facility name, address, and contact information.

~~14~~8.11.1.2 A site map of the SCRV dry camping facility parking area(s). Note the dry camping parking area(s) in relation to an ~~easily-located~~easily located landmark on the public accommodation facility grounds, such as the hotel/casino itself. On the site map, mark:

8~~14~~.11.1.2.1 ~~—~~The size of all of the areas of the SCRV dry camping facility.

8~~14~~.11.1.2.2 ~~-~~The layout of the parking area.

8~~14~~.11.1.2.3 ~~-~~The layout of the spaces.

8~~14~~.11.1.2.4 ~~-~~The number of spaces available.

8~~14~~.11.1.2.5 The location of the potable water supply if it is on property. When water is supplied from off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the water supply. Also provide an abridged site map showing the location of the water supply on the property of the facility with which the supply agreement has been made.

8~~14~~.11.1.2.6 The location of the sewage system and sanitary station if they are on property. If they are provided off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the sanitary station. Also provide an abridged site map showing the location of the sanitary station on the property of the facility with which the disposal agreement has been made.

8~~14~~.11.1.2.7 The location of solid waste disposal facilities, including the proposed number of waste disposal stations.

8~~14~~.11.1.2.8 The location of backup public restrooms.

8~~14~~.11.1.2.9 Any available signage locations.

8~~14~~.11.1.3 Include narrative information in the Management Plan such as:

8~~14~~.11.1.3.1 Information that supports the critical items listed above that are marked on the site map. Examples include a written description of each of the items, such as backup bathrooms (e.g., located in service building or located in casino) and language used on any signs.

8~~14~~.11.1.3.2 Information regarding any contingency plans the facility might have to accommodate guest overflow or seasonal changes to the size and layout of the dry camping parking area.

8~~14~~.11.1.3.3 The language used in the inter-facility agreements. Actual copies of the agreements can be attached as part of the management plan submission.

8~~14~~.11.1.3.4 Plans for visually surveying parking lots and the SCRV dry camping spaces for health and safety hazards at regular intervals by Security or other facility-assigned staff.

8~~14~~.11.1.3.5 Methods for documenting areas requiring cleanup or other attention during the parking lot/camping space survey. Facility-assigned staff should document any issues, note the necessary corrective action(s) to be taken, and then contact the appropriate department within the facility to complete the work.

8~~14~~.11.1.3.6 Information regarding the public accommodation facility's own guest check-in, registration, and checkout policies for the SCRV dry camping facility.

8~~14~~.11.1.3.7 Information regarding rules of conduct and responsibilities assigned to the guests.

8~~14~~.11.1.3.8 A description of the content of pamphlets, maps, and other informational items provided to the guests.

8~~14~~.11.1.3.9 Security's location, contact information, duties, and interface with other property departments such as maintenance and management.

8~~14~~.11.1.3.10 Information on the SCRV dry camping facility's administrative policies regarding the circumstances under which the facility would want to contact the Health Authority for assistance (e.g., guests illegally disposing of liquid or solid waste in a manner inconsistent

with these Regulations or the facility's Management Plan), including contact information for the Health Authority.

8~~14~~.11.1.3.11 Any other information unique to this SCRV dry camping facility.

8~~14~~.11.1.3.12 Responsibilities and plans for the upgrade of or changes to this Management Plan document.

8~~14~~.11.2 Management Plan submission

The Management Plan shall be submitted to the Health Authority for review prior to implementation. During the review process, the Health Authority shall make required and recommended changes to the Management Plan. After approval, the Health Authority and the responsible person shall mutually agree upon an implementation schedule and dates by which any noted corrective actions must be taken.

8~~14~~.11.3 Management Plan revision review

Should any changes to the Management Plan become necessary that would significantly alter the nature of the SCRV dry camping facility's operation, then those changes must be provided to the Health Authority for review and approval prior to their implementation.

~~**BED AND BREAKFAST FACILITIES**~~

~~8.1 Bed and breakfast commercial kitchen exemption requirements~~

~~A bed and breakfast commercial home which does not exceed a capacity of ten (10) persons or five (5) guest rooms, may be exempted from the commercial kitchen provisions of both NRS 446, Food Establishments, and the Southern Nevada Health District Regulations 1996 Governing the Sanitation of Food Establishments, if, in the opinion of the Health Authority, no imminent hazard to the public health is likely to result or occur.~~

~~8.2 Restricted food establishment Health Permit~~

~~A restricted food establishment Health Permit will be issued pursuant to section 8.1 only if the preparation and service of food is restricted to the following food items requiring limited preparation:~~

~~8.2.1 Eggs, hot cakes, toast, French toast, waffles, rolls, hash browns, bacon, sausage, ham, cheese, fresh fruit and juices or commercially canned fruit and fruit juices, breakfast beverages, cold and hot cereals, prepackaged ready-to-eat foods, and other food items authorized in writing by the Health Authority. All potentially hazardous food~~

~~prepared in a bed and breakfast facility operating with a restricted Health Permit must be prepared fresh with no foods held over to another day.~~

~~8.2.2 A bed and breakfast facility which has a kitchen that fully complies with the provisions of NRS 446, and the Health Authority's current version of Clark County Health District Regulations Governing the Sanitation of Food Establishments may prepare and serve foods other than those listed on the restricted menu.~~

~~8.3 Food storage and preparation equipment~~

~~Food storage and preparation equipment in a bed and breakfast facility which has been issued a restricted food establishment Health Permit must be located and installed in a way that prevents contamination of food and facilitates cleaning.~~

~~8.4 Non-commercial equipment acceptability conditions~~

~~Non-commercial equipment designed for use in a private home, such as cooking units, refrigerators, dishwashers, cabinets, hoods and utensils are acceptable only if they are effective, do not cause a health problem for the public, and are maintained clean and in good repair.~~

~~8.5 Fresh food preparation required daily~~

~~All food prepared in a bed and breakfast facility operating with a restricted Health Permit must be prepared fresh with no foods held over to another day. A guidance document is provided in Appendix O.~~

Section 9 –

~~HEALTH PERMITS~~Health Permits

9.1 Health Permit required

9.1.1 No person may operate a public accommodation facility without a valid permit from the Health Authority~~All public accommodation facilities must have a current and valid Health Permit issued by the Health Authority in order to operate~~.

9.2 Health Permit posted

The current Health Permit must be posted conspicuously behind the front service counter in the lobby at a location clearly visible to the public at the time of check-in ~~designated by the Health Authority~~.

9.3 Applications for and issuance of Health Permits to operate

9.3.1 Prior to commencing the operation of any public accommodation facility, the responsible person or persons, business entity, or agent must make written application for a Health Permit on forms provided by the Health Authority, pay all applicable fees, and receive written approval from the Health Authority to operate.

9.3.2 When making application for a Health Permit to operate a public accommodation facility, the following information and items must be brought to the Health Authority for review and/or approval:

9.3.2.1 The name, location and mailing address of the public accommodation facility;

9.3.2.2 The applicant's full name, mailing address, and signature;

9.3.2.3 A statement indicating whether the applicant is a natural person, firm or corporation, and:

9.3.2.3.1 If the applicant is a natural person, the name and mailing address shall be provided.

9.3.2.3.2 If the applicant is a firm or partnership, the name(s) and mailing address(es) of the managing partner(s) shall be provided.

9.3.2.3.3 If the applicant is a corporation, the names and mailing addresses of the corporate officers shall be provided.

9.3.2.3.4 If the applicant is a limited liability company, the name(s) and mailing address(es) of the manager(s) shall be provided.

9.3.2.4 The name and signature of the responsible person of the public accommodation facility ~~and signature~~;

9.3.2.5 Proof of ownership, ~~or~~ lease agreement, or operating agreement for the property and buildings on which the public accommodation facility will be built.

9.3.2.6 A complete set of construction plans including all schedules, e.g., floor plans, elevations, electrical schematics, etc.

~~9.3.3 Health Permits shall be issued by the Health Authority to public accommodation facilities found to be in compliance with these Regulations. Health Permits shall be subject to review and renewal annually.~~

9.3.~~3~~4 Any food establishment or any swimming pool/spa operating at the same address or on the same property as a public accommodation facility must have a separate food establishment or swimming pool/spa Health Permit issued by the Health Authority, respectively.

9.3.~~4~~5 A Health Permit issued pursuant to these Regulations is not transferable from person to person or from location to location.

9.4 Health Permit issuance

Upon receipt of a completed Health Permit application, construction plans, and all applicable fees, the Health Authority shall acknowledge receipt of the plans ~~within 48 hours~~ and then review the submitted application and plans in a timeframe agreed upon by the Health Authority and the public accommodation facility. The Health Authority shall make an inspection of the public accommodation facility to determine compliance with the provisions of NRS 447, ~~and~~ NAC 447, ~~Public Accommodations;~~ and these Regulations. The Health Authority shall issue a permit to operate when applicable requirements are met.

9.5 Health Permit fee schedule

Pursuant to NRS 439.360(5), and under the authority of NRS 439.410(3), the District Board of Health adopts by reference, the current Environmental Health ~~Health Permit~~ Fee Schedule ~~as it applies to public accommodation facilities and any other associated facilities or establishments requiring Health Permits~~.

~~9.6 Penalties~~

~~Pursuant to NRS 447.210, every proprietor, owner, manager, lessee or other responsible person in charge of any public accommodation facility who fails to comply with NRS and/or NAC 447 or these Regulations, whether through the acts of himself, his agent or employees, is guilty of a misdemeanor. Every day that any public accommodation facility is in violation of NRS and/or NAC 447 or these Regulations constitutes a separate offense.~~

Section 10 –

~~PLAN REVIEW AND SUBMISSION AND APPROVAL DATE~~Plan Review and Submission and Approval

10.1 Regulation of new construction and renovation of a public accommodation facility

The construction of new public accommodation facilities and remodeling of existing public accommodation facilities must~~shall~~ be in accordance with all ~~pertinent state~~applicable laws, ~~rules~~ ordinances, codes and regulations ~~of the state board of health or Health Authority, and the editions used by the agency of jurisdiction of the Uniform Building Code and the Uniform Plumbing Code and such other codes as the state board of health may designate. Appendix P provides a listing of other federal, state, and local laws, regulations, and codes that may apply~~.

10.2 Plans for construction and remodeling

At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.

10.3 Health Authority review timeline

10.3.1 Plans for construction and remodeling of a public accommodation facility which are submitted to the Health Authority must be reviewed within a reasonable time frame unless the applicant and the Health Authority agree upon a specific time period ~~agreed upon in advance with the submitting public accommodation facility's management~~.

10.3.2 Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.

10.4 Exemption of existing facilities and equipment from design construction requirements

~~If any facility or equipment being used by the responsible person or his or her designee of a public accommodation facility one year from the implementation date of these Regulations does not meet the requirements for design and construction established in this section, the operator is exempted from those requirements and may continue to use the facility or equipment if~~Equipment in use and compliant at the time these Regulations are revised will be considered compliant so long as it is in good repair, is capable of being cleaned and maintained in a sanitary condition, and does not create a health hazard, safety hazard, or nuisance condition.

Section 11 -
~~INSPECTIONS~~Inspections

11.1 Agent of Health Authority identification

An agent of the Health Authority shall wear and show the responsible person ~~his or her~~their Health Authority photo-identification card upon entering a public accommodation facility to make an inspection or other official visit pursuant to NRS 447.200 and these Regulations. Such an inspection or official visit may be made as often as the Health Authority determines is necessary to ensure compliance with NRS and NAC 447, applicable law and these Regulations.

11.2 Responsible person must provide immediate access to Health Authority

Upon showing the required photo-identification to the responsible party, the Health Authority ~~shall~~ must be provided immediate access to the public accommodation facility to perform an inspection or other official work. Any unreasonable denial of access by an owner or operator to guest rooms or other areas of the public accommodation facility for inspection after the Health Authority has properly identified himself may result in an immediate suspension of the Health Permit to operate the public accommodation facility. The public accommodation facility ~~Closure~~ Order may state that the Health Permit is suspended and all renting of guest rooms must be discontinued immediately. Any responsible person to whom such an order is issued shall comply with it immediately.

11.3 Unlawful to interfere with Health Authority

It is unlawful for any person to interfere with the Health Authority in the performance of ~~his or her~~their duties, pursuant to NRS 199.300.

11.4 Health Authority must provide written report

11.4.1 Upon completion of the visit to the public accommodation facility, the Health Authority representative shall prepare a written report describing any findings. The report must set forth any deficiencies discovered during the inspection.

11.4.2 Deficiencies may be present that do not constitute a substantial threat to public health and safety. Corrective actions for these types of deficiencies shall be noted on the inspection report and be assigned a specified period of time within which the indicated corrections must be completed.

11.4.3 A copy of the completed report must be furnished to the owner, operator, or responsible person of the public accommodation facility upon completion of the inspection.

~~**11.4.4** A copy of the completed report must also be retained by the Health Authority for the records of the facility.~~

11.5 Failure to correct a deficiency

11.5.1 Failure of the responsible person to correct a deficiency within the period specified in the written report is a violation of these Regulations.

11.5.2 Violations that constitute a substantial threat to public health and safety and their remedies are addressed in Section ~~1~~2 of these Regulations.

11.6 Annual inspection

Public accommodation facilities shall be inspected at least once each year.

Section 12 -
~~ENFORCEMENT~~Enforcement

12.1 ~~Cease and Desist Orders~~Corrective Action and Closure Orders

When the Health Authority determines that a violation of these regulations has occurred or that a substantial threat to health and safety exists at a public accommodation facility, the Health Authority may take the following actions~~If any violation or combination of violations noted on the inspection report constitutes a substantial threat to health and safety, then the following actions may be taken by the Health Authority~~:

12.1.1 ~~If the violation is located in any part of the public accommodation facility other than a guest room, then a Cease and Desist Order shall be issued by the Health Authority describing the violation, its location within the public accommodation facility, the corrective action necessary to remedy the situation in a manner that protects public health and safety, and a time frame within which the corrective action must be completed.~~The Health Authority may order a public accommodation facility to correct a violation within a specified time frame and may order further corrective action, at the public accommodation facility's expense, to protect health and safety. Corrective actions may include without limitation, lockout and tagout of equipment, testing or assessment by qualified individuals, development of procedures, or any other action intended to prevent health and safety. The Health Authority may inspect a public accommodation at any time to verify compliance with an order.

12.1.2 ~~**If the violation is located within a guest room or multiple guest rooms operated by the public accommodation facility, then a Guest Room Closure Order can be issued. Guest rooms which have been ordered closed by the Health Authority may not be rented, leased, or otherwise occupied until cleared by the Health Authority following a reinspection.**~~

~~12.1.3 When all guest rooms within a public accommodation facility are closed, then the facility may be issued a public accommodation facility Closure Order. This Order requires that all activities related to the facility's operation must cease until the substantial health hazards noted on the Order are corrected and a satisfactory reinspection has occurred.~~ In addition, the Health Authority may order a public accommodation facility to close a portion of the public accommodation facility, including guest rooms, when the Health Authority determines that a violation or condition impacting the public accommodation facility constitutes a substantial threat to health and safety. Any area which has been ordered closed by the Health Authority must not be rented, leased, or otherwise occupied until approved in writing by the Health Authority following a reinspection.

12.2 Reinspection protocol for ~~Cease and Desist~~Corrective Action Orders and Closure Orders

12.2.1 The Health Authority may require ~~A~~a public accommodation facility ~~which has any guest room or other area (such as a laundry room, chemical storage area, equipment room, or dish washing area) closed due to a substantial health hazard must pay a reinspection fee and closure fee prior to requesting a~~to pay applicable fees, including without limitation,

verified complaint fees, reinspection fees, and closure fees, prior to conducting a reopening inspection of the guest room(s) or area(s) in question (see the current edition of the Southern Nevada Health -District Environmental Health Fee Schedule).

12.2.2 Once the public accommodation facility pays the applicable~~reinspection~~ fees and closure fee and requests a~~the~~ reinspection, the Health Authority shall reinspect within three business days of the request, or at some other time ~~make~~ mutually agreed upon ~~arrangements with the responsible person to reinspect, within 72 hours of the receipt of the request.~~between the public accommodation facility and the Health Authority.

12.3 Health Permit suspension

12.3.1 When conditions at the public accommodation are so severe as to constitute a substantial threat to public health and safety throughout the majority of the property or when the responsible person fails to remedy deficiencies previously addressed in an inspection report or Order~~, Cease and Desist Order, or Closure Order,~~, the Health Authority may suspend the public accommodation's Health Permit.

12.3.2 ~~Any public accommodation facility which operates without a valid Health Permit as part of its facility a food establishment, swimming pool, spa, or potable water supply system, such as a water well, is in substantial noncompliance of these Regulations and is subject to immediate public accommodation facility Health Permit suspension or revocation.~~The Health Authority may suspend a public accommodation facility's health permit when the public accommodation facility causes or allows a food establishment, swimming pool, spa, or potable water supply system, such as a water well, to operate within the public accommodation facility without a required Health Permit.

12.3.3 The Health Authority may ~~also~~ suspend the Health Permit of a public accommodation facility if the public accommodation facility:

12.3.3.1 Does not have a valid Health Permit, license, or other authorization required by applicable government agencies.

12.3.3.2 Rents, leases, lets or otherwise allows~~lets~~ a room which has been closed by the Health Authority to be occupied.

12.3.3.3 Knowingly causes or allows illegal activity which could cause potential illness, injury, or death of guests or employees to occur at the public accommodation facility~~, which may cause potential illness, injury, or death of guests or employees~~.

12.4 Procedure for request of Health Permit reinstatement

12.4.1 When a public accommodation facility Health Permit has been suspended, a responsible person representing the facility may make application for a reinspection, which may result in the reinstatement of the Health Permit.

12.4.2 The applicant must provide to the Health Authority a written request for reinspection and reinstatement within ten ~~(10)~~ calendar days of the initial suspension of the Health Permit.

12.4.3 Following a timely review of the application, the Health Authority shall make a reinspection of the public accommodation facility.

12.4.4 The Health Authority shall determine if the conditions have been corrected, which caused the threat to public health and resulted in the suspension of the Health Permit.

12.4.5 Unless the Health Authority is pursuing permanent revocation of the Health Permit, if the conditions have been corrected and the applicant is complying with the requirements of these~~is~~ Regulations, the Health Permit shall be reinstated.

12.5 Health Permit revocation

The Health Authority may permanently revoke a public accommodation facility's Health Permit ~~under certain conditions including, but not limited~~due to~~,~~ repeated or willful noncompliance with the requirements of these Regulations. The public accommodation facility must cease all operations upon receipt of a Notice of Revocation and pending a hearing pursuant to an exercised right of appeal.

12.6 Appeal ~~r~~Rights

Upon written petition submitted to the Health Authority within five ~~(5)~~ business days after receipt of a Notice of Suspension or Revocation of a public accommodation facility Health Permit, the recipient of the written Notice may exercise their~~his~~ right of appeal and must then be afforded a hearing as soon as possible, and in any event in not more than ~~ten (10) business~~thirty days from the receipt of the petition by the Health Authority. ~~Hearings shall be conducted by a Health Authority Hearing Officer and in accordance with the following:~~

12.7 Hearings

12.7.1 All hearings provided for in this Section must be conducted in accordance with the Nevada Administrative Procedure Act and NRS 233B

12.7.2 All hearings will be conducted by a Hearing officer selected by the Health Authority's legal counsel.

17.7.2.1 The Hearing Officer must not be an employee of the State or any political subdivision of the State, or of any entity which is permitted or regulated pursuant to these Regulations.

17.7.2.2 The Hearing Officer will be an independent contractor paid in accordance with a fee schedule approved by the Southern Nevada District Board of Health.

12.7.3 Based upon the record of the hearing, the Hearing Officer will make a finding and may sustain, modify, or rescind any official notice or order considered in the hearing.

12.7.4 A written order specifying the Hearing Officer's decision will be furnished to the owner or other responsible party by the Health Authority.

12.7.5 Nothing herein contained must be construed as denying the rights of appeal to the courts after administrative remedies as herein above have been exhausted.

~~12.6.1 Any party may be represented by counsel.~~

~~12.6.2 Opportunity shall be afforded all parties to respond and present evidence and argument on all issues involved.~~

~~12.6.3 Each party may call and examine witnesses, introduce exhibits, crossexamine of opposing witnesses on any matter relevant to the issues whether or not the matter was covered in the direct examination, impeach any witness, regardless of which party first called him to testify, and rebut the evidence against the party itself.~~

~~12.6.4 Every witness shall declare, by oath or affirmation, that he will testify truthfully. Unless limited by a specific statute, the Hearing Officer may administer oaths or affirmations to witnesses appearing before him in the hearing.~~

~~12.6.5 Irrelevant, immaterial or unduly repetitious evidence must be excluded. Evidence may be admitted, except where precluded by statute, if it is of a type commonly relied upon by reasonable and prudent persons in the conduct of their affairs. Effect shall be given to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. Subject these requirements, when a hearing will be expedited and the interest of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.~~

~~12.6.6 The Hearing Officer may issue subpoenas to compel attendance of any person at the hearing, and require the production of books, records and other documents material to a hearing.~~

~~12.6.7 The Hearing Officer may inquire of any witness following any segment of testimony.~~

~~12.6.8 Members of the public may testify in cases before the Hearing Officer.~~

~~12.6.9 All testimony shall be recorded verbatim, by human or electronic means. Any party requesting a transcript of any oral proceeding, or any part thereof, shall pay the cost thereof.~~

~~12.6.10 The decision of the Hearing Officer must be reduced to writing and shall be final ten (10) days after mailing to by certified mail, return receipt requested or personal service upon each party.~~

~~12.6.11 Any party aggrieved by a decision of the Hearing Officer may seek judicial review of the decision of the Hearing Officer, in accordance with the provisions of NRS 233B.130(2), and NRS 233B.131 through 233B.150, inclusive.~~

12.8~~7~~ Health Authority additional legal remedy

Whenever the responsible person, operator, or owner fails to comply with the provisions of these Regulations in a timely manner, relief may also be sought through a court of competent jurisdiction.

Section 13 -
MISCELLANEOUS

13.1 Severability clause

Should any section, paragraph, sentence, phrase, or provision of these Regulations be held invalid for any reason, the remainder of these Regulations shall not be affected.

13.2 -Effective date

13.2.1 These Regulations were adopted at a duly noticed public hearing April 27, 2006.

13.2.2 These Regulations became effective on June 16, 2006 upon approval by the Nevada State Board of Health.

13.2.3 ~~These Regulations were amended to include Section 14, Adjunct Provisions for SCRV Dry Camping at Public Accommodation Facilities and were adopted at a duly noticed public hearing July 27, 2006.~~

~~13.2.4~~ The amendments to these Regulations became effective on August 11, 2006 upon approval by the Nevada State Board of Health.

~~Section~~

APPENDIX A: SAMPLE BIOHAZARD EVENT RESPONSE PLAN

WHAT IS A BIOHAZARD EVENT?

Diarrhea, vomit, blood, bodily fluids, or hypodermic needles found in a guest room or public area.

PRIOR TO CLEANING:

1.) If a guest or staff member is seriously ill, injured, or deceased, call 911 immediately.
2.) Notify management and security (if available) of the biohazard event.
3.) If a guest room is affected, close the room. If the affected area is in a public area, block it off using signs or barriers.
4.) Gather as much information as possible:
    a. Date and time of the event.
    b. Where the event happened, including floor and room numbers.
    c. What happened during the event (diarrhea, vomit, etc.)?
    d. Names of the person(s) involved with the event.
    e. If contact with SNHD is required – the date, time of the contact; name, title, department and phone number of the person contacted.

STEPS TO CLEAN AFFECTED AREAS

1.) Staff cleaning biohazardous spills are recommended to wear the following personal protective equipment (PPE): _____
2.) Wait at least 15 minutes since the event occurred to allow airborne droplets to settle.
3.) If biohazard is a needle or other sharps, use tongs or forceps to place into a sharps container or _____.
4.) If mostly liquid, cover the area with an absorbent material, using the following materials:_____.
5.) If mostly solid, soak a towel with disinfectant and place it on the affected areas where any solids are. Leave the towels on the substance for 15 minutes to allow the disinfectant* to soak.
6.) Scoop and wipe up the absorbent materials or towels and place it all, including tools, in a biohazard labeled bag.
7.) If needed, spray more disinfectant on the area and continue to remove the substance with towels/paper towels until no more visible substance is left.
8.) When all the substance is removed, spray the entire area with disinfectant* and let it soak for 15 minutes.
9.) Finish cleaning the area using the following methods:
    a. Hard floor and hard surfaces (such as toilet/bathtub) – allow it to air dry
    b. Carpet – steam clean the area
    c. Linens – place in a separate plastic bag, tie it up and put the bag into another plastic bag. Tie up the second bag and take it to the laundry. Wash and disinfect the linen.
    d. Bed/couch – If made of easily cleanable materials or protected with a waterproof cover, clean and disinfect. Otherwise, discard affected items. Mark them or cut them open to prevent reuse.
10.) Place items used to clean the area into in the plastic bag. Place the bag into a second plastic bag, tie off, and place into a dumpster. Towels used to clean can be grouped with linens
11.) Document details of the event and keep in your records.

APPENDIX A: SAMPLE BIOHAZARD EVENT RESPONSE PLAN

CHECKLIST

Personal Protective Equipment (check all that apply):

☐Gloves
☐Goggles
☐Face Mask
☐Apron

Cleaning supplies (check all that apply):

☐ Disposable gloves
☐ Broom
☐ Dustpan
☐ Paper Towels
☐ Absorbent Powder
☐ Tongs/Forceps
☐ Towels
☐Mop
☐ Biohazard bags
☐ Biohazard labeled sharp containers
☐ Biohazard bag

Third Party Companies (list any that may be used):

1.) _____
2.) _____
3.) _____

APPENDIX B - SAMPLE PESTICIDE USE REPORT

Pesticide Application Record for: **Permanent NV PCO License #:**

#	* Date	* Name and Address of Property and/or Area Treated	* Active Ingredient or Brand or Product Name Applied to Site	* EPA Reg. #	* Total Amount of Product or Rate/Acre	Crop or Commodity	* Applicator's or Supv's Full Name	Target Pest/Use
1.								
2.								
3.								
4.								
5.								
6.								
7.								

			✓ Temperature		✓ Wind velocity & wind direction		✓ Start and Finish Times	
* Site, area, or Item Treated	✓ Area of Turf or ground treated or volume fumigated.	Purpose of treatment	Start	Finish	Start	Finish	Start	Finish
1.								
2.								
3.								
4.								
5.								
6.								
7.								

*Required for all applications ✓Required for Ornamental & Turf or Fumigation

APPENDIX B - SAMPLE PESTICIDE USE REPORT

Pesticide Application Record for: **Permanent NV PCO License #:**

#	* Date	* Name and Address of Property and/or Area Treated	* Active Ingredient or Brand or Product Name Applied to Site	* EPA Reg. #	* Total Amount of Product or Rate/Acre	Crop or Commodity	* Applicator's or Supv's Full Name	Target Pest/Use
1.	6-30-03	Hotel XYZ	Prentox ExciteR	655-798	1.75 gal 0.05%	N/a	Mary Hall	Ants
2.	7-1-03	Hotel XYZ	Tempo SC Ultra	3125-498	2 gal 0.10 %	Turf	Don Smith	Ants
3.								
4.								
5.								
6.								

			✓ Temperature		✓ Wind velocity & wind direction		✓ Start and Finish Times	
* Site, area, or Item Treated	✓ Area of Turf or ground treated or volume fumigated.	Purpose of treatment	Start	Finish	Start	Finish	Start	Finish
1. Baseboards interior	500 sq. ft.	Preventive	N/a	N/a	N/a	N/a	0800 hrs	0830 hrs
2. turf on E. side of fac.	40,000 sq ft	Eradicate ant colonies	98 deg F	102 deg F	2 mi/NE	10 mi/NE	1200 hrs	1330 hrs
3.								
4.								
5.								
6.								

*Required for all applications ✓Required for Ornamental & Turf or Fumigation

APPENDIX C - SEWAGE SPILL REMEDIATION REQUIREMENTS

(STEPS 1-5): ACTION TO COMMENCE UPON RECEIPT OF THIS ORDER. Follow-up inspection(s) will be conducted within 4 hours, after 24 hours, and up to 72 hours of order issuance to confirm compliance with this Order. All visits will be documented with photographs.

1. **ISOLATE AND CONTAIN** the raw sewage spill to include both solid and liquid contamination and perimeters.
2. **CEASE AND DESIST** causing or allowing sewage to overflow, pool, or accumulate on this or any other property in Clark County. If necessary, avoid using any water fixtures that may contribute to further sewage overflows.
3. **FENCE, EXCLUDE, and/or BARRICADE** all raw sewage affected area(s) to prevent access by children, pets, and the public.
4. **REMOVE** all sewage and sewage-contaminated solid and semisolid waste by double or triple bagging, place the sealed bag into the dumpster. Collect all raw sewage liquid and dispose into the sanitary sewer system.

   REMOVE ALL SEWAGE AND SEWAGE-CONTAMINATED SOLIDS AND SEMISOLIDS (I.E. FECES, TOILET TISSUE, SOIL, LANDSCAPE ROCKS, GRASS etc.) PRIOR TO ANY DISINFECTION.

   DISINFECT all raw sewage-contaminated area(s) to include the entire perimeter(s) by the following methods:

   - FOR SOIL/ GRAVEL OR LANDSCAPE AREAS:
     1. Add Type-S (concrete) lime onto the sewage-contaminated gravel or soil surface(s) a minimum **1/16** of an inch.
     2. Apply water to all Type-S lime treated areas.
     3. Leave Type-S lime in place for a minimum of twenty-four (24) hours.
     4. Remove Type-S lime **AFTER** 24 hours of treatment.
   - FOR CONCRETE/ ASPHALT/ IMPERVIOUS AREAS (hard surfaces):
     1. Disinfect all sewage-contaminated areas with a 10% bleach solution (one cup bleach to 9 cups water ratio) and allow the solution to dry.
5. **ARRANGE/CONTRACT WITH A CERTIFIED, LICENSED PLUMBER OR PLUMBING COMPANY** to have repairs and testing of all deficient plumbing elements, (e.g., plumbing lines, distribution boxes, septic tank, leach field lines, cut-outs, and internal plumbing within the dwelling(s)). Repair any/all underlying broken or deficient plumbing elements (i.e. bellies, disconnected lines, etc.) in a timely manner.

   SEWAGE/SEPTIC SYSTEMS (IF APPLICABLE): Contact the Southern Nevada Health District, ISDS (Individual Sewage Disposal System/Septic Disposal System) Program immediately at **(702) 759-0660**. Ensure that only the permitted number of fixture units are connected to the leach field based on the ISDS permit for Assessor's Parcel Number at the location indicated on the reverse side of this form. If the number of connections is exceeded, **IMMEDIATELY DISCONNECT** and contact the ISDS Program for further evaluation. If the spill is due to a septic tank or leach field failure, the tank must be pumped by a permitted septic tank pumper company and the use of all plumbing fixtures discontinued until all repairs are made.

   Property specific Sewage/Septic Disposal System information can be accessed online at: https://www.southernnevadahealthdistrict.org/permits-and-regulations/sewage-septic-disposal-systems-isds/sewage-septic-disposal-systems-maps/

(STEPS 6-8): ACTION TO COMMENCE AFTER THE COMPLETION OF STEPS 1-5.

6. **PROVIDE RECEIPTS, INVOICES AND/OR PLUMBING DOCUMENTATION OF ANY AND ALL WORK DONE TO REMEDIATE THE SPILL** to the Southern Nevada Health District, Solid Waste and Compliance Section per instruction.

APPENDIX C - SEWAGE SPILL REMEDIATION REQUIREMENTS

7. **SECURE** all sewer cleanout caps and any additional missing sewer cleanout caps (secure with a clamp if necessary).
8. **REMOVE** barricade/fence **AFTER** remediation (clean-up) and repairs are complete.

Attachment F

BIS Notifications

From: Carol Cottam
To: SNHD EH Vector Control Distro
Cc: Brian Northam; Christopher Saxton; Heather Hanoff; Nancy Cadena
Subject: E-mail to PA Operators and Contacts
Date: Thursday, December 19, 2024 5:38:00 PM

The below email went out today at 5:30 p.m. to Public Accommodation Operators and Contacts.

Dear Public Accommodation operator:

We are informing you of a proposed update to the existing SNHD Regulations Governing the Health and Safety of Public Accommodation Facilities. The Regulations have not been updated since their development in 2006 and our goal is to simplify and clarify the existing language, as well as make a small number of needed changes.

A copy of the draft regulations, as well as a red-line document and a list of major changes, can be found at https://www.southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/

We are interested in your feedback regarding the proposed updates and have posted a survey at the above link, where you can provide input on how these revisions may impact your business. **The survey closes on January 31, 2025.**

Additionally, a public workshop to discuss the proposed changes will be held in person on **January 23, 2025, from 1:00 – 2:00 p.m.** in the Red Rock conference room at the main Public Health Center, 280 S. Decatur Blvd, Las Vegas, NV 89107.

We hope you have a great holiday season and look forward to hearing from you.



Carol Cottam
Sr Administrative Assistant
702-759-1633
Mailing: PO Box 3902, Las Vegas, NV 89127
Physical: 280 S Decatur, Las Vegas, NV 89107

SNHD
Southern Nevada Health District

January 7, 2025

Dear Public Accommodation operator:

We are informing you of a proposed update to the existing SNHD Regulations Governing the Health and Safety of Public Accommodation Facilities. The Regulations have not been updated since their development in 2006 and our goal is to simplify and clarify the existing language, as well as make a small number of needed changes.

A copy of the draft regulations, as well as a red-line document and a list of major changes, can be found at https://www.southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/

We are interested in your feedback regarding the proposed updates and have posted a survey at the above link (as well as being enclosed), where you can provide input on how these revisions may impact your business. **The survey closes on January 31, 2025.**

Additionally, a public workshop to discuss the proposed changes will be held in person on **January 23, 2025, from 1:00 – 2:00 p.m.** in the Red Rock conference room at the main Public Health Center, 280 S. Decatur Blvd, Las Vegas, NV 89107.

Sincerely,

Vivek Raman
Environmental Health Supervisor
Public Accommodations

Public Accommodations Hotel/Motel, RV/MHP/SCRV

We are informing you of a proposed update to the existing SNHD Regulations Governing the Health and Safety of Public Accommodation Facilities. The Regulations have not been updated since their development in 2006 and our goal is to simplify and clarify the existing language, as well as make a small number of needed changes. A copy of the draft regulations, as well as a red-line document, list of major changes and appendices are below.

We are interested in your feedback regarding the proposed changes and have posted a survey where you can provide input on how these revisions may impact your business. **The survey closes on January 31, 2025**. A public workshop to discuss the proposed changes will be held in person on **January 23 from 1:00–2:00 p.m.** in the Red Rock conference room at the Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107.

- **Business Impact Statement**
- **Summary of Changes**
- **Proposed PA Regulations with Red Line of edits**
- **Proposed PA Regulations – Clean Version**
- **Appendix A**

- **Appendix B**
- **Appendix C**

Hotel/Motel

Hotels, motels, resorts, hostels, bed & breakfast facilities, transient rooming or lodging houses, and other buildings or structure kept as, used as, maintained as, or held out to the public to be, a place where sleeping or rooming accommodations are furnished to the transient public, require permitting and compliance with **NRS 447** and the **Regulations Governing the Health and Safety of Public Accommodation Facilities**.

New, Addition or Remodel:
As provided in **Section 3.1**, any person who begins the construction or extensive remodeling of a public accommodation facility that requires a building permit must submit the plans to the appropriate Health Authority for review and approval. At least 30 days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval. Please see **Plan Review** requirements for compliance requirements, **submission instructions** , and **applications** . Appointments can be made by calling and leaving a message at (702) 759-1633. Calls will usually be returned by the next business day.

Self Contained Recreational Vechicle (SCRV):
Hotels and motels that allow guests to park Recreational Vehicles in their parking lot for the purposes of overnight accommodations are required to apply for and obtain a separate health permit for SCRV parking. Hotels and motels seeking to obtain such permits may submit an **application** for a SCRV permit and meet the requirements outlined in **Regulations Governing the Health and Safety of Public Accommodation Facilities, Chapter 14**.

Change-of-Owner Process:
As provided in section 9.3.5, permits issued under this regulation are not transferrable from person to person or place to place. An **application** and **instruction sheet** must be submitted for a new permit on an existing Public Accommodation. Applications complete with supporting documentation (copy of lease agreement, deed, etc.) may be completed and e-

Mailing list for Hotels (PE 3000), either by email or by USPS (Page 1)

Atwell Suites Henderson at the Pass
HOLIDAY INN EXPRESS MESQUITE
RESIDENCE INN BY MARRIOTT HUGHES CENTER
Sleep Inn & Suites
4 POINTS SHERATON LAS VEGAS
AHERN HOTEL CONVENTION CENTER
ALEXIS PARK RESORT
Aliante Hotel & Casino
Aloft Hotel
Aquarius Casino Resort
Arizona Charlie's
ARIZONA CHARLIE'S EAST CASINO
AVIATION INN
Bay Shore Inn
BAYMONT INN & SUITES
BELLAGIO RESORT AND CASINO
Bent Inn
Best Western Hoover Dam
Best Western Plus at St Rose Pkwy
Best Western Plus Henderson
BEST WESTERN PLUS NLV INN & SUITES
Binions Gambling Hall & Hotel
Bluegreen Club 36
Boulder Station Hotel & Casino
Bridger Inn Hotel
BUDGET BUDGET SUITES
Buffalo Bill's Resort & Casino
Cabana Suites
CAESARS OCTAVIUS TOWER
CAESARS PALACE HOTEL & CASINO
CAESARS PALACE HOTEL & CASINO
California Hotel & Casino
Cancun Vacation Resorts
CANDLEWOOD INN
Cannery Hotel & Casino
CARRIAGE HOUSE TIMESHARE
Carson View Suites
Casablanca Resort & Casino
CIRCA RESORT AND CASINO - LAS VEGAS
CIRCUS CIRCUS CASINO
CIRCUS CIRCUS MANOR
CITY CENTER Residences
Club De Soleil
Club De Soleil Timeshare
Green Valley Ranch
HAMPTON INN & SUITES - LAS VEGAS
HAMPTON INN & SUITES - RED ROCK
Holiday Inn Express
HOLIDAY INN EXPRESS & SUITES
Comfort Inn & Suites
COMFORT INN & SUITES LAS VEGAS - NELLIS
COSMOPOLITAN RESORT & CASINO
COURTYARD BY MARRIOTT
COURTYARD LAS VEGAS SOUTH
D HOTEL & CASINO
DESERT CLUB RESORT
DOUBLETREE BY HILTON HOTEL LAS VEGAS AIRPORT
DOWNTOWN GRAND HOTEL & CASINO
Dragon Hotel
Comfort Inn & Suites
DURANGO CASINO & RESORT
Edgewater Hotel & Casino
El Cortez Hotel
ELEMENT LAS VEGAS SUMMERLIN
EMBASSY SUITES
EUREKA CASINO HOTEL
EXCALIBUR HOTEL & CASINO
FAIRFIELD INN & TOWNE PLACE SUITES
FAIRFIELD INN LAS VEGAS AIRPORT
FLAMINGO LV HOTEL & CASINO
FONTAINEBLEAU LAS VEGAS
Four Queens Hotel & Casino
FOUR SEASONS HOTEL
Fremont Hotel
Gold Coast Hotel & Casino
GOLD SPIKE
Golden Gate Hotel & Casino
Golden Nugget - Laughlin
Golden Nugget Las Vegas
Grandview @ Las Vegas
HAMPTON INN & SUITES - ST ROSE
HAMPTON INN BY HILTON LAS VEGAS STRIP SOUTH
HAMPTON INN LAS VEGAS NORTH SPEEDWAY
Hampton Inn Las Vegas Summerlin
Harrah's Hotel - Laughlin
HARRAHS LV HOTEL & CASINO
Hawthorn Suites by Wyndham
HGV @ FLAMINGO LV
HGV CLUB @ PARADISE
HILTON GARDEN INN
HILTON GARDEN INN LAS VEGAS CITY CENTER
Hilton Garden Inn LV Strip South
HILTON GRAND VACATIONS @ LV STRIP
HILTON GRAND VACATIONS ELARA
HILTON LAKE LAS VEGAS RESORT & SPA
HILTON LAS VEGAS CONVENTION CENTER DUAL BRAND HAMPTON INN & SUITES & HOME2 SUITES HOTEL
PARK MGM HOTEL & CASINO
PEACE PALACE EDUCATIONAL BUILDING

Mailing list for Hotels (PE 3000), either by email or by USPS (Page 2)

HOLIDAY INN EXPRESS & SUITES LV SPRING VALLEY
HOLIDAY INN EXPRESS LAS VEGAS SOUTH
Holiday Inn Express-Henderson
HOME 2 SUITES
HOME2 SUITES
Home2 Suites - Las Vegas North
HOME2 SUITES BY HILTON LAS VEGAS I-215 CURVE
Home2 Suites by Hilton LV Strip South
Homewood Suites - Hilton
HOMEWOOD SUITES BY HILTON LV AIRPORT
HOMEWOOD SUITES BY HILTON NLV SPEEDWAY
HOMEWOOD SUITES LAS VEGAS/CITY CENTER
Hoover Dam Lodge
Horseshoe Las Vegas
HOTEL GALAXY
HOWARD JOHNSON TROPICANA
Hyatt Place
HYATT PLACE LAS VEGAS
JOCKEY CLUB
JW Marriott/RAMPART Hotel & Casino
LA QUINTA INN & SUITES LAS VEGAS AIRPORT SOUTH
La Quinta Suites
LAS VEGAS EMBASSY SUITES
LAS VEGAS MARRIOTT
Laughlin River Lodge
LINQ HOTEL & CASINO
LUXOR HOTEL & CASINO
M Resort Spa & Casino
Main Street Station
MainStay Suites LV
MANDALAY BAY HOTEL & CASINO
Manor Suites
MARRIOTT COURTYARD LV CONV CENTER
MARRIOTT RESIDENCE INN
MARRIOTTS GRAND CHATEAU
MGM GRAND HOTEL & CASINO
MY PLACE HOTEL
NEW YORK NEW YORK HOTEL & CASINO
OASIS @ GOLD SPIKE
Orleans Hotel and Casino
OYO HOTEL & CASINO LAS VEGAS
Palace Station
Palms Casino Resort
Palms Place
PARIS HOTEL & CASINO
TownePlace Suites Las Vegas North
TownePlace Suites Las Vegas Southwest
TREASURE ISLAND HOTEL & CASINO
Tropicana Laughlin Hotel & Casino
TRU HOTEL
PLANET HOLLYWOOD RESORT AND CASINO
PLATINUM HOTEL & SPA
Plaza Hotel & Casino
POLO TOWERS
Primm Valley Resort & Casino
RED ROCK CASINO RESORT & SPA
RENAISSANCE LAS VEGAS
RESIDENCE INN
RESIDENCE INN
RESIDENCE INN LAS VEGAS AIRPORT
RESORTS WORLD LAS VEGAS
RIO HOTEL & CASINO
RISING STAR
Riverside Resort & Casino
SAHARA LAS VEGAS
Sam's Town
Santa Fe Station Hotel & Casino
SERENE VEGAS, AN INNPLACE RESORT
Shalimar Hotel
Siegel Suites Select - Flamingo
SIEGEL SUITES SELECT LVBD
SIGNATURE @ MGM GRAND, THE
SILVER SEVENS HOTEL & CASINO
SILVERTON HOTEL & CASINO AND HYATT PLACE
Sky Pointe Fairfield Inn
Skyline Hotel & Casino
SONESTA SELECT LAS VEGAS
South Point Hotel & Casino
SPEEDWAY MOTEL 6
Springhill Suites Henderson
SPRINGHILL SUITES LAS VEGAS NORTH SPEEDWAY
Staybridge Suites
STERLING GARDENS HOTEL
STRATOSPHERE HOTEL & CASINO
Suncoast Hotel & Casino
Sunrise Hotel & Suites
Sunset Station Hotel & Casino
TAHITI VACATION CLUB
Tahiti Village
THE BERKLEY LAS VEGAS
THE ENGLISH HOTEL
THE NEW PIONEER HOTEL
The Retreat on Charleston Peak
THUNDERBIRD HOTEL
TOWNEPLACE SUITES LAS VEGAS CITY CENTER
TRUMP INTL HOTEL LAS VEGAS
TUSCANY SUITES
VDARA
VENETIAN RESORT / PALAZZO RESORT
VENETIAN RESORT/ PALAZZO RESORT

Mailing list for Hotels (PE 3000), either by email or by USPS (Page 3)

VIRGIN HOTELS LAS VEGAS
Virgin River Hotel
WALDORF ASTORIA LAS VEGAS
Westgate Flamingo Bay
WESTGATE HOTEL AND CASINO
WESTIN HOTEL LAS VEGAS
Westin Lake Las Vegas Resort
Whiskey Pete's Hotel & Casino
WYNDHAM DESERT BLUE
WYNDHAM GRAND DESERT TOWER 1 & 2
WYNN HOTEL & CASINO

Mailing list for Motels (PE 3001), either by email or by USPS (Page 1)

MOTEL 6 LAS VEGAS TROPICANA
AMERICAN INN MOTEL
Best Western McCarran Inn
Best Western Mesquite Inn
BEST WESTERN PLUS LAS VEGAS WEST
Blue Sky Motel/Cal-Nev-Ari RV Park
Boby Motel
BOULDER CITY INN
Boulder Dam Hotel
Branding Iron Motel
BUNGALOWS HOSTEL
BV MOTEL
Capri Motel
CASINO ROYALE HOTEL
City Center Motel
COTTONWOOD COVE RESORT & MARINA
CROWN MOTEL
Desert Hills Motel
DESERT MOON MOTEL
Desert Rose Resort
Desert Star Motel
DOWNTOWNER MOTEL
ECONOMY MOTEL
El Rancho Boulder Motel
EL REY MOTEL
ELLIS ISLAND HOTEL
EMERALD SUITES VALLEY VIEW
FISHER'S INN MOTEL, A
G Hotel
Gatewood Motel
Hampton Inn & Suites
HAMPTON INN TROPICANA
High Hat Regency Motel
HIGHLAND INN
Hitchin Post Motel, RV & MHP
Holiday Inn Express Nellis
HOTEL JEFE
Ingles Motel
Knotty Pine Motel
La Palm Motel
La Quinta Inn 0173
La Quinta Inn Nellis
LAKE MEAD INN - Boulder City
LAS VEGAS AIRPORT TRAVELODGE
LONGHORN MOTEL
Lucky Cuss Motel
MARDI GRAS INN
MAXX'S @ OASIS BOUTIQUE MOTEL
Moapa Motel
MOTEL 6
MOTEL 6 LAS VEGAS BOULDER
Motel 6 Las Vegas I-15
MT CHARLESTON CABINS
Nevada Inn Motel
Nirvana Hotel
North Shore inn at Lake Mead
OASIS MOTEL
PERFECT INN
Railroad Pass Hotel & Casino
RESIDENCE INN LAS VEGAS SOUTH
SANDS MOTEL
SIEGEL SLOTS & SUITES
SIEGEL SUITES SELECT CONVENTION CENTER
Sin City Hostel
SKYLINE MOTEL, LLC
SONESTA SIMPLY SUITES LAS VEGAS
STAR MOTEL RESIDENCE
STARLITE MOTEL
Stateline Casino
Studio 6 North Las Vegas
Sunrise Inn
Sunset Motel
SUPER 8 MOTEL
THE LEXI LAS VEGAS
TRAVELODGE
US Motel
Valley Inn Motel & Apts
VEGAS VERDE MOTEL
Villa Inn
WALDEN MOTEL
Western Inn Motel

Mailing list for Miscellaneous by email (Page 1)

Daine Gandy
Nevada Resorts
Peter Guzman
Beatriz Saenz
Mary Beth Sewald
Gabrielle Houston
Cameron Miller

Attachment G

Posting Verifications

SNHD
Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below ***more than three working days prior to the meeting*** in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Thursday, January 23, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Clark County Government Center

Address of Location: 500 South Grand Central Parkway

City, State, ZIP: Las Vegas, NV 89155

Date/Time of Posting: 01/21/2025 07:43 a.m

Printed Name: Sue Wohlbrandt

Signature: SW

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

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OPEN MEETING NOTICE
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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Thursday, January 23, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Henderson City Hall

Address of Looation: 240 Water Street

City, State, ZIP: Henderson, NV 89015-7227

Date/Time of Posting: 01/16/25 10:23 am

Printed Name: Cynthia Smith

Signature: [signature]

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

CERTIFICATE OF POSTING
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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Thursday, January 23, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: North Las Vegas City Hall

Address of Location: 2250 North Las Vegas Boulevard

City, State, ZIP: North Las Vegas, NV 89030

Date/Time of Posting: 1/21/25 @ 9:30 am

Printed Name: Tamera Cottrell

Signature: Tamera Cottrell

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Thursday, January 23, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Laughlin Clark County Community Resource Center

Address of Location: 55 Civic Way

City, State, ZIP: Laughlin, NV 89029

Date/Time of Posting: 1/14/2025 11:30am

Printed Name: Tina Gish

Signature:

Please return this certificate via email to:
Carol Cottam at cottam@snhd.org
(702) 759-1633

Thank you.

Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Thursday, January 23, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Southern Nevada Health District

Address of Location: 280 South Decatur Boulevard

City, State, ZIP: Las Vegas, NV 89107

Date/Time of Posting: Jan 16, 2025 2:00 p.m.

Printed Name: Carol Cottam

Signature: Carol S Cottam

Public Notice

Public Body

Southern Nevada Health District

Status

Draft

Scheduled

Rescheduled

Revised

Cancelled

Results for Southern Nevada Health District

Notice	Date	Status	Type
Regional Trauma Advisory Board (notice/edit/166678)	1/15/2025	Scheduled	Meeting
SoNV HPPG (notice/edit/166609)	1/15/2025	Scheduled	Meeting
SNCHC Governing Board (notice/edit/166920)	1/21/2025	Scheduled	Meeting
Southern Nevada District Board of Health (notice/edit/167014)	1/23/2025	Scheduled	Meeting
Proposed 2025 Public Accommodations Regulations (notice/edit/166973)	1/23/2025	Scheduled	Workshop
Application to Operate a Solid Waste Storage Bin Facility for Nevada Department of Transportation at 123 East Washington Avenue (notice/edit/166849)	1/29/2025	Scheduled	Workshop

Public Accommodations Hotel/Motel, RV/MHP/SCRV

We are informing you of a proposed update to the existing SNHD Regulations Governing the Health and Safety of Public Accommodation Facilities. The Regulations have not been updated since their development in 2006 and our goal is to simplify and clarify the existing language, as well as make a small number of needed changes. A copy of the draft regulations, as well as a red-line document, list of major changes and appendices are below.

We are interested in your feedback regarding the proposed changes and have posted a survey where you can provide input on how these revisions may impact your business. **The survey closes on January 31, 2025**. A public workshop to discuss the proposed changes will be held in person on **January 23 from 1:00–2:00 p.m.** in the Red Rock conference room at the Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107.

- **Business Impact Statement**
- **Summary of Changes**
- **Proposed PA Regulations with Red Line of edits**
- **Proposed PA Regulations – Clean Version**
- **Appendix A**

- **Appendix B**
- **Appendix C**

Hotel/Motel

Hotels, motels, resorts, hostels, bed & breakfast facilities, transient rooming or lodging houses, and other buildings or structure kept as, used as, maintained as, or held out to the public to be, a place where sleeping or rooming accommodations are furnished to the transient public, require permitting and compliance with **NRS 447** and the **Regulations Governing the Health and Safety of Public Accommodation Facilities**.

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Change-of-Owner Process:
As provided in section 9.3.5, permits issued under this regulation are not transferrable from person to person or place to place. An **application** and **instruction sheet** must be submitted for a new permit on an existing Public Accommodation. Applications complete with supporting documentation (copy of lease agreement, deed, etc.) may be completed and e-

Public Notices

NOTICE OF INTENT TO ADOPT CHANGES TO THE REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES IS HEREBY GIVEN. The Health District proposes updating these regulations to simplify and clarify existing language, as well as make other needed changes.

The Health District is currently accepting data and arguments regarding the potential impact of the proposed regulatory changes on businesses as provided in NRS 237. As part of this process, the Health District will hold one public WORKSHOP for interested parties to present their views regarding the potential business impact of the proposed 2025 Public Accommodation Regulations. The public workshop will be held on Thursday, January 23, 2025, at 1:00 p.m., in-person at the SNHD Public Health Center, 280 South Decatur Boulevard, Las Vegas, in the Red Rock Conference Room.

Notice

Agenda

Business Impact Statement

Request for Proposals (RFP) 25RFP007 CMAR BSL-3 Lab Construction Reissued

Attachment H

BIS Workshop

PUBLIC WORKSHOP AGENDA
PROPOSED 2025
PUBLIC ACCOMMODATION FACILITIES REGULATIONS

Southern Nevada Health District Workshop, Virtual and In-Person
Thursday, January 23, 2025 - 1:00 p.m.

Red Rock Conference Room, 280 S. Decatur Blvd., Las Vegas, NV
or
Virtual-Microsoft Teams
Meeting ID: 257 958 763 517
Passcode: c3zx7ha7

Supporting Documentation available at:
southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/

I.	**Introductory Remarks**	Vivek Raman, Environmental Health Supervisor Introduction of SNHD Staff
II.	**Review of Changes by Chapter Document**	Vivek Raman, Environmental Health Supervisor
III.	**Public Comments**	Participants can step up to the speaker's podium; clearly state your name and organization. Spell your last name for the record. Comments will be limited to five (5) minutes per speaker.
IV.	**Summary & Final SNHD Comments**	Vivek Raman, Environmental Health Supervisor
V.	**Adjournment**	Vivek Raman, Environmental Health Supervisor

THIS AGENDA HAS BEEN POSTED IN THE MAIN LOBBY OF THE FOLLOWING LOCATIONS: 1) CLARK COUNTY GOVERNMENT CENTER, 500 S. Grand Central Parkway, Las Vegas, NV; 2) LAS VEGAS CITY HALL, 495 S. Main Street, Las Vegas, NV; 3) NORTH LAS VEGAS CITY HALL, 2250 N. Las Vegas Boulevard, North Las Vegas, NV; 4) HENDERSON CITY HALL, 200 Water Street, Henderson, NV; 5) BOULDER CITY, CITY HALL, 401 California Avenue, Boulder City, NV; 6) MESQUITE CITY HALL, 10 E. Mesquite Boulevard, Mesquite, NV; 7) SOUTHERN NEVADA HEALTH DISTRICT, 280 S. Decatur Boulevard, Las Vegas, NV; and 8) CLARK COUNTY COMMUNITY RESOURCE CENTER, 55 Civic Way, Laughlin, NV.

This Agenda is also available on the Southern Nevada Health District Internet website at https://www.southernnevadahealthdistrict.org/news-info/public-notices/ and on the Nevada Public Notice website at https://notice.nv.gov. For copies of agenda material, please contact Carol Cottam at (702) 759-0619.
In addition, handouts will be available at the workshop.

NOTE: Disabled members of the public who require special accommodations or assistance at the meetings are requested to notify Carol Cottam, Senior Administrative Assistant at the Southern Nevada Health District by calling (702) 759-1633.

Southern Nevada Health District

Proposed 2025
Public Accommodation Facilities Regulations
PUBLIC WORKSHOP MINUTES

Red Rock Conference Room
Thursday, January 23, 2025
1:00 p.m.

I. Introductory Remarks

Vivek Raman opened the workshop at 1:00 p.m. by introducing himself as the Environmental Health Supervisor for SNHD's EH Public Accommodations program. Mr. Raman asked that all attendees please silence their cell phones.

Mr. Raman welcomed all attendees and explained that the purpose of this public workshop is to collect public comments on the Proposed 2025 Public Accommodation Facilities Regulations and Business Impact Survey.

Mr. Raman announced that he would be conducting this workshop, and since this is a public workshop, it is required that we record all the proceedings and enter all the comments that we receive during this public workshop into the record.

Copies of the Agenda and Public Notice are available at the table near the entrance. Please sign in on the sign-in sheet if you haven't already.

Mr. Raman then introduced the Southern Nevada Health District Public Accommodations staff:
-Brian Northam, Environmental Health Manager
-Christian De Haan, Senior Inspector
-Carol Cottam, Administrative Assistant
-Nancy Cadena, Administrative Specialist
-Andrew Choi, Inspector
-Joe Franceschini, Inspector
-Daniel Goldstein, Inspector

II. Summary of Major Changes and Business Impact Survey

Mr. Raman announced that he would be reviewing the Major Changes by Chapter to document what we are trying to do then go over any Business Impact Statement comments. Attendees will then be able to express their data and opinions.
(Summary of Major Changes and Business Impact Survey shown)

The Public Accommodations Office received no comments thus far on the Business Impact Survey.

III. Public Comments

Mr. Raman announced that comments will be limited to five minutes and written data can be submitted to the administrative assistant

If attendees in the room wish to make comments, please step-up to the microphone to clearly state your name and your business with your comment. Please spell your last name. Comments must be made into the microphone, or they may not be audible. Attendees online who wish to comment, will need to use the "Raise Hand" button. Then the administrative assistant will unmute you when it is your turn to speak.

Louis Orozco, Director of Housekeeping at Resorts World Las Vegas: Section 4 General Sanitation, regarding mattress encasement proposal. From an operations perspective this is a great suggestion, many hotels up and down the strip do lack protection of mattresses, having worked with the Southern Nevada Health District directly myself as the department head, I see the value of this. Here at Resorts World we are in the process of implementing a full mattress encasement, currently we only provide a topper and at times the topper can get penetrated with liquids causing damage to the mattresses leading to additional expenses and reputational harm to the brand if captured on social media. My only comment on the Section 4 proposal is to ask for a grace period of some sort as there are thousands of rooms in Las Vegas and only a few suppliers that provide this product which may cause a delay in fulfilling orders. Asking for a lead time and consideration for implementation.

Rafaela Bortolameoilli, Club Wyndam Desert Blue: Wanted to piggyback of Louis's section that he mentioned about mattress encasement. Given this is a vacation ownership we also have sofa sleepers, it does not mention if the sofa sleeper mattresses will need an encasement.

Vivek Raman, SNHD: SNHD will take that into consideration as well. We really recognize that it's the primary bedding mattresses that we are concerned about. If the Health District finds stained mattresses that can lead to room closures for the primary bedding; if the sofa mattress is stained just the sofa can be taken out of service and not the whole room. We will make a change in that section excluding sofa mattresses.

Rafaela Bortolameoilli: Second question in Section 3.11.4 talks about the cleaning of bathrooms on a daily basis while the guest is in the unit. Since this is a vacation ownership daily cleaning of the units isn't done. How would this be applied to this business.

Vivek Raman: The regulations state that daily cleaning is offered with a minimum of twice a week. Without the regulations in front of me I'm not positive, but if a guest declines thats still the intent of the regulations, as long as its being offered and being conducted at least once per regulatory requirement.

Rafaela Bortolameoilli: Being a vacation ownership and our owners stay we don't offer the daily cleaning upon check-in, its part of the club rules, we do the cleaning if they stay for 14 days or a longer period of time. Will that be something we will have to offer, but since we don't offer that to our owners and guests I would just like a little more clarification on this section for our type of business if that's something that's not part of our process to do upon check in or do we need to start offering that cleaning?

Vivek Raman: The regulation does not require anything additional than what is currently required. If you already have a contract with their expectations of service are, that remains. We have your comment noted and we will follow up with you.

Mr. Raman asked if anyone else had comments. None made.

IV. Summary and Final SNHD Comments

Mr. Raman announced that The Business Impact Survey, the proposed 2025 Public Accommodation Regulations, a list of major changes, and other supporting documents are available for review at 280 South Decatur Boulevard and on the SNHD website at https://www.southernnevadahealthdistrict.org/permist-and-regulations/public-accommodations/. Questions may be directed to SNHD's Environmental Health Division at (702) 759-1633 or to pa@snhd.org.

The next step in the process will be to wait for the Business Impact Survey comment period to end on January 31, 2025, with a presentation to the Board of Health on February 27, 2025, regarding the impact to businesses. Another workshop will be held on March 5, 2025, at 1:30 p.m. to discuss changes to the proposed regulations with those comments going to the Board of Health for final approval in April.

V. Adjournment

Mr. Raman thanked attendees for their participation.

Rafaela Bortolameoilli: Has one more comment that was mentioned to Christopher regarding GFCI Section 3 mentions that its required only if a sink is present in the laundry area but the National Electrical Code mentions that it needs to be in every laundry area regardless if there's a sink or not. Which one do we follow?

Vivek Raman: SNHD has clarified the regulation to state that facilities must meet the National Electric Code requirements for GFCI and we outlined some areas that our inspection staff are checking for them specifically in regards to this regulation.

Mr. Northam announced that the comment period for the Business Impact Survey does remain open until January 31, 2025. If any comments are made by that date they do have to be responded to. Any comments or responses received before that date they will be included in the Board of Health meeting on February 27, 2025. Another workshop will be held in this room on March 5, 2025, at 1:30 p.m. to make comments on the regulations, with those comments going to the Board in April.

Mr. Raman stated that since there are no further comments, this Public Workshop is adjourned at 1:25 p.m.

Carol S Cottam

Carol Cottam, Sr. Administrative Assistant
Public Accommodations

MEETING	2025 Proposed Public Accommodations Facility Regulations	DATE	January 23, 2025
FACILITATOR	Vivek Raman	TIME	1:00 p.m.
LOCATION	Red Rock Conference Room		

SNHD Southern Nevada Health District

NO.	NAME & ADDRESS (PLEASE PRINT)	PROGRAM/AGENCY/ AFFILIATION	EMAIL	PHONE	SIGNATURE
1.	Matthew Pendleton 115 E Tropicana Ave Las Vegas NV 89109	OYO Hotel/Casino	mpendleton@oyolasvegas.com	702 739 9000	MPendleton
2.	ALEX STOKES Sr 1624 Hickory Post Dr Henderson NV 89011	REHS Consulting	ASTOKES26@COX.NET	702-513-8956	
3.	RAY KESSLER	VENETIAN RESORT	RAY.KESSLER@VENETIANLASVEGAS.COM	702-469-0063	
4.	VITO LOVERDE	VENETIAN RESORT	VITO.LOVERDE@VENETIANLASVEGAS.COM	702-607-4845	
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

MEETING	2025 Proposed Public Accommodations Facility Regulations	DATE	January 23, 2025
FACILITATOR	Vivek Raman	TIME	1:00 p.m.
LOCATION	Red Rock Conference Room		

SNHD Southern Nevada Health District

NO.	NAME & ADDRESS (PLEASE PRINT)	PROGRAM/AGENCY/ AFFILIATION	EMAIL	PHONE	SIGNATURE
1.	BEGAY, Christopher	SNHD/EH	begayc@snhd.org	702-759-1633	
2.	CATALINE, John	SNHD/EH	cataline@snhd.org	702-759-1633	
3.	CHOI, Andrew	SNHD/EH	choi@snhd.org	702-759-1633	
4.	COTTAM, Carol	SNHD/EH	cottam@snhd.org	702-759-1633	
5.	DE HAAN, Christian	SNHD/EH	dehaan@snhd.org	702-759-1633	
6.	FRANCESCHINI, Joe	SNHD/EH	franceschini@snhd.org	702-759-1633	
7.	GOLDSTEIN, Daniel	SNHD/EH	goldstein@snhd.org	702-759-1633	
8.	NORTHAM, Brian	SNHD/EH	northam@snhd.org	702-759-1633	
9.	RAMAN, Vivek	SNHD/EH	raman@snhd.org	702-759-1633	
10.	SAXTON, Chris	SNHD/EH	saxton@snhd.org	702-759-1633	
11.					
12.					
13.					
14.					

SNHD Staff

SNHD
Southern Nevada Health District

Meeting Title	Public Accommodation Regulation Revision Workshop
Attended Participants	13
Start Time	1/23/25, 12:42:49 PM
End Time	1/23/25, 1:23:00 PM
Meeting Duration	40m 11s

Participants

Name	First Join	Last Leave	Duration	Email
17026766488 (Unverified)	1/23/25, 1:04:16 PM	1/23/25, 1:22:58 PM	18m 41s	
17026766799 (Unverified)	1/23/25, 1:02:32 PM	1/23/25, 1:22:56 PM	20m 23s	
17027175823 (Unverified)	1/23/25, 1:03:38 PM	1/23/25, 1:09:47 PM	6m 8s	
Bortolameolli, Rafaela	1/23/25, 1:03:57 PM	1/23/25, 1:22:58 PM	19m	Rafaela.Bortolameolli@wyn.com
Burgoon, John	1/23/25, 12:57:19 PM	1/23/25, 1:22:56 PM	25m 36s	John.Burgoon@wyn.com
Cottam, Carol	1/23/25, 12:42:51 PM	1/23/25, 1:23:00 PM	40m 8s	cottam@snhd.org
Leisset Herrera-Rodriguez (External)	1/23/25, 1:02:21 PM	1/23/25, 1:23:00 PM	20m 39s	Leisset.Herrera-Rodriguez@mastercorp.com
Louis Orozco (External)	1/23/25, 1:02:08 PM	1/23/25, 1:22:55 PM	20m 46s	Louis.Orozco@rwlasvegas.com
Rachel Rojas (External)	1/23/25, 1:03:59 PM	1/23/25, 1:11:48 PM	7m 48s	rachelrojas@boydgaming.com
Siegel Select Convention Center Manage	1/23/25, 12:46:59 PM	1/23/25, 1:22:59 PM	35m 59s	convention.manager@siegelselect.com
Siegel Select Flamingo Manager (Externa	1/23/25, 12:53:14 PM	1/23/25, 1:22:57 PM	29m 42s	flamingo.manager@siegelselect.com
Torres, Erica	1/23/25, 12:57:20 PM	1/23/25, 1:22:58 PM	25m 37s	Erica.Torres@wyn.com
Turco, Domenick	1/23/25, 1:15:07 PM	1/23/25, 1:22:56 PM	7m 48s	Domenick.Turco@wyn.com

Attachment I

BOH Presentation



Proposed 2025 Public Accommodation Regulations

BOARD OF HEALTH PRESENTATION

SEPTEMBER 25, 2025

Purpose of the 2025 Public Accommodation (PA) Regulations Update

- First adopted in 2006 and have not been updated.
- To make regulatory requirements clearer and more concise for PA operators.
- To address areas with a high frequency of violations to reduce room closures and associated fees.

Regulated PA Establishments:

- Hotels – 219 permits
  - > 150,000 rooms
- Motels – 84 permits
- Hostels – 2 permits
- Self-Contained Recreational Vehicle Dry Camping – 7 permits

Ways Comments Were Collected

- 12/19/24 - Business Impact Statement (BIS) surveys
  - 434 Recipients (PA Operators, Chambers of Commerce, RA and others as required)
  - Posted at government offices
  - Posted on SNHD.org

- 1/23/25 - BIS Workshop
- 2/6/25 - Meeting with industry members
- Comments for 9 weeks - 12/19/24 – 2/25/25
  - 2 BIS responses



Business Impact Survey Results

Question	Yes Responses	No Responses
Will the proposed 2025 PA Regulations **impose a direct and significant economic burden** upon your business?	**2**	**0**
Will the proposed 2025 PA Regulations directly **restrict the formation, operation, or expansion** of your business?	**2**	**0**
Will the proposed 2025 PA Regulations **have an estimated beneficial economic effect** on your business?	**0**	**2**
Do you anticipate any **indirect economic effects to your business** as a result of the proposed 2025 PA Regulations?	**2**	**0**

Summary of Major Changes

Requirement Proposed	Compromise/Concession
Waterproof mattress encasement required on all mattresses.	Waterproof mattress pads or other barriers are acceptable; doesn't apply to pull-out sofa or roll-in beds. 18 – 24 months to implement.
Ground Fault Circuit Interrupters (GFCI) are required for specific electrical outlets.	Language will be added that facilities are to follow the latest approved NEC for the local jurisdiction. Facilities built before 1971 must come into compliance if updating their electrical systems.
Hose bibs must have a backflow prevention device installed.	Specified that only hose bibs with a hose attached are required have a backflow prevention device, as those without a hose are protected by an air gap.
Employee restrooms must have wall-mounted soap and paper towel dispensers.	Changed to "mounted" dispenser to include counter- and sink-mounted dispensers.
Outlined Plan Review Requirements	Will consolidate sections 3.1 and 10.1-3 so requirements can be found in a single section.

Changes Cont.



Modified the definition of a public accommodation facility to include an exemption for facilities that only allow long-term (30+ day) stays.



Removed unnecessary appendices (from 21 to 3)

Biohazard Plan, Pest Control Logs, Sewage Remediation



Reduced the timeframe to retain pest control records from two years to one year.



Added language specifying handwashing should be conducted in between handling dirty and clean linen.



Staff that collect ice from publicly accessible ice machines do not need health cards.

Changes Cont.



Coffee may be provided in a guest lobby without a health permit. If there is no 3-compartment sink, tableware must be disposable.



Removed the section for bed and breakfast facilities.



For SCRVs, changed from recommendation to requirement for the posting of three signs (water, sewage disposal, and solid waste disposal).



Changed permit revocation appeal timeframe from 10 business days to thirty (30) calendar days.



Updated the Hearing Officer section to standardize with other SNHD regulations.

Benefits of PA Update

- Simplification
- Consistency
- Enhanced Safety and Sanitation
- Fewer Room Closures and Accompanying Fees

Staff Recommendations for BOH:

- Accept the Business Impact Statement
- Direct staff to move forward with the 2025 PA Regulations Comment Period, Public Workshop, and Public Hearing at the BOH meeting on January 22, 2026.



Questions

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH WITH CONDITIONS #1-5
SEPTEMBER 25, 2025

Memorandum

Date: September 25, 2025

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

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

Subject: Variance request for an existing septic system, SNHD Permit #ON0010273, located at 2625 Barbaradale Cir., Las Vegas, NV 89146 to allow existing trees to encroach on the septic system

I. BACKGROUND:

Sean Connell, Owner ("Petitioner"), is requesting a variance to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number 163-11-111-004, also known as 2625 Barbaradale Cir., Las Vegas, NV 89146 ("Subject Property").

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

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

Petitioner states the following with regards to these requirements:

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

   "This request is based on a nearly forty-year old septic system that is performing as designed in at a private residence to allow for remolding my master bathroom. I am not adding any new fixtures and simply want to re-tile my tub and shower along with adding a new countertop and shower door. The trees in question were planted over twenty years ago and more than ten years before I bought the home. They are the only source of shade in large portion of my property that would be rendered mostly useless half the year if the trees are removed for my family and pets because of the excessive heat."

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

   "The property is located in an area of Spring Valley not serviced by City Sewers. The nearest main is approximately half a mile from my property at the corner of Sahara and Rainbow. Trenching and installing a new sewer line is cost prohibitive. The bids attached to the prior decision for the home on Starlight show six years ago it was estimated between $87,000 to $98,000 to install 475 feet of sewer line. Given the inflation we have all experienced since the pandemic, there is no doubt that cost would be much higher today and likely even doubled.
   There is also the effect on my property rights. I'm being told I am not allowed to renovate my bathroom without relandscaping my backyard, and that new landscaping cannot include shade trees for an area of approximately 1700 square feet. That is a significant portion of my lot, even before taking into consideration the land occupied by the house, garage, driveway, and front yard. I bought the house because of size of the backyard which will become mostly useless when it is hot if the only shade is removed. The valley is being encouraged to plant more trees to provide shade, and I have two mature trees not causing any damage to my leach field or tank I□m being ordered to remove."

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

   "The septic tank and leach field are on private property servicing a single family residence. The tank and leach field are currently performing as intended. The number of drain lines and length of each make it highly unlikely the trees in question will do enough damage to cause the system to fail. The trees have been there over twenty years and there has never been a problem with the tank. If the tank or leach field does fail at some point in the future, I will be the only one affected. The risk posed by the variance is a financial one to me and to the health or welfare of the public.
   Finally, when purchasing the home we were informed the prior owners did not know they were on septic and thought the pipe in the backyard was a sewer cleanout. They tried draining their pool and flooded the leach field. This is secondhand and I cannot confirm it, but apparently they were

told they had to remove a large area of turf or fake grass because it was partially covering the leach field and prevented evaporation. It is unclear if the instructions came from the SNHD or SNWA, but presumably it would be SNHD because it involved septic. If that is true, SNHD should have noticed as far back as 2013 or 2014 these trees were present and did not raise the issue prior to me purchasing the home. I would ask that any files or reports related to this home be searched to determine if someone from SNHD visited the home over ten years ago and did not address the trees at that time."

The Subject Property is depicted in Attachment C as Lot 4 of the recorded subdivision known as Hanover Estates, which was approved in 1979. Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the sixth owner of the septic system and obtained the Subject Property in June 2015. An analysis of available aerial photography shows that the trees were planted between Spring 2004 and Fall 2004. The property has not been improved since the adoption of the current regulations in 2009. The existing septic system was approved on April 2, 1986. The existing single-family residence was constructed in 1985.

An analysis of the surrounding area shows that there are 144 permitted septic systems within a square mile of the Subject Property. The Subject Property receives water service from Las Vegas Valley Water District, which receives water from the Colorado River. The nearest sewer connection point is approximately 840 feet from the Subject Property.

II. RECOMMENDATION:

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

Staff are of the opinion that granting the variance would not endanger public health or safety; however, staff recommend DENIAL of the variance due to the Subject Property's use of Colorado River Water, the location of the trees directly above and near the head of the leach field, and the system's age. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

If approved, staff recommend the following conditions:

1. Petitioners and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the applicant's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

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

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

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

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

Attachments:

A. Variance Candidate Application
B. Justification Letter from the Petitioner
C. Hanover Estates Subdivision Map
D. Tenant Improvement Review by SNHD Staff (SR0056341)
E. Final Inspection Report and Plot Plan for ON0010273
F. Septic Tank Inspection by Master Jetting Sewer Specialist LLC
G. Public Notice

Attachment A: Variance Candidate Application (Page 1 of 2)

I am requesting a variance based on this board's criteria as follows:

1. There must be circumstances or conditions which are unique to the petitioner;

This request is based on a nearly forty-year old septic system that is performing as designed in at a private residence to allow for remolding my master bathroom. I am not adding any new fixtures and simply want to re-tile my tub and shower along with adding a new countertop and shower door. The trees in question were planted over twenty years ago and more than ten years before I bought the home. They are the only source of shade in large portion of my property that would be rendered mostly useless half the year if the trees are removed for my family and pets because of the excessive heat.

2. Compliance is unduly burdensome and affects my property rights;

The property is located in an area of Spring Valley not serviced by City Sewers. The nearest main is approximately half a mile from my property at the corner of Sahara and Rainbow. Trenching and installing a new sewer line is cost prohibitive. The bids attached to the prior decision for the home on Starlight show six years ago it was estimated between $87,000 to $98,000 to install 475 feet of sewer line. Given the inflation we have all experienced since the pandemic, there is no doubt that cost would be much higher today and likely even doubled.

There is also the effect on my property rights. I'm being told I am not allowed to renovate my bathroom without relandscaping my backyard, and that new landscaping cannot include shade trees for an area of approximately 1700 square feet. That is a significant portion of my lot, even before taking into consideration the land occupied by the house, garage, driveway, and front yard. I bought the house because of size of the backyard which will become mostly useless when it is hot if the only shade is removed. The valley is being encouraged to plant more trees to provide shade, and I have two mature trees not causing any damage to my leach field or tank I'm being ordered to remove.

3. Granting a variance will not pose a risk to the public.

The septic tank and leach field are on private property servicing a single family residence. The tank and leach field are currently performing as intended. The number of drain lines and length of each make it highly unlikely the trees in question will do enough damage to cause the system to fail. The trees have been there over twenty years and there has never been a problem with the tank. If the tank or leach field does fail at some point in the future, I will be the only one affected. The risk posed by the variance is a financial one to me and to the health or welfare of the public.

Finally, when purchasing the home we were informed the prior owners did not know they were on septic and thought the pipe in the backyard was a sewer cleanout. They tried draining their pool and flooded

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

the leach field. This is secondhand and I cannot confirm it, but apparently they were told they had to remove a large area of turf or fake grass because it was partially covering the leach field and prevented evaporation. It is unclear if the instructions came from the SNHD or SNWA, but presumably it would be SNHD because it involved septic. If that is true, SNHD should have had notice as far back as 2013 or 2014 these trees were present and did not raise the issue prior to me purchasing the home. I would ask that any files or reports related to this home be searched to determine if someone from SNHD visited the home over ten years ago and did not address the trees at that time.

Sincerely,



Sean P. Connell

Attachment B: Justification Letter from Petitioner (Page 1 of 2)

June 20, 2025

VIA U.S. MAIL

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

From:

Sean Connell
2625 Barbaradale Cir.
Las Vegas, NV 89146

Re: Parcel # 163-11-111-004

To whom this may concern:

I hereby make application and petition the Southern Nevada District Board of Health for a variance to the Regulations Governing Individual Sewage Disposal and Liquid Waste Management Section 11.3 stating "All trees shall be at least ten feet (10') from both the septic tank and leach field."

This variance request is made to permit renovation of an existing bathroom to include replacement of an existing bathtub, replacement of two existing sinks and fixtures, tiling of the shower and tub surround, and installation of a new steam shower unit. As stated in conditional approval for Permit Number BD25-18796, the total number of fixtures for the property is not changing. However, the approval has been conditioned upon the removal of two or three mature trees. In support of this request are the following attached exhibits:

1. The report of Master Jetting Sewer Specialist LLC Licensed #NV20212142881 regarding the condition and functioning of the septic system and perceived impact of the trees in question;
2. This boards prior approval of a similar variance for a home at 6075 Starlight Dr, Las Vegas, NV wherein you stated, "the presence of trees allows for uptake of the effluent by the roots, which may improve treatment of the effluent."
3. An email from June 6, 2025, wherein the SNHD environmental health engineer opines the trees in question have been present for at least 21 years along with an aerial photograph of the area in question.
4. A second email from the same engineer dated June 9, 2025, detailing the extensive work required to remove the trees including potentially introducing new chemicals to the soil to kill the roots.
5. A photograph and drawing provided when I purchased the home in 2015 showing the tank installation in 1986 and area of the leach field with six drain lines at least fifty feet in length.
6. A photograph from the ground level of the area in question.

7915 West Sahara Ave.
Suite 104
Las Vegas, NV 89117

PHONE 702.330.4505
FAX 702.825.0141
EMAIL sean@mlolegal.com

Attachment B: Justification Letter from Petitioner (Page 2 of 2)

7. A screen shot from https://mayorsfundlv.org/tree-initiative/ showing the City's current program trying to raise money to plant 60,000 new trees in the next 25 years.

The legal description of said property is APN # 163-11-111-004, further described as

2625 Barbaradale Cir., Las Vegas, NV 89146.

I have owned the property since June 2015.

Attachment C: Hanover Estates Subdivision Map

HANOVER ESTATES

THE E1/2, SE1/4, NW1/4, NW1/4, SECTION 11, T.21 S., R 60 E., M.D.M.
CLARK COUNTY, NEVADA

SURVEYOR'S CERTIFICATE

I, KAY L. ADAMS, A REGISTERED LAND SURVEYOR IN THE STATE OF NEVADA, CERTIFY THAT:

1. THIS IS A TRUE AND ACCURATE REPRESENTATION OF THE LANDS SURVEYED UNDER MY SUPERVISION AT THE INSTANCE OF H.S. SERVICE CORPORATION.
2. THE LANDS SURVEYED LIE WITHIN A PORTION OF THE E½, SE¼, NW¼, NW¼, SECTION 11, T21S, R60E, M.D.M., AND THE SURVEY WAS COMPLETED ON JUNE 16, 1979.
3. THIS PLAT COMPLIES WITH THE APPLICABLE STATE STATUTES AND ANY LOCAL ORDINANCES.
4. THE MONUMENTS WILL BE OF THE CHARACTER SHOWN AND OCCUPY THE POSITIONS INDICATED BY 1 Aug 1981, AND THAT AN APPROPRIATE PERFORMANCE BOND HAS BEEN POSTED WITH THE GOVERNING BODY TO ASSURE THEIR INSTALLATION.

KAY L. ADAMS, REGISTERED LAND SURVEYOR
NEVADA CERTIFICATE NO. 2050

KAY L. ADAMS No. 2050

June 14, 1979
DATE

LEGAL DESCRIPTION

BEING THE E½ OF THE SE¼ OF THE NW¼ OF THE NW¼ OF SECTION 11, T21S, R60E, M.D.M., CLARK COUNTY, NEVADA.

CONTAINING 5.1083 ACRES.

APPROVALS

THIS IS TO CERTIFY THAT THE BOARD OF COMMISSIONERS, CLARK COUNTY, NEVADA, APPROVED AND ACCEPTED ON BEHALF OF THE PUBLIC, THIS MAP AND ANY PARCELS OF LAND OFFERED FOR DEDICATION FOR PUBLIC USE IN CONFORMITY WITH THE TERMS OF THE OFFER OF DEDICATION SHOWN HEREON.

APPROVED THIS 6th DAY OF September 1979.

SAM BOWLER, CHAIRMAN

ATTEST: Loretta Bowman
LORETTA BOWMAN - CLERK

APPROVED THIS 21ST DAY OF JUNE, 1979, BY THE CLARK COUNTY, NEVADA PLANNING COMMISSION

ARTURO ~~CISNEROS~~ CHAIRMAN

THIS FINAL MAP IS APPROVED BY THE HEALTH DIVISION OF THE DEPARTMENT OF HUMAN RESOURCES CONCERNING SEWAGE DISPOSAL, WATER POLLUTION, WATER QUALITY AND WATER SUPPLY FACILITIES IN ACCORDANCE WITH NEVADA REVISED STATUTES. THIS APPROVAL PREDICATES COMMUNITY WATER SUPPLY AND INDIVIDUAL SEWAGE SEPTIC TANKS.

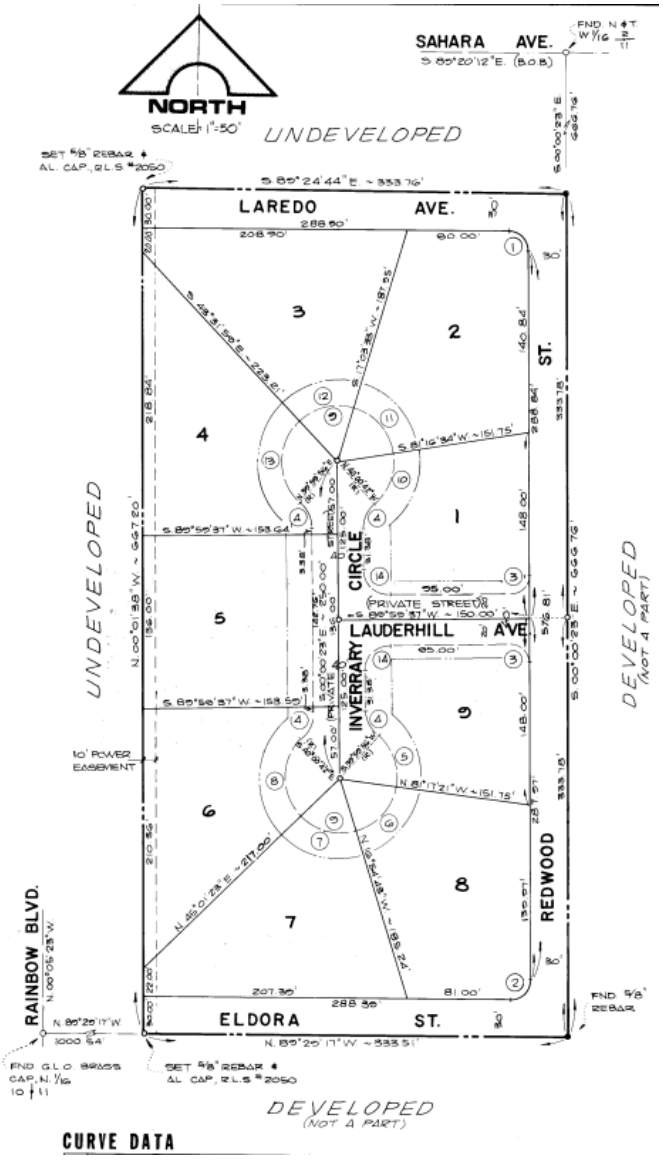
HEALTH DIVISION - H. A. STEWART

9-10-79
DATE

THIS FINAL MAP IS APPROVED BY THE DIVISION OF WATER RESOURCES OF THE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES CONCERNING WATER QUANTITY SUBJECT TO THE REVIEW OF APPROVAL ON FILE IN THIS OFFICE.

DIVISION OF WATER RESOURCES LARRY C. REYNOLDS

6/7/79
DATE



CURVE DATA

Attachment D: Tenant Improvement Review by SNHD Staff (SR0056341) (Page 1 of 4)

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

REPORT AND/OR NOTICE OF INSPECTION

EHS	PERMIT NUMBER	FACILITY			ADDRESS		
2177	ON0010273	CONNELL CAROL J & SEAN P			2625 Barbaradale CIR Las Vegas, NV 89146-5160		
DIST	CITY	APN #			SR #	WATER SOURCE	
36	Las Vegas	163-11-111-004			SR0056341	Public Water Source	
CURRENT ACTION	Service Date	Status	Time In	Time Out	Result		
628	06/04/2025	92	13:00	14:00	83		
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date
					76		

NOTIFIED OF THE FOLLOWING

The tenant improvement for the bathroom remodel is CONDITIONALLY APPROVED.

The total number of fixtures on the property is not changing. The house will have a total of 21 fixtures. The septic tank capacity of 1500 gallons can accommodate a maximum of 35 fixture units.

However, compliance issues have been observed and conditions have been placed. If these conditions are met, the tenant improvement may be re-evaluated for re-approval.

1. There are a few trees on and within 10ft of the leach field and septic tank. As stated in Section 11.3 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, these trees will need to be removed and send photographic evidence to SNHD for final approval.

The permit for the updated plumbing fixtures can be released but PLACE A HOLD ON THE FINAL INSPECTION.

