



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 26, 2022 – 9:00 a.m.

Meeting was conducted In-person and via Webex Event

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

Red Rock Trail Rooms A and B

- MEMBERS PRESENT:** Scott Black – Chair, Council Member, City of North Las Vegas (*in-person*)
Brian Knudsen – Vice-Chair, Council Member, City of Las Vegas (*in-person*)
James Adams – Council Member, City of Boulder City (*in-person*)
Bobbette Bond – At-Large Member, Regulated Business/Industry (*via Webex*)
Karen Dutkowski – Council Member, City of Mesquite (*via Webex*)
Marilyn Kirkpatrick – Commissioner, Clark County (*in-person*)
Scott Nielson – At-Large Member, Gaming (*via Webex*)
Michelle Romero – Council Member, City of Henderson (*via Webex*)
Tick Segerblom – Commissioner, Clark County (*via Webex*)
- ABSENT:** Olivia Diaz – Council Member, City of Las Vegas
Frank Nemecek – At-Large Member, Physician
- ALSO PRESENT:** Linda Anderson, Dawn Christensen, Alexandria Dazlich, David Dazlich, Megan Eisenhauer, Jill Hinxman, Maya Holmes, Bradley Mayer, Erin Midby, Amy Palmeri, Debrorah Reardon, Javier Rivera-Rojas, Lisa Rogge, Katie Ryan, Sabrina Santiago, Virginia Valentine, Susy Vasquez, Cassidy Wilson
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Elizabeth Adelman, Malcolm Ahlo, Vincentiu Anghel, Maria Azzarelli, Tanja Baldwin, Tawana Bellamy, Mark Bergtholdt, Stephanie Bethel, Amanda Brown, Nicole Bungum, Cory Burgess, Nikki Burns-Savage, Victoria Burris, Erika Bustinza, Joe Cabanban, Erin Cavin, Maria Cenabre, Ray Chua, Andria Cordovez Mulet, Stephanie Cortes, Shea Crippen, Rebecca Cruz-Nanez, Aaron DelCotto, Brandon Delise, Rayleen Earney, Tara Edwards, Chris Elaine Mariano, Joanne Engler, Lizette Enzenauer, Jennifer Fennema, Jason Frame, Joseph Franceschini, Kimberly Franich, Robert Fyda, Tina Gilliam, Joe Ginty, David Greer, Nancy Hall, John Hammond, Heather Hanoff, Richard Hazeltine, Daryl Hidrosollo, Carmen Hua, Dan Isler, Brenda Jamison, Chris Johnson, Michael Johnson, Kris Kaplan, Matthew Kappel, Jason Kelton, Chad Kingsley, Josie Llorico, Sandy Luckett, Marisol Maciel Perez, Christian Murua, Erika Nematian, Brian Northam, Veralynn Orewyler, Michael Palmer, Kyle Parkson, Neleida Pelaez, Jacquelyn Raiche-Curl, Larry Rogers, Alexis Romero, Christopher Saxton, Kris Schamaun, Herb Sequera, Karla Shoup, Jennifer Sizemore, Randy Smith, Jackie Southam, Erik Sumera, Elina Sverdlova, Christine Sylvis, Will Thompson, Randall Ulrich, Robert Urzi, Leo Vega, Jorge Viote, Brenda Welch, Karen White, Edward Wynder, Lourdes Yapjoco, Lei Zhang, Ying Zhang

I. CALL TO ORDER and ROLL CALL

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

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **National Association of County and City Health Officials (NACCHO) Promising Practice Award – Smoke-Free Multi-Unit Housing in Southern Nevada Program (Office of Chronic Disease Prevention and Health Promotion’s Tobacco Prevention and Control Program)**

- Malcolm Ahlo, Senior Health Educator/Tobacco Control Coordinator
- Nelly Pelaez, Health Educator II

On behalf of the Board of Health, the Chair advised that the National Association of County and City Health Officials (NACCHO) selected the Health District’s Smoke-free multi-unit housing program as a Promising Practice to be featured in the Model Practices Database for other health departments to access. Our application went through a rigorous peer-evaluation process over the past few months by NACCHO’s Workgroup members and our program demonstrated exemplary and replicable initiative in response to a local public health need. Malcolm Ahlo and Nelly Pelaez from our tobacco prevention and control program have worked diligently to develop a comprehensive smoke free multi-unit housing program that has increased the availability of smoke-free units in Clark County to over 50,000. It is fantastic that their work will be highlighted nationally.

2. **Contribution to the State of Nevada High Vaccination Rates (95-96% NV vs. 93-94% US)**

- SNHD Immunization Program

On behalf of the Board of Health, the Chair advised that on April 22nd, the CDC’s Morbidity and Mortality Weekly Report released the vaccination coverage with selected vaccines and exemption rates among children in kindergarten for the 2020-2021 school year. Nevada is listed at reaching 95-96% vaccination rate, which is higher than the national rate of 93-94%. The Board of Health recognized the Immunization Program and the hard-working staff that worked diligently to contribute to this high vaccination rate, all while assisting with the COVID-19 response efforts. Lourdes Yapjoco, Chief Administrative Nurse, Maria Gueco, Community Health Nurse Supervisor, and Mee Kee Chong-Cao, Community Health Nurse Supervisor, were present at the meeting and many of the immunization staff were joining virtually.

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

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

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

V. **ADOPTION OF THE MAY 26, 2022 MEETING AGENDA (for possible action)**

The Chair requested that the presentation from the RTC on the Walk Audit Plan, under Item VIII.1, be heard immediately following the Consent Agenda, Item VI.

A motion was made by Member Knudsen, seconded by Member Adams and carried unanimously to approve the May 26, 2022 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:** April 28, 2022 and May 3, 2022 (*for possible action*)
2. **PETITION #39-22: Approval of an Agreement between the Southern Nevada Health District and Vector Media Holding Corporation related to targeted advertising services to promote awareness of the health hazards posed by mosquitos;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **PETITION #40-22: Approval of an Agreement between the Southern Nevada Health District and Vector Media Holding Corporation related to advertising services to promote the Southern Nevada Community Health Center;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **PETITION #41-22: Approval of Insurance Coverage Renewal through Nevada Public Agency Insurance Pool (POOL/PACT) for Southern Nevada Health District's property, general liability, business auto, cyber, security liability and commercial environmental insurance renewal for coverage period 07/01/2022 – 07/01/2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Member Knudsen, seconded by Member Adams and carried unanimously to approve the May 26, 2022 Consent Agenda, as presented.

VIII. REPORT / DISCUSSION / ACTION (Heard out of order)

1. **Review Report and Discuss the RTC Walk Audit Plan (presentation by Deb Reardon, RTC);** direct staff accordingly or take other action as deemed necessary (*for possible action*) **(Heard out of order)**

Deb Reardon, Planning Manager at the RTC, advised that pursuant to AB343, the RTC is required to develop a walk audit plan in coordination with local agencies and presented an overview of the Walk Audit Plan. Ms. Reardon advised that the overall plan will be maintained by the RTC, and they will serve as the convener and facilitator of a small walk audit team. The Health District will maintain a collaborative webpage for upcoming walk audits, outcomes and next steps.

Member Segerblom left the meeting at 9:15 a.m. and did not return.

Member Kirkpatrick requested a more detailed map to ensure that the appropriate areas are being captured. Ms. Reardon advised that the RTC will work with the local agencies to identify the specific locations and that there was an immediate opportunity in Henderson. Ms. Reardon further advised that the RTC staff was reviewing 65 earlier walk audits completed to ensure there was no duplication.

Member Adams raised a concern in Boulder City that the 93 intersects through town and essentially cuts off required an individual to walk through a flood channel to get from one side to the other.

Chair Black requested a jurisdictional text list instead of a map to ensure that the known priority locations are captured.

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 #07-22: Request for Approval of Renewal of Authorization of UMC as a Level I Center for the Treatment of Trauma and Level II Pediatric Center; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Lisa Rogge, Trauma Program Manager at UMC and Chair of the Medical Audit Committee, and Dr. Chad Kingsley, Regional Trauma Coordinator, presented the application for renewal for UMC as a Level I Trauma Center and Level II Pediatric Center for provisional authorization.

Further to a question from Member Bond, Ms. Rogge advised that UMC will remain a Level II Pediatric Center and that there were current discussions to move to a Level I.

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

A motion was made by Member Kirkpatrick, seconded by Member Bond and carried unanimously to approve the Renewal of Authorization of UMC as a Level I Center for the Treatment of Trauma and Level II Pediatric Center.

2. MEMORANDUM #06-22: Review, Discuss, and Approve the Proposed Environmental Health Fees; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Christopher Saxton, Director of Environmental Health, presented an overview of the Environmental Health (EH) Division and the Proposed EH Fee Schedule Adjustments. Mr. Saxton advised that the proposed increase is 27%, which is less than the cost of inflation. Mr. Saxton outlined staff's recommendation to proceed with a 27% overall fee increase, along with a link to the Consumer Price Index (Western Region) with a 1% floor / 3% ceiling annual adjustment to give programs sustainability as the community continues to grow.

Chair Black advised that the state contacted the Health District regarding the Proposed EH Fee Schedule Adjustment on a possible state grant or subsidy for the first year to assist with the burden on industry. Member Kirkpatrick also commented that the industry should be mindful that if the IFC does not approve the state grant or subsidy, the Health District still requires the 27% increase and stated that the industry should be equally vocal with the legislature.

The Chair opened Public Comment.

Virginia Valentine, President of the Nevada Resort Association, stated that it would be helpful to receive ARP funds to provide additional recovery. Ms. Valentine expressed that 27% in one-step was too much, too fast. Ms. Valentine requested that the Board of Health split the increase into two 13.5% increases over two fiscal years. Ms. Valentine stated that Mr. Saxton's slides outlined that EH benefits the entire community. The current situation was that the fee schedule and permits was for a select group of individuals who were paying for something that benefited the entire community. Ms. Valentine stated that the committee that looked at the fees in 2019 made several recommendations, some of which have been followed through on and some that have not. Ms. Valentine stated that it was intended to be a fee for service and not a tax. EH provides a very essential public safety and health function in the community and they were very appreciative and do not oppose to paying a fee for service. Ms. Valentine stated they do not want to become the funding source for community-wide benefits, as it would become a tax and no longer a fee for service. Ms. Valentine stated they were not questioning the importance of any of the other activities, such as the enforcement of illegal vendors or the illegal dumping of waste. Those activities should be funded and not subsidized by certain regulated businesses. Ms. Valentine further stated that by looking at the automatic increases and the fee schedule, there was a presumption that it was representative of the time and cost of providing those services, inspections, permits, fees, plan reviews, etc. In a true

enterprise fund, it was determined very transparently by looking at all of the cost over all of the revenue. Ms. Valentine stated that in this case, if we start with indexing and with the schedule, it would be indexing on a base that skips the process for the actual accounting of expenses and actual revenue that should be reviewed periodically. Ms. Valentine stated that if it was to operate as a fee for service and enterprise fund, that created some inequities for businesses as some businesses are paying for those community-wide services and some businesses that are not. Ms. Valentine stated that the true cost of a fee for service should be provided just for that service, and it should not be a vehicle for funding other services unrelated to the service that the industry was receiving. Ms. Valentine proceeded that, with the current period of high volatility, the automatic increases should not be approved. Ms. Valentine stated that there were going to be changes to the food code regulations, which may result in additional fees, more permits, more inspections, more plan reviews, etc., and it was unclear of the impact of the regulations on the fee schedule. In summary, Ms. Valentine stated that, given the current fragile state of recovery, 27% was too much too soon and they would like to see it split over two fiscal years and they asked the Board of Health not approve the CPI adjustment at this time. Ms. Valentine stated they had nothing but respect for Mr. Saxon, his team and Dr. Leguen and hopes that the Board of Health will give some consideration into the current state of recovery. Ms. Valentine thanked the Board of Health for their time.

David Dazlich, Director of Government Affairs for the Vegas Chamber, echoed the sentiments of the Nevada Resort Association. Mr. Dazlich stated that they would like to be involved to offer support before the IFC for ARPA dollars to offset the 27% increase and will assist at the legislature in any way possible. Mr. Dazlich stated two concerns. They were concerned with the immediate implementation as presented of the 27% across the board fee increase. They would also second the recommendation that the fee increase be slip into two 13% phased-in increases. They also have a concern about the inclusion of an automatic CPI escalator. They would recommend that these conversations be brought before the Board of Health for periodic review and approval by the Board of Health. They understood that a periodic review was going to be necessary to ensure that any increased in the fees were in-line with the needs of the department. However, they do philosophically believe that it was incredibly important that these be brought for review of the Board of Health, be open to public comment and be voted upon by the Board of Health. Mr. Dazlich thanked the Board of Health for their time and the opportunity to comment.

Alexandria Dazlich, on behalf of the Nevada Restaurant Association, expressed appreciation to the Board of Health and the potential for ARPA funds. Ms. Dazlich advised that she was able to speak to many of the Board of Health members. Ms. Dazlich stated that the status of the industry at a whole, especially the restaurants were really struggling. Ms. Dazlich advised that they agreed with the Nevada Resort Association and Vegas Chamber in regard to the escalator and believe that it should be approved by the Board of Health and thinks it would be a benefit to everyone. Ms. Dazlich stated that the Board of Health should have the control and a review process would be beneficial. Public comments are really important for those allocations, so that they can basically track to see what the funds were being used for to ensure that it was being used in a way that is responsible. They are supportive of that business practice. Further, Ms. Dazlich stated that the increases should be phased-in over the next two years. Ms. Dazlich thanked the Board of Health for their time.

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

Further to a question from Vice-Chair Knudsen, Mr. Saxton advised that the steps taken from the committee recommendations in 2019, staff looked at accounting practiced to ensure that revenues were assigned to the right accounts, offered expedited plan review service fees, vector control was placed under the general fund, improved process tracking revenue expenses, and increased fees for C downgrades and closures.

Member Adams stated that he took the time to speak to businesses in Boulder City that would be affected by the increase. He further stated that there was an understanding that costs were increases everywhere and that there has not been an increase since 2009. Further, some businesses that were trying to open and were unable to obtain an inspection.

Member Romero raised that the Board of Health should consider the cost of not implementing the increase, that would result in the lack of staff for inspections, missing a foodborne illness that affects tourism and businesses, etc., that would be greater than what was being proposed for the fee increase. Member Romero requested the feasibility and implications of splitting the fee increase into two years. Mr. Saxton advised that if the fee increase was split into two years, the first year would simply cover the current gap and the Health District could not hire the needed staff until the second year.

Member Nielson thanked Mr. Saxton and his team for all their work in the community and with the gaming industry during the pandemic. Member Nielson recognized that a fee increase was needed but the question was for how much and how quickly. Member Nielson recommended that staff continue to review other areas for additional fees for expedited services or for complicated plan reviews.

The Board of Health had an extensive discussion regarding the fee increases in the different fiscal years, splitting the fee increase over a two-year period, and the automatic CPI increase.

A motion was made by Chair Black, seconded by Member Knudsen and carried unanimously to:

- *Approve the 27% fee increase effective July 1, 2022. Collection of fees due on July 1, 2022 will be divided with the current fee amount due July 1 and the 27% increase due on January 1, 2023; the fee amount due July 1, 2023 will be the newly established fee;*
- *Approve the annual automatic increase to fees of CPI (Western Region) with a 1% floor / 3% ceiling, effective July 1, 2024; and*
- *Approve a two-year review of the automatic CPI (Western Region).*

The Board of Health agreed that if the state approves funds to offset the fee increase, the Health District will not send out an invoice for the 27% increase on January 1, 2023.

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

There were no items heard.

X. HEALTH OFFICER & STAFF REPORTS (Information Only)

- COVID-19 Surveillance and Contact Tracing Update

Matthew Kappel, Senior Epidemiologist, advised that, as of May 23rd, there were 14,139 more COVID-19 cases, 480 more hospitalizations, and 73 more deaths since the last Board of Health meeting. From May 7th to 20th, the 7-day moving average of cases increased by 74.9% from 288.9 to 505.3. Mr. Kappel advised that true case counts are under reported due to the availability of at-home test kits and could be between 5 to 10 times higher than reported.

The 7-day moving average of hospitalizations, from May 7th to 20th, increased by 14.5%, from 18.6 to 21.3. The 7-day moving average of deaths declined by 60%. The test positivity rate has increased by 51.6%, from 15.9% to 24.1%, however does not account for at-home test kits.

- DHO Comments

In addition to the DHO Monthly Report, Dr. Leguen advised that a recent report from the FDA outlined that the Janssen COVID-19 vaccine was limited to individuals who are 18 years old and older, who either have no access to another vaccine or they specifically request the Janssen vaccine. Dr. Leguen advised that the Health District was offering two antiviral medications, Paxlovid and Molnupiravir, at the Decatur location. Dr. Leguen further advised that recently the FDA and

CDC addressed concerns regarding possible recurrence after the use of Paxlovid, which may happen in 1-2% of individuals. The FDA and CDC emphasized that the use of Paxlovid decreased the possibility of complications, severity of hospital admissions or deaths by 88%, so it was a very effective medication.

Dr. Leguen advised that, last month, the County Health Ranking was released stating that Clark County was ranked the 6th healthiest county in Nevada. Further, Dr. Leguen advised this was a very important ranking that took into consideration multiple factors, such as access to health care, education in the community, exercise, social economic environment, etc.

In conclusion, Dr. Leguen emphasized that parents should not wait until the beginning of the next school year to have their children vaccinated. Dr. Leguen advised that the Health District was offering vaccines at all locations. Also, the Health District has a partnership with the Clark County School District to offer immunizations at their COVID-19 vaccine sites in the community at Sierra Vista High School, Centennial High School, Desert Pines High School and Cheyenne High School.

XI. INFORMATIONAL ITEMS

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

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Jacquelyn Raiche-Curl, Chief Steward for the Supervisor Unit, thanked Dr. Leguen on behalf of two supervisors in the COVID-19 team who had concerns regarding the location that they were being designated to be moved to that did not fit the needs of their unit. Ms. Raiche-Curl advised that they raised their concerns to their superiors with no resolution. A meeting with Dr. Leguen allowed them the opportunity to voice their concerns, which he found to be valid and took it upon himself to help them find some resolution to obtain better facilities to meet the needs of their unit. Ms. Raiche-Curl thanked Dr. Leguen on behalf of Elina, Sarah, the supervisor unit and herself. Further, Ms. Raiche-Curl thanked Randy Smith, FQHC Operations Officer, for all he has done to listen to his supervisor staff and to provide the support they have needed to make positive change.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:58 a.m.

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

/acm



AGENDA

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NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e42d94316f0b2c0bffdb883fe84b90206>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2559 517 2908](https://snhd.webex.com/snhd/onstage/g.php?MTID=e42d94316f0b2c0bffdb883fe84b90206)

For other governmental agencies using video conferencing capability, the Video Address is:
25595172908@snhd.webex.com

NOTE:

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

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **National Association of County and City Health Officials (NACCHO) Promising Practice Award – Smoke-Free Multi-Unit Housing in Southern Nevada Program (Office of Chronic Disease Prevention and Health Promotion’s Tobacco Prevention and Control Program)**
 - Malcolm Ahlo, Senior Health Educator/Tobacco Control Coordinator
 - Nelly Pelaez, Health Educator II
2. **Contribution to the State of Nevada High Vaccination Rates (95-96% NV vs. 93-94% US)**
 - SNHD Immunization Program

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

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

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

- By email: public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. **ADOPTION OF THE MAY 26, 2022 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.

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2. **MEMORANDUM #06-22: Review, Discuss, and Approve the Proposed Environmental Health Fees**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. **REPORT / DISCUSSION / ACTION**

1. **Review Report and Discuss the RTC Walk Audit Plan (presentation by Deb Reardon, RTC)**; direct staff accordingly or take other action as deemed necessary *(for possible 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
- COVID-19 Pandemic Update

XI. INFORMATIONAL ITEMS

1. Administration Division Monthly Activity Report
2. Community Health Division Monthly Activity Report
3. Community Health Center (FQHC) Division Monthly Report
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- 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 Chairman 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 Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

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



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- ABSENT:** Tick Segerblom – Commissioner, Clark County
- ALSO PRESENT:** Linda Anderson, Georgi Collins, Rebecca Crooker, Kim Dokken, Maya Holmes,
(In Audience) Breanna Huber, Corey Morley Jr., Lisa Rogge, Katie Ryan, Stacie Sasso,
Elizabeth Valentine
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Malcolm Ahlo, Maria Azzarelli, Stephanie Bethel, Amanda Brown, Nicole Bungum, Cory Burgess, Nikki Burns-Savage, Victoria Burris, Donna Buss, Andria Cordovez Mulet, Stephanie Cortes, Rebecca Cruz-Nanez, Aaron DelCotto, Joanne Engler, Jennifer Fennema, Kimberly Franich, Robert Fyda, John Hammond, Heather Hanoff, Richard Hazeltine, Carmen Hua, Brenda Jamison, Jessica Johnson, Michael Johnson, David Kahananui, Chad Kingsley, Theresa Ladd, Josie Llorico, Cassius Lockett, Cort Lohff, Sandy Lockett, Deborah Moran, Elika Nematian, Verallynn Orewyler, Laura Palmer, Kyle Parkson, Neleida Pelaez, Larry Rogers, Christopher Saxton, Kris Schamaun, Herb Sequera, Jennifer Sizemore, Randy Smith, Will Thompson, Leo Vega, Jorge Viote, Karen White, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:05 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

Member Bond joined the meeting at 9:07 a.m.

III. **RECOGNITION**

Public Health Heroes

- Dr. Shawn Gerstenberger (Dean) and Max Gakh (Associate Professor), School of Public Health, UNLV
- Jeremy Lovell (Health Facilities Inspector II), Bureau of Health Care Quality and Compliance, State of Nevada

On behalf of the Board of Health, the Chair recognized the Public Health Heroes. Shawn Gerstenberger (Dean) and Max Gakh (Associate Professor) from UNLV's School of Public Health were nominated by our Tobacco Control Program for their continued collaboration to put into place a smoke free policy at UNLV. The policy was recently announced by UNLV and prohibits the use of all tobacco, electronic and vaping products on campus, in campus housing at any school venues. UNLV' smoke-free policy will take effect in August when the Fall 2022 semester begins. UNLV joins more than 2,000 colleges and universities that have adopted smoke-free policies. This is a significant public health policy that has been in the process for more than 20 years. Eliminating exposure to secondhand smoke is one of public health's greatest accomplishments and these policies have been incrementally implemented through the years. Dean Gerstenberger and Associate Professor Gakh persevered at the University and worked with our staff to craft and present the smoke free policy to the University's Policy Committee, Provost and president, all of whom unanimously passed it. The smoke-free policy at UNLV will protect its 30,000-plus students, as well as its staff and faculty, vendors, event attendees, and the public from secondhand smoke. This is a public health policy and intervention that positively impacts our community on a widescale.

Jeremy Lovell, Health Facilities Inspector II, has been a public servant since 2007. He has served in many ways, including as a police officer, a family services specialist, an elder rights specialist, a code enforcement officer and a health facilities inspector. None of these are in the traditional public health field; however, during the COVID-19 pandemic, Mr. Lovell saw the need to ensure Nevada's most vulnerable residents were protected and returned to the State of Nevada's Bureau of Health Care Quality and Compliance as a health facilities inspector, leaving a position at the City of Las Vegas. As an inspector, he visited group homes, assisted living centers, and nursing homes with confirmed COVID-19 cases to ensure they were all in compliance with Nevada Revised Statute and Nevada Administrative Code and to make certain they were following all recommended infection control practices to prevent the spread of COVID-19 among these vulnerable populations. As a frontline regulator, he has been dedicated to mitigating the spread of the COVID-19 virus and assuring patients and residents of these facilities receive care in the safest possible environments. He provided resources and coordinated efforts to make certain that each facility he inspected and its health care staff had a good understanding of the practices to keep staff members, residents and patients safe and healthy.

On behalf of the Board of Health, the Chair presented these three individuals as this year's Public Health Heroes. The Southern Nevada Health District thanked them for their service as they continue to make the lives of Southern Nevadans healthier.

Member Kirkpatrick joined the meeting at 9:12 a.m.

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

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

V. ADOPTION OF THE APRIL 18, 2022 MEETING AGENDA (for possible action)

The Chair raised the following amendments to the Agenda:

- Item #VI.2 – Petition #35-22, should state ‘Southern Nevada Health District’, not ‘Southern Nevada Health Center’
- Item #VI.5 – Petition #38-22, should state ‘Construction Agreement’, not ‘Lease Agreement’

A motion was made by Member Knudsen, seconded by Member Kirkpatrick and carried unanimously to approve the April 28, 2022 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:** March 24, 2022 *(for possible action)*
2. **PETITION #35-22: Approval of the Lease Agreement between the Southern Nevada Health District and Gunter Family Trust for warehouse space;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **PETITION #36-22: Approval of an Amendment to the Agreement between the Southern Nevada Health District and Eide Bailly, LLP;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **PETITION #37-22: Approval of an Amendment to the Lease Agreement between the Southern Nevada Health District and All Saints Episcopal Church;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **PETITION #38-22: Approval of an Amendment to the Construction Agreement between the Southern Nevada Health District and SHF International LLC;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Knudsen, seconded by Member Kirkpatrick and carried unanimously to approve the April 28, 2022 Consent Agenda, as amended.

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 #03-22: Review, Discuss and Approve Business Impact Statement on Proposed Trauma System Regulations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Chad Kingsley, Regional Trauma Coordinator, presented the Business Impact Statement on the Proposed Trauma System Regulations. Dr. Kingsley outlined the steps taken by the Office of Emergency Medical Services and Trauma System (OEMSTS) and confirmed there were no changes to the fees associated with the regulations. Dr. Kingsley further advised that a Business Impact Notification was sent to the members of the (i) Regional Trauma Advisory Board and trauma

mailing list, (ii) Board of Health, and (iii) all Clark County hospital CEOs, and no responses or comments were received. Therefore, the OEMSTS has concluded that approval of the Proposed Trauma System Regulations would not impose a direct and significant economic burden upon existing trauma centers.

Member Kirkpatrick requested that the provision for the Health District to perform their own assessment be reinserted. Dr. Kingsley advised that the provision for the Board of Health's ability to do an assessment was not removed, however the proposed regulations were aligned with the law. Member Bond further stated the need to ensure a strong foundation to designate new facilities and that facilities may not seek for designation if they are not able to demonstrate a need. Member Bond further raised the issue of a Level III facility being able to move to a Level I facility immediately and suggested that the current process remain. Dr. Kingsley advised that additional comments were received and the proposed regulations would be updated.

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

Member Bond inquired as to process in accepting the Business Impact Statement if additional revisions will be made to the proposed regulations. Ms. Anderson-Fintak advised that if additional revisions were made to the proposed regulations, a new Business Impact Statement would be prepared and presented to the Board of Health.

A motion was made by Member Nielson, seconded by Member Kirkpatrick and carried unanimously to continue the discussion related to the Business Impact Statement on the Proposed Trauma System Regulations at the May 26, 2022 meeting.

2. **Variance Request for an Application to Construct Septic System, SNHD Permit #ON0033199, located at 9935 W. Rosada Way, Las Vegas, NV 89149 to allow a septic system to remain less than 100' from a domestic well;** direct staff accordingly or take other action as deemed necessary (for possible action)

Robert Fyda, Environmental Health Engineer/Supervisor, presented the variance request for an Application to Construct a Septic System located at 9935 W. Rosada Way, Las Vegas, Nevada.

Mr. Fyda outlined that the request was for a new septic system on a 1-acre lot that is serviced by shared well and a septic system. The initial application was approved on December 13, 2021, and an initial inspection resulted in a failure. A revision was submitted on February 3, 2022, and a follow-up inspection failed after a thorough examination by staff. Mr. Fyda advised that staff is of the opinion that granting the variance would not endanger public health or safety and recommended approval of the variance with the conditions outlined in the materials.

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

Further to a question from Member Kirkpatrick, Mr. Fyda confirmed this was a new septic, which was over 1000 feet from existing water and sewer, and the petitioners purchased a water right. Member Romero inquired whether there was a requirement to put in the infrastructure would water and sewer come close to the property for a future connection. Mr. Fyda advised that there was no requirement for a future connection, however at the time that water and sewer come closer to the property, there is a requirement to connect to the water and sewer. Mr. Fyda further advised that he would support a recommendation a plan for future connection.

A motion was made by Member Kirkpatrick seconded by Member Nielson and carried unanimously to approve the Variance Request for an Application to Construct a Septic System located at 9935 W. Rosada Way, Las Vegas, Nevada with the following conditions:

1. *That the Petitioner research a future lateral option.*

2. *Petitioner and their successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred feet (400') of the property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
3. *Petitioner and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
4. *Construction of the ISDS must be completed by end of the calendar year. If construction has not been commenced within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by Petitioner or Petitioner's successor(s) in interest.*

VIII. REPORT / DISCUSSION / ACTION

There were no items heard.

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

Member Kirkpatrick advised that the State had funds available for childcare assistance for families that have an income below a certain amount. Dr. Leguen advised that any information and/or flyers will be shared with clients at the various Health District locations.

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

- DHO Comments

In addition to the DHO Monthly Report, Dr. Leguen advised that further to the Public Health Heroes and tobacco control, UNLV has declared a smoke-free campus, along with Las Vegas Lights FC and the Las Vegas Ballpark.

Further, the Health District has distributed approximately 200,000 COVID-19 self-testing kits to community partners.

Dr. Leguen concluded with an update on influenza surveillance. Until this week, there have been 197 individuals admitted into hospital and 7 deaths due to influenza. These numbers were considered very small compared to recent years, prior to the pandemic.

- 2020 Southern Nevada Trauma System Report

Dr. Kingsley presented the 2020 Southern Nevada Trauma System Report.

Member Bond inquired as to how the Step 4 transports were increasing activation in trauma centers and how that data may impact the demonstration of needs for trauma centers. Dr. Kingsley advised that EMS crews in the field followed a CDC designed, American College of Surgeon 4-step criteria to determine the severity of an individual's injuries. Member Bond advised that the Step 4 transfers were higher than anything else and the Board of Health needed to discuss the intent, the effect on the system and the price of insurance plans.

Further to an inquiry from Member Nemec, Dr. Kingsley advised that the projected population growth was obtained from the Center of Business and Economic Research at UNLV.

Member Bond inquired as the impact on EMS shortages and whether the Step 4 traumas were contributing to the shortage. Member Bond further stated that Clark County decided to mandate Step 4 traumas to go to trauma centers. Dr. Kingsley outlined that the current State data does not capture Step 3 and Step 4 traumas, only if an individual has been in the hospital for 24 hours, transferred to die. Member Bond stated that Step 3 and Step 4 traumas are captured in the State data if an individual has been hospitalized.

John Hammond, EMS & Trauma System Manager, advised that it is the Board of Health's decision to determine the level of a trauma center and confirmed that his staff will provide all the information required for the Board of Health to make an informed decision, regardless of what is stated in the existing regulations or any proposed regulations.

Member Nemec left the meeting at 10:30 a.m.

Following a lengthy discussion, the Chair suggested that any Board member may reach out to Dr. Kingsley's with any additional questions and/or comments regarding the 2020 Southern Nevada Trauma System Report.

Member Knudsen left the meeting at 10:34 a.m. and did not return.

- COVID-19 Surveillance and Contact Tracing Update

Dr. Cassius Lockett, Director Disease Surveillance & Control, advised that, yesterday, Dr. Fauci stated that the pandemic phase was over. However, earlier today, Dr. Fauci clarified that the acute component of the pandemic phase was over. Dr. Lockett advised that, as of April 27th, there were approximately 15,000 more COVID-19 cases, 2,104 more hospitalizations, and 682 more deaths since the last Board of Health meeting. From April 10th to 23rd, the 7-day moving average of cases increased by 31% from 108 to 141, which doubled since March 19th.

Member Nemec returned to the meeting at 10:39 a.m.

For the last 30 days, before April 24th, more cases were vaccinated at 53.8%, with 23% of those over the age of 65. On April 27th, there were 92 hospitalizations with both suspect and confirmed cases of COVID-19. The 7-day moving average of hospitalizations, from April 13th to 26th, remained stable however were starting to trend up. For the last 30 days, before April 24th, 55% of hospitalizations remained unvaccinated. The 7-day moving average of deaths declined by 42%, most of which were vaccinated, and 80% of those were over the age of 65. The test positivity rate has increased by 90%, from 5.3% to 10.1%. As of April 23rd, the 7-day moving average was 10%, which, as of the CDC, was in the high transmission range. Dr. Lockett advised that the BA.2 variant accounted for more than 93% of positive COVID-19 cases sequenced in the US, which is similar to what was found locally. Dr. Lockett further stated that there was a sub-set, a sub-variant, BA.2.12.1, which is 30% more transmissible, and has been found in wastewater on The Strip. Dr. Lockett advised that the pandemic was not over and suggested the individuals remain vigilant.

XI. INFORMATIONAL ITEMS

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

- XII. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 10:50 a.m.

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

/acm

DRAFT



MINUTES

SPECIAL SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING

May 3, 2022 – 2:00 p.m.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Scott Black – Chair, Council Member, City of North Las Vegas
Brian Knudsen – Vice-Chair, Council Member, City of Las Vegas
Marilyn Kirkpatrick – Secretary, Commissioner, Clark County
James Adams – Council Member, City of Boulder City
Bobbette Bond – At-Large Member, Regulated Business/Industry
Olivia Diaz – Council Member, City of Las Vegas
Scott Nielson – At-Large Member, Gaming
Michelle Romero – Council Member, City of Henderson
Tick Segerblom – Commissioner, Clark County
- ABSENT:** Karen Dutkowski – Council Member, City of Mesquite
Frank Nemecek – At-Large Member, Physician
- ALSO PRESENT:** Dawn Christensen, Alexandria Dazlich, David Dazlich, Michelle Flater, Dana Gentry, Howard Jenkins, Erin Midby, Kenny Ramis, Sabrina Santiago, Jeffrey Seavey, Elisha Smaw, Amber Stidham, Virginia Valentine, Susy Vasquez, Tammi Williams
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Mark Bergtholdt, Cory Burgess, Andria Cordovez Mulet, Aaron DelCotto, Heather Hanoff, Theresa Ladd, Cassius Lockett, Javier Rivera, Larry Rogers, Alexis Romero, Christopher Saxton, Kris Schamaun, Herb Sequera, Karla Shoup, Jennifer Sizemore, Randy Smith, Karen White, Edward Wynder

I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada District Board of Health Special Meeting to order at 2:01 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. **PLEDGE OF ALLEGIANCE**

Following the Pledge of Allegiance, the Chair confirmed that today's meeting was to receive, discuss and approve the Business Impact Statement related to the proposed Environmental Health (EH) fee schedule, and that the Board of Health will review and consider the proposed EH fee schedule at their meeting on May 26, 2022 at 9:00 a.m., which will be held virtually and in-person.

- III. **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.

Tammi Williams submitted a written public comment, which was read, related to the Proposed Environmental Health (EH) Fee Schedule Adjustments Business Impact Survey for Resorts World Las Vegas.

Member Kirkpatrick apologized to Member Nielson for being unprofessional at the end of the Finance Committee meeting yesterday. She recognized that she could have been more professional. She stated that the Board of Health is a great working board and requested that Member Nielson accept her apologies.

David Dazlich, Director of Government Affairs with the Vegas Chamber, wished to bring forward some concerns with the process for the proposed fee increase. First was the immediate increase of 29%, which should be something discussed for a possible phased-in approach. He stated that the signal that it sent to businesses in the area was that an immediate increase was something very concerning. Mr. Dazlich understood the need to cover the operating expenses but believed this was something that should be covered in a more phased-in approach. Second, he had a concern of an inclusion of an automatic CPI escalator without Board of Health review and voting. He stated that it was a good governance mechanism that any periodic increase should be reviewed and voted upon by the Board of Health. Mr. Dazlich further stated that another thing that should be taken into consideration was a period of increased inflation, increased supply costs and increased labor costs and while this may not seem like that much of an increase in terms of total dollars spent, the 29% was an unprecedented increase when compared with other local providers. Mr. Dazlich referenced SMWA and the process that they have used to implement periodic increases to cover the cost of water and providing water services. Mr. Dazlich stated the concern that this Business Impact Statement meeting and the previously day's meeting was held exclusively over WebEx. He felt that virtual only meetings have a chilling affect for public comment and public participation and would ask that going forward such meetings be held in-person to better allow communication.

Chair Black confirmed that the Board of Health meeting on May 26, 2022 would be held in-person with a virtual component.

Amber Stidham, from the Henderson Chamber of Commerce, stated that she would not repeat everything that Mr. Dazlich stated but echoed they have the same concerns as all 1800 members are under the same circumstances.

Alexandria Dazlich, Director of Government Affairs for the Nevada Restaurant Association, was representing the 5600 restaurants across the State. She advised that the Association appreciated the ability to offer input on this really important restaurant issue. Ms. Dazlich advised that the proposal to increase the EH fees by 29% was going to cause direct and serious harm to their industry, which continued to recover from the pandemic which caused over 30% of their restaurants to close permanently. Ms. Dazlich found that the vast majority of their small and independent restaurants were required to have more than one license in order to operate and therefore this increase posed a bigger economic burden than what the Business Impact Survey suggested. Ms. Dazlich stated that small, independent restaurants which also served alcohol, required four separate licenses, which equaled about \$2500 per year and the proposed 29% increase would add an additional \$725 per year. Ms. Dazlich stated that they supported the Health District's mission to ensure safe food practices for both restaurant employees and customers and agreed there needed to be financial support to prevent any foodborne illness outbreaks. However, they did believe that restaurant fees should pay for restaurant services and would like to continue the discussion regarding the implementation timeline of these particular fees. Ms. Dazlich concluded that they appreciated the Health District's willingness for feedback on the proposal and thanked the Board of Health for their time.

Member Segerblom joined the meeting at 2:14 p.m.

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

IV. ADOPTION OF THE MAY 3, 2022 MEETING AGENDA (for possible action)

A motion was made by Member Nielson, seconded by Member Kirkpatrick and carried unanimously to approve the May 3, 2022 Agenda, as presented.

V. 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 #05-22: Review, Discuss, and Approve Environmental Health Business Impact Statement on Proposed Fee Schedule; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Christopher Saxton, Director of Environmental Health, presented an overview of the Environmental Health Division and the Business Impact Statement on the Proposed Environmental Health (EH) Fee Schedule Adjustments. Mr. Saxton advised that the proposed increase is 27%, which is less than the cost of inflation. Mr. Saxton provided an overview of the responses that were received to the Business Impact Survey. Mr. Saxton outlined staff's recommendation to proceed with a 27% overall fee increase, along with a link to the Consumer Price Index (Western Region) with a 1% floor / 3% ceiling annual adjustment to give programs sustainability as the community continues to grow.

Member Adams inquired why there had not been any increase since 2009 and the amount of the budget that the fees represent. Mr. Saxton advised that initially it was due to the great recession and then kept being pushed year over year. Further, Mr. Saxton advised that the fees, basically, fund the Environmental Health division, and that at times there are small grants received that would cover a staff position related to foodborne illness, to purchase some equipment or for staff training.

Member Bond stated that she was startled at how little funding comes from stable revenue and it was difficult for the Health District. Member Bond was supportive of the proposed fee schedule and she understood that business did not want to be taxed. Member Bond stated that Environmental Health keeps the tourism industry feeling they can county on safety in their workplace and for tourists. Member Bond was appreciative of the recommendation for the ongoing CPI adjustment. Member Bond concluded that she was sensitive to the public comments received but felt that the Health District should never have been in the situation where the revenue could not keep up with the community.

Member Nielson provided an explanation as the reason there has not been an increase in a number of years. A proposed fee schedule was raised in the summer of 2019, wherein an Environmental Health fee committee was constituted to consideration information provided by staff to try to align the fees to the cost of services. Member Nielson further advised that recommendations were presented to the Board of Health in June 2019, which were adopted, that included ways to raise money that were more transparent. Member Nielson advised that he did not support the recommendation at the Finance Committee on May 2, 2022, due to the recommendations from June 2019 not being implemented. Member Nielson concluded that he truly believed that Environmental Health needs more money and that everyone knows that they have to pay more, however, it was a question of how much and trying to link the costs to the services being provided.

Chair Black opened Public Comment.