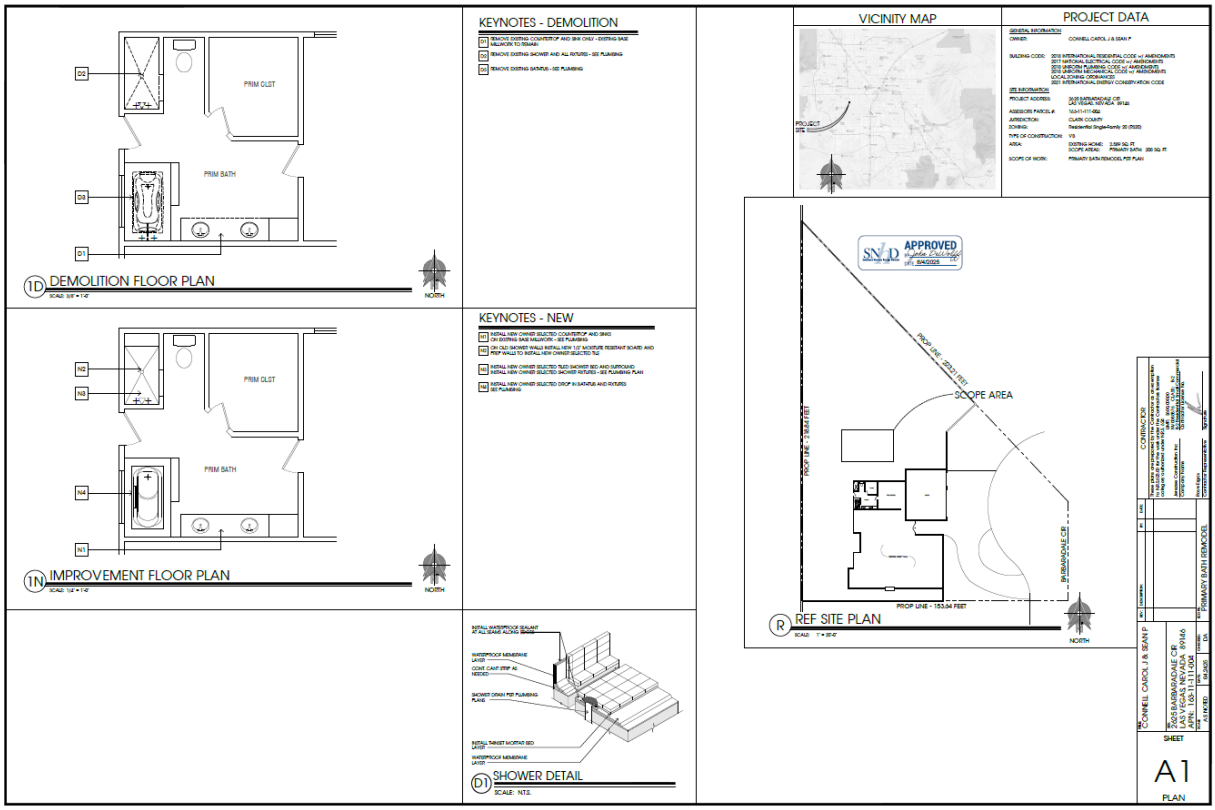
RECEIVED BY: Joanne Sordahl via email

ENVIRONMENTAL HEALTH SPECIALIST: Sarah George

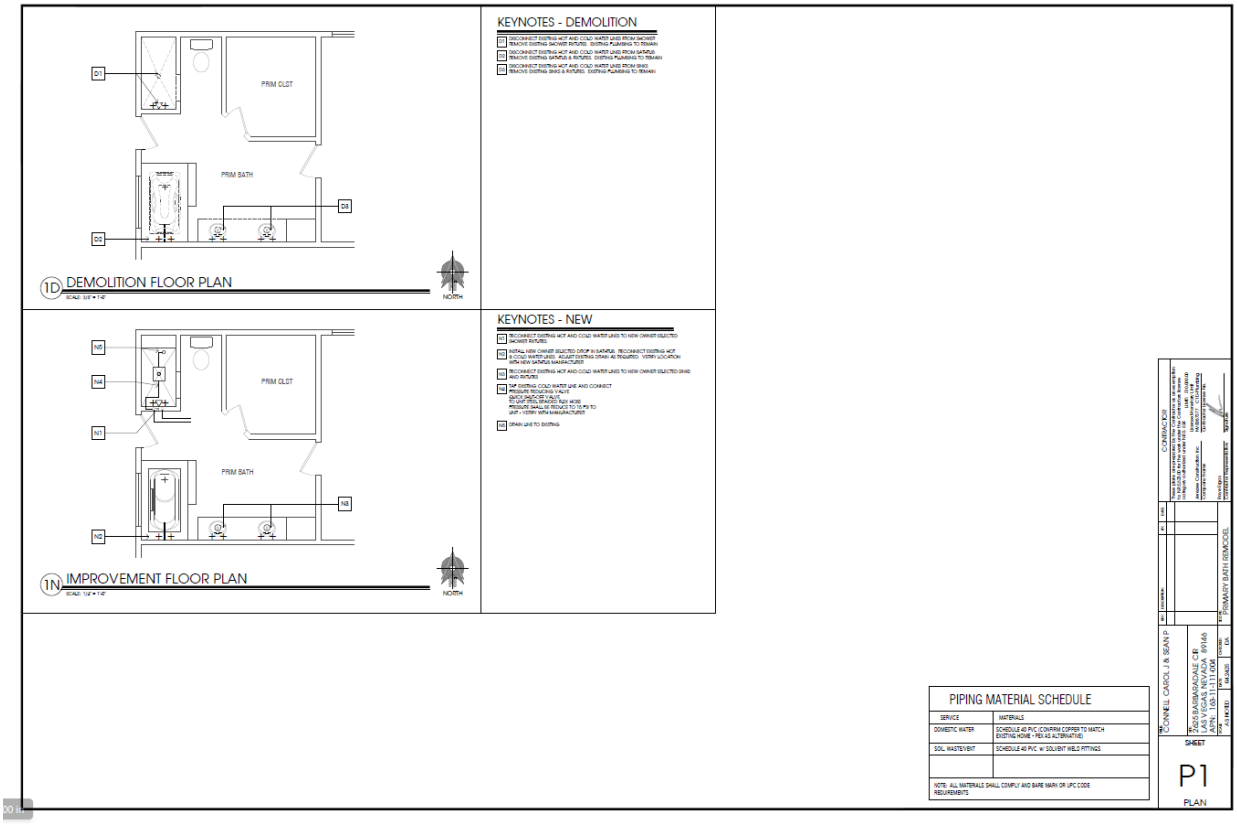
SNHD Southern Nevada Health District
APPROVED
Digitally signed by John DeWolff
Date: 2025.06.04 13:23:00 -07'00'

7406.rpt 1.0.1.03.00

Attachment D: Tenant Improvement Review by SNHD Staff (SR0056341) (Page 2 of 4)



Attachment D: Tenant Improvement Review by SNHD Staff (SR0056341) (Page 3 of 4)



Attachment D: Tenant Improvement Review by SNHD Staff (SR0056341) (Page 4 of 4)



Attachment E: Final Inspection Report and Plot Plan for ON0010273 (Page 1 of 3)

REPORT AND NOTICE OF INSPECTION

3GK

CLARK COUNTY HEALTH DISTRICT
625 SHADOW LANE • LAS VEGAS, NEVADA 89106 TELEPHONE 383-1271

S305W

07 2625 Barberadale Cir

Las Vegas

09 GILMORE, Donald

080081

5 4-1-86

NOTIFIED OF THE FOLLOWING

REQUESTED FINAL INSPECTION OF ISDS 1500 Gal 1645 Sq Ft S½ SE¼ NW¼ NW¼ S11 T21 R60

Final Approved OK to

Copy Left

4-3-86

SEPTIC TANK:
Number of Compartments 2. Type of Material Conc
Inside Dimension: Length 10 ft.; Width 5 ft.; Liquid Depth 4.0
Total Liquid Capacity 1500 gal. Distance from Well ft.

SUBSOIL DISPOSAL:
Distance from Well ft. Distance from Foundation 15 ft.
Distance from Nearest Lot Line 10 ft. at Front , Side , Rear ✓

Seepage Beds:
Width 24 ft.; Length 70 ft.; Total Depth 4 ft.
Total effective absorption area in bottom of bed 1680 sq. ft.
Number of Lines 4. Length of each line 60 ft.
Distance between lines 6 ft. Total length of tile lines 240 ft.
Type of filter material: Gravel X, Broken Stones , Other
Depth of filter material beneath tile 1.6 ft. Over tile .10 ft.

Absorption Trenches:
Total length of tile lines ft. Number of lines .
Length of each line ft. Distance between lines ft.
Trench width ft. Total effective absorption area on sides of trenches .
Depth of filter material beneath tile ft.; Over tile ft.

Seepage Pits:
Number of Pits . Diameter .
Effective Depth ft. Lining Material .
Total effective absorption area of side wall .

DATE OF APPROVAL: 4/2, 19 86

Sanitarian

NOTE: THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE. FILE COPY

Attachment E: Final Inspection Report and Plot Plan for ON0010273 (Page 2 of 3)

CLARK COUNTY HEALTH DISTRICT
625 SHADOW LANE • LAS VEGAS, NEVADA 89106 TELEPHONE 383-1271

S305W

07 2625 BARBARADALE CIRCLE LAS VEGAS

09 GILMORE, Donald Tass Hardin

080 081

SCHEDULED ACTION: ACTION 5 DATE 3/26/86

CURRENT ACTION: SAN'T 17 ACTION 5 DATE 3/26/86 STATUS SPECIAL DATE TIME IN 11:00 TIME OUT 11:30 TFI 12 MILES 12 FUTURE ACTION 2 DATE 3/26/86

NOTIFIED OF THE FOLLOWING

INITIAL INSPECTION OF ISDS. CONFIRM CALICHE REMOVED OR BROKEN THRU FOR 1500 GAL TANK & 1645 SQ FT LEACH BED (30 MIN PERC RATE). E½SE NW NW Sec 11 T21S R60E (BARBARADALE/Redwood)

Area OK for installation of leach field –

Caliche – removal

RECEIVED COPY Tom Gilmore SANITARIAN Jim Hall REVIEWED BY 3-27-1986

SEPTIC TANK:
Number of Compartments 2. Type of Material CONC.
Inside Dimension: Length 10 ft.; Width 5 ft.; Liquid Depth 4.0.
Total Liquid Capacity 1500 gal. Distance from Well ft.

SUBSOIL DISPOSAL:
Distance from Well ft. Distance from Foundation ft.
Distance from Nearest Lot Line ft. at Front , Side , Rear .

Seepage Beds:
Width ft.; Length ft.; Total Depth ft.
Total effective absorption area in bottom of bed sq. ft.
Number of Lines . Length of each line ft.
Distance between lines ft. Total length of tile lines ft.
Type of filter material: Gravel , Broken Stones , Other .
Depth of filter material beneath tile ft. Over tile ft.

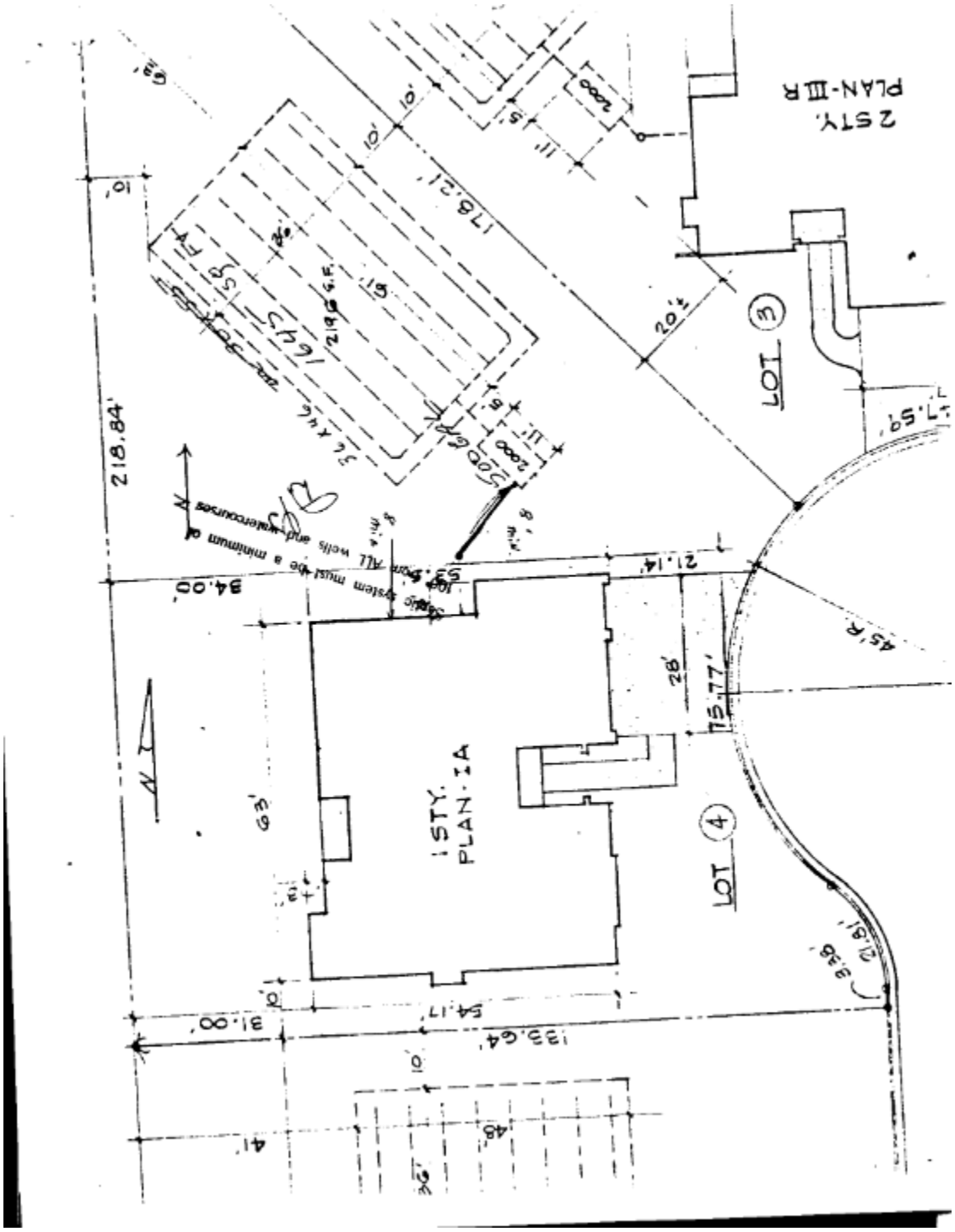
Absorption Trenches:
Total length of tile lines ft. Number of lines .
Length of each line ft. Distance between lines ft.
Trench width ft. Total effective absorption area on sides of trenches .
Depth of filter material beneath tile ft.; Over tile ft.

Seepage Pits:
Number of Pits . Diameter .
Effective Depth ft. Lining Material .
Total effective absorption area of side wall .

DATE OF APPROVAL: , 19 Sanitarian

NOTE: THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE. FILE COPY

Attachment E: Final Inspection Report and Plot Plan for ON0010273 (Page 3 of 3)



Attachment F: Septic Tank Inspection by Master Jetting Sewer Specialist LLC

MASTER JETTING
SEWER SPECIALIST LLC

NV#20212142881 Office/Cell # 702.592.9980 **1360**

Name: Sean Connell	**Tech Name:** Kevin	**Invoice Date:** 6-20-25
Phone: 702-300-4294	**Billing to:**	
Address: 2625 Barbardale Cir Las Vegas, NV 89146	**Email:**	
Email: Spegg@yahoo.com	**Phone:**	
	Address:	

Septic System Inspection

Upon arrival removed lid of septic tank to inspect water levels - Which is in normal operating levels (at this time) Indicating that Leach Field is properly functioning, with no reason to believe any compromise would be present (at this time) We had LV Septic service tank (empty) in order for Visual/Camera inspection of Septic System - No compromise could be found (at this time) System appears to be in great operating condition (at this time)

Term & Conditions

I have been informed that during the process of unclogging/cleaning of my sewer system/line of the possibilities
That water damage/flood may occur, And that MJSS is not responsible.

_____ I Acknowledge/ Accept full responsibility for any and all damages that may occur.

_____ I have been informed of the possibility of the equipment(I.E-jetter hose, head, etc.) becoming stuck in the sewer line and that I Acknowledge/ Accept the responsibility of the replacement cost in the event of this happening.

_____ I understand and agree to all the Terms & Conditions of this service contract.

_____ _/_/__

Form of Payment

Cash $	Check #
Card	
Name	
Number	
Exp	CVV
Billing Zip	

I agree to MJSS charging my credit card for the total contracted price plus any card fees that may apply

Thank you for your business!

Attachment G: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, September 25, 2025 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Sean Connell ("Petitioner"), to allow existing trees to remain within 10 feet of the existing septic system (SNHD Permit # ON0010273) on the property located at 2625 Barbaradale Cir., Las Vegas, NV 89146, APN 163-11-111-004.

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

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by September 24, 2025 to:

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

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

- S -
Karla Shoup, REHS
Acting Director of Environmental Health

September 9, 2025
Date

Memorandum

Date: September 25, 2025

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

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

Subject: Variance request for an existing septic system, SNHD Permit #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed

I. BACKGROUND:

Matthew Vance, Owner ("Petitioner"), is requesting a variance to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number (APN) 125-30-302-010, also known as 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 ("Subject Property").

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Sections 5.2 and 11.16 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 5.2, which requires a minimum of eight feet (8') of horizontal separation between the soil absorption system and the foundation of a building or structure. The shed was constructed directly on top of the existing soil absorption system.

Petitioner further requests a variance from Section 11.16, which states that "placement of any impervious covering, or any material deemed to be unacceptable to the Health Authority, over

the soil absorption system is prohibited." Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing shed to remain over the septic system.

Petitioner states the following with regards to these requirements:

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

   "The shed does not impede the function of the septic system and does not affect other persons subject to regulation. We understand that should there need to be repairs made to the disposal field, the floor of the shed or the shed itself may need to be removed."

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

   "The shed is the home to our cats who keep our property free from rats which were a serious problem. The shed is also where we store feed for all our farm animals: goats, chickens, ducks, and geese. It also serves as part of the wall of our chicken run. Moving or removing the shed would make it nearly impossible for us to care for the animals we have on the property and would leave no home for our cats."

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

   "Keeping the shed where its located will not adversely affect public health anywhere."

The Subject Property is depicted in Attachment C as Lot 3 of the recorded parcel map, which was approved in 1991. The parcel was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the current regulations. The existing septic system was approved on August 7, 1992. The existing single-family residence was constructed in 1993.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the fourth owner of the septic system and obtained the Subject Property in October 2021. An analysis of the surrounding area shows that there are 114 private and quasi-municipal wells and 238 permitted septic systems within a square mile of the Subject Property. The Subject Property receives water from a quasi-municipal well and is approximately 365 feet from a City of Las Vegas sewer line in West Tropical Pkwy.

II. RECOMMENDATION:

According to the Petitioner, the shed has a footprint of 400 sqft, which exceeds the 200 sqft floor area that would allow it to be exempt from a building permit under 2018 Clark County Building Administrative Code 22.02.190. A building permit would have triggered a separate Tenant Improvement review of the shed by SNHD, which staff would have rejected due to the placement of the shed above the leach field.

The presence of a shed over the leach field limits evaporation from the leach field and prevents oxygen from reaching the leach field, which is necessary for its proper operation. Additionally, placement of the shed above the leach field can cause soil compaction, which also causes oxygen deficiency. Oxygen deficiency in leach fields can cause premature failure of the leach field and can cause partially treated wastewater to be discharged into the groundwater, which may affect nearby wells and wells downstream of the property. The shed appears to cover only about 20% of the leach field area, and it is located toward the end of the leach field, which lessens its impact on the leach field.

Staff are of the opinion that granting the variance would not endanger public health or safety; however, Section 19.4.1 of the SNHD ISDS Regulations states that, "Staff will not recommend variance approval for septic systems on lots where municipal sewer is gravity accessible within four hundred feet (400') from the nearest property line." The nearest City of Las Vegas sewer line is approximately 365 feet from the Subject Property.

Based on the proximity to City of Las Vegas sewer, staff recommend DENIAL of the variance as requested by the Petitioner. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

1. Petitioner and their successors in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

2. Petitioner and their successors in interest must abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.

3. Petitioner will remove the shed floor that is covering the leach field so that the ground in that area is exposed to the air.

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

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

Attachments:

A. Variance Candidate Application
B. Justification Letter from the Petitioner
C. Recorded Parcel Map
D. Tenant Improvement Review by SNHD Staff (SR0043424)
E. Final Inspection Report and Plot Plan for ON0024214
F. Public Notice

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

Southern Nevada Health District

VARIANCE CANDIDATE WORKSHEET

PART I:

ESTBLISHMENT INFORMATION

Name of Facility/Establishment: Home - 5965 N Grand Canyon Drive
Health Permit Number: _____ Date of Inquiry: _____
Name of Operator/Agent: Matthew Vance
Address of Operator/Agent: 5965 N Grand Canyon Drive
Contact Information of Operator/Agent:
Office Phone: 702-425-3211 Cell Phone: 702-425-3211
Fax Number: _____ Email Address: yinzara@gmail.com
If corporation, the name/title of individual to sign for Variance document:
Name: _____
Title: _____

OWNER INFORMATION

Name of Property Owner: Matthew Vance
Address of Property Owner: 5965 N Grand Canyon Drive, Las Vegas, NV, 89149
Contact Information of Property Owner:
Office Phone: 702-425-3211 Cell Phone: 702-425-3211
Fax Number: _____ Email Address: yinzara@gmail.com

PROPERTY INFORMATION

Property Address: 5965 N Grand Canyon Drive, Las Vegas, NV 89149
Assessor's Parcel Number (APN): 125-30-302-010
Describe location within larger facility (i.e. hotel/casino/resort, etc.):

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

Nev Admin Code 444.818 states - "15. Disposal fields must be located in unshaded, unobstructed areas."
Nev. Admin. Code § 444.792 states - "The minimum horizontal separations that must be maintained between the perimeter of the components of an individual sewage disposal system and the following features are:" Building or structure 8 ft

We have built a shed on top of part of the disposal field. We are requesting that we can keep the shed as it does not impede the function of the septic system

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

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

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

The shed does not impede the function of the septic system and does not affect other persons subject to regulation. We understand that should there need to be repairs made to the disposal field, the floor of the shed or the shed itself may need to be removed.

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

The shed is the home to our cats who keep our property free from rats which were a serious problem. The shed is also where we store feed for all of our farm animals: goats, chickens, ducks and geese. It also serves as part of the wall of our chicken run. Moving or removing the shed would make it nearly impossible for us to care for the animals we have on the property and would leave no home for our cats.

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

Keeping the shed where its located will not adversely effect public health anywhere.

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

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

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

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

PART III:

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

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

This section to be completed by SNHD staff ONLY

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

Referred by: _____
(Print Name of REHS)

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

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

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

Attachment B: Justification Letter from Petitioner (Page 1 of 3)

MATTHEW VANCE

5965 N Grand Canyon Drive, Las Vegas, NV 89149

Phone: 702-425-3211 | Email: yinzara@gmail.com

Environmental Health Division Director
Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127

RE: Variance Application - Septic System Disposal Field
Property Address: 5965 N Grand Canyon Drive, Las Vegas, NV 89149
APN: 125-30-302-010

Dear EHD Director:

I am writing to formally request a variance from Nevada Administrative Code sections 444.818 and 444.792 regarding the septic system disposal field requirements at my residential property. This application includes all information from the attached Variance Candidate Worksheet and addresses each requirement of NAC 439.240.

ESTABLISHMENT AND PROPERTY INFORMATION

Property Owner: Matthew Vance
Property Address: 5965 N Grand Canyon Drive, Las Vegas, NV 89149
Contact Information: Phone: 702-425-3211 | Email: yinzara@gmail.com
Assessor's Parcel Number: 125-30-302-010

VARIANCE REQUEST

I am requesting a variance from:

- **NAC 444.818** which states "Disposal fields must be located in unshaded, unobstructed areas"
- **NAC 444.792** which states "The minimum horizontal separations that must be maintained between the perimeter of the components of an individual sewage disposal system and the following features are: Building or structure 8 ft"

We have constructed a 400-square-foot shed on the edge of our disposal field that serves multiple critical functions for our residential farm operation.

Attachment B: Justification Letter from Petitioner (Page 2 of 3)

ADDRESSING NAC 439.240 REQUIREMENTS

1. Unique Circumstances Specific to This Property

Our circumstances are unique and do not generally affect other persons subject to these regulations:

- Our property is fully developed with the farm portion necessarily located near the disposal field area
- The majority of our disposal field remains as open garden space with full air exposure
- The shed placement represents a small portion of the total disposal field area (edge location only)
- Our property's layout offers no alternative locations - all other areas are already developed with structures, animal enclosures, or active agricultural use
- The shed serves multiple integrated functions that cannot be replicated elsewhere:
  - Primary shelter for our cats
  - Storage for all farm equipment and animal feed
  - Structural wall for our chicken run
  - Security fencing component for our goat enclosure

This unique combination of fully developed property with integrated agricultural operations creates circumstances not typically found in standard residential septic system installations.

2. Undue Burden and Hardship of Compliance

Compliance with the regulations would create severe hardship and abridge substantial property rights:

Economic Hardship:

- Complete demolition and reconstruction would cost approximately $15,000-$20,000
- Loss of integrated chicken run wall would require $3,000-$5,000 in new fencing
- New secure goat fencing would cost $2,000-$3,000
- No viable alternative location exists on our fully developed property
- Total estimated cost of compliance: $20,000-$28,000 minimum

Property Rights Impact:

- Would eliminate essential shelter for our cats with no alternative location
- Would remove critical farm equipment and feed storage, making our agricultural operations impossible
- Would destroy the integrated design of our animal enclosures
- Would effectively prevent us from maintaining our residential farm operation
- The shed has existed in this location for three years as part of our established property use

Attachment B: Justification Letter from Petitioner (Page 3 of 3)

3. No Detriment to Public Health and Safety

Granting this variance will not pose any danger to public health and safety:

Current Construction Safeguards:

- The shed floor consists of removable plywood panels
- The structure sits on concrete tiles, creating an air gap between the floor and ground
- This design allows continuous air circulation beneath the structure
- The floor can be completely removed if septic system access is ever required

Proven Safe Operation:

- The shed has been in place for three years with no adverse effects
- The septic system continues to function normally and efficiently
- Regular maintenance and inspections have shown no degradation in system performance
- The majority of the disposal field remains unobstructed and fully functional
- We commit to immediate floor removal if system access is ever needed

Public Safety Measures:

- No public water supplies are at risk
- The system serves only our single-family residence
- We maintain appropriate setbacks from all property lines
- Regular septic system maintenance will continue

CONCLUSION

This variance request meets all criteria established in NAC 439.240. Our unique circumstances of a fully developed property with integrated agricultural operations create a situation not generally affecting others. The extreme financial burden and loss of essential property uses constitute substantial hardship. Most importantly, the current configuration has operated safely for three years and poses no risk to public health.

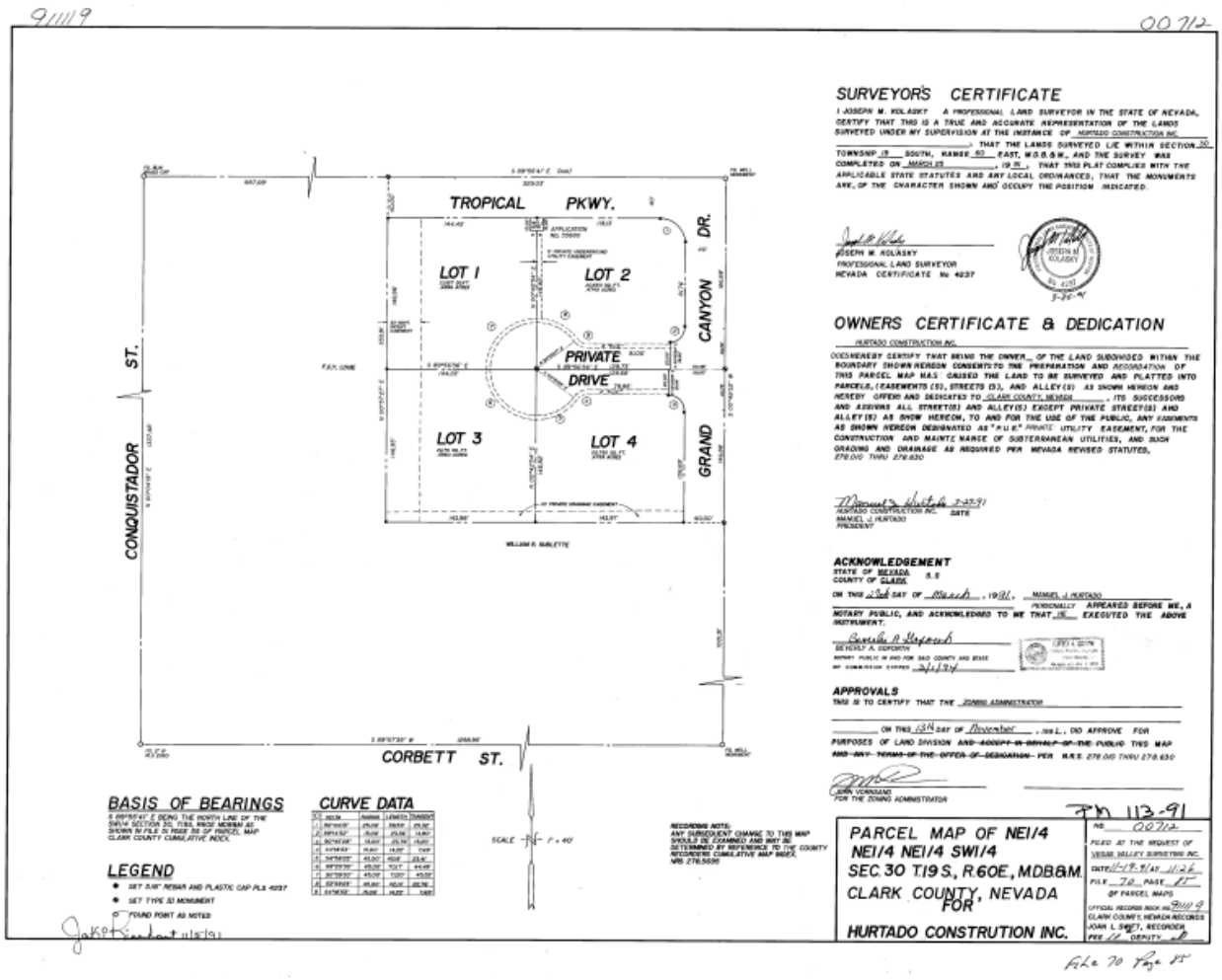
I respectfully request that the Board of Health grant this variance to allow our existing shed to remain on the edge of our disposal field. I am available to provide any additional information, photographs, or drawings that would assist in your review.

Thank you for your consideration of this variance application.

Sincerely,

Matthew Vance
Property Owner

Attachment C: Recorded Parcel Map



Attachment D: Tenant Improvement Review by SNHD Staff (SR0043424) (Page 1 of 3)

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

REPORT AND/OR NOTICE OF INSPECTION

EHS	PERMIT NUMBER	FACILITY			ADDRESS		
1173	ON0024214	Vance, Matthew Morrissette & Christopher Morrissette			5965 Grand Canyon DR Las Vegas, NV 89149		
DIST	CITY	APN #			SR #	WATER SOURCE	
14	Las Vegas	125-30-302-010			SR0043424	Quasi-Municipal Well	
CURRENT ACTION	Service Date	Status	Time In	Time Out	Result		
628	1/6/2025						
	Travel Minutes	Miles	Violations Alleged	Violations Actual	Future Action	Action	Date

NOTIFIED OF THE FOLLOWING

Tenant Improvement to convert an existing detached garage into a casita is CONDITIONALLY APPROVED. The proposed casita will contain 8 additional fixture units consisting of 1 toilet @ 2 FU, 1 shower @ 2 FU, 1 lavatory sink @ 1 FU, 1 kitchen sink @ 2 FU, and 1 laundry sink @ 1 FU. The existing septic system appears to be adequate.

The initial corrective actions indicated in the report dated November 12, 2021 were completed and photo documentation was provided to SNHD on November 15, 2021. Since then, however, a shed appears to have been constructed above the leach field. Remove the shed from above the leach field and submit photo documentation to SNHD for final approval.

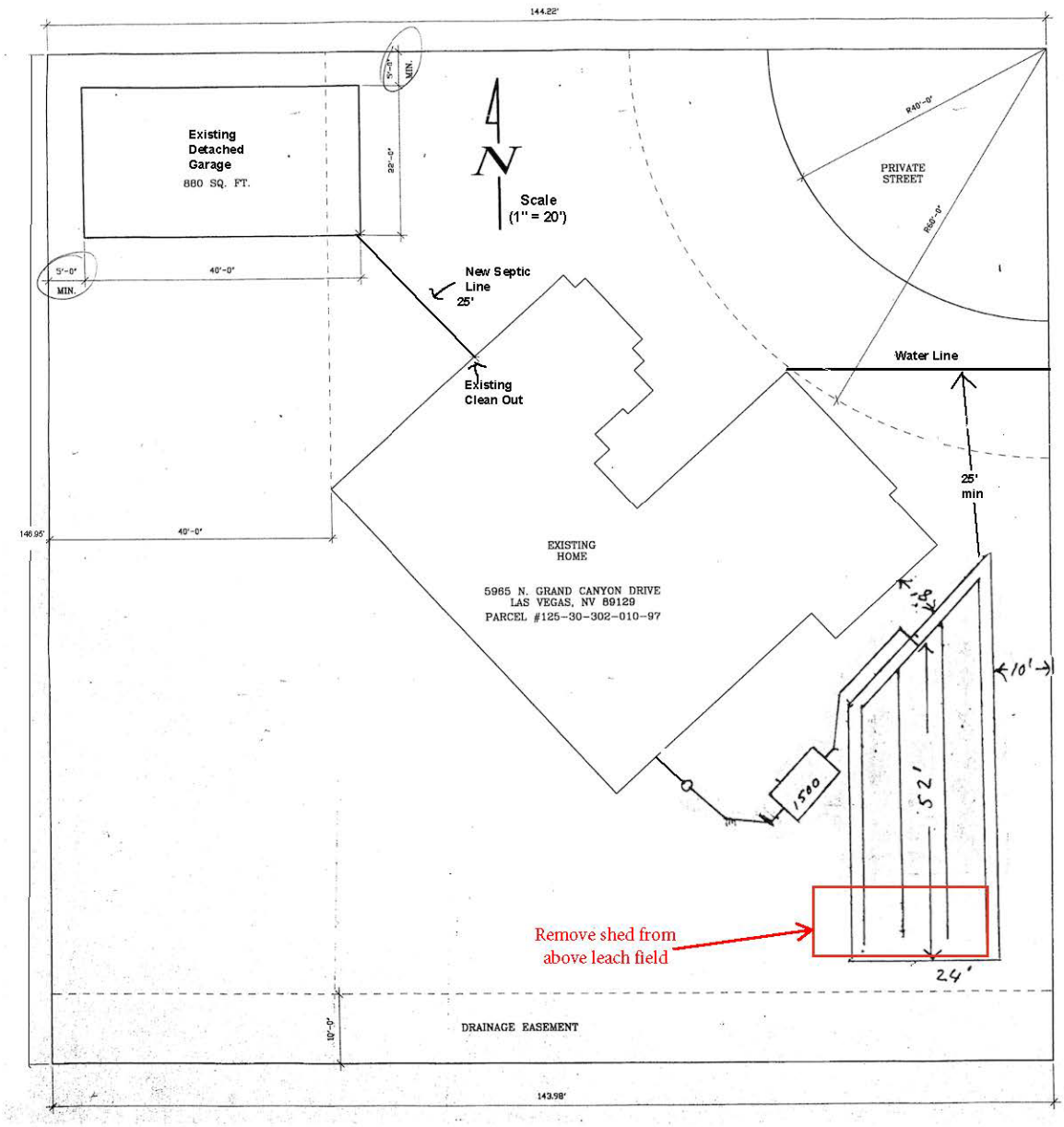
RECEIVED BY:

ENVIRONMENTAL HEALTH SPECIALIST:

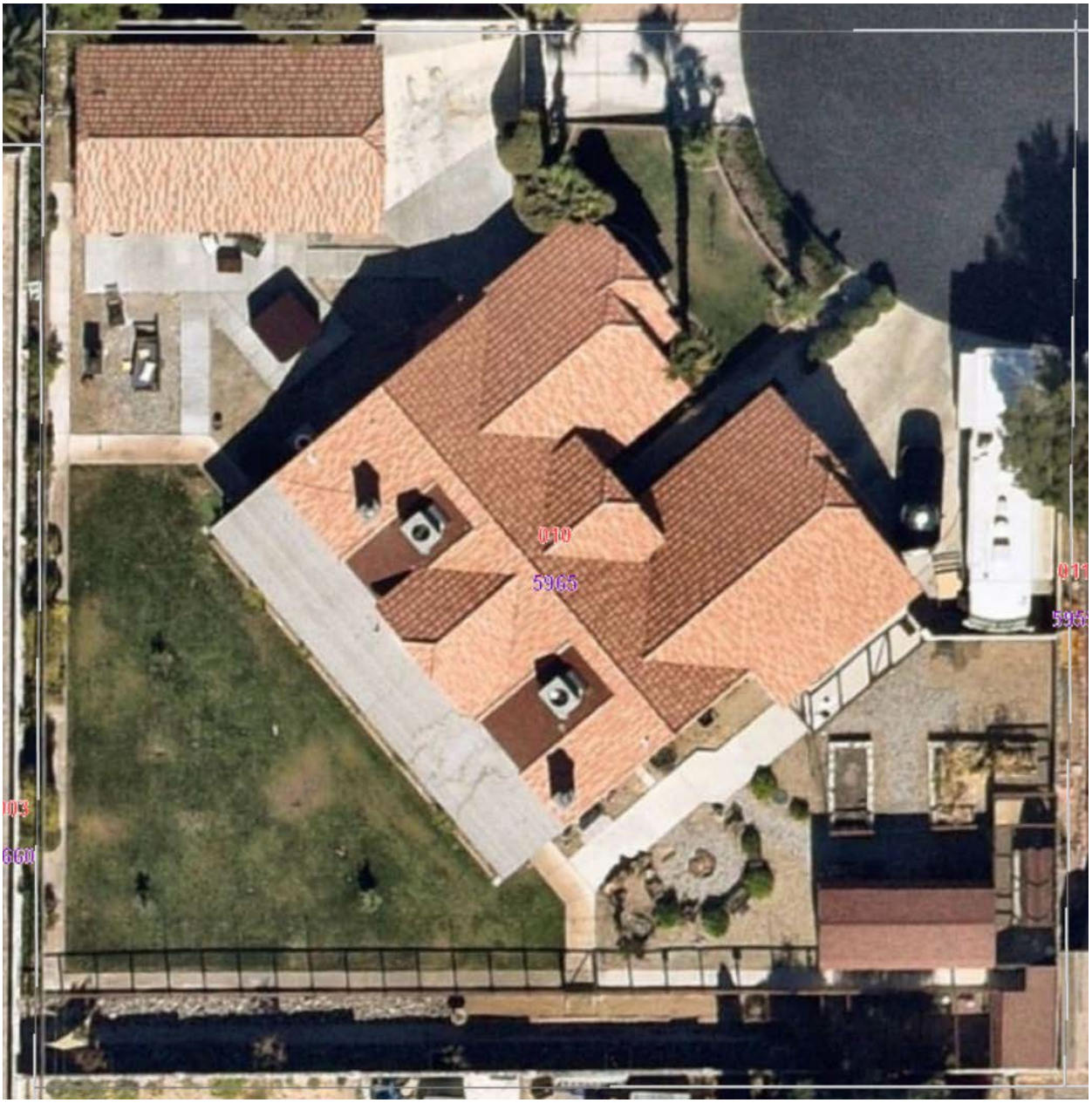
Digitally signed by Daniel Isler
Date: 2025.01.06 15:25:16 -08'00'

7406.rpt 1.0.1.03.00

Attachment D: Tenant Improvement Review by SNHD Staff (SR0043424) (Page 2 of 3)



Attachment D: Tenant Improvement Review by SNHD Staff (SR0043424) (Page 3 of 3)



Attachment E: Final Inspection Report and Plot Plan for ON0024214 (Page 1 of 2)

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane • Las Vegas, Nevada
Telephone 383-1271 (Direct) • 385-1291 (24 Hours)

SAN	CONTROL NO.	ESTABLISHMENT	ADDRESS
DIST 14	SG447 GG4-00	55880 HURTADO CONSTRUCTION INC	GRAND CANYON DR/TROPICAL P 5965 N GRAND CANYON DR LAS VEGAS NV 89129
CITY 09	500-520-054 19 60 30 SW NE HURTADO MD113	PERSON INTERVIEWED	TELEPHONE (702 645-1855

INFORMATION: TYPE AND CATEGORY 8811-085 | CAPACITY 1500 | ABSORB 1165 | LOT SZ 21170 | FIX 28 | ASSESSOR # | WATER # W2844-GG4-00

	SAN C	ACTION	DATE	STATUS	SPECIAL DATE	VIOLATION	SCHEDULED ACTION	ACTION	DATE
PREVIOUS ACTION	65	6A	08/05/92					5A	08/05/92
CURRENT ACTION	7	5A	8/7/92			TIME IN 1040 / TIME OUT 1120		PRIVATE HOUSEHOLD	
	TFI 10	MILES 4	SAM	VIOLATIONS - ALLEGED		VIOLATIONS - ACTUAL	FUTURE ACTION	2c	8/7/92

SEPTIC TANK:

Total Capacity 1500 ~~1500~~ 1589 gallons

NUMBER COMPARTMENTS 2 TYPE Material Conc

Inside Dimensions: Length 10 ft 2 in Width 5 ft 2 in Liquid Depth 4 ft 6 in

Distance From Well: 100+ ft Dir N Distance from Foundation 9 ft Dir ?

Distance From Lot Line: Nearest 32 ft Dir N Front/Side/Rear

SUBSOIL DISPOSAL:

Effective absorption areas 1165 sq. ft.

Distance From Well: 100+ ft Dir N Distance From Foundation 8 ft Dir S

Distance From Lot Line: Nearest 11 ft Dir N Front/Side/Rear

Type Disposal B Number Lines/Pits 4 Length of each Line Ave Length 46 ft

Distance between lines 6 ft Total Length of Lines 184 ft 11 in

Filter Material G Depth beneath Tile 1 ft 8 in Depth over Tile ___ ft 2 in

Total Width/Diameter 24 ft ___ in Total Length 52 ft ___ in Total Depth 4 ft ___ in

COMMENTS:

ANDREW CONSTRUCTION

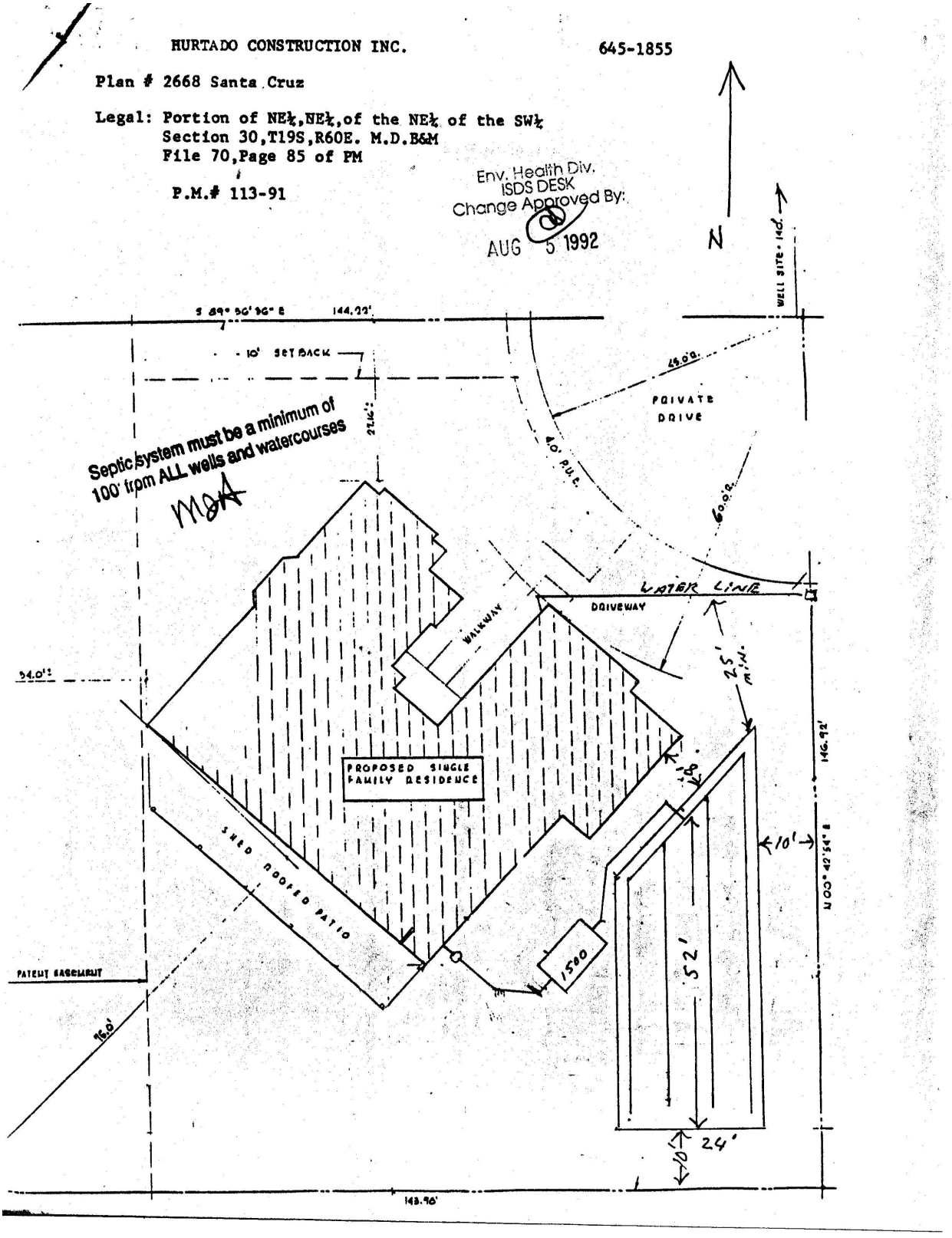
System approved, OK to backfill

NOTE: NO PAVING OR VEHICULAR TRAFFIC ALLOWED OVER INDIVIDUAL SEWAGE DISPOSAL SYSTEM.
THIS INSTALLATION IS APPROVED ONLY UNTIL SEWER IS AVAILABLE.

RECEIVED COPY:	SANITARIAN:	REVIEWED BY:
X Stan Polaski	Ellen Spear	19

REPORT AND NOTICE OF INSPECTION
INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Attachment E: Final Inspection Report and Plot Plan for ON0024214 (Page 2 of 2)



Attachment F: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, September 25, 2025 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by Matthew Vance ("Petitioner"), to allow the existing shed to remain above the existing septic system (SNHD Permit # ON0024214) on the property located at 5965 N Grand Canyon Dr., Las Vegas, NV 89149, APN 125-30-302-010.

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

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by September 24, 2025 to:

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

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

- S -
Karla Shoup, REHS
Acting Director of Environmental Health

September 9, 2025
Date

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH WITH CONDITIONS #1-4, INCLUDING "NO TREES ARE ALLOWED WITHIN TEN FEET (10') OF THE EXISTING SEPTIC SYSTEM" SEPTEMBER 25, 2025

Southern Nevada Health District

Memorandum

Date: September 25, 2025

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

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

Subject: Variance request for an existing septic system, SNHD Permit #ON0015884, located at 3107 Ramrod Street, Las Vegas, NV 89108 to remain underneath the existing driveway.

I. BACKGROUND:

David Tabacznski, Owner ("Petitioner"), is requesting a variance to obtain approval for a Tenant Improvement in accordance with Section 3 of the *Southern Nevada District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* ("SNHD ISDS Regulations") and to allow future building permits to be issued for the property located at Assessor's Parcel Number (APN) 138-14-112-013, also known as 3107 Ramrod St., Las Vegas, NV 89108 ("Subject Property").

Petitioner requests a variance from Section 3.7 of the SNHD ISDS Regulations, which states that a "Tenant Improvement approval request shall be denied if the existing individual sewage disposal system (ISDS) is in violation of any of these Regulations." The existing septic system is currently in violation of Section 11.16 of the SNHD ISDS Regulations.

Petitioner further requests a variance from Section 11.16, which states that "placement of any impervious covering, or any material deemed to be unacceptable to the Health Authority, over the soil absorption system is prohibited." Petitioner would like to proceed with their Tenant Improvement approval request and allow the existing driveway to remain over the septic system.

Petitioner states the following with regards to these requirements:

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

   "Our swimming pool far exceeds the minimum distance requirement between it and our ISDS. Our ISDS remains the same and functions properly as it did during the original install and home construction with the driveway in 1978. There are absolutely no visual nor odor related signs of compromise regarding our driveway and leach field. We had our ISDS inspected at the time of purchase in February 2020. Findings are in good condition."

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

   "We purchased our home in 2020 both for both the circular driveway and classic look. Both remain unaltered since the original install in 1978, at the time of purchase our system was inspected and found to be in good condition and working properly. This would greatly change the original design and classic look of our home/property. And creating financial hardship to remove our driveway that has no and is no posing any issues for well over 40 years."

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

   "We far exceed the minimum distance requirements per SNHD pool requirements. Our ISDS tank is 50 feet away and the leach field is 60+ feet. Both our ISDS and driveway have been in place since 1978 (original construction), and both remain unaltered with our system working properly with absolutely no signs of compromise."

The Subject Property is depicted in Attachment E as Lot 26 of the recorded subdivision known as Rancho Meadows Unit #2, which was approved in 1978. The existing subdivision was created prior to the adoption of the current SNHD ISDS Regulations in 2009 and no changes to the Subject Property have been recorded since adoption of the current regulations. The existing septic system was approved on February 1, 1974. The existing single-family residence was constructed in 1978.

Examination of the Clark County Assessor's records and parcel genealogy show that the Petitioner is the eighth owner of the septic system and obtained the Subject Property in February 2020. An analysis of the surrounding area shows that there are 84 permitted septic systems within a square mile of the Subject Property. There is one Las Vegas Valley Water District (LVVWD) production well, one LVVWD groundwater recharge well, and four quasi-municipal wells within a square mile of the Subject Property. The Subject Property receives water service from LVVWD, which receives water from the Colorado River. The nearest sewer connection point is approximately 440 feet from the Subject Property.

II. RECOMMENDATION:

The concrete driveway covering the leach field limits evaporation from the leach field and prevents oxygen from reaching the soil below the leach field, which is necessary for its proper operation. Additionally, vehicular traffic over the leach field adversely impacts the treatment capabilities of the leach field through soil compaction, which also causes oxygen deficiency. Oxygen deficiency in leach fields can cause premature failure of the leach field and can cause partially treated wastewater to be discharged into the groundwater, which may affect nearby wells and wells downstream of the property.

Staff recommend DENIAL of the variance due to the Subject Property's use of Colorado River Water, the presence of a LVVWD production well within one mile of the Subject Property, the age of the system, and because the driveway covers approximately 60 percent of the leach field area. If the Board of Health approves the variance, staff recommend approval with the following conditions outlined in Section III.

III. CONDITIONS:

1. Petitioner and their successors in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.

2. Petitioner and their successors in interest must abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.

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

4. The applicant and his successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.

Attachments:

A. Variance Candidate Application
B. Justification Letter from the Petitioner
C. Tenant Improvement Review Conducted by SNHD Staff (SR0055994)
D. Final Inspection Report and Plot Plan for ON0015884
E. Subdivision Map of Rancho Meadows Unit No. 2
F. Public Notice

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

Southern Nevada Health District

VARIANCE CANDIDATE WORKSHEET

PART I:

ESTBLISHMENT INFORMATION

Name of Facility/Establishment: Private Residence
Health Permit Number: BLDG BD25-13732 Date of Inquiry: June 16th, 2025
Name of Operator/Agent: David Tabaczynski & Lyndsey Carrizzo
Address of Operator/Agent: 3107 Ramrod St. LAs Vegas, NV 89108
Contact Information of Operator/Agent:
Office Phone: N/A Cell Phone: 702-449-2196
Fax Number: N/A Email Address: djjtab@gmail.com
If corporation, the name/title of individual to sign for Variance document:
Name: David Tabaczynski
Title: Owner

OWNER INFORMATION

Name of Property Owner: David Tabaczynski & Lyndsey Carrizzo
Address of Property Owner: 3107 Ramrod St. Las Vegas, NV 89108
Contact Information of Property Owner: 702-449-2196
Office Phone: 702-449-2196 Cell Phone: 702-449-2196
Fax Number: N/A Email Address: djjtab@gmail.com

PROPERTY INFORMATION

Property Address: 3107 Ramrod St. Las Vegas, NV 89108
Assessor's Parcel Number (APN): APN 138-14-112-013
Describe location within larger facility (i.e. hotel/casino/resort, etc.):
N/A

Describe Variance Issue (s): (Include sections of the Regulation or Nevada Administrative Code that applies to the request for a variance)
Section 2.7.2: "Permission to construct shall be denied if a public or community sewerage system is available within four hundred feet (400') of the nearest property line and can be accessed by a gravity flow line, and is accessible per the sewer authority of jurisdiction."
Tenant improvement section 5.4/3.7

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

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

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

Our swimming pool far exceeds the minimum distance requirements between it and our ISDS.
Our ISDS remains the same & functions properly as it did during the orignial install and home construction with the driveway in 1978
There are absolutley no visual nor oder related signs of compromise regarding our driveway and leach field.
We had our ISDS inspected at the time of purchase in February 2020. Findings are in good condition.

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

We purchased our home in 2020 for both the circular driveway and classic look. Both remain unaltered since the orignal install in 1978, at
the time of purchase our system was inspected and found to be in good condition and working properly.
This would greatly change the original design and classic look of our home/property.
And creating finiancial hardship to remove our driveway that has not and is not possing any issues for well over 40 years.

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

We far exceed the minimum distance requirements per SNHD pool requirements.Our ISDS tank is 50 feet away & the leach field is 60+ feet.
Both our ISDS and driveway have been in place since 1978 (original construction), and both remain unaltered with our system
working properly with absolutely no signs of compromise.

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

NAC 439.240 Approval by State Board of Health. (NRS [illegible])

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

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

PART III:

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

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

This section to be completed by SNHD staff ONLY

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

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

Attachment B: Justification Letter from Petitioner

Justification/Hardship Letter

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

From: David Tabaczynski & Lyndsey Carrizzo
3107 Ramrod St.
Las Vegas, NV 89108

Re: Parcel # APN 138-14-112-013

To whom this may concern:
I hereby make an application and petition the Southern Nevada District Board of Health for a variance to regulations Governing Individual Sewage Disposal & Liquid waste Management Section 5.4 / 3.7 and Nevada Department of Environmental Protection Policy.
We request the stipulation on our pool permit requiring us to remove our circular driveway be removed. Our swimming pool's location far exceeds SNHD minimum requirements. As our pool is in our backyard and the ISDS is in the front yard, the distance between our tank and the pool is 50' and the leach field is over 60' away,

Yes, the driveway is over a portion of our leach field, both were installed during the original construction of the home in 1978. We purchased our home in February 2020, had our ISDS inspected at the time of purchase and the findings confirmed the system is in good condition, working properly and, to this day, continues to function with absolutely no signs of compromise regarding our driveway. Removal of the said driveway would change the original design and classic look of our home.

We thank you for your time and understanding.
Sincerely,

David Tabaczynski
702-449-2196
djjtab@gmail.com

Lyndsey Carrizzo

Attachment C: Tenant Improvement Review by SNHD Staff (SR0055994) (Page 1 of 4)

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

REPORT AND/OR NOTICE OF INSPECTION

EHS	PERMIT NUMBER	FACILITY		ADDRESS	
2177	ON0015884	TABACZYNSKI DAVID ALLEN and CARRIZZO LYNDSEY ELAINE		3107 Ramrod ST Las Vegas, NV 89108	
DIST	CITY	APN #		SR #	WATER SOURCE
06	Las Vegas	138-14-112-013		SR0055994	Public Water System
CURRENT ACTION	Service Date	Status	Time In / Time Out	Result	
628	04/29/2025	90	14:40 / 15:30	33	

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

NOTIFIED OF THE FOLLOWING

The tenant improvement for the pool and spa with no additional plumbing is CONDITIONALLY APPROVED.

The pool and pool equipment meet the required setback from the septic system.

However, compliance issues have been observed and conditions have been placed. If these conditions are met, the tenant improvement may be re-evaluated for re-approval.

1. In compliance with Section 11.16 of the Individual Sewage Disposal Systems and Liquid Waste Management Regulations, "The placement of any impervious covering ... over the soil absorption system is prohibited." The driveway currently exists of the septic tank and parts of the leach field.

   The permit for the updated site plan can be released but PLACE A HOLD ON THE FINAL INSPECTION.

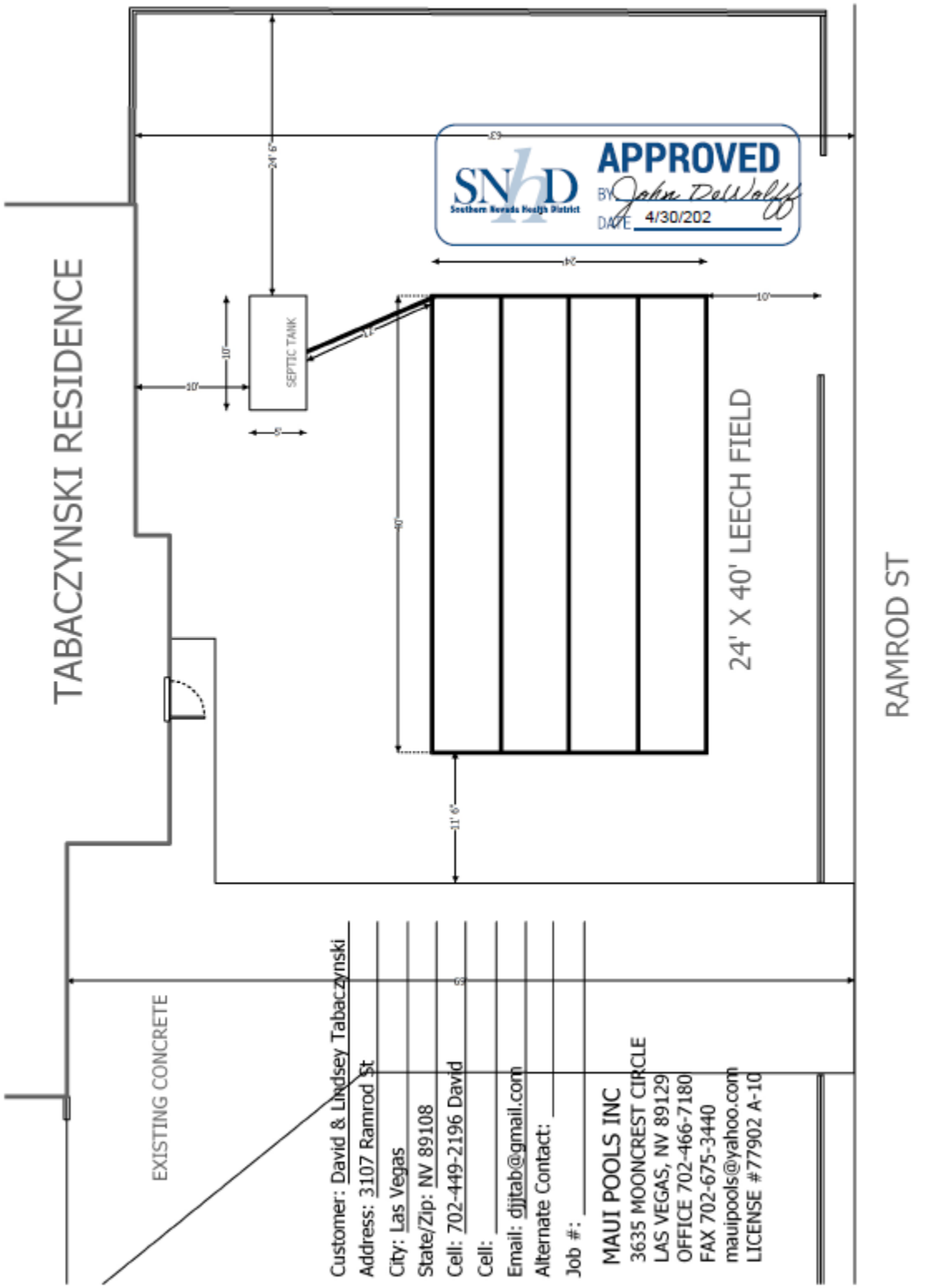
RECEIVED BY: Michael McDuffy via email

ENVIRONMENTAL HEALTH SPECIALIST: Sarah George

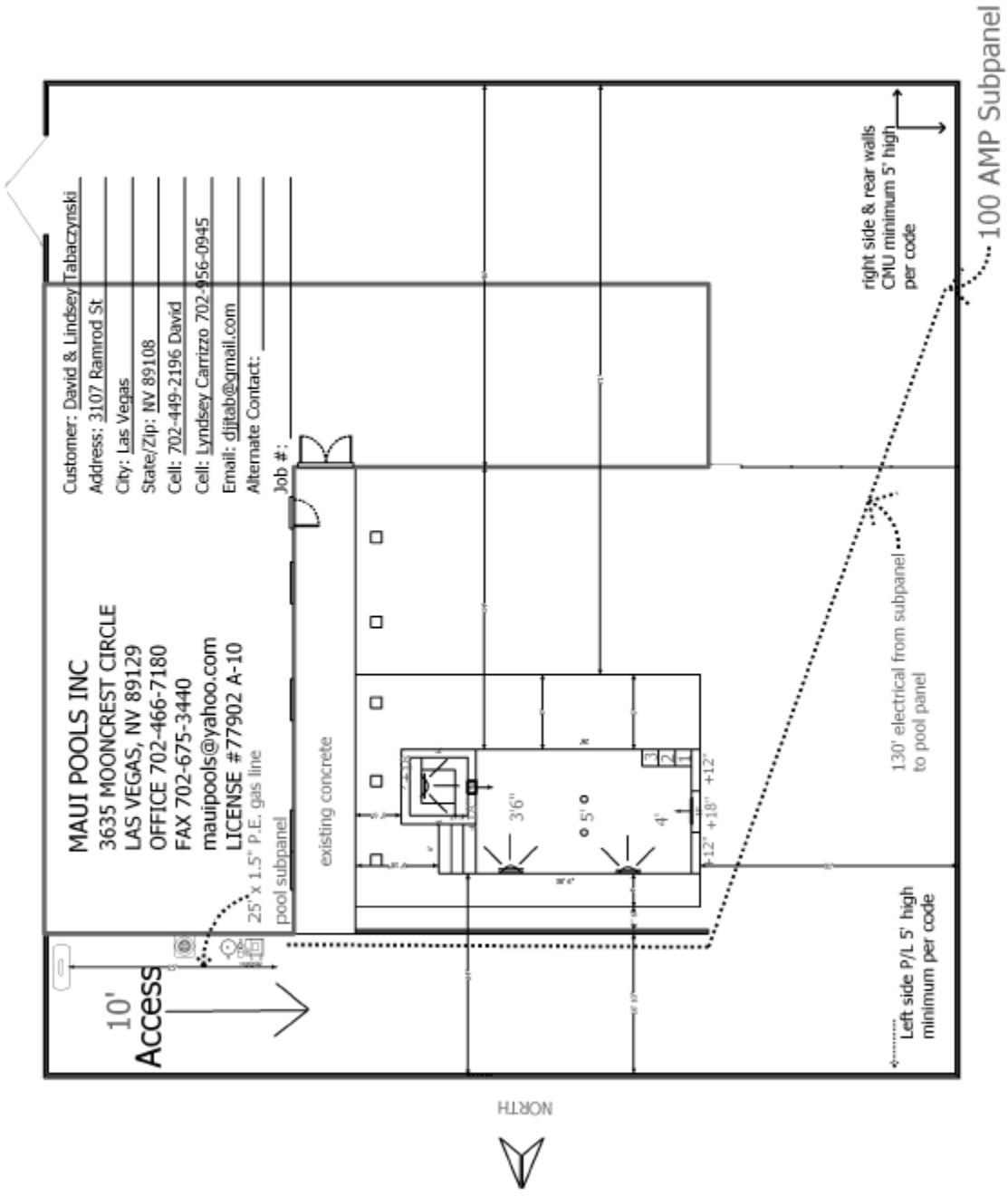
SNHD Southern Nevada Health District APPROVED
Digitally signed by John DeWolff
Date: 2025.04.30 13:05:46 -07'00'

7406.rpt 1.0.1.03.00

Attachment C: Tenant Improvement Review by SNHD Staff (SR0055994) (Page 2 of 4)



Attachment C: Tenant Improvement Review by SNHD Staff (SR0055994) (Page 3 of 4)



Attachment C: Tenant Improvement Review by SNHD Staff (SR0055994) (Page 4 of 4)



Attachment D: Final Inspection Report and Plot Plan for ON0015884 (Page 1 of 2)

CLARK COUNTY HEALTH DISTRICT
625 SHADOW LANE ♦ LAS VEGAS, NEVADA 89106

PERMIT NO.	ADDRESS	CITY - TOWN
S 8132	3107 Ramrod	Las Vegas 09

DATE SCH'D. ACT.	NAME	TYPE ESTAB.	CAPACITY	DATE PREV. INSP.	DIST.
3/2/78	Grogan, Don	080081			06

APPLICANT NAME

ACTION ORDER ▶ 5

NOTIFIED OF THE FOLLOWING

REQUESTED FINAL INSPECTION

1200 gal. 935 Sq. ft.

Crust Approved - OK to backfill

DATE OF INSPECTION	T F I	SANITARIAN
3/2/78	8	17

ACTION

CODE	DATE
2	3/2/78

RECOMMENDED

RECEIVED COPY | PUBLIC HEALTH SANITARIAN | REVIEWED BY | PAGE 1 OF

REPORT AND NOTICE OF INSPECTION

SEPTIC TANK:
Number of Compartments _____. Type of Material Neo Pre Cast
Inside Dimensions: Length 10 ft.; Width 5 ft.; Liquid Depth 3.5.
Total Liquid Capacity 1200 gals. Distance from Well _____ ft.

SUBSOIL DISPOSAL:
Distance from Well ON LVVWD ft. Distance from Foundation 15 ft.
Distance from Nearest Lot Line 10 ft. at Front X, Side ___, Rear ___.

Seepage Beds:
Width 24 ft.; Length 40 ft.; Total Depth 4 ft.
Total effective absorption area in bottom of bed 960 sq. ft.
Number of Lines 4. Length of each line 24 ft.
Distance between lines 6 ft. Total length of tile lines 126 ft.
Type of filter material: Gravel X, Broken Stones ____, Other _____.
Depth of filter material beneath tile 16 ft. Over tile 16 ft.

Absorption Trenches:
Total length of tile lines _____ ft. Number of lines _____.
Length of each line _____ ft. Distance between lines _____ ft.
Trench width _____ ft. Total effective absorption area on sides of trenches _____ ft
Depth of filter material beneath tile _____ ft.; Over tile _____ ft.

Seepage Pits:
Number of pits _____. Diameter _____.
Effective Depth _____ ft. Lining Material _____.
Total effective absorption area of side wall _____.

DATE OF APPROVAL: 3/2, 1978.

Sanitarian

NOTE: INSTALLATION APPROVED ONLY UNTIL SEWER AVAILABLE.

Attachment D: Final Inspection Report and Plot Plan for ON0015884 (Page 2 of 2)

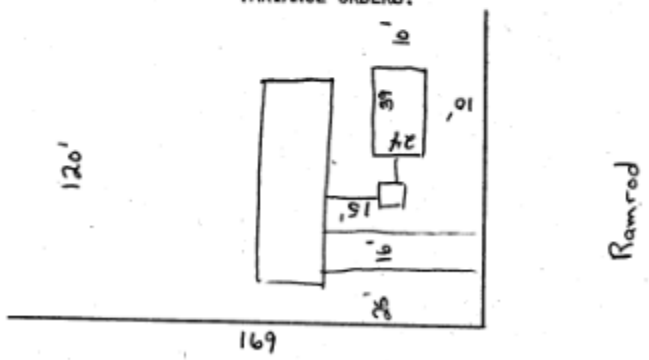
CLARK COUNTY HEALTH DISTRICT
Las Vegas, Nevada
APPLICATION TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: S 8 1 3 2
1 DISTRICT: 06
2 BILLING CITY CODE: 09
3 PROPERTY OWNER NAME: Grogan, Don
4 APPLICANT NAME: Same
5 PROPERTY LEGAL DESCRIPTION: NW Sec 14 T20 R60
6 STREET NO. / FRACTION / DIRECTION / STREET NAME / TYPE ROAD: Lot #26 Ramrod
7 CITY / ZIP CODE: Las Vegas
8 PHONE: PREFIX / NUMBER / EXTENSION / AREA CODE: 870 8222
9 SEPTIC TANK CONTRACTOR / TYPE OWNER: C & C Const
10 WATER SUPPLIER: LVVWD - Lee
11 SANITATION DISTRICT VERIFICATION: Stormy
12 APPLICANT/OWNER FREE FORM ADDRESS
13 STREET NO. / FRACTION / DIRECTION / STREET NAME / TYPE ROAD: 3000 W Charleston Suite 4
14 CITY / STATE / ZIP CODE: Las Vegas NV
15 PHONE: AREA CODE / PREFIX / NUMBER / EXTENSION
16

17 TYPE CODE / CATEGORY
18 TOTAL FIXTURE UNITS: 22
19 SUBDIVISION: Rancho Meadows Unit #2
20 MINIMUM SEPTIC TANK SIZE: 1200
21 MINIMUM LEACH FIELD SIZE: 935
LAND AREA: 20,280 120 X 169
23 TOTAL BEDROOMS/BATHS: 4 BDRMS 2 BATHS
24
25
26 WATER SUPPLY CONTROL NO. / TYPE
27 PARCEL NUMBER: 29 51 2
28 PERMIT STATUS / EXPIRATION DATE: 7/13/78
29 R# 76919
30 PREPARED BY: B. Glenister
31 APPROVED BY

IN THE SPACE PROVIDED BELOW DRAW A LAYOUT OF YOUR PROPOSED SEWAGE DISPOSAL SYSTEM. INCLUDE ALL PROPERTY LINES, WATER COURSES, WELLS, BUILDINGS, SWIMMING POOLS, TREES, WATER LINES, STREAMS, AND EXACT DISTANCE IN FEET.

FIXTURE	UNITS	NO.	TOTAL
WATER CLOSETS	6 ea	2	12
BATHTUBS	2 ea	1	2
SHOWERS	2 ea	1	2
DOUBLE LAVATORIES	2 ea		
SINGLE LAVATORIES	1 ea	2	2
KITCHEN SINK/ DISHWASHER	2 ea	1	2
CLOTHES WASHER	2 ea	1	2
OTHER:	ea		
	ea		
	ea		



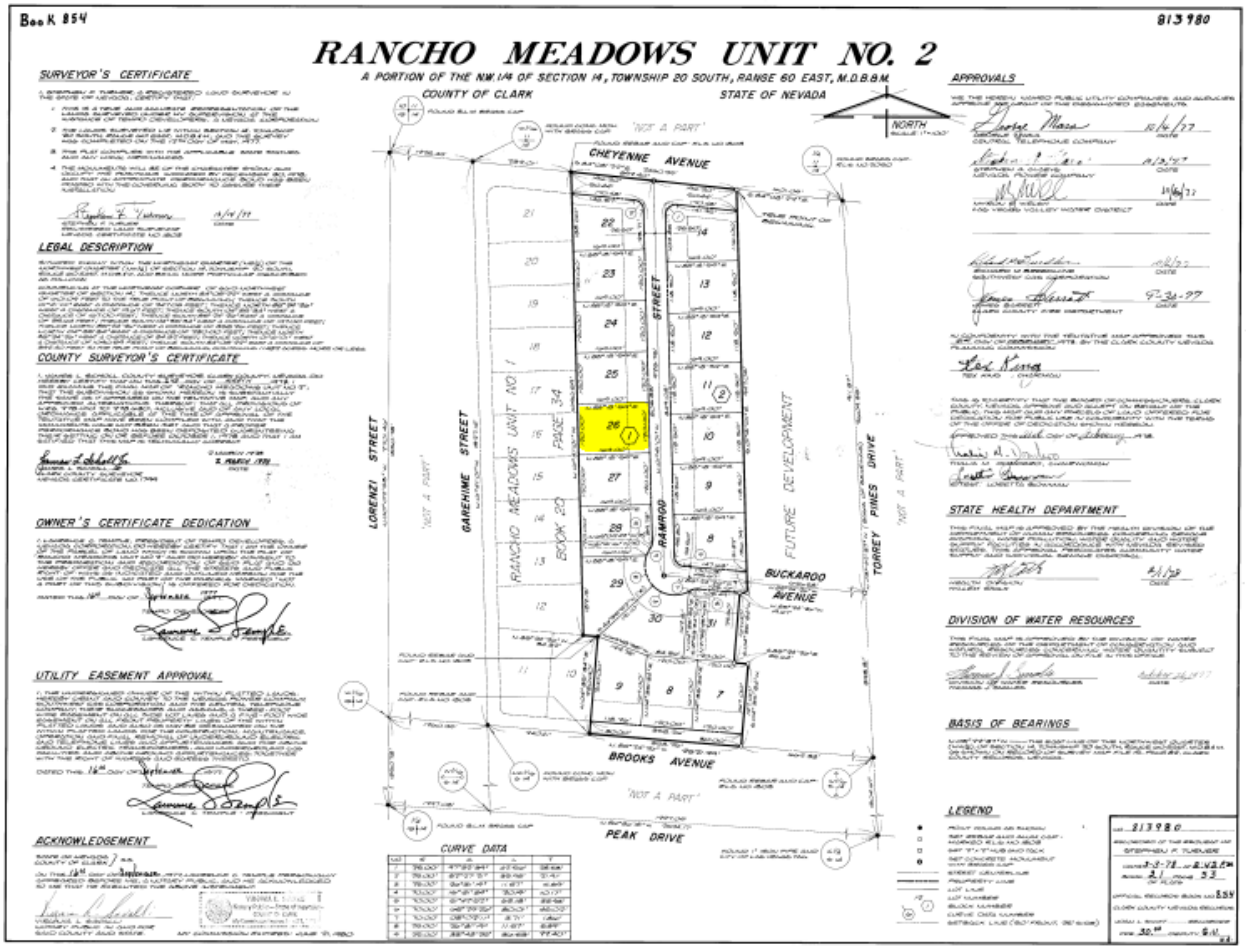
LOCATION OF LOTS APPROVED BASED ON PLAT MAP PRESENTED BY APPLICANT THIS DATE AND SUBJECT TO RELEASE OF EXISTING PATENT EASEMENTS OF RECORD, IF ANY.

APPLICATION APPROVED BY

D. R. Grogan
APPLICANTS SIGNATURE

EN 2/76

Attachment E: Subdivision Map of Rancho Meadows Units No. 2



Attachment F: Public Notice

PUBLIC NOTICE

The Southern Nevada District Board of Health will conduct a PUBLIC HEARING on Thursday, September 25, 2025 at 9:00 AM during its regular monthly meeting in the Red Rock Conference Room at the Southern Nevada Health District at 280 S. Decatur Blvd., Las Vegas, Nevada, to approve or deny a variance request filed by David Tabaczynski ("Petitioner"), to allow an existing concrete driveway to remain above the existing septic system (SNHD Permit # ON0015884) on the property located at 3107 Ramrod St., Las Vegas, NV 89108, APN 138-14-112-013.

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

All interested persons may appear at the hearing and state their positions. All written and oral submissions will be considered by the Southern Nevada District Board of Health. Written comments must be forwarded by September 24, 2025 to:

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

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

- S -
Karla Shoup, REHS
Acting Director of Environmental Health

September 9, 2025
Date

DATE: September 25, 2025

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer

SUBJECT: District Health Officer Report

COVID-19 Vaccine update

Recommended seasonal vaccines are now available at Southern Nevada Health District Immunization Clinics. As of September 11, the Health District has received updated COVID-19 vaccines for clients 5 years and older with private insurance and for adults with Medicaid. Updated COVID-19 vaccines for uninsured and underinsured individuals and those that receive vaccine from the Vaccines for Children (VFC) program or the federal Section 317 program will be available once they can be ordered following the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) meeting later this month. Flu and RSV vaccines are currently available for eligible individuals.

Clients with private insurance are advised to confirm coverage with their health insurance provider. Vaccines for people without insurance or who are underinsured is expected in the coming weeks.

Flu and RSV vaccine and RSV monoclonal antibodies are also available at Health District clinics for recommended and eligible groups.

Seasonal vaccines are available at all Health District Immunization Clinics by appointment. Most health plans, including Medicare and Medicaid, cover recommended vaccines. Uninsured children and adults may qualify for free vaccines through VFC or Section 317. To make an appointment, go to www.snhd.info/immunizations or call (702) 759-0850.

Clinic locations:

- Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107
- East Las Vegas Public Health Center, 2950 E. Bonanza Rd., Las Vegas, NV 89101
- Henderson Public Health Center, 220 E. Horizon Dr., Suites A & C, Henderson, NV 89015
- Mesquite Public Health Center/Jimmie Hughes Campus, 150 N. Yucca St., Suites 3 & 4, Mesquite, NV 89027

More information about clinic hours and services: www.southernnevadahealthdistrict.org/about-us/maps/

Childhood Obesity Awareness Month

September is Childhood Obesity Awareness Month, an opportunity to highlight how families can support healthier habits and help children grow up strong. The Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion, in partnership with the Partners for a Healthy Nevada Coalition, encourages families to adopt the 5-2-1-0 guidelines—a set of simple, science-backed steps that can make a big difference in kids' long-term health.

The 5-2-1-0 daily guidelines are easy to remember and even easier to start:

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

These healthy habits aren't just for children—they benefit the whole family. Throughout September, the Health District and its partners will host events and resources to help families get started. The Get Healthy Clark County website and the Spanish-language Viva Saludable offer activities, tools and ideas to support family wellness goals.

Obesity is a complex, chronic disease that often begins in childhood. In Clark County, about one in six high school students has obesity, and about one in three Nevada kindergartners starts school either overweight or living with obesity. Children with obesity are more likely to develop serious, long-term health issues such as type 2 diabetes, heart disease or high blood pressure later in life.

Nationally, nearly 20% of children and teens — about 14.7 million — have obesity. The prevalence of obesity is even higher in some racial and ethnic groups, underscoring the role of broader factors like access to nutritious foods, safe places to play, housing stability and quality education. For example, 26% of Hispanic children and 25% of non-Hispanic Black children in the United States have obesity, compared with 17% of non-Hispanic white children and 9% of non-Hispanic Asian children.

The Health District offers free, local resources available to help families take the first step toward healthier living. To learn more, visit GetHealthyClarkCounty.org or https://vivasaludable.org/, or call (702) 759-1270.

Nevada State University Becomes a Tobacco-free Campus

On Monday, August 25, the first day of the fall semester, Nevada State University joined more than 2,100 colleges and universities nationwide—including the University of Nevada, Las Vegas and the University of Nevada, Reno—that have adopted 100% tobacco-free campus policies.

The smoke-free and tobacco-free campus policy, approved by Nevada State University (NSU) leadership in spring 2025, applies to all students, faculty, staff and visitors on campus property. This includes all indoor and outdoor campus spaces, sidewalks, parking lots and university-owned or leased vehicles.

This initiative is led by the Breathe with Ease team, part of the university's Sustainability Council, in collaboration with the Southern Nevada Health District, Truth Initiative and a coalition of campus and community partners. These include Nevada State University's Finance and Business office, Division of Culture, Planning & Policy, Student Association, Faculty Senate, Classified Employees and Grant Awards office as well as the Nevada Cancer Coalition, Nevada Tobacco Control & Smoke-Free Coalition, American Lung Association, American Heart Association, American Cancer Society Cancer Action Network, Nevada Minority Health & Equity Coalition and the Nevada Public Health Association.

The policy prohibits all forms of smoking, tobacco use, marijuana use and nicotine products, including but not limited to:

- Cigarettes and cigars (commercially or self-rolled)
- Pipes, hookahs and water pipes
- Electronic smoking devices, including electronic cigarettes and vape pens
- Bidis (hand-rolled, flavored cigarettes) and kreteks (clove cigarettes)
- Smokeless tobacco (such as snuff, snus and chew)
- Cannabis/marijuana in all forms

While the policy does not require individuals to quit smoking or using tobacco products, NSU is committed to supporting those who wish to stop. Free cessation resources are available through the Nevada Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669) or nevada.quitlogix.org. Visit the NSU website at www.nevadastate.edu/policy/current/tobacco-electronic-smoking-devices-on-university-premises/ to learn more about its policy and access resources on how to quit.

International Overdose Awareness Day

The Southern Nevada Health Consortium hosted the 9th Annual International Overdose Awareness Day event on Saturday, August 30, at the Foundation for Recovery, located at 4800 S. Alpine Place, Las Vegas, NV 89108. The event honored those who have died or suffered permanent injury from overdose, reduced stigma surrounding drug-related deaths, and raised awareness about overdose prevention and drug policy.

The event was open to the public and featured local vendors, overdose prevention training, naloxone distribution, food, and live entertainment. A vigil was held to remember lives lost and celebrate those who have survived an overdose. A speaker panel also shared personal stories, including perspectives from a family member, a first responder, and a survivor. A "Soles for Souls" exhibit displayed shoes representing individuals who died from overdose in the past year. Attendees were encouraged to donate shoes, which were given to local charities. Sponsors for this year's event were the Southern Nevada Health Consortium, Southern Nevada Health District, Comprehensive Treatment Centers, Southern Nevada Harm Reduction Alliance, the Foundation for Recovery and the PACT Coalition.

Overdose Statistics in Clark County

In 2024, Clark County reported 802 confirmed drug overdose deaths, representing a nearly 16% increase compared to 2023. Opioids, both prescription and illicit, were involved in 67.5% of these fatalities. Since 2018, the opioid-involved overdose mortality rate has increased by 115%, reaching 22.3 deaths per 100,000 residents in 2024. The highest burden was concentrated in ZIP code 89101 with a mortality rate of 120 deaths per 100,000 residents. Fentanyl remains the primary driver of the local opioid epidemic, with fentanyl-related deaths increasing 92.7% between 2020 and 2023.

Surveillance data indicate that the fatal overdoses peaked during the summer months (June-August) and were lowest in November. Demographic distribution shows that men accounted for 70.2% of overdose deaths, and the largest proportion of cases occurred among non-Hispanic white individuals.

For more information on substance use in Southern Nevada, visit the Health District's Substance Use Dashboard.

Community Meetings

Week ending 08/31:

Biweekly:

- Attended the CDC Response All-STLT Update call
- Facilitated one-on-one meetings with Direct Reports (Gonzales, Mangla, Nicolson, Pickering, Saxton, Smith, Trujillo)
- Attended the SNHD/Accela Executive Touchpoint call

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting with Councilwoman Brune, Councilwoman Gallo, Councilwoman Summers-Armstrong, Commissioner Becker, Scott Nielson, Councilwoman Larson, Mayor Hardy
- Participated in the Informatics Department leadership meeting
- Participated in the Nevada Association of Local Health Officials (NALHO) meeting
- Participated in the Southern Nevada District Board of Health meeting
- Participated in the Local Health Official Monthly Engagement meeting facilitated by National Association of County and City Health Officials (NACCHO)
- Participated in the 2nd BCHC Monthly Member meeting

Quarterly:

- Participated in the Environmental Health Managers meeting

Professional Development/Conferences:

- Attended the "EIS Supervisor Seminar: Surveillance CAL, DWD Quality Science Standards, eFMS Activity Review Demo" facilitated by the CDC

Week ending 08/24:

Biweekly:

- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Trujillo)
- Attended the SNHD/Accela Executive Touchpoint call

Monthly:

- Participated in the Nevada Public Health Association (NPHA) Coordination call
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the individual Southern Nevada District Board of Health Agenda Review meeting Mayor Pro Tem Black and Commissioner Kirkpatrick
- Participated in the Clark County Medical Society Board of Trustees meeting

Bimonthly:

- Participated in the Southern Nevada Community Health Center Finance and Audit Committee meeting

Quarterly:

- Participated in the Las Vegas BioWatch Advisory Committee (LVBAC) meeting

Media/Interviews/Panelist/Presenter/Events:

- Speaker at the Barbershop (BSHOP) and Beauty Shop (BeSHOP) Partner Training and Appreciation Luncheon

Professional Development/Conferences:

- Attended the "Navigating Landmark Policy Changes: Strategic Responses to the Impact of the One Big Beautiful Bill" webinar facilitated by Thomson Reuters

Ad-hoc Meetings:

- Attended a meeting with Dr. Frank Nemec, Dr. Brad Isaacs (Clark County Medical Society) and Emily Carter (4th year student at the Kirk Kerkorian School of Medicine) regarding Graduate Medical Education Trends
- Attended an internal meeting regarding the ISDS Business Impact Statement and Proposed Regulations

Week ending 08/17:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Gonzales, Mangla, Saner, Smith, Trujillo)
- Attended the CDC Response All-STLT Update call
- Attended the SNHD/Accela Executive Touchpoint call

Bimonthly:

- Presented at the Senior Manager meeting

Quarterly:

- Participated in the EIS Supervisory Team meeting

Ad-hoc Meetings:

- Attended a meeting with Amy Hyne-Sutherland (NACO) regarding Foundational Public Health Services (FPHS) capacity and cost assessment tools to determine FTE gaps
- Attended a planning meeting with Nevada GrantLab regarding participation in a healthcare provider convening in Las Vegas, the week of September 22
- Attended an internal meeting regarding the financial implications of the FQHC and recent HRSA changes
- Attended an internal meeting regarding the Informatics team developing (i) an online incident form, (ii) a finance dashboard, and (iii) an asset map.
- Attended the Nevada Health Authority, Nevada Medicaid 1115 SUD Demonstration Waiver Post Award Forum

Week ending 08/10:

Biweekly:

- Facilitated the Health Executive Council meeting, which included the inaugural Gemba Walk
- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Saxton, Smith, Trujillo, Zhang)
- Attended the CDC National Measles Response call
- Facilitated the EIS check-in meeting
- Attended the SNHD/Accela Executive Touchpoint call

Monthly:

- Participated in the Monthly Leadership Finance meeting
- Participated in the BCHC Monthly Member meeting, that included a public benefit presentation with the National Immigration Law Center

Professional Development/Conferences:

- Attended the “Care Plan Training for District Health Officer” facilitated by eClinicalWorks
- Attended the “Clinical Implications of Medetomidine Mixed with Opioids” webinar facilitated by the CDC’s Division of Overdose Prevention

Ad-hoc Meetings:

- Attended a meeting with Dr. Casey Barber and Dr. Daniel Gerrity (Southern Nevada Water Authority), Dr. Edwin Oh (UNLV) and representatives from SNHD regarding public health surveillance/response for substance use (Year 2 of the Fund for a Resilient Nevada Opioid Wastewater Monitoring)

- Facilitated an internal meeting regarding recruitment and retention challenges in public health positions
- Attended a meeting with Nevada GrantLab regarding participation in a healthcare provider convening in Las Vegas, the week of September 22
- Participated in a meeting with SNHD Board of Health Chair MPT Scott Black
- Facilitated an internal meeting regarding measles
- Attended a meeting with Congresswoman Dina Titus to discuss public health programs and public health infrastructure
- Attended an internal meeting regarding the Workforce Development Plan
- Attended an internal meeting regarding the SNCHC A3 Project
- Facilitated an internal meeting regarding primary care needs
- Attended the Executive Sync meeting with SNHD and Accela

Short-Term Rental Overview

Environmental Health Division

September 25, 2025

What is a Short-Term Rental (STR)?