Virginia Valentine, representing the Nevada Resort Association, wanted to mention a few of their concerns. Ms. Valentine wanted to apologize in advance of the members that heard some of these same comments as yesterday. Ms. Valentine stated that they wanted to mention a few of their

concerns regarding the 27% increase in Environmental Health fees and, in short, the economic impacts of the pandemic on the hospitality industry. Ms. Valentine stated that the cost allocation created inclusion of costs of general functions and the rate/index to allow for automatic fee increase had little or no accountability was a concern. The hospitality industry was still recovering, and that conventions and international travel had not recovered and are still below 2019 levels, with mid-week occupancy remaining 'soft'. Ms. Valentine stated that everyone was dealing with record inflation for the past four years, with gas prices that impacted the cost of transportation of goods, along with supply chain issues. Ms. Valentine stated that she heard some people say it was not a big increase and she read all the comments on the Business Impact Survey, that included several comments with data on how they would be affected. Further, Ms. Valentine stated that some of the written comments were not really captured in the summarized data, for example one of small business quantified their impact by stating that they would have to sell approximately \$5,000 worth of croissants to offset the increased cost of the fees. Ms. Valentine stated that they have supported water increases because those increased were arrived at after numerous meetings with stakeholder engagement and they agreed to hold follow-up meetings with industry for accountability and how the increases performed. Ms. Valentine stated that they continue to ask questions about the cost allocation and whether there should be an allocation to cover those non-fee producing activities of Environmental Health. Ms. Valentine stated that they recognized the vital importance of the role that the Environmental Health division fulfills in public safety and health. Ms. Valentine stated that they do not object paying a fee for a service. However, they do object to equity concerns about a subset of businesses paying under a fee for service model, for the cost of Environmental Health division functions that are beyond the scope of those operations and benefit the entire community. Ms. Valentine stated they were not questioning the enforcement of illegal vendors or illegal dumping of waste. These activities, though, should not be funded or subsidized by fees paid by only certain regulated businesses. Ms. Valentine referred to an enterprise fund, which is not indexed, but instead are fees that are transparently determined, based on the actual cost and expenses. Indexing skips the process of accounting for actual expenses and revenue. Ms. Valentine stated that it raised a series of equity concerns when a subset of businesses was held to a fee for service standard while the true costs of providing services to the same are at best ambiguous. Ms. Valentine stated that they appreciated that vector control has been removed from the cost of Environmental Health and that those costs, that benefit all Clark County residents, would no longer be funded by specific fees on a subgroup of businesses. Mr. Nielson mentioned the recommendations of the rate committee. They would also like to see that those recommendations, which were adopted by the Board of Health in 2019, be considered and implemented where appropriate. A fee for service should provide the cost of providing that service and should not be a vehicle for funding activities unrelated to that service. Almost every rate increase proposal comes with the rate comparison from similar communities, which they have not seen. Some rate increases included consideration for catching up. In those cases, those increases were spread over a number of years. They had reservations about indexing, even with a floor and ceiling, starting in a period of very high inflation and volatility and those service providers where there was indexing, they have agreed to public accountability and transparency at periodic intervals to check on the performance of the increases. Additionally, it was their understanding that the Environmental Health division will soon initiate proceedings to update the food code, which may include additional fee-based requirements. This may result in new plan review and inspection fees. The costs of these changes were unknown at this time but should be fully understood by the Environmental Health division and industry before further increases are imposed. Ms. Valentine summarized that a 27% increase was too much at one time, especially while the industry was still recovering. Ms. Valentine wanted to be very clear that they are not opposed to a reasonable fee for service. However, the fee should cover the cost of providing that service. They requested additional information on the cost of non-revenue generating activities, the cost allocation and fee comparisons from other jurisdictions. A one-time 27% increase does not account for the unknown costs to regulate a business that may come about as a result of a comprehensive update to the food code. We believe it will be prudent to phase in a fee increase and allow flexibility while Environmental Health contemplates the updates to the food code. Hopefully a year from now, the economy will be less volatile and any impacts resulting from updates to the food code would be known. Further, and perhaps most importantly, they requested the Board of Health not approve the automatic indexing at this time so that further consideration of

the underlying fee for service policy, and equity concerns can be further evaluated and addressed. There is time to further evaluate and address these concerns. Under the proposal put forth today the first annual automatic increase would not occur until July 1, 2023. They requested that the Health District, at a minimum, forego approval of the annual automatic increase to Environmental Health fees, unless and until the previously stated underlying policy and equity concerns could be further evaluated and addressed. If the Board of Health must take action today, please mitigate the impact on businesses by splitting the 27% fee increase into two increases, 13.5% on July 1, 2022 and the second 13.5% increase on July 1, 2023. Please do not approve automatic indexing. There is a year to see how the fee increase performed before deciding if it was needed and to revisit the recommendations of the rate committee previously approved by the Board of Health. Ms. Valentine concluded by stating their appreciation of the important work that the Environmental Health division does in the community and they valued their longstanding partnership with the Health District.

Susy Vasquez stated that she appreciated all the important work that the Health District accomplishes each year to keep our residents safe and there was no doubt that the Health District had put forward some impressive innovative solutions over the past year. Still 27% for all intents and purposes is still a 27% increase. Even with the litany of increases to other operating expenses experienced, it was still a hard pill to swallow. Ms. Vasquez stated that she had been taking hits from every angle, as a landlord, for doing exactly what was being proposed today; covering expenses in order to continue our ability to operate and maintain our communities. Ms. Vasquez pointed out that this amenity that we provide our residents may someday come under scrutiny. Not only was it a constant money pit, time it takes to manage and maintain, as well as the liabilities it presents are very high and may one day become too much to bear. Ms. Vasquez would encourage support of a phased approach to the fee and would encourage the Board of Health not to support an alignment of future increases with CPI. Even though it was a very thoughtful approach to place a cap, perhaps rarely solved or avoided the problem it is set out to address. Ms. Vasquez would rather any future increases remained transparent and be supported with an analysis for increases to expensive.

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

A motion was made by Member Kirkpatrick seconded by Member Bond and carried unanimously to approve the Environment Health Business Impact Statement on the Proposed Fee Schedule.

- VI. 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.

VII. ADJOURNMENT

The Chair adjourned the meeting at 2:47 p.m.

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

/acm



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
MAY 26, 2022**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH DATE: May 26, 2022

RE: *Approval of the contract between Vector Media Holding Corporation for the “Fight the Bite” transit media campaign*

PETITION # 39-22

That the Southern Nevada District Board of Health *approve contract number C2200134 between the Southern Nevada Health District and Vector Media Holding Corporation for artwork and transit advertising services for “Fight the Bite” campaign.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer 
Jennifer Sizemore, Chief Communications Officer 

DISCUSSION:

The Office of Communications will run a comprehensive mosquito surveillance and prevention communications campaign that includes transit advertising. “Fight the Bite” and related messages will be displayed inside Regional Transportation of Southern Nevada (RTC) buses, on buses, and bus shelters.

FUNDING:

Production costs for artwork will total \$20,000. Display costs for advertising will total \$30,000. Contract will be paid with general funds.



**PROFESSIONAL SERVICES AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
VECTOR MEDIA HOLDING CORPORATION
C2200134**

This Professional Services Agreement (“Agreement”) is made and entered into between the Southern Nevada Health District (“Health District”) and Vector Media Holding Corporation (“Contractor”) (individually “Party”, and collectively “Parties”).

RECITALS

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

WHEREAS, Health District seeks local targeted advertising services (“Services”) to promote awareness of the health hazards posed by mosquitos, focused in zip codes identified as having the most mosquito disease activity; and

WHEREAS, Contractor is a marketing agency specializing in large format visual communications, and offers the expertise, qualifications and resources necessary to assist the Health District with the Services; and

WHEREAS, Contractor is willing to provide the Services to Health District in accordance with the terms hereinafter provided.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective from May 2, 2022 through August 7, 2022 unless sooner terminated by either Party as set forth in this Agreement.
 - 1.01 This Agreement may be terminated by either Party prior to the date set forth in paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. The thirty (30) day waiting period described in subsection 1.01 above is eliminated if the Agreement is terminated for cause.
 - 1.03 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice but has not been paid.
 - 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if for any reason State and/or Federal funding ability, or grant funding

budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

- 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed and the consideration therefore are specifically described in the below referenced document, which is attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK AND PAYMENT
- 3) COMPENSATION. Contractor shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. Contractor will be reimbursed for expenses incurred as provided in Attachment A, Scope of Work and Payment. The total not-to-exceed amount is \$50,000.
- 4) LICENSE. Subject to, and in consideration of the terms and conditions of this Agreement, Health District grants to Contractor a limited non-exclusive, non-transferable, terminable, royalty-free license to use and reproduce the Health District's trademarks set forth in any advertising copy or other asset delivered by Health District containing any symbol, trademark or trade dress owned by or licensed by Health District (collectively, the "Licensed Marks") or the trademarks of a third party, for which Health District holds a license. Contractor's use of the Licensed Marks hereunder shall be consistent with the instructions of Health District. Contractor shall not use the Licensed Marks in any way different from that presented and expressly authorized by Health District.
- 5) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. The Services Contractor provides under this Agreement will be as an independent contractor. Nothing contained in this Agreement shall be deemed or construed to create a partnership or joint venture, the relationship of principal and agent, or employer and employee between Contractor and Health District. Nothing in this Agreement or the relationship between Health District and Contractor shall create a co-employment or joint employer relationship.
- 6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Schedule, or for a minimum of five (5) years, whichever is longer, from the date of termination of this Agreement. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and judicial litigation which may ensue.
- 7) NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery, overnight courier, or registered or certified mail, return receipt requested to the other Party at its address as set out below:

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

Vector Media Advertising Group
Lisa Chatham
Senior Account Executive
6380 S. Valley View, Ste. 106
Las Vegas, NV 89118

- 8) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996, as amended, or personally identifiable information will be shared with Contractor during the course of this Agreement. Accordingly, no Business Associate Agreement is required.
- 9) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement, and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.
- 9.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.
- 10) NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11) STATEMENT OF ELIGIBILITY. Contractor acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither Contractor nor any of its employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
- 12) GENERAL PROVISIONS.
- 12.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
- 12.02 ASSIGNMENT. Contractor shall not assign, transfer, or delegate any rights, obligations or duties under this Agreement without the Health District's prior written consent.
- 12.03 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 12.04 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to

enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

- 12.05 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. Contractor may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as Contractor sees fit, so long as the performance of such services does not interfere with Contractor's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 12.06 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 12.07 LIMITED LIABILITY. The Health District will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 12.08 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 12.09 PUBLIC RECORDS. The Health District is a public entity subject to Nevada's public records act pursuant to NRS Chapter 239. Accordingly, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 12.10 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 12.11 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

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

Date: _____

VECTOR MEDIA ADVERTISING GROUP

By: _____
Chad Silver
Chief Operating Officer

Date: _____

APPROVED AS TO FORM:

**This document
is approved as
to form.**

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

**ATTACHMENT A
SCOPE OF WORK AND PAYMENT**

A. Performance and Budget Period: May 2, 2022 through August 7, 2022:

A.1 Total Not-to-Exceed Amount: \$50,000

B. Contractor will produce advertising copy as detailed below from artwork delivered by Southern Nevada Health District on or about May 2, 2022.

Market	Media Format	Quantity	Price Each	Extension
Las Vegas, NV	Transit Buses-Interior Cards	150	\$10	\$1,500
Las Vegas, NV	Transit Buses-King	30	\$110	\$3,300
Las Vegas, NV	Transit Shelters-Panel-General Market	50	\$115	\$5,750
Las Vegas, NV	Transit Buses-Interior Cards	150	\$10	\$1,500
Las Vegas, NV	Transit Buses-King	20	\$110	\$2,200
Las Vegas, NV	Transit Shelters-Panel-General Market	50	\$115	\$5,750
Total Production Costs Not-to-Exceed:				\$20,000

B.1 Health District must submit all artwork for approval by Contractor prior to production. Contractor will not accept nudity or profanity.

B.2 Following receipt of final proof from Contractor, Health District will be permitted one revision to the artwork. Any additional requested changes to the artwork will come at a cost to Health District in the amount of \$500 per revised proof.

B.3 Contractor will provide final proof to Health District for approval no later than May 12, 2022.

C. Contractor will display advertising copy produced and approved by Health District as detailed below:

Description	Display Start	Display End	Quantity	Price Each	Extension
150 Transit Buses-Interior Cards	5/16/2022	8/7/2022	3	\$1,500	\$4,500
30 Transit Buses-King	5/16/2022	8/7/2022	3	\$3,750	\$11,250
50 Transit Shelters-Panel-General Market	5/16/2022	8/7/2022	3	\$4,750	\$14,250
150 Transit Buses-Interior Cards	5/16/2022	8/7/2022	3	\$0	\$0

20 Transit Buses-King	5/16/2022	8/7/2022	3	\$0	\$0
50 Transit Shelters-Panel-General Market	5/16/2022	8/7/2022	3	\$0	\$0
Total Display Costs Not-to-Exceed:					\$30,000

- C.1 Health District acknowledges that transit vehicles may go out of service for maintenance at any time.
- D. Payment shall be based on approved Contractor invoices submitted in accordance with this Agreement. The sum of payments shall not exceed the allowable compensation stated in numbered Section 3 of this Agreement, and no payments shall be made in excess of the maximum allowable total for this Agreement.
 - D.1 Contractor will not bill more frequently than monthly for the term of the Agreement. Invoices will itemize specific costs incurred for each allowable item as agreed upon by the Parties identified in the project Budget Period as shown above.
 - (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 Contractor in accordance with cost principles applicable to this Agreement.
 - (b) Contractor invoices shall be signed by the Contractor's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.
 - D.2 Health District shall not be liable for interest charges on late payments.
 - D.3 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Payment for undisputed items will not be held with disputed items.



**APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
MAY 26, 2022**

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE:** May 26, 2022

RE: *Approval of the contract between Vector Media Holding Corporation for the
“We’re in your Neighborhood” transit media campaign*

PETITION # 40-22

That the Southern Nevada District Board of Health *approve contract number C2200135
between the Southern Nevada Health District and Vector Media Holding Corporation for artwork
and transit advertising services for “We’re in Your Neighborhood” campaign.*

PETITIONERS:

Fermin Leguen, MD, MPH, District Health Officer
Jennifer Sizemore, Chief Communications Officer

A handwritten signature in blue ink, appearing to be 'FL', is written over the names of the petitioners.

DISCUSSION:

The Office of Communications will run a “We’re in Your Neighborhood” themed campaign to provide information to Clark County residents about the locations of Southern Nevada Health District public health centers and the services offered at specific locations, including the newest locations. The broad campaign is designed to create more visibility for Health District public health centers as a whole and the range of services offered to the public. The messages will be displayed inside Regional Transportation of Southern Nevada (RTC) buses, on buses, and bus shelters.

FUNDING:

Production costs for artwork will total \$20,000. Display costs for advertising will total \$30,000. Contract will be paid with general funds.



**PROFESSIONAL SERVICES AGREEMENT
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
VECTOR MEDIA HOLDING CORPORATION
C2200135**

This Professional Services Agreement (“Agreement”) is made and entered into between the Southern Nevada Health District (“Health District”) and Vector Media Holding Corporation (“Contractor”) (individually “Party”, and collectively “Parties”).

RECITALS

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

WHEREAS, Health District, doing business as the Southern Nevada Community Health Center (“Health Center”), provides outpatient primary health care to underserved populations in southern Nevada regardless of an individual’s ability to pay;

WHEREAS, Health District seeks local advertising services (“Services”) to promote community awareness of the services offered at Health Center’s locations;

WHEREAS, Contractor is a marketing agency specializing in large format visual communications, and offers the expertise, qualifications and resources necessary to assist the Health District with the Services; and

WHEREAS, Contractor is willing to provide the Services to Health District in accordance with the terms hereinafter provided.

NOW THEREFORE, the Parties mutually agree as follows:

- 1) **TERM, TERMINATION, AND AMENDMENT.** This Agreement shall be effective from May 2, 2022 through August 7, 2022 unless sooner terminated by either Party as set forth in this Agreement.
 - 1.01 This Agreement may be terminated by either Party prior to the date set forth in paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.
 - 1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. The thirty (30) day waiting period described in subsection 1.01 above is eliminated if the Agreement is terminated for cause.
 - 1.03 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice but has not been paid.

- 1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if for any reason State and/or Federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.
- 1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.
- 2) INCORPORATED DOCUMENTS. The Services to be performed and the consideration therefore are specifically described in the below referenced document, which is attached hereto and expressly incorporated by reference herein:
- ATTACHMENT A: SCOPE OF WORK AND PAYMENT
- 3) COMPENSATION. Contractor shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. Contractor will be reimbursed for expenses incurred as provided in Attachment A, Scope of Work and Payment. The total not-to-exceed amount is \$50,000.
- 4) LICENSE. Subject to, and in consideration of the terms and conditions of this Agreement, Health District grants to Contractor a limited non-exclusive, non-transferable, terminable, royalty-free license to use and reproduce the Health District's trademarks set forth in any advertising copy or other asset delivered by Health District containing any symbol, trademark or trade dress owned by or licensed by Health District (collectively, the "Licensed Marks") or the trademarks of a third party, for which Health District holds a license. Contractor's use of the Licensed Marks hereunder shall be consistent with the instructions of Health District. Contractor shall not use the Licensed Marks in any way different from that presented and expressly authorized by Health District.
- 5) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. The Services Contractor provides under this Agreement will be as an independent contractor. Nothing contained in this Agreement shall be deemed or construed to create a partnership or joint venture, the relationship of principal and agent, or employer and employee between Contractor and Health District. Nothing in this Agreement or the relationship between Health District and Contractor shall create a co-employment or joint employer relationship.
- 6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Schedule, or for a minimum of five (5) years, whichever is longer, from the date of termination of this Agreement. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and judicial litigation which may ensue.
- 7) NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery, overnight courier, or registered or certified mail, return receipt requested to the other Party at its address as set out below:

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

Vector Media Advertising Group
Lisa Chatham
Senior Account Executive
6380 S. Valley View, Ste. 106
Las Vegas, NV 89118

- 8) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996, as amended, or personally identifiable information will be shared with Contractor during the course of this Agreement. Accordingly, no Business Associate Agreement is required.
- 9) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement, and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.
- 9.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.
- 10) NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.
- 11) STATEMENT OF ELIGIBILITY. Contractor acknowledges to the best of its knowledge, information, and belief, and to the extent required by law, neither Contractor nor any of its employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).
- 12) GENERAL PROVISIONS.
- 12.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.
- 12.02 ASSIGNMENT. Contractor shall not assign, transfer, or delegate any rights, obligations or duties under this Agreement without the Health District's prior written consent.
- 12.03 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.
- 12.04 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to

enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

- 12.05 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. Contractor may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as Contractor sees fit, so long as the performance of such services does not interfere with Contractor's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.
- 12.06 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.
- 12.07 LIMITED LIABILITY. The Health District will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.
- 12.08 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.
- 12.09 PUBLIC RECORDS. The Health District is a public entity subject to Nevada's public records act pursuant to NRS Chapter 239. Accordingly, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.
- 12.10 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.
- 12.11 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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

SOUTHERN NEVADA HEALTH DISTRICT

APPROVED AS TO FORM:

This document
is approved as
to form.

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

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

Date: _____

VECTOR MEDIA ADVERTISING GROUP

By: _____
Chad Silver
Chief Operating Officer

Date: _____

**ATTACHMENT A
SCOPE OF WORK AND PAYMENT**

A. Performance and Budget Period: May 2, 2022 through August 7, 2022:

A.1 Total Not-to-Exceed Amount: \$50,000

B. Contractor will produce advertising copy as detailed below from artwork delivered by Southern Nevada Health District on or about May 2, 2022.

Market	Media Format	Quantity	Price Each	Extension
Las Vegas, NV	Transit Shelters-Panel-General Market	70	\$114	\$7,950
Las Vegas, NV	Transit Buses-Interior Cards	150	\$10	\$1,500
Las Vegas, NV	Transit Buses-Interior Cards	150	\$10	\$1,500
Las Vegas, NV	Transit Buses-King	30	\$110	\$3,300
Las Vegas, NV	Transit Shelters-Panel-General Market	50	\$115	\$5,750
Total Production Costs Not-to-Exceed:				\$20,000

B.1 Health District must submit all artwork for approval by Contractor prior to production. Contractor will not accept nudity or profanity.

B.2 Following receipt of final proof from Contractor, Health District will be permitted one revision to the artwork. Any additional requested changes to the artwork will come at a cost to Health District in the amount of \$500 per revised proof.

B.3 Contractor will provide final proof to Health District for approval no later than May 12, 2022.

C. Contractor will display advertising copy produced and approved by Health District as detailed below:

Description	Display Start	Display End	Quantity	Price Each	Extension
150 Transit Buses-Interior Cards	5/16/2022	8/7/2022	3	\$1,500	\$4,500
30 Transit Buses-King	5/16/2022	8/7/2022	3	\$3,750	\$11,250
50 Transit Shelters-Panel-General Market	5/16/2022	8/7/2022	3	\$4,750	\$14,250
70 Transit Shelters-Panel-General Market	5/16/2022	8/7/2022	3	\$0	\$0
150 Transit Buses-Interior Cards	5/16/2022	8/7/2022	3	\$0	\$0
Total Display Costs Not-to-Exceed					\$30,000

C.1 Health District acknowledges that transit vehicles may go out of service for maintenance at any time.

D. Payment shall be based on approved Contractor invoices submitted in accordance with this Agreement. The sum of payments shall not exceed the allowable compensation stated in numbered Section 3 of this Agreement, and no payments shall be made in excess of the

maximum allowable total for this Agreement.

D.1 Contractor will not bill more frequently than monthly for the term of the Agreement. Invoices will itemize specific costs incurred for each allowable item as agreed upon by the Parties identified in the project Budget Period as shown above.

(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 Contractor in accordance with cost principles applicable to this Agreement.

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

D.2 Health District shall not be liable for interest charges on late payments.

D.3 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Payment for undisputed items will not be held with disputed items.



TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

DATE: May 26, 2022

RE: *Approval of insurance coverage renewal through Nevada Public Agency Insurance Pool (POOL/PACT) for Southern Nevada Health District’s property, general liability, business auto, cyber, security liability and commercial environmental insurance renewal for coverage period 07/01/2022 - 07/01/2023*

PETITION #41-22

That the Southern Nevada District Board of Health for coverage period 07/01/2022 – 07/01/2023 accept the POOL/PACT renewal proposal and approve payment of premium for the Southern Nevada Health District property, general liability, business auto, cyber, security liability and commercial environmental insurance renewal. The premium for this coverage period is \$386,461.71.

PETITIONERS:

Karen White, Chief Financial Officer *W #41*
Heather Anderson-Fintak, General Counsel
Fermin Leguen, MD, MPH, District Health Officer *FL*

FUNDING:

Coverage: General Liability (Business Auto, Personal Injury, Employment Practices), Property, Cyber Risk, Environmental
General Liability - \$10,000,000 aggregate limit
Property - \$300,000,000 aggregate limit
Cyber Risk - \$3,000,000 aggregate limit
Environmental - \$10,000,000 aggregate limit

Annual Cost: \$431,147.68



NEVADA PUBLIC AGENCY INSURANCE POOL MEMBER COVERAGE SUMMARY

Prepared For:

Southern Nevada Health District

Prepared By:

Willis Towers Watson

**THANK YOU FOR
YOUR
MEMBERSHIP!**



Dear POOL Member:

Thank you for your continuing leadership commitment to serving your communities by fulfilling your public service mission. The POOL continues to offer programs, services and support for Members' financial security and collaborating with you in support of your mission.

This Member Coverage Summary reflects the successful negotiations with multiple markets to obtain cost-effective terms, conditions and pricing for approval by the POOL Board on behalf of all Members.

As owners of the POOL, you approved the extensive risk management services, such as POOL/PACT HR services including its training courses and ELearning modules on important HR topics. Enrollment in POOL's ELearning programs including Target Solutions Fire/EMS training, KnowBe4 email security training continues to reach an increasing number of employees for convenient and cost-effective learning. Our ongoing focus on law enforcement policies and practices targeted jail and road operations with onsite and virtual assessments and sample policies.

We encourage you to discuss the POOL's services with staff and your agent. We regularly update our website and encourage you to visit www.poolpact.com to utilize a growing base of HR and risk management information in the resource libraries. While there, look for the POOL Coverage documents, board and committee agendas and minutes.

Thanks to all Member volunteers who serve on our boards and committees. These volunteers do a superb job of representing the interests of the Members of your POOL.

Sincerely,

Wayne Carlson
Executive Director
Nevada Public Agency Insurance Pool



NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

RENEWAL PROPOSAL	COVERAGE PERIOD	NAMED ASSURED	MAINTENANCE DEDUCTIBLE
	07/01/2022 – 07/01/2023 Standard Time	Southern Nevada Health District	\$50,000

Property Coverage

Coverage	Limit per Loss	
Property	\$300,000,000	Per Schedule of Locations

The following sub-limits apply to Section V. C. Extensions of Property Coverage:

Accounts Receivable	\$5,000,000 per loss
Arson Reward	10% up to \$25,000 per loss
Debris Removal - Mold/ Asbestos	\$100,000
Earthquake	\$150,000,000 aggregate
Flood	\$150,000,000 aggregate \$25,000,000 aggregate - Flood Zone A
Equipment Breakdown	\$100,000,000 per loss
<ul style="list-style-type: none"> • Loss of Income & Extra Expense 	included
<ul style="list-style-type: none"> • Hazardous Substance Coverage 	\$250,000 per loss
<ul style="list-style-type: none"> • Spoilage Coverage 	\$250,000 per loss
<ul style="list-style-type: none"> • Data Restoration 	\$100,000 per loss
<ul style="list-style-type: none"> • Electrical Risk Improvements 	\$10,000
Expediting Expenses	\$25,000 per loss
Unintentional Errors and Omissions	\$5,000,000 per loss
Money and Securities	\$500,000 per loss
Ordinance or Law – LEED Building	\$500,000
Agreed Value Vehicles	Per Attachment D, if applicable



NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

Liability Coverage

The Limits of Liability are as *follows*:

Coverage	Limit per Named Assured	Annual Aggregate Limit per Named Assured
Per Event	\$10,000,000	\$10,000,000
<i>All Sublimits are a part of and not in addition to the Limits of Liability.</i>		
<i>Liability Sublimits:</i>		
<ul style="list-style-type: none"> Additional Assured (Lessors) (Section I, item 2) 	\$2,000,000	
<ul style="list-style-type: none"> Weed Spray Property Damage (Section IV, item 3 (B) (2) (ix)) 	\$250,000	\$250,000
<ul style="list-style-type: none"> Emergency Response to Pollution (Section IV, item 3 (B) (2) (v)) 	\$1,000,000	\$1,000,000
<ul style="list-style-type: none"> Criminal Defense Fees and Costs (Section VI, part C, item 4) 	\$50,000	\$50,000
<ul style="list-style-type: none"> Defense for Regulatory Agency Actions (Section VI, part C, item 16) 	\$50,000	
Sexual Abuse Sublimit (Section VI, part C, item 21)	\$2,500,000	\$2,500,000
<i>Retroactive Date</i>		<i>May 1, 1987 except as shown in Attachment C</i>



NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

Cyber Risk Coverage Form

CYBER SECURITY RISK COVERAGE			
PART ONE: Terms and Conditions			
SECURITY RISK COVERAGE LIMITS	Limit per Named Assured Per PRIVACY OR SECURITY EVENT	Annual Aggregate Limit Per All Named Assureds	
PART TWO: Privacy or Security Liability Limits	3,000,000	3,000,000 up to \$15,000,000 aggregate all POOL Members combined	
<i>The following sublimits are a part of and not in addition to the Limits of Liability:</i>			
PART THREE: Security Failure/Privacy Event Management Coverage	\$100,000		
PART FOUR: Network Interruption Coverage	\$250,000	Waiting Hours Period:12 hours	
Proof of LossPreparation Costs (as defined), (Separate Limit)	\$50,000		
Retroactive Date			July 1, 2013



NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

Environmental Liability Coverage

The Limits of Liability are as follows:

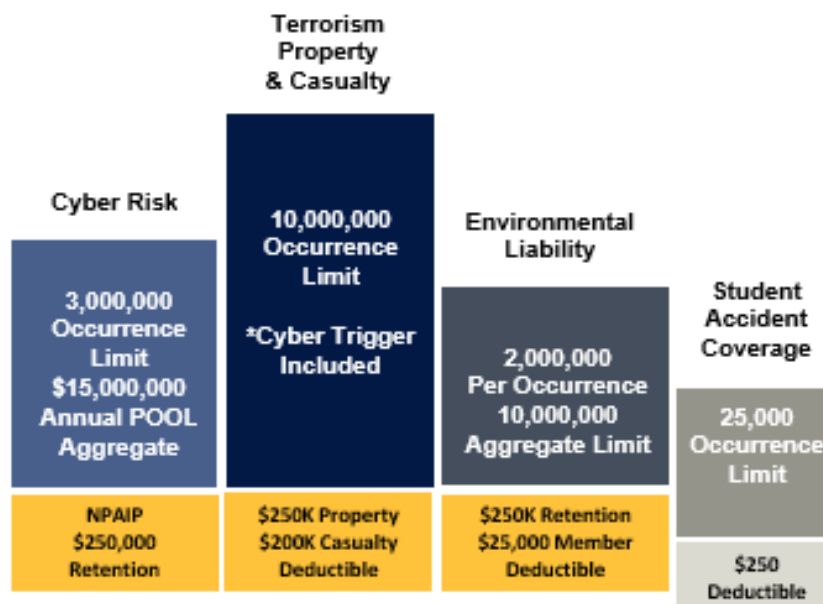
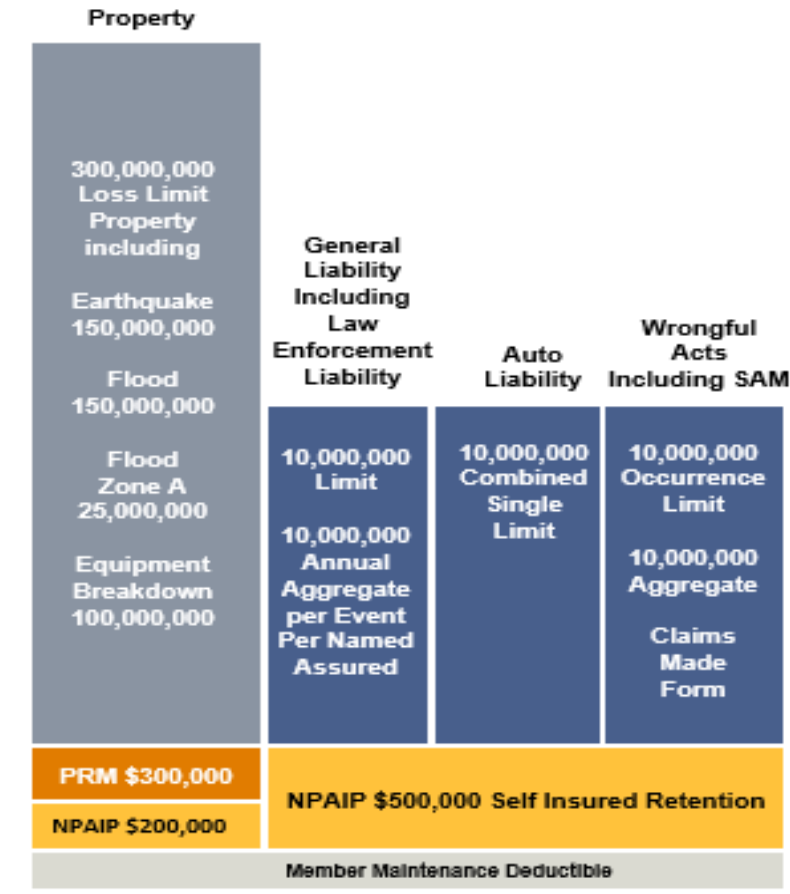
Coverage A	Third Party Claims for Bodily Injury, Property Damage or Remediation Expense
Coverage B	First Party Remediation Expense
Coverage C	Emergency Response Expense
Coverage D	Business Interruption

COVERAGE	DEDUCTIBLE	EACH INCIDENT LIMIT	AGGREGATE LIMIT
A,B,C	\$25,000	\$2,000,000	\$10,000,000

COVERAGE	DEDUCTIBLE	BUSINESS INTERRUPTION LIMIT (Days)	BUSINESS INTERRUPTION LIMIT (\$)
D	3 Days	365	\$2,000,000



NPAIP 2022-2023 Program Structure



This summary is intended for reference only. For specific terms, conditions, limitations and exclusions, please refer to the POOL Coverage Form and Cyber Risk Coverage Form edition July 1, 2022.



NEVADA PUBLIC AGENCY INSURANCE POOL COVERAGE SUMMARY

Member Contribution:

Total Cost:	\$402,945.11
Agent Compensation:	\$28,202.57
Total Program Cost Including All POOL Services:	\$431,147.68



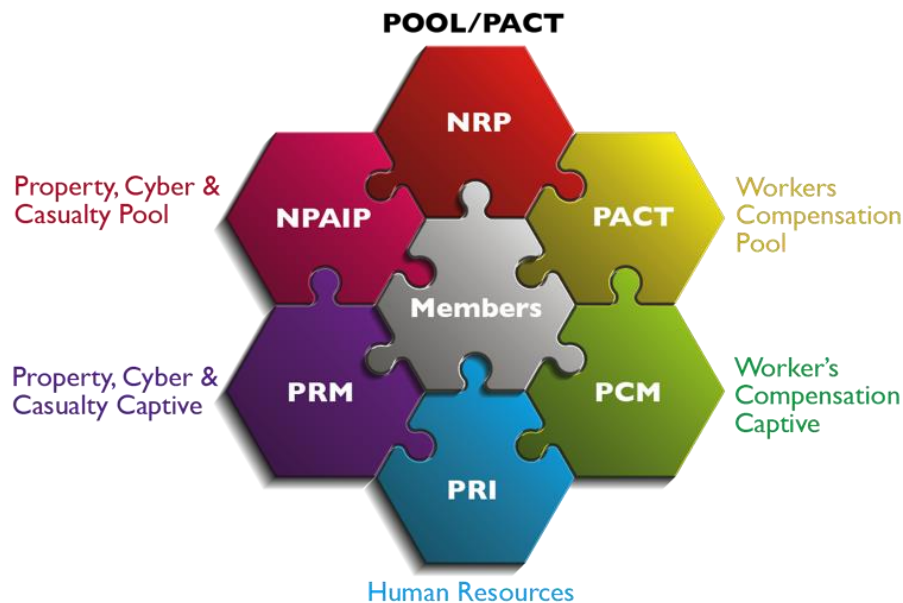
POOL/PACT – HERE FOR YOU

Members Helping Members

In 1987, four Nevada counties formed their own risk sharing pool. Now over thirty years later, the majority of Nevada’s public entities remain committed to each other and the mission of their risk pool organization. POOL/PACT continues to excel in providing an unparalleled level of service to our members. Our mission seeks to help members manage their risks so they can serve the public effectively.

The POOL Board is comprised of dedicated, hardworking, and ethical Member leaders focused on public risk management. They continue to do an excellent job of representing the interests of the Member-owners of POOL/PACT.

Our members continue to see great value in being part of POOL/PACT because of extensive services, which keeps membership retention strong. POOL/PACT encourages you to discuss the services we offer with your insurance agent – its valued partner in the POOL program.



POOL Executive Committee

Josh Foli - Chair (Lyon County)
 Geof Stark – Vice Chair (Churchill County)
 Amanda Osborne - Director (Elko County)
 Dan Murphy - Director (Pershing Co.SD)
 Gina Rackley – Fiscal Officer (Humboldt Co)
 Ann Cyr - Director (Carson City SD)
 Scott Lindgren - Director (TDFPD)

PACT Executive Committee

Paul Johnson - Chair (White Pine CSD)
 Mike Giles – Vice Chair (City of Lovelock)
 Amana Osborne - Trustee (Elko County)
 Josh Foli – Fiscal Officer (Lyon County)
 Robyn Dunckhorst - Trustee (Humboldt GH)
 Craig Roissum - Trustee (City of Caliente)
 Joe Westerlund – Trustee (Town of Tonopah)



PROGRAMS AND SERVICES AVAILABLE TO POOL/PACT MEMBERS

RISK MANAGEMENT

Training

POOL/PACT provides extensive training. Examples include: Portable Fire Extinguisher Training • Safe Driving Techniques • Blood Borne Pathogens • Ethics • Nevada Open Meeting Law • POOL/PACT 101 • Positive Governance. Visit www.poolpact.com for more information.

eLearning

POOL/PACT provides a dynamic eLearning platform, ongoing and timely learning courses, and support for: Human Resources • Employee Safety • Cyber Security • Risk Management • Health and Wellness • Emergency Medical Services • Fire Safety • and many more!

Risk Management Programs

Member Value and Performance (MVP) Review • Infrared Thermography (IRT) • Safety Policies and Procedures Review • Site Surveys • OSHA Compliance Assistance • Safety and Loss Control Committee Review and Development • Improved Security Systems • Swimming Pool Safety Training and Inspections • School District Hazard Vulnerability Assessments and Emergency Operations Plan Reviews • Claims Analysis • Written Workplace Safety Plan Review and Development

Law Enforcement and Fire Protection

On-line Law Enforcement training, policies, and best practices from the Legal Liability Risk Management Institute • Jail assessment and policy review for members operating correctional facilities. • Fire and EMS training, policies, and best practices from TargetSolutions. • Fit For Retirement, a Complete Wellness program, that includes mental health, advanced testing, dietician, and fitness guidance for full-time first responders.

Risk Management Grant Program and Loss Control Excellence Program

- Loss Control grants to help mitigate or eliminate risk to employees and liability exposure.
- Five, \$2,000 risk management educational grants available to each member each year.
- Loss Control Excellence Program with financial incentive.

24-7-365 Workers Compensation Nurse Triage Program

PACT members are eligible to use our innovative and streamed lined WC information and reporting system for non-life-threatening on-the-job injuries

Cybersecurity

All POOL members are provided a KnowBe4 online account subscription • Ongoing and updated Cybersecurity training • Best Practices • Cyber Incident Response templates and guidance • Network assessments • Virtual Risk Officer

MSDSOnline

OSHA and state compliance with safety data sheet management and updates are available online to ensure compliance and updated information.

For additional information contact Marshall Smith or Jarrod Hickman, POOL/PACT Risk Managers,
(775) 885-7475 website: www.poolpact.com



PROGRAMS AND SERVICES AVAILABLE TO POOL/PACT MEMBERS

HUMAN RESOURCES

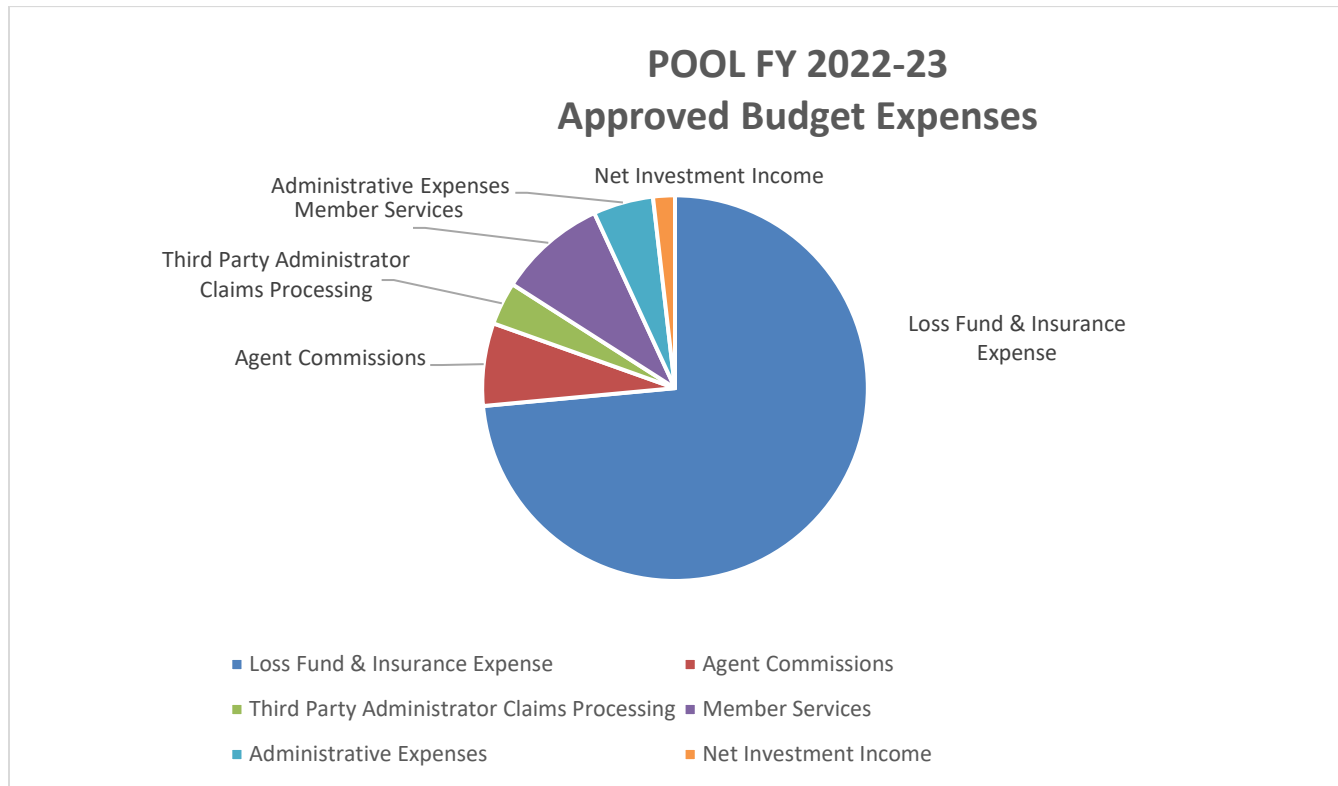
A variety of services are offered through POOL/PACT HR. We work with each member individually to address their specific HR-related needs and reduce liability. The basic services include:

- Consultation with members to manage and resolve critical employment-related issues to include identifying options, providing step-by-step guidance, monitoring progress, and answering questions.
- In-person and virtual instructor-led training courses, workshops, and certificate programs.
- eLearning and live online training courses available 24/7 and tracked for completions.
- Webinars on HR-related topics.
- On-site assessments of members' HR practices with recommendations.
- Communication issued as "Alerts" and "Notices" to inform members when a significant HR-related law or practice has changed.
- On-site HR Briefings tailored to specific needs/requests of members.
- Sample personnel policies which may be adopted for use by members.
- Sample job description templates and numerous HR forms that can be tailored for use by members.
- Salary schedule database available on our website for member reference.
- Summary of HR-related legislation produced each legislative session.
- HR Scholarships to assist member HR representatives in attaining nationally recognized HR certifications.
- Annual HR Conference providing HR representatives and CEOs valuable information on communication, leadership, and legal compliance.