Short-Term Rentals:

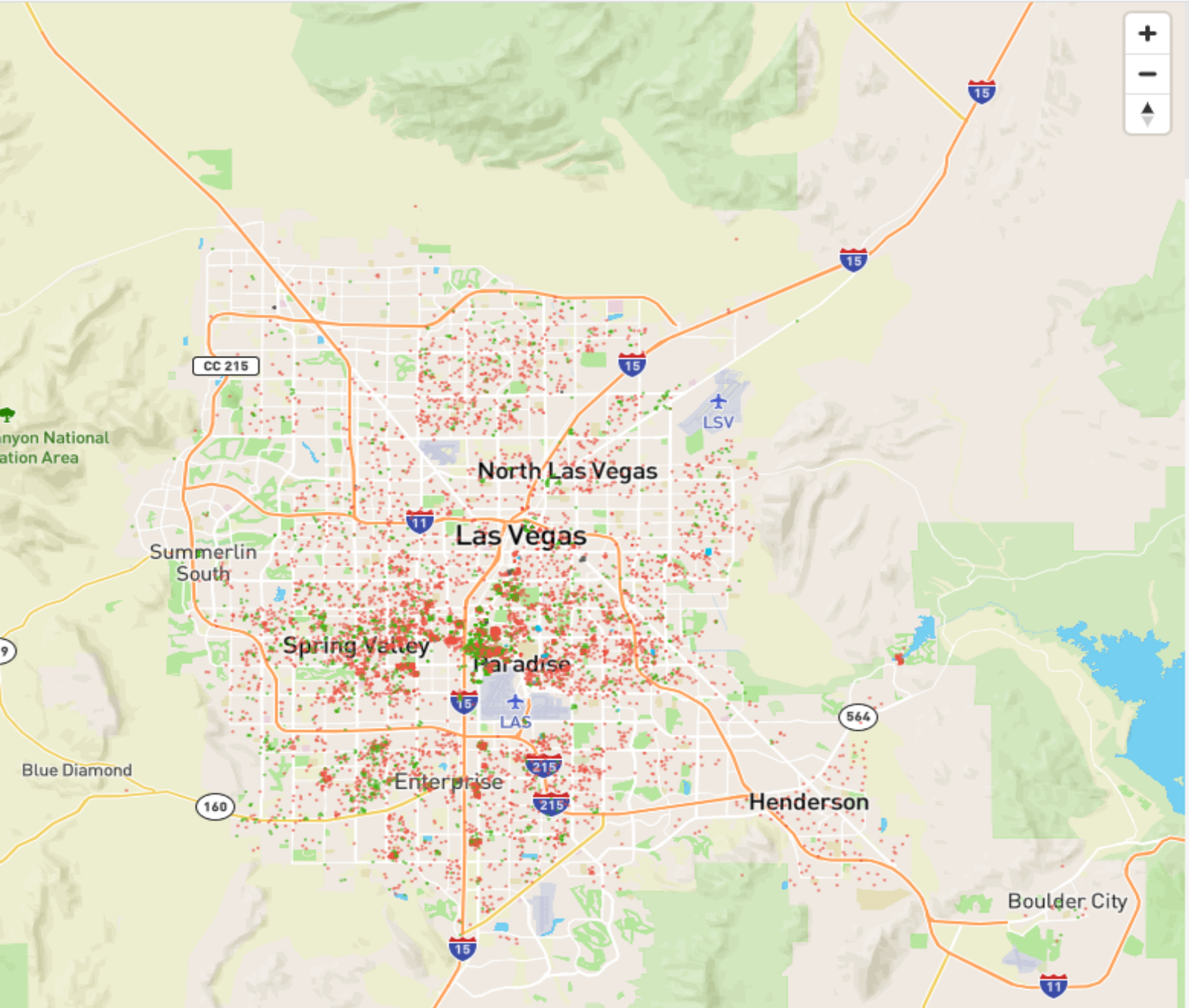
A permanent residential unit (house) or room within a residence that is commercially available to rent for 30 days or less.

NRS 268:

Authority for cities and towns to regulate and tax short-term rentals.

General Information:

Average length of stay = 4-5 days



Clark County, NV

Filter by:

Clark County, NV

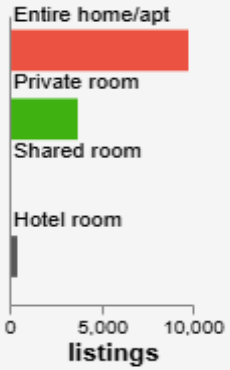
14,061
out of **17,891** listings (78.6%)

Room Type

☐ Only entire homes/apartments

Airbnb hosts can list entire homes/apartments, private, shared rooms, and more recently hotel rooms.

Depending on the room type and activity, a residential airbnb listing could be more like a hotel, disruptive for neighbours, taking away housing, and illegal.



69.9%
entire homes/apartments

9,827 (69.9%)
entire homes/apartments

3,776 (26.9%)
private rooms

73 (0.5%)
shared rooms

385 (2.7%)
hotel rooms

Activity

☐ Only recent and frequently booked

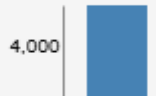
The minimum stay, price and number of reviews have been used to estimate the number of **nights booked** and the **income** for each listing, for the last 12 months.

Is the home, apartment or room rented frequently and displacing units of housing and residents? Does the income from Airbnb incentivise short-term rentals vs long-term housing?

68
average nights booked

$529
price/night

$10,884
average income



Short-Term Rentals by Jurisdiction*: 1,233

	Clark County	Las Vegas	North Las Vegas	Henderson	Mesquite
Licensed STRs	225	264	217	274	243
Annual Fees	$750 / $1,500 $150 inspection	$500	$900	$848	$50 / unit
Inspection Frequency	Initial	Initial	Reactive Only	Annual	None
Complaint Investigations (Illegal, etc.)	Yes	Yes	Yes	Yes	Yes

*Boulder City currently does not permit STRs

Common Requirements:

- Smoke Alarms
- Carbon Monoxide Detectors
- Fire Extinguishers
- Trash
- Noise (no parties)
- Plumbing & Electrical
- Pool Safety (gates and alarms)
- Access and Egress
- Parking
- Evacuation Map

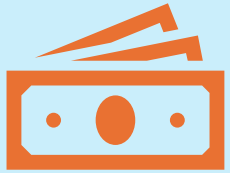
Additional Considerations

- Illegal STR response is significant with Unincorporated estimating over 7,000 unlicensed STRs and issuing citations with fines from $1,000 – $10,000 per day.

- STR permits are capped based on current jurisdictional spacing requirements – Illegal STRs will likely continue to increase.

- Several large hotel / condo properties with individually owned rooms offered to the public through a rental platform.
  - Not regulated under the PA permitting & may be exempt from STR by NRS 268.09791 section 2.

Hurdles for SNHD Involvement



Unfunded Office

No existing fee schedule

Fees dependent upon SNHD involvement



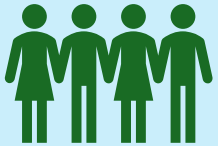
Funding to develop program

Registration with Complaint Response Only

- Operational Standards
- Fee Schedule
- Application

Regulatory Process with Annual Inspections

- Develop Regulations (Aquatic and Food)
- No current existing regulatory standards
- Construction standards – Plan Review
- Permit to Operate
- Facility Access – Room closures



Estimated staffing requirements

Supervisor, Sr Admin, SR EHS, 7 EHS

Scope of SNHD involvement

(illegal STRs)

Landlord Tenant Disputes

SNHD

- Does not have jurisdictional enforcement over rental housing
- Maintains a LLT Web Page describing Tenants rights under NRS 118A – Civil Law Proceeding
- Letter templates for Essential and Non-Essential services issues (English and Spanish)

UNLV

- Maintains a LLT hotline (702) 895-1971 to discuss tenant complaints and rights

Nevada Legal Services - Tenant's Rights Center

- Free civil legal services and education on a variety of landlord tenant matters to tenants

Staff Recommendations

Jurisdictions maintain Licensing, Safety and Nuisance oversight of STRs under their existing ordinances.

SNHD maintains the current resources for Landlord/Tenant disputes.

MEMORANDUM

Date: September 25, 2025

To: Southern Nevada District Board of Health

From: Kim Saner, J.D., M.A., SPHR, *Deputy District Health Officer-Administration*
-on behalf of Kim Saner
Cassius Lockett, PhD, *District Health Officer*

Subject: **Administration Division Monthly Report – August 2025**

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Executive Summary

The Office of Communications issued six News Releases and ran multiple public health campaigns, including Beat the Heat, and Fight the Bite. Facilities completed the clean-up of the NCS North and South facility cubes in anticipation of removal. Health Cards served 11,846 total clients, including 2,482 clients renewing online, and established a plan on notifying industry regarding the upcoming fee increases. The Information Technology Department continues to prepare the mobile wallet version of the Food Handler and Body Art Cards, with an anticipated launch in January 2026. As of August 29, 2025, the Health District had 808 active employees. Human Resources posted seven employment opportunities, held 21 interviews, extended five job offers, and onboarded one new hire. There were eight terminations, including one retirement. There were two promotions, including five flex-reclasses, along with one demotion and one transfer. Staff participated in the Clark County Public Service Career Fair, which was their biggest event yet. This

year, the event welcomed a record-breaking 2,700+ attendees, a huge leap from the fewer than 300 attendees when it was first launched in 2022.

Office of Communications

News Releases Disseminated:

- Southern Nevada Community Health Center celebrates National Health Center Week August 3-9
- Measles virus detected in Clark County wastewater
- Sixth annual Substance Misuse and Overdose Prevention Summit set for August 14
- Youth vaping in Southern Nevada remains a persistent public health threat
- Nevada State University to become a tobacco-free campus this fall
- Community to honor lives lost and promote prevention on International Overdose Awareness Day

Press:

- National Health Center Week
- Mosquito surveillance and West Nile virus
- Back-to-school immunizations
- Youth vaping
- Overdose crisis

Five hundred eighty-eight news clips related to the Health District, local news coverage, and national coverage of public health topics were compiled in August. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at 202508-PI-Report.pdf.

Advertisements, Projects Completed and Social Media Summary:
In August, the Office of Communications ran multiple public health campaigns, including Beat the Heat and Fight the Bite. Staff developed print materials for the Healthy Start Program and continued supporting the Health Equity team by creating training materials for the Youth Advisory Council. The Office of Communications responded to 83 public information email inquiries addressing Health District programs and services, vaccine clinic requests, health fair invitations, complaints and more. Additionally, staff received 68 internal project requests including graphic design, website content, photography, advertising, marketing, outreach materials and translation services. Staff developed website content for the Southern Nevada Post Overdose Response Team and updated the Health District websites, including SNHD.info, SNCHC.org and GetHealthyClarkCounty.org.

On social media, staff focused on promoting the Strip Club (fentanyl and xylazine test strips), Southern Nevada Strong 2050, Beat the Heat, Your Shot, Fight the Bite, cooling stations, World Mosquito Day, back-to-school immunizations, substance misuse overdose prevention, Public Service Career Fair, National Health Center week, booster seat event, Credible Mind, walking audit and Board of Health recognitions.

Community Outreach and Other:

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 5

- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 213

Legislative Affairs Update:

- Drafted the annual report to the Legislative Counsel Bureau (LCB) summarizing use of funds appropriated through SB118 (2023 legislative session) for FY25

Meetings and Events of Note:

- August 4: Back-to-School flyer distribution (Flamingo Library, YMCA Buffalo/Centennial Library and Silverado Recreation Center)
- August 6, 2025: Fremont Public Health Center Booster Seat Event
- August 6: Behavioral Health Association of Nevada Legislative Recap
- August 7: Senior Resource Fair/Intermountain Health
- August 7: Board of Examiners
- August 11: Meeting with NACO to discuss Foundational Public Health Services Capacity and Cost Assessment Tool
- August 12: PCA/CHC Federal Political and Policy Updates Webinar
- August 12: Nevada Health Workforce Research Center Webinar Series: Moving the Needle and A review of health workforce legislation from the 2025 Nevada Legislative Session
- August 12: Utilizing Social Media to Promote Adolescent Immunization webinar
- August 13: Monitored Interim Finance Committee Meeting
- August 14: 6th Annual Southern Nevada Substance Misuse and Overdose Prevention Summit
- August 20: School Traffic Safety Working Group Kick-Off
- August 21: BCHC Policy Group meeting
- August 21: Nevada Public Health Association Advocacy and Policy Committee
- August 21: Partners for a Healthy Nevada legislative session wrap up and federal updates presentation
- August 26: Public Relations Society of America Panel Discussion
- August 27: Nevada Primary Care Association Policy Committee
- Meetings related to State Public Health Funds and SB118 reporting

Please see Appendix A for the following:

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

Facilities

Monthly Work Orders	Aug 2024	Aug 2025		YTD FY25	YTD FY26	
Maintenance Responses	265	309	↑	483	676	↑
Electrical Work Orders	27	23	↓	46	83	↑
HVAC Work Orders	25	39	↑	42	76	↑
Plumbing Work Orders	19	7	↓	36	23	↓
Preventive Maintenance	47	8	↓	72	91	↑
Security Responses	2,856	1,899	↓	5,262	4,173	↓

Current Projects

Decatur Location

- Remodeled Maternal Child Health area to create office space.
- Remodeled Maternal Child Health storage area.
- Completed clean-up of NCS North and South facility cubes.
- Repaired door and concrete to Vital Records.

SNPHL Location

- Installed a new data port.

Finance

Total Monthly Work Orders	Aug 2024	Aug 2025		YTD FY25	YTD FY26	
Purchase Orders Issued	580	564	↓	1,186	1,095	↓
Grants Pending – Pre-Award	5	2	↓	6	10	↑
Grants in Progress – Post-Award	11	9	↓	16	13	↓

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

Grants Expired – August 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
State of Nevada, Office of Analytics National Violent Death Reporting System (nvdrs_25)	P-CDC	8/31/2025	$147,315	End of budget period	0.88	FY2026 renewal in progress
NH28CE0003534-01-01 Overdose to Action Project, Year 1 of 5 (odta_24)	P-CDC	8/31/2025	$2,550,000	End of budget period	9.40	End of carryforward
NH28CE0003534-02-02 Overdose to Action Project, Year 2 of 5 (odta_25)	P-CDC	8/31/2025	$2,550,000	End of budget period	9.40	FY2026 renewal in progress
Clark County, HIV Status Neutral Rapid Prevent Program, Year 2 of 3 (ppcsna25)	CONTRACT	8/31/2025	$325,000	End of budget period	3.80	FY2026 renewal in progress

Grants Expired – August 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
State of Nevada, Bureau of Behavioral Health Wellness and Prevention, Fatal Drug Overdoses Report Project, Year 1 of 4 (sudors25)	P-CDC	8/31/2025	$254,255	End of budget period	2.00	FY2026 renewal in progress
NUE1EH001398-05-00 Water Quality Data Program, Year 5 of 5 (wqdata25)	F-CDC	8/31/2025	$190,000	End of budget period	0.84	FY2026 renewal in progress

Grants Awarded – August 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
State of Nevada, State Opioid Response, Amendment #1 (nvnx_25)	P-SAMHSA	8/4/2025	9/30/2024	9/29/2025	$2,033,391	Addition of funds	0.00
5 H49MC52122-03-00, Healthy Start Initiative-Eliminating Racial/Ethnic Disparities, Year 3 of 5 (pphs_26)	F-HRSA	8/6/2025	9/30/2025	9/29/2026	$1,041,320	FY2025 renewal	10.00
State of Nevada, Family Planning (fpnv_26)	State - NV	8/19/2025	7/1/2025	6/30/2026	$400,501	FY2025 renewal	2.06
State of Nevada Ryan White B Retention in Care (hcrwbr25)	P-HRSA	8/20/2025	4/1/2025	3/31/2026	$42,842	FY2025 renewal	1.00
State of Nevada Ryan White B Eligibility Services (hcrwbe25)	P-HRSA	8/20/2025	4/1/2025	3/31/2026	$44,467	FY2025 renewal	0.98

Grants Awarded – August 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
5 NH28CE0003534 -03-00 Overdose to Action Project, Year 3 of 5 (odta_26)	F-CDC	8/28/2025	9/1/2025	8/31/2026	$2,550,000	FY2025 renewal	9.10
FPHPA006516-03-00 Office of the Assistant Secretary for Health, Title X, Family Planning, Amendment 1 (fp_25)	F-OASH	8/30/2025	4/1/2025	3/31/2026	$682,445	Releasing remainder of FY25 budget	0.00

Contracts Awarded – August 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
State of Nevada, State Public Health Fund SFY26-27, Year 1 of 2 (shf_26)	ILA	8/12/2025	7/1/2025	6/30/2026	$5,393,240	New effort	35.20
Clark County, Thrive by Zero to Three Prevention Services Program, Embracing Healthy Babies, Year 4 of 5 (ehbsa_26)	CONTRACT	8/21/2025	10/1/2025	9/30/2026	$150,000	FY2026 renewal	1.82

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
   a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
   b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.

   c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of August, we averaged 83 "passing and paying" online renewal clients per day, with a total of 2,482 clients renewing online.
3. We have established a plan on how to notify industry about the fee increase approved in June by the Board of Health. A $5 increase will go into effect on January 1, 2026, raising the fee from $20 to $25. A further $5 increase will go into effect on January 1, 2028, raising the fee from $25 to $30. Industry will be notified via a variety of methods in the coming months.
4. Our Information Technology office continues to prepare the mobile wallet version of the food handler and body art cards that we intend to launch in January 2026.

CLIENTS SERVED	Aug 2025	July 2025	June 2025	May 2025	Apr 2025	Mar 2025
FH Cards – New	4,635	5,797	5,910	5,508	5,877	5,368
FH Cards – Renewals	2,550	2,161	1,194	1,180	1,172	1,042
FH Cards – Online Renewals	2,482	2,668	2,867	2,842	2,525	2,361
Duplicates	529	579	511	552	589	517
CFSM (Manager) Cards	221	256	191	199	215	231
Re-Tests	1,309	1,349	1,146	1,171	1,280	1,195
Body Art Cards	120	129	120	112	126	98
TOTALS	**11,846**	**12,939**	**11,939**	**11,564**	**11,784**	**10,812**

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for August
- 808 active employees as of August 29, 2025
- 1 New Hire, including 0 rehires and 0 reinstatements
- 8 Terminations, including 1 retirement
- 2 Promotion, 5 Flex-reclasses
- 1 Transfer, 0 Lateral Transfers
- 1 Demotion
- 40 Annual Increases
- 21 Interviews
- 5 Offers extended (1 offer declined)
- 7 Recruitments posted
- Turn Over Rates
  - District Administration: 1.084%
  - Community Health: 1.026%
  - Disease Surveillance & Control: 0.862%
  - Environmental Health: 0.516%
  - Public Health & Preventive Care: 2.830%
  - FQHC: 0.917%

Temporary Employees

- 7 Temporary Staff

Safety

- Investigations – 2 (July)
- Investigations – 2 (August)
- Inquiries – 76 (July)
- Inquiries – 91 (August)

Employee/Labor Relations

- 2 Coaching and Counseling, 0 Verbal Warning, 0 Written Warnings, 0 Suspensions, 1 Final Written Warning, 0 Terminations, 1 Probationary Releases
- 4 Grievances
- 0 Arbitrations
- 60 Hours of Labor Meetings (with Union)
- 90 hours investigatory meetings
- 6 Investigations
- 14 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Interns

To be included with next month's report

Training (In-Person and Online)

- August 5, 2025 – Managing through DiSC (15 attendees)
- August 12, 2025 – Public Speaking Workshop (7 attendees)
- August 12, 2025 – Understanding What Guides SNHD (14 attendees)
- August 19, 2025 – Mastering Time and Project Execution (12 attendees)
- August 26, 2025 – Empowering Through Feedback and Coaching (17 attendees)

New Hire Orientation

- August 4, 2025: 1 new hire

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support.
    - Import Alchemer survey line lists for Norovirus cases outbreak.
    - Assist ODS with importing TB contacts to EpiTrax.
    - Updated the online morbidity report logic so that it does not update onset date when importing to existing cases.
    - Ongoing update to MMG data fields for Mumps, Varicella, and Pertussis for missing fields.

- Added two new conditions; "COVID-19-associated death in a person under 18" and "RSV-associated death in a person under 18".
- Ongoing AKA (also known as) data field review.
- Implement new encounter fields for outbreak investigation.
- Completed export of repeating fields data within EpiTrax export module.

2. Continue working with OpenEMPI integration with EpiTrax system:
   - Continue reviewing the OpenEMPI person matching configuration to improve match accuracy.
   - Ongoing evaluation of a person matching outcome from EMSA and EpiTrax using OpenEMPI algorithm.
3. EpiTrax User Requests

EpiTrax Requests	June 2025	July 2025	August 2025
EpiTrax Requests Completed	9	9	12
EpiTrax Requests Opened	69	66	61
EpiTrax New Requests	7	6	6

B. <u>Electronic Message Staging Area (EMSA)</u>

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors.
2. Conduct regular sessions to review message exceptions including UMC/HCA/Intermountain Healthcare Inc./UHS/Centennial Clinic/Optum/Southwest Medical error except handling and mapping new codes.
3. Electronic Case Reporting (eCR) went live for eight Optum facilities.
4. Completed a new "Rabies, exposure to a rabies susceptible animal" logic.
5. Completed export process for CHEMBIO rapid test ELR result.
6. ELRs and eCRs.

ELRs	June 2025	July 2025	August 2025
Total Received	104,562	120,348	115,517
Total Processed	104,353	121,033	115,884
Under Review	609	725	1,461
Event Updated	15,867	19,075	16,595
Event Created	8,264	8,481	9,409

eCRs	June 2025	July 2025	August 2025
Total Received	455,242	85,864	139,146
Total Processed	44,134	233,966	52,141
Under Review	1,561,101	1,158,275	1,241,940
Event Updated	499	3,389	3,560
Event Created	59	629	1,017

C. <u>Data Warehouse</u>

1. Improving the Extract, Transform, and Load (ETL) script to automatically rebuild schemas when errors occur.

2. Continue improving ETL performance by creating more indices.
3. Review the ETL data synchronization issue and the need to manually rebuild the data warehouse.
4. Addressed an issue with the SNPHL lab summary count process that are not showing the correct site total summary counts.

D. Pentaho Report

Pentaho Reports	June 2025	July 2025	August 2025
Updated	6	4	3
Created	0	1	1

E. Dashboard

1. Respiratory disease ArcGIS dashboard: Continuing development of the Influenza-Like Illness (ILI)/indicators dashboard as part of the broader respiratory disease dashboard. ILI and about pages completed. Continue updating weekly data for this dashboard.
2. Continue wastewater ArcGIS dashboard with Dominant Variant Chart Produced, Quantiles Plotted on Rolling 5-day average, and data update pipeline needs to be built.
3. Power BI finance billing dashboard: Updated denial summary dashboard.
4. Continue updating PowerBI poison control dashboard to support new data structure changes.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Sustaining Laboratory Information System (LIS) support and maintenance.
2. Advancing SNPHL data warehouse cleanup and maintenance.
3. Bolstering the Outreach system to enhance efficient and timely specimen ordering and result delivery for partners.
4. Add location, clinical questions, and orderables for the Outreach system.
5. Continue to build reports/data extracts for various data requests and Quality Assurance (QA).
6. Built new Norovirus orderable for Virology.
7. Revised LRN orderables for improved lab workflow.
8. Removed all expired locations in LIS to help mitigate confusion when ordering.
9. Fix of report layout issue where an extra page is printed if there are exactly enough to fill one page.
10. Created a report on the analytics of whole genome sequencing (WGS) for organism testing.
11. Revised WGS orders to include more fields for results from online service.

G. Electronic Health Record (EHR) System

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Collaborate with NV HIE and eCW on eCR and FHIR implementation.
3. Ongoing review of Clinical Quality Measures (CQM) and calculations to ensure accuracy and quality improvement.
4. Automated CPT associations for Vitals in Progress note.
5. Generate and review monthly reports for FQHC and Primary Care Center (5 reports).
6. Completed upgrade of eCW to next version.
7. EHR Requests and Reports.

EHR Requests	June 2025	July 2025	Aug 2025
Requests Completed	11	18	49
Requests Opened	15	20	71

eCW Reports	June 2025	July 2025	Aug 2025
FQHC	3	9	5
PPC	2	6	6

H. Clark County Coroner's Office (CCCO)

1. Planning and tracking change orders (National Missing and Unidentified Person System case abandonment guidelines and unidentified case processing).
2. User input and bug tracking.
3. DEA drug reports.
4. Reports for Hospital deaths by hospital.
5. Report for Trauma related deaths for SNHD.
6. Discussion with SNPHL about potentially performing certain lab testing currently being sent to an outside lab, with the eventual goal of integration into Case Management Software.

I. Data Modernization Initiative (DMI)

1. Continue the test scenario case worksheet for TB/LTBI cases and use Nationally Notifiable Disease Message Mapping Guide (MMG) Implementation (NMI) to export these test cases to CDC to include industry and occupation data fields.
2. Review and finalize the implementation spreadsheet for Mumps, Pertussis, and Varicella MMG.
3. Continue adding Public Health Information Network – Vocabulary Access and Distribution System (PHIN VADS) for Mumps, Pertussis, and Varicella in NMI.
4. Corrected 2025 Message Validation, Processing, and Provisioning System (MVPS) errors/warnings list to date.

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

1. Maintain and enhance syndromic surveillance system for new providers and future support.
2. Decommission of local NV Essence system, we have fully transitioned to NSSP.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, and data corrections and updates.
2. Continue supporting the PILLARS team member for access to HIE standardized data.
3. Vital Records database refresh to update data.
4. Added extract fields and reconciled data fields with the NV State data request.
5. Added the 'Compound Class' and 'Additional Information' fields to the online NIST results portal, sourced from the NIST compound information sheet.
6. Completed the first phase of the Reengage 2 Care program, enabling providers to submit requests to join this program.

7. Review the eCW integration application with iCircle, which is experiencing issues after the upgrade to version V12.0.3.04009165_3.
8. Prepared the 2021 antibiogram update, pending review.

L. National and State Meetings/Workshops

1. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call.
2. CDC/CSTE Frontline Tools Roundtable Discussion.
3. DMI LC Monthly Call.
4. EpiTrax Consortium release manager meeting.
5. BCHC Data Modernization Work Group.
6. Statewide Syndromic Surveillance Monthly Workgroup.
7. SNHD Sync with EpiTrax NV Team.
8. Helios FHIR Deep Dive Session.

Information Technology (IT)

Service Requests	Aug 2024	Aug 2025		YTD FY25	YTD FY26	
Service Requests Completed	1,089	881	↓	2,444	1,822	↓
Service Requests Opened	1,212	968	↓	2,755	2,019	↓

Information Services System Availability 24/7	Aug 2024	Aug 2025		YTD FY25	YTD FY26	
Total System	93.62	94.55	↑	93.96	92.68	↓

Total Monthly Work Orders by Department	Aug 2024	Aug 2025		YTD FY25	YTD FY26	
Administration	294	260	↓	668	510	↓
Community Health	118	93	↓	260	188	↓
Environmental Health	173	165	↓	411	340	↓
Primary & Preventive Care	313	196	↓	638	401	↓
Disease Surveillance & Control	151	110	↓	281	242	↓
FQHC	185	125	↓	417	279	↓
Other	8	16	↑	20	31	↑

First Call Resolution & Lock-Out Calls	Aug 2024	Aug 2025		YTD FY25	YTD FY26	
Total number of calls received	1,370	968	↓	2,755	2,019	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
  - Monthly Position Review Committee cancelled for August 2025.

- Prepared the August 2025 Hiring Plan for submission to CDC.
- Participated in the August's Board of Health Meeting.
- Participated in the Big Cities Health Coalition (BCHC) re: Annual Recipient Gather (ARC) in St. Louis – discussion points VMSG, Peer Network meeting, and BCHC hosted social.
- Submitted Presentation for the ARC to the planning committee for the session in St. Louis on August 19, 2025.
- Presented at the ARC on a session titled, "Strengthening Local Public Health Capacity: Stories of Impact from the Public Health Infrastructure Grant", and "The Impact of the Public Health Infrastructure Grant in Southern Nevada". Presented with the Indiana Department of Health.

CDC Requirements

- Monthly CDC Project Officer meeting was convened on August 13, 2025.
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC.
- Participated in the Non-Competing Continuation (NCC) pre-award and review meeting with Finance for submission of application.
- Developed, communicated, and reviewed PHIG Strategy A2 (Foundational Capabilities) budget and narrative for the Non-Competitive Continuation Application.

Performance Management

- Collaborated through 16 team hours with the FQHC to analyze potential effects and mitigation of new programs added to PRWORA (Personal Responsibility and Work Opportunity Reconciliation Act).
- Invested 28 team hours in coursework towards a CSC Public Health Essential certificate from Cornell University. Over 75 hours in total are expected before completion in November 2025.
- Six (6) team hours spent coaching and training Strategic Plan contributors using the VMSG dashboard platform.

Quality Improvement

- Spent 19 team hours in design, stakeholder management, facilitation, and review of the first GEMBA Walk for the HEC team.
  - Fourteen (14) SNHD leaders observed the Back-to-School (BTS) immunization process for 40 minutes and debriefed their observations in facilitation discussion.
  - Many points of potential improvement were defined by participants as they practiced observation and problem definition vs. going straight to solutions.
  - BTS is a successful program and has improved metrics each year for the past five years. It is a complex process of people and paperwork which yielded a lot to observe.
  - Recorded countermeasures provided by the Facilities Department to address the most visible challenger with BTS: Utilization of space and patient-flow.
- Fourteen (14) team hours expended in collaboration with FQHC on the Appointment Utilization QI project. Over 50% of scheduled appointments fail to show up for their appointment resulting in idle time for providers and other patients waiting longer for their next appointment.
  - Time included workshop design and delivery, mapping the call center process and document management.
  - Scheduled listening sessions with 14 providers at two clinic locations to understand their perspective on the current state and future possibilities of the clinic appointment process.
- Spent 3 team hours reviewing data and strategizing with the Healthy Start program leadership.

- Performance indicators have improved, and some countermeasures were adjusted for greater impact. The project continues for at least on more PDSA cycle.

PHAB Reaccreditation

- Eighteen (18) team hours spent in coaching, training, and review of Reaccreditation documentation across all ten domains.
- Spent six (6) team hours contributing to the Community Health Improvement Plan Public Health Funding working group including community partners.

PHIG

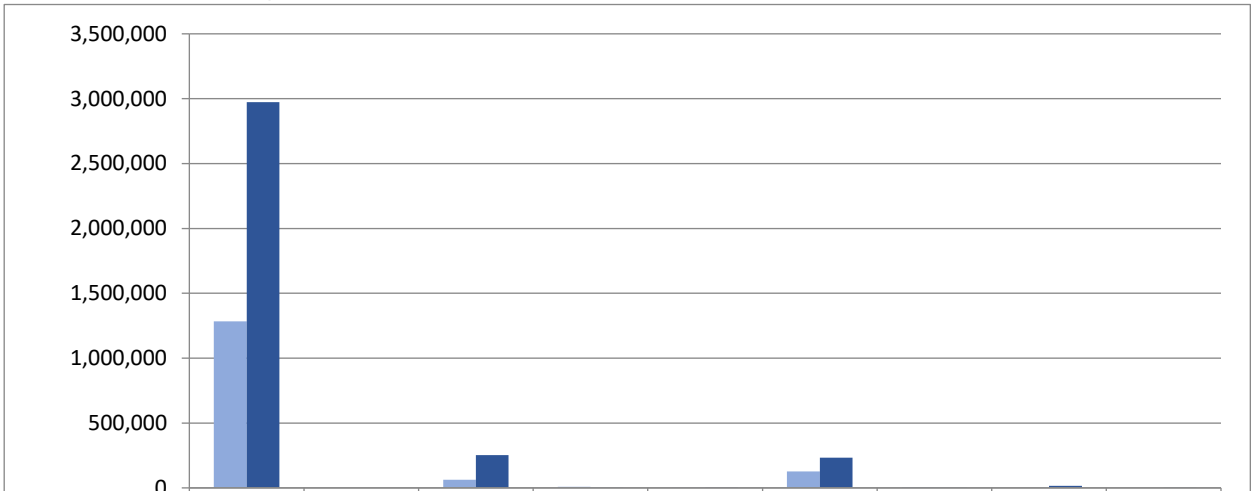
- Attended a 3-day PHIG conference in St. Louis to learn about effective storytelling for grant successes (aimed at sustaining funding from existing and new sources).
  - Recorded video stories for CDC to publicize regarding the success and ROI on the PHIG grant.
  - Leveraged one-to-one meetings with PHAB and ASTHO personnel to drive efficiency in Reaccreditation and Quality Improvement.
- Four (4) team hours spent administrating travel and expenses for the PHIG ARC meeting at St. Louis and the upcoming Region 9 PHIG convening meeting to be held in Sacramento.
- 2 hours of webinars with Act for Public Health organization that tracks legislation and executive orders affecting public health.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:	**Aug 2024**	**Aug 2025**		**YTD FY25**	**YTD FY26**	
Media – Digital/Print Articles	28	49	↑	130	70	↓
Media - Broadcast stories	133	113	↓	365	160	↓
Collateral - Advertising/Marketing Products	11	9	↓	39	22	↓
Community Outreach - Total Volunteers[1]	9	3				
Community Outreach - Volunteer Hours	648	76	↓	1,152[2]	130	↓

[1]Total volunteer numbers fluctuate from month to month and are not cumulative.
[2]Corrected volunteer hours for August 2024 resulting in updated FY2025 total.

Monthly Website Page Views:



	SNHD	Healthy Southern NV	GHCC	Viva Saludable	SNHD POD	OEDS Needle Exchange	SNCHC	attractingaddictionnv.com	cannabisfactsnevada.org
August 2024	1,284,879	0	63,029	7,657	1,547	125,813	6,357	0	0
August 2025	2,973,699	0	251,459	6	3,147	232,832	16	16,771	18

-Began tracking page visits in 2024 for attractingaddictionnv.com and cannabisfactsnevada.org websites.
-Began reporting Health Southern Nevada monthly views in April 2025.

Social Media Services		**Aug 2024**	**Aug 2025**		**YTD FY25**	**YTD FY26**
Facebook SNHD	Followers	13,467	13,676	↑	N/A	N/A
Facebook GHCC	Followers	6,123	6,094	↓	N/A	N/A
Facebook SHC	Followers	1,643	1,619	↓	N/A	N/A
Facebook THNK/UseCondomSense	Followers	5,279	5,161	↓	N/A	N/A
Facebook Food Safety	Followers	170	179	↑	N/A	N/A
Instagram SNHD	Followers	4,715	5,483	↑	N/A	N/A
Instagram Food Safety	Followers	529	536	↑	N/A	N/A
Instagram GetHealthyCC	Followers	219	320	↑	N/A	N/A
Instagram @Ez2stop	Followers	148	152	↑	N/A	N/A
X (Twitter) EZ2Stop	Followers	429	417	↓	N/A	N/A
X (Twitter) SNHDflu	Followers	1,834	1,744	↓	N/A	N/A
X (Twitter) Food Safety	Followers	103	100	↓	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,329	9,964	↓	N/A	N/A

Social Media Services		Aug 2024	Aug 2025		YTD FY25	YTD FY26
X (Twitter) TuSNHD	Followers	346	341	↓	N/A	N/A
X (Twitter) THNK/ UseCondomSense	Followers	695	656	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	105	120	↓	N/A	N/A
Threads SNHD	Followers	856	944	↑	N/A	N/A
TikTok @Ez2stop	Views	37	49	↑	N/A	N/A
*TikTok SNHD	Views	-	276	↑	N/A	N/A
YouTube SNHD	Views	219,054	174,957	↓	480,101	354,642
YouTube THNK / UseCondomSense	Views	211	28	↓	411	73

Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.
*SNHD added to TikTok in September 2024

Appendix B – Finance – Payroll Earnings Summary – July 19, 2025 to August 1, 2025

PAYROLL EARNINGS SUMMARY
July 19, 2025 to August 1, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 336,968.93	$ 5,143,749.82	$ 981,270.78	$ 9,195,237.18	11%	
ENVIRONMENTAL HEALTH	$ 649,352.32	$ 10,508,464.38	$ 1,973,857.59	$ 17,951,295.42	11%	
COMMUNITY HEALTH	$ 324,953.79	$ 5,072,721.28	$ 973,424.90	$ 9,910,529.22	10%	
DISEASE SURVIELLANCE & CONTROL	$ 378,151.75	$ 6,208,191.86	$ 1,156,353.11	$ 10,671,639.69	11%	
FQHC	$ 350,534.01	$ 5,796,639.99	$ 1,059,754.67	$ 11,060,800.45	10%	
ADMINISTRATION W/O ICS-COVID	$ 618,941.79	$ 9,956,060.81	$ 1,921,792.01	$ 15,657,123.65	12%	
TOTAL	**$ 2,658,902.59**	**$ 42,685,828.14**	**$ 8,066,453.06**	**$ 74,446,625.61**	11%	12%
FTE	813					
Regular Pay	$ 2,284,501.11	$ 34,461,543.54	$ 6,781,733.75			
Training	$ 1,332.02	$ 60,467.44	$ 10,004.87			
Final Payouts	$ -	$ 380,994.29	$ 93,894.70			
OT Pay	$ 32,890.43	$ 215,906.40	$ 56,009.91			
Leave Pay	$ 303,269.35	$ 6,612,652.52	$ 1,025,866.46			
Other Earnings	$ 36,909.68	$ 954,263.95	$ 98,943.37			
TOTAL	**$ 2,658,902.59**	**$ 42,685,828.14**	**$ 8,066,453.06**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
July 19, 2025 to August 1, 2025

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Price, Keri		8.00	421.87	Gonzales, Fabiana	4.50	146.43
Munford, Elizabeth		1.00	52.74	Huerta, Fatima	15.00	316.28
Chamberlain, Robert (Bob)		8.00	343.83	Arcuri, Steven	1.50	54.04
Ubando, Marjorie		5.75	303.22			
Galaviz, Monica		5.25	366.63			
Tran, Amy		4.25	267.93			
Thede, Stacy		13.00	443.55			
Burghardt, Passhion		9.00	307.07			
Brown, Dominique		7.00	232.79			
Urena, Maite		11.25	374.13			
Maldonado, Julie		4.25	247.93			
Ines, Heinrich		24.00	798.15			
Murphy, Melissa		6.00	238.53			
Sanabria, Luis		10.75	340.00			
Sterling, Nathan		10.10	319.44			
Marquez Anthony		6.00	189.77			
Thompson Anna		10.50	451.28			
Martinez Blanca		9.00	386.81			
Herrera Ortiz Maria		7.00	245.33			
Total Administration		**160.10**	**6331.00**		**21.00**	**516.74**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
O'Toole, Denise		9.50	397.62			
Andrade, Jessica		10.00	408.45			
Terriquez, Elizabeth		9.50	307.42			
Kendle, Taylor		9.50	307.42			
Total Community Health Services		**38.50**	**1420.91**		**0.00**	**0.00**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Avalos, Mayra		-1.50	-102.09	Avalos, Mayra	1.50	68.06
Avalos, Mayra	FP_25 NO MILEA	1.50	102.09	Bingham, Julie	0.75	35.80
Diaz, Michelle		0.25	10.74	Calito, Maria	0.99	20776.87
Orea-Valencia, Mirelly		1.75	75.21			
Valdes-Ayala, Beatriz	FP_25 NO MILEA	1.00	42.98			
Bingham, Julie		-0.75	-53.71			
Bingham, Julie	FP_25 NO MILEA	0.75	53.71			
Total FQHC-Community Health Clinic		**3.00**	**128.93**		**3.24**	**20880.73**

Overtime Hours and Amounts **Comp Time Hours Earned and Value**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Maciel, Marisol		9.00	474.61	Brantner, Lonita	21.00	666.23
Enzenauer, Lizette		18.75	1093.80	Calderon, Aracely	16.50	523.47
Castillo, Jocelyn		9.00	644.49	Arquette, Jocelyn	6.75	347.89
Chongtai, Loriza		9.50	753.94	Bernabe, Xandee	39.75	1897.66
Robles, Cynthia		26.00	1335.10	McTier, Chika	26.25	1253.17
Sprance-Grogan, Carolyn		9.00	525.03	Johnson, Jessica L	12.75	608.68
Kuahiwinui McGuire, Becky		9.00	525.03	Caballero, Lorena	8.25	224.65
Salomon, Vicki		9.50	452.08	Contreras, Alondra	30.38	1565.52
Arquette, Jocelyn		10.00	773.10	Purugganan, Grace	14.25	680.29
Bernabe, Xandee		-11.75	-841.42	Shin, Jennifer	14.25	716.03
Bernabe, Xandee	IMMVFC26	12.00	859.32	Grijalva, Breanna	15.75	8627.03
Panganiban, Sheila		10.00	716.09	Young, Maita	9.75	465.46
Hodge, Victoria		14.75	790.20	Zarret, Mariam	9.00	419.01
Navarro, Maria		8.00	334.84	Carcamo, Monica	25.51	789.65
Mercado, Yarem		14.00	616.76			
Martinez, Azalia		10.00	387.94			
Carpenter, Leslie		8.50	593.59			
Gomez, Karen		15.50	556.11			
Rodriguez, Sandy		10.30	379.61			
Grijalva, Breanna		0.50	21.49			
Wong, Michelle		8.75	595.52			
Zarret, Mariam		15.25	1064.98			
Henriquez, Sergio		10.50	407.33			
Aucalla, Gennesis		20.75	744.47			
Miranda, Consuelo		14.00	442.79			
Garcia, Ruby		11.15	380.43			
Garcia Ruby		10.00	341.19			
Carcamo Monica		0.00	0.00			
Fisher-Armstrong Gimmeko		12.00	528.64			
Landini Karleena		1.00	71.60			
Carbajal-Mazon Wendy		15.50	490.22			
Stockwell Paul		8.00	334.84			
Total Public Health & Preventative Care		**328.45**	**16393.72**		**250.14**	**18784.74**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		9.25	697.19	Sripramong, Jacqueline	22.13	738.91
Navarrete, George (Larry)		0.50	37.69	Holland, Myles	0.75	25.05
Sheffer, Thanh		16.50	1093.68	Ross, Alyssa	10.50	333.11
Piar, Diane		5.25	347.99	Ahmed, Maryam	24.00	801.53
Johnson, Rabea		4.00	258.75	Galvez, Alexus	15.00	500.96
Lett, Kendra		7.00	488.84	Herrera, Carlos	1.50	45.23
Ortiz-Rivera, Vanessa		8.00	530.27	Hernandez, Abel	0.38	11.31
Parangan, Christopher	FDILL_25	4.00	245.92			
Cummins, Veronica		8.50	495.86			
Darang, Chase		4.50	237.31			
Rakita, Daniel		0.50	25.67			
Michel, Guillermo		9.00	462.14			
Jones, Mallory		7.25	372.28			
Jones, Mallory	FDILL_25	3.50	179.72			
Thein, Kelsey		2.00	102.70			
Wells, Jordan		7.50	385.12			
Brown, Tevin		11.25	577.69			
Najera, Luisa		1.00	51.35			
Holland, Myles		-0.75	-37.57			
Holland, Myles	UST_26	0.75	37.57			
Craig, Jill		1.25	64.19			
Jufar, Lydia		6.50	325.62			
Ross, Alyssa		1.50	71.38			
Ahmed, Maryam		1.75	87.66			
Bidinger, Joy		10.00	500.96			
Hernandez, Lilian		2.00	90.45			
Gonzalez Jorge		4.00	176.22			
Total Environmental Health		**136.50**	**7906.65**		**74.25**	**2456.10**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
O'Connor, Kelli	COSSUP25	2.00	132.57	Raman, Devin	1.50	75.37
McIntyre, Eric		1.00	63.04			
Polintan, Michael		9.00	428.29			
DiGoregorio Amanda		1.50	85.32			
Total Disease Surveillance & Control		**13.50**	**709.22**		**1.50**	**75.37**
Combined Total		**680.05**	**32890.43**		**350.13**	**42713.69**