For additional information contact Stacy Norbeck, POOL/PACT Human Resources Manager,
(775) 887-2240 email: stacynorbeck@poolpact.com website: www.poolpact.com



POOL 2022-2023 APPROVED BUDGET AND EXPENSES



Pool Budget	Approved Budget	% Allocation
Loss Fund & Insurance Expense	\$ 17,163,656	74.2%
Agent Commissions	\$ 1,567,177	6.8%
Third Party Administrator Claims Processing	\$ 800,575	3.5%
Member Services	\$ 2,052,526	8.9%
Administrative Expenses	\$ 1,139,947	4.9%
Net Investment Income	\$ 413,421	1.8%
Total Budget	\$ 23,137,301	100.0%



POOL/PACT CONTACTS

Nevada Risk Pooling (NRP) (775) 885 7475

Wayne Carlson, Executive Director, ext 132
waynecarlson@poolpact.com

Alan Kalt, Chief Financial Officer, ext 128
akalt@poolpact.com

Marshall Smith, Risk Manager, ext 104
marshallsmith@poolpact.com

Jarrold Hickman, Risk Manager, ext 133
jarroldhickman@poolpact.com

Mike Van Houten, eLearning Administrator, ext 101
eLearning@poolpact.com

Stephen Romero, Member Relations Manager, ext 110
stephenromero@poolpact.com

Pooling Resources, Inc. (POOL/PACT HR) (775) 887 2240

Stacy Norbeck, General Manager, ext 107
stacynorbeck@poolpact.com

Neal Freitas, Sr. HR Business Partner, ext 113
nealfreitas@poolpact.com

Ashley Creel, Sr. HR Business Partner, ext 105
ashleycreel@poolpact.com

Jeff Coulam, Sr. HR Business Partner, ext 106
jeffcoulam@poolpact.com

Lessly Monroy, HR Business Partner, ext 108
Lesslymonroy@poolpact.com

Davies Claims Solutions

Donna Squires, Claims Manager
(775) 329 1181

Donna.squires@Davies-group.com

Margaret Malzahn, WC Claims Supervisor
(775) 329 1181

Margaret.malzahn@Davies-group.com



NPAIP MEMBERSHIP

Counties:

Carson City
Churchill County
Elko County
Esmeralda County
Eureka County
Humboldt County
Lander County
Lincoln County
Lyon County
Mineral County
Nye County
Pershing County
Storey County
White Pine County

Towns:

Town of Gardnerville
Town of Genoa
Town of Minden
Town of Pahrump
Town of Round Mountain
Town of Tonopah

School Districts:

Carson City School District
Churchill County School District
Douglas County School District
Elko County School District
Esmeralda County School District
Eureka County School District
Humboldt County School District
Lander County School District
Lincoln County School District
Lyon County School District
Mineral County School District
Nye County School District
Pershing County School District
Storey County School District
White Pine County School District

Cities:

Boulder City
City of Caliente
City of Carlin
City of Elko
City of Ely
City of Fernley
City of Lovelock
City of Wells
City of West Wendover
City of Winnemucca
City of Yerington

Fire Districts:

Moapa Valley Fire Protection District
Mt. Charleston Fire Protection District
North Lake Tahoe Fire Protection District
North Lyon County Fire Protection District
Pahranagat Valley Fire District
Tahoe Douglas Fire Protection District
Washoe County Fire Suppression
White Pine Fire District

Others:

Central Nevada Historical Society
Central Nevada Regional Water Authority
County Fiscal Officers Association of Nevada
Douglas County Redevelopment Agency
Elko Central Dispatch
Elko Convention & Visitors Authority
Humboldt River Basin Water Authority
Lincoln County Regional Development
Mineral County Housing Authority
Nevada Association of Counties
Nevada Commission for the Reconstruction of the V & T Railway
Nevada League of Cities
Nevada Risk Pooling, Inc.
Nevada Rural Housing Authority
Pooling Resources, Inc.
Regional Transportation Commission of Washoe County
Truckee Meadows Regional Planning Agency
U.S. Board of Water Commissioners
Virginia City Tourism Convention
Western Nevada Regional Youth Center
White Pine County Tourism

Special Districts:

Alamo Water & Sewer District
Amargosa Library District
Beatty Library District
Beatty Water & Sanitation District
Canyon General Improvement District
Carson-Truckee Water Conservancy District
Carson Water Subconservancy District
Churchill County Mosquito, Vector and Weed Control District
Douglas County Mosquito District
Douglas County Sewer
East Fork Swimming Pool District
Elko County Agricultural Association
Elko TV District
Fernley Swimming Pool District
Gardnerville Ranchos General Improvement District
Gerlach General Improvement District
Humboldt General Hospital
Incline Village General Improvement District
Indian Hills General Improvement District
Kingsbury General Improvement District
Lakeridge General Improvement District
Lincoln County Water District
Logan Creek Estates General Improvement District
Lovelock Meadows Water District
Marla Bay General Improvement District
Mason Valley Swimming Pool District
Minden Gardnerville Sanitation District
Moapa Valley Water District
Nevada Association of Conservation Districts
Nevada Association of School Boards
Nevada Association of School Superintendents
Nevada Tahoe Conservation District
Northern Nye County Hospital District
Pahrump Library District
Palomino Valley General Improvement District
Pershing County Water Conservation District
Sierra Estates General Improvement District
Silver Springs General Improvement District
Silver Springs Stagecoach Hospital
Skyland General Improvement District
Smoky Valley Library District
Southern Nevada Area Communication Council
Southern Nevada Health District
Stagecoach General Improvement District
Sun Valley General Improvement District
Tahoe Douglas District
Topaz Ranch General Improvement District
Tahoe Reno Industrial General Improvement District
Tonopah Library District
Walker Basin Conservancy
Walker River Irrigation District
Washoe County Water Conservation District
West Wendover Recreation District
Western Nevada Development District
White Pine Television District #1
Zephyr Cove General Improvement District
Zephyr Heights General Improvement District

**THANK YOU
FOR YOUR
MEMBERSHIP!**

Southern Nevada Walk Audit Plan

Assembly Bill No. 343 (AB343)¹ requires the development of plans for conducting walking audits of urbanized areas in Clark County. As outlined in the legislation, the Regional Transportation Commission of Southern Nevada’s Metropolitan Planning Organization (RTCSNV) developed the plan in collaboration with the Southern Nevada Health District, local governments, and the Nevada Department of Transportation as described in Table 1 (below). The plan describes roles, priority locations, community engagement approaches, checklists, reporting methods, and an action plan for ongoing walk audits.

Table 1: Walk Audit Plan Process

Activity	Schedule
Gather input through two planning team meetings	September 2021
Prepare a draft plan in conjunction with Regional Walkability Plan	February – March 2022
Review by Walk Audit Planning Team, local agency legislative affairs staff	March – April 2022
RTC Executive Advisory Committee approval	April 28, 2022
RTC Board of Commissioners approval	May 19, 2022
SNHD District Board of Health review	May 26, 2022
Submit to SNHD and the Director of Legislative Counsel Bureau	May 31, 2022

A. Walk Audit Team Roles

The Walk Audit Team works collaboratively in order to develop and maintain the Walk Audit Plan, implement walk audits, and share recommendations. Detailed partner roles are described in the *Walk Audit Action Plan* (see page 8) and summarized below:

- RTC MPO (Convener):** Forms the Walk Audit Team, maintains a contact list, and facilitates and records meetings. Prepares and updates the Walk Audit Plan in collaboration with the Walk Audit Team. Organizes and maps past walk audits to reduce duplication. Identifies and completes walk audits through the Unified Planning Work Program².
- NDOT and Local Agencies (Clark County, Las Vegas, Henderson, North Las Vegas, Mesquite, Boulder City):** Contributes to the development and implementation of the Walk Audit Plan. Identifies and completes walk audits through upcoming planning studies and roadway projects. Serves as agency liaison, obtaining input or approvals from other departments and staff as needed.
- Southern Nevada Health District:** Contributes to the development and implementation of the Walk Audit Plan. Identifies and completes grant-funded walk audits supporting health-focused educational efforts. Promotes walk audits during quarterly Partners for a Healthy Nevada meetings. Shares walk audit results provided through the SNHD website.

¹ Nevada Legislature. *Assembly Bill No. 343-Assemblywoman Thomas*. NELIS, Legislation, Bills and Resolutions. 81st Session 2021. <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7881/Text>. Accessed on March 15, 2022.

² RTC of Southern Nevada. *Unified Planning Work Program FY 2022 and FY2023*. May 2021. <https://assets.rtcnv.com/wp-content/uploads/sites/4/2021/06/23113129/FY-2022-2023-Unified-Planning-Work-Program.pdf>. Accessed on April 13, 2022.

B. Priority Locations

Priority pedestrian network and zones identified in the Regional Walkability Plan (see page 3) will guide the identification of walk audit locations. For example, a walk audit for a corridor study along a major roadway will be more extensive than a school. The priority pedestrian network and zones were identified through community input, local agency review, and the following selection factors:

Priority Pedestrian Zones

- Land uses (and destinations) that generate a high demand for walking
- Low-equity scores
- High number of pedestrian-involved collisions
- Adequate first/last mile connections to transit service

Priority Pedestrian Network

- High density of destinations along/near corridor
- Within ¼ mile of a school, park, or major employer
- Transit corridors
- Road network connectivity
- Land use context
- Road diet opportunities
- Lack of quality sidewalks and crosswalks
- Pedestrian level of comfort
- Heat vulnerability index
- Intersection with disadvantaged neighborhood
- Intersection with high walking mode share

Additional Locations

While the Regional Walkability Plan is the primary tool to identify walk audit locations, agencies may also consider conducting walk audits in additional areas, such as locations that:

- 1) Respond to community requests or immediate needs, such as pedestrian areas near schools, parks, or bus stops;
- 2) Further local agency planning and implementation of complete streets;
- 3) Investigate sidewalk gaps identified in the Regional Bicycle and Sidewalk Inventory; and/or
- 4) Improve Areas of Persistent Poverty/Historically Disadvantaged Communities as identified by the USDOT Transportation Disadvantaged Census Tracts mapping tool³.

C. Location Size or Distance

The size of the walk audit area or roadway distance evaluated will be determined based on location, need, and available resources. For example, a walk audit for a corridor study along a major roadway may cover a larger geographic area or distance than a walk audit for a neighborhood school.

³ U.S. Department of Transportation. Transportation Disadvantaged Census Tracts (Historically Disadvantaged Communities). <https://usdot.maps.arcgis.com/apps/dashboards/d6f90dfcc8b44525b04c7ce748a3674a>. Accessed on April 13, 2022.

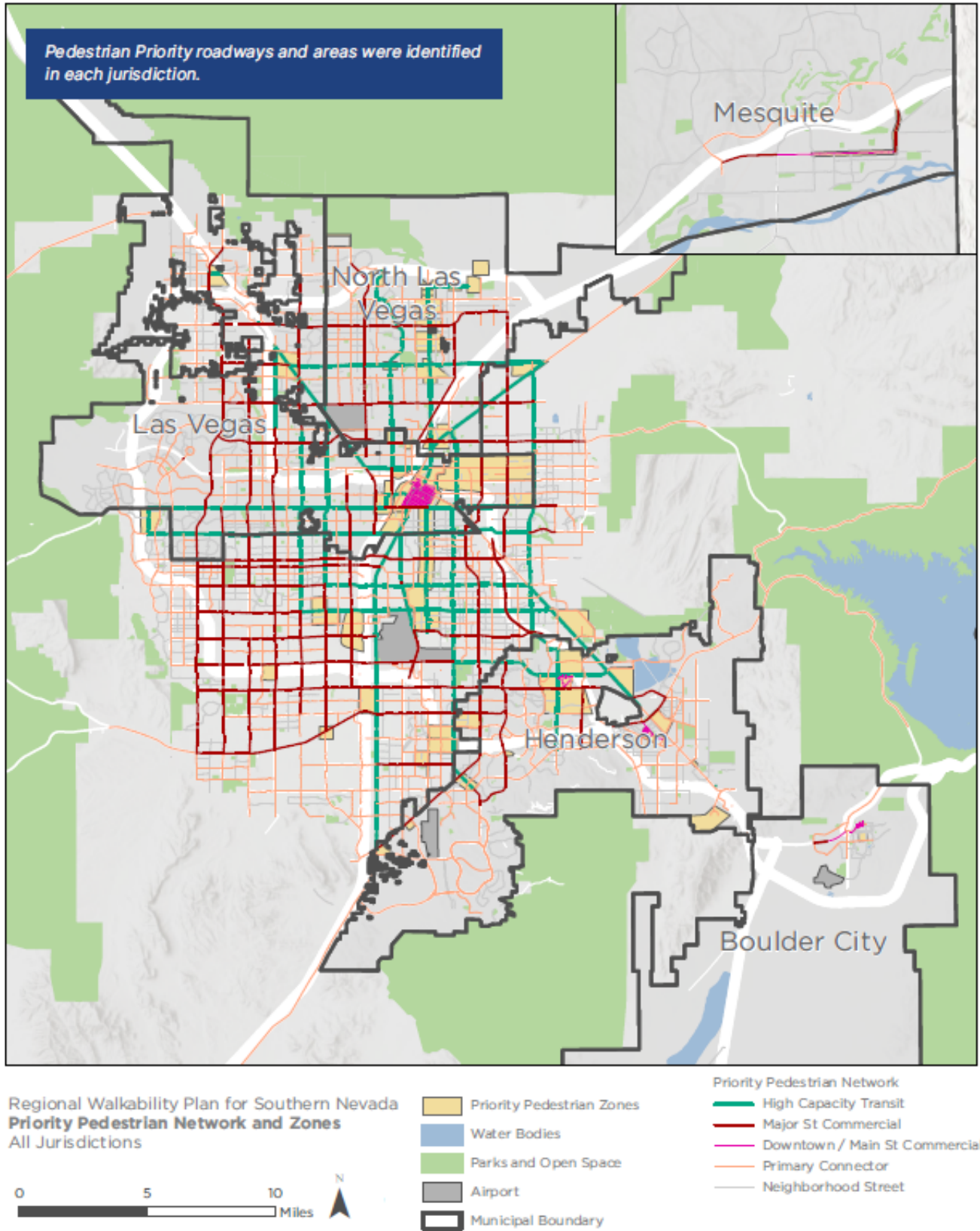


Figure 1: Regional Walkability Plan Priority Pedestrian Network and Zones

D. Audit Checklist

For consistency with AB343, walk audits will gather community input and data related to safety, crossings, sidewalks, and healthy food access as shown by the suggested list below. Agencies may develop collection tools that assess the elements below and other factors as desired, or may use the *Walkability Checklist* (see pages 5-6).

Safety

- Level of safety
- Nighttime lighting levels

Crossings

- Accessible, directional curb ramps at crosswalks
- Audible pedestrian signals (push buttons)
- Crosswalk presence and condition
- Adequate time for pedestrians of all ages and abilities to cross the street

Sidewalks

- Sidewalk gaps
- Sidewalk condition
- Obstructions in the sidewalk
- Availability of benches for pedestrians to rest
- Shade

Healthy Food Access

- Availability of grocery stores, food pantries, etc.

WALKABILITY CHECKLIST

Name: _____

Date: _____

Time of Day: _____

STREET CHARACTERISTICS

Location or segment: _____

Sidewalk width: _____

Speed limit: _____

Is traffic light, moderate, or heavy?

The number of travel lanes (both directions): _____

Center turn lane?: _____

On-street parking?: _____

Special signage present e.g. directional, district, point of interest?: _____

SIDEWALKS (For each yes answer, check the box)

Can two adults walk side-by-side comfortably on the sidewalk?

Is there a buffer (i.e. grass, trees, parking) between the sidewalk and the vehicle travel lane?

Are there missing segments of the sidewalk infrastructure?

Are there obstructions in the sidewalk?
TIP: Look for utility poles and pedestals, overgrown shrubs, low-hanging limbs, grass

Are there bicyclists also using the sidewalk?

Notes: _____

Is the sidewalk in good condition?

TIP: Look for cracks, uneven surfaces, crumbling, tree roots

Is there displaced landscaping material (i.e. gravel, rocks, etc.) on the sidewalk?

Is there a retaining wall or fence directly adjacent to the sidewalk?

If conducting in the evening, does the lighting provide uniform coverage (no dark spots between lights)?

If conducting in the evening, does the lighting allow one to identify a face from 40 feet away?

STREET CROSSINGS AND INTERSECTIONS (For each yes answer, check the box)

Are crosswalks missing or faded?

Are the sightlines blocked (can't see oncoming traffic)?

Are the curb ramps missing at the corners?

Is there a pedestrian refuge (see example on the Preparing for a Walk Audit page)?

Are there pedestrian push buttons at each intersection corner?

Is there lighting at the intersection or mid-block crossing?

Notes: _____

Can pedestrians cross the intersection in the time allotted?

TIP: Consider the elderly, children and disabled

What is the estimated distance between crossing points?
TIP: How far do you have to walk to get to an intersection or mid-block crossing (see example on the Preparing for a Walk Audit page)?

Are any of the traffic control signs (e.g. stop, crossing, school zone) obscured by tree branches?

SAFETY AND COMFORT (For each yes answer, check the box. Note any location specific information in the notes section)

- Is there shade for pedestrians?
TIP: Look for shade cast by trees, canopies, buildings, etc.
- Are there street trees?
- Is there graffiti present?
- Is there public art?
TIP: Look for murals, painted utility boxes, sculptures, etc.
- Are there benches/seating areas for pedestrians?
- Is there litter or illegal dumping in the area?

- Is there pedestrian-scaled lighting present?
TIP: Pedestrian-scaled lighting is lower than typical street lighting
- Are there ambush/hiding spots or areas that feel unsafe or isolated?
- Are there unleashed animals present? If yes, mark on map or note location(s) in the Notes section below
- Are there people out walking in the area?

OVERALL, HOW DOES IT FEEL TO BE A PEDESTRIAN IN THIS AUDIT AREA? CHECK THE EMOJI THAT BEST FITS:



Notes: _____

DRIVER AND PEDESTRIAN BEHAVIOR

(For each yes answer, check the box. Note any location specific information in the notes section)

- Do **drivers** stop at stop signs or stop lights?
- Do **drivers** yield or stop for pedestrians crossing in the crosswalk (marked or unmarked)

- Do **drivers** appear to be speeding?
- Are **drivers** distracted (i.e. texting, on the phone, interacting with passengers)

OVERALL, THE QUALITY AND SAFETY OF DRIVER BEHAVIOR IS:



- Do **pedestrians** cross at intersections (marked or unmarked crosswalks) or at designated mid-block crossings

- Are **pedestrians** distracted (i.e. texting, on the phone, talking with others)?
- Are **pedestrians** waiting for the walk signal (or green light if no pedestrian signal) to cross?

OVERALL, THE QUALITY AND SAFETY OF PEDESTRIAN BEHAVIOR IS:



Notes: _____

E. Community Engagement

Community engagement methods and timing are dependent on the planning process, outreach goals, community role in decision-making, and available resources. Options for both real-time and asynchronous, online input is encouraged. Agencies leading each audit will select engagement tools and tactics that align with [IAP2 Spectrum of Public Participation](#), which may include:

- 1) INFORM: Webpage, e-communication, webinars
- 2) CONSULT: Public meetings, social media polls
- 3) INVOLVE: Walk audit workshop, stakeholder meetings, social media live
- 4) COLLABORATE: Consensus building activities

F. Stakeholder Analysis

Interdisciplinary teams conducting walk audits may include representatives from the following stakeholder groups:

Public Sector

- Local agency planning departments
- Local agency public works departments (e.g. maintenance, roadway design)
- Elected or appointed officials (e.g. planning commissioners)
- Safe Routes to School
- Law enforcement

Private Sector

- Local business owners

Non-Profit

- Affordable and low-income housing organizations
- Representatives of community organizations

Employees and Residents

- Local residents, including people of all ages and abilities
- Representatives from nearby schools (e.g. teachers)
- Transit riders
- Bicyclists

G. Next Steps

Beginning in July 2022, one or more walk audits will be completed on an annual basis as identified through the following: 1) the RTC's Unified Planning Work Program, which identifies upcoming planning studies, 2) upcoming planning studies led by NDOT and local agencies, and 3) opportunities identified through quarterly meetings of the Walk Audit Implementation Team. As possible, audits will be completed during different seasons, including periods of extreme heat, and time of day.

The Southern Nevada Health District website (snhd.info or southernnevadahealthdistrict.org) will provide walk audit reports (PDF format) and display walk audit routes through online mapping tools (e.g. GIS, Google Maps). Bilingual, Section 508 compliant walk audit reports are encouraged. As possible, lead organizations may also produce short outreach video(s) highlighting walk audit recommendations and/or implementation. Additionally, the webpage will include a method for community members to share walkability concerns and suggest potential walk audit locations.

H. Walk Audit Action Plan

Action	Roles	Timeline
Location Identification		
Map locations of past walk audits to reduce duplication.	RTC (L)	In process
Identify locations for walk audits through 2-year Unified Planning Work Program.	RTC (L) Local agencies (S)	Biannually; FY24-25 Plan will be approved by June 2023
Identify opportunities for walk audits during upcoming transportation planning, corridor studies, and roadway projects.	NDOT, Local agencies (L)	Ongoing
Maintain and update a list of potential walk audits.	RTC (L)	Quarterly
Convene planning team meetings to track and report progress.	RTC (L) Local agencies (S) SNHD (S) NDOT (S)	Quarterly
Complete Walk Audits		
Complete walk audit pre-planning which may include: <ul style="list-style-type: none"> Determine planning process, outreach goal(s) and community role(s) in decision-making using the IAP2 Spectrum of Public Participation. Determine walk audit input tool(s) and format (virtual, in-person, or hybrid) and time/location most convenient for target audience. Consider providing an online option for asynchronous input. Identify and invite participation of walk audit participants. Prepare agendas, maps, and customize checklist(s). Obtain waivers and safety equipment as needed. 	Lead agency	Determined by project schedule
Facilitate walk audit event(s).	Lead agency	Determined by project schedule
Share Outcomes		
Prepare walk audit summary report, including recommended next steps, roles, timelines, and potential funding sources. Section 508, bilingual report format is encouraged. Video(s) highlighting walk audit findings and recommendations may also supplement the report.	Walk audit lead agency	Approx. one month after walk audit completion
Share walk audit locations and recommendations through the Southern Nevada Health District website.	SNHD (L) RTC (S)	Approx. one month after walk audit completion
Maintain contact list(s) of walk audit participants to share outcomes and engage in future pedestrian plans and programs.	All	Ongoing
Track Long-Term Results		
Follow-up on walk audits to determine status of implementation (e.g. completed, funded, in planning, in design, in construction, or not implemented).	Local agency planning staff (L)	Annually



Southern Nevada Walk Audit Plan

May 2022

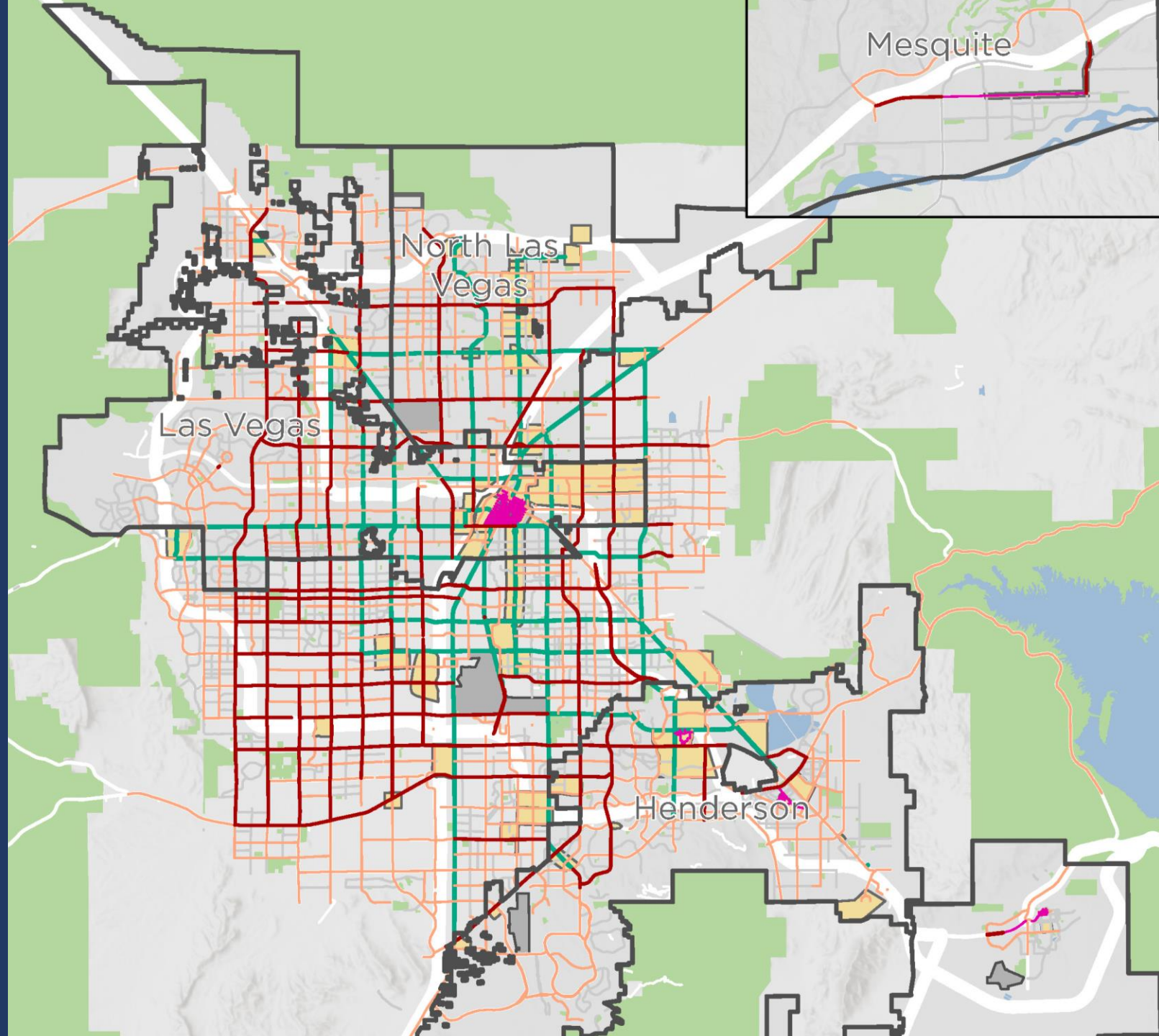
ROLES

RTC MPO

Local
Agencies
NDOT

Southern
Nevada
Health District

PRIORITY LOCATIONS





WALK AUDIT CHECKLIST

- ✓ Safety
- ✓ Crossings
- ✓ Sidewalks
- ✓ Shade
- ✓ Healthy Food

COMMUNITY ENGAGEMENT



ACTION PLAN

Identify Locations



Complete Walk Audits



Share Outcomes



Track Results

SCHEDULE

APRIL 28



MAY 19



MAY 26



MAY 31



A crowd of people is walking across a crosswalk on a city street. The scene is overlaid with a semi-transparent blue filter. In the center, a white sunburst graphic is positioned above the large, bold, white text 'RTC'. The people are in various stages of walking, and their shadows are cast on the pavement. The overall atmosphere is busy and urban.

RTC

Memorandum #07-22

Date: May 26, 2022

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

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

Subject: Request for Approval of Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center

I. BACKGROUND:

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

II. RECOMMENDATION:

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

III. CONDITIONS:

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

CK:jt

Attachments:

- A. Public Notice dated 4/22/2022
- B. University Medical Center's Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Pediatric Level II Center for the Treatment of Trauma

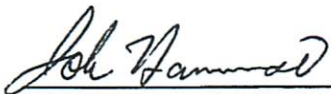
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District's Board of Health on May 26, 2022, at 9:00 a.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.366 and 450B.237 for the purpose of requesting approval of renewal of authorization of UMC as a Level I Trauma Center and as a Level II Pediatric Trauma Center.

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

Dated: April 12, 2022

To be published: April 22, 2022



John Hammond, BS, Paramedic
EMS & Trauma System Manager



APPLICATION FOR RENEWAL OF AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA

Name of Institution: University Medical Center

Street Address: 1800 West Charleston BLVD.

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: lisa.rogge@umcsn.com

Owner of Facility: Clark County

Street Address: 1800 West Charleston Boulevard

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-3860 FAX: 702-383-2087 E-Mail: _____

Hospital Administrator/Director: Mason VanHouwelling

Contact Person for Application Processing: Lisa Rogge

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: lisa.rogge@umcsn.com

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

- Level I
- Pediatric Level I
- Level II
- Pediatric Level II
- Level III

Date of original designation: Level II 8/1989; Level I 1/1999; Peds Level II 10/2007

Date of last renewal of designation: October 2019

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

There have been no changes in the hospitals capacity to provide trauma services in the past designation period.

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

There have been no changes in the hospitals capabilities to provide trauma services in the community during the past designation period.

Briefly describe any changes in the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period:

There have been no changes to the hospital's commitment to serve this community.

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

University Medical Center of Southern Nevada continues to serve this community and its visitors. We do so by providing the regions highest level trauma care with a focus on patient outcomes. This facility is actively partnered with the University of Nevada Las Vegas Medical schools and several area nursing schools working to help train caregivers for the future of the community. We continue to strive to serve this community with education and outreach that will answer the the needs of those we serve.

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

1. Submitted trauma data to SNHD and the State Trauma Registry.

Yes No

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.

Yes No

3. Provided standard financial information to assist in the assessment of the financial stability of the trauma system, when requested.

Yes No

4. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

Yes No

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

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

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

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

Signature of Hospital Administrator or Owner

Mason VanHouweling Date: 3/8/22

Printed Name of Hospital Administrator or Owner: Mason VanHouweling

Title of Person signing the Application: CEO



Memorandum #06-22

Date: May 26, 2022

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Chris Saxton, MPH-EH, REHS, *Environmental Health Director CS*
Karen White, CPA, *Chief Financial Officer KW*
Fermin Leguen, MD, MPH, *District Health Officer FL*

Subject: Proposed Environmental Health (EH) Fee Schedule Adjustments

I. BACKGROUND:

The Health District is responsible for state-mandated environmental health permitting and inspections in Clark County, Nevada. Some examples of Health District environmental health permits include permanent and temporary food operations; pools and spas; public accommodations; schools; childcare facilities; body art and tattoo shops; underground storage tanks; individual sewage disposal systems; and liquid waste haulers.

The EH division of the Health District has not had an overall fee adjustment approved by the Board of Health since 2009. As a result, permit fees have not changed while operating costs have increased. Please note, the Consumer Price Index has increased 33% over this same period of time.

Fiscal Year		Revenues	Expenditures	Net Loss
FY20	Actual	\$ 19,145,478	\$ 20,790,574	\$ (1,645,096)
FY21	Actual	\$ 20,751,999	\$ 21,722,887	\$ (970,888)
FY22	Projected	\$ 19,654,013	\$ 22,374,574	\$ (2,720,561)

The EH division conducted a business impact survey and asked for feedback on a 29% proposed increase to fees. Based upon community feedback, the Vector Control program was removed from the proposed increase, which constituted 2% of that increase.

II. PROPOSED ADJUSTMENTS:

The Health District proposes the following EH Fee Schedule adjustments:

1. 27% fee increase to all fees on the EH Fee Schedule:
 - First Permit Billing on July 1, 2022 = Same amount as last year

- Second Permit Billing = Three months later for the 27% increase
- All service fees increase 27% effective July 1, 2022

2. Tie the EH Fee Schedule to the Consumer Price Index (Western Region) with an annual adjustment of a 1% floor and a 3% ceiling beginning July 1, 2023.

These EH Fee Schedule adjustments will allow programs to keep up with increasing operating costs and continued community growth.

The proposed changes are projected to increase EH division revenue by \$5,465,781 in Fiscal Year 2023 (July 1, 2022 to June 30, 2023) and between 1-3% annually thereafter based on the Consumer Price Index.

III. RECOMMENDATION:

The Health District recommends approval of the proposed EH Fee Schedule adjustments.

CDS/hh

Attachments:

Attachment A: EH Fee Schedule Comparison

ATTACHMENT

A



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
ANNUAL/ADMINISTRATIVE FEES							
FOOD OPERATIONS							
1000	MAIN KITCHEN	211	2.71		268	3.44	
1001	MAIN KITCHEN (1 DRIVE-UP)	277	2.71		352	3.44	
1002	MAIN KITCHEN (2 DRIVE-UP)	343	2.71		436	3.44	
1003	RESTAURANT	211	2.71		268	3.44	
1004	RESTAURANT (1 DRIVE-UP)	277	2.71		352	3.44	
1005	RESTAURANT (2 DRIVE-UP)	343	2.71		436	3.44	
1006	RESTAURANT / TAKE OUT	211	2.71		268	3.44	
1007	RESTAURANT / TAKE OUT (1 DRIVE-UP)	277	2.71		352	3.44	
1008	RESTAURANT / TAKE OUT (2 DRIVE-UP)	343	2.71		436	3.44	
1009	SNACK BAR	211	2.71		268	3.44	
1010	SNACK BAR (1 DRIVE-UP)	277	2.71		352	3.44	
1011	SNACK BAR (2 DRIVE-UP)	343	2.71		436	3.44	
1012	BUFFET (DAILY)	211	2.71		268	3.44	
1013	BARBEQUE	211	2.71		268	3.44	
1014	BARBEQUE (1 DRIVE-UP)	277	2.71		352	3.44	
1015	BARBEQUE (2 DRIVE-UP)	343	2.71		436	3.44	
1016	DRINKING ESTABLISHMENT	211	2.71		268	3.44	
1017	BEER BAR	211	2.71		268	3.44	
1018	BANQUET KITCHEN < 1,000 SF	558			709		
1019	BANQUET KITCHEN 1000 - 2,999 SF	971			1233		
1020	BANQUET KITCHEN 3,000 - 4,999 SF	1085			1378		
1021	BANQUET KITCHEN 5,000 - 9,999 SF	1196			1519		
1022	BANQUET KITCHEN = 10,000 SF	1308			1661		
1023	BANQUET SUPPORT < 1,000 SF	558			709		
1024	BANQUET SUPPORT 1000 - 2,999 SF	971			1233		
1025	BANQUET SUPPORT 3,000 - 4,999 SF	1085			1378		
1026	BANQUET SUPPORT 5,000 - 9,999 SF	1196			1519		
1027	BANQUET SUPPORT = 10,000	1308			1661		
1028	SPECIAL KITCHEN < 1,000 SF	558			709		
1029	SPECIAL KITCHEN 1000 - 2,999 SF	971			1233		
1030	SPECIAL KITCHEN 3,000 - 4,999 SF	1085			1378		
1031	SPECIAL KITCHEN 5,000 - 9,999 SF	1196			1519		
1032	SPECIAL KITCHEN = 10,000 SF	1308			1661		
1033	KITCHEN BAKERY < 1,000 SF	558			709		
1034	KITCHEN BAKERY 1000 - 2,999 SF	971			1233		
1035	KITCHEN BAKERY 3,000 - 4,999 SF	1085			1378		
1036	KITCHEN BAKERY 5,000 - 9,999 SF	1196			1519		
1037	KITCHEN BAKERY = 10,000 SF	1308			1661		
1038	MEAT < 1,000 SF	558			709		
1039	MEAT 1000 - 2,999 SF	971			1233		
1040	MEAT 3,000 - 4,999 SF	1085			1378		
1041	MEAT 5,000 - 9,999 SF	1196			1519		
1042	MEAT = 10,000 SF	1308			1661		
1043	VEGETABLE PREP < 1,000 SF	558			709		
1044	VEGETABLE PREP 1000 - 2,999 SF	971			1233		
1045	VEGETABLE PREP 3,000 - 4,999 SF	1085			1378		
1046	VEGETABLE PREP 5,000 - 9,999 SF	1196			1519		
1047	VEGETABLE PREP = 10,000 SF	1308			1661		
1048	PANTRY < 1,000 SF	558			709		
1049	PANTRY 1000 - 2,999 SF	971			1233		
1050	PANTRY 3,000 - 4,999 SF	1085			1378		
1051	PANTRY 5,000 - 9,999 SF	1196			1519		
1052	PANTRY = 10,000 SF	1308			1661		
1053	GARDE MANGER < 1,000 SF	558			709		
1054	GARDE MANGER 1000 - 2,999 SF	971			1233		
1055	GARDE MANGER 3,000 - 4,999 SF	1085			1378		
1056	GARDE MANGER 5,000 - 9,999 SF	1196			1519		
1057	GARDE MANGER = 10,000 SF	1308			1661		
1058	MEAT /POULTRY/ SEAFOOD < 1000 SF	227			288		
1059	MEAT /POULTRY/ SEAFOOD 1000 - 2999 SF	417			530		
1060	MEAT /POULTRY/ SEAFOOD 3000 - 4999 SF	695			883		
1061	MEAT /POULTRY/ SEAFOOD 5000 - 9999 SF	805			1022		
1062	MEAT /POULTRY/ SEAFOOD = 10000 SF	935			1187		
1063	CONFECTION < 1000 SF	227			288		
1064	CONFECTION 1000 - 2999 SF	417			530		
1065	CONFECTION 3000 - 4999 SF	695			883		
1066	CONFECTION 5000 - 9999 SF	805			1022		
1067	CONFECTION = 10000 SF	935			1187		
1068	PRODUCE MARKET < 1000 SF	227			288		
1069	PRODUCE MARKET 1000 - 2999 SF	417			530		
1070	PRODUCE MARKET 3000 - 4999 SF	695			883		
1071	PRODUCE MARKET 5000 - 9999 SF	805			1022		
1072	PRODUCE MARKET = 10000 SF	935			1187		



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
1073	BAKERY SALES < 1000 SF	227			288		
1074	BAKERY SALES 1000 - 2999 SF	417			530		
1075	BAKERY SALES 3000 - 4999 SF	695			883		
1076	BAKERY SALES 5000 - 9999 SF	805			1022		
1077	BAKERY SALES = 10000 SF	935			1187		
1078	PORTABLE BANQUETBAR	0	50		0	64	
1079	PORTABLE UNIT - OUTDOOR	296			376		
1080	PORTABLE UNIT - INDOOR	296			376		
1081	SELF-SERVICE PRE-PACKAGED FOOD TRUCK	244			310		
1083	MOBILE FOOD SERVICE	244			310		
1084	FROZEN MEAT SALES	244			310		
1085	FOOD DELIVERY TRUCK - HIGH RISK	244			310		
1086	MOBILE ICE CREAM/CANDY	139			177		
1087	GROCERY STORE SAMPLING	290			368		
1088	CONCESSIONS - LOW RISK	94			119		
1089	CONCESSIONS - HIGH RISK	189			240		
1090	CATERER	211			268		
1091	CHILDCARE KITCHENS	121			154		
1092	ANNUAL ITINERANT - LOW RISK	521			662		
1093	ANNUAL ITINERANT - HIGH RISK	782			993		
1094	FARMER'S MARKET - SAMPLING	290			368		
1095	FARMER'S MARKET - PROCESSED PRODUCT	290			368		
1096	FARMER'S MARKET - LOW RISK	290			368		
1097	FARMER'S MARKET - HIGH RISK	725			921		
1098	SEASONAL PERMIT 0 - 4 MONTHS	100			127		
1099	SEASONAL PERMIT NOT TO EXCEED 5 MONTHS	150			191		
1100	SEASONAL PERMIT NOT TO EXCEED 6 MONTHS	200			254		
1101	SEASONAL PERMIT NOT TO EXCEED 7 MONTHS	250			318		
1102	SEASONAL PERMIT NOT TO EXCEED 8 MONTHS	300			381		
1103	ELEMENTARY SCHOOL KITCHENS	121			154		
1104	MIDDLE SCHOOL KITCHENS	121			154		
1105	HIGH SCHOOL KITCHENS	121			154		
1110	MEAT/POULTRY/SEAFOOD=10000SF W/ FED INSP MEAT	118			150		
1115	INSTITUTIONAL FOOD SERVICE - SMALL	121			154		
1116	INSTITUTIONAL FOOD SERVICE - LARGE	121			154		
1117	WATER STORE	94			119		
1118	ELEMENTARY SCHOOL KITCHENS (NON USDA)	121			154		
1119	MIDDLE SCHOOL KITCHENS (NON USDA)	121			154		
1120	HIGH SCHOOL KITCHENS (NON USDA)	121			154		
1121	REMOTE SERVICE SITE	211			268		
1122	PORTABLE UNIT - TCS	296			376		
1123	MOBILE PRODUCE	139			177		
1124	ANNUAL ITINERANT - LOW RISK - MAJOR	521			662		
1125	ANNUAL ITINERANT - HIGH RISK - MAJOR	782			993		
1200	BOTTLING PLANT < 1,000 SF	417			530		
1201	BOTTLING PLANT 1000 - 2,999 SF	695			883		
1202	BOTTLING PLANT 3,000 - 4,999 SF	1391			1767		
1203	BOTTLING PLANT 5,000 - 9,999 SF	1615			2051		
1204	BOTTLING PLANT = 10,000 SF	1871			2376		
1205	FOOD PROCESSING < 1,000 SF	417			530		
1206	FOOD PROCESSING 1000 - 2,999 SF	695			883		
1207	FOOD PROCESSING 3,000 - 4,999 SF	1391			1767		
1208	FOOD PROCESSING 5,000 - 9,999 SF	1615			2051		
1209	FOOD PROCESSING = 10,000 SF	1871			2376		
1210	MEAT < 1,000 SF	417			530		
1211	MEAT 1000 - 2,999 SF	695			883		
1212	MEAT 3,000 - 4,999 SF	1391			1767		
1213	MEAT 5,000 - 9,999 SF	1615			2051		
1214	MEAT = 10,000 SF	1871			2376		
1215	BAKERY < 1,000 SF	417			530		
1216	BAKERY 1000 - 2,999 SF	695			883		
1217	BAKERY 3,000 - 4,999 SF	1391			1767		
1218	BAKERY 5,000 - 9,999 SF	1615			2051		
1219	BAKERY = 10,000 SF	1871			2376		
1220	ICE PLANT < 1,000 SF	417			530		
1221	ICE PLANT 1000 - 2,999 SF	695			883		
1222	ICE PLANT 3,000 - 4,999 SF	1391			1767		
1223	ICE PLANT 5,000 - 9,999 SF	1615			2051		
1224	ICE PLANT = 10,000 SF	1871			2376		
1225	CANDY PROCESSOR < 1,000 SF	417			530		
1226	CANDY PROCESSOR 1000 - 2,999 SF	695			883		
1227	CANDY PROCESSOR 3,000 - 4,999 SF	1391			1767		
1228	CANDY PROCESSOR 5,000 - 9,999 SF	1615			2051		
1229	CANDY PROCESSOR = 10,000 SF	1871			2376		
1230	ICE CREAM PROCESSOR < 1,000 SF	417			530		
1231	ICE CREAM PROCESSOR 1000 - 2,999 SF	695			883		



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
1232	ICE CREAM PROCESSOR 3,000 - 4,999 SF	1391			1767		
1233	ICE CREAM PROCESSOR 5,000 - 9,999 SF	1615			2051		
1234	ICE CREAM PROCESSOR = 10,000 SF	1871			2376		
1235	GAME PROCESSOR < 1,000 SF	417			530		
1236	GAME PROCESSOR 1000 - 2,999 SF	695			883		
1237	GAME PROCESSOR 3,000 - 4,999 SF	1391			1767		
1238	GAME PROCESSOR 5,000 - 9,999 SF	1615			2051		
1239	GAME PROCESSOR = 10,000 SF	1871			2376		
1240	FEDERALLY INSPECTED MEAT < 1,000 SF	417			530		
1241	FEDERALLY INSPECTED MEAT 1000 - 2,999 SF	695			883		
1242	FEDERALLY INSPECTED MEAT 3,000 - 4,999 SF	1391			1767		
1243	FEDERALLY INSPECTED MEAT 5,000 - 9,999 SF	1615			2051		
1244	FEDERALLY INSPECTED MEAT = 10,000 SF	1871			2376		
1245	DELI/COMMISSARY PROCESSOR < 1,000 SF	417	2.71		530	3.44	
1246	DELI/COMMISSARY PROCESSOR 1000 - 2,999 SF	695	2.71		883	3.44	
1247	DELI/COMMISSARY PROCESSOR 3,000 - 4,999 SF	1391	2.71		1767	3.44	
1248	DELI/COMMISSARY PROCESSOR 5,000 - 9,999 SF	1615	2.71		2051	3.44	
1249	DELI/COMMISSARY PROCESSOR = 10,000 SF	1871	2.71		2376	3.44	
1256	POULTRY PROCESSOR < 1,000 SF	417			530		
1257	POULTRY PROCESSOR 1000 - 2,999 SF	695			883		
1258	POULTRY PROCESSOR 3,000 - 4,999 SF	1391			1767		
1259	POULTRY PROCESSOR 5,000 - 9,999 SF	1615			2051		
1260	POULTRY PROCESSOR = 10,000	1871			2376		
1300	MARKET < 1,000 SF	227			288		
1301	MARKET 1000 - 2,999 SF	417			530		
1302	MARKET 3,000 - 4,999 SF	695			883		
1303	MARKET 5,000 - 9,999 SF	805			1022		
1304	MARKET = 10,000 SF	935			1187		
1305	REFRIGERATED STORAGE < 1,000 SF	227			288		
1306	REFRIGERATED STORAGE 1000 - 2,999 SF	417			530		
1307	REFRIGERATED STORAGE 3,000 - 4,999 SF	695			883		
1308	REFRIGERATED STORAGE 5,000 - 9,999 SF	805			1022		
1309	REFRIGERATED STORAGE = 10,000 SF	935			1187		
1310	PACKAGED STORAGE < 1,000 SF	227			288		
1311	PACKAGED STORAGE 1000 - 2,999 SF	417			530		
1312	PACKAGED STORAGE 3,000 - 4,999 SF	695			883		
1313	PACKAGED STORAGE 5,000 - 9,999 SF	805			1022		
1314	PACKAGED STORAGE = 10,000 SF	935			1187		
1315	HEALTH FOOD < 1,000 SF	227			288		
1316	HEALTH FOOD 1000 - 2,999 SF	417			530		
1317	HEALTH FOOD 3,000 - 4,999 SF	695			883		
1318	HEALTH FOOD 5,000 - 9,999 SF	805			1022		
1319	HEALTH FOOD = 10,000 SF	935			1187		
1320	COMMISSARY < 1,000 SF	227			288		
1321	COMMISSARY 1000 - 2,999 SF	417			530		
1322	COMMISSARY 3,000 - 4,999 SF	695			883		
1323	COMMISSARY 5,000 - 9,999 SF	805			1022		
1324	COMMISSARY = 10,000 SF	935			1187		
1325	DISCOUNT STORE < 1,000 SF	227			288		
1326	DISCOUNT STORE 1000 - 2,999 SF	417			530		
1327	DISCOUNT STORE 3,000 - 4,999 SF	695			883		
1328	DISCOUNT STORE 5,000 - 9,999 SF	805			1022		
1329	DISCOUNT STORE = 10,000 SF	935			1187		
1330	DRY STORAGE / WAREHOUSE < 1,000 SF	227			288		
1331	DRY STORAGE / WAREHOUSE 1000 - 2,999 SF	417			530		
1332	DRY STORAGE / WAREHOUSE 3,000 - 4,999 SF	695			883		
1333	DRY STORAGE / WAREHOUSE 5,000 - 9,999 SF	805			1022		
1334	DRY STORAGE / WAREHOUSE = 10,000 SF	935			1187		
1335	VENDING MACHINE COMPANY < 1,000 SF	227			288		
1336	VENDING MACHINE COMPANY 1000 - 2,999 SF	417			530		
1337	VENDING MACHINE COMPANY 3,000 - 4,999 SF	695			883		
1338	VENDING MACHINE COMPANY 5,000 - 9,999 SF	805			1022		
1339	VENDING MACHINE COMPANY = 10,000 SF	935			1187		
1340	VENDING MACHINE	0	75		0	95	
1400	FARMER'S MARKET EVENT COORDINATOR	290			368		
1401	SWAP MEET	521	2.71		662	3.44	
1402	FOOD COURT	521	2.71		662	3.44	
1403	SUMMER FOOD PROGRAM	0	118			150	
TEMPORARY EVENTS							
1501	ANNUAL EVENT COORDINATOR	1160			1473		
1502	TEMPORARY FOOD ESTABLISHMENT 1 - 5 DAYS	0	131		0	166	
1503	TEMPORARY FOOD ESTABLISHMENT 6 - 10 DAYS	0	160		0	203	
1504	TEMPORARY FOOD ESTABLISHMENT 11 - 14 DAYS	0	198		0	251	
1505	TASTE EVNT, BEV, 1ST 10 BTHS, THEN EA 10 BTHS=1	290	120		368	152	
1506	TASTE EVNT, FOOD/FOOD&BEV, 5 BTHS=1	290	120		368	152	
1508	TASTE EVNT, BEV, ADD'L 10 BOOTHS ONLY	0	120		0	152	



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
1509	TASTE EVNT, FOOD/FOOD&BEV,ADD'L 5 BOOTHS ONLY	0	120		0	152	
1510	EVENT COORDINATOR AND BOOTH UNITS	230	6		292	8	
1511	TASTING/SAMPLING EVENT - ADD'L BOOTHS ONLY	0	6		0	8	
1512	EVENT COORDINATOR 2-10 VENDOR BOOTHS	145			184		
1513	EVENT COORDINATOR 11-59 VENDOR BOOTHS	290			368		
1514	EVENT COORDINATOR 60+ VENDOR BOOTHS	290			368		
1515	EVENT COORDINATOR ADD'L HRS 60+ VENDOR BOOTHS	0	118	7000	0	150	8890.00
MISCELLANEOUS							
1900	INSPECTION FOLLOWING DOWNGRADE TO "C"	1200			1524		
1901	FAILED FOOD FIELD VST OR INSP RESULT IN CLOSE	1400			1778		
1902	AFTER HOURS RE-INSPECTION	479			608		
1903	INSP RESULT IN CLOSE (IHH SEWAGE)	1400			1778		
SOLID WASTE							
2000	MSW LANDFILL	3200			4064		
2003	CLASS III LANDFILL	1500			1905		
2006	TRANSFER STATION	1500			1905		
2009	MATERIAL RECOVERY FACILITY	2000			2540		
2017	RECYCLING CENTER	400			508		
2021	COMPOST FACILITY	800			1016		
2025	SALVAGE YARD / DISMANTLING YARD	567			720		
2032	WASTE TIRE MANAGEMENT FACILITY	400			508		
2036	SCRAP METAL DEALERS	400			508		
2040	SOLID WASTE HAULING BUSINESS	500	100		635	127.00	
2041	WASTE TIRE HAULING BUSINESS	500	100		635	127.00	
2042	LIQUID WASTE HAULING TRUCK	88			112		
2043	ASBESTOS HAULERS	500			635		
2044	ASBESTOS HAULERS ADDITIONAL PERMIT	150			191		
2045	RESTRICTED WASTE MANAGEMENT	227			288		
2046	SWM REINSPECTION FEE	200			254		
2047	LIQUID WASTE HAULING BUSINESS	319			405		
2048	SOLID WASTE STORAGE BIN FACILITIES	400			508		
2049	RESTRICTED WASTE MANAGEMENT CAT II	227			288		
2051	MEDICAL WASTE MANAGEMENT FACILITY	400			508		
2054	WASTE GREASE FACILITY	400			508		
2057	WASTE TO ENERGY/FUEL FACILITY	400			508		
2100	UNDERGROUND STORAGE TANKS	341	50		433	64	
2101	UST REINSPECTION FEE	200			254		
2201	RESIDENTIAL ISDS WITH NITROGEN REMOVAL SYSTEM	275			349		
2203	COMMERCIAL HOLDING TANK	1109			1408		
2204	REINSPECTION	275			349		
2205	ISDS PENALTY ASSMT REGS SECT 18	900			1143		
2206	ISDS PENALTY ASSMT NRS 444.650	900			1143		
DRUG/SUPPLEMENT/COSMETIC MANUFACTURING							
2500	DRUG/SUPPLEMENT MANUFACTURING	160			203		
2501	COSMETIC MANUFACTURING	160			203		
2502	MEDICAL DEVICE MANUFACTURING	160			203		
PUBLIC ACCOMMODATIONS							
3000	HOTELS	363	4.17	8202	461	5	10417
3001	MOTELS	363	4.17	8202	461	5	10417
3002	MOTEL W/ KITCHEN	363	4.17	8202	461	5	10417
3003	HOSTEL	363	4.17		461	5	
3004	BED AND BREAKFAST	363	4.17		461	5	
3005	MOBILE HOME PARKS	363	4.17		461	5	
3006	RV PARKS	363	4.17		461	5	
3007	CAMP GROUNDS / SCR.V-DRY CAMPING	118	2.4		150	3	
3011	ROOM CLOSE, BASE 1-5 ROOMS, EA UNIT=5 ADD'L RMS	284	74		361	94	
3012	AFTER HOURS PUBLIC ACCOM RE-INSPECTION	479			608		
3013	MASS GATHERING 500-1000 PERSONS/DAY	0	500 *				Unchanged
3014	MASS GATHERING 1001-5000 PERSONS/DAY	0	750 *				Unchanged
3015	MASS GATHERING 5001-10,000 PERSONS/DAY	0	1000 *				Unchanged
3016	MASS GATHERING 10,000+ PERSONS/DAY	0	2644 *				Unchanged
3017	FAILED PA FIELD VST OR INSP RESULT IN CLOSE	716			909		
3018	PA REINSPECTION FEE	239			304		
* Fees Set by Nevada Statute / Not Subject to SNHD Approved Fee Increases							
PUBLIC BATHING PLACES							
3100	NATURAL BATHING PLACE < 1,000 SF	413			525		
3101	NATURAL BATHING PLACE 1000 - 2,999 SF	710			902		
3102	NATURAL BATHING PLACE 3,000 - 4,999 SF	912			1158		
3103	NATURAL BATHING PLACE 5,000 - 9,999 SF	1022			1298		
3104	NATURAL BATHING PLACE = 10,000 SF	1087			1380		
3105	MUNICIPAL/ SCHOOL POOL < 1,000 SF	413			525		
3106	MUNICIPAL/ SCHOOL POOL 1000 - 2,999 SF	710			902		
3107	MUNICIPAL/ SCHOOL POOL 3,000 - 4,999 SF	912			1158		
3108	MUNICIPAL/ SCHOOL POOL 5,000 - 9,999 SF	1022			1298		
3109	MUNICIPAL/ SCHOOL POOL = 10,000 SF	1087			1380		



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
3110	LIVING UNIT SWIMMING POOL < 1,000 SF	413			525		
3111	LIVING UNIT SWIMMING POOL 1000 - 2,999 SF	710			902		
3112	LIVING UNIT SWIMMING POOL 3,000 - 4,999 SF	912			1158		
3113	LIVING UNIT SWIMMING POOL 5,000 - 9,999 SF	1022			1298		
3114	LIVING UNIT SWIMMING POOL = 10,000 SF	1087			1380		
3115	SPA < 1,000 SF	413			525		
3116	SPA 1000 - 2,999 SF	710			902		
3117	SPA 3,000 - 4,999 SF	912			1158		
3118	SPA 5,000 - 9,999 SF	1022			1298		
3119	SPA = 10,000 SF	1087			1380		
3120	WADING POOL < 1,000 SF	413			525		
3121	WADING POOL 1000 - 2,999 SF	710			902		
3122	WADING POOL 3,000 - 4,999 SF	912			1158		
3123	WADING POOL 5,000 - 9,999 SF	1022			1298		
3124	WADING POOL = 10,000 SF	1087			1380		
3125	WATER RECREATION ATTRACTION < 1,000 SF	413			525		
3126	WATER RECREATION ATTRACTION 1000 - 2,999 SF	710			902		
3127	WATER RECREATION ATTRACTION 3,000 - 4,999 SF	912			1158		
3128	WATER RECREATION ATTRACTION 5,000 - 9,999 SF	1022			1298		
3129	WATER RECREATION ATTRACTION = 10,000 SF	1087			1380		
3130	SPECIAL PURPOSE POOL < 1,000 SF	413			525		
3131	SPECIAL PURPOSE POOL 1000 - 2,999 SF	710			902		
3132	SPECIAL PURPOSE POOL 3,000 - 4,999 SF	912			1158		
3133	SPECIAL PURPOSE POOL 5,000 - 9,999 SF	1022			1298		
3134	SPECIAL PURPOSE POOL = 10,000 SF	1087			1380		
3135	FLOW THROUGH POOL < 1,000 SF	413			525		
3136	FLOW THROUGH POOL 1000 - 2,999 SF	710			902		
3137	FLOW THROUGH POOL 3,000 - 4,999 SF	912			1158		
3138	FLOW THROUGH POOL 5,000 - 9,999 SF	1022			1298		
3139	FLOW THROUGH POOL = 10,000 SF	1087			1380		
3140	OTHER SWIMMING POOL < 1,000 SF	413			525		
3141	OTHER SWIMMING POOL 1000 - 2,999 SF	710			902		
3142	OTHER SWIMMING POOL 3,000 - 4,999 SF	912			1158		
3143	OTHER SWIMMING POOL 5,000 - 9,999 SF	1022			1298		
3144	OTHER SWIMMING POOL = 10,000 SF	1087			1380		
3145	FLOTATION TANK < 1,000 SF	413			525		
3146	FLOTATION TANK 1000 - 2,999 SF	710			902		
3147	FLOTATION TANK 3,000 - 4,999 SF	912			1158		
3148	FLOTATION TANK 5,000 - 9,999 SF	1022			1298		
3149	FLOTATION TANK = 10,000 SF	1087			1380		
3150	SEASONAL POOL PERMIT NTE 4 MTH	211			268		
3151	SEASONAL POOL PERMIT NTE 5 MTH	422			536		
3152	SEASONAL POOL PERMIT NTE 6 MTH	633			804		
3155	SPECIAL POOL EVENT 1 - 14 DAYS	211			268		
3158	FAILED POOL FIELD VST OR INSP RESULT IN CLOSE	716			909		
3159	AFTER-HOURS POOL REINSPECTION	479			608		
3160	POOL REINSPECTION FEE	239			304		
3406	POOL COMPANY (RENEWAL)	253			321		
3407	POOL COMPANY NEW	340			432		
3408	QUALIFIED OPERATOR (RENEWAL)	15			19		
3409	QUALIFIED OPERATOR (NEW)	20			25		
BODY ART							
4000	TATTOO / PERMANENT MAKE-UP	290			368		
4001	BODY PIERCING BUSINESS - LOW RISK	100			127		
4002	BODY PIERCING BUSINESS - HIGH RISK	290			368		
4003	BODY ART VEHICLE	290			368		
4004	BODY ART SPECIAL EVENT - COORDINATOR	290			368		
4005	BODY ART SPECIAL EVENT - ARTIST	145			184		
4009	BODY ART REINSPECTION FEE	239			304		
4010	FAILED BODY ART FIELD VST/INSP RES IN CLOSE	716			909		
4100	BODY ARTIST EXAM	118			150		
4101	BODY ART CARD	20			25		
SCHOOLS/INSTITUTIONS							
4200	CHILDREN'S HOME / INSTITUTION	10 *			Unchanged		
4204	ELEMENTARY SCHOOL	118			150		
4205	MIDDLE SCHOOL	118			150		
4206	HIGH SCHOOL	118			150		
4207	SUMMER CAMPS	10 *			Unchanged		
4208	SCHOOL/INSTITUTION REINSPECTION FEE	239			304		
4209	FAILED SCHOOL/INST FLD VST/INSP RES IN CLOSE	716			909		
4300	FAMILY CARE HOME 1-6 CHILDREN	118			150		
4301	GROUP CARE HOME 7-12 CHILDREN	239			304		
4302	CHILDCARE CENTERS >12	354			450		
4303	CHILDCARE SPECIAL EVENT 1-7 DAYS	211			268		
4304	CHILDCARE REINSPECTION FEE	239			304		



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
4305	FAILED CHILDCARE FLD VST/INSP RES IN CLOSE	716			909		
* Fees Set by Nevada Statute / Not Subject to SNHD Approved Fee Increases							
SOLID WASTE PENALTIES							
4707	SWMA PENALTY ASSMT NRS 439.490	\$500-\$5,000 *			Unchanged		
4708	SWMA PENALTY ASSMT NRS 444.553(2)	\$500-\$5,000 *			Unchanged		
4709	SWMA PENALTY ASSMT NRS 444.580	\$500-\$5,000 *			Unchanged		
4710	SWMA PENALTY ASSMT NRS 444.583	\$500-\$5,000 *			Unchanged		
4711	SWMA PENALTY ASSMT NRS 444.592	\$500-\$5,000 *			Unchanged		
4712	SWMA PENALTY ASSMT NRS 444.610	\$500-\$5,000 *			Unchanged		
4713	SWMA PENALTY ASSMT NRS 444.630	\$500-\$5,000 *			Unchanged		
4714	SWMA PENALTY ASSMT NAC 444.660(3)	\$500-\$5,000 *			Unchanged		
4715	SWMA PENALTY ASSMT NAC 444.662(1)	\$500-\$5,000 *			Unchanged		
4716	SWMA PENALTY ASSMT NAC 444.664	\$500-\$5,000 *			Unchanged		
4717	SWMA PENALTY ASSMT HO REGS	\$500-\$5,000 *			Unchanged		
4718	SWMA PENALTY ASSMT TS REGS	\$500-\$5,000 *			Unchanged		
4719	SWMA PENALTY ASSMT MRF REGS	\$500-\$5,000 *			Unchanged		
4720	SWMA PENALTY ASSMT RECYCLING REGS	\$500-\$5,000 *			Unchanged		
4721	SWMA PENALTY ASSMT C&D REGS	\$500-\$5,000 *			Unchanged		
4722	SWMA PENALTY ASSMT PW STORAGE BIN REGS	\$500-\$5,000 *			Unchanged		
4723	SWMA PENALTY ASSMT TEMP SWD OPS REGS	\$500-\$5,000 *			Unchanged		
4735	ADVISORY FIELD INSP/INVEST - PUBLIC REQUEST	239			304		
* Fees Set by Nevada Statute/Not Subject to SNHD Approved Fee Increases							

PLAN REVIEW FEES

FOOD OPERATIONS							
5000	FPR - MAIN KITCHEN	398	2.4		505	3	
5001	FPR - MAIN KITCHEN (1 DRIVE-UP)	477	2.4		606	3	
5002	FPR - MAIN KITCHEN (2 DRIVE-UP)	556	2.4		706	3	
5003	FPR - RESTAURANT	398	2.4		505	3	
5004	FPR - RESTAURANT (1 DRIVE-UP)	477	2.4		606	3	
5005	FPR - RESTAURANT (2 DRIVE-UP)	556	2.4		706	3	
5006	FPR - RESTAURANT / TAKE OUT	398	2.4		505	3	
5007	FPR - RESTAURANT / TAKE OUT (1 DRIVE-UP)	477	2.4		606	3	
5008	FPR - RESTAURANT / TAKE OUT (2 DRIVE-UP)	556	2.4		706	3	
5009	FPR - SNACK BAR	398	2.4		505	3	
5010	FPR - SNACK BAR (1 DRIVE-UP)	477	2.4		606	3	
5011	FPR - SNACK BAR (2 DRIVE-UP)	556	2.4		706	3	
5012	FPR - BUFFET (DAILY)	398	2.4		505	3	
5013	FPR - BARBEQUE	398	2.4		505	3	
5014	FPR - BARBEQUE (1 DRIVE-UP)	477	2.4		606	3	
5015	FPR - BARBEQUE (2 DRIVE-UP)	556	2.4		706	3	
5016	FPR - DRINKING ESTABLISHMENT	398	2.4		505	3	
5017	FPR - BEER BAR	398	2.4		505	3	
5018	FPR - BANQUET KITCHEN < 1,000 SF	869			1104		
5019	FPR - BANQUET KITCHEN 1000 - 2,999 SF	1158			1471		
5020	FPR - BANQUET KITCHEN 3,000 - 4,999 SF	1449			1840		
5021	FPR - BANQUET KITCHEN 5,000 - 9,999 SF	1739			2209		
5022	FPR - BANQUET KITCHEN = 10,000 SF	2029			2577		
5023	FPR - BANQUET SUPPORT < 1,000 SF	869			1104		
5024	FPR - BANQUET SUPPORT 1000 - 2,999 SF	1158			1471		
5025	FPR - BANQUET SUPPORT 3,000 - 4,999 SF	1449			1840		
5026	FPR - BANQUET SUPPORT 5,000 - 9,999 SF	1739			2209		
5027	FPR - BANQUET SUPPORT = 10,000 SF	2029			2577		
5028	FPR - SPECIAL KITCHEN < 1,000 SF	869			1104		
5029	FPR - SPECIAL KITCHEN 1000 - 2,999 SF	1158			1471		
5030	FPR - SPECIAL KITCHEN 3,000 - 4,999 SF	1449			1840		
5031	FPR - SPECIAL KITCHEN 5,000 - 9,999 SF	1739			2209		
5032	FPR - SPECIAL KITCHEN = 10,000	2029			2577		
5033	FPR - KITCHEN BAKERY < 1,000 SF	869			1104		
5034	FPR - KITCHEN BAKERY 1000 - 2,999 SF	1158			1471		
5035	FPR - KITCHEN BAKERY 3,000 - 4,999 SF	1449			1840		
5036	FPR - KITCHEN BAKERY 5,000 - 9,999 SF	1739			2209		
5037	FPR - KITCHEN BAKERY = 10,000 SF	2029			2577		
5038	FPR - MEAT < 1,000 SF	869			1104		
5039	FPR - MEAT 1000 - 2,999 SF	1158			1471		
5040	FPR - MEAT 3,000 - 4,999 SF	1449			1840		
5041	FPR - MEAT 5,000 - 9,999 SF	1739			2209		
5042	FPR - MEAT = 10,000 SF	2029			2577		
5043	FPR - VEGETABLE PREP < 1,000 SF	869			1104		
5044	FPR - VEGETABLE PREP 1000 - 2,999 SF	1158			1471		
5045	FPR - VEGETABLE PREP 3,000 - 4,999 SF	1449			1840		
5046	FPR - VEGETABLE PREP 5,000 - 9,999 SF	1739			2209		
5047	FPR - VEGETABLE PREP = 10,000 SF	2029			2577		
5048	FPR - PANTRY < 1,000 SF	869			1104		
5049	FPR - PANTRY 1000 - 2,999 SF	1158			1471		
5050	FPR - PANTRY 3,000 - 4,999 SF	1449			1840		



Recommended EH Fee Schedule

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PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
5051	FPR - PANTRY 5,000 - 9,999 SF	1739			2209		
5052	FPR - PANTRY = 10,000 SF	2029			2577		
5053	FPR - GARDE MANGER < 1,000 SF	869			1104		
5054	FPR - GARDE MANGER 1000 - 2,999 SF	1158			1471		
5055	FPR - GARDE MANGER 3,000 - 4,999 SF	1449			1840		
5056	FPR - GARDE MANGER 5,000 - 9,999 SF	1739			2209		
5057	FPR - GARDE MANGER = 10,000 SF	2029			2577		
5058	FPR - MEAT /POULTRY/ SEAFOOD < 1000 SF	869			1104		
5059	FPR - MEAT /POULTRY/ SEAFOOD 1000 - 2999 SF	1158			1471		
5060	FPR - MEAT /POULTRY/ SEAFOOD 3000 - 4999 SF	1449			1840		
5061	FPR - MEAT /POULTRY/ SEAFOOD 5000 - 9999 SF	1739			2209		
5062	FPR - MEAT /POULTRY/ SEAFOOD = 10000 SF	2029			2577		
5063	FPR - CONFECTION < 1000 SF	869			1104		
5064	FPR - CONFECTION 1000 - 2999 SF	1158			1471		
5065	FPR - CONFECTION 3000 - 4999 SF	1449			1840		
5066	FPR - CONFECTION 5000 - 9999 SF	1739			2209		
5067	FPR - CONFECTION = 10000 SF	2029			2577		
5068	FPR - PRODUCE MARKET < 1000 SF	869			1104		
5069	FPR - PRODUCE MARKET 1000 - 2999 SF	1158			1471		
5070	FPR - PRODUCE MARKET 3000 - 4999 SF	1449			1840		
5071	FPR - PRODUCE MARKET 5000 - 9999 SF	1739			2209		
5072	FPR - PRODUCE MARKET = 10000 SF	2029			2577		
5073	FPR - BAKERY SALES < 1000 SF	869			1104		
5074	FPR - BAKERY SALES 1000 - 2999 SF	1158			1471		
5075	FPR - BAKERY SALES 3000 - 4999 SF	1449			1840		
5076	FPR - BAKERY SALES 5000 - 9999 SF	1739			2209		
5077	FPR - BAKERY SALES = 10000 SF	2029			2577		
5078	FPR - PORTABLE BANQUET BAR	290	94		368	119.38	
5079	FPR - PORTABLE UNIT - OUTDOOR	290	94		368	119.38	
5080	FPR - PORTABLE UNIT - INDOOR	290	94		368	119.38	
5081	FPR - SELF-SERVICE PRE-PACKAGED FOOD TRUCK	391			497		
5083	FPR - MOBILE FOOD SERVICE	479			608		
5084	FPR - FROZEN MEAT SALES	239			304		
5085	FPR - FOOD DELIVERY TRUCK - HIGH RISK	239			304		
5086	FPR - MOBILE ICE CREAM/CANDY	239			304		
5087	FPR - GROCERY STORE SAMPLING	290			368		
5088	FPR - CONCESSIONS - LOW RISK	398			505		
5089	FPR - CONCESSIONS - HIGH RISK	398			505		
5090	FPR - CATERER	398			505		
5091	SPPR - CHILDCARE KITCHENS	631			801		
5092	FPR - ANNUAL ITINERANT - LOW RISK	239			304		
5093	FPR - ANNUAL ITINERANT - HIGH RISK	300			381		
5094	FPR - FARMER'S MARKET - SAMPLING	160			203		
5095	FPR - FARMER'S MARKET - PROCESSED PRODUCT	160			203		
5096	FPR - FARMER'S MARKET - LOW RISK	160			203		
5097	FPR - FARMER'S MARKET - HIGH RISK	239			304		
5098	FPR - SEASONAL PERMIT 0 - 4 MONTHS	239			304		
5099	FPR - SEASONAL PERMIT NOT TO EXCEED 5 MONTHS	239			304		
5100	FPR - SEASONAL PERMIT NOT TO EXCEED 6 MONTHS	239			304		
5101	FPR - SEASONAL PERMIT NOT TO EXCEED 7 MONTHS	239			304		
5102	FPR - SEASONAL PERMIT NOT TO EXCEED 8 MONTHS	239			304		
5103	SPPR - ELEMENTARY SCHOOL KITCHENS	354			450		
5104	SPPR - MIDDLE SCHOOL KITCHENS	470			597		
5105	SPPR - HIGH SCHOOL KITCHENS	631			801		
5106	FPR - MAJ REM PE'S (5001-5018)	319	1.56		405	2	
5107	FPR - MAJ REM PE'S (5001-5018) 1 DRIVE UP	358	1.56		455	2	
5108	FPR - MAJ REM PE'S (5001-5018) 2 DRIVE UP	397	1.56		504	2	
5109	FPR - MAJ REM PE'S (5019-5106) < 1,000 SF	869			1104		
5110	FPR - MAJ REM PE'S (5019-5106) 1,000-2,999 SF	1158			1471		
5111	FPR - MAJ REM PE'S (5019-5106) 3,000-4,999 SF	1449			1840		
5112	FPR - MAJ REM PE'S (5019-5106) 5,000-9,999 SF	1739			2209		
5113	FPR - MAJ REM PE'S (5019-5106) >= 10,000 SF	2029			2577		
5114	FPR - MINOR REMODEL PRG CAT 50	363			461		
5115	SPPR - INSTITUTIONAL FOOD SERVICE - SMALL	470			597		
5116	SPPR - INSTITUTIONAL FOOD SERVICE - LARGE	631			801		
5117	FPR - WATER STORE	398			505		
5121	FPR - REMOTE SERVICE SITE	398			505		
5122	FPR - PORTABLE UNIT - TCS	290	94		368	119	
5123	FPR - MOBILE PRODUCE	239			304		
5124	FPR - ANNUAL ITINERANT - LOW RISK - MAJOR	239			304		
5125	FPR - ANNUAL ITINERANT - HIGH RISK - MAJOR	239			304		
5200	FPR - BOTTLING PLANT < 1,000 SF	869			1104		
5201	FPR - BOTTLING PLANT 1000 - 2,999 SF	1158			1471		
5202	FPR - BOTTLING PLANT 3,000 - 4,999 SF	1449			1840		
5203	FPR - BOTTLING PLANT 5,000 - 9,999 SF	1739			2209		
5204	FPR - BOTTLING PLANT >= 10,000 SF	2029			2577		



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PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
5205	FPR - FOOD PROCESSING < 1,000 SF	869			1104		
5206	FPR - FOOD PROCESSING 1000 - 2,999 SF	1158			1471		
5207	FPR - FOOD PROCESSING 3,000 - 4,999 SF	1449			1840		
5208	FPR - FOOD PROCESSING 5,000 - 9,999 SF	1739			2209		
5209	FPR - FOOD PROCESSING >= 10,000 SF	2029			2577		
5210	FPR - MEAT < 1,000 SF	869			1104		
5211	FPR - MEAT 1000 - 2,999 SF	1158			1471		
5212	FPR - MEAT 3,000 - 4,999 SF	1449			1840		
5213	FPR - MEAT 5,000 - 9,999 SF	1739			2209		
5214	FPR - MEAT >= 10,000 SF	2029			2577		
5215	FPR - BAKERY < 1,000 SF	869			1104		
5216	FPR - BAKERY 1000 - 2,999 SF	1158			1471		
5217	FPR - BAKERY 3,000 - 4,999 SF	1449			1840		
5218	FPR - BAKERY 5,000 - 9,999 SF	1739			2209		
5219	FPR - BAKERY >= 10,000 SF	2029			2577		
5220	FPR - ICE PLANT < 1,000 SF	869			1104		
5221	FPR - ICE PLANT 1000 - 2,999 SF	1158			1471		
5222	FPR - ICE PLANT 3,000 - 4,999 SF	1449			1840		
5223	FPR - ICE PLANT 5,000 - 9,999 SF	1739			2209		
5224	FPR - ICE PLANT >= 10,000 SF	2029			2577		
5225	FPR - CANDY PROCESSOR < 1,000 SF	869			1104		
5226	FPR - CANDY PROCESSOR 1000 - 2,999 SF	1158			1471		
5227	FPR - CANDY PROCESSOR 3,000 - 4,999 SF	1449			1840		
5228	FPR - CANDY PROCESSOR 5,000 - 9,999 SF	1739			2209		
5229	FPR - CANDY PROCESSOR >= 10,000 SF	2029			2577		
5230	FPR - ICE CREAM PROCESSOR < 1,000 SF	869			1104		
5231	FPR - ICE CREAM PROCESSOR 1000 - 2,999 SF	1158			1471		
5232	FPR - ICE CREAM PROCESSOR 3,000 - 4,999 SF	1449			1840		
5233	FPR - ICE CREAM PROCESSOR 5,000 - 9,999 SF	1739			2209		
5234	FPR - ICE CREAM PROCESSOR >= 10,000 SF	2029			2577		
5235	FPR - GAME PROCESSOR < 1,000 SF	869			1104		
5236	FPR - GAME PROCESSOR 1000 - 2,999 SF	1158			1471		
5237	FPR - GAME PROCESSOR 3,000 - 4,999 SF	1449			1840		
5238	FPR - GAME PROCESSOR 5,000 - 9,999 SF	1739			2209		
5239	FPR - GAME PROCESSOR >= 10,000 SF	2029			2577		
5240	FPR - FEDERALLY INSPECTED MEAT < 1,000 SF	869			1104		
5241	FPR - FEDERALLY INSPECTED MEAT 1000-2,999 SF	1158			1471		
5242	FPR - FEDERALLY INSPECTED MEAT 3000-4,999 SF	1449			1840		
5243	FPR - FEDERALLY INSPECTED MEAT 5000-9,999 SF	1739			2209		
5244	FPR - FEDERALLY INSPECTED MEAT >= 10,000 SF	2029			2577		
5245	FPR - DELI/COMMISSARY PROCESS < 1,000 SF	869			1104		
5246	FPR - DELI/COMMISSARY PROCESS 1000-2,999 SF	1158			1471		
5247	FPR - DELI/COMMISSARY PROCESS 3000-4,999 SF	1449			1840		
5248	FPR - DELI/COMMISSARY PROCESS 5000-9,999 SF	1739			2209		
5249	FPR - DELI/COMMISSARY PROCESS >= 10,000 SF	2029			2577		
5250	FPR - MAJOR REM PRG CAT 52 < 1,000 SF	869			1104		
5251	FPR - MAJOR REM PRG CAT 52 1000-2,999 SF	1158			1471		
5252	FPR - MAJOR REM PRG CAT 52 3000-4,999 SF	1449			1840		
5253	FPR - MAJOR REM PRG CAT 52 5000-9,999 SF	1739			2209		
5254	FPR - MAJOR REM PRG CAT 52 >= 10,000 SF	2029			2577		
5255	FPR - MINOR REMODEL PRG CAT 52	363			461		
5256	FPR - POULTRY PROCESSOR < 1,000 SF	869			1104		
5257	FPR - POULTRY PROCESSOR 1000 - 2,999 SF	1158			1471		
5258	FPR - POULTRY PROCESSOR 3,000 - 4,999 SF	1449			1840		
5259	FPR - POULTRY PROCESSOR 5,000 - 9,999 SF	1739			2209		
5260	FPR - POULTRY PROCESSOR = 10,000	2029			2577		
5300	FPR - MARKET < 1,000 SF	869			1104		
5301	FPR - MARKET 1000 - 2,999 SF	1158			1471		
5302	FPR - MARKET 3,000 - 4,999 SF	1449			1840		
5303	FPR - MARKET 5,000 - 9,999 SF	1739			2209		
5304	FPR - MARKET >= 10,000 SF	2029			2577		
5305	FPR - REFRIGERATED STORAGE < 1,000 SF	869			1104		
5306	FPR - REFRIGERATED STORAGE 1000 - 2,999 SF	1158			1471		
5307	FPR - REFRIGERATED STORAGE 3,000 - 4,999 SF	1449			1840		
5308	FPR - REFRIGERATED STORAGE 5,000 - 9,999 SF	1739			2209		
5309	FPR - REFRIGERATED STORAGE >= 10,000 SF	2029			2577		
5310	FPR - PACKAGED STORAGE < 1,000 SF	869			1104		
5311	FPR - PACKAGED STORAGE 1000 - 2,999 SF	1158			1471		
5312	FPR - PACKAGED STORAGE 3,000 - 4,999 SF	1449			1840		
5313	FPR - PACKAGED STORAGE 5,000 - 9,999 SF	1739			2209		
5314	FPR - PACKAGED STORAGE >= 10,000 SF	2029			2577		
5315	FPR - HEALTH FOOD < 1,000 SF	869			1104		
5316	FPR - HEALTH FOOD 1000 - 2,999 SF	1158			1471		
5317	FPR - HEALTH FOOD 3,000 - 4,999 SF	1449			1840		
5318	FPR - HEALTH FOOD 5,000 - 9,999 SF	1739			2209		
5319	FPR - HEALTH FOOD >= 10,000 SF	2029			2577		