Appendix C – Finance – Payroll Earnings Summary – August 2, 2025 to August 15, 2025

PAYROLL EARNINGS SUMMARY
August 2, 2025 to August 15, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 347,805.73	$ 5,502,491.03	$ 1,340,011.99	$ 9,195,237.18	15%	
ENVIRONMENTAL HEALTH	$ 649,815.73	$ 11,158,280.11	$ 2,623,673.32	$ 17,951,295.42	15%	
COMMUNITY HEALTH	$ 317,533.35	$ 5,390,254.63	$ 1,290,958.25	$ 9,910,529.22	13%	
DISEASE SURVIELLANCE & CONTROL	$ 379,910.65	$ 6,625,484.09	$ 1,573,645.34	$ 10,671,639.69	15%	
FQHC	$ 349,318.65	$ 6,145,958.64	$ 1,409,073.32	$ 11,060,800.45	13%	
ADMINISTRATION W/O ICS-COVID	$ 615,793.80	$ 10,571,854.61	$ 2,537,585.81	$ 15,657,123.65	16%	
TOTAL	**$ 2,660,177.91**	**$ 45,394,323.11**	**$ 10,774,948.03**	**$ 74,446,625.61**	14%	15%
FTE	811					
Regular Pay	$ 2,326,655.43	$ 36,791,246.57	$ 9,111,436.78			
Training	$ 21,321.25	$ 81,788.69	$ 31,326.12			
Final Payouts	$ -	$ 423,206.98	$ 136,107.39			
OT Pay	$ 48,578.34	$ 264,906.61	$ 105,010.12			
Leave Pay	$ 235,694.65	$ 6,850,325.01	$ 1,263,538.95			
Other Earnings	$ 27,928.24	$ 982,849.25	$ 127,528.67			
TOTAL	**$ 2,660,177.91**	**$ 45,394,323.11**	**$ 10,774,948.03**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 2, 2025 to August 15, 2025

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Cardona, Anthony (Tony)		7.25	345.01	Huerta, Fatima	25.00	527.13
Munford, Elizabeth		1.25	65.92	Arcuri, Steven	2.25	81.06
Ruiz, George		3.75	161.17			
Chamberlain, Robert (Bob)		13.00	558.72			
Burghardt, Passhion		11.75	400.90			
Masters, Christopher		0.25	8.53			
Viera, Maria		8.00	266.05			
Brown, Dominique		14.00	465.58			
Urena, Maite		10.25	340.87			
Durga, Jonabel	PH1IT_23 NO MI	5.50	275.53			
Kuahiwinui-McGuire, Brandon		24.50	814.77			
Ines, Heinrich		19.25	640.18			
Thompson, Christopher		20.25	655.29			
Murphy, Melissa		15.25	606.26			
Sanabria, Luis		6.50	205.58			
Sterling, Nathan		17.20	544.00			
Marquez, Anthony		6.00	189.77			
Huerta, Fatima		3.33	105.32			
Martinez Blanca		9.30	399.70			
Herrera Ortiz Maria		7.50	262.86			
De Lisle Ricky		0.25	9.45			
Total Administration		**204.33**	**7321.46**		**27.25**	**608.18**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Andrade, Jessica		9.00	367.61	Barry, Nancy	0.75	26.37
Terriquez, Elizabeth		8.50	275.06			
Kendle, Taylor		9.00	291.24			
Atwood Devin		9.00	386.81			
Total Community Health Services		**35.50**	**1320.72**		**0.75**	**26.37**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Diaz, Michelle		0.75	32.23	Calito, Maria	0.60	14.02
Valdes-Ayala, Beatriz		1.00	42.98			
Guerrero Jocelyne		0.50	17.06			
Total FQHC-Community Health Clinic		**2.25**	**92.27**		**0.60**	**14.02**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Brantner, Lonita		17.95	854.20	Brantner, Lonita	6.75	214.15
Hamilton, Isabel		0.50	29.16	Rossi Boudreaux-Thibodeaux, Lester	1.13	35.69
Maciel, Marisol		16.00	843.75	Calderon, Aracely	23.50	745.54
Enzenauer, Lizette		35.50	2070.93	Arquette, Jocelyn	6.75	347.89
Castillo, Jocelyn		18.00	1288.98	Bernabe, Xandee	0.00	0.00
Chongtai, Loriza		22.75	1805.48	McTier, Chika	13.50	644.49
Robles, Cynthia		24.00	1232.40	Johnson, Jessica L	12.75	608.68
Sprance-Grogan, Carolyn		18.00	1050.06	Caballero, Lorena	11.25	306.34
Kuahiwinui McGuire, Becky		18.00	1050.06	Contreras, Alondra	13.13	676.46
Rossi Boudreaux-Thibodeaux, Lester		9.50	452.08	Carpenter, Leslie	10.88	519.17
Salomon, Vicki		16.50	785.19	Purugganan, Grace	6.00	286.44
Calderon, Aracely		3.83	182.26	Shin, Jennifer	14.25	716.03
Arquette, Jocelyn		21.50	1662.15	Grijalva, Breanna	14.25	408.30
Bernabe, Xandee		11.00	787.71	Young, Maita	15.00	716.10
Panganiban, Sheila		10.75	769.81	Zarret, Mariam	3.00	139.67
McTier, Chika		8.00	572.87	Ruiz-Flores, Erika	1.13	51.04
Contreras, Alondra		10.00	773.10	Coleman, Angela	22.50	485.41
Hodge, Victoria		16.00	864.59	Carcamo, Monica	10.50	325.02
Navarro, Maria		14.00	585.97	Carrera, Bruna	27.00	598.61
Mercado, Yarem		16.50	726.88			
Martinez, Azalia		9.50	377.67			
Carpenter, Leslie		8.50	608.68			
Purugganan, Grace		12.50	895.12			
Gomez, Karen		29.08	1043.34			
Rodriguez, Sandy		16.00	604.53			
Nagai, Sage		17.50	1222.11			
Wong, Michelle		12.75	867.76			
Delgado, Diana		11.00	768.18			
Zarret, Mariam		15.00	1047.52			
Henriquez, Sergio		10.50	407.33			
Aucalla, Gennesis		24.00	861.08			
Ruiz-Flores, Erika		7.00	476.42			
Miranda, Consuelo		19.50	616.73			
Garcia, Ruby		21.00	716.51			
Espenilla, Marko Rugy		27.25	929.75			
Fisher-Armstrong Gimmeko		21.25	936.13			
Landini Karleena		0.25	17.90			
Kamami Diana		0.50	34.03			
Carbajal-Mazon Wendy		25.50	806.50			
Stockwell Paul		16.00	687.66			
Total Public Health & Preventative Care		**612.86**	**32312.58**		**213.25**	**7825.03**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		11.00	829.10	Thompson, William B	7.50	315.22
Kaderlik, Patricia		2.25	153.13	Valadez, Alexis	4.13	145.02
Navarrete, George (Larry)		1.00	75.37	Sripramong, Jacqueline	2.63	87.67
Daspit, Theresa	FDILL_25	1.25	85.07	Holland, Myles	2.25	75.14
Sheffer, Thanh		14.75	977.69	Galvez, Alexus	17.25	576.10
Lett, Kendra		7.50	523.76	Vinh, Jonathan	3.75	116.08
Parangan, Christopher		2.50	153.70	Herrera, Carlos	4.88	146.99
Parangan, Christopher	FDILL_25	4.00	245.92	Hernandez, Abel	1.50	45.23
Cummins, Veronica		14.25	831.30	Schuler, Emalee	3.75	113.07
Blackard, Brittanie		0.25	13.87			
Darang, Chase		1.50	79.10			
Rakita, Daniel		10.00	513.50			
McCann, Alexandra		4.00	205.40			
Calzado, Neil		8.00	410.80			
Najera, Luisa		1.00	51.35			
Craig, Jill		1.25	64.19			
Ross, Alyssa		14.25	678.12			
Ahmed, Maryam		4.50	225.43			
Hall, Alyssa		0.50	24.40			
Decicco, Natalya		4.50	208.94			
Hernandez, Lilian		2.00	90.45			
Roberts, Jamie		1.00	45.23			
Nwaonumah, Nosa		4.00	180.91			
Hernandez, Abel		2.50	113.07			
Gonzalez Jorge		0.75	33.04			
Total Environmental Health		**118.50**	**6812.84**		**47.63**	**1620.51**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Polintan, Michael		14.50	690.03	Raman, Devin	2.63	131.90
DiGoregorio Amanda		0.50	28.44			
Total Disease Surveillance & Control		**15.00**	**718.47**		**2.63**	**131.90**
Combined Total		**988.44**	**48578.34**		**292.10**	**10226.01**

Appendix D – Finance – Payroll Earnings Summary – August 16, 2025 to August 29, 2025

PAYROLL EARNINGS SUMMARY
August 16, 2025 to August 29, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 312,885.83	$ 5,817,077.13	$ 1,654,598.09	$ 9,195,237.18	18%	
ENVIRONMENTAL HEALTH	$ 646,720.58	$ 11,805,000.69	$ 3,270,393.90	$ 17,951,295.42	18%	
COMMUNITY HEALTH	$ 321,119.54	$ 5,718,204.18	$ 1,618,907.80	$ 9,910,529.22	16%	
DISEASE SURVIELLANCE & CONTROL	$ 376,330.04	$ 7,003,440.93	$ 1,951,602.18	$ 10,671,639.69	18%	
FQHC	$ 347,775.59	$ 6,494,616.84	$ 1,757,731.52	$ 11,060,800.45	16%	
ADMINISTRATION W/O ICS-COVID	$ 612,803.38	$ 11,184,657.99	$ 3,150,389.19	$ 15,657,123.65	20%	
TOTAL	**$ 2,617,634.96**	**$ 48,022,997.76**	**$ 13,403,622.68**	**$ 74,446,625.61**	18%	19%
FTE						
Regular Pay	$ 2,272,771.01	$ 39,067,144.43	$ 11,387,334.64			
Training	$ 8,113.23	$ 89,901.92	$ 39,439.35			
Final Payouts	$ -	$ 428,452.52	$ 141,352.93			
OT Pay	$ 9,369.59	$ 274,276.20	$ 114,379.71			
Leave Pay	$ 293,544.96	$ 7,146,353.58	$ 1,559,567.52			
Other Earnings	$ 33,836.17	$ 1,016,869.11	$ 161,548.53			
TOTAL	**$ 2,617,634.96**	**$ 48,022,997.76**	**$ 13,403,622.68**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
August 16, 2025 to August 29, 2025

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Ubando, Marjorie		1.00	52.73			
Masters, Christopher		4.50	153.54			
Murphy, Melissa		8.00	318.03			
Sanabria, Luis		3.00	94.88			
Herrera Ortiz, Maria		7.25	254.10			
De Lisle, Ricky		1.00	37.79			
Total Administration		**24.75**	**911.07**		**0.00**	**0.00**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Griego, Rey	PHEPLB26	6.00	419.01			
Sanchez Garcia, Julio	PHEPLB26	3.25	226.96			
Figueredo-Perello, Alessandro	PHEPLB26	7.00	388.29			
Total Community Health Services		**16.25**	**1034.26**		**0.00**	**0.00**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Avalos, Mayra		-1.50	-104.76	Avalos, Mayra	1.50	69.83
Avalos, Mayra	FP_25 NO MILEAGE	1.50	104.76	Bingham, Julie	0.38	17.90
Orea-Valencia, Mirelly		1.00	42.98			
Valdes-Ayala, Beatriz		1.25	53.72			
Anderson, Renita		0.25	11.61			
Bingham, Julie		-0.38	-26.85			
Bingham, Julie	FP_25 NO MILEAGE	0.38	26.85			
Total FQHC-Community Health Clinic		**2.50**	**108.31**		**1.88**	**87.74**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Enzenauer, Lizette		8.00	466.69			
Calderon, Aracely		0.25	11.90			
Arquette, Jocelyn		0.50	38.65			
Johnson, Jessica L		3.00	214.83			
Martinez, Azalia		6.00	238.53			
Nagai, Sage		10.00	698.35			
Zavala, Isaac	SBCSI25	7.00	476.42			
Landini, Karleena		0.25	17.90			
Total Public Health & Preventative Care		**35.00**	**2163.27**		**0.00**	**0.00**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Brounstein, Jodi	FDILL_25	2.75	187.16	Garcia, Jason	4.50	204.18
Hall, Nancy		10.00	753.71	Valadez, Alexis	4.50	158.20
Navarrete, George (Larry)		0.50	37.69	Diaz-Ontiveros, Luz	5.25	184.57
Sheffer, Thanh		4.00	272.24	Jones, Mallory	4.50	154.05
Piar, Diane		3.25	215.42	Sripramong, Jacqueline	10.50	350.67
Lucas, Brianna		1.00	63.04	Ross, Alyssa	4.13	130.87
Holloway, Summer		2.00	126.09	Erickson, Sarah	2.25	69.65
Cummins, Veronica		3.75	218.77	Herrera, Carlos	7.88	237.44
Martens, Gary		2.00	113.77			
Rakita, Daniel		4.25	218.23			
Wells, Jordan		2.25	115.53			
Brown, Tevin		15.00	770.24			
Bidinger, Joy		9.00	450.87			
Hall, Alyssa		5.50	268.45			
Gonzalez, Kimberly		3.00	146.43			
Vinh, Jonathan		5.25	243.77			
Herrera, Carlos		6.75	305.29			
Roberts, Jamie		0.33	14.92			
Hernandez, Abel		6.25	282.67			
Gonzalez, Jorge		2.25	101.76			
Total Environmental Health		**89.08**	**4906.05**		**43.50**	**1489.62**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Palmer, Treva		0.75	53.71			
Eddleman, Tabby		1.75	107.59			
DiGoregorio, Amanda		1.50	85.33			
Total Disease Surveillance & Control		**4.00**	**246.63**		**0.00**	**0.00**
Combined Total		**171.58**	**9369.59**		**45.38**	**1577.36**

Memorandum

Date: September 25, 2025

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD,** *Community Health Director*
Cassius Lockett, PhD, *District Health Officer*

Subject: Community Health Division Monthly Activity Report – August 2025

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

A. Chronic Disease Prevention Program (CDPP)

Move Your Way and Soda Free Summer activities continued in July. Two (2) Move Your Way free pool events were held in July with over 950 people in attendance. Staff and partners participated in five (5) Soda Free Summer community outreach events to promote healthier beverage options and provide other resources on chronic disease prevention. Over 1,200 people participated in these outreach events.

CDPP staff presented information about **Salon Talk and the Barbershop/Beauty Shop Health Outreach Project (BSHOP/BeSHOP) at the July Board of Health** meeting. **CDPP staff also presented** information about our diabetes prevention and self-management programs to over 30 members of SNHD's Office of Acute Communicable Disease Control team.

The CDPP staff and partners conducted **free blood pressure screening and provided heart health education** at the Nevada Office of Minority Health & Equity back to school event at Helen Cannon Middle School. There were 78 people screened and 3 referrals for additional care were made. Chronic disease prevention & self-management materials were distributed to all attendees.

The CDPP developed and sent our quarterly newsletter, "**Healthy Headlines**". This quarter's issue included features on Shop Talk, No Cost School Meals, Double Up Food Bucks at Obodo Greengrocer, new SWAP pantries, and fall diabetes classes. The newsletter was **sent to over 7,200 contacts** and was opened by over 40% of all recipients.

B. **Tobacco Control Program (TCP) Update**

Island eNVy (TCP's Native-Hawaiian Pacific Islander focused program) **hosted the 4th annual INSPIRE youth cultural and educational summit** at UNLV and Faiss Middle School. Over 225 teens between the ages of 13-18 attended the 5-day summit that included health topics like vaping education, healthy eating, diabetes, physical activity, positive decision making as well as cultural classes like hula, Tahitian, Samoan, Maori and more. During the finale night, over 900 friends, family and community members came out to support the youth in their showcase. Island eNVy's INSPIRE youth summit was made possible by over eighteen (18) adult volunteers, nine (9) Native Hawaiian small businesses, and twelve (12) instructors.

Our staff met with Resident Services and Property Management at NVHAND (non-profit affordable rental housing), to discuss **smoke-free housing efforts**. As a result, a year-long partnership was established to promote smoke-free living across their communities. The partnership aims to **empower residents with information and resources, reduce tobacco and vape use, support property managers in implementing smoke-free housing strategies, and improve overall community health outcomes**. Engagement opportunities will continue throughout the year as part of this ongoing collaboration.

The **Nevada State University (NSU) tobacco-free policy will take effect Fall 2025**. This policy applies to all students, employees, contractors, vendors, and members of the public on NSU property. Smoking and the use of tobacco products including electronic smoking devices (ESD) is prohibited in all NSU owned and leased buildings/facilities, per existing Nevada Law. The NSU policy expands on Nevada law and prohibits smoking and/or using ESDs in, near, or adjacent to any entrance of a public building and any open and/or public spaces on NSU campuses. No tobacco- or ESD-related advertising, sponsorship, sale, or distribution (including samples) is allowed on NSU premises or at sponsored events except for lawful ads in third-party publications. Free cessation resources are available to all NSU students and employees.

TCP Staff have **established a partnership with Papa Ola Lokahi**; a Hawaii based non-profit organization whose mission is to improve the health status and wellbeing of Native Hawaiians and others by advocating for, initiating and maintaining culturally appropriate strategic actions aimed at improving the physical, mental and spiritual health of Native Hawaiians and their 'ohana (families) and empowering them to determine their own destinies. Papa Ola Lokahi will provide technical assistance for our materials and outreach to ensure cultural correctness as well as provide additional resources to increase reach to Native Hawaiian/ Pacific Islanders here in Las Vegas.

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

The OEMSTS plays a vital role in maintaining a responsive, well-trained, and integrated EMS and trauma system that serves the diverse needs of Southern Nevada's population.

A. August Meetings

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.

The Committee approved the final draft for the SNHD Paramedic Mentorship/Internship Program.

B. OEMSTS – August 2024 / 2025 Data

August EMS Statistics	Aug 2024	Aug 2025		Mo. Fiscal Average 2024-2025
Total certificates issued	54	96	↑	338
New licenses issued	38	88	↑	88
Renewal licenses issued (recert only)	6	0	↓	227
Driver Only	45	59	↑	54
Active Certifications: EMT	935	1032	↑	899
Active Certifications: Advanced EMT	1988	1940	↓	1890
Active Certifications: Paramedic	2135	2260	↑	2141
Active Certifications: RN	67	85	↑	75

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

Ongoing/Continuing Activities

(Emergency Planning & Preparedness)

1. Continued review and revision of:
   a) CHEMPACK
   b) Nuclear/Radiation
   c) Administrative Preparedness
   d) Mass Care Support
   e) Extreme Heat Annex
   f) Highly Infectious Disease Plans

2. Planners continue revision of SNHD Basic EOP and Direction and Control Annexes.

(Continuity of Operations Planning (COOP))

1. The COOP plan has been approved.
2. Planner has created a working group to oversee regular updates to the COOP-plan process.

(Community & Partner Engagement)

1. Supervisor and Senior Planner participated in the Las Vegas BioWatch Advisory Committee.
2. A Senior Planner is working on revising the BioWatch Plan to include considerations of elimination in federal funding to support local operations.
3. Our Senior Planner met with representatives from the Closed POD Working group to discuss the direction of the working group and a revamp of the working group materials.
4. Senior Planners participated in the Resources & Supply Chain Work Group and the Health Equity Work Group. Staff also participated in several other working groups that resulted from the State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan.
5. The Clinical Advisor and OPHP management attended the monthly Local Emergency Planning Committee (LEPC) at Station 18.
6. An OPHP Planner and Admin staff are working on renewal and restart of Closed POD MOU program.
7. OPHP Planner attended the Central Safety Committee meeting.
8. Planners participating in Community Health Improvement Plan planning efforts.
9. Our Planners attended the Nevada National Security Site Partner Briefing.

New/Upcoming Activities

(Recovery Planning)

1. Development of a Recovery Annex based on lessons learned from real-world events and exercises.
2. Administrative Preparedness draft annex was sent to leadership for review.

(Community Outreach & Education)

1. Attendance at the Extreme Heat Transportation Access to Parks (TAP) Discussion hosted by RTC.
2. Planners attended Nevada National Security Site Partner Briefing.
3. Our planners attended the UMC's August Emergency Preparedness Meeting.
4. The Planner attended the LAS Annual Security Tabletop Exercise (TTX).
5. Manager, Supervisor, and Senior Planners and finance department participated in the State of Nevada Division of Public and Behavioral Health Public Health Preparedness Program End-of-Year Site Visit.
6. Senior Planner and Clinical Advisor participated in the Southern Nevada Fuel Interruption Tabletop Exercise with Rebel Oil hosted by the City of Henderson Division of Emergency Management.

(Evaluation & Reporting)

1. Compilation of After-Action Report from Biological TTX held on August 26th.

2. Forty-two SNHD Employees were FIT tested for personal protective equipment during the month of August.

B. Training, Exercises, and Public Health Workforce Development

Ongoing/Continuing Activities

1. Support for the City of Las Vegas ICS 300/400 training schedule.
2. A CPR course and skills training was provided for three (3) SNHD staff on August 14th.
3. The next New Hire Orientation is scheduled for September 17th.
4. Our Trainers scheduled ALERRT Civilian Response to Active Assailant Course for September 29th, in the SNHD Red Rock conference room. Staff are currently recruiting participants.
5. A Trainer was invited to attended Tabletop Exercise for Response to Bombing Incidents course at New Mexico Tech, Socorro, New Mexico. Travel costs were covered by inviting agency.
6. The trainers scheduled Introduction to Radiological/Nuclear WMD Operations AWR-140 for November 4th, in the SNHD Red Rock conference room. Staff are currently recruiting participants from Southern Nevada Healthcare Preparedness Coalition.
7. Staff presented at the Resort Emergency Management Working group.
8. Senior Planner, Planner and Clinical Advisor attended the Nevada National Security Site Partner Briefing. This opportunity allowed local first responders to learn what current activities are occurring and test site and potential to collaborate on future drills and exercises.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

Ongoing/Continuing Activities

1. Participated in National Disaster Medical System-Federal Coordination for Hospital Area Command Full Scale Exercises Mid-Term Planning Meeting.
2. Continued updates to First Receiver Decontamination Training Program.
3. The SNHPC August workshop was held on August 7th.
4. Ongoing planning for Pediatric Disaster Response and Emergency Management and Medical Management of Chemical, Biological, Nuclear and Explosive (CBRNE) Events courses in 2026.
5. OPHP Trainers continue to manage the upcoming TEEX Personal Protective Measure for Biological Events PER-320 course on September 30th.
6. Our trainer continues to coordinate with Hospitals to schedule Impacted Persons Database Briefing by Clark County staff during the month of September.
7. The Senior Planner and Clinical Advisor continue coordination for Hospital Area Command Full Scale Exercises to be held in October. Midterm Planning Meeting was held August 27th.
8. Hosted Cybersecurity workshop was on August 7th.

New/Upcoming Activities

1. Relaunch of HERT course will pilot on October 1st at Henderson Hospital.

D. Fusion Center Public Health Analyst

Ongoing/Continuing Activities

1. Dissemination of public health info between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
2. Public health input on four (4) SEAR events of local significance.
3. Weekly verbal public health briefings during SNCTC collaboration meetings.
4. Participation in weekly counter terrorism analytic group (CTAG) meetings.
5. Attendance to FEMA training on Terrorism and Toxic Chemicals.
6. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
7. Collaborating with five (5) surrounding fusion centers on areas of public health concern for production of monthly joint public health bulletins.
8. Monitored and advised select Fusion Center contacts of potential medical event of concern-West Nile Virus and Malaria.
9. Assisting LVMPD EM with preparation of a tabletop exercise in Fall 2025. Scenario will be response Chemical release in Medical District of Las Vegas.

E. Grants and Administration

Ongoing/Continuing Activities

1. The manager continues to monitor grant renewal applications and budgets for FY 2026 with the State of Nevada Division of Public and Behavioral Health.
2. OPHP staff continue to make adjustments to federal and state requested modifications to budget and scope of work plan activities for cooperative agreements Continued budget and scope modifications for cooperative agreements.
3. Our manager continues to represent Community Health Division management on various SNHD working group committees.
4. Staff updated State on Preparedness Planning, Operations, Exercises, Training and Evaluation (POETE) working group.
5. Manager and planner continue to support Heat Lab Working group and is in process of identification of new community partners to assist in distribution of RTC bus passes to overcome mobility barriers in vulnerable populations access and utilization of Southern Nevada Cooling Centers.

F. Medical Reserve Corps (MRC) of Southern Nevada

Ongoing/Continuing Activities

1. Attendance at national program meetings, SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC and two (2) nurse volunteers attended College Day at UNLV “Making the Rounds” event to recruit nursing students. We spoke with dozens of students about volunteering.
3. Hosted Psychological First Aid training on August 18th at the UNR Cooperative Extension. Attendees included volunteers from MRC and CERT, as well as Health District, Coroner,

Fire, and Social Services employees. Sixteen (16) participants representing seven (7) agencies.

4. Volunteers assisted clients and staff at the annual Back-to-School rush at the Immunization Clinic at the Decatur and Henderson locations.

New/Upcoming Activities

1. Emergency deployment of nurse volunteers to Red Cross Shelter due to power outage.

MRC Volunteer Hours FY2026 Q1
(Economic impact rates updated April 2025):

Activity	July	August	September
Training		12	
Community Event	**9.5**	**6**	
SNHD Clinic	**25**	**114**	
Emergency Deployment	**20.75**		
Total Hours	**55.25**	**132**	
Economic impact	**$2,344.10**	**$2,955.49**	

Source: Department of Labor Economic Value Calculator for medical volunteers. For general volunteer help, which is most of the time, the Independent Sector calculates the value of volunteer time and publishes it each year. The current amount is $34.79. https://independentsector.org/research/value-of-volunteer-time/

IV. VITAL RECORDS

A. August is currently showing a **3% decrease in birth certificate** sales in comparison to August 2024. **Death certificate** sales currently showing a **9% decrease** in comparison to August 2024. SNHD received revenues of $34,437 for birth registrations, $19,890 for death registrations; and an additional $8,636 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Aug 2024	Aug 2025		FY 24-25 (Aug)	FY 25-26 (Aug)	
Births Registered	2,313	1,367	↑	4,166	28,048	↑
Deaths Registered	1,855	1,248	↓	3,751	24,921	↓
Fetal Deaths Registered	13	12	↓	30	224	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Aug 2024	Aug 2025		FY 24-25 (Aug)	FY 25-26 (Aug)	
Birth Certificates Sold (walk-in)	4	97	↑	17	99	↑
Birth Certificates Mail	149	96	↓	279	242	↓

Birth Certificates Online Orders	3,997	3,814	↓	7,673	8,291	↑
Birth Certificates Billed	100	108	↑	240	268	↑
Birth Certificates Number of Total Sales	4,250	4,115	↓	8,209	8,900	↑
Death Certificates Sold (walk-in)	22	24	↑	29	36	↑
Death Certificates Mail	202	128	↓	390	279	↓
Death Certificates Online Orders	7,401	6,737	↓	15,585	14,840	↓
Death Certificates Billed	34	50	↑	89	108	↑
Death Certificates Number of Total Sales	7,623	6,939	↓	16,093	15,263	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Aug 2024	Aug 2025		FY 24-25 (Aug)	FY 25-26 (Aug)	
Birth Certificates Sold Valley View (walk-in)	.1%	2.4%	↑	.2%	1.1%	↓
Birth Certificates Mail	3.5%	2.3%	↓	3.4%	2.7%	↓
Birth Certificates Online Orders	94%	92.7%	↓	93.5%	93.2%	↓
Birth Certificates Billed	2.4%	2.6%	↑	2.9%	3%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.3%		.2%	.2%	
Death Certificates Mail	2.6%	1.8%	↓	2.4%	1.8%	↓
Death Certificates Online Orders	97.1%	97.1%		96.8%	97.2%	↑
Death Certificates Billed	.4%	.7%	↑	.6%	.7%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Aug 2024	Aug 2025		FY 24-25 (Aug)	FY 25-26 (Aug)	
Birth Certificates ($25)	$106,250	$102,875	↓	$205,225	$222,500	↑
Death Certificates ($25)	$191,475	$173,475	↓	$402,325	$381,575	↓
Births Registrations ($13)	$35,464	$34,437	↓	$68,655	$74,750	↑
Deaths Registrations ($13)	$23,205	$19,890	↓	$47,905	$43,979	↓
Convenience Fee ($2)	$8,158	$7,990	↑	$15,892	$17,096	↑
Miscellaneous Admin	$650	$646	↓	$1,398	$1,318	↓
Total Vital Records Revenue	$365,202	$339,313	↓	$740,400	$741,218	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	Aug 2024	Aug 2025		FY 24-25 (Aug)	FY 25-26 (Aug)	
Passport Applications	551	737	↑	1,245	1,659	↑
Revenue	**Aug 2024**	**Aug 2025**		**FY 24-25 (Aug)**	**FY 25-26 (Aug)**	
Passport Execution/Acceptance fee ($35)	$19,285	$25,795	↑	$43,575	$58,065	↑

V. HEALTH EQUITY

Health Equity Program – August Highlights

The Health Equity Program continues to strengthen community partnerships and collaborations aimed at increasing the capacity of local communities to address health disparities.

Key Activities in August:

1. **Community Convening Meeting**
   On August 7th, in collaboration with the Alzheimer's Association, the Health Equity program hosted the second Community Convening Meeting to address the reduction of Dementia risk and promotion of Healthy Brain habits. During this meeting, participating community partners finalized the overall goal for the Brain Health initiative and committed to submit their objectives and supporting activities to be incorporated in the Community Convening Action Plan.
2. **Youth Advisory Board Council Launch**
   On August 20th, the Health Equity team hosted the first Youth Advisory Council meeting. This meeting was entitled **SPARK** (Students Promoting Awareness, Responsibility & Knowledge).

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: Key Updates

1. SNHD Nursing Division Support

SNPHL provides laboratory services to the SNHD Nursing Division, including:

a) Molecular and microbiological culture testing
b) Sexually Transmitted Disease (STD) diagnostics

2. STD Surveillance and Testing

SNPHL collaborates with the SNHD STD Department in the following activities:

a) Participation in the CDC's Gonococcal Isolate Surveillance Project (GISP) and the enhanced GISP (eGISP)
b) Performing NAAT and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antimicrobial susceptibility testing
c) Participation in eGISP Part B to expand culture-independent testing for antimicrobial resistance genes in gonococcal isolates
d) A detailed breakdown of monthly sample volumes provided on the accompanying table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	35	35
NAAT NG/CT	1,599	1,566
Syphilis	626	781
RPR/RPR Titers	121/39	128/44
Hepatitis Total	2,467	2,453
HIV/differentiated	638/19	704/20
HIV RNA	116	120

3. COVID-19 Testing Operations

a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform

b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours

c) In August, the average daily testing volume was seven (7) samples, with an average TAT of 47 hours from collection to report release

d) IT enhancements include streamlined patient accession and direct report verification from SNPHL's Laboratory Information Management System (LIMS) into the SNHD patient portal

e) High-throughput automation has been incorporated, including the Eppendorf 5073 specimen fluid handling station

f) Due to unresolved scripting issues with the Tecan instrument, SNPHL has requested SNHD Contracts and Purchasing to explore the feasibility of returning the instrument to the manufacturer

g) A detailed summary of COVID-19 testing volumes and performance metrics provided in the accompanying table:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	471/74	July	280/58
February	656/55	August	156/83

March	630/22	September	-------
April	195/22	October	-------
May	141/9	November	-------
June	190/43	December	-------

4. Reportable Disease Testing

a) SNPHL continues routine testing of reportable disease specimens submitted by community stakeholders.
b) Results are reported weekly to the Office of Epidemiology and Disease Surveillance (OEDS) to support investigations
c) Coordination with CDC PulseNet is initiated when required
d) A monthly summary of reportable disease testing provided on the accompanying table:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	9	4	3	2	2	5	6	4					35
	Campy Screen	12	8	4	3	6	10	8	6					57
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33	21	35					279
	Gram Stain/WBC	0	5	0	0	0	5	0	0					10
	Neisseria ID	2	0	0	0	0	0	0	0					2
	Haemophilus ID	0	0	0	0	1	0	0	0					1
Unknown ID	Bacterial ID	0	0	0	0	2	0	0	0					30
	WGS (PulseNet)	14	12	20	8	26	25	33	21					165
Salmonella	Salmonella Screen	3	6	14	13	11	10	18	14					89
	Salmonella Serotype	3	7	13	13	9	8	17	10					80
Shigella	Shigella Screen	2	5	3	6	4	0	4	3					27

	Shigella Serotype	2	4	3	0	1	1	3	3					17
STEC	STEC Screen	0	3	3	1	5	4	3	4					23
	STEC Serotype	0	0	1	0	1	1	2	3					9
Unknown	Stool Culture	1	5	1	4	5	5	1	1					22
Vibrio	Vibrio ID	0	0	0	1	0	3	0	0					4
	Vibrio Screen	1	0	0	3	0	5	1	1					11
Yersinia	Yersinia Culture/ID	1	0	0	2	2	1	0	0					6

B. **Epidemiological Testing and Consultation:** Key **Updates:**

1. **Outbreak Investigation Committee Participation**
   SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There was one (1) gastrointestinal (GI) outbreak samples were received for investigation in August.
2. **Influenza Surveillance Reporting**
   SNPHL continues to report influenza testing results to the CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). In August, SNPHL performed eleven (11) respiratory panel tests using the BioFire platform.

C. **Emergency response and reportable disease isolate testing report: Key Activities and Capabilities:**

1. **Reportable Disease Isolate Testing and Confirmation**
   SNPHL conducts testing and confirmation of reportable disease isolates submitted by local laboratories. These isolates are serotyped and/or confirmed via Whole Genome Sequencing (WGS), stored on-site, and reported through national surveillance systems including:

   a) Public Health Laboratory Information System (PHLIS)
   b) National Antimicrobial Resistance Monitoring System (NARMS)
   c) Influenza Surveillance
   d) PulseNet Bacterial Outbreak Surveillance

2. **Whole Genome Sequencing (WGS) Validation**
   SNPHL is clinically validated to use WGS for the identification of select *Campylobacter* species, pathogenic *Escherichia coli*, and *Salmonella* species. The lab is also validated for determining *Salmonella* serotypes, STEC (Shiga toxin-producing *E. coli*) serotypes, and Shiga toxin genes.

3. **PulseNet Surveillance**
   In August 2025, SNPHL performed 21 WGS tests as part of the PulseNet Foodborne Outbreak Surveillance program.

4. **Bacterial Isolate Screening**
   Using the Bruker MALDI-TOF instrument, SNPHL identified 120 bacterial organisms in August, streamlining the screening process for bacterial isolates.

5. **SARS-CoV-2 Sequencing**
   SNPHL is validated for sequencing SARS-CoV-2 and variants of concern, including lineage and clade identification.

   a) Current capacity: up to 96 SARS-CoV-2-positive RNA extracts per week
   b) August 2025: 54 SARS-CoV-2-positive RNA extracts sequenced
   c) Capacity expansion is anticipated with additional staffing, instrumentation, and method development.

6. **Legionella Surveillance**
   SNPHL collaborates with Environmental Health and Veritas Labs for Legionella surveillance. Monthly isolate counts for 2025 are as follows:

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3	22	0	26	62	45	33	22				

7. **Vector-Borne Disease Testing**
   SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

   a) August 2025: 321 mosquito pool samples tested
   b) Thirteen (13) WNV-positive mosquito pool identified
   c) Results were communicated to Environmental Health and subsequently released to the public.

8. **Gonococcal Isolation Surveillance Program (GISP/eGISP)**
   In August, SNPHL collected 38 clinical isolates:

   a) *Neisseria gonorrhoeae*: ten (10) isolates
   b) *Neisseria meningitidis*: four (4) isolates
      These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

9. **C. auris PCR Screening**
   SNPHL performed 1,128 Real-Time PCR screenings for *Candida auris* in August 2025.

D. **All-Hazards Preparedness: Key Activities:**

1. **Coordination with First Responder Training**
   SNPHL collaborates on training and exercises with first responder agencies including the Civil Support Team, HazMat units, the Federal Bureau of Investigation (FBI), and the Las Vegas Metropolitan Police Department.
2. **Laboratory Packaging and Shipping Guidance**
   SNPHL offers guidance to local laboratorians on CDC protocols for packaging and shipping infectious substances, including chain of custody procedures.
3. **Onsite Training for Long-Term Care Facilities**
   SNPHL provided onsite training for long-term care facilities on the use of COVID-19 online ordering applications.
4. **Monkeypox Biosafety Guidance**
   Biosafety guidance was supplied to sentinel sites in response to Monkeypox surveillance and containment efforts.
5. **Vaccination Support for Laboratory Staff**
   SNPHL facilitated Monkeypox and bivalent COVID-19 booster vaccinations for laboratory personnel.
6. **Ongoing Biosafety Training for SNPHL Staff**
   The laboratory continues to provide perpetual biosafety training and updated guidance to SNPHL personnel.
7. **Training After Equipment Upgrade**
   SNPHL will provide training for all BSL-3 staff after installing the double door autoclave and fixing the leaking problem in September 2025.

E. **August 2025 SNPHL Activity Highlights: Key Updates:**

1. **COVID-19 Testing Supplies and Reagent Forecast**
   SNPHL has maintained a consistent supply of Viral Transport Medium (VTM) for COVID-19 collection kits, even following the cessation of ELC COVID funding. However, reagents for PCR and Whole Genome Sequencing (WGS) are projected to be depleted by August 2025.
2. **Proficiency Testing Performance**
   SNPHL achieved 100% proficiency across a wide range of tests, including:

   a) CAP MVP-B Molecular Vaginal Panel (T. vaginalis)
   b) CAP GH5-B Hemoglobin A1c
   c) CAP UAA1-B Automated Urine Microscopy

3. **Facility Infrastructure and Equipment Calibration**
   Phoenix Controls completed system integration adjustments for the installation of the onsite monitor computer and network connection on the 2nd floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature remotely or onsite.

4. **Genomic Surveillance – SARS-CoV-2**
   WGS and genomic data analysis indicate that the Omicron variant XFG lineage was the dominant strain among samples received in August. SNPHL will continue sequencing close-contact samples to support ongoing investigations by the Office of Disease Surveillance (ODS).
5. **Influenza Surveillance**
   Early data from the new influenza season show that A/H3, A/H1, and B/Victoria are the predominant subtypes of influenza.
6. **Avian Influenza Surveillance**
   SNPHL participates in the CDC's Avian Influenza Surveillance Project by distributing testing guidance and specimen collection procedures to local hospitals via the Health Alert Network (HAN). ICU patients testing positive for Influenza A are required to submit specimens for subtyping to rule out avian influenza. No suspect avian flu samples were received in August.
7. **Facility Expansion Planning**
   Phase I of the new facility design may focus on constructing BSL-3 and microbiology laboratories on the second floor, with a semi-shell layout planned for the first floor.
8. **Expanded Clinical Testing Services**
   New test offerings in clinical chemistry, hematology, and urinalysis have formally opened for service on Tuesday, August 5, 2025, for FQHC and DPP division. The SNPHL website of test menu has been updated and added those new additional tests.

F. **COMMUNITY HEALTH – SNPHL – Calendar Year Data**

August SNPHL Services	2024	2025	
Clinical Testing Services [1]	5,465	6,273	↓
Epidemiology Services [2]	517	283	↓
State Branch Public Health Laboratory Services[3]	0	0	=
All-Hazards Preparedness Services [4]	7	4	↓
Environmental Health Services [5]	422	331	↓

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

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

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

[4] Includes Preparedness training, teleconferences, and Inspections.

[5] Includes vector testing.