Recommended EH Fee Schedule

Proposed Fees 27%

Effective July 1, 2022

PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
5320	FPR - COMMISSARY < 1,000 SF	869			1104		
5321	FPR - COMMISSARY 1000 - 2,999 SF	1158			1471		
5322	FPR - COMMISSARY 3,000 - 4,999 SF	1449			1840		
5323	FPR - COMMISSARY 5,000 - 9,999 SF	1739			2209		
5324	FPR - COMMISSARY >= 10,000 SF	2029			2577		
5325	FPR - DISCOUNT STORE < 1,000 SF	869			1104		
5326	FPR - DISCOUNT STORE 1000 - 2,999 SF	1158			1471		
5327	FPR - DISCOUNT STORE 3,000 - 4,999 SF	1449			1840		
5328	FPR - DISCOUNT STORE 5,000 - 9,999 SF	1739			2209		
5329	FPR - DISCOUNT STORE >= 10,000 SF	2029			2577		
5330	FPR - DRY STORAGE / WAREHOUSE < 1,000 SF	869			1104		
5331	FPR - DRY STORAGE / WAREHOUSE 1000-2,999 SF	1158			1471		
5332	FPR - DRY STORAGE / WAREHOUSE 3000-4,999 SF	1449			1840		
5333	FPR - DRY STORAGE / WAREHOUSE 5000-9,999 SF	1739			2209		
5334	FPR - DRY STORAGE / WAREHOUSE >= 10,000 SF	2029			2577		
5335	FPR - VENDING MACHINE COMPANY < 1,000 SF	869			1104		
5336	FPR - VENDING MACHINE COMPANY 1000-2,999 SF	1158			1471		
5337	FPR - VENDING MACHINE COMPANY 3000-4,999 SF	1449			1840		
5338	FPR - VENDING MACHINE COMPANY 5000-9,999 SF	1739			2209		
5339	FPR - VENDING MACHINE COMPANY >= 10,000 SF	2029			2577		
5340	FPR - VENDING MACHINE	0	75		0	95	
5341	FPR - MAJOR REM PRG CAT 53 < 1,000 SF	869			1104		
5342	FPR - MAJOR REM PRG CAT 53 1000 - 2,999 SF	1158			1471		
5343	FPR - MAJOR REM PRG CAT 53 3,000 - 4,999 SF	1449			1840		
5344	FPR - MAJOR REM PRG CAT 53 5,000 - 9,999 SF	1739			2209		
5345	FPR - MAJOR REM PRG CAT 53 >= 10,000 SF	2029			2577		
5346	FPR - MINOR REMODEL PRG CAT 53	363			461		
5347	FPR - RETAIL FOOD SALES < 25% OR < 500 SQFT	160			203		
5400	FPR - FARMER'S MARKET EVENT COORDINATOR	239			304		
5401	FPR - SWAP MEET	160			203		
5402	FPR - FOOD COURT	160			203		
5500	FPR - ANNUAL EVENT COORDINATOR (BASE + 1 HR)	236	118		300	150	
5901	FPR - FAILED FPR FIELD VISIT WITH CLOSE	716			909		
SOLID WASTE/UNDERGROUND STORAGE/SEPTICS							
6000	SWMPR - MSW LANDFILL	15793			20057		
6001	SWMPR - MSW LANDFILL RESUBMITTAL	7896.5			10029		
6002	SWMPR - MSW LANDFILL MODIFICATION	1579			2005		
6003	SWMPR - CLASS III LANDFILL	6318			8024		
6004	SWMPR - CLASS III LANDFILL RESUBMITTAL	3159			4012		
6005	SWMPR - CLASS III LANDFILL MODIFICATION	632			803		
6006	SWMPR - TRANSFER STATION	4081			5183		
6007	SWMPR - TRANSFER STATION RESUBMITTAL	2040.5			2591		
6008	SWMPR - TRANSFER STATION MODIFICATION	408			518		
6009	SWMPR - MRF	3265			4147		
6011	SWMPR - MRF RESUBMITTAL	1632.5			2073		
6012	SWMPR - MRF MODIFICATION	327			415		
6017	SWMPR - RECYCLING CENTER	1579			2005		
6019	SWMPR - RECYCLING CENTER RESUBMITTAL	789.5			1003		
6020	SWMPR - RECYCLING CENTER MODIFICATION	158			201		
6021	SWMPR - COMPOST FACILITY	1579			2005		
6023	SWMPR - COMPOST FACILITY RESUBMITTAL	789.5			1003		
6024	SWMPR - COMPOST FACILITY MODIFICATION	158			201		
6025	SWMPR - SALVAGE YARD/DISMANT YARD	1579			2005		
6027	SWMPR - SALVAGE YARD/DISMANT YARD RESUB	789.5			1003		
6028	SWMPR - SALVAGE YARD/DISMANT YARD MOD	158			201		
6032	SWMPR - WASTE TIRE MGMT FACILITY	790			1003		
6034	SWMPR - WASTE TIRE MGMT FACILITY RESUB	395			502		
6035	SWMPR - WASTE TIRE MGMT FACILITY MOD	100			127		
6036	SWMPR - SCRAP METAL DEALERS	1579			2005		
6038	SWMPR - SCRAP METAL DEALERS RESUBMITTAL	789.5			1003		
6039	SWMPR - SCRAP METAL DEALERS MODIFICATION	158			201		
6042	SWMPR - LIQUID WASTE HAULING BUS - ADD TRUCK	88			112		
6048	SWMPR - SW STORAGE BIN FACILITIES	741			941		
6049	SWMPR - SW STORAGE BIN FACILITIES RESUB	370.5			471		
6050	SWMPR - SW STORAGE BIN FACILITIES MOD	74			94		
6051	SWMPR - MEDICAL WASTE MGMT FACILITY	1579			2005		
6052	SWMPR - MEDICAL WASTE MGMT FACILITY RESUB	789.5			1003		
6053	SWMPR - MEDICAL WASTE MGMT FACILITY MOD	158			201		
6054	SWMPR - WASTE GREASE FACILITY	1579			2005		
6055	SWMPR - WASTE GREASE FACILITY RESUB	789.5			1003		
6056	SWMPR - WASTE GREASE FACILITY MOD	158			201		
6057	SWMPR - WASTE TO ENERGY/FUEL FACILITY	1579			2005		
6058	SWMPR - WASTE TO ENERGY/FUEL FACILITY RESUB	789.5			1003		
6059	SWMPR - WASTE TO ENERGY/FUEL MOD	158			201		
6100	USTPR - NEW UST	391			497		
6101	USTPR - MODIFICATION	391			497		



Recommended EH Fee Schedule

Proposed Fees 27%

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PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
6102	USTPR - CLOSURE AND FINAL INSPECTION	391			497		
6103	USTPR - RESUBMITTAL	195.5			248		
6200	SDSPR - RESIDENTIAL ISDS	551			700		
6201	SDSPR - RESIDENTIAL ISDS W/ NITR REMOVAL SYST	551			700		
6202	SDSPR - COMMERCIAL ISDS	1109			1408		
6203	SDSPR - COMMERCIAL HOLDING TANK	1109			1408		
6204	SDSPR - INSPECTION	275			349		
6205	SDSPR - TECHNICAL/PRODUCT REV	949			1205		
6206	SDSPR - NONSTANDARD / ADVISORY RESIDENTIAL	160			203		
6207	SDSPR - NONSTANDARD / ADVISORY COMMERCIAL	239			304		
6208	SDSPR - MODIFICATION	239			304		
6209	SDSPR - RESUBMITTAL	239			304		
6210	SDSPR - COMMERCIAL CHANGE OF OWNERSHIP	337			428		
6212	SDSPR - TENANT IMPROVEMENT/REMODEL	160			203		
6215	SDSPR - LOAN CERTIFICATION SEPTIC SYSTEM ONLY	268			340		
6216	SDSPR - LOAN CERTIFICATION WELL ONLY	268			340		
6217	SDSPR - LOAN CERT SEPTIC SYSTEM AND WELL	340			432		
6218	SDSPR - FILE SEARCH	100			127		
6220	SDSPR - PARCEL MAP REVIEW	200			254		
6221	SDSPR - COMMERCIAL HOLDING TANK (PERM)	1109			1408		
PUBLIC ACCOMMODATIONS							
7000	PR - HOTELS	725	7.3		921	9	
7001	PR - MOTELS	725	7.3		921	9	
7002	PR - MOTEL W/ KITCHEN	725	7.3		921	9	
7003	PR - HOSTEL	725	7.3		921	9	
7004	PR - BED AND BREAKFAST	725	7.3		921	9	
7005	PR - MOBILE HOME PARKS	306			389		
7006	PR - RV PARKS	306			389		
7007	PR - CAMPGROUNDS / SCRVD-DRY CAMPING	160			203		
7008	PR - MAJOR REMODEL PRG CAT 70	363	7.3		461	9	
7009	PR - ADDITIONS PRG CAT 70	725	7.3		921	9	
7010	PR - MINOR REMODEL PRG CAT 70	363			461		
7011	PR - COO PRG CAT 70	337			428		
PUBLIC BATHING PLACES							
7100	PPR - NATURAL BATHING PLACE < 1,000 SF	949			1205		
7101	PPR - NATURAL BATHING PLACE 1000 - 2,999 SF	1181			1500		
7102	PPR - NATURAL BATHING PLACE 3,000 - 4,999 SF	1304			1656		
7103	PPR - NATURAL BATHING PLACE 5,000 - 9,999 SF	1818			2309		
7104	PPR - NATURAL BATHING PLACE >= 10,000 SF	1897			2409		
7105	PPR - MUNICIPAL/ SCHOOL POOL < 1,000 SF	949			1205		
7106	PPR - MUNICIPAL/ SCHOOL POOL 1000 - 2,999 SF	1181			1500		
7107	PPR - MUNICIPAL/ SCHOOL POOL 3,000 - 4,999 SF	1304			1656		
7108	PPR - MUNICIPAL/ SCHOOL POOL 5,000 - 9,999 SF	1818			2309		
7109	PPR - MUNICIPAL/ SCHOOL POOL >= 10,000 SF	1897			2409		
7110	PPR - LIVING UNIT SWIM POOL < 1,000 SF	949			1205		
7111	PPR - LIVING UNIT SWIM POOL 1000-2,999 SF	1181			1500		
7112	PPR - LIVING UNIT SWIM POOL 3000-4,999 SF	1304			1656		
7113	PPR - LIVING UNIT SWIM POOL 5000-9,999 SF	1818			2309		
7114	PPR - LIVING UNIT SWIM POOL >= 10,000 SF	1897			2409		
7115	PPR - SPA < 1,000 SF	949			1205		
7116	PPR - SPA 1000 - 2,999 SF	1181			1500		
7117	PPR - SPA 3,000 - 4,999 SF	1304			1656		
7118	PPR - SPA 5,000 - 9,999 SF	1818			2309		
7119	PPR - SPA >= 10,000 SF	1897			2409		
7120	PPR - WADING POOL < 1,000 SF	949			1205		
7121	PPR - WADING POOL 1000 - 2,999 SF	1181			1500		
7122	PPR - WADING POOL 3,000 - 4,999 SF	1304			1656		
7123	PPR - WADING POOL 5,000 - 9,999 SF	1818			2309		
7124	PPR - WADING POOL >= 10,000 SF	1897			2409		
7125	PPR - WATER RECREATION ATTR < 1,000 SF	949			1205		
7126	PPR - WATER RECREATION ATTR 1000-2,999 SF	1181			1500		
7127	PPR - WATER RECREATION ATTR 3000-4,999 SF	1304			1656		
7128	PPR - WATER RECREATION ATTR 5,000-9,999 SF	1818			2309		
7129	PPR - WATER RECREATION ATTR >= 10,000 SF	1897			2409		
7130	PPR - SPECIAL PURPOSE POOL < 1,000 SF	949			1205		
7131	PPR - SPECIAL PURPOSE POOL 1000 - 2,999 SF	1181			1500		
7132	PPR - SPECIAL PURPOSE POOL 3,000 - 4,999 SF	1304			1656		
7133	PPR - SPECIAL PURPOSE POOL 5,000 - 9,999 SF	1818			2309		
7134	PPR - SPECIAL PURPOSE POOL >= 10,000 SF	1897			2409		
7135	PPR - FLOW THROUGH POOL < 1,000 SF	949			1205		
7136	PPR - FLOW THROUGH POOL 1000 - 2,999 SF	1181			1500		
7137	PPR - FLOW THROUGH POOL 3,000 - 4,999 SF	1304			1656		
7138	PPR - FLOW THROUGH POOL 5,000 - 9,999 SF	1818			2309		
7139	PPR - FLOW THROUGH POOL >= 10,000 SF	1897			2409		
7140	PPR - OTHER SWIMMING POOL < 1,000 SF	949			1205		



Recommended EH Fee Schedule

Proposed Fees 27%

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PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
7141	PPR - OTHER SWIMMING POOL 1000 - 2,999 SF	1181			1500		
7142	PPR - OTHER SWIMMING POOL 3,000 - 4,999 SF	1304			1656		
7143	PPR - OTHER SWIMMING POOL 5,000 - 9,999 SF	1818			2309		
7144	PPR - OTHER SWIMMING POOL >= 10,000 SF	1897			2409		
7145	PPR - FLOTATION TANK < 1,000 SF	949			1205		
7146	PPR - FLOTATION TANK 1000 - 2,999 SF	1181			1500		
7147	PPR - FLOTATION TANK 3,000 - 4,999 SF	1304			1656		
7148	PPR - FLOTATION TANK 5,000 - 9,999 SF	1818			2309		
7149	PPR - FLOTATION TANK >= 10,000 SF	1897			2409		
7150	PPR - SEASONAL POOL PERMIT OFFICE REVIEW	196			249		
7155	PPR - SPECIAL POOL EVENT	239			304		
7158	PPR - MAJOR REM PRG CAT 71 < 1,000 SF	949			1205		
7159	PPR - MAJOR REM PRG CAT 71 1000-2,999 SF	1181			1500		
7160	PPR - MAJOR REM PRG CAT 71 3000-4,999 SF	1304			1656		
7161	PPR - MAJOR REM PRG CAT 71 5000-9,999 SF	1818			2309		
7162	PPR - MAJOR REM PRG CAT 71 >= 10,000 SF	1897			2409		
7163	PPR - MINOR REMODEL PRG CAT 71	363			461		
7164	PPR - FAILED PPR FIELD VISIT WITH CLOSE	716			909		
MATTRESSES							
7303	MATTRESS REFURBISHER REGISTRATION	175			222		
BODY ART							
8000	SPPR - TATTOO / PERMANENT MAKE-UP	363			461		
8001	SPPR - BODY PIERCING BUSINESS - LOW RISK	118			150		
8002	SPPR - BODY PIERCING BUSINESS - HIGH RISK	725			921		
8003	SPPR - BODY ART VEHICLE	363			461		
8009	SPPR - MINOR REM PRG CAT 80	196			249		
8010	SPPR - MAJOR REM PRG CAT 80	363			461		
8011	SPPR - COO PRG CAT 80	337			428		
SCHOOLS/INSITUIONS							
8200	SPPR - SUMMER CAMP/CHILDREN HOME/INSTITUTION	25 *			Unchanged		
8201	SPPR - JUVENILE / PENAL INSTITUTIONS < 50	391			497		
8202	SPPR - JUVENILE / PENAL INSTITUTIONS 50-250	551			700		
8203	SPPR - JUVENILE / PENAL INSTITUTIONS > 250	710			902		
8204	SPPR - ELEMENTARY SCHOOL	354			450		
8205	SPPR - MIDDLE SCHOOL	470			597		
8206	SPPR - HIGH SCHOOL	631			801		
8208	SPPR - MINOR REM PRG CAT 82	136			173		
8209	SPPR - MAJOR REM PRG CAT 82	363			461		
8210	SPPR - COO PRG CAT 82	337			428		
* Fees Set by Nevada Statute / Not Subject to SNHD Approved Fee Increases							
CHILDCARE							
8302	SPPR - CHILDCARE FACILITY < 1,000 SF	631			801		
8303	SPPR - CHILDCARE FACILITY 1000 - 2,999 SF	869			1104		
8304	SPPR - CHILDCARE FACILITY 3,000 - 4,999 SF	949			1205		
8305	SPPR - CHILDCARE FACILITY 5,000 - 9,999 SF	1109			1408		
8306	SPPR - CHILDCARE FACILITY >= 10,000 SF	1500			1905		
8307	SPPR - MINOR REM PRG CAT 83	196			249		
8308	SPPR - MAJOR REM PRG CAT 83	363			461		
8309	SPPR - COO PRG CAT 83	337			428		
SUBDIVISIONS							
8504	SUBDPR - TM RESUB/RES	239			304		
8505	SUBDPR - TM RESUB/COM	239			304		
8506	SUBDPR - TM RESUB/RES EXP	478			607		
8507	SUBDPR - TM RESUB/COM EXP	478			607		
8512	SUBDPR - AMENDED FM WITH L.I.L.O.	319			405		
8513	SUBDPR - AMENDED FM WITH IP'S	319	16.68		405	21	
8514	SUBDPR - REVERSIONARY MAP	239			304		
8515	SUBDPR - PARENT FINAL MAP	319	16.68		405	21	
8516	SUBDPR - IP PUB SEWER/RES	319	16.68		405	21	
8517	SUBDPR - IP PUB SEWER/COM	600			762		
8518	SUBDPR - IP ISDS/RES	479	17.72		608	23	
8519	SUBDPR - IP ISDS/COM	600			762		
8520	SUBDPR - IP RESUB/RES	239			304		
8521	SUBDPR - IP RESUB/COM	239			304		
8522	SUBDPR - IP RESUB/RES EXP	478			607		
8523	SUBDPR - IP RESUB/COM EXP	478			607		
8524	SUBDPR - IP PUB SEWER/RES EXP	638	33.36		810	42	
8525	SUBDPR - IP PUB SEWER/COM EXP	1200			1524		
8526	SUBDPR - IP ISDS/RES EXP	958	35.44		1217	45	
8527	SUBDPR - IP ISDS/COM EXP	1200			1524		
MISCELLANEOUS FEES							
8900	MISCPR - NONSTANDARD / ADVISORY RESIDENTIAL	160			203		
8901	MISCPR - PRELIM/ADVIS PR OR INSPCT - PUB REQ	239			304		
8902	MISCPR - VARIANCE	1181			1500		



Recommended EH Fee Schedule

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PE	DESCRIPTION	FIXED FEE	UNIT RATE	MAXIMUM BILLABLE	NEW		
					FIXED	UNIT	MAX
8903	MISCPR - VARIANCE WORKSHEET MEETING	160			203		
8904	MISCPR - PLAN REVIEW REINSPECTION FEE	239			304		
8905	MISCPR - PLAN RESUBMITTAL/REVISION FEE	239			304		
8906	MISCPR - COO FACILITY AND EQUIPMENT EVAL	337			428		
8907	MISCPR - NON-PERMITTED FIELD PR - UPON REQ	239			304		
8908	MISCPR - OFFICE ADVISORY PR/FSAM - PUBLIC REQ	196			249		
8909	MISCPR - SPECIAL CIRCUMSTANCE	118			150		
8910	MISCPR - EXEMPTION	50			64		
8911	MISCPR - AFT HRS INSPCT 3 HRS INC, THEN HOURLY	551	239		700	304	
8912	MISCPR - HACCP PLAN REVIEW	189	50		240	64	
8913	MISCPR - HACCP PLAN RESUBMITTAL	0	118			150	
8914	MISCPR - HACCP PLAN REVIEW OFC/FIELD ADVIS	196			249		
8915	MISCPR - HACCP PLAN REVIEW - ADDITIONAL HOURS	0	118			150	
8916	MISCPR - WAIVER	118			150		
8917	MISCPR - WAIVER - ADDITIONAL HOURS	0	118			150	
8918	MISCPR - OP PROCEDURE REV (1 HR INC) + # FAC	108	10		137	13	
8919	MISCPR - OP PROCEDURE REV - ADDITIONAL HOURS	118			150		
8920	MISCPR - LABEL REVIEW (plus hourly)	64	118		81	150	
8921	MISCPR - FARM-TO-FORK EVENT REGISTRATION	100			127		
8922	MISCPR - COTTAGE FOOD OPERATION REGISTRATION	160			203		
8924	MISCPR - COSMETICS MANUF LICENSE	196			249		
8925	MISCPR - DRUG MANUF LICENSE	196			249		
8927	FPR - COO FACILITY AND EQUIPMENT EVAL	337			428		
8928	PPR - COO FACILITY AND EQUIPMENT EVAL	337			428		
8929	MISCPR - MEDICAL DEVICE MANUFACTURING	196			249		
8930	MISCPR - CERTIFIED FOOD SAFETY PRG REVIEW	100			127		
8931	EVENT EXEMPTION	0	100			127.00	
8932	MISCPR - EXPEDITED PR INSPECTION - FOOD	200% Plan Fee					
8933	MISCPR - SECONDARY PERMIT	239			304		
8934	MISCPR - EXPEDITED PR INSPECTION - SCHOOLS	200% Plan Fee					
8935	MISCPR - EXPEDITED PR INSPECTION - SOLID WASTE	200% Plan Fee					
8936	MISCPR - EXPEDITED PR INSPECTION - POOLS	200% Plan Fee					
8937	MISCPR - EXPEDITED PR INSPECTION - PUBLIC ACCOM	200% Plan Fee					
8938	MISCPR - EXPEDITED PR INSPECTION - BODY ART	200% Plan Fee					
8939	MISCPR - EXPEDITED PR INSPECTION - CHILDCARE	200% Plan Fee					
9001	TIME-BASED	0	29.5			37	
9005	PRINTING / COPY	0	1			1	
9006	VERIFIED COMPLAINT	118			150		
9007	REPRINT PERMIT	25			32		
9008	MISSED APPOINTMENT	239			304		
9009	CONDUCT TRAINING (2 HOUR MIN) PLUS ADD'L HRS	239	118		304	150	
9010	INACTIVE STATUS PERMIT FEE	94			119		
9011	LATE FEE @ 50%						
9012	LATE FEE @ 100%						
9015	BANK RETURNED CHECK FEE (DEBIT)	25			32		

Proposed Environmental Health (EH) Fee Schedule Adjustments

BOARD OF HEALTH PRESENTATION

MAY 26, 2022

EH Programs

- ▶ Food Operations – Inspections
 - ▶ Food Establishment Inspections
 - ▶ Special Events
- ▶ Food Operations – Regulatory Compliance
 - ▶ Regulatory Support Office – Staff and Industry Training, Hazard and Critical Control Point (HACCP) Reviews, and Label Reviews
 - ▶ Specialized Food Office – Mobile Vending, Farmer's Markets, Annual Itinerants, Unpermitted Food Vending, and Water Stores
 - ▶ Foodborne Illness Investigations

EH Programs Continued

- ▶ Solid Waste
 - ▶ Solid Waste Plan Review
 - ▶ Subdivisions
 - ▶ Asbestos Waste Transport
 - ▶ Individual Sewage Disposal Systems (ISDS)
 - ▶ Safe Drinking Water
 - ▶ Permitted Disposal Facilities
 - ▶ Underground Storage Tanks
 - ▶ Restricted Waste Management
 - ▶ Illegal Dumping
 - ▶ Public Accommodations
 - ▶ Legionella

EH Programs Continued

- ▶ Consumer Health
 - ▶ Aquatic Health Plan Review
 - ▶ Aquatic Health Operations
 - ▶ Plan Review
 - ▶ Special Programs – Schools, Childcares, Body Art Facilities, Jails

All Environmental Health programs work together to protect the health of Clark County citizens and millions of tourists.

Food Operations Community Benefits

Program	Potential Hazards Identified/Addressed
Food Operations	<p>Minimizes the potential for foodborne illness among consumers</p> <p>Safe food allows for healthier individuals and a significant decrease in healthcare spending</p>
Unpermitted Food Vending	<p>Reduces the presence of unpermitted food vendors in Clark County to minimize the potential for foodborne illnesses</p> <p>Ensures food is made in an inspected facility with appropriate sanitation measures</p>
SNHD Training	<p>Provides food safety and regulatory guidance to industry partners</p> <p>Provides Standardization training and evaluation for food inspectors</p> <p>Trains newly hired food inspectors</p>
Hazard and Critical Control Point (HACCP)	<p>Reviews and approves cutting-edge food industry practices for processes with enhanced food safety risks</p>
Specialized Foods	<p>Performs inspections and provides food safety education to the regulated community to minimize the potential for foodborne illness</p>

Solid Waste Community Benefits

Program	Potential Hazards Identified/Addressed
Restricted Waste Management	Works to prevent hazardous waste from getting into the environment
Illegal Dumping	Ensures the proper disposal of waste that may have been illegally dumped in the community
Individual Sewage Disposal System (ISDS)	Protects groundwater quality in the Las Vegas Valley through enforcement of the SNHD ISDS Regulations
Vector-Mosquito Disease Surveillance	Monitors mosquito populations and the serious diseases they may carry that could infect citizens/visitors across all jurisdictions of Clark County
Public Accommodations	Ensures hotels and motels maintain clean and sanitary facilities
Underground Storage Tanks (UST)	Protects groundwater from contamination and surface water from contaminants in stormwater to protect drinking water

Consumer Health Community Benefits:

Plan Review – Most Health Permits Start Here

Purpose: Evaluates and enforces sanitary design and construction principles promulgated by State law and SNHD's Regulations for:

Permit Type	Potential Hazards Identified/Addressed
Food Establishments	Ensures the design of equipment/facilities does not lead to food contamination/adulteration; pest harborage; inadequate operator food safety knowledge
Institutions/Childcare	Ensures the design of equipment/facilities does not lead to food contamination/adulteration; pest harborage; inadequate operator food safety knowledge; unsafe playgrounds
Body Art Establishments	Ensures the design of equipment/facilities does not lead to transmission of communicable diseases; inadequate infection control measures; inadequate artist knowledge of disease
Public Bathing Places	Ensures the design of equipment/facilities does not lead to injury, death, or disease transmission; insufficient personnel to manage facilities safely

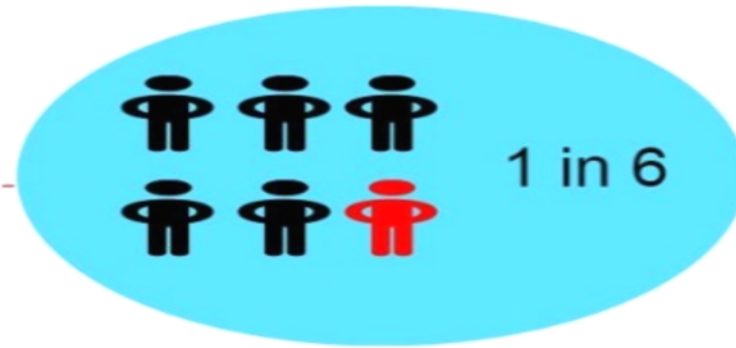
Consumer Health Community Benefits Continued:

Operations

Purpose: Conduct routine inspections, complaint investigations, and accident/injury/illness investigations for:

Permit Type	Potential Hazards Identified/Addressed
Institutions/Childcare	Service of unsafe foods, nuisance, or unsanitary conditions which result in disease transmission; broken or unsafe play equipment that can lead to injury or death
Body Art Establishments	Transmission of bloodborne pathogens and other communicable diseases; unsafe equipment, inks, or jewelry leading to injury
Public Bathing Places	Unsafe deck conditions, inadequate lifeguard coverage, inadequate disinfection levels which can lead to injury, illness, or death

CDC Estimates for Foodborne Illness



128,000 People are Hospitalized



3,000 People Die from Foodborne Illness

EH COVID-19 Activities

- ▶ Developed COVID related informational pamphlets/resources for Industry at the start of the pandemic when such resources were not available at the Federal and State level. The COVID resources received appreciation and national recognition by Industry and other local health departments around the country.
- ▶ Collaborated with State and local Business License agencies on business reopening guidance and COVID compliance checks.
- ▶ Provided oversight and enforcement of the Governor's COVID-19 mitigation orders and Senate Bills (SB4 and SB386), including conducting thousands of COVID-19 Compliance Surveys.
- ▶ Conducted regular educational outreach to the Culinary Union, the Resort Association, the Nevada Hotel and Lodging Association and many other organizations on COVID regulatory changes and requirements.

EH Accomplishments

- ▶ Won the 2019 Crumbine Award (recognition of unsurpassed achievement in providing outstanding food protection services to the community)
- ▶ Conducted multiple Industry outreach campaigns, such as the Handwashing Intervention campaign, Special Processes Class, and the Food Allergy Awareness campaign
- ▶ Conducted several risk-factor studies to determine the largest risk factors to foodborne illness specific to Clark County
- ▶ Used cutting edge techniques and software to scan consumer restaurant reviews to identify potential foodborne illness in the community
- ▶ Participated in the National Association of County and City Health Officials (NACCHO) mentorship program (Staff mentored other Health Departments about the FDA's Retail Food Voluntary Standards program.)

Maximized Efficiencies:

▶ **Food Operations**

- ▶ Monthly meetings with all field staff to discuss productivity and expectations (analyzing field time versus office time, ensuring staff are meeting goals/deadlines, and ensuring staff are making progress with assigned inspections)
- ▶ Focused efforts on high-risk food establishments due to staffing shortage
- ▶ Temporary reassignments of staff to meet community needs (inspections of large events, unpermitted food vending response, etc.)

▶ **Consumer Health**

- ▶ Shifted from in-field follow-ups to office or virtual follow-ups to reduce travel time
- ▶ Split Aquatic Health Plan Review and Operations offices to allow plan review staff to focus full-time on plan review activities
- ▶ Streamlined inspections to focus on risk and reduce time spent on inspections

▶ **Solid Waste**

- ▶ SB4 inspections were done concurrently with annual facility inspections
- ▶ Streamlined/reduced complaint investigations by forwarding to applicable jurisdictions

Nevada – 1st in Nation for Economic Momentum

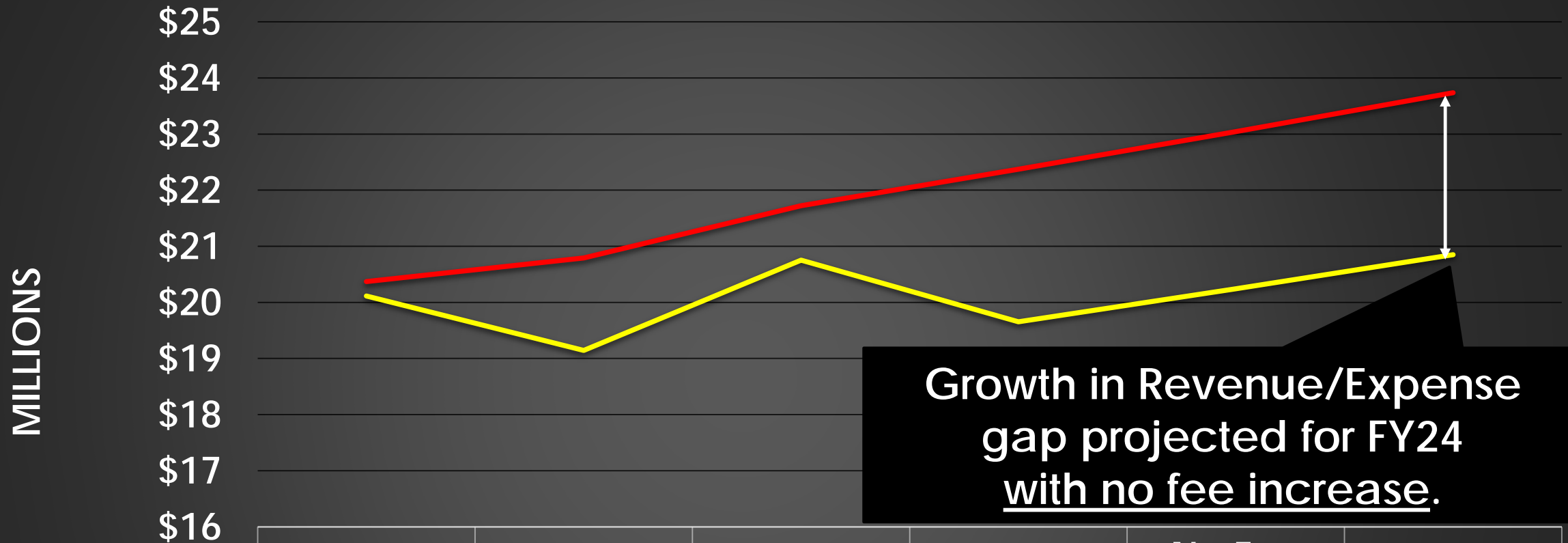
- ▶ December 2021 – State Policy Report – Nevada top ranked based on three measures
 - ▶ Personal Income Growth
 - ▶ Employment Growth
 - ▶ Population Growth
- ▶ Nevada Employment increased by 9.7% YOY compared to National Average of 4.7%
- ▶ Nevada Personal Income increased by 10.2%
- ▶ As of March 2022 Report, Nevada remains 1st in ranking

<https://www.8newsnow.com/news/local-news/nevada-ranks-no-1-in-measures-of-economic-momentum/>

Current Situation

- ▶ Environmental Health is not financially self-sufficient.
- ▶ Program expenses exceed program revenues, and the community continues to grow.
- ▶ Workload and community demands exceed current staffing levels.
- ▶ Services and staffing have been adversely impacted.
- ▶ Staff are not meeting policy requirements and mandates.

EH Revenue/Expenses



Growth in Revenue/Expense gap projected for FY24 with no fee increase.

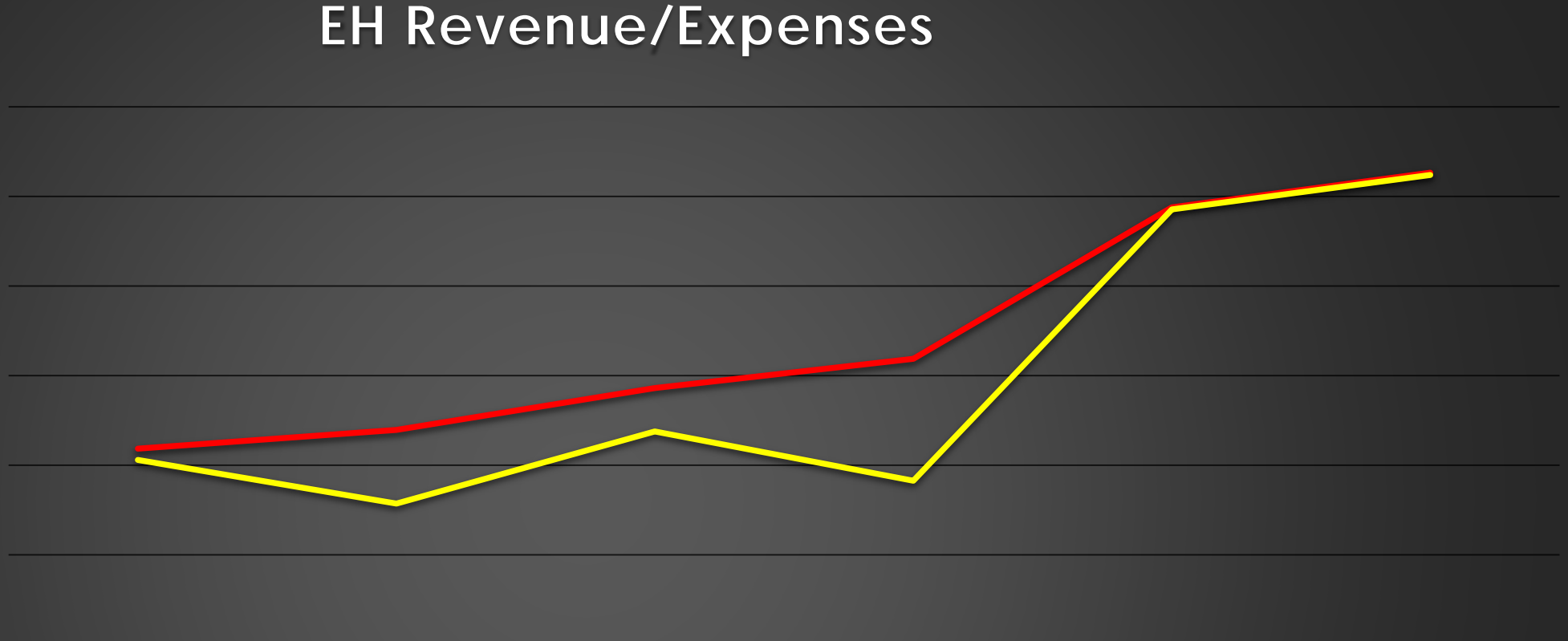
	FY19	FY20	FY21	Projected FY22	No Fee Increase Projected FY23	Projected FY24
— Total Expenses	\$20.37	\$20.79	\$21.72	\$22.37	\$23.05	\$23.74
— Total Revenues	\$20.12	\$19.15	\$20.75	\$19.65	\$20.24	\$20.85

EH Revenue/Expenses

MILLIONS

\$28
\$26
\$24
\$22
\$20
\$18
\$16

	FY19	FY20	FY21	Projected FY22	27% Fee Increase Projected FY23	Projected FY24
— Total Expenses	\$20.37	\$20.79	\$21.72	\$22.37	\$25.75	\$26.53
— Total Revenues	\$20.12	\$19.15	\$20.75	\$19.65	\$25.71	\$26.48



EH Projections

	FY19	FY20	FY21	Projected FY22	No Fee Increase Projected FY23	No Fee Increase Projected FY24
EH Revenue	\$20,115,982	\$19,145,478	\$20,751,999	\$19,654,013	\$20,243,633	\$20,850,942
EH Expenses	\$20,369,521	\$20,790,574	\$21,722,887	\$22,374,574	\$23,045,811	\$23,737,185
Net Loss	\$253,539	\$1,645,096	\$970,888	\$2,720,561	\$2,802,178	\$2,886,243

	27% Fee Increase Projected FY23	Projected FY24
EH Revenue	\$25,709,414	\$26,480,696
EH Expenses	\$25,754,653	\$26,527,292
Net Loss	\$45,239	\$46,596

Inflation Versus Fee Increase

CPI Inflation Calculator

\$

in

has the same buying power as

in

Vs. **27%**

https://www.bls.gov/data/inflation_calculator.htm

Fee Increase Impact Estimate

Permit Type	Current Cost	Cost with 27% Increase	Total Difference
Fast Food (All Permits)	\$391	\$497	+ \$106
Restaurant (All Permits)	\$1,055	\$1,340	+ \$285
Residential Septic Permit	\$551	\$700	+ \$149
Hotel/Motel/MHP/RV - BASE	\$363	\$461	+ \$98
Recycling Center – Permit	\$400	\$508	+ \$108
Recycling Center – Plan Review	\$1,579	\$2,005	+ \$426
Swimming pool w/spa < 1000sqft	\$826	\$1,049	+ \$223
Body Art facility	\$290	\$368	+ \$78
School w/ kitchen(ES, MS, HS)	\$239	\$304	+ \$65
Plan review fee – Restaurant/takeout, no seats	\$398 + permit fee	\$505	+ \$107

Past EH Overall Fee Adjustments

Year	Amount of Increase (approximate)
2001	16%
2002	10%
2004	28%
2005	9%
2006	9%
2007	28%
2008	9%
2009	4%

Additional Staff Needed to Meet Community Needs and Improve Programs

Position	Food Ops. Inspections	Food Ops. Reg. Support	Solid Waste	Consumer Health	Total
Administrative Assistant				2	2
Environmental Health Specialists (EHS)	5	6	3	4	18
Senior EHS	1				1
Supervisor	1		1		2
Manager (Promotional)			1		1

TOTAL NEW POSITIONS = 24

Additional Staff Costs and Benefits:

Total Positions Needed = 24

Cost of Additional Positions = \$2,522,932

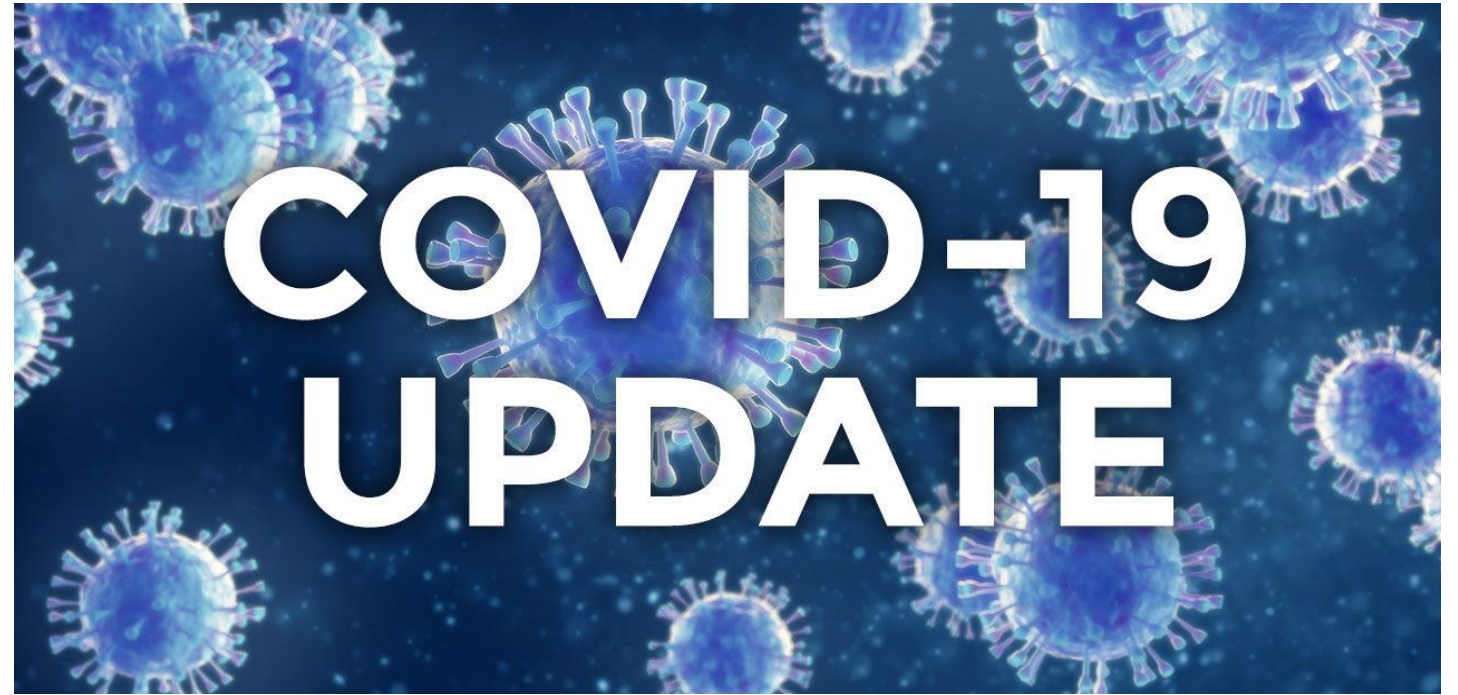
Benefits to the Community:

- ▶ Reduced permit processing time
- ▶ Reduced wait for appointments
- ▶ Reduced wait for inspections
- ▶ Mandated inspections can be completed
- ▶ Better communication with SNHD staff and Industry

SNHD Staff Recommendations:

- ▶ First Permit Billing on July 1, 2022 = Same amount as last year
- ▶ Second Permit Billing = 3 months later for the 27% increase
- ▶ All service fees increase 27% effective July 1, 2022
- ▶ Tie the EH Fee Schedule to the CPI (Western Region) with a 1% floor / 3% ceiling annual adjustment, beginning July 1, 2023, to give programs sustainability as the community continues to grow.