MEMORANDUM

Date: **September 16, 2025**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer CJ

Subject: Community Health Center FQHC Chief Executive Officer Report – August 2025

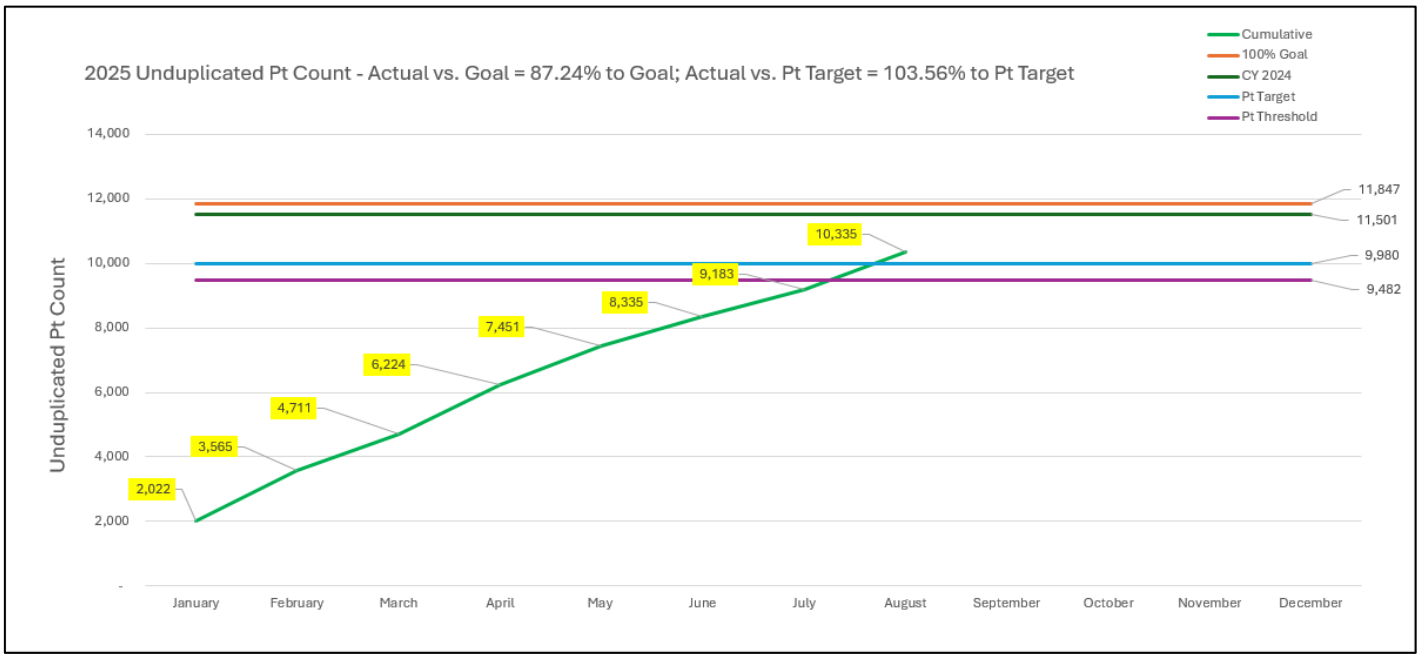
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

August Highlights - Administrative

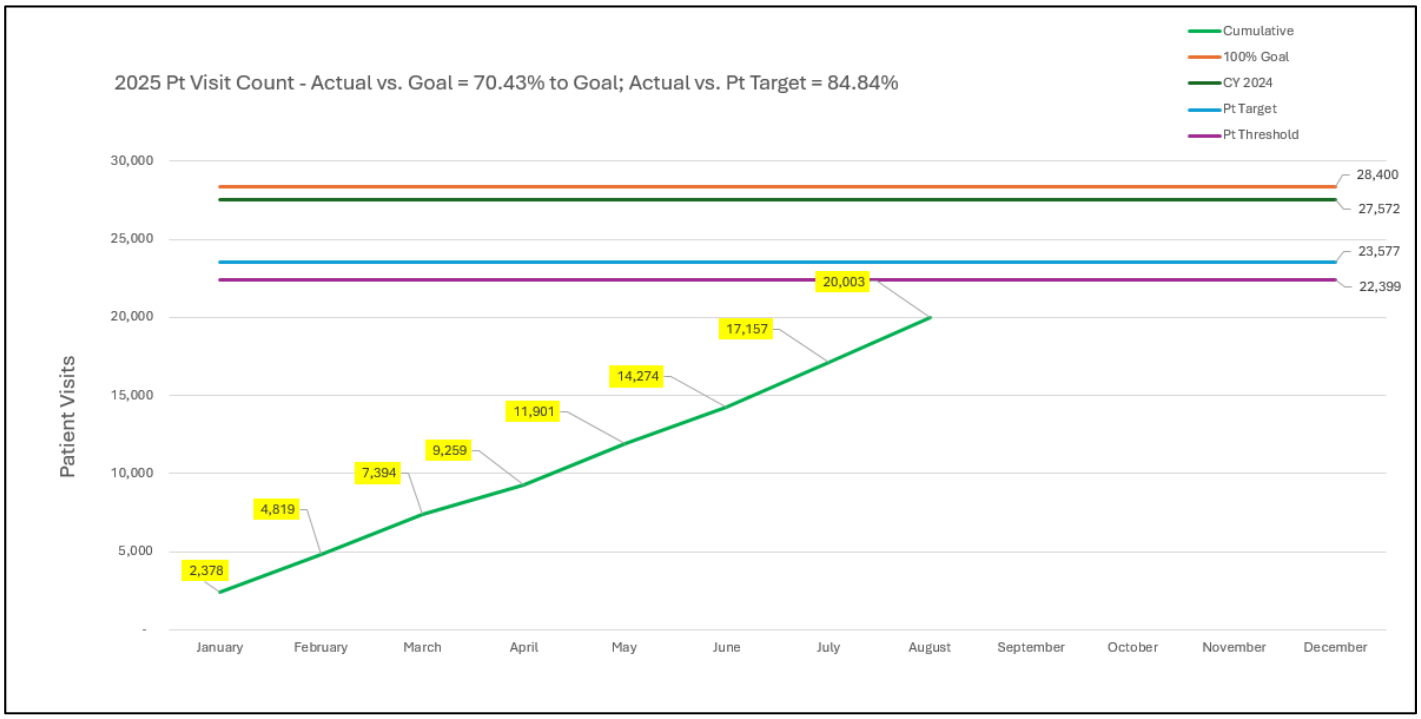
- Successfully completed the Title X Audit.
- Title X funding received for the remainder budget period (3/31/2026)
- 9/30/2025 funding cliff for the Health Center - mandatory and discretionary funds.
- FTCA Redeeming for CY26 received.
- Health center's laboratory assistants will be reporting to the CMO/Medical Director to support clinic alignment goals.
- 2nd interview scheduled for Clinical Staff Physician (Fremont) scheduled 9/18/25.
- Currently recruiting two (2) new board members for SNCHC board.
- Patient Centered Medical Home (PCMH) accreditation work is underway.
- Working with the Nevada Primary Care Association to prepare a proposal for Rural Health Transformation funding.
- Call Center Quality Improvement Project activities ongoing.
- A community health nurse providing case management services recognized as an employee of the month for September.

Access

Unduplicated Patients – August 2025



Patient Visits Count – August 2025



Provider Visits by Program and Site – August 2025

Facility	Program	AUG '25	AUG '24	AUG YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	818	537	34%	1,753	1,150	34%
Fremont	Family Health	521	396	24%	936	662	29%
Total	**Family Health**	**1,339**	**933**	**30%**	**2,689**	**1,812**	**33%**
Decatur	Family Planning	83	165	-99%	147	291	-98%
Fremont	Family Planning	203	121	40%	400	233	42%
Total	**Family Planning**	**286**	**286**	**0%**	**547**	**524**	**4%**
Decatur	Sexual Health	510	500	2%	1,147	1,079	6%
Fremont	Sexual Health	123	121	2%	258	230	
ASEC	Sexual Health		45		0	113	
Total	**Sexual Health**	**633**	**666**	**-5%**	**1,405**	**1,422**	**-1%**
Decatur	Behavioral Health	144	130	10%	357	254	29%
Fremont	Behavioral Health	149	133	11%	291	263	
Total	**Behavioral Health**	**293**	**263**	**10%**	**648**	**517**	**20%**
Decatur	Ryan White	194	212	-9%	493	497	-1%
Fremont	Ryan White	31	28	10%	45	44	
Total	**Ryan White**	**225**	**240**	**-7%**	**538**	**541**	**-1%**
FQHC Total		**2,776**	**2,388**	**14%**	**5,827**	**4,816**	**17%**

Pharmacy Services

	Aug 25	Aug 24		FY26 YTD	FY25 YTD		% Change YOY
Client Encounters (Pharmacy)	1,694	1,393	↑	3,454	2,806	↑	**23.1%**
Prescriptions Filled	3,084	2,253	↑	6,292	4,570	↑	**37.7%**
Client Clinic Encounters (Pharmacist)	53	59	↓	114	102	↑	**11.8%**
Financial Assistance Provided	10	25	↓	24	55	↓	**-56.4%**
Insurance Assistance Provided	5	12	↓	21	26	↓	**-19.2%**

A. Dispensed 3,084 prescriptions for 1,694 patients.
B. The pharmacists completed 53 patient clinical encounters.
C. 10 patients assisted to obtain medication financial assistance.
D. Assisted five (5) clients with insurance approvals.

Medicaid Managed Care Organization (MCO)

Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	205
HPN	1,651
Molina	217
SilverSummit	86
Total	2,159

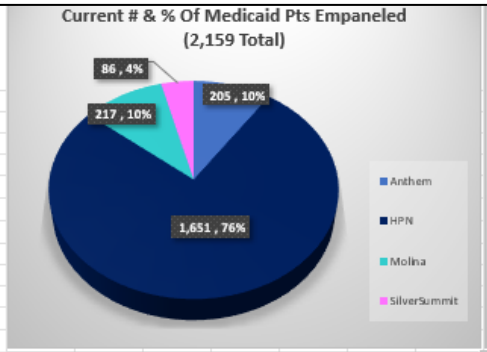
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	2172
% of Unduplicated Pts to Goal	73.16%
# of Medicaid Pts Assigned to SNCHC	2,159
# of Empaneled Pts Not Yet Seen	?

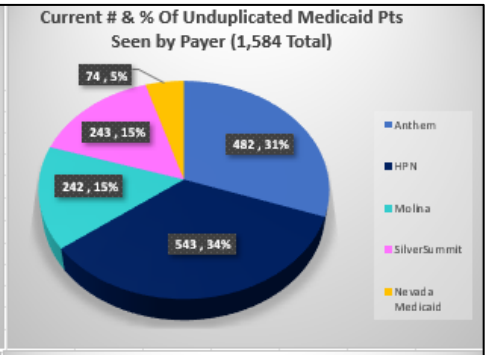
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	2823
% of Medicaid Pts Visits to Goal	68.79%
Average # of Medicaid visits per undup pt	1.30

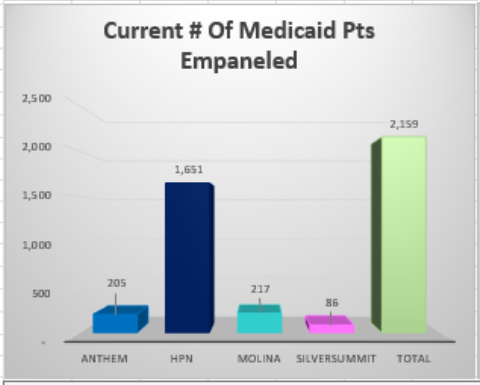
2025 # of Unduplicated MCD Pts Seen	
Anthem	482
HPN	543
Molina	242
SilverSummit	243
Nevada Medicaid	74
Total	1,584

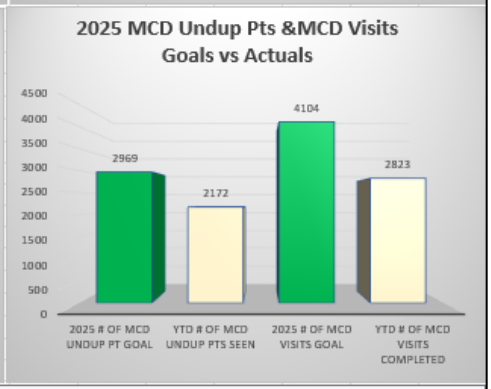
2025 # of Empaneled MCD Pts Seen	
Anthem	?
HPN	?
Molina	?
SilverSummit	?
Nevada Medicaid	?
Total	-

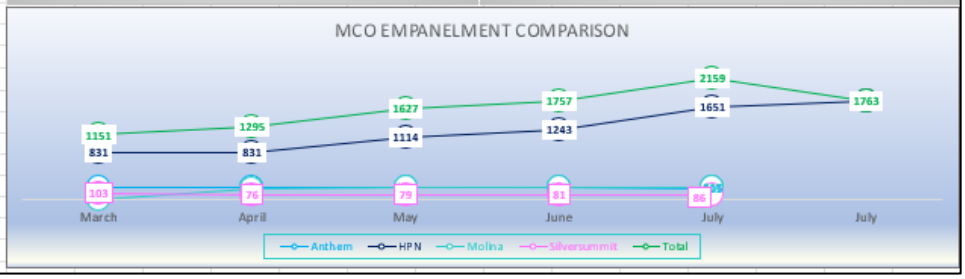
Calendar Year 2024	
# of Unduplicated Pts Seen	2827
# of Medicaid Pts Assigned to SNCHC	920
# of Empaneled Pts Not Yet Seen	474
2024 Goal of Medicaid Visits	2831
YTD # of Medicaid Visits	3908
% of Medicaid Pts Seen to Goal	138.04%
Average # of Medicaid visits per undup pt	1.38











Behavioral Health Services

A. A Psychiatric APRN I celebrated their fifth year with SNCHC in July and was promoted to an APRN II.
B. The Behavioral Health Manager and Psychiatric APRNs attended the 2025 Southern Nevada Substance Misuse and Overdose Prevention Summit held at UNLV.
C. SNCHC has been doing outreach with Nevada HAND and looking to explore options with SNCHC BH Team to potentially provide services to the residents.

Family Planning Services

A. Family Planning program access is flat to budget in August and up 4% year-over-year. Program team administrators and clinical staff are working on a quality improvement project to increase access to care with the aim of simplifying the scheduling process and reducing waste in the appointment schedules. New metrics are being tracked focused on the percentage of appointments scheduled per provider per day as well tracking the third next available appointment by new and established appointments. The data will be used to make additional fine tuning to the appointment schedules.
B. The health center's Consent Forms were recognized as a best practice. The final outcome of the audit

will be conveyed by the project officer in 30 days.

C. The health center received notification of funding for the remaining six months of the approved budget period (i.e., October 1, 2025 – March 31, 2026).

HIV / Ryan White Care Program Services

A. The Ryan White program received 62 referrals between August 1st and August 31st. There were five (5) pediatric clients referred to the Medical Case Management in August and the program received two (2) referrals for pregnant women living with HIV during this time.

B. There were 519 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 274 unique clients served under these programs in August.

C. The Ryan White ambulatory clinic provided a total of 440 visits in the month of August, including 18 initial provider visits, 182 established provider visits including eight (8) tele-visits to established patients. Additionally, there were 22 nursing visits and 218 lab visits provided. There were 45 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of August. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in August.

D. The Ryan White clinic provides Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were three (3) patients seen under the Rapid StART Program in August.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 1,229 unique services to 814 unduplicated patients for the month of August. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

B. The 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) on 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. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services. The SHC Community Health Nurse team began providing services following the new “Nurse Visit for Follow up (HIV) PrEP Therapy” standard operating procedure.

C. One (1) SHC CHN assisted with the American Heart Association Basic Life Support (AHA BLS) skills training for SNHD staff. Three (3) SHC Medical Assistant completed their AHA BLS skills training.

D. One (1) SHC CHN vacancy due to a resignation.

Refugee Health Program (RHP)

There were no services provided to clients in the Refugee Health Program for the month of August 2025.

Outreach/In Reach Activity

Month of August 2025

Number of events	3 - outreach 2 - in reach
Number of people reached	222
Number of people linked to the clinic	7
Number of hours dedicated to outreach	35

Eligibility and Insurance Enrollment Assistance

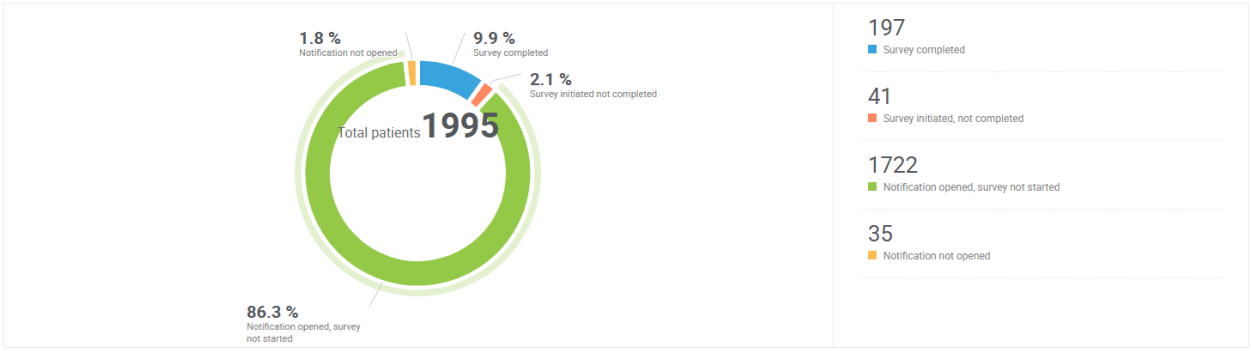
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

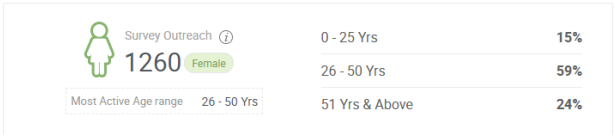
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation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

Southern Nevada Community Health Center
Patient Satisfaction Survey – August 2025

Overview

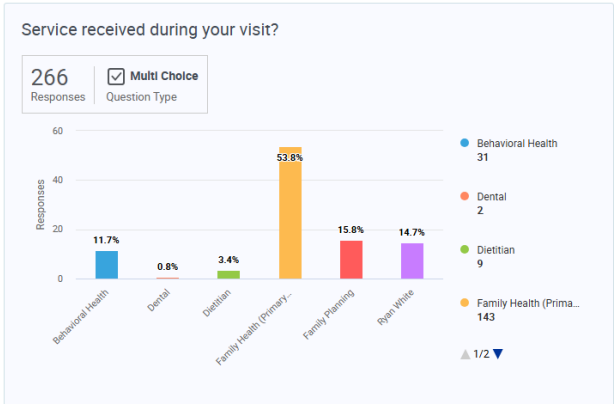


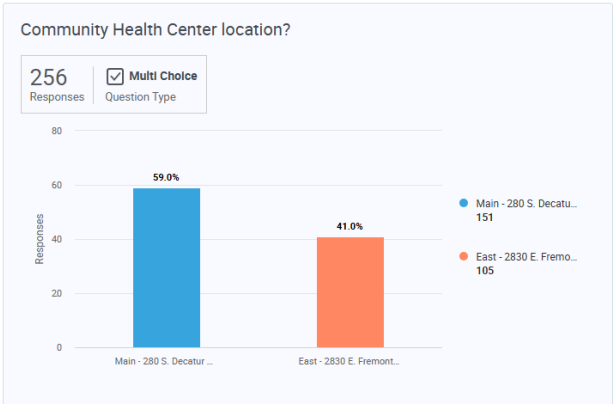
Gender





Service and Location

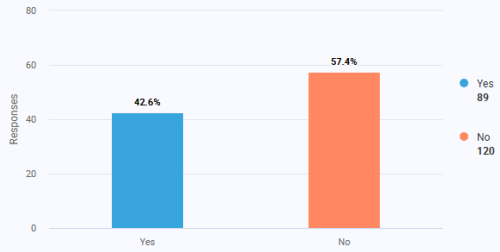




Provider, Staff, and Facility

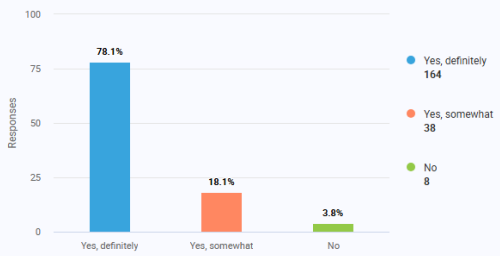
Was your most recent visit for an illness, injury or condition that needed care right away?

209 Responses | Multi Choice Question Type



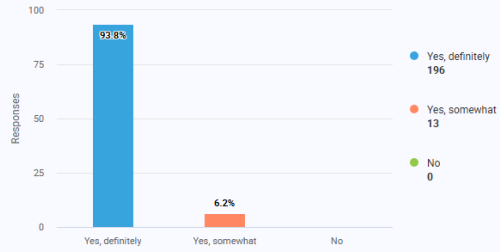
Was the recent visit as soon as you needed?

210 Responses | Multi Choice Question Type



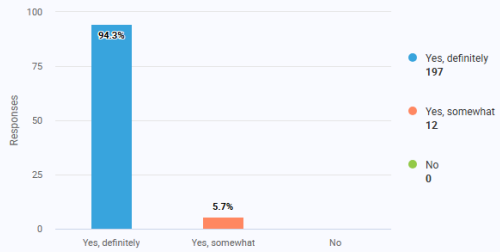
During your most recent visit, did this provider explain things in a way that was easy to understand?

209 Responses | Multi Choice Question Type



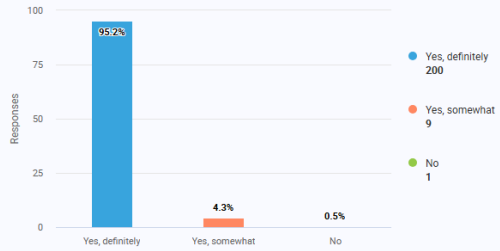
During your most recent visit, did this provider listen carefully to you?

209 Responses | Multi Choice Question Type



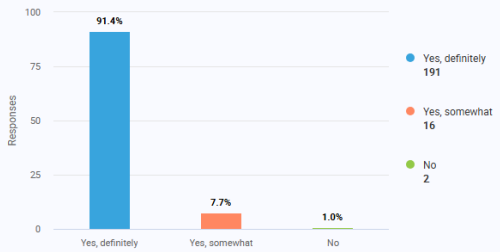
During your most recent visit, did this provider show respect for what you had to say?

210 Responses | Multi Choice Question Type



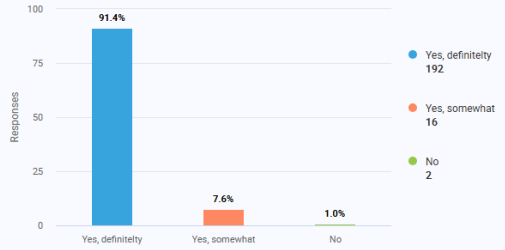
During your most recent visit, did this provider spend enough time with you?

209 Responses | Multi Choice Question Type



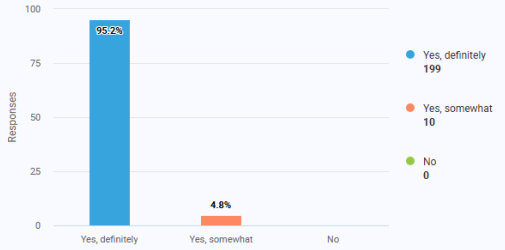
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

210 Responses | Multi Choice Question Type



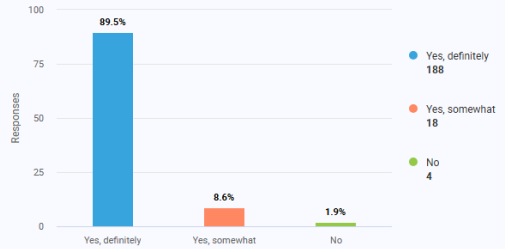
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

209 Responses | Multi Choice Question Type



Thinking about your recent visit, was it easy to schedule an appointment?

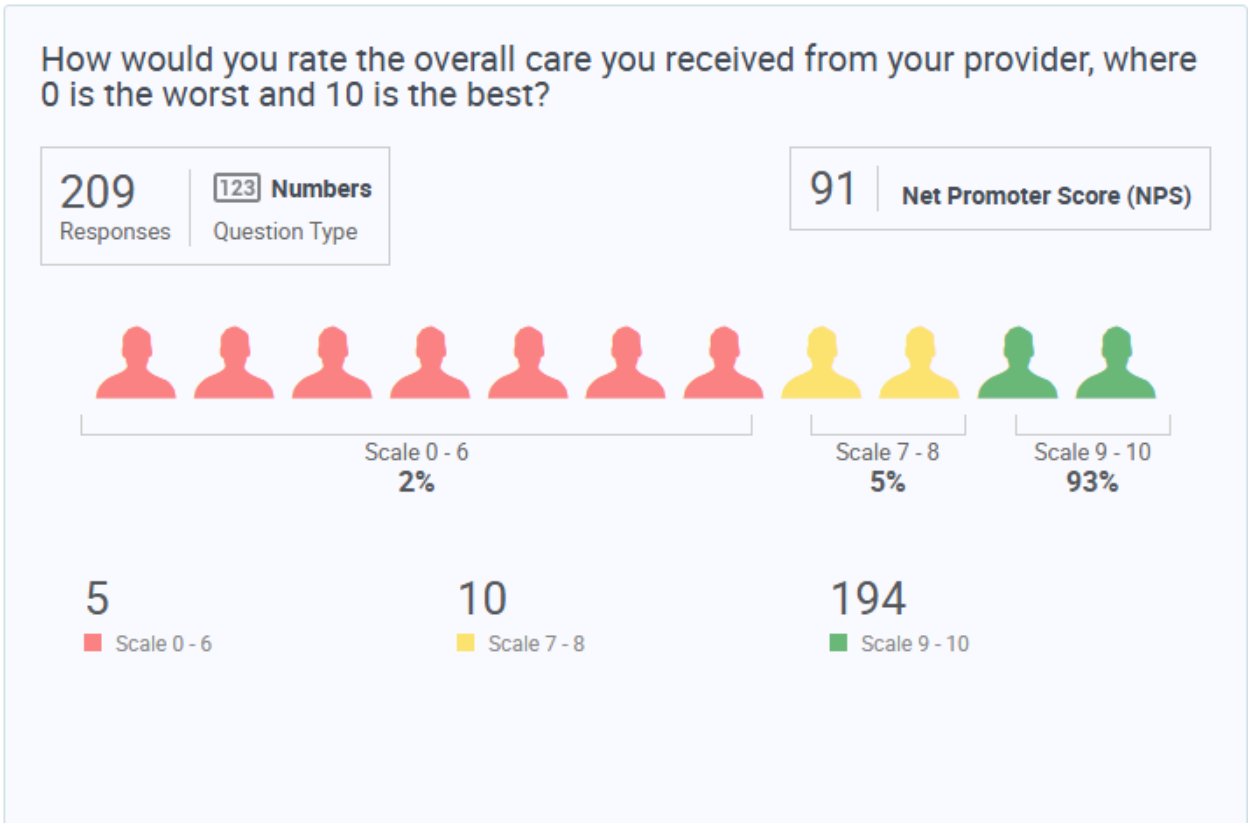
210 Responses | Multi Choice Question Type



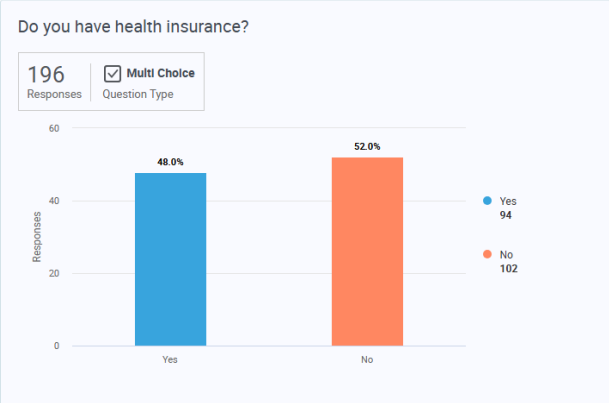
Thinking about the facility, how was the overall cleanliness and appearance?

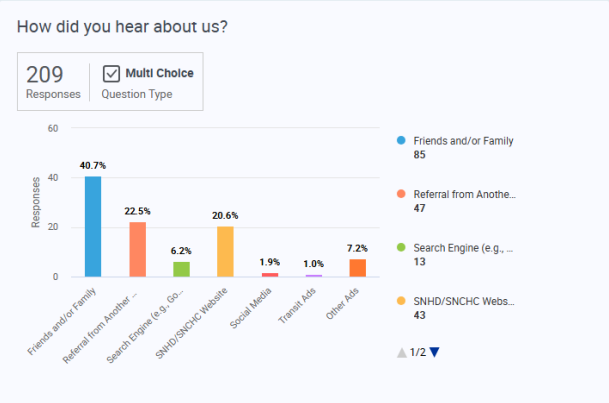
209 Responses | Multi Choice Question Type





General Information





Memorandum

Date: September 25, 2025

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH,** *Director of Disease Surveillance & Control*
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – August 2025

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.

	August 2024	August 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	1060	877	↓	8169	7784	↓
Gonorrhea	472	362	↓	3479	3262	↓
Primary Syphilis	12	3	↓	106	60	↓
Secondary Syphilis	23	2	↓	174	70	↓
Early Non-Primary, Non-Secondary[1]	46	6	↓	401	226	↓
Syphilis Unknown Duration or Late[2]	127	42	↓	1016	846	↓
Congenital Syphilis (presumptive)	2	2	→	27	24	↓
Moms and Babies Surveillance[3]						
Pregnant Persons Living with HIV[4]	5	3	↓	40	35	↓
Pregnant Syphilis Cases	11	26	↑	88	158	↑
Perinatally Exposed to HIV	2	5	↑	27	30	↑

1 Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

2 Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

3 Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

4 The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.

Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	1	↓	32	24	↓
Hepatitis A	1	0	↓	7	1	↓

	August 2024	August 2025		YTD 24	YTD 25	
Hepatitis B, acute	2	0	↓	28	18	↓
Influenza	6	21	↑	711	1170	↑
Monkeypox	1	1	→	8	1	↓
Pertussis	2	1	↓	41	44	↑
RSV	9	11	↑	1944	2228	↑
Enteric Illness						
Amebiasis	0	0	→	5	7	↑
Campylobacteriosis	13	11	↓	154	153	↓
Cryptosporidiosis	1	1	→	21	18	↓
Giardiasis	7	2	↓	47	35	↓
Rotavirus	8	11	↑	113	201	↑
Salmonellosis	15	9	↓	111	115	↑
Shiga toxin-producing Escherichia coli (STEC)	13	4	↓	65	59	↓
Shigellosis	15	2	↓	100	48	↓
Vibriosis (non-cholera Vibrio species infections)	2	0	↓	12	7	↓
Yersiniosis	2	2	→	27	38	↑
Other						
Carbapenem-resistant Enterobacterales (CRE)	63	56	↓	475	401	↓
Candida auris	137	101	↓	1250	891	↓
Coccidioidomycosis	27	6	↓	177	151	↓
Cyclosporiasis	1	0	↓	11	8	↓
Dengue	4	0	↓	6	3	↓
Hepatitis C, acute	2	1	↓	10	8	↓
Invasive Pneumococcal Disease	10	12	↑	169	157	↓
Lead Poisoning	15	9	↓	118	108	↓
Legionellosis	2	2	→	21	28	↑
Lyme Disease	2	0	↓	8	4	↓
Malaria	0	0	→	4	3	↓
Meningitis, aseptic	4	0	↓	22	13	↓
Meningitis, Bacterial Other	1	0	↓	4	4	→
Rabies, animal	3	2	↓	5	4	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	3	→	28	21	↓
New Active TB Cases Counted (<15 yo)	0	0	→	3	0	↓
New Active TB Cases Counted (>= 15 yo)	4	3	↓	44	44	→

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	10	0	24	0
Gonorrhea	9	0	9	0
Syphilis	7	2	192	0
HIV/AIDS (New to Care/Returning to Care)	22	3	56	0
Tuberculosis	1156	0	5	1
TOTAL	1204	5	286	1

[1] Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
[2] Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
[3] OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

4. Disease and Outbreak Investigations

a. **Mpox:** As of August 25, 2025, Clark County had 323 cases of Mpox.
b. **Enteric Illness:** Disease Surveillance and Control (DSC) received a report of 7 ill out of a party of 10 after dining at a local restaurant. One stool sample was submitted and positive for Norovirus. A survey was distributed to all diners in the party. EH staff conducted a site visit. No further illness reports have been received. This investigation is closed.
c. **Legionella associated with hotels**:
    a. DSC investigated multiple travel associated cases of Legionnaires' disease in individuals who stayed at Harrah's Laughlin Beach Resort and Casino in 2025. DSC worked closely with EH to conduct environmental sampling and remediation efforts. The property cooperated with EH and DSC staff in the investigation. The investigation is closed.

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. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone distributions took place in the month of August:

Naloxone Distribution	Agency	# of Naloxone doses distributed
8/5/2025	Summit View Youth Center	24
8/7/2025	Partida Corona	144
8/7/2025	SNHD - FQHC	240
8/12/2025	Crossroads	2016
8/12/2025	Foundation For Recovery	1512
8/13/2025	Caridad	48
8/13/2025	Street Dogz	48
8/13/2025	Boulder City Police Department	48
8/19/2025	The Strat	96
8/13/2025	Boulder City Police Department	-4 (Returned Doses)
8/19/2025	NDOC - High Desert	120
8/21/2025	SNHD - Mesquite	12
8/21/2025	SNHD - L2A	4
8/21/2025	SNHD - L2A	80
8/21/2025	SNHD - Mesquite	24
Total		**4412**

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of August:

DATE	AGENCY	FTS	XTS	QTY
08/05/2025	SNHD L2A Team	200	100	300
08/05/2025	SNHD Office of Disease Surveillance	0	100	100
08/13/2025	Foundation for Recovery	4000	4000	8000
08/19/2025	SNHD L2A Team	500	100	600
08/19/2025	Valley View Community Cares	2000	2000	4000
08/20/2025	Harmon Hospital	300	300	600
08/20/2025	Foundation for Recovery	2000	2000	4000
08/22/2025	SNHD Office of Disease Surveillance	0	200	200
08/26/2025	SNHD L2A Team	0	400	400
08/28/2025	SNHD Office of Disease Surveillance	100	100	200
TOTALS:		**9,100**	**9,300**	**18,400**

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, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

b. ODS continues to collaborate with community partners to participate at various outreach events. Activities were suspended for HIV/STI related testing outreaches due to MTU repairs and grant funding expirations. We plan to resume scheduling these activities as soon as possible. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.

c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration

B. High Impact HIV/STD/Hepatitis Screening Sites

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

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	**Aug-24**	**Aug-25**		**YTD 24**	**YTD 25**	
Outreach/Targeted Testing	1024	250	↓	7549	6986	↓
Clinic Screening (SHC/FPC/TB)	919	243	↓	8005	5951	↓
Outreach Screening (Jails)	235	54	↓	1956	1245	↓
Collect2 Protect	11	6	↓	79	54	↓
TOTAL	2189	553	↓	17589	14236	↓
Outreach/Targeted Testing POSITIVE	7	1	↓	42	30	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	2	0	↓	11	8	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	4	5	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	10	1	↓	57	43	↓

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 08/01/2025: Attended Big Cities Health Coalition (BCHC) Substance Use Working Group as SNHD representative; 25 people in attendance; 1 ODS staff in attendance.
2. 08/01/2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) Monthly Meeting as Chair; 48 people in attendance; 2 ODS staff in attendance.
3. 08/06/2025: Facilitated PrEP Education visit at NV Health Centers-MLK; 2 staff in attendance; 1 ODS staff in attendance.
4. 08/07/2025: Presented on CredibleMind at the Brain Health Convening Meeting; 15 people in attendance; 2 ODS Health Educators in attendance.
5. 08/08/2025: Presented at The American Society of Addictions Nurses Conference Committee; 50 people in attendance; 1 ODS staff in attendance.
6. 08/13/2025: Interviewed on “Healthier Tomorrow” Podcast discussing Community Health Assessment and promoting Community Health Improvement Plan; 4 people in attendance; 1 ODS Health Educator in attendance.
7. 08/14/2025: Facilitated Perinatal HIV Prevention Education at Dignity Health Siena Hospital, Morning Shift, Labor and Delivery Departments; 7 people in attendance; 5 SNHD staff in attendance.
8. 08/14/2025: Facilitated, presented, and coordinated the 2025 Southern Nevada Substance Misuse and Overdose Prevention Summit; 243 people in attendance; 20 ODS staff in attendance.
9. 08/14 - 08/15/2025: Clark County National Center for Fatality Review, Child Death Review Team Training; 1 SNHD staff in attendance.
10. 08/14/2025: Epidemiology and Disease Surveillance staff presented at the Substance Misuse & Overdose Prevention Summit. Topics included heat, drug screening, HIV and health equity, and the launch of the Southern Nevada Post Overdose Response (SPORT) program. Additional presentations were also provided.
11. 08/19/2025: Facilitated Congenital Syphilis Clinical Education to Valley Emergency Department; 25 people in attendance; 2 SNHD staff in attendance.
12. 08/20/2025: Facilitated listening session for Street and Field Medicine project; 35 people in attendance; 2 ODS staff in attendance.
13. 08/21/2025: Attended Big Cities Health Coalition (BCHC) Policy Working Groups as SNHD representative; 25 people in attendance; 1 ODS staff in attendance.
14. 08/25/2025: Facilitated Congenital Syphilis Clinical Education to Henderson Emergency Department; 29 people in attendance; 2 SNHD staff in attendance.
15. 08/26/2025: Facilitated Overdose Response Training for SNHD staff; 21 people in attendance; 1 ODS staff in attendance.
16. 08/26/2025: Attended Las Vegas Transitional Grant Area-Ryan White Part A Priority Setting and Resource Allocation Data Presentation as SNHD representatives. 49 people in attendance; 2 SNHD staff in attendance.
17. 08/26/2025: Facilitated Congenital Syphilis Clinical Education to Centennial Hills ED; 11 people in attendance; 2 SNHD staff in attendance.
18. 08/27/2025: Attended Las Vegas TGA Part A (Ryan White Part A) Planning Council Meeting as SNHD representatives; 43 people in attendance; 2 SNHD staff in attendance.
19. 08/27/2025: Facilitated Congenital Syphilis Prevention Education for Henderson Emergency Department; 23 people in attendance; 1 SNHD staff in attendance.
20. 08/27/2025: Interviewed on "Healthier Tomorrow" Podcast about substance use and overdose prevention; 4 people in attendance; 2 ODS staff in attendance.
21. 08/29/2025: Facilitated Congenital Syphilis Clinical Education to Henderson Emergency Department; 27 people in attendance; 2 SNHD staff in attendance.

D. Office of Epidemiology

1. Epidemiology Reports

a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables
b. Monthly and quarterly disease statistics
c. Weekly Mpox case and vaccination report
d. Ongoing monthly and quarterly reports for FOCUS HIV grant project
e. Monthly NVDRS, SUDORS and NCLPP reports
f. Outreach site HIV testing stats-weekly
g. EPT report- weekly
h. Weekly Arbovirus update
i. Monthly Heat Related Death and ED Visits report
j. Weekly Wastewater Surveillance Report now available on SNHD website.

2. Other Project Updates

a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
b. 2025 SNHD Health Equity Report in progress

3. Disease Statistics

a. Communicable Disease Statistics: June 2025 and Quarter 2 2025 disease statistics are below. Please note that these data are retrieved as of August 1, 2025. (see Table)

Table 1 Monthly Communicable Disease Statistics (July 2025)

July 2025: Clark County Disease Statistics*

Data as of 09/04/2025

	2023		2024		2025	
Disease	**July**	**YTD**	**July**	**YTD**	**July**	**YTD**
VACCINE PREVENTABLE						
COVID-19	1,482	18,774	3,049	11,279	1,043	5,026
Haemophilus influenzae, invasive	1	20	4	30	0	23
Hepatitis A	1	4	2	6	0	1
Hepatitis B, acute	3	17	4	26	0	18
Hepatitis B, chronic	110	738	76	711	117	717
Influenza	22	188	16	703	20	1,147
Meningococcal disease (*N. meningitidis*)	0	0	0	2	0	1
MPOX	0	2	1	7	0	0
Mumps	0	0	0	3	1	1
Pertussis	3	15	2	39	9	43
RSV	14	678	8	1,935	13	2,217
SEXUALLY TRANSMITTED						
Chlamydia	1,038	7,285	964	7,188	1,065	6,912
Gonorrhea	474	3,293	415	3,019	444	2,903
HIV	37	287	51	356	**	**
Stage 3 HIV (AIDS)	18	94	16	106	**	**
Syphilis (Early non-primary, non-secondary)	64	368	29	355	28	221
Syphilis (Primary & Secondary)	49	345	37	245	20	128
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	1	1	3	0	0
Congenital Syphilis	1	32	7	25	4	23
ENTERICS						
Amebiasis	1	2	0	5	0	7
Campylobacteriosis	21	118	17	141	21	142
Cryptosporidiosis	0	5	3	20	1	17
Giardiasis	8	42	7	40	6	33
Rotavirus	18	86	6	105	9	190
Salmonellosis	18	116	22	96	17	107
Shiga toxin-producing *E. coli* (STEC)	9	33	12	52	8	55
Shigellosis	4	42	10	85	9	46
Vibriosis (Non-cholera *Vibrio* species infection)	0	2	1	10	1	7
Yersiniosis	1	9	3	25	5	36
OTHER						
Coccidioidomycosis	21	158	26	150	8	145
Exposure, Chemical or Biological	0	1	2	4	0	2
Hepatitis C, acute	0	1	0	8	1	7
Hepatitis C, chronic	113	1,644	134	964	200	1,195
Invasive Pneumococcal Disease	12	137	11	159	16	145
Lead Poisoning	18	104	8	103	16	99
Legionellosis	3	21	6	19	0	26
Listeriosis	0	0	0	4	0	0
Lyme Disease	3	3	2	6	2	4
Malaria	0	7	3	4	1	3
Meningitis, Aseptic	7	16	4	18	2	13
Meningitis, Bacterial Other	1	3	0	3	0	4
Meningitis, Fungal	0	0	0	3	1	1
Q Fever, acute	1	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	30	209	30	187	69	353
Streptococcal Toxic Shock Syndrome (STSS)	3	20	3	25	0	18
Tuberculosis (Active)	6	46	8	42	4	41
West Nile virus neuroinvasive disease	0	0	2	13	0	0

**Please note that the data is currently unavailable due to state system outage.

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

Memorandum

Date: September 25, 2025

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS,** *Director of Environmental Health KS on behalf of Saxton*
Cassius Lockett, PhD, *District Health Officer*

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Routine Inspections	2,370	2,376	↑	4,815	4,900	↑
Reinspections	204	212	↑	417	430	↑
Downgrades	166	216	↑	365	428	↑
Closures	13	19	↑	30	33	↑
Special Events	72	75	↑	116	131	↑
Temporary Food Establishments & Tasting Event Booths	224	282	↑	388	607	↑
TOTALS	**3,049**	**3,180**	↑	**6,131**	**6,529**	↑

↑ *(Up Arrow) - Indicates an increase compared to the previous period.*
↓ *(Down Arrow) - Indicates a decrease compared to the previous period.*
→ *(Right Arrow) - Indicates no significant change compared to the previous period.*

1. **Enforcement Actions and Investigations:**
   - **A. Ever Blue Ocean Tea and Desserts, 1717 S. Decatur Blvd.:** On August 1, the facility was closed for an Imminent Health Hazard (IHH), no water. The inspector documented eight demerits. The facility remains closed at this time.
   - **B. Sonic Drive In #3, 377 N. Nellis Blvd.:** On August 4, the facility was closed for an IHH, pest infestation. The inspector documented nine demerits. The facility was reinspected and reopened with zero demerits on August 8.

C. **Little Caesars Pizza #3391, 2272 S. Nellis Blvd.:** On August 4, the facility was closed for an IHH, pest infestation. The inspector documented six demerits. The facility was reinspected and reopened with zero demerits on August 13.
D. **Fugazeta, 6135 W. Sahara Ave.:** On August 8, the facility was closed for an IHH, pest infestation. The inspector documented 20 demerits. The facility remains closed at this time.
E. **Tacos Los Barrios Portable Unit for the Service of Food, 1570 W. Cheyenne Ave.:** On August 8, the unit was closed for an IHH, lack of adequate refrigeration. The inspector documented 17 demerits. The unit was reinspected and reopened with zero demerits on August 14.
F. **M Queen Catering Mobile, 4181 W. Pioneer Ave.:** On August 11, the unit was closed for an IHH, lack of adequate refrigeration. The inspector documented eight demerits. The unit was reinspected and reopened with zero demerits on August 14.
G. **Ocean Seafood Market Kitchen, 6620 W. Flamingo Rd.:** On August 13, the facility was closed for failing a reinspection after a C downgrade. The inspector documented 19 demerits. The facility was reinspected and reopened with zero demerits on August 14.
H. **Dickey's BBQ Pit at Main St. Kitchens, 809 N. Main St.:** On August 14, the facility was closed for operating under a Cease-and-Desist Order with a suspended health permit and for an unpermitted change of permit holder. The facility was previously closed in July for IHHs, and a reopening inspection was not conducted by SNHD staff. The food was discarded. Demerits were not assessed during this survey. The facility remains closed at this time.
I. **Golden Corral, 1445 W. Sunset Rd.:** On August 14, the facility was closed for an IHH, no hot water. The inspector documented 11 demerits. The facility was reinspected and reopened with zero demerits on August 15.
J. **Jipata, 3460 Arville St.:** On August 14, the facility was closed for an IHH, pest infestation. The inspector documented 36 demerits. The facility remains closed at this time.
K. **Tacos Colima #4, 439 Rock Quarry Way:** On August 14, the unit was closed for multiple IHHs, lack of adequate refrigeration and sewage or liquid waste not disposed of in an approved manner. The inspector documented 40 demerits. The unit was reinspected and reopened with zero demerits on August 20.
L. **Viva El Taco Express, 9845 S. Maryland Pkwy.:** On August 20, the facility was closed for an IHH, lack of adequate refrigeration. The inspector documented 39 demerits. The facility was reinspected and reopened with zero demerits on August 21.
M. **Casanova Storage #2 at Grand Canal Shoppes, 3377 S. Las Vegas Blvd.:** On August 21, the facility was closed for an IHH, pest infestation. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on August 25.
N. **Cocolini St. Marks Remote Storage at The Venetian, 3355 S. Las Vegas Blvd.:** On August 21, the facility was closed for an IHH, pest infestation. The inspector documented three demerits. The facility was reinspected and reopened with three demerits on August 25.
O. **Seafood City Supermarket Grocery, 3890 S. Maryland Pkwy.:** On August 25, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The inspector documented five demerits. The facility was reinspected and reopened with zero demerits on August 26.