Questions?



MATTHEW KAPPEL, MPH

Senior Epidemiologist

Division of Disease Surveillance & Control

May 26, 2022

Community Transmission

	05/19/2022	05/20/2022	05/21/2022
COVID Positive Test Rate (7-Day Average)	23.5%	24.0%	24.3%
New cases per 100,000 population per 7 days	152.5	152.6	151.5

Testing and Vaccination Status

	05/19/2022	05/20/2022	05/21/2022
Persons tested per 1,000 population per 7 days	8.4	8.6	8.7
% Population 16 Yrs and Older that Initiated Vaccination	83.7%	83.7%	83.7%

Community Level

	05/19/2022	05/20/2022	05/21/2022
New COVID admissions per 100,000 population per 7 days	6.2	6.4	6.7
% Inpatient beds used by COVID patients (7-Day Average)	2.6%	2.7%	2.8%
% ED visits due to COVID (7-Day Average)	4.5%	4.4%	4.4%

RISK METRICS

SNHD COVID-19 DASHBOARD: CASES

COVID-19 Case Summary

Dashboard updated on: May 25, 2022

Data as of: May 23, 2022

Total Confirmed Cases:
523,676 (22590.0 per 100K)

Total Probable Cases:
29,698 (69.4 per 100K per 30-Day Period)

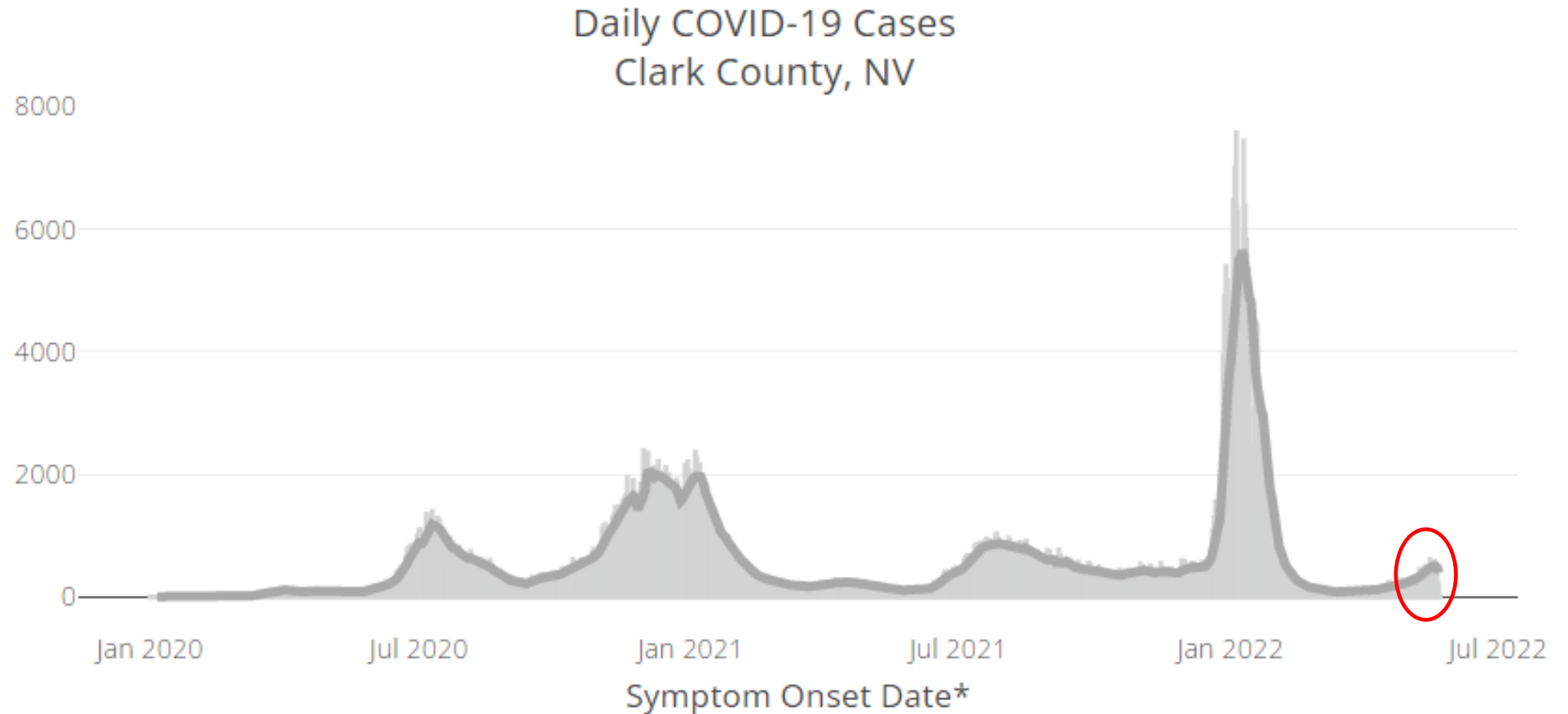
Probable Cases (14 Day Average):
69

Multisystem Inflammatory Syndrome in Children (MIS-C) Cases:
109

Total Hospitalizations:
27,006 (1165.0 per 100K)

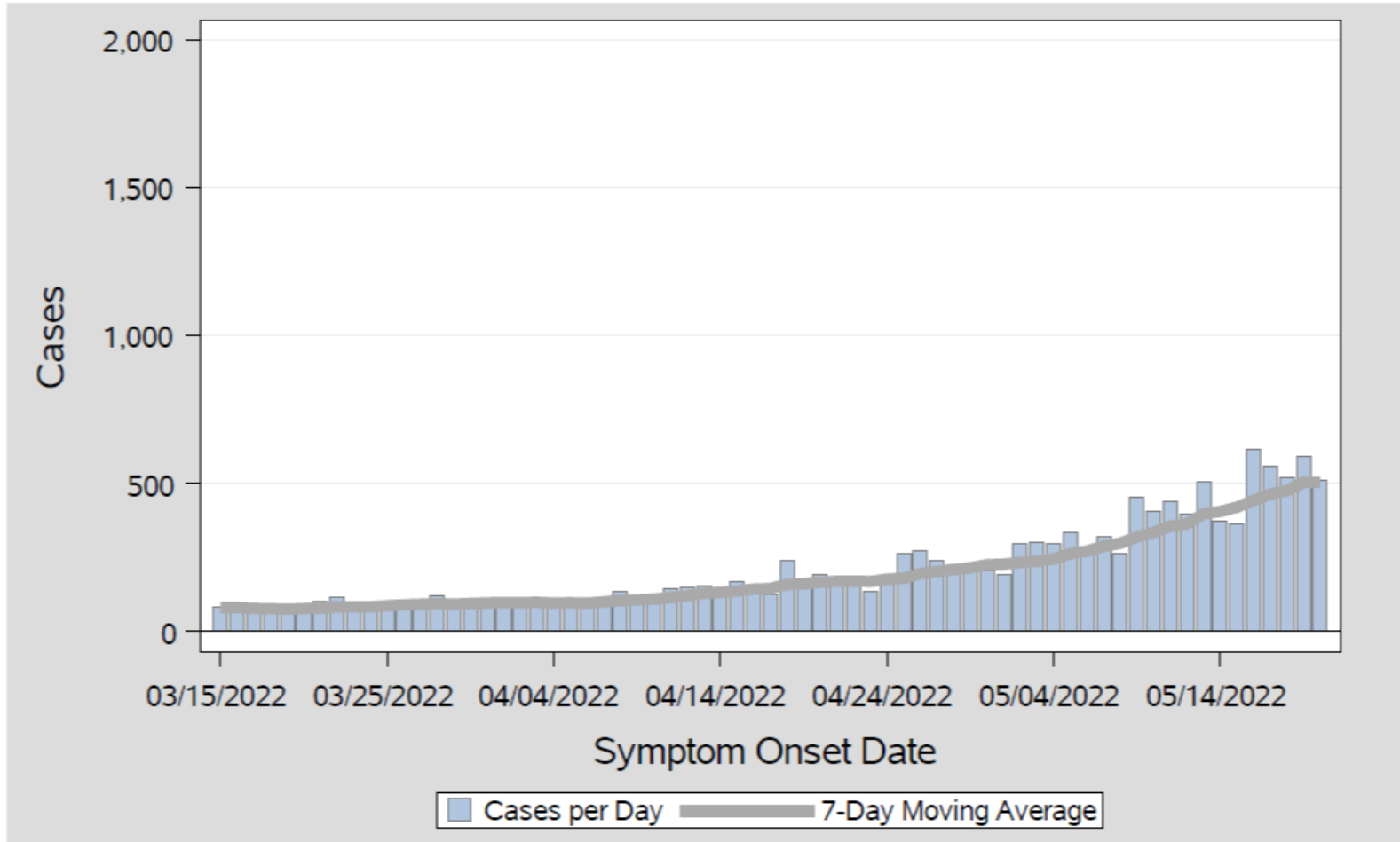
Total Deaths:
8,494 (366.4 per 100K)

Cases Reported in Last 7 Days:
4,362 (188.2 per 100K)



<http://covid.southernnevadahealthdistrict.org/data/>

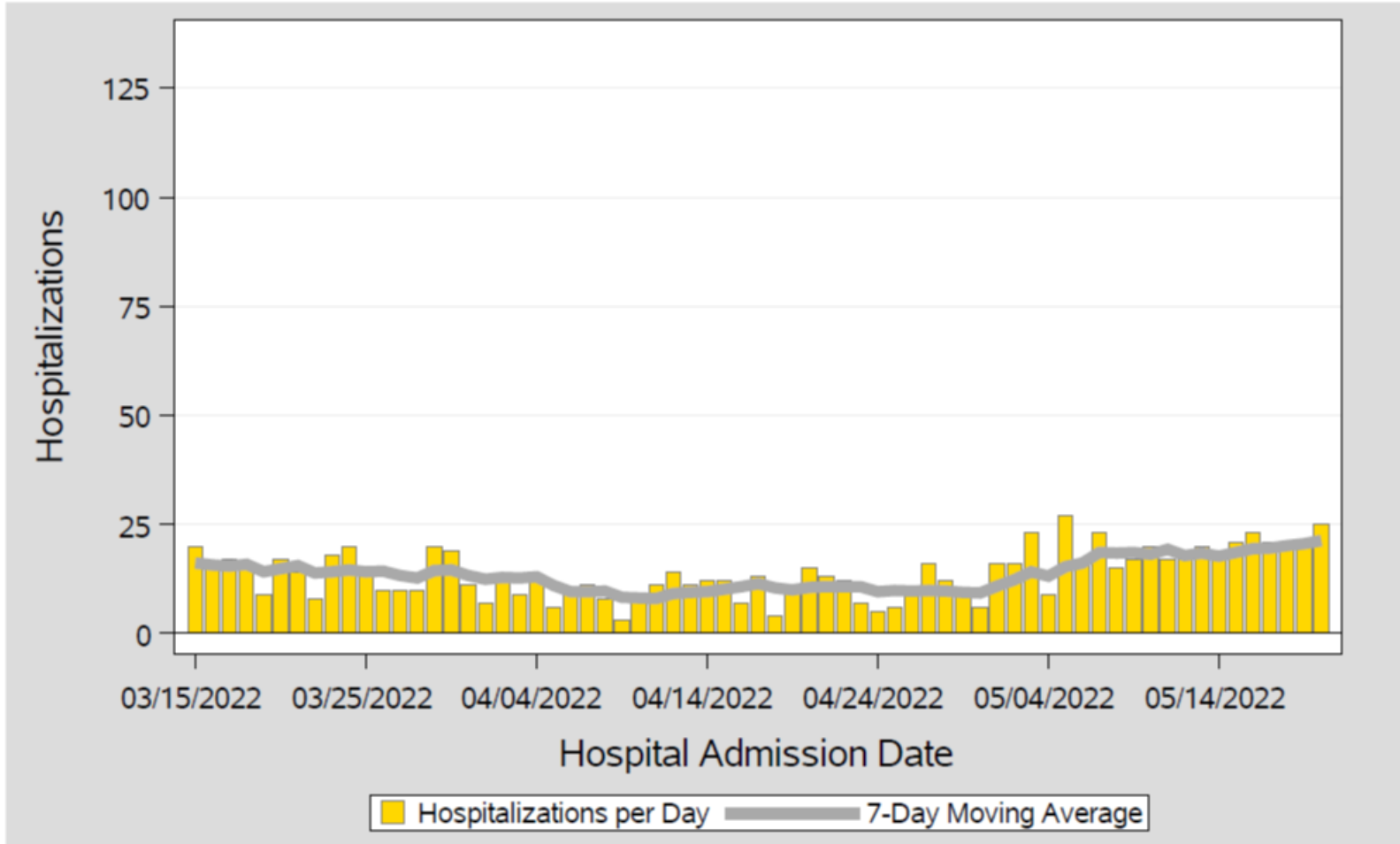
COVID-19 Cases per Day, Clark County, Nevada



Data as of May 23rd

COVID-19 CASES
RECENT TRENDS

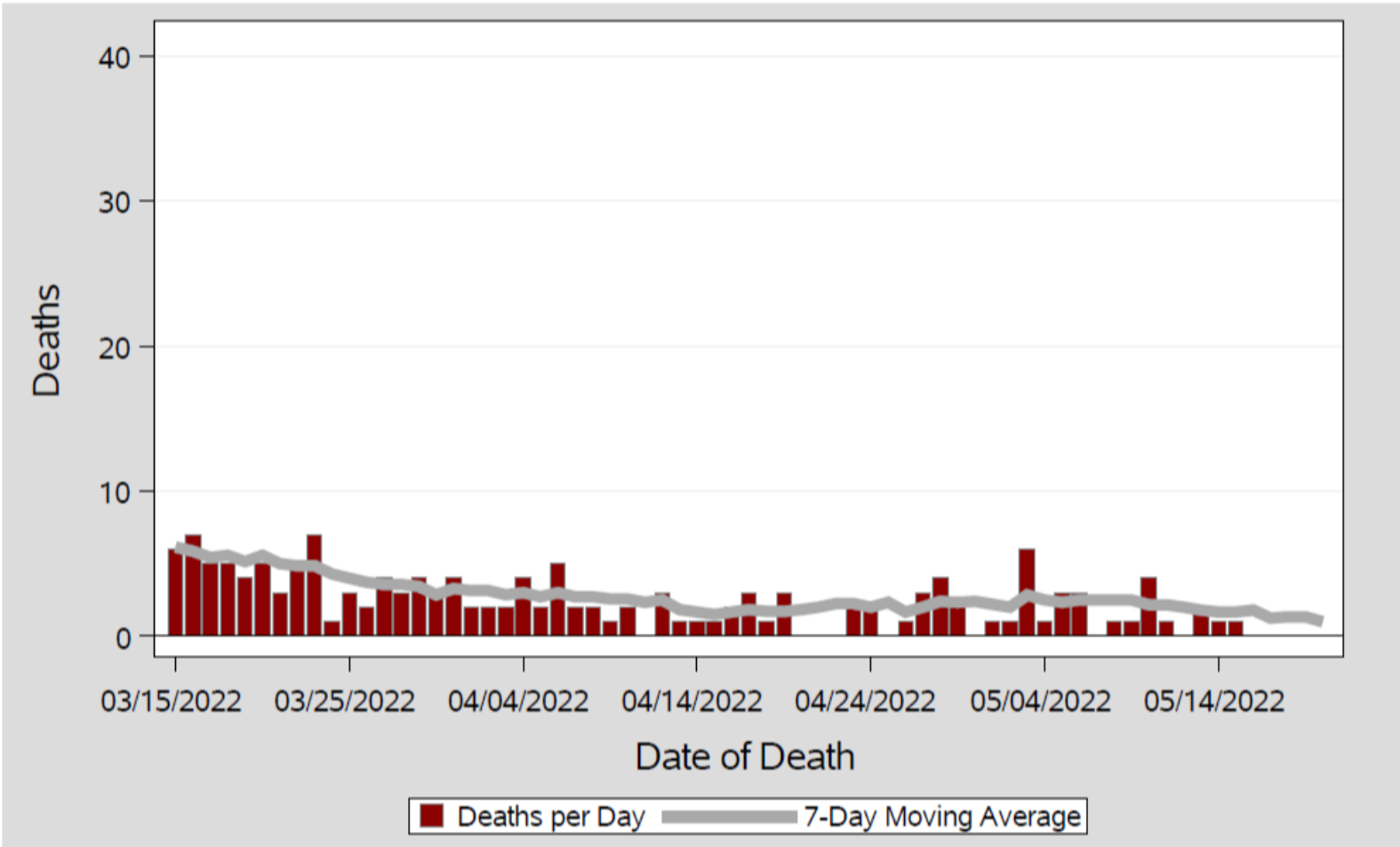
COVID-19 Hospitalizations, Clark County NV



Data as of May 23rd

COVID-19
HOSPITALIZATION
RECENT TRENDS

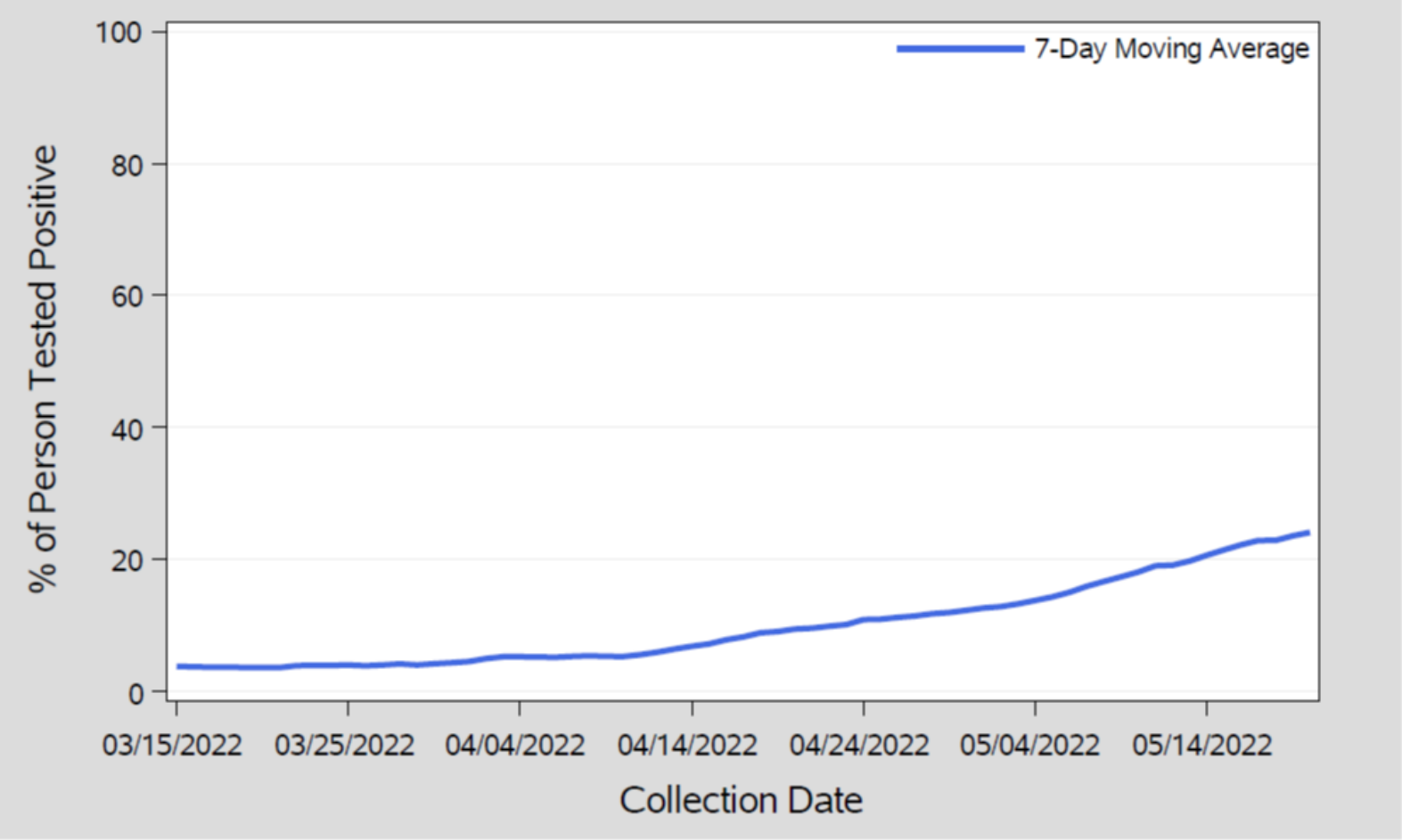
COVID-19 Deaths per Day, Clark County, NV



Data as of May 23rd

COVID-19 DEATHS
RECENT TRENDS

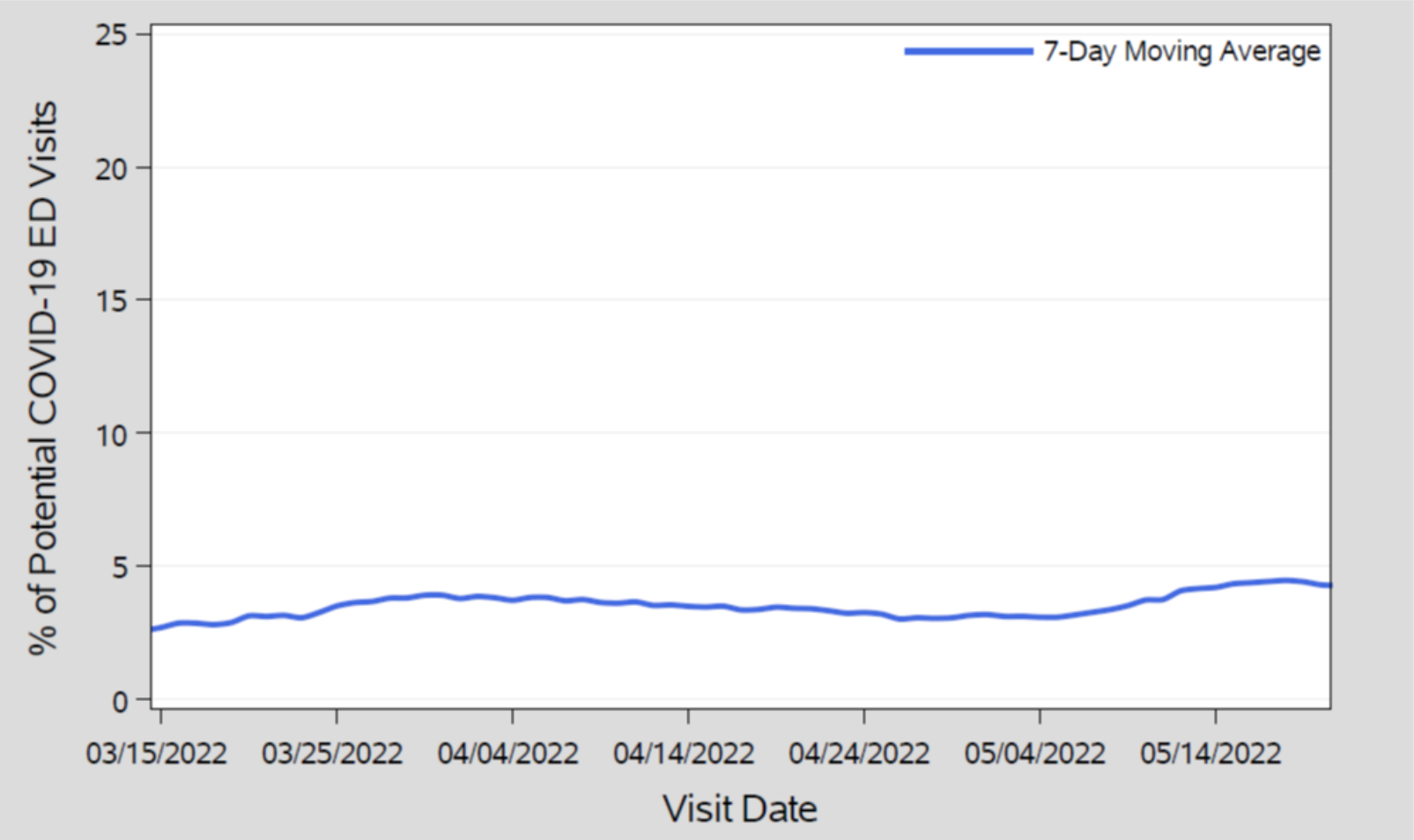
Percent of People Receiving COVID-19 Viral Tests Who Have Positive Results



Data as of May 23rd

COVID-19
VIRAL TESTS

Syndromic Surveillance: Percent of ED Visits Potentially Related to COVID-19



Data as of May 23rd

**SYNDROMIC
SURVEILLANCE**

INVESTIGATORS, CONTACT TRACERS, CALL CENTER STAFF

Case Investigations and Contact Tracers

ELC CT Staff: 41 in house

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

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

Questions





DATE: May 26, 2022

TO: Southern Nevada District Board of Health Members

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

SUBJECT: District Health Officer Report

Coronavirus Disease 2019 (COVID-19)

Janssen COVID-19 Vaccine

On May 5, 2022, the U.S. Food and Drug Administration announced it had limited its authorized use of Janssen's Johnson & Johnson COVID-19 vaccine. The vaccine is now authorized for individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible or clinically appropriate and to individuals 18 years of age and older who choose to receive the Johnson & Johnson vaccine because they would otherwise not get vaccinated.

This determination was made by FDA after conducting an updated analysis of reported cases of thrombosis with thrombocytopenia syndrome. The FDA has determined that the known and potential benefits of the vaccine outweigh the known and potential risks for individuals 18 years and older who may still get the vaccine under the outlined conditions. More information is available on the FDA website at www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-limits-use-janssen-covid-19-vaccine-certain-individuals.

COVID-19 Treatment

The antiviral medications Paxlovid and Molnupiravir continue to be available at the Health District's 280 S. Decatur Blvd. public health center. More information about the treatments is available at www.snhd.info/antivirals.

The FDA is aware of reports of some patients developing recurrent COVID-19 symptoms after completing a 5-day treatment course of Paxlovid. In some cases, patients tested negative and then positive again. This may affect 1-2 percent of patients who finish their treatment. On review of the clinical data, there was no increased occurrence of hospitalization, death, or development of drug resistance, and treatment with Paxlovid reduced the risk of hospitalization or death by 88 percent overall. At this time, the FDA does not recommend retreatment or extension of treatment beyond the initial 5-day course. However, patients should follow CDC recommendations regarding patient isolation and mask-wearing should they experience rebound symptoms after Paxlovid treatment.

2022 County Health Rankings

The Health District presented the annual County Health Rankings on April 27, at a community event held in conjunction with partners from the Nevada Public Health Institute and Larsen Institute. The County Health Rankings are released each year using data from the University of Wisconsin Population Health Institute (UWPHI) and are available at www.countyhealthrankings.org.

Clark County ranks 6th healthiest in Nevada according to the Rankings. The County Rankings provide a snapshot of local health data that demonstrate where people live influences how well they live and how long they live. The Rankings allow each state to see how its counties compare on a range of factors that influence health, including education, access to health and mental health care, the physical environment, social and economic factors, smoking, access to healthy foods and more. This year, seven new actionable measures were introduced for local communities to consider. These measures include:

1. COVID-19 Age-Adjusted Mortality
2. Living Wages
3. Childcare Cost Burden
4. Childcare Centers
5. Gender Pay Gap
6. School Funding Adequacy
7. School Segregation

Among the many findings the Ranking revealed is that in Clark County, a family with two children spends an average of 30 percent of its household income on childcare. The burden childcare costs can have on a family becomes even more stark when examining the differences in household income by race and ethnicity. In Clark County, a Black family has a median household income of \$41,900 while a White family has a median income of \$69,000 and an Asian family of \$70,200.

The Health District's County Health Rankings presentations are available on its website at <https://www.southernnevadahealthdistrict.org/news-info/county-health-rankings/> as well as links to a video of the session, the dashboard and past year's information and data.

Influenza Surveillance

In Clark County, for the season as of April 30, 2022, there have been 302 influenza-associated hospitalizations and eight influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for influenza-like-illness (ILI) decreased from 3.8% in week 16 to 3.3% in week 17. Approximately 26% of area emergency department and urgent care clinic visits for ILI were made by children 0-4 years of age, which was lower than week 16 (30%). Influenza A has been the dominant type circulating. Nationwide, seasonal influenza activity continues to increase in parts of the country. During week 17, 2.2% of patient visits reported through the U.S. outpatient ILI Illness Surveillance Network (ILINet) were due to respiratory illness that included ILI. This percentage was below the national baseline of 2.5%. Among the 55 states/jurisdictions, the respiratory illness activity level in Nevada was low. The Health District will continue to update the public on flu activity and encourage flu vaccinations for everyone 6 months of age and older.

Back-to-School

In Clark County, the school year begins on Monday, August 8, and the Health District is encouraging parents and guardians not to wait until the last minute to ensure their children are appropriately immunized. Kindergartners, 7th and 12th graders can receive their mandatory vaccines at Health District immunization clinic. The Health District's immunization clinics are open Monday through Friday. Walk-in immunization services are available at the 280 S. Decatur Blvd. public health center. Appointments for services at other neighborhood public health centers can be made by calling (702-759-0850 or (702) 759-1682 for appointments at the Mesquite Public Health Centers.

Starting July 1, students enrolled in the 12th grade in Nevada public, private, or charter schools must receive the meningococcal vaccine (MenACWY) prior to the start of the 2022-2023 school year. MenACWY is also required for students entering 7th grade and for students entering the 8th through 12th grades who are new to Nevada schools, including private or charter schools, and the Clark County School District. In addition, 7th graders must receive their tetanus-diphtheria-pertussis (Tdap) vaccine.

Health District immunization clinic location information is available at www.southernnevadahealthdistrict.org/community-health-center/immunization-clinic/.

Additionally, students enrolled in 7th and 12th grades can get their required school vaccinations at one of four Health District COVID-19 vaccine clinics at the following high schools. COVID-19 vaccines are also available for children ages 12 and older at these locations:

- **Sierra Vista High School, 8100 W. Robindale Rd., Las Vegas, NV 89113**
Monday, May 23, and Monday, June 13, 1 p.m. – 5 p.m.
- **Centennial High School, 10200 W. Centennial Pkwy., Las Vegas, NV 89149**
Monday, May 16 and Monday, June 6, 1 p.m. – 5 p.m.
- **Desert Pines High School, 3800 E. Harris Ave., Las Vegas, NV 89110**
Friday, May 13, Friday, June 3 and 17, 1 p.m. – 5 p.m.
- **Cheyenne High School, 3200 W. Alexander Rd., North Las Vegas, NV 89032**
Friday, May 20 and Friday, June 10, 1 p.m. – 5 p.m.

Students enrolling in the Clark County School District are required to have the following vaccinations: chickenpox (varicella), hepatitis A, hepatitis B, polio, tetanus-diphtheria-pertussis (DTaP and Tdap), quadrivalent meningitis, and measles-mumps-rubella (MMR). Parents who recently moved to Nevada should note hepatitis A vaccination is required in the state. Immunizations that were up to date in other states that do not require hepatitis A vaccination might not be current in Nevada. For a list of immunization requirements for school, visit Immunize Nevada's [School Vaccinations](#) page.

Parents vaccinating a child at a Health District clinic should bring immunization records. Parents who cannot locate immunization records should contact their health care provider. If their children were immunized in Nevada, parents can also visit Nevada WebIZ, a statewide immunization registry, at <https://izrecord.nv.gov/public/Application/PublicPortal> or call Nevada WebIZ at 1 (877) 689-3249. Non-custodial adults may accompany a child; however, written consent must be provided to the Health District from the parent or guardian at the time of service. Administrative fees and cost of vaccines may be applied depending upon insurance status.

The Health District accepts most insurance plans. Not all immunizations are covered by insurance. Contact the Health District's immunization clinic for information and current fee schedule at (702) 759-0850 or visit the Health District's [Back-to-School Vaccine Clinics](#) webpage.

Pop-up Produce Markets

The Health District’s Office of Chronic Disease Prevention and Health Promotion continues to partner with the Regional Transportation Commission of Southern Nevada (RTC) and the Veggie Buck Truck to schedule pop-up produce markets at the Bonneville Transit Center (BTC). Patrons pay about a dollar for a pound of fresh fruit or vegetables. The partnership is an effort to increase access to low-cost, healthy fresh fruit and vegetables. For more information, call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the [Get Healthy Clark County Farmers Markets](#) page.

The remaining schedule for this season’s pop-up produce markets is:

Bonneville Transit Center (BTC), 12:30 p.m. 101 E. Bonneville Ave., Las Vegas, NV 89101 Market will be open while supplies last	Southern Nevada Health District, 9 a.m. 280 S. Decatur Blvd., Las Vegas, NV 89107 Market will be open while supplies last
Wednesday, June 1	Wednesday, June 8
Wednesday, September 7	Wednesday, September 14
Wednesday, October 5	Wednesday, Oct. 12
Wednesday, November 2	Wednesday, November 9

Nutrition education and resources are available at the Southern Nevada Health District pop-up produce markets and the markets are open to everyone. Customers can use their Supplemental Nutritional Assistance Program (SNAP) benefits at the pop-up markets. People who use SNAP will be eligible for Double Up Food Bucks and earn a coupon they can apply to future produce purchases at participating locations. The Double Up Food Bucks program doubles the value of SNAP benefits, helping people to bring even more healthy food into their homes. Customers can use cash, debit, or credit cards.

For a list of local farmers markets, including those that accept EBT, SNAP and debit or credit cards, visit the [Get Healthy Clark County Farmers Markets](#) page.

Community Meetings

Week ending 04/24:

Weekly:

- Attended the White House IGA Weekly briefing

Ad-hoc Meetings:

- Participated in a meeting with members of BCHC on the Commission on National Public Health System
- Participated in the meeting of the Joint Interim Standing Committee on Health and Human Services
- Participated in the Nevada Primary Care Association Policy Committee meeting

Week ending 04/10:

Weekly:

- Attended the White House IGA Weekly briefing

Monthly:

- Participated in the BCHC Member meeting

Professional Development/Conferences:

- Attended the “Preparedness Summit” virtual sessions facilitated by NAACHO
- Participated in the NACHC Cohort Meeting

Ad-hoc Meetings:

- Participated in the HRSA Grant Programs Conference call
- Participated in an Advocacy Planning Call on 340b facilitated by the Nevada Primary Care Association

Week ending 04/03:

Weekly:

- Participated in the CDC COVID-19 All State, Tribal, Local, and Territorial Update call
- Attended the White House IGA Weekly briefing

Monthly:

- Participated in the Southern Nevada Community Health Center Governing Board meeting

Semi-Annual:

- Participated in the SNCTC Board of Governor’s Semi-Annual meeting

Media/Interviews/Panelist/Presenter:

- Interview with Rosana Romero (KLAV-AM/Planticando con Rosana) on the second COVID-19 booster

Professional Development/Conferences:

- Attended the “CME: New Laws Affecting Medical Practice in Nevada” webinar facilitated by the Clark County Medical Society
- Attended the “Overview for Parents and Caregiver: The COVID-19 Vaccine for Children and Youth with Special Health Care Needs including Children Living with Intellectual and Developmental Disabilities” webinar

- Attended the “Technology Now, Online Summit Exploring Healthcare Tech” webinar facilitated by Technology Now
- Attended the “COVID-19: What We Know Today – A Dialogue About the Public Health, Scientific, and Clinical Aspects of the Pandemic” webinar

Ad-hoc Meetings:

- Participated in a meeting with Kevin Dick and Bradley Mayer
- Attended the Launch of Genesis (Education for Tomorrow’s Healthcare) at the Roseman University College of Medicine
- Attended the City of North Las Vegas State of the City
- Participated in a meeting with representatives from DHHS and local health authorities on funding
- Participated in a meeting with representatives from DHHS and local health authorities on the SNHD Public Health Improvement Fund

MEMORANDUM



Date: May 26, 2022
To: Southern Nevada District Board of Health
From: Fermin Leguen, MD, MPH, *District Health Officer* FL
Subject: **Administration Division Monthly Report – April 2022**

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Executive Summary

In summary, all the departments continue to see an increase in activity and outreach. The Office of Communications issued 9 News Releases and responded to several media requests for interviews/statements from staff, mainly on the COVID-19, the Environmental Health fee increase, Las Vegas Aviators/Lights going smoke-free, Clark County Health Rankings, Pop-up produce markets, Flu season surveillance, and STD Awareness Week. The Finance Department noted that 4 grants expired, and 4 grants were awarded. As of April 1, 2022, the Health District had 738 active employees, with a total number of vacancies of 18.5 FTEs and a total number of positions in recruitment of 36 FTEs. The Human Resources Department arranged 97 interviews, extended 36 job offers and successfully completed 16 new hires.