P. Church's Chicken, 4851 W. Charleston Blvd.: On August 26, the facility was closed for an IHH, no hot water. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on August 27.

Q. 322 Pizza Bar, 322 Fremont St.: On August 28, the facility was closed for an IHH, pest infestation. The inspector documented 11 demerits. The facility was reinspected and reopened with three demerits on August 29.

R. El Tenampa Restaurant, 556 N. Eastern Ave.: On August 28, the facility was closed for multiple IHHs, lack of adequate employee toilets and handwashing facilities. The inspector documented three demerits. The facility was reinspected and reopened with zero demerits on August 29.

S. Los Tacos, 1710 E. Charleston Blvd.: During a scheduled reinspection on August 29, the facility was closed for an IHH, lack of adequate refrigeration (all refrigeration at 45ºF-55ºF) and exceeding allowable demerits on a reinspection. The inspector documented 14 demerits. The facility was reinspected and reopened with six demerits on September 2.

T. Staff closed 45 unpermitted food vending complaint investigations.

2. Supervisory/Managerial Conferences:

A. A conference was held with the following facility: Tacos Colima #4, 439 Rock Quarry Way.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Foodborne Illness Investigations	5	9	↑	10	19	↑
Childhood Elevated Blood Lead Levels	1	2	↑	3	6	↑
Legionella Travel Associated Investigations	2	3	↑	7	4	↓
Legionella Residential Investigations	4	1	↓	6	3	↓

3. Legionella Response:

A. Residential Legionella investigations began in January 2020 as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.

B. Travel-associated investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.

4. Foodborne Illness Response:

A. California Pizza Kitchen, 10945 Oval Park Dr.: On August 5, staff responded to a confirmed case of Shiga toxin-producing E. coli (STEC). Staff observed multiple risk factors that could lead to foodborne illness including improper handwashing practices, storage of foods, and cleaning and sanitizing of food contact surfaces. The investigation resulted in a B downgrade. The facility was reinspected and passed with an A grade.

B. CUT by Wolfgang Puck, 3325 S. Las Vegas Blvd.: On August 6, staff responded to a confirmed vibriosis case. Staff did not observe any risk factors that could lead to illness. Source information for shellfish was collected to assist in conducting traceback investigations.

C. Top of the World, 2000 S. Las Vegas Blvd.: On August 8, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including food held at improper temperatures. The inspection resulted in an A grade.

D. **Fontainebleau Employee Dining Room, 2777 S. Las Vegas Blvd.:** On August 12, staff responded to multiple reports of illness. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.
E. **Neko Supremo, 5115 Spring Mountain Rd.:** On August 12, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper cleaning and sanitizing of food contact surfaces. The inspection resulted in an A grade.
F. **Golden Corral, 1455 S. Lamb Blvd.:** On August 19, staff responded to a confirmed case of salmonella. Staff observed risk factors that could lead to illness including improper handwashing practices, foods held at improper temperatures without monitoring, and improper storage of foods. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.
G. **Piento Thai Kitchen, 745 W. Ann Rd.:** On August 22, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices, foods held at improper temperatures, and improper storage of foods. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.
H. **Sapporo Japanese Steakhouse, 5760 Centennial Center Blvd.:** On August 22, staff responded to a confirmed case of salmonella. Staff observed risk factors that could lead to illness including improper cleaning and sanitizing of food contact surfaces. The inspection resulted in an A grade.
I. **Meraki Greek Grill, 8975 W. Charleston Blvd.:** On August 26, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices and cross-contamination between raw and cooked foods. The inspection resulted in an A grade.

II. SOLID WASTE AND COMPLIANCE

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

Illegal Dumping and Hearing Officer Process	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Notices of Violations (New & Remails)	12	5	↓	12	12	→
Adjudicated Hearing Cases	0	0	→	3	0	↓
Total Cases Received	88	62	↓	155	154	↓
Total Cases Referred to Other Agencies	19	15	↓	48	26	↓
Hearing Penalties Assessed	$0	$0	→	$1,500	$0	↓

Remails - Notices of Violations that are returned by the postal service and then mailed to a newly found address.

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Inspections	296	224	↓	624	548	↓

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

Underground Storage Tanks	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Compliance Inspections	51	37	↓	157	126	↓
Final Installation/Upgrade/Repair Inspections	1	0	↓	2	5	↑
Closure Inspections	0	0	→	1	1	→
Spill Report Investigations	0	2	↑	1	2	↑

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

Permitted Disposal Facilities	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Inspections	17	24	↑	43	54	↑
Reinspections	1	0	↓	2	0	↓

III. VECTOR SURVEILLANCE

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

Vector Surveillance and Other EH Services	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
West Nile Virus Surveillance Traps Set	518	339	↓	1,010	759	↓
West Nile Virus Surveillance Mosquitoes Tested	4,839	3,420	↓	11,782	10,751	↓
West Nile Virus Surveillance Submission Pools Tested	388	274	↓	838	647	↓
West Nile Virus Surveillance Positive Mosquitoes	34	32	↓	1,237	545	↓
West Nile Virus Surveillance Positive Submission Pools	2	1	↓	42	14	↓
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	30	45	↑	81	88	↑
Public Accommodations Inspections	6	10	↑	12	24	↑
Public Accommodations Complaints	19	22	↑	48	36	↓
Mobile Home/Recreational Vehicle Park Inspections	1	1	→	1	2	↑
Mobile Home/Recreational Vehicle Park Complaints	2	2	→	4	4	→

A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

A. Permits Issued – Las Vegas Polymer Center (Material Recovery Facility)

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 (4); Waste Grease Facilities (3); and Solid Waste Storage Bin (1)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in September: None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Asbestos Permits Issued	71	58	↓	151	116	↓
Revised Asbestos Permits Issued	3	3	→	14	7	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Tentative Maps-Received	21	16	↓	21	16	↓
Tentative Maps-Lot Count	1,577	274	↓	1,577	274	↓
Final Maps-Received	14	24	↑	14	24	↑
Final Maps-Lot Count	421	596	↑	421	596	↑
Final Maps-Signed	16	11	↓	16	11	↓
Final Maps (Signed)-Lot Count	892	628	↓	892	628	↓
Improvement Plans-Received	16	25	↑	16	25	↑
Improvement Plans-Lot Count	590	591	↑	590	591	↑
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	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Residential ISDS Permits	6	5	↓	10	8	↓
Commercial ISDS Permits	1	0	↓	1	0	↓
Commercial Holding Tank Permits	4	5	↑	4	10	↑
Residential Tenant Improvements	17	20	↑	34	43	↑
Residential Certifications	0	1	↑	0	2	↑
Compliance Issues	7	8	↑	18	18	→

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Public Water System Sanitary Surveys	0	16	↑	2	32	↑
Public Water System Violations Issued	14	0	↓	33	0	↓

2. **<u>Safe Drinking Water Activity:</u>**
   - **A.** Three *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were *E. coli* negative:
     - **Georgia Pacific Gypsum LLC:** One routine sample was coliform positive. The repeat samples were coliform negative.
     - **Rio Resort and Casino:** One routine sample was coliform positive. The repeat samples were coliform negative.
     - **Creech Air Force Base:** One routine sample was coliform positive. The repeat samples were coliform negative.
   - **B.** Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; Coyote Springs Golf Course; and Blue Diamond Rainbow SW.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
School Facility Kitchen Inspections	70	67	↓	72	68	↓
School Facility Kitchen Complaints	3	2	↓	3	2	↓
School Facility Inspections	69	74	↑	70	74	↑
School Facility Complaints	3	5	↑	6	5	↓
Summer Food Service Surveys	0	0	→	13	6	↓
Child Care Facility Inspections	42	36	↓	98	105	↑
Child Care Facility Complaints	0	4	↑	5	6	↑
Body Art Facility Inspections	69	59	↓	144	144	→
Body Art Facility Complaints	7	3	↓	14	7	↓
Body Art Artist Special Event Inspections	0	2	↑	2	5	↑
Total Program Services Completed	263	252	↓	427	422	↓

1. **Schools:**
   - **A. American Heritage Academy, 2100 Olympic Ave.:** Staff investigated a complaint alleging a lack of air conditioning at the school with classroom temperatures exceeding 90°F. One of the larger HVAC units was only partially working. A replacement unit was scheduled for installation the following Monday when the school was closed. School administration had been monitoring the temperatures and installed swamp coolers in parts of the school with the highest temperatures. SNHD staff surveyed all of the classrooms in the afternoon and found that temperatures ranged from 70°F to 83°F. Nevada Administrative Code requires that temperatures be maintained between 65°F and 85°F. If temperatures exceed this range, then the classroom must be closed with students and staff relocated to an area with adequate temperatures. The new unit was installed the following Monday as scheduled.
   - **B. Clark High School, 4291 Pennwood Ave.:** Staff investigated a complaint alleging that pigeons were inside the cafeteria. Staff found pigeons in the cafeteria and what appeared to be bird feces on the walls. The birds may be entering the cafeteria because students prop the doors open during the day. The complaint was substantiated, and school administration is taking steps to clean the debris and eliminate the pest harborage on campus. SNHD staff will ensure that the birds are removed and prevented from entering the cafeteria.
2. **Child Care:**
   - **A. La Petite Academy #7306, 2645 W. Centennial Pkwy.:** Staff investigated a possible outbreak of rotavirus. Facility staff were following proper routine cleaning and disinfection procedures for environmental surfaces; however, facility staff reported that an emetic event on carpet inside the infant room was not adequately disinfected prior to resuming normal activities. SNHD staff also observed a provider not following proper diaper changing procedures after handling the soiled diaper and prior to placing a clean diaper on the child. SNHD staff educated facility staff on the importance of properly cleaning and disinfecting an emetic event and following approved diaper changing procedures. Facility management hired a third party to

clean and disinfect the affected classrooms. No further follow-up is indicated at this time.

B. **Kid City USA Las Vegas, 4930 E. Bonanza Rd.:** During a routine inspection, staff observed several violations requiring follow-up including disinfectant strength too low, incorrect cleaning and disinfecting procedures, inadequate hot water, improper handwashing during diaper changing, physical hazards stored accessible to children, shoes not covered before entering an infant room, dirty and stained linens, and dirty furnishings. The facility remains on a non-compliant status, and a reinspection is still pending once the corrective actions have been made.

C. **Leap Into Learning, 10430 S. Decatur Blvd.:** During a routine inspection, staff observed numerous violations requiring follow-up including incorrect cleaning and disinfection procedures, inadequate hot water at some hand sinks, hazardous playground equipment, and lack of handwashing while preparing food. The facility remains on a non-compliant status, and a reinspection is still pending once the corrective actions have been made.

D. **Northshore Learning Center, 7901 W. Gowan Rd.:** Staff investigated a complaint alleging that children contracted hand, foot, and mouth illness due to inadequate cleaning and disinfecting procedures. When questioned about routine sanitation practices, facility staff reported that they were following proper cleaning and disinfection procedures; however, the injury/illness log was not maintained. The complaint was not substantiated.

3. **Body Art:**

A. **Tattoos and Smoke 2 Las Vegas, 3130 E. Sunset Rd.:** Staff investigated a complaint alleging that employees of the facility were not practicing good hygiene, did not have valid health cards, were not cleaning and sterilizing reusable equipment, and were improperly disposing of inks, sharps, and biohazardous waste. The investigation did not substantiate any of these allegations. There were adequate handwashing facilities, artists had valid health cards, no reusable equipment that required sterilization was present, and waste was being disposed of properly at the time of the investigation. The complaint was not substantiated.

B. **True Focus Tattoo, 900 E. Karen Ave.:** Staff investigated a complaint alleging that dogs were present during procedures. The investigation revealed dogs, housed in kennels, near the workstation. While no body art procedures were being performed at the time, the artist was reminded that only service animals are permitted within a body art facility. The complaint was substantiated. SNHD staff will reinspect at a later date to ensure that the animals are no longer present.

C. **Bareface Ink Golden Touch, 7080 S. Jones Blvd.:** During a routine inspection, staff found that the facility was operating outside of its permit scope by providing piercing without the proper permit. Other violations included furniture in disrepair, handwashing sinks inadequately stocked, full sharps containers, no biohazardous waste records available for review, and forms missing information required by the regulations. The facility remains on a non-compliant status, and a reinspection is still pending once the violations have been corrected.

D. **Crown of Thorns Tattoo, 4235 S. Fort Apache Rd.:** Staff investigated a complaint alleging that an artist was performing body art procedures without a valid body art card. The investigation found an artist working in the facility without a body art card or apprentice card. The complaint was substantiated. A concurrent routine inspection found additional violations including lack of an infection control plan, no biohazardous waste disposal records available, improper posting of health permit and required public notices, and inadequate patron consent forms and aftercare instructions. The

facility remains on a non-compliant status, and a reinspection is still pending once violations have been corrected.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Food Safety Assessment Meetings	0	0	→	0	0	→
Total Pre-Permitting Services	1,071	1,049	↓	2,056	2,122	↑
New Project Submissions	314	284	↓	550	571	↑
Completed Projects	270	272	↑	497	571	↑
Total Service Requests Currently in Pre-Permitting	1,394	1,277	↓			

1. **Enforcement Actions and Investigations:**
   - **A. Ace Dragon Wok at Treasure Island, 3300 S. Las Vegas Blvd.:** During a final permitting inspection, staff found corrosion of copper drain lines over the bar ice bins and buildup of debris inside floor sinks and under the bar top. Kitchen violations included a soap and paper towel dispenser installed at the prep sink, a leak at a prep sink faucet, and a large penetration at the wall under a hand sink. SNHD Regulations require facilities and equipment to be maintained clean and in good condition. Handwashing is allowed at designated hand sinks only. Handwashing supplies were removed from the prep sink, and all maintenance and cleaning issues were resolved. The health permit was approved.
   - **B. Roasted Bean at Excalibur Food Court, 3850 S. Las Vegas Blvd.:** During a final remodel inspection, staff found that the space did not meet the minimum requirements to approve the remodel. The cold-holding equipment was insufficient to ensure safe food temperatures; there was no person-in-charge (PIC) of food safety present; and some of the equipment was not yet installed. SNHD Regulations require all work to be completed, equipment installed and operating as designed, and a knowledgeable PIC present for permit issuance. The facility was reinspected after corrections were completed and the remodel was approved.
   - **C. 99 Ranch, 820 S. Rampart Blvd.:** During a pre-permitting inspection, staff confirmed inadequate hand sink coverage in a food preparation area. This requirement had been discussed with the architect during the original plan review. SNHD Regulations require conveniently located hand sinks for handwashing in food preparation areas. An updated plan was submitted and approved for the additional hand sink. The final permitting inspection is still pending.
   - **D. Thunderbird Bar and Grill, 1215 S. Las Vegas Blvd.:** A change of permit holder (CPH) inspection resulted in failure due to lack of ware washing equipment. SNHD Regulations require a satellite area within a food establishment to provide either a three-compartment sink or a ware washing machine. The owner will install a ware washing machine prior to the scheduled reinspection.
   - **E. Costco, 6880 S. Buffalo Dr.:** A final permitting inspection resulted in failure due to hand sinks and other equipment not being installed. Staff were unable to verify final construction, operability of the equipment, or measure water temperatures. Once

construction was completed, a reinspection was conducted, and the health permits were approved.

F. **Fooda at Amazon LAS 1, 12300 Bermuda Rd.:** During a final permitting inspection, staff observed that the only hand sink in the permitted space had insufficient hot water. SNHD Regulations require handwashing sinks to provide a minimum water temperature of 100°F. The health permit was not approved. A reinspection is still pending.

G. **Viareggio Italian Restaurant, 3620 E. Flamingo Rd.:** During a CPH inspection, staff noted that the previous permit holder had constructed a bar that was never permitted. SNHD Regulations require all construction and new equipment to be reviewed, inspected, and approved before use. A survey of the bar was conducted, and a list of corrective items were provided to the new owner. The new owner was instructed to submit a permit application with plans for review. The CPH inspection resulted in approval of the restaurant permit only. The bar is to remain closed pending approval.

H. **Bad Ass Coffee of Hawaii**, **2300 E. Lake Mead Blvd.:** During a pre-permitting walkthrough, staff noticed that the two open customer service windows were lacking air curtains or self-closing devices. The receiving door leading into the preparation area was not protected by an air curtain either. SNHD Regulations require that exterior openings leading directly into a food preparation area be protected from flying pests. The approved plans indicated air curtains over the customer service windows and exterior door. These items are to be installed before the final permitting inspection.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Total Operation Inspections	843	589*	↓	1,782	1,274*	↓
Complaint Investigations	58	39	↓	115	132	↑
Inactive Body of Water Surveys	7	10	↑	14	14	→
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	12	1	↓	23	10	↓
Total Program Services Completed	920	639*	↓	1,934	1,430*	↓

**Staffing Shortage of 3*

1. **Aquatic Health Operations**

A. **Verde Viejo Homeowner's Association, 1575 W. Warm Springs Rd.:** Routine inspections at the Phase 1 Pool and Spa resulted in IHH closures due to multiple violations. Broken glass was inside the pool and spa and on the deck, along with broken drain covers in both venues. Broken glass can cause injury to bathers and broken drain covers can increase the risk of drowning due to entanglement or entrapment. Following corrections, both venues were approved to reopen.

B. **Oasis Las Vegas Recreational Vehicle Resort, 2711 W. Windmill Ln.:** A routine inspection at the spa resulted in an IHH closure due to multiple violations. The gate

was not self-latching, and the spa had high chlorine. An improperly functioning gate can lead to unsupervised access and increased risk of drowning for children. The violations were corrected the same day, and the spa was reinspected and approved to reopen.

C. **Coya Apartments, 3475 W. Desert Inn Rd.:** A routine inspection at the pool resulted in an IHH closure due to the total absence of chlorine. Lack of disinfection can lead to pathogen growth and increase the chance of waterborne illnesses. The corrections were made the same day, and the pool was reinspected and approved to reopen.
D. **Sequoia Meadows, 5301 Pioneer Ave.:** A routine inspection at the spa resulted in an IHH closure due to a broken drain cover. A reinspection is still pending.
E. **Mandalay Apartments, 6650 S. Sandhill Rd.:** A routine inspection at the spa resulted in a IHH closure due to high chlorine. High disinfectants can cause eye and skin irritation and respiratory problems. Corrections were made the same day, and the spa was reinspected and approved to reopen.
F. **Encantada Apartments, 401 N. 28th St.:** A routine inspection at the pool resulted in an IHH closure due to low chlorine. The corrections were made the same day, and the pool was reinspected and approved to reopen.
G. **La Ensenada Villas, 711 E. Nelson Ave.:** A routine inspection at the pool resulted in a IHH closure due to broken glass inside the enclosure. A reinspection is still pending.
H. **Bellevue Apartments, 6651 Annie Oakley Dr.:** A routine inspection of the spa resulted in an IHH closure due to high chlorine. The corrections were made the same day, and the spa was reinspected and approved to reopen.
I. **Arizona Charlie's East Casino, 4575 Boulder Hwy.:** A routine inspection at the pool resulted in an IHH closure due to a gate not self-latching. The corrections were made the same day, and the pool was reinspected and approved to reopen.
J. **Vegas Towers, 1061 E. Flamingo Rd.:** A routine inspection at the spa resulted in an IHH closure due to low chlorine. The corrections were made the same day, and the spa was reinspected and approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Aug. 2024	Aug. 2025		FY 24-25	FY 25-26	
Total Pre-Permitting Services	455	365	↓	1,001	953	↓
New Project Submissions	69	82	↑	159	220	↑
Completed Projects	98	100	↑	217	260	↑
Total Projects Currently in Plan Review	400	502	↑			

2. <u>Aquatic Health Plan Review</u>:
   A. **Aviator Suites Pool, 4244 N. Las Vegas Blvd.:** A pool plumbing inspection for a suction outlet fitting assembly (SOFA) remodel resulted in failure due to an incorrect pipe size. This can lead to suction and entrapment hazards. Corrections were made and construction approval was granted at the reinspection.
   B. **Siegel Suites Select Convention Center, 220 Convention Center Dr.:** A final SOFA remodel inspection resulted in failure because the inspector was unable to verify the pipe size. When the pipe size is not known, the inspector cannot determine whether the maximum flow rate is compatible with the installed SOFA. If the flow

rate exceeds the allowable rate for the SOFA, the risk of suction/entrapment hazards increases. A reinspection is still pending.

C. **El Parque Townhomes, 1800 Edmond St.:** A final remodel inspection was conducted for the installation of a new SOFA and interior finish. The installed depth markers were inaccurate, which could lead to bathers not knowing the actual water depth. A reinspection is still pending.

D. **Centennial and 5th Apartments, 6500 N. 5th St.:** A final permitting inspection resulted in failure due to a gate not self-closing and self-latching. Corrections were made and the reinspection was approved.

E. **AC and Element Hotels at Symphony Park, 330 S. Grand Central Pkwy.:** A final permitting inspection was conducted for construction of a new pool and spa. The doors for the aquatic facility enclosure did not self-close or self-latch. Corrections were made and the reinspection was approved.

VIII. TRAINING OFFICE

1. Training Office staff provided onsite intervention training to: West Chop House, 651 Mall Ring Cir.; Mama Putt at Flavor House, 3900 W. Charleston Blvd.; and Kabob Korner, 730 E. Flamingo Rd.

IX. REGULATORY SUPPORT

1. Staff participated in or performed the following activities and participated in the following external meetings: Regulatory and Laboratory Training System (RLTS) Steering Committee meeting; Association of Food and Drug Officials (AFDO) Food Protection Education Resource Collection Committee; National Environmental Health Association (NEHA) Environmental Health Leadership Academy Year 5 Mentorship meetings; Conference for Food Protection Executive Board meeting; NEHA Food Safety Program Committee; Food Safety Culture at Retail Committee meeting; American Kratom Society meeting; United States Department of Agriculture Food Safety Inspections Service meeting with the Compliance and Investigation Division; updated Unapproved Additives guidance documents; AFDO Healthy People 2030 Norovirus meeting; assisted with Accela User Acceptance Testing reviews; and Retail Flexible Funding Model Mentorship meetings.
2. Staff updated the cottage food webpage and developed a new workflow for processing cottage food applications with updated documents.
3. Special Processes staff participated in AFDO's Hazard and Critical Control Point (HACCP) Regulatory Review Panel on August 18.
4. Special Processes and Label Review staff met with various operators in-person and in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and HACCP plans.
5. Special Processes staff received four new submissions and released six special process files affecting 15 facilities. There are currently 16 files in review.
6. Label Review staff received 16 new submissions, released 24 label files consisting of 275 labels, and there are currently 14 active files in review.
7. Cottage Food Operations staff completed six new registrations and 52 new inquiries, frequently with multiple follow-up inquiries per individual.

KS/hh

Memorandum

Date: September 25, 2025

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care SP
-Shannon Pickering, on behalf of Lourdes Yapjoco.
Cassius Lockett, PhD, District Health Officer CJ

RE: **PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – August 2025**

The Public Health and Preventive Care (PPC) Division is dedicated to protecting and promoting the health of our community. Through a range of clinical services, programmatic initiatives, and community outreach efforts, PPC works to prevent disease, support wellness, and ensure access to essential health resources for all residents. Our goal is to create a healthier, more equitable community by addressing public health needs with care, collaboration, and evidence-based practices.

I. PPC Administrative Updates

A. The expanded use of the electronic health record system (eClinicalWorks) has improved patient access to online self-scheduling. Trainings from the Project/Program Coordinator is ongoing to ensure continued quality assurance in the implementation process.

B. The Immunization Project program received their Notice of Subaward from the State of Nevada Division of Public and Behavioral Health.

C. The Healthy Start program received its third year Notice of Award in the amount of $1,100,000.00 this month.

D. The division successfully completed a quality improvement (QI) initiative aimed at increasing vaccine reimbursement rates from a third-party payer. There is the addition of immunization fees to the contracted fee schedules with United Health Care/ Health Plan Nevada (UHC/HPN)

E. A Grand Canyon University master's student successfully completed her preceptorship course and finished a project with the Immunization teams to improve their ongoing QI process.

II. Immunization Program

A. <u>Immunization Program Activities</u>

1. The 2025-2026 flu season started in July 2025. It is recommended that everyone 6 months and older, with rare exceptions, should get a flu vaccine every season. Per the CDC, it is recommended to receive the flu vaccine between October thru March. The Immunization Public Health Centers will begin administering the new trivalent formulation by mid-September.
2. Back-to-School (BTS) 2025-2026 commenced in July 2025 and ended in late August. All Immunization Public Health Centers continue to provide school-age vaccines throughout the year. The Immunization Public Health Centers encourages, "Don't wait to vaccinate."

3. In the month of August 2025, 3,985 children were served.

Age	# of Patients
< 1	17
1	19
2	13
3-4	201
5-6	325
7-10	235
11-12	1,073
13-18	2,102
19-24	90
25-44	1,281
45+	448
Total	**5,804**

B. Immunization Outreach Activities
1. Staff supported the Back-to-School appointments from August 1-14, 2025.
2. Immunization outreach clinics in August- two clinics, 469 vaccines were administered to 207 clients. The clinics were held at CCSD Family Support Center on August 19 and 20, 2025.
3. Data entry and QA of Vaccine Administration Records (VARs) were completed.

III. Community Health Nursing

A. Nursing Education
There was one class and five (5) CEUs offered for the month of August 2025.

B. Maternal Child Health
The Maternal Child Health (MCH) Nurse received no newborn screening or lead referrals in August. There are currently 10 active clients enrolled in the Lead program. The MCH nurse continues to help the Healthy Start program by completing joint visits with the Community Health Workers providing the participants with skilled nurse assessments. In addition, she attended an outreach event promoting CHN home visiting programs and assisted the MCH Coalition in the assembly of the New Mama Care Kits.

C. Nurse Family Partnership (NFP)
The Southern Nevada Health District-Nurse-Family Partnership (NFP) includes a team of seven well trained nurse home visitors who are providing skilled education, support, and community resources to 151 families who are enrolled in the program. Sixty-nine of those are currently participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a grant from the Nevada Division of Public and Behavioral Health. The goal of the program is to provide home visiting services to improve pregnancy outcomes, enhance the growth and development of children, and increase the self-sufficiency of the families.

D. Healthy Start Initiative- Enhanced
The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There were 79 families served in the Healthy Start program in August 2025. Program outreach was conducted at the Galen College of Nursing's resource fair and at various DWSS locations this month. Healthy Start's Community Consortium is collaborating with multiple community partners, including Department of Welfare and Supportive Services and the Medicaid MCOs, to plan a health fair for the community in the fall. The goal of the health fair is to offer community members the opportunity to sign up for Medicaid services at the event and to increase the awareness of what each MCO plan offers.

E. Embracing Fatherhood
The Embracing Fatherhood of Southern Nevada program is currently providing services to 14 enrolled fathers, or those stepping into the fatherhood role. The program consists of one Community Health Worker who provides in-home education, support, and community resources.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) without a provider exam for asymptomatic patients. ET provided 204 screening encounters for the month of August.

B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. The team continues to serve 39 active clients and completed 6 academic and educational community events.

C. Members of the SHOPP team attended the Southern Nevada Substance Misuse and Overdose Summit.

D. SHOPP houses Complex STI navigation services including Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Two NEON referrals were received, and 2 clients were navigated. The Home Administered Treatment for Sexually Transmitted Infections (HATS) service is an innovative public health intervention aimed at increasing access to care. This program is specific to those who have barriers to getting into a clinic for STI treatment, such as experiencing homelessness or no transportation. SHOPP and the SNHD DIIS team partner to get those facing barriers treated for STIs in their home or on the streets. In the month of August, one unhoused patient received this service.

E. The SHOPP *Rapid PREVENT* program has a total of 11 enrolled clients. CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services and community resources.

F. SHOPP's Pathways to Better Health *(*PBH) program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This program now has a total of 28 active clients.

V. Tuberculosis (TB) Clinic

TB clinic has three (3) new adult TB active cases and zero (0) pediatric cases for the month of August 2025.

VI. Employee Health Nursing – August 2025

A. There were two (2) SNHD employees who tested for COVID-19. Zero (0) PCR tests were conducted. Zero (0) tests from outside entities.

B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Twenty (20) Tuberculosis tests were completed.

C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Twenty-three (23) medical clearances were completed.

D. Vaccine Clinics

1. August 1 – August 31, 2025

2. Employees Total: 1 employee
    a) 0 COVID-19 Updated booster.
    b) 0 Influenza Vaccine
    c) 0 Monkeypox Vaccine
    d) 1 other vaccine
    e) 0 Hepatitis B vaccines- Immz Policy

3. Total Vaccines Given: 1

E. New Hire/Onboarding: One (1) new hire was onboarded.

F. Policies and procedures continue to be reviewed and updated.

Monthly Report
August-25

Client Encounters by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Cinic	TOTAL
Immunization Clinics and Outreach	2,930	951	321	103	143		0	0	207		4,655
Immunization Records Issued and Transcription	469	180	47	18	5						719
SHOPP Express Testing (ET)	144		4	0	27	22	7	0			204
TB Treatment & Control	1,503										1,503
CHN Home Visits ^	329										329
TOTAL	5,375	1,131	372	121	175	22	7	0	207	0	7,410

^ Data reporting began 7/1/2025

Client Encounters by Program

Program	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Immunization Clinics and Outreaach**	5,348	4,655	↓	9,050	7,771	↓
Immunization Records Issued and Transcription	1,053	719	↓	1,649	1,347	↓
SHOPP Express Testing	283	204	↓	552	461	↓
TB Treatment & Control	1,384	1,503	↑	2,784	3,287	↑
CHN Home Visits^		329	↑		680	↑
TOTAL	8,068	7,410	↓	14,035	13,546	↓

^ Data reporting began 7/1/2025

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Immunization Outreach	School Based Outreach	Mobile Clinic	TOTAL
Total Immunizations Administered ***	6,509	2109	576	173	300		0	0	0		9,667

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

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

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Total Immunizations Administered ***	13,892	9,367	↓	23,146	16,993	↓

Immunization Clinic and Outreach Programs

Immunizations	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Flu Vaccine Given	0	0	→	0	0	→
COVID Vaccine Given	63	12	↓	285	12	↓
TB Skin Test *	^	8	↓	^	14	↓
Newborn Screening	0	0	→	0	0	→
Immunization Record Review and Release Only*	^	650	↓	^	1,252	↓
Transcription of Immunization Records Only*	^	64	↓	^	95	↓
Same Day Appts *	^	1,796	↓	^	2,679	↓
Referred to Civil Surgeon for Medical Assessment*	^	2	↓	^	5	↓
Vaccine Counseled **	^	65	↓	^	159	↓

*Started data collection 07/01/2025

**Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

^No data available

Vaccines for Children (VFC)	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Number of VFC Compliance Visits	2	2	→	2	3	↑
Number of IQIP Visits	0	0	→	0	0	→
Number of Follow Up Contacts	22	30	↑	42	42	→
Number of Annual Provider Training	2	2	→	2	3	↑
Number of State Requested Visits	16	7	↓	34	14	↓

Perinatal Hepatitis B	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
# of Expectant Women	17	10	↓	17	12	↓
# of Infants	65	61	↓	66	58	↓
Total # of Infants Delivered	2	5	↑	6	8	↑
New Cases	6	4	↓	6	6	→
Closed Cases	3	0	↓	20	3	↓

Childcare Program	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Childcare Audits	0	1	↑	1	3	↑
Baseline Immunization Rate	n/a	100%	↓	83%	91%	↑
# of Final Audits	0	1	↑	0	3	↑
Final Immunization Rate	n/a	100%	↓	83%	96%	↑
# of Records Reviewed	0	98	↑	0	203	↑

Community Health Program

Nursing Field Services	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
MCH Team Home Visit Encounters	14	14	→	30	37	↑

NFP (Team 1)	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Referrals	10	12	↑	28	23	↓
Enrolled	8	11	↑	14	17	↑
Active	122	131	↑			

NFP (Expansion Team)**	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Referrals	5	0	↓	11	0	↓
Enrolled	4	0	↓	6	0	↓
Active	65	0	↓			
** Pending receipt of NOA**						

MCH	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
# of Referrals Received	6	2	↓	11	14	↑
# from CPS	4	1	↓	7	8	↑
# of Lead Referrals	2	0	↓	4	4	→
# of Total Admissions	6	2	↓	11	10	↓

Thrive by 0 - 3	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Referrals	35	44	↑	79	91	↑
One-Time Home Visits	2	2	→	7	2	↓
Enrolled	2	4	↑	4	8	↑
Active	16	20	↑			

Healthy Start**	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Referrals	15	15	→	32	43	↑
Enrolled	8	6	↓	17	13	↓
Active	33	79	↑			

Embracing Fatherhood***	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Referrals ***	n/a	2	↓	n/a	4	↓
Enrolled ***	n/a	2	↓	n/a	2	↓
Active	n/a	13	↓			

***New program as of 1/2025

Tuberculosis Program

Tuberculosis	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
Number of Case Manager Encounters		146	↑		261	↑
Number of Unduplicated Clients Seen by a Provicder^		56	↑		129	↑
Number of Clients Seen by TB Clinic Nurse^		402	↑		859	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	68	98	↑	141	211	↑
New Active Clients^		3	↑		7	↑
Number of Clients Receeiving LTBI Treatment^		334	↑		569	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	7	6	↓	12	13	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,130	1,357	↑	2,302	3,012	↑

^No data available; data reporting started 7/1/2025

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing (Asymptomatic Patients)	Aug 2024	Aug 2025		FY 24-25	FY 25-26	
# of Screening encounters	250	204	↓	483	461	↓
# of Clients Screened	248	204	↓	481	461	↓
# of Clients with positive STI identified	25	17	↓	39	40	↑
STI Positivity Rate		8%	↑		9%	↑
SHOPP All CHW Linkages	**Aug 2024**	**Aug 2025**		**FY 24-25**	**FY 25-26**	
# of clients referred to Linkage	15	16	↑	29	48	↑
# of clients linked to care	14	16	↑	26	48	↑
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	**Aug 2024**	**Aug 2025**		**FY 24-25**	**FY 25-26**	
# of Referrals (pregnant, post-partum, infants)	13	5	↓	20	15	↓
# of Clients enrolled in CM	7	2	↓	12	8	↓
# of Active pregnant/ postpartum clients	52	39	↓			
# of Infants being followed	16	12	↓			
# of Provider/ Community trainings	1	6	↑	5	12	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	**Aug 2024**	**Aug 2025**		**FY 24-25**	**FY 25-26**	
# of Outreach events	5	10	↑	9	16	↑
SHOPP- Complex STI Navigation	**Aug 2024**	**Aug 2025**		**FY 24-25**	**FY 25-26**	
# of Clients referred	8	3	↓	14	8	↓
# of Clients navigated	7	3	↓	13	5	↓
# of Home administrered treatment of STI (HATS)		1	↑		1	↑

No data available; data reporting started 7-1-2025

Non- cumulative

Written Public Comment

To: Southern Nevada District Board of Health
Re: Opposition to *Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations*
Date: 9/22/2025
From: Christian Salmon
Email: FreedomLibertyNevada@gmail.com

Chair and Members of the Board,

I operate **two septic systems** in Clark County. I oppose the *Proposed 2025 Individual Sewage Disposal Systems (ISDS) and Liquid Waste Management Regulations* and respectfully request that the Board **withdraw** these regulations or **substantially revise** them so they do not punish compliant homeowners, undermine groundwater, or overreach existing policy.

1) Homeownership stability & no forced conversions

People buy or build on septic with the reasonable expectation that, if their system is functioning and compliant, they won't be forced years later to rip it out and pay tens of thousands to connect to sewer. Replacing that expectation with **5-year renewals, new fees, and proximity-based conversion pressure** is a **bait-and-switch** on households who have already invested under a different rule set.

Requested reforms (separately stated):

- **Delete the 5-year renewal requirement** from the *Proposed 2025 ISDS & Liquid Waste Management Regulations*.
- **Remove any "abutting-sewer hookup" mandate** (i.e., language requiring connection solely because a public sewer line abuts the parcel) **from BOTH**:
  - the *Proposed 2025 ISDS & Liquid Waste Management Regulations*, **and**
  - **any existing law/ordinance/regulation** that currently imposes it (county code, district regulation, or other local requirement).
    If any connection requirement is ever contemplated in the future, it must be based on **documented, site-specific public-health risk findings and** paired with **100% up-front public funding**—never out-of-pocket for homeowners.
- **Add clear language** that **no conversion may be compelled unless 100% of cost is paid up front by the government agency requesting it**, including design, laterals, mains, fees, pavement restoration, tank abandonment, and any related charges.

2) No transaction-triggered mandates

The draft's **pre-sale pump-outs, inspections, and notifications** will delay escrows, add costs, and burden buyers, sellers, lenders, and agents—even when systems are working. True hazards can already be addressed through existing enforcement tools.

Requested reforms:

- **Delete** all transfer-triggered pump/inspection/notification provisions.
- If any pre-sale checks remain, **allow escrow holdbacks and post-closing cure periods** for non-critical items, and accept recent third-party inspections within a reasonable window.

3) No new $226 "every-5-years" operating fee

There is **no recurring operating fee today** for a compliant septic system. Adding a **$226/5-year** charge is effectively a new tax on homeowners without a demonstrated household-level benefit.

Requested reforms:

- **Remove** the recurring fee entirely.
- If the Board insists on any fee, first publish a **full financial impact analysis**, including:
  - **Household-level cost** scenarios (typical vs. edge cases);
  - **Administrative cost breakdown** (what the fee funds);
  - A **risk-based structure** (lower or zero fee for verified low-risk systems; higher only where documented risk exists);
  - **Credits/exemptions** for compliant systems (e.g., fee waiver when inspections show systems meet or exceed performance standards);
  - A **sunset review**—automatic reconsideration after measurable outcomes are reported.

4) Who's driving this—and who takes the heat

The push to convert septic to sewer originated within **Southern Nevada Water Authority (SNWA)/Las Vegas Valley Water District (LVVWD)** policy circles. What began as a water-supply/accounting initiative now appears to be **offloaded to SNHD** to enact and enforce—so the most controversial provisions and the public backlash land on your Board.

Requested action:

- Place in the record **what SNWA/LVVWD asked SNHD to do**, when, and why—so accountability for this agenda is clear.

5) Protect domestic wells & local aquifer recharge

Many households rely on **domestic or community wells**. In those areas, septic systems return a meaningful portion of indoor water to the **local aquifer** (recharge). Forcing those homes to sewer **exports** that water to a treatment plant and away from the shallow aquifer that supports their wells—potentially degrading **water-table** conditions over time.

Nevada policy (see **NRS 533.024**) emphasizes protecting domestic wells from **unreasonable adverse effects** caused by municipal or quasi-municipal actions. Any new rule should honor that policy.

Requested reforms:

- **No mandates on well parcels** unless a **site-specific public-health hazard** is documented.
- If sewering a well parcel is ever compelled, require **recharge-neutrality**:
  - The agency requesting the conversion must fund **local managed aquifer recharge** (MAR)—e.g., injection or infiltration—at a volume **equal to or greater** than the exported indoor water from that parcel.
  - **Example:** If a compelled conversion would export ~2 acre-feet/year that previously recharged locally, the agency must offset with **≥2 AFY** of recharge to the **same local aquifer zone**.

6) Funding programs are largely impractical in the real world

On paper, there are two SNWA pathways: an **85% reimbursement up to $40,000** (homeowner must pay **100% up front** and still owe at least **15%**) and a **"fully funded"** invitation-only pathway. In practice, **this funding is largely unavailable to most households**. Even that 15% plus up-front cash requirement is a burden **we shouldn't have to bear** when our systems are working.

Requested reforms:

- If any conversion is mandated, **100% of all costs must be paid up front by the government agency requesting it**—including design, laterals, main extensions, pavement restoration, fees, tank abandonment, and the recurring service charges during any transition period.
- I am hearing from neighbors that only **limited dollars** have been allocated and that a subset of conversions has already consumed a large share (e.g., a report of **$4 million** for **~96** conversions in one jurisdiction). **Please confirm or correct these figures on the record** and provide a transparent ledger of all sources, uses, households served, and **per-home cost**.

7) Legal alignment—put the Board's justification on the record

State rules and policies set important guardrails. Before adopting any new mandates, the Board should publicly explain—**in plain English**—how these regulations align with existing Nevada law, including:

- **NAC 444.784(5)** (historic operating-permit framework for septic);
- **NRS 444.650** (regulations must be tailored to **geology/hydrology/topography**, not one-size-fits-all);
- **NRS 533.024** (policy to protect **domestic wells** from **unreasonable adverse effects**); and
- **Any** Clark County/local ordinances that the proposal relies on or modifies.

Requested action:

- Publish a **legal rationale memo** in the agenda packet that walks through each cited law and explains where the draft is consistent—or where it must be revised to comply.
- If any part of the proposal depends on other agencies' programs (e.g., funding availability), that **dependency** should be spelled out and made a **precondition** of enforcement.

8) Minimum fixes if the Board proceeds anyway

If the proposal is not withdrawn, these **non-negotiable** changes are necessary to avoid unfair harm:

- **Delete** the 5-year renewal requirement.
- **Remove** any abutting-sewer hookup mandate from **both** the *Proposed 2025 ISDS & Liquid Waste Management Regulations* **and** existing law/ordinances; if any residual connection requirement survives, pair it with **full up-front public funding** and **site-specific public-health risk findings.**
- **Eliminate** transfer-triggered pump/inspection/notice rules; if any remain, allow **escrow holdbacks** and **post-closing cures** and accept recent independent inspections.
- **Remove** the $226 recurring fee; if retained, adopt only after a **full financial impact analysis** with **low-risk exemptions/credits** and a **sunset review**.
- **Disclose** SNWA/LVVWD involvement and place all funding details (sources, uses, per-home costs, selection criteria) on the record.
- **Protect well parcels** with a **recharge-neutrality** requirement for any compelled sewering.

Conclusion

This package, as drafted, is **overbroad, costly, and misdirected.** It penalizes compliant homeowners, invites escrow disruption and new fees, shifts political heat to SNHD, and risks degrading local groundwater for well users. Clark County can protect public health **without** punishing families who relied on settled expectations when they bought or built their homes.

Please **withdraw** the proposal or **substantially revise** it with the safeguards above:
no forced conversions without 100% up-front public funding, no 5-year expirations, no transfer triggers, no new fee without proof, legal alignment in plain English, transparency on who is driving this, and protection for domestic wells and local recharge.

Respectfully submitted,

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