Office of Communications

News Releases Disseminated:

- April 28, 2022: Health District names 2022 Public Health Heroes
- April 27, 2022: 2022 County Health Rankings Released
- April 22, 2022: Southern Nevada Health District recognizes National Infant Immunization Week, April 25-29
- April 20, 2022: Southern Nevada Health District COVID-19 Update
- April 19, 2022: April is Minority Health Month
- April 13, 2022: Southern Nevada Health District COVID-19 Update
- April 11, 2022: Health District commemorates STD Awareness Week, April 10-16
- April 8, 2022: UNLV to Become a Smoke-Free Campus this Fall
- April 6, 2022: Southern Nevada Health District COVID-19 Update

Press:

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

- COVID-19:
 - Second booster doses for adults
 - Booster doses for children aged 5-11
 - Transportation mask mandate remains in place/dropped
 - COVID weekly update data and metrics
 - Wastewater surveillance
 - Gauging personal risk
- Environmental Health fee increases
- Clark County Health Rankings
- STD Awareness Week/testing services
- National Transgender HIV Testing Day
- Veggie Buck Truck Pop Up Produce Market returns
- Flu season surveillance
- Las Vegas Aviators/Las Vegas Ballpark go smoke-free at home games
- UNLV to become a smoke-free campus
- Secret of Siam reopens
- National Infant Immunization Week
- State of Nevada opioid settlement funds
- Mental Health Initiative – 9-8-8 number
- Unidentified liver disease cases in children

More than 165 news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in April. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at

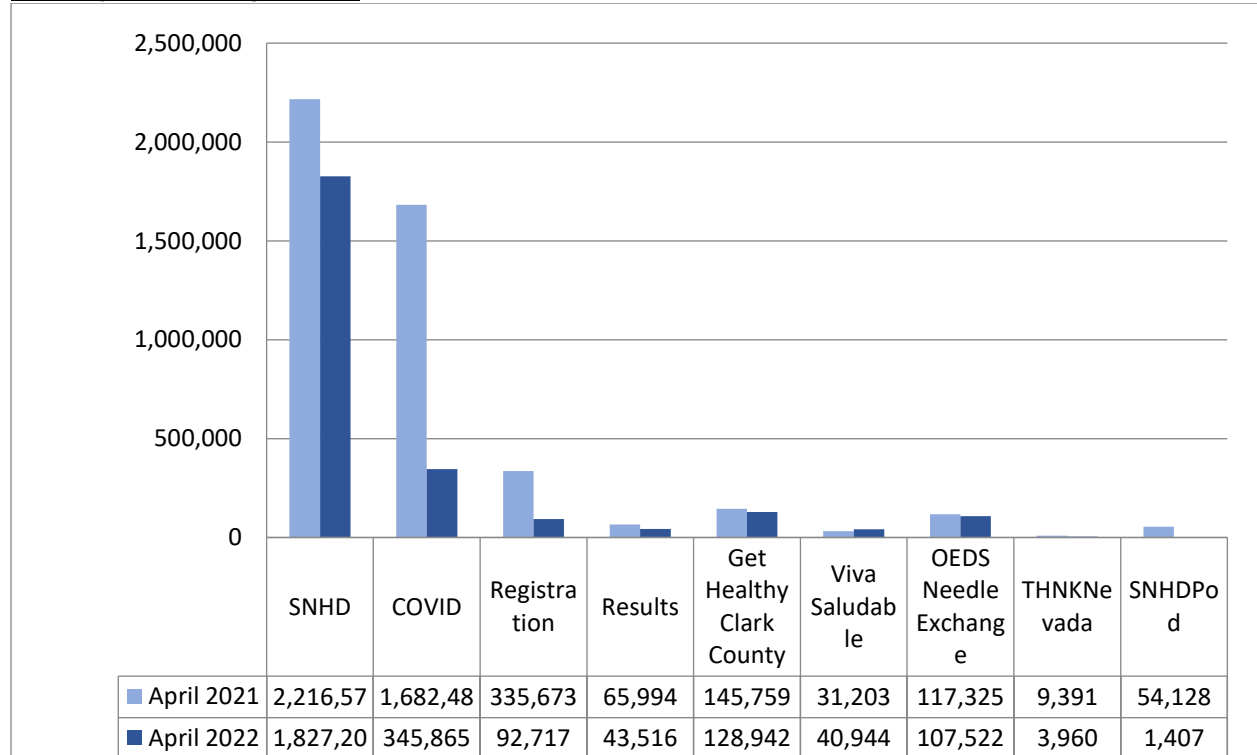
<https://www.southernnevadahealthdistrict.org/download/oc/202204-oc-media-report.pdf>

Media, Collateral and Community Outreach Services:

	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Media - Print Articles	205	64	↓	955	838	↑
Media - Broadcast stories	364	145	↓	1,390	2,203	↑
Collateral - Advertising/Marketing Products	67	77	↑	527	634	↑
Community Outreach - Total Volunteers ¹	3	6	↑			
Community Outreach - Volunteer Hours	196	576	↑	196	5,157	↑

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

Monthly Website Page Views:



Please see Appendix A for the following:

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

Contracts Administration

Period of Performance	Requests Received	Requests w/Expectations of Expedited Completion	% of Expedited Requests Received	Requests Processed
April 1 – 30, 2022	25	5	20%	54

Facilities

Monthly Work Orders	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Maintenance Responses	151	164	↑	1580	1526	↓
Electrical Work Orders	11	4	↓	98	93	↓
HVAC Work Orders	6	4	↓	122	55	↓
Plumbing Work Orders	11	10	↓	76	76	-
Preventive Maintenance	5	22	↑	146	201	↑
Security Responses	965	1450	↑	9515	12406	↑

Finance

Total Monthly Work Orders by Department	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Grants Pending – Pre Award*	10	0	↓	67	0	↑
Grants in Progress – Post Award**	17	18	↑	142	207	↑

* Grant application was created and submitted to agency

** Grant application was approved – is being routed for signature

Grants Expired – April 2022						
Project Name	Grantor	End Date	Amount	Reason	FTE	Comments
Adult Viral Hepatitis Prevention and Control (aduhep21)	P-CDC	4/30/2022	\$59,367	end of budget period	0.15	Received FY2022 renewal subgrant
Coronavirus Relief fund Eligibility Certification, CARES (elcvd_20)	P-CDC	4/22/2022	\$5,349,614	end of performance period	7.10	One-time subgrant
Las Vegas Environmental Sampling (envspl21)	P-DHS	4/30/2022	\$18,000	end of budget period	0.10	Renewal in progress
Tobacco Control Program (tob_21)	P-CDC	4/28/2022	\$534,900	end of budget period	0.78	Renewal in progress

Grants Awarded – April 2022							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Public Health Preparedness Program Carry Over (phpco_22)	P-CDC	4/7/2022	7/1/2021	6/30/2022	\$481,290	FY21 Carry Over in FY22 approval	0.00
Public Health Preparedness, Hospital Preparedness Program Carry	P-ASPR	4/7/2022	7/1/2021	6/30/2022	\$208,322	FY21 Carry Over in FY22 approval	0.00

Grants Awarded – April 2022							
Project Name	Grantor	Received	Start Date	End Date	Amount	Reason	FTE
Over (hppco_22)							
Epidemiology Laboratory Capacity Carry Over (elctco22)	P-CDC	4/7/2022	8/1/2021	7/31/2022	\$247,602	FY21 Carry Over in FY22 approval	0.00
Ryan White HIV/AIDS Program - Medical Case Management (rwb2cm22)	P-HRSA	4/15/2022	4/1/2022	3/31/2023	\$341,984	FY2022 Renewal	2.65

Human Resources

Employment/Recruitment:

- No new job titles for April
- 738 active employees as of April 29, 2022
- 16 New Hires, including 0 rehires and 0 reinstatements
- 8 Terminations, including 2 retirements
- 8 Promotions, including 4 Flex-reclass
- 8 Transfers
- 5 Demotions
- 40 Annual Increases
- 97 interviews
- 36 job offers extended
- 14 recruitments posted – Updating NEOGOV system
- Turnover rates
 - Administration: 3.65%
 - Community Health: 0.00%
 - Disease Surveillance & Control: 0.00%
 - Environmental Health: 1.23%
 - Primary & Preventive Care: 1.06%
- 46 Evaluations received and recorded in One Solution
- Total number of vacancies: 18.5 FTEs
- Total number of positions in recruitment: 36 FTEs

Temporary Employees

- 113 Temporary Staff
- 0 New Agency Temporary Staff Members
- 6 Agency Temporary Staff Member assignments terminated (3)/resigned (2)/converted to SNHD Employee (1)
- 82 temporary staff from MedaSource supporting the LVCC Vaccination Clinics
- 6 temporary staff from Maxim with 4 pending position open
- 20 temporary staff from Robert Half with 0 pending positions
- 1 temporary staff from Manpower with 0 positions on hold

Benefits

- 11 new hires started benefits
- 13 changes in benefits
 - 13 changes effective immediately
- 7 terminations from benefits
- Short term disability claims: 0
- 0 Flexible Spending Arrangements effective 4/1/2022
- Meetings presented for employees
 - Benefit Orientation: 6 attendees
 - Bereavement Meetings: 2
- COBRA Administration: 7
- COBRA QE Notices: 0
- Tuition Reimbursements: 12

FMLA

- FMLA LEAVE REQUESTS
 - New: 5
 - RTW: 1
- Conversations to discuss leave questions: 0
- Intermittent: 0 employees
- Block of FMLA leave: 5 employees
- Recertifications: 0 employees
- Denials: 0 employees

Worker's Compensation

- Claims: 2
- Incident Reports: 0

Retirements

- Withdrawals, rollovers, and purchase of service credit: 2
- Loans: 0
- Plan changes: 11
- New accounts: 9

Employee/Labor Relations

- 2 Verbal Warnings, 0 Written Warnings, 1 Suspensions, 0 Final Written Warnings, 0 Termination, 2 Probationary Releases
- 1 Grievance
- 3 Arbitrations
- 4 hours of Labor Meetings (with Union)
- 10 hours Investigatory Meetings
- 5 Investigations
- 8 hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Trainings/Meetings Attended by Staff:

- PRC Meeting
- NEOGOV Onboard Implementation Meetings
- NEOGOV Onboard Training
- Strategy/Training Meetings with Departments
- Job Fair Prep including Interest Card Instructional PDF

- Team Bi-weekly meetings
- HR Training with Aegis
- Team Monthly Meeting
- HRSA Audit Meetings with Randy
- Case Updates: Attorney Becky Bruch/Pool Pact
- Monthly JLMC Meeting
- SEIU Meetings
- Bi-weekly Recruitment/Position Control Meeting

Projects in Progress/Other items

- PSRW Planning
- 4/10 Project
- Recruitment Brochure
- Position Review Committee (PRC) – Ongoing
- FQHC Chief Operations Officer Onboarding
- Spring 2022 Leadership ADV Sessions
- Comp & Class Briefings/Implementation planning - Ongoing
- HRSA Site Visit Planning
- Personnel Code Planning/Revision/Update
- TPA FMLA/ADA Implementation
- HR Service Model
- HR Communication Updates
- NeoGov Training/Implementation
- Dyna File Implementation – Ongoing
- SEIU Collaboration/Proactive Sessions
- Privileging & Credential Implementation
- Seeking to Enhance HR Technology/Software
- Amending, creating new and current contracts
- Evaluate update background process
- Evaluate, review, update Onboarding
- Evaluate, review, update Orientation
- Evaluate, review, update Off-Boarding
- Set up and schedule Empower site visits
- Grievance Log and Official Complaints Report, Investigation Log for Leadership
- ER/LR Process Procedures

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

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

Clerical Activity (Amanda Shore, Brandi Miller, Mateo Frieria, and Rashida Alvarez)

- Admin Leave communication/upkeep
- Bilingual Process
- Mid-Cycle Pay Changes
- NEOGOV trainings and preparation

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

Other Clerical Activity

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

Information Technology

Service Requests	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Service Requests Completed	825	960	↑	7748	9389	↑
Service Requests Opened	830	971	↑	7843	9343	↑
Service Requests Open over 30 days	151	120	↓	1262	1130	↓

Information Services System Availability 24/7	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Total System	97.82	99.98	↑	97.82	99.96	↑

Total Monthly Work Orders by Department	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Administration	349	323	↓	2716	3413	↑
Community Health	151	254	↑	1985	2180	↑
Environmental Health	114	116	↑	1183	1129	↓
Clinical Services	211	267	↑	1864	2667	↑

First Call Resolution & Lock-Out Calls	Apr 2021	Apr 2022		YTD FY21	YTD FY22	
Total number of calls received	830	971	↑	7843	9343	↑
Number of first call resolutions	0	0	-	9	5	↓
Number of Lock-out calls	3	1	↓	84	17	↓

Organizational Development & Strategy Officer

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

- LMS (Learning Management System) deployment
 - Began engagement with contractor for system configuration
 - Planning a soft rollout by July 1st
 - Provide clear assignment, reporting, and completion of compliance and elective training
 - Combining more than 3 different training providers links and assignments in one place to include transcripts and progress reports
 - Finalizing the second online diabetes training for the public for CDPHP
- Quality Improvement/Performance Improvement
 - Overseeing QI training and implementation for the District
 - This is the first step to CQI (Continuous Quality Improvement) adoption by every area within the District.
- Finance/Accounting group
 - Completed assignment of evaluating processes spending over 700 hours cumulatively
 - Forwarded findings and recommendations to Dr. Leguen
 - Worked with Medical Billing and Business Group for training on Light Speed to accommodate handling of receipts
 - One OD employee contributing 30+ hours per week since March in Grant Management while recruiting for this full-time role
- FQHC Site Visit support
 - Collaborating on compliance training for the 69 staff members in this area
- SNPHL
 - Drafting Job Description revisions for Lab Staff
 - Align more closely with state and regional job titles
 - Clearly map job progression for increased promotion from within and lower turnover
- Drafting the next SNHD Strategic Plan
 - Estimated publication: 6/30/2022
 - Based on Management Steering Committee offsite session
 - Will drive

Appendix A – Office of Communications

Products Completed:

Newsletters:

- Barbershop Health Outreach Project’s Cutting-Edge March newsletter
- The Perspective: National Infant Immunization Week
- The Perspective: Problem Gambling
- Food Safety Partnership Meeting

Flyers, Postcards, Posters, Fact Sheets:

- Sexual Assault Awareness Month flyer
- Be SHOP blood pressure clinic poster update
- SNHD fact sheet
- SNCHC Growth Chart
- SNCHC Behavioral/Mental Health rack card
- Because We Matter step and repeat
- Because We Matter pull-up banners
- Because We Matter handout cards
- Because We Matter vaping brochure
- Job fair flyer
- L2A poster
- Heart Healthy Recipe booklet
- BWM No Menthol May handout cards
- Mobile Testing Unit postcard
- Health District After Dark flyer
- Ryan White: treatment room posters
- Because We Matter jazz fest banners
- Health equity training flyer template
- Shopping list: “Healthy Shopping”
- Flyers: Updated COVID-19 vaccine clinics
- Flyers: Back-to-school shots at COVID vaccine clinics
- Flyers: National Infant Immunization Week

Social Media:

- Graphics Sexual Assault Awareness Month flyer
- Graphics flu vaccine (8 total)
- Graphics National Infant Immunization Week
- Graphics National Haiku Day
- Graphic Don’t Wait to Vaccinate
- Photo Collage Pet Day
- Video Free Narcan and Fentanyl Test Strips
- BWM No Menthol May social graphics

Monitor graphics:

- National Infant Immunization Week
- Pop-up Produce

Sliders:

- For SNHD.info
 - National Infant Immunization Week
 - Pop-up Produce
 - County Health Rankings

Signs:

- Masks Required Beyond This Point

Photos:

- Slam Dunk Health Challenge - Earl ES winning class

Recordings:

- Voiceover for Limited English Proficiency training

Videos:

- “Permission to Dance” music video for International Dance Day

Advertising Placed:

- Southern Nevada Community Health Center ads for El Tiempo (4 total)
- Southern Nevada Community Health Center ads for Review-Journal (8 total)
- Las Vegas Kids Directory “Don’t Wait to Vaccinate”
- Henderson Pride Festival ad
- Because We Matter Juneteenth ads
- Fight The Bite campaign: bus shelters, bus ads

Social Media Summary:

- COVID 19 prevention, vaccine availability and general information

Website Updates/Postings:

- COVID site
 - daily aggregate reports, trends, and maps
 - weekly city reports
 - daily vaccine counts
 - weekly vaccine snapshots
 - new breakthrough case reports
 - updated testing and vaccine calendars as needed
- SNHD site
 - weekly flu surveillance reports
 - aquatic industry outreach meeting information and registration links
 - FR-CARA year 4 grant report (EMS section)
 - Establishment Update form (Aquatic Health section)
 - EH Fee Schedule adjustment business impact statement
 - modified language (Vital Records Declaration of Paternity page)
 - FDA oyster warning
 - Public Health Advisory Board member page
 - public health updates, advisories, and technical bulletins
 - Advisory: “Highly Pathogenic Avian Influenza A (H5N1)
 - TB: “Tuberculosis Rapid Detection DNA Tests, NAATs and PCRs”
 - TB: “Recommendations for Adenovirus Testing and Reporting of Children with Acute Hepatitis”
 - TB: “Bio Plex 2200 Syphilis Total & RPR Test Kit Recall”
- SNCHC site
 - Updated SNCHC by-laws
- GetHealthyClarkCounty.org
 - Added icon menu to tobacco section
- Public Notices
 - RFP: Overdose Data to Action Custom Van
 - Environmental Health BIS update
 - Trauma regulations
 - Aquatic Establishment Update form
- News releases postings
 - “Health District names 2022 Public Health Heroes”
 - COVID-19 Update
 - “2022 County Health Rankings Released”

- “SNHD recognizes National Infant Immunization Week, April 25-29”
- COVID-19 Update
- “April is Minority Health Month”
- COVID-19 Update
- “Health District commemorates STD Awareness Week, April 10-16”
- “UNLV to become a smoke-free campus this fall”
- COVID-19 Update
- WebEx recordings
 - Public Health Advisory Board - April recording
 - Board of Health
 - SNCHC Governing
- Meeting agendas
 - SWMA April agenda
 - RTAB - April meeting agenda
 - RTAB - April nominating committee meeting agenda
 - SNCHC Finance & Audit Committee
 - Quality, Credentialing & Risk Management Committee
 - SNCHC Governing Board
 - BOH
 - Finance Committee
 - Special Board of Health Meeting
 - HPPG Meeting
 - SWMA Hearing
- Approved meeting minutes
 - Public Health Advisory Board - Jan approved minutes
 - Board of Health - April 28th - Minutes (draft)
 - EMS meeting minutes March 2022
 - SNCHC Finance & Audit Committee

Translation Services:

- April 01,2022: Diabetes Radio Spot
- April 04,2022: COVID-19 Vaccines for People Who Are Moderately or Severely Immunocompromised social media posts
- April 04,2022: SNHD COVID-19 Homebound Vaccination Questionnaire
- April 04,2022: Survey Administration Script-ICS
- April 05,2022: Who should get tested for COVID-19 social media posts
- April 05,2022: “Color Your Plate” coloring book
- April 07,2022: Mobile Testing Unit Rapid Testing for HIV, Syphilis and Hepatitis C
- April 07,2022: Immunization script
- April 12,2022: Behavioral Health rack card
- April 13,2022: Who is eligible to receive antivirals/COVID social media
- April 13,2022: Veggie Buck Truck Additional Participating Double Up Food Bucks Locations Flyer
- April 20,2022: Farmers Market script for radio/TV spots
- April 21,2022: Fight the Bite Media campaign
- April 25, 2022: DNA Day and Vax facts social media posts
- April 25,2022: Southern Nevada Community Health Center Sliding Fee Discount Program Survey
- April 26, 2022: High Blood Pressure social media posts
- April 29,2022: COVID- Low Community Level social media posts

Community Outreach:

- April 4, 2022: 300 flyers clinic distributed to Outreach Mi Familia Vota
- April 5, 2022: 400 flyers clinic distributed to ZIP code 89108
- April 13, 2022: 500 flyers clinic distributed to ZIP code 89119
- April 14, 2022: 500 flyers clinic distributed to ZIP code 89015
- April 19, 2022: Governors Resource Fair
- April 20, 2022: 200 flyers Mi Familia Vota
- April 22, 2022: 200 flyers Mountain View Hospital, Centennial Library and YMCA
- April 28, 2022: 500 flyers clinic distributed to ZIP code 89101

Community/ Partner Meetings and Events of Note:

- April 27, 2022: ICS Planning Meeting
- April 27, 2022: County Health Rankings
- April 27, 2022: CDC/NPHIC Monthly Communication call
- April 26, 2022: FQHC Monthly Update meeting
- April 25, 2022: SNHD Command & General staff/tactics meeting
- April 21, 2022: CVDIS/CDC Monthly meeting
- April 21, 2022: RTC/AB343 Website Logistics meeting
- April 20, 2022: SNHD Media Training
- April 19, 2022: OT21-2103 Performance Measures and Work Plan Analysis Webinar
- April 18, 2022: Nevada State Immunization Program/ImmunizeNV/SNHD Vaccine Messaging meeting
- April 14, 2022: Arm in Arm monthly lunch
- April 14, 2022: SNHD/State Health Equity meeting
- April 13, 2022: ICS Planning meeting
- April 11, 2022: CDC update call
- April 11, 2022: SNHD Command & General staff/tactics meeting
- April 8, 2022: Big Cities Health Coalition Monthly Meeting
- April 7, 2022: NV Health Response update call
- April 7, 2022: CDC update call
- April 5, 2022: SNHD Weekly Microplanning Meeting

Social Media Services		Apr 2021	Apr 2022		YTD FY21	YTD FY22
*Facebook SNHD	Likes/ Followers	10,129	12,918	↑	10,129	12,918
*Facebook GHCC	Likes/ Followers	6,158	6,162	↑	6,158	6,162
*Facebook SHC	Likes/ Followers	1,665	1,685	↑	1,665	1,685
*Facebook THINK/UseCondomSense	Likes/ Followers	5,635	5,556	↓	5,635	5,556
*Facebook SNHD THINK Project	Likes/ Followers	48	47	↓	48	47
*Facebook Food Safety	Likes/ Followers	60	114	↑	60	114
*Instagram SNHD	Followers	3,248	3,785	↑	3,248	3,785
*Instagram Food Safety	Followers	499	525	↑	499	525

*Twitter EZ2Stop	Followers	425	432	↑	425	432
*Twitter SNHDflu	Followers	1,830	1,912	↑	1,830	1,912
*Twitter Food Safety	Followers	89	95	↑	89	95
*Twitter GetHealthyCC	Followers	348	340	↓	348	340
*Twitter SNHDinfo	Followers	9,750	10,363	↑	9,750	10,363
*Twitter TuSNHD	Followers	320	337	↑	320	337
*Twitter THNK/ UseCondomSense	Followers	730	716	↓	730	716
*Twitter SoNVTraumaSyst	Followers	131	130	↓	131	130
YouTube SNHD	Views	74,293	48,399	↓	322,706	734,285
YouTube THNK/UseCondomSense	Views	442	415	↓	3,985	3,154

*Facebook, Instagram and Twitter numbers are not cumulative.

Appendix B – Finance – Payroll Earnings Summary – April 2 to 15, 2022

PAYROLL EARNINGS SUMMARY
April 2, 2022 to April 15, 2022

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2022	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 313,870.82	\$ 2,836,443.89	\$ 7,491,514.07	\$ 8,009,554.00	94%	
ENVIRONMENTAL HEALTH	\$ 497,581.05	\$ 4,122,406.67	\$ 10,637,767.81	\$ 12,655,509.00	84%	
COMMUNITY HEALTH	\$ 315,728.53	\$ 2,537,460.82	\$ 6,527,426.25	\$ 8,113,247.00	80%	
DISEASE SURVEILLANCE & CONTROL	\$ 355,649.22	\$ 2,841,053.90	\$ 7,496,978.96	\$ 11,119,452.00	67%	
FQHC	\$ 180,410.09	\$ 1,304,798.68	\$ 3,345,078.37	\$ 5,027,720.00	67%	
ADMINISTRATION W/O ICS-COVID	\$ 357,525.55	\$ 3,046,014.40	\$ 8,593,572.86	\$ 9,426,684.00	91%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ 107,525.82	\$ -		
TOTAL	\$ 2,020,765.26	\$ 16,688,178.36	\$ 44,199,864.14	\$ 54,352,166.00	81%	81%
FTE	735					
Regular Pay	\$ 1,743,842.66	\$ 13,546,119.33	\$ 34,467,725.51			
Training	\$ 7,500.22	\$ 41,310.61	\$ 143,204.81			
Final Payouts	\$ -	\$ 341,379.60	\$ 592,522.57			
OT Pay	\$ 11,691.68	\$ 130,272.26	\$ 677,754.70			
Leave Pay	\$ 237,307.14	\$ 2,420,518.37	\$ 6,886,219.89			
Other Earnings	\$ 20,423.56	\$ 208,578.19	\$ 1,432,436.66			
TOTAL	\$ 2,020,765.26	\$ 16,688,178.36	\$ 44,199,864.14			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
April 2, 2022 to April 15, 2022

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
GILLIAM, TINA		2.00	104.34	ANDRADE, JESSICA N	0.38	7.44
GO, JOEL F		10.00	302.62			
HARP, ELIU B		6.00	178.47			
MARTINEZ, YOLANDA		6.00	178.47			
NESZMERY, MICHAEL		3.00	156.51			
RUIZ, GEORGE		2.50	96.08			
BOJORQUEZ, IBETH		3.00	169.11			
GALAVIZ, MONICA		9.50	549.48			
MCKNIGHT, ANTOINETTE		1.25	60.39			
DE LISLE, CHRISTOPHER		1.00	41.52			
HIDROSOLLO, DARYL		2.00	101.73			
YUMUL, JOSEPH Y		2.00	115.68			
Total Administration		48.25	2054.40		0.38	7.44

COMMUNITY HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
MEE, CHRISTINA L		3.50	187.32			
Total Community Health		3.50	187.32		0.00	0.00

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
ENZENAUER, LIZETTE	IMMCD_21	3.00	148.82	AVALOS, MAYRA L	6.38	147.45
ARQUETTE, JOCELYN M	IMMCD_21	7.00	471.77	DELARMENTE, JOANNAH	0.38	13.38
ATENCIO, TONIA	IMMCD_21	4.00	109.92	DIAZ, MICHELLE I	1.50	35.55
AYALA, JACQUELINE	IMMCD_21	3.00	82.44	WOODS, ROSANNA	1.50	64.04
BATACLAN, MARIA	IMMCD_21	3.00	91.53	ELLIS, REGENA M	0.75	32.02
NAGAI, SAGE	IMMCD_21	0.50	24.16	VILLANUEVA, MICHELLE	4.50	192.11
PETERSON, HOLLY	IMMCD_21	3.00	144.95			
ANDRADE, DAYSI	FP_22	0.25	7.63			
AVALOS, MAYRA L	FP_22	0.50	17.35			
DELARMENTE, JOANNAH	FP_22	0.00	0.00			
DIAZ, MICHELLE I	FP_22	0.00	0.00			
PANGANIBAN, SHEILA	FP_22	1.00	64.04			
RODRIGUEZ, SANDY	FP_22	1.00	30.51			
VILLALOBOS, YOLANDA	FPNV_22	7.00	242.87			
WOODS, ROSANNA	FP_22	0.00	0.00			
JOHNSON, JESSICA L	IMMFLU21	1.00	62.45			
POWELL, TASHEKA C	IMMFLU21	1.00	59.27			
QUIBA, CAREN B	IMMFLU21	1.00	53.52			
ROSSI BOUDREAU THIB, LESTER A	IMMFLU21	1.00	42.56			
CUSTODIO, VRENELI		1.25	62.01			
DEL ROSARIO, EDNA		22.25	832.71			
GONZALEZ, AZENA		2.75	90.63			
MORALA, DENNIS		0.50	24.80			
D'COSTA, TERESA K		2.00	109.95			
GUTIERREZ, SHEILA T		5.50	286.94			
ANDERSON, RENITA		18.25	601.43			
DOMINGUEZ, LILIANA	HCVD4_21	1.75	65.49			
FAJARDO, CLAUDETTE	HCNAP_22	2.75	95.41			
MEDINA, VALERIA		0.75	24.06			
MORENO, LAURA J	HCVD4_21	2.50	78.34			
OREA-VALENCIA, MIRELLY		5.00	177.75			
QUIROZ, PATRICIA		1.50	52.04			
Total Primary & Preventative Care		104.00	4155.35		15.00	484.54

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BUCHER, BRADON		9.00	363.96	CALZADO, NEIL	1.13	29.54
CUMMINS, VERONICA J		2.00	89.58	FENG, YUZHEN	12.38	419.64
KAPLAN, KRISTOPHER		3.50	160.70	HINSEN, JUSTIN B	2.25	70.74
PARANGAN, CHRISTOPHER D		1.00	47.16	LIZON, ANDREW	2.25	59.09
PIAR, DIANE M		9.75	536.01	MCCANN, ALEXANDRA	1.88	49.24
RICH, VICTORIA		0.75	37.20	MICHEL, GUILLERMO	1.88	49.24
SANDERS, JENNIFER C		7.75	329.80	RAMAKRISHNAN, VEENA	8.25	279.76
SHARIF, RABEA		3.50	187.32	REYES, ABEGAIL	12.38	333.63
SHEFFER, THANH V		11.50	632.21	SABANDITH, VETAHYA	1.88	49.24
WILLS, JERRY A		3.00	127.67	THEIN, KELSEY	2.63	68.93
GRIGGS, ZACHARY		1.75	68.93	WELLS, JORDAN	1.50	39.39
KARNS, ALFRED J		0.50	30.43	WHITING, WILLANDRA C	6.75	240.84
DIAZ, NATHAN J		5.50	325.96			
COOPER, MARY J		9.00	383.00			
LUTHER, JENNIFER		2.75	108.32			
Total Environmental Health		71.25	3428.25		55.13	1689.27

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
DHILLON, KARNJIT S	EL2DS_20	1.00	37.43	FUQUA, MATTHEW	12.00	332.16
BOWERS, JENNIFER D		3.00	202.19	ROSSI BOUDREAU THIB, DUSTIN M	10.50	404.88
CASTRO, JANET V	HIVPRV22	5.00	207.60			
CONSTANTIN, MELISSA		3.50	224.12			
EDDLEMAN, TABATHA M		5.50	279.76			
EWING, TABITHA L	HIVPRV22	5.50	279.76			
FUQUA, MATTHEW	HIVPRV22	0.00	0.00			
HERRERA, REYNA A	HIVPRV22	5.50	272.83			
MARTINEZ SAINZ, JOSE R	HIVPRV22	1.00	38.43			
MCINTYRE, ERIC	HIVPRV22	4.50	234.77			
PEREZ, MELANIE J		0.50	25.43			
ROSSI BOUDREAU THIB, DUSTIN M	ADUHEP21	0.00	0.00			
QIU SHULTZ, ZUWEN		1.00	64.04			
Total Disease Surveillance & Control		36.00	1866.36		22.50	737.04
Combined Total		263.00	11691.68		93.00	2918.28

Appendix C – Finance – Payroll Earnings Summary – April 16 to 29, 2022

PAYROLL EARNINGS SUMMARY
April 16, 2022 to April 29, 2022

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2022	Actual to Budget	Incurred Pay Dates to Annual
PRIMARY & PREVENTATIVE CARE	\$ 316,684.66	\$ 3,153,128.55	\$ 7,808,198.73	\$ 8,009,554.00	97%	
ENVIRONMENTAL HEALTH	\$ 497,013.00	\$ 4,621,112.22	\$ 11,136,473.36	\$ 12,655,509.00	88%	
COMMUNITY HEALTH	\$ 330,036.22	\$ 2,867,497.04	\$ 6,857,462.47	\$ 8,113,247.00	85%	
DISEASE SURVEILLANCE & CONTROL	\$ 361,227.92	\$ 3,208,497.23	\$ 7,864,422.29	\$ 11,119,452.00	71%	
FQHC	\$ 178,187.41	\$ 1,482,986.09	\$ 3,523,265.78	\$ 5,027,720.00	70%	
ADMINISTRATION W/O ICS-COVID	\$ 363,986.09	\$ 3,414,720.90	\$ 8,962,279.36	\$ 9,426,684.00	95%	
ICS-COVID General Fund	\$ -	\$ -	\$ -	\$ -	0%	
ICS-COVID Grant Fund	\$ -	\$ -	\$ 107,525.82	\$ -		
TOTAL	\$ 2,047,135.30	\$ 18,747,942.03	\$ 46,259,627.81	\$ 54,352,166.00	85%	85%
FTE	738					
Regular Pay	\$ 1,809,506.82	\$ 15,360,504.75	\$ 36,282,110.93			
Training	\$ 7,995.70	\$ 49,306.31	\$ 151,200.51			
Final Payouts	\$ -	\$ 348,773.17	\$ 599,916.14			
OT Pay	\$ 23,351.32	\$ 153,623.58	\$ 701,106.02			
Leave Pay	\$ 181,977.29	\$ 2,602,851.86	\$ 7,068,553.38			
Other Earnings	\$ 24,304.17	\$ 232,882.36	\$ 1,456,740.83			
TOTAL	\$ 2,047,135.30	\$ 18,747,942.03	\$ 46,259,627.81			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
April 16, 2022 to April 29, 2022

Overtime Hours and Amounts

Comp Time Hours Earned and Value

ADMINISTRATION						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
FISHER, BRANDYN		1.00	29.75			
GO, JOEL F		10.50	329.02			
GOMEZ, ESTEBAN		5.50	155.51			
HARP, ELIU B		6.00	178.47			
RUIZ, GEORGE		4.00	153.72			
THEDE, STACY		0.25	7.07			
BOJORQUEZ, IBETH		2.50	140.93			
DUNN, STEPHANIE L		2.50	103.80			
KEEGAN, DAHLIA J		10.00	471.60			
YUMUL, JOSEPH Y		9.50	549.48			
Total Administration		51.75	2119.35		0.00	0.00
COMMUNITY HEALTH						
<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
				MUNFORD, ELIZABETH	2.25	70.74
				RAMAN, DEVIN C	1.88	84.24
Total Community Health		0.00	0.00		4.13	154.98

PRIMARY & PREVENTIVE CARE

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
ARQUETTE, JOCELYN M	IMMCD_21	1.25	84.24	HODGE, VICTORIA	0.75	21.83
AVALOS, MAYRA L	FP_22	8.25	286.23	ROSSI BOUDREAU THIB, LESTER A	0.38	10.64
RODRIGUEZ, SANDY		8.50	259.34	D'COSTA, TERESA K	3.00	109.95
VALDES AYALA, BEATRIZ	FPNV_22	1.00	33.78	ELLIS, REGENA M	1.13	48.03
VILLALOBOS, YOLANDA	FPNV_22	8.50	294.91	GUTIERREZ, SHEILA T	12.75	443.45
BRANTNER, LONITA A		0.50	21.28	THARAYANI, SIBYL	4.50	177.80
CHONGTAI, LORIZA R		0.50	35.48	MENDOZA, MARIA	11.25	372.04
MACIEL PEREZ, MARISOL	IMMEQ_21	0.50	22.40			
NGUYEN, NORRIS M		0.50	27.49			
CUSTODIO, VRENELI		0.50	24.80			
DEL ROSARIO, EDNA		20.50	767.21			
MORALA, DENNIS		0.50	24.80			
PEREZ, JOSE A		0.25	8.67			
CRUZ, STACY		0.25	8.45			
GUTIERREZ, SHEILA T		2.00	104.34			
VILLANUEVA, MICHELLE		1.00	64.04			
ANDERSON, RENITA		16.25	535.52			
DOMINGUEZ, LILIANA	HCVD4_21	1.50	56.14			
FAJARDO, CLAUDETTE	HCNAP_22	3.25	112.76			
LEE, MIRIAM	HCVD4_21	6.00	297.63			
MEDINA, VALERIA	HCNAP_22	0.50	16.04			
MENDOZA, MARIA	HCVD4_21	0.00	0.00			
MORENO, LAURA J	HCVD4_21	13.00	407.36			
OREA-VALENCIA, MIRELLY		9.50	337.73			
VARA, KARINA E	HCVD4_21	5.75	184.49			
LOYSAGA, JENNIFER		0.50	13.74			
SOY, RONNY C	RWB2CM22	1.00	70.97			
Total Primary & Preventative Care		111.75	4099.84		33.75	1183.72

ENVIRONMENTAL HEALTH

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BILLINGS, JACOB T		3.50	218.56	BLACKARD, BRITTANIE	9.00	255.33
CUMMINS, VERONICA J		2.75	123.17	BUCHER, BRADON	5.25	141.54
DARANG, CHASE		5.00	202.20	CALZADO, NEIL	0.75	19.70
KNOWLES, MIKKI M		4.50	266.69	DIAZ-ONTIVEROS, LUZ	10.13	272.97
LETT, KENDRA A		16.75	873.85	FENG, YUZHEN	3.75	127.16
MARTUCCI, GRACIELA I		1.00	60.86	GUZMAN, MICHELLE D	6.38	251.88
PARANGAN, CHRISTOPHER D		3.00	141.48	LIZON, ANDREW	1.88	49.24
PIAR, DIANE M		8.25	453.54	MCCANN, ALEXANDRA	6.38	167.41
REYES, ABEGAIL		6.50	262.86	ROBINSON, GARY P	8.25	318.12
RICH, VICTORIA		7.25	371.82	SANDERS, JENNIFER C	8.63	244.69
SANDERS, JENNIFER C		7.00	297.89	SHARIF, RABEA	6.38	227.46
SHARIF, RABEA		11.00	588.72	SOUTHAM, JACLYN	9.38	265.97
SHEFFER, THANH V		8.00	439.80	THOMPSON, WILLIAM B	9.00	305.19
VALADEZ, ALEXIS	FDILL_22	0.00	0.00	VALADEZ, ALEXIS	4.13	111.21
NAVARRETE, GEORGE		0.50	33.70	WELCH, BRENDA H	1.88	84.24
GRIGGS, ZACHARY		0.50	19.70	WELLS, JORDAN	1.13	29.54
MERRIWEATHER, DANTE L		4.00	269.58	GOODSELL, MICHELLE	4.13	162.98
PARK, JAMES B		0.25	11.48	LANE, SUSAN T	4.13	167.35
WOODS, HEATHER A		3.50	182.60	SAKAMURA LOW, MIKI K	3.00	121.71
KARNS, ALFRED J		0.75	45.64			
COOPER, MARY J		4.00	170.22			
LUTHER, JENNIFER		1.00	39.39			
Total Environmental Health		99.00	5073.75		103.50	3323.69

DISEASE SURVEILLANCE & CONTROL

<u>Employee</u>	<u>Project/Grant Charged to</u>	<u>Hours</u>	<u>Amount</u>	<u>Employee</u>	<u>Hours</u>	<u>Value</u>
BALTAZAR, JOSEPHINE G	EL2DS_20	18.00	624.51	DIGOREGORIO, AMANDA L	6.00	166.08
BURGESS, ANNA M	EL2DS_20	20.00	730.50			
BUSTINZA, JONATHAN N	EL2DS_20	20.00	693.90			
CABINTE, SERAFINO	EL2DS_20	10.00	365.25			
DHILLON, KARNJIT S	EL2DS_20	5.50	205.84			
DIETZ, JESSICA	EL2DS_20	9.50	355.54			
FENIMORE, VINCENT	EL2DS_20	13.75	502.22			
GIANG, KHANG B	EL2DS_20	12.00	416.34			
GORDON, SANDRA	EL2DS_20	20.00	730.50			
GRIFFIN, ROBERTO G	EL2DS_20	20.00	730.50			
JONES, BREANNA K	EL2DS_20	15.00	520.43			
JONES, BRIAN S	EL2DS_20	15.00	520.43			
LAM, HOU KEI	EL2DS_20	20.00	730.50			
NJOKU, CHIDERA	EL2DS_20	10.00	346.95			
PAMAN-LOBO, EPIFANIA	EL2DS_20	20.00	730.50			
RAMAN, DEVIN C	PHEPR22	0.00	0.00			
RANGEL DE OLIVEIRA, AUDREY	EL2DS_20	20.00	693.90			
SMITH DENT, MARNITA	EL2DS_20	18.50	872.46			
STINES, AMY	EL2DS_20	10.00	346.95			
TATE, TIFFANY	EL2DS_20	6.00	208.17			
VIOTE, ANGELES	EL2DS_20	10.00	365.25			
WEISSENBURGER, BRIAN J	EL2DS_20	6.00	219.15			
BURGESS, GLENN J	HIVPRV22	7.00	275.73			
CONSTANTIN, MELISSA	TBSURV22	2.50	160.09			
DIGOREGORIO, AMANDA L	HIVPRV22	2.50	103.80			
DONNELL, JESSICA M	TBSURV22	2.50	133.80			
MONTGOMERY, JOSHUA M	HIVPRV22	8.00	439.80			
ASHRAF, BENJAMIN	IMMCD_21	0.75	35.37			
Total Disease Surveillance & Control		322.50	12058.38		6.00	166.08
Combined Total		585.00	23351.32		147.38	4828.47



Memorandum

Date: May 6, 2022

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – April 2022

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

A. Chronic Disease Prevention Program (CDPP)

CDPP staff kicked off the Faithful Families nutrition and physical activity program at 2 places of faith serving the Latinx community. These places of faith have also implemented the Supporting Wellness at Pantries (SWAP) program. Faithful Families classes are taught in Spanish by CDPP staff and trained promotoras. One place of faith completed the Faithful Families program in March. On average, 33 attended each Faithful Families class. Post-class assessment and evaluation is being conducted. Classes at the second place of faith will wrap up in April. The Faithful Families program supports other policy, systems, and environmental change (PSE) work happening at the place of faith as well as the SWAP program.

CDPP staff facilitated an in-person Diabetes Self-Management, Education & Support (DSMES) class at SNHD in March. Five people attended and completed the class.

The CDPP sponsors the CCSD Safe Routes to School Program including the Walk and Roll program at local elementary and middle schools. The spring Walk and Roll program wrapped up in March with over 200 bike helmets being distributed. Planning is underway for Nevada Moves Week activities in May.

The CDPP CHW participated in 3 community events in March at Nevada Partners and Seigel Suites to promote CDPP program and connect the community to available resources. Over 1,700 materials were distributed. In addition, the CHW visited 21 locations including libraries, senior centers, housing complexes, etc. that serve our priority populations to help build community partnerships and share community resources related to chronic disease prevention.

B. Tobacco Control Program (TCP)

In March 2022, staff worked with the Las Vegas Aviators, the city's professional Triple-A baseball team of the Pacific Coast League (PCL) and affiliate of the Oakland Athletics, to declare the Las Vegas Ball Park a smoke-free facility. The new policy prohibits the use of all smoke and tobacco products, including cigarettes, chewing tobacco, e-cigarettes (including Juul) and all vapes on Ballpark property. The ballpark has a 10,000-seat capacity. Signage will be posted at all entrances of the Las Vegas Ballpark, and fans can expect to see educational messaging to be shared throughout Aviators' games all year. The policy took effect on opening day April 5, 2022.

Staff continues to update and distribute educational materials on flavored tobacco products at strategic locations and events. This month staff finalized the Spanish translated Attracting Addiction brochure. This culturally and linguistically competent resource will inform the Latinx community about flavored tobacco products, policies, and e-cigarettes. Staff shared translated files with the Washoe County Health District and Carson City Health and Human Services for state partner review and approval. Staff and media partners continue to maintain and update the statewide flavoring website (AttractingAddictionNV.com). The website uses Nevada-specific data to provide information on flavored tobacco products, including menthol, suggested policy changes, and cessation and prevention resources to raise awareness and reduce sales of tobacco-related flavored products.

This month, 9 businesses implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance including signage and model policy recommendations.

C. Other Efforts

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

1. Findings from 2 focus groups with African American young adults are being analyzed and will supplement the COVID-19 and Flu Vaccination Survey findings to better understand disparities in vaccine uptake among Hispanic/Latinx and African American/Black young adults who are not yet vaccinated or have received a COVID-19 vaccine within the past three months. Plans for a focus group with Hispanic/Latinx young adults are currently being developed.
2. Seventy-two community-level spokespersons were educated or trained by SNHD staff and contractors in March. To date, 209 community-level spokespersons have been trained.
3. Staff and contractors participated in 1 community event to distribute information and promote vaccination in March reaching 120 people. To date, 52 events have occurred serving 9,756 people.
4. Eleven pop up vaccine clinics were offered in March vaccinating 187 people for COVID-19 and 43 people for flu. A total of 4,829 individuals have been vaccinated to date through these efforts.

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

A. Drug/Device/Protocol Committee (DDP)

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

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

B. 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 elected a new Vice Chair. They also continued their discussion of the education component for the SNHD Paramedic Mentorship/Internship Program.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

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

D. Regional Trauma Advisory Board (RTAB) Member Nominating Committee

The RTAB Member Nominating Committee is a committee that consists of RTAB standing members with the purpose of reviewing nominations for non-standing members to serve a two-year term and make their recommendations to the RTAB.

The RTAB Member Nominating Committee met to discuss and vote on new members to fill the following expiring seats on 4/20/2022: 1) General Public; 2) Health Education and Prevention Services; 3) Legislative/Advocacy; 4) Payers of Medical Benefits for Victims of Trauma; 5) Public Relations/Media; and 6) Private Franchised Providers of Advanced Emergency Care

E. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Board:

1. Approved the new non-standing selected for the July 2022–June 2024 term.
2. Heard a committee report from the February 2020 Southern Nevada Injury Prevention Partnership (SNIPP).
3. Reviewed and discussed the trauma transport data for 4th quarter 2021.
4. Approved the application submitted by UMC for renewal of authorization as a Level I Trauma Center and Level II Pediatric Trauma Center.
5. Discussed the proposed revisions to the Clark County Trauma System Regulations. They will meet again in May for further review.

F. Clark County Trauma Transport Data (07/01/2021 to 12/31/2021)

Total Transports	Step 1	Step 2	Step 3	Step 4	Discharged	Admitted	OR	ICU	Death	Transfer
7149	5%	7%	34%	54%	57%	28%	4%	9%	1%	1%
Out of Area (OOA) Transports										
837	12%									

Prepared by the Office of Emergency Medical Services & Trauma System and Office of Informatics

Notes:

1. Out of Area Transports does not include non-trauma hospitals.
2. Out of Area defines compliance with EMS catchment zones. All EMS transports are protocol identified trauma patients delivered to a trauma center outside of their designated catchment zone.
3. Out of Area review threshold is 5% as was established by the Regional Trauma Advisory Board (RTAB). All data is reviewed by the RTAB on a quarterly basis. Current Out of Area overage is being evaluated by the RTAB as an ongoing perspective review of data.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

April EMS Statistics	April 2021	April 2022	
Total Certificates Issued	61	81	↑
New Licenses Issued	59	70	↑
Renewal Licenses Issued (recert only)	2	0	↓
Driver Only	14	17	↑
Active Certifications: EMT	891	778	↓
Active Certifications: Advanced EMT	1700	1630	↓
Active Certifications: Paramedic	1832	1806	↓
Active Certifications: RN	64	58	↓

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff continue to assist the Health District and the community in responding to the COVID-19 pandemic. Many staff remain in SNHD activated ICS.
2. Staff continue to host and attend community meetings virtually with community and hospital partners.
3. Staff are working with internal staff who have been responding to the COVID-19 response as well as external partners to develop an interim action report for SNHD and the region.
4. OPHP staff continues to assist with distribution of home testing kits and providing to community-based organizations serving at-risk and vulnerable populations to COVID-19.
5. OPHP staff attended the NACCHO Preparedness Summit April 4–7, 2022. Staff presented on After Action Reporting and the Power of Partnerships.
6. OPHP is continuing to work with the County and the SNHD contractor to develop the regional and SNHD COVID-19 After Action Report.
7. OPHP staff is working with the County to develop the Multi-Jurisdictional Hazard Mitigation Plan which had their kickoff meeting on April 18, 2022.
8. OPHP staff supported the County Multiagency Coordination Center for the NFL Draft

B. PH Training and PH Workforce Development

1. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID-19 response and training needs
2. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing, 13 fit tests completed.

C. Hospital Preparedness Program (HPP)

1. 07 APR – HPP Liaison, as Chair of the Southern Nevada Healthcare Preparedness Coalition hosted the monthly healthcare coalition meeting providing updates to the partners on training, exercises, change of location for future meetings, and receiving partner updates during the meeting.
2. 11 – 15 APR – HPP Liaison attended the National Emergency Training Center E0133 Course: Conduct, Exercise Evaluation, and Improvement Planning in completion of the didactic portion of the Master Exercise Practitioners Program. Capstone exercise to be completed during the next budget period
3. 19 – 20 APR – HPP Liaison hosted the Pediatric Disaster Response and Emergency Preparedness Course provided by Texas A&M Engineering Extension Services (TEEX). Members of the community in healthcare, EMS, and Emergency Management attended the two-day event.
4. 25 APR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Command and General Staff meeting followed by the Tactics Meeting. These meetings discussed next week's operational period resource needs and to coordinate support to the Incident Action Plan.

5. 27 APR – HPP Liaison, as the Deputy Planning Section Chief, attended the consolidated Planning Meeting and Operational Period Brief discussing the next two-week operational period.

D. Grants and Administration

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

E. Medical Reserve Corps (MRC) of Southern Nevada

MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID-19 response.

In March, medical volunteers continue to support the COVID-19 vaccination community outreach sites as vaccinators. One volunteer assisted at the SNPHL with test kit assembly and specimen accessioning. Total “accepted” volunteers stand at about 570. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers and participates in COVID-19 planning and operations meetings as available. MRC also attended monthly NACCHO MRC Workgroup and PPAG meetings. The table below summarizes volunteer hours served in the third quarter of this fiscal year.

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

(Economic impact rates updated July 2021)

Activity	January	February	March
SNHD COVID-19 CLINIC	22.75	23.25	0
SNHD COVID-19 VAX OUTREACH	0	0	10.5
SNPHL	2.25	4.25	2
Hospital Support	101.75	31	0
Total Hours	126.75	58.5	12.5
Economic Impact	\$4,927.96	\$2,998.06	\$349.61

IV. VITAL RECORDS

A. Vital Statistics

April 2022 showed an 11% decrease in birth certificate sales in comparison to April 2021. Death certificate sales showed a 3% decrease in comparison to April 2021. SNHD received revenues of \$36,205 for birth registrations, \$24,375 for death registrations; and an additional \$8,489 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

	April 2021	April 2022		FY 20-21 (April)	FY 21-22 (April)	
Vital Statistics Services						
Births Registered	1,959	1,699	↓	20,311	20,855	↑
Deaths Registered	1,891	1,767	↓	20,395	20,863	↑
Fetal Deaths Registered	36	11	↓	186	160	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

	April 2021	April 2022		FY 20-21 (April)	FY 21-22 (April)	
Vital Statistics Services						
Birth Certificates Sold (walk-in)	12	1	↓	53	244	↑
Birth Certificates Mail	122	147	↑	1,028	1,142	↑
Birth Certificates Online Orders	4,158	3,621	↓	34,979	38,289	↑
Birth Certificates Billed	107	105	↓	993	1,001	↑
Birth Certificates Number of Total Sales	4,399	3,874	↓	37,053	40,676	↑
Death Certificates Sold (walk-in)	20	7	↓	57	238	↑
Death Certificates Mail	79	159	↑	1,020	1,371	↑
Death Certificates Online Orders	8,593	8,284	↓	92,569	97,442	↑
Death Certificates Billed	62	47	↓	469	555	↑
Death Certificates Number of Total Sales	8,754	8,497	↓	94,115	99,606	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

	April 2021	April 2022		FY 20-21 (April)	FY 21-22 (April)	
Vital Statistics Sales by Source						
Birth Certificates Sold Valley View (walk-in)	.3%		↓	.1%	.6%	↑
Birth Certificates Mail	2.8%	3.8%	↑	2.8%	2.8%	
Birth Certificates Online Orders	94.5%	93.5%	↓	94.4%	94.1%	↓
Birth Certificates Billed	2.4%	2.7%	↑	2.7%	2.5%	↓
Death Certificates Sold Valley View (walk-in)	.2%	.1%	↓	.1%	.2%	↑
Death Certificates Mail	.9%	1.9%	↑	.1%	1.4%	↑
Death Certificates Online Orders	98.2%	97.5%	↓	98.4%	97.8%	↓
Death Certificates Billed	.7%	.6%	↓	.5%	.6%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

	April 2021	April 2022		FY 20-21 (April)	FY 21-22 (April)	
Revenue						
Birth Certificates (\$25)	\$109,975	\$96,850	↓	\$926,325	\$1,016,900	↑
Death Certificates (\$25)	\$218,850	\$212,425	↓	\$2,352,875	\$2,490,150	↑
Births Registrations (\$13)	\$43,745	\$36,205	↓	\$371,449	\$384,644	↑
Deaths Registrations (\$13)	\$24,895	\$24,375	↓	\$273,652	\$281,749	↑
Convenience Fee (\$2)	\$8,698	\$7,828	↓	\$74,348	\$81,902	↑
Miscellaneous Admin	\$936	\$661	↓	\$6,985	\$8,392	↑
Total Vital Records Revenue	\$407,099	\$378,344	↓	\$4,005,634	\$4,263,737	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. Passport Services

Due to pandemic Passport Services moved to appointment only. Passport photos remain suspended. Passport services is showing 131% increase from this time last year.

Revenue	April 2021	April 2022		FY 20-21 (April)	FY 21-22 (April)	
Passport Execution/Acceptance fee (\$35)	\$17,430	\$28,245	↑	\$103,390	\$226,765	↑
Passport Photo Fee (\$12)	0					
Total Passport Program Revenue	\$17,430	\$28,245	↑	\$103,390	\$226,765	↑

V. HEALTH CARDS

A. Food Handling

1. Appointments
 - a. Deadline extended to June 30, 2022 for clients to obtain their Health Cards. No further extensions past the end of June but will have meeting with Aaron DelCotto, EH Manager, to discuss possible solutions for casinos who may have to do “timeclock lock-outs” for those with expired cards.
 - b. Appointments fully booked through July 2022. Appointments for August currently available.
2. MGM
 - a. Nine dates scheduled for June 2022.
 - b. Site walk-through in mid-May.
3. Wynn/Encore
 - a. Site walk-through completed and tested using our equipment.
 - b. Will be doing Health Cards on-site May 3-5.
4. Met with staff to discuss ideas on how to best be prepared for June 30th deadline.

B. Other Items

1. Switchboard will be relocated from the front desk to Health Cards.
 - a. Will allow better monitoring of staff member to ensure calls are routed quickly and efficiently.
 - b. Will enable cross-training of other staff members who will have ready access to support from other team members as needed.

SERVICES

	Apr 1 - 30	Mar 1 - 31	Feb 1 - 28	Jan 1 - 31	Dec 1 - 31	Nov 1 - 30
Food Handler Cards - New	1,069	1,141	997	1,034	944	1,088
Food Handler Cards - Renewals	3,604	3,666	3,079	3,160	2,848	3,350
Duplicates	121	173	133	134	144	167
CFSM (Manager) Cards	142	170	145	134	106	129
Re-Tests	535	517	491	525	408	473
Body Art Cards	125	176	159	161	132	146
TOTALS	5,596	5,843	5,004	5,148	4,582	5,353

REVENUE - Point of Sale

	Apr 1 - 30	Mar 1 - 31	Feb 1 - 28	Jan 1 - 31	Dec 1 - 31	Nov 1 - 30
Food Handler Cards - New	\$21,380.00	\$22,820.00	\$19,940.00	\$20,680.00	\$18,880.00	\$21,760.00
Food Handler Cards - Renewals	\$72,080.00	\$73,320.00	\$61,580.00	\$63,200.00	\$56,960.00	\$67,000.00
Duplicates	\$2,420.00	\$3,460.00	\$2,660.00	\$2,680.00	\$2,880.00	\$3,340.00
CFSM (Manager) Cards	\$2,840.00	\$3,400.00	\$2,900.00	\$2,680.00	\$2,120.00	\$2,580.00
Re-Tests	\$2,675.00	\$2,585.00	\$2,455.00	\$2,625.00	\$2,040.00	\$2,365.00
Body Art Cards	\$2,500.00	\$3,520.00	\$3,180.00	\$3,220.00	\$2,640.00	\$2,920.00
Late Fee	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	\$103,895.00	\$109,105.00	\$92,715.00	\$95,085.00	\$85,520.00	\$99,965.00

C. COVID-19 Activities

Continued oversight of door screener.

VI. HEALTH EQUITY

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

1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.
2. The program continues to participate in community-based coalitions and workgroups addressing COVID-19 health disparities, testing and vaccination initiatives.
3. On April 22nd and 23rd, the Health Equity program participated in the Divas Day Out event at the Las Vegas Convention Center. Health educators provided information related to resources and services provided at the Southern Nevada Health District.

VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing

SNPHL Supports:

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

Test Name	Monthly Count	Avg Year to Date
GC Cultures	87	86
NAAT NG/CT	1166	1152
Syphilis	859	773
RPR/RPR Titers	178/51	135/80
Hepatitis Total	801	568
HIV/differentiated	541/13	466/13
HIV RNA	46	43

B. COVID-19 Testing

1. SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
2. The goal of the SNPHL is to maintain capacity of 2,000 tests/day with a turnaround-time of <48 hours (TAT 2Day- currently at/near goal).
3. For April, the average daily testing was 279 and the average turnaround time was 26 hours days for PCR testing from the collection date to the release the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 290 tests per week.
4. IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
5. Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station
6. A monthly summary of COVID-19 PCR/NAAT testing is listed as follows:

D. Epidemiological Testing and Consultation

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 10 outbreak investigations in April.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed April, 16 respiratory panels on the BioFire.

E. Emergency Response and Reportable Disease Isolate Testing Report

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2021	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	0								

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 18 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in April 2022.
5. SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of April 2022, SNPHL has sequenced 89 SARS-CoV-2-positive RNA extracts. The new Laboratory Technologist and Laboratory Assistant have completed their training and have been aiding in SARS-CoV-2 sequencing.
8. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species.

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

9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2021	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Legionella	0	0	4	2								

10. SNPHL provides vector testing for Environmental Services, testing for Zika, West Nile, Western/Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in April, a total of 87 clinical isolates, Neisseria gonorrhoeae (87 isolates) and Neisseria meningitidis (0 isolates), were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

F. All-Hazards Preparedness

1. SNPHL provides/assists testing for SNHD COVID-19 Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVID-19 Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVID-19 online ordering application for long-term care facilities.

G. April 2022 SNPHL Activity Highlights

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID-19 collection kits.
2. The facility team is in the process of finalizing the start date with the contractor. Currently, they are looking at May 16th. They will be placing a temporary office in the back lot for contracted security and have a guard placed on-site 24/7 during construction to monitor lot access and to watch over supplies stored on site. The facility team is also asking the City to allow us temporary use of the empty lot to the west of our facility.
3. The NextSeq 2000 whole genome sequencer has been used in SARS-CoV-2 sequencing in the Micro laboratory. The WGS capacity of SARS-CoV-2 is 192 samples per week. The laboratory is in the process to purchase one liquid handler to handle the COVID-19 samples and reduce human error.
4. We received several Qiagen reagents, computers, and kits. We are in the process to apply the new capital asset forms and give the computer to IT to check the network connection. The digital PCR and EZ-1 advance XL instruments have also delivered to the lab three weeks ago. Those instruments will be working on the COVID-19 wastewater project with Dr. Oh at UNLV.
5. Sui Ching, the COVID-19 Supervisor, prepared the APHL midterm report and answered questions from the survey form. We submitted the midterm report last Friday, April 26, 2022. The due date for the APHL midterm report is April 30, 2022.
6. The Nevada National Guard left us on 3/15/2022. We developed a centralized accessioning section consisting of five Lab Assistants (1 LA to be assigned, 2 from the COVID-19 teams, 1 from Immunology, and 1 from Molecular; the Micro LA will help out when free but will not be assigned) handling data entry, courier, sample processing, and sample delivery tasks.
7. According to the WGS and genomic data analysis, the Omicron variant BA.2 lineage are domain lineage in April, for Clark County and State. Our laboratory will keep sequencing the closed contact samples to help ODS

to follow up on the investigation. Currently, the lineage BA.1.1 is second only to BA.2 lineage in Clark County.

H. COMMUNITY HEALTH – SNP HL – Calendar Year Data

SNPHL Services	YTD-April 2021	April 2022	
Clinical Testing Services ¹	2855	4285	↑
Epidemiology Services ²	201	461	↑
State Branch Public Health Laboratory Services ³	11346	5304	↓
All-Hazards Preparedness Services ⁴	81	9	↓
Environmental Health Services ⁵	0	0	0

- ¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVID-19 Ab immunologic tests.
- ² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.
- ³ Includes COVID-19-19 PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.
- ⁴ Includes Preparedness training, teleconferences, and Inspections.
- ⁵ Includes vector testing.

Memorandum

Date: May 26, 2022

To: Southern Nevada District Board of Health

From: Randy Smith, FQHC Operations Officer *RS*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT-

April 2022

Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

April Highlights:

- **Response to COVID-19**
 - Coordinating the efforts of the NCS
 - Collecting data from FQHC partners for point of care (POC) testing
 - Project Manager for FEMA NCS grant
- **Administrative**
 - Service Area Competition Grant was awarded for next three (3) years.
 - Submission of HRSA UDS Report

COVID-19 Vaccine Clinic Facility: COVID-19 Response

- A. NCS Facility was converted into a Health Center COVID-19 vaccination clinic on 5/3/2021
 - a. To date, the health center has administered 41,628 COVID-19 vaccinations

I. HIV / Ryan White Care Program

- A. The HIV/Medical Case Management (MCM) program received 26 referrals between April 1st through April 30th. There were five (5) pediatric clients referred to the program in April. The program received two (2) referrals for pregnant women living with HIV during this time.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

- B. The Ryan White ambulatory clinic had a total of 292 visits in the month of April, including: 26 initial provider visits, 133 established provider visits, one (1) audio and nine (9) telehealth visits for established clients. There were 19 Nurse visits and 115 lab visits. There were 24 Ryan White clients seen under Behavioral Health by both the Licensed Clinical Social Worker (LCSW) and the APRN.
- C. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were seven (7) patients enrolled and seen under the Rapid stART program in April.
- D. The Ryan White program dietitian continues to provide medical nutritional therapy to clients at SNCHC.
- E. The Ryan White team gave a Plan Do Study Act (PDSA) presentation for the learning session five during the Southern Nevada Rapid stART Learning Collaborative meeting on April 7th 2022.

II. Family Planning (FP)

- A. FP Program services at East Las Vegas and Decatur Public Health Centers provided 516 encounters to 488 unduplicated patients.
 - a. The East Las Vegas Family Planning Clinic served 178 clients; 175 of them were unduplicated.
 - b. The Decatur Family Planning Clinic served 338 clients; 313 of them were unduplicated.

III. Family Healthcare Center

- A. The Family Healthcare Clinic saw 568 patients in the month of April 2022.
 - a. Five (5) patients were under the age of 18, and
 - b. Seven (7) children were seen from the Refugee Health Clinic.

IV. Pharmacy Services

- A. Dispensed 1,564 prescriptions to 1,190 clients.
- B. Pharmacist assessed/counseled 40 clients in clinics.
- C. Assisted eight (8) clients to obtain medication financial assistance.
- D. Assisted eight (8) clients with insurance approvals.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

V. Eligibility Case Narrative and Eligibility Monthly Report

Eligibility Monthly Report		
April 2022		
Total number of referrals received	41	
Total number of applications submitted	Medicaid/SNAP/TANF: 25	Hardship: 1

- A. Eligibility support continues to increase with new operational adjustments.
 - a. Recruitment continues for additional Eligibility Workers to help convert uninsured patients to insured patients.
- B. In 2022, 26/41 of the applications started were successfully submitted, or a conversion rate of 63.4%.
- C. Eligibility services are offered to patients at our East Las Vegas Center, Decatur Center, Mobile Unit, Community Events, and the Vaccine Center.

VI. Refugee Health Program

- A. The Refugee Health Program served 33 adults in April.

VII. Quality & Risk Management:

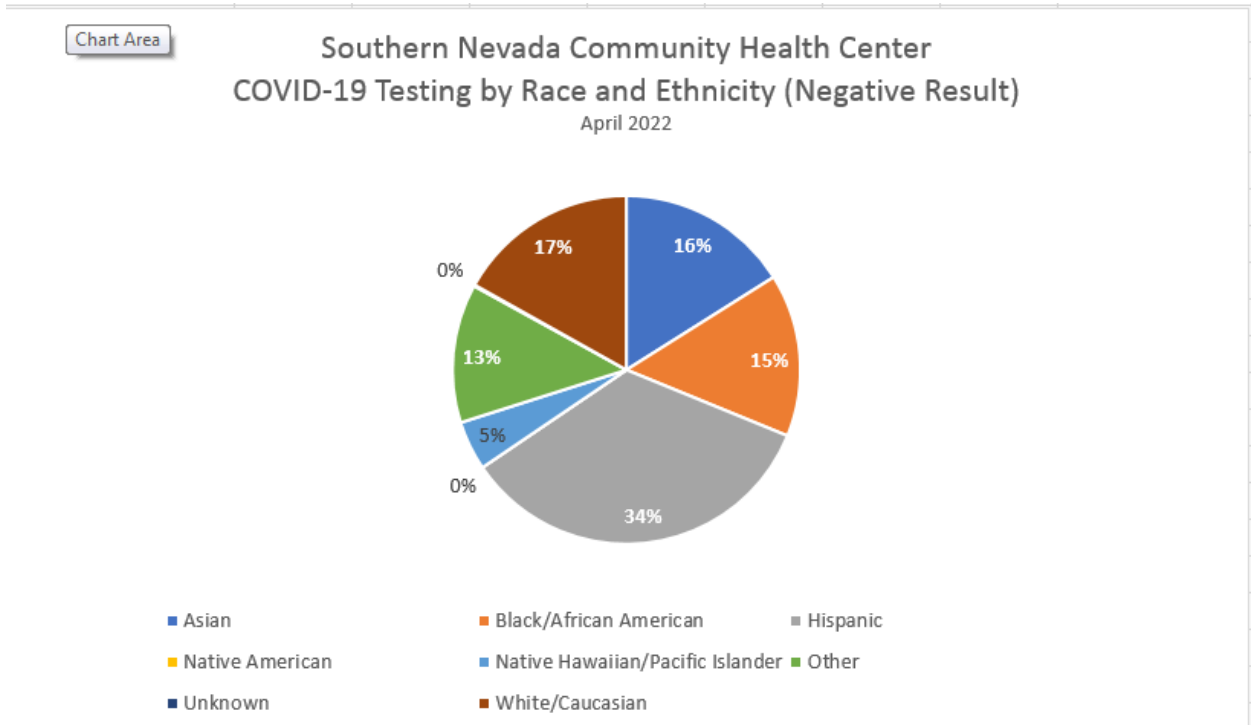
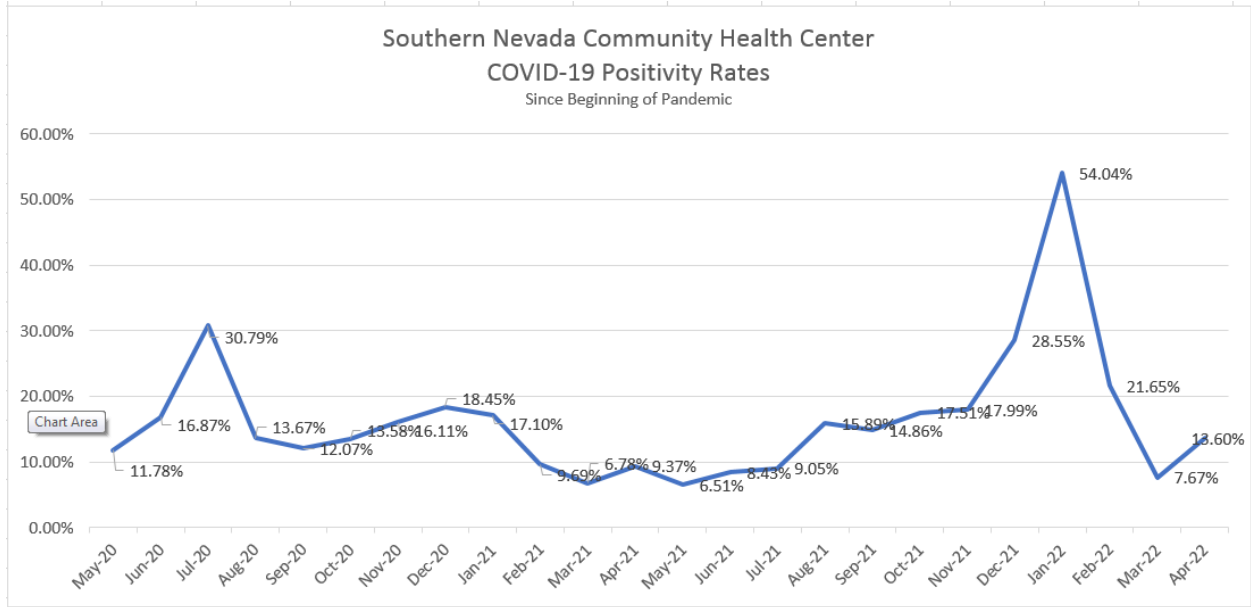
COVID-19 Testing:

From April 2020 to April 2022, SNCHC has conducted 89,250 COVID-19 tests. In April 2022, 1,169 tests were completed; the positivity rate has increased to 13.60%.

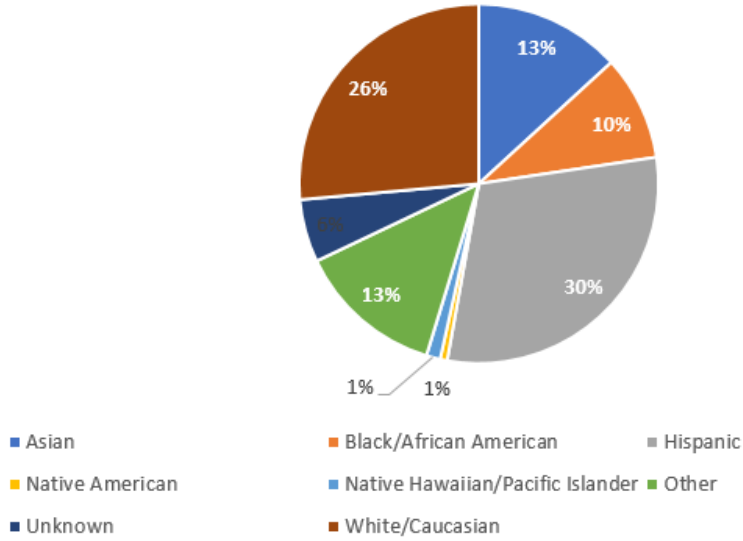
The SNCHC and the SNHD continue to encourage those experiencing symptoms to remain at home, or if they have been in close contact with a person who is COVID-19 positive or think they have been exposed; to be tested. SNCHC and SNHD also encourages the public to get the COVID-19 vaccine.

SNCHC is participating in dispensing of an antiviral medication for patients who test positive, who have fewer than five (5) days of symptoms, have exacerbating health conditions and comorbidities, and/or are over the age of 65. SNCHC dispensed the antiviral medication to 11 patients in April.

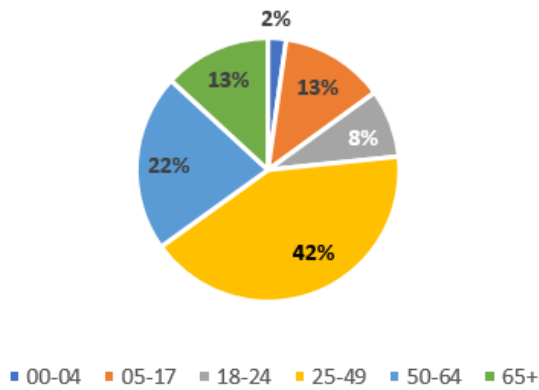
SNCHC was also chosen to participate in the Federal N95 mask distribution program and we have received and are in the process of distributing the masks.



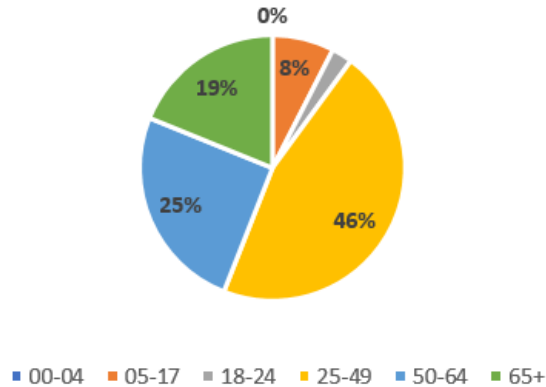
Southern Nevada Community Health Center
COVID-19 Testing by Race and Ethnicity (Positive Result)
April 2022



Southern Nevada Community Health Center
COVID-19 Testing by Age Group (Negative Result)
April 2022



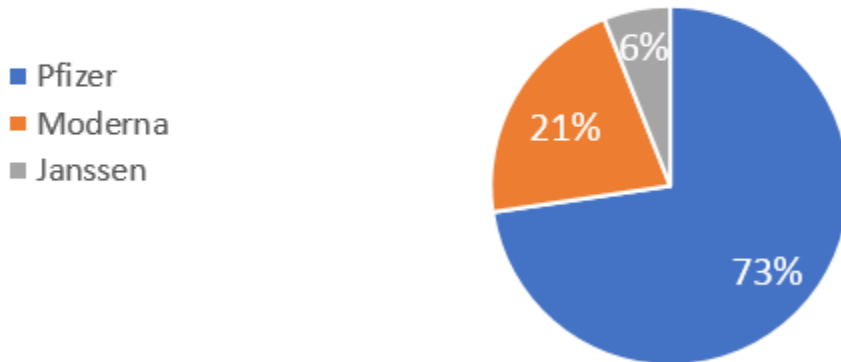
Southern Nevada Community Health Center
COVID-19 Testing by Age Group (Positive Result)
April 2022



COVID-19 Vaccine Program:

The Southern Nevada Community Health Center began administering the COVID-19 vaccine in May 2021, as part of HRSA’s COVID-19 Vaccine Program. The vaccine site is located at the SNHD main location inside the NCS Building. Through the end of April, SNCHC has administered 41,628 doses of the COVID-19 vaccine.

YTD Southern Nevada Community Health Center
COVID-19 Vaccine Program (Overall)



Telehealth:

The Health Center saw 65 patients via telehealth, or 4.22% of the patients that were provided care in April. The Health Center implemented telehealth following the need for modified clinic operations to better assist patients during the COVID-19 pandemic. The goal of the Health Center is to continue fulfilling its mission to provide safe, quality healthcare to the community amid the COVID-19 public health emergency. Health Center patients are seen by providers via audio (telephone) and video via Healow, an app by eClinicalWorks. Telehealth services will continue to be offered, even following the COVID-19 pandemic.

SNCHC Visits:

There were 1,011 patient visits to the Health Center in April. There was a 5.38% cancellation rate that factored into April's 30.22% no-show rate.

VIII. Risk Management

Health Insurance Portability and Accountability Act (HIPAA):

There were no HIPAA breaches at the Health Center in April.

Exposure Incidents:

There were no exposure incidents at the Health Center in April.

Medical Events:

There were two medical events at the Health Center in April. Both events were handled appropriately by the clinical staff and closed without issue.

IX. Patient Satisfaction

The Health Center received 249 patient satisfaction surveys in April. Overall survey completion 92.8% (English) and 94.6% Spanish. Breakdown:

- Family Health – 29.6% (English)/ 55.7% (Spanish)
- Family Planning – 50.4% (English)/ 37.7% (Spanish)
- Ryan White – 20.0% (English)/ 6.6% (Spanish)

Approximately 24.62% of patients seen at the Health Center in April took the patient satisfaction survey. Overall Satisfaction rating which includes components not related to patient visits for April was 86.54 (English)/ 87.62% Spanish%. Overall satisfaction rating pertaining to the patient experience was 98.16%

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



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SNCHC Patient Satisfaction Survey:

1. Service received during your visit?

- Family Health – 29.6% (English)/ 55.7% (Spanish)
- Family Planning – 50.4% (English)/ 37.7% (Spanish)
- Ryan White – 20.0% (English)/ 6.6% (Spanish)

2. Southern Nevada Health District (SNHD) location?

- Main – 99.3% (English)/ 97.2% (Spanish)
- East Las Vegas – 0.7% (English)/ 2.8 (Spanish)

3. Do you have health insurance?

- Yes – 57.8% (English)/ 16.0% (Spanish)
- No – 42.2% (English)/ 84.0% (Spanish)

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

- Less than 6 months – 45.9% (English)/ 50.0% (Spanish)
- 6 months to a year – 15.6% (English)/ 23.6% (Spanish)
- 1-3 years – 20.7% (English)/ 6.6 (Spanish)
- 3-5 years – 7.4% (English)/ 3.8% (Spanish)
- 5+ years – 10.4% (English)/ 16.0% (Spanish)

5. How did you hear about us?

- Friends and/or Family – 23.7% (English)/ 29.2% (Spanish)
- Referral from another Provider/Resource – 26.7% (English)/ 4.7% (Spanish)
- Search Engine (e.g. Google) - 5.2% (English)/ 3.8% (Spanish)
- SNHD Website – 10.4% (English)/ 7.5% (Spanish)
- Social Media – 3.7% (English)/ 1.9% (Spanish)
- Postal Mailer - 0.0% (English)/ 0.0% (Spanish)
- Other Ads – 30.4% (English)/ 52.8% (Spanish)

6. Ease of scheduling an appointment?

- Excellent – 87.0% (English)/ 86.7% (Spanish)
- Good – 8.4% (English)/ 13.3% (Spanish)
- Average – 4.6% (English)/ 0.0% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

7. Wait time to see provider?

- Excellent – 74.0% (English)/ 81.0% (Spanish)
- Good – 16.8% (English)/ 17.1% (Spanish)
- Average – 8.4% (English)/ 1.9% (Spanish)
- Poor - 0.8% (English)/ 0.0% (Spanish)

8. Care received from providers and staff?

- Excellent – 93.9% (English)/ 91.4% (Spanish)
- Good – 6.1% (English)/ 8.6% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

9. Understanding of health care instructions following your visit?

- Excellent – 90.8% (English)/ 85.7% (Spanish)
- Good – 9.2% (English)/ 13.3% (Spanish)
- Average - 0.0% (English)/ 1.0% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

10. Hours of operation?

- Excellent – 82.4% (English)/ 79.0% (Spanish)
- Good – 13.0% (English)/ 21.0% (Spanish)
- Average – 4.6% (English)/ 0.0% (Spanish)
- Poor - 0.0% (English)/ 0.0% (Spanish)

11. Recommendation of our health center to friends and family?

- Extremely Likely – 87.0% (English)/ 93.3% (Spanish)
- Somewhat Likely – 12.2% (English)/ 5.7% (Spanish)
- Neutral - 0.8% (English)/ 1.0% (Spanish)



AT THE SOUTHERN NEVADA HEALTH DISTRICT

Health Center Visit Report Summary: April 2022														
Southern Nevada Community Health Center														
	Completed Pt													
	Provider Visits		Cancelled Visits		No Show Visits		Telehealth Visits					Total Scheduled Patients		
							Audio Visit	Televisit	Total Telehealth Visits					
Family Health Clinic	517	51.14%	41	2.66%	172	11.15%	51	78.46%	0.00%	51	3.31%	781	50.65%	
Behavioral Health Clinic		0.00%		0.00%		0.00%	3	4.62%	0.00%	3	0.19%	3	0.19%	
Family Planning Clinic	167	16.52%	12	0.78%	97	6.29%		0.00%	1	1.54%	1	0.06%	277	17.96%
Refugee Clinic	40	3.96%	6	0.39%	3	0.19%		0.00%		0.00%	0	0.00%	49	3.18%
Ryan White	287	28.39%	24	1.56%	111	7.20%	1	1.54%	9	13.85%	10	0.65%	432	28.02%
Totals	1011	100.00%	83	5.38%	383	24.84%	55	84.62%	10	15.38%	65	4.22%	1542	100.00%
Percent of scheduled patients who no showed	24.84%													
Percentage of Seen Pts that were Telehealth Visits	6.04%													
Percentage of Seen Pts that were Behavioral Health Visits	0.00%													

DK



Memorandum

Date: May 5, 2022

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *Director of Disease Surveillance & Control*
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – April 2022

A. Division of Disease Surveillance and Control

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

	April 2021	April 2022		FYYTD 20-21	FYYTD 21-22	
Sexually Transmitted						
Chlamydia	1179	947	↓	11273	10110	↓
Gonorrhea	564	507	↓	5852	5565	↓
Primary Syphilis	28	9	↓	213	205	↓
Secondary Syphilis	43	13	↓	364	314	↓
Early Non-Primary, Non-Secondary ¹	64	24	↓	448	504	↑
Syphilis Unknown Duration or Late ²	107	46	↓	825	1085	↑
Congenital Syphilis (presumptive)	7	1	↓	37	33	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	6	3	↓	30	20	↓
Syphilis Pregnant Cases	17	13	↓	120	179	↑
Perinatally Exposed to HIV	0	2	↑	6	13	↑
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						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	0	1	↑	1	5	↑
Hepatitis A	0	0	→	1	2	↑
Hepatitis B, acute	2	1	↓	5	9	↑
Influenza	11	138	↑	32	279	↑
Enteric Illness						
Campylobacteriosis	13	5	↓	39	20	↓

	April 2021	April 2022		FYTD 20-21	FYTD 21-22	
Cryptosporidiosis	0	2	↑	4	5	↑
Giardiasis	2	2	→	14	15	↑
Rotavirus	1	36	↑	4	81	↑
Salmonellosis	9	6	↓	50	39	↓
Shiga toxin-producing Escherichia coli (STEC)	3	2	↓	11	28	↑
Shigellosis	6	2	↓	19	8	↓
Other						
Coccidioidomycosis	13	2	↓	55	31	↓
Hepatitis C, acute	0	0	→	1	2	↑
Invasive Pneumococcal Disease	11	17	↑	46	73	↑
Lead Poisoning	8	3	↓	38	43	↑
Legionellosis	1	1	→	6	7	↑
Lyme Disease	1	0	↓	3	1	↓
Meningitis, aseptic	1	0	↓	14	3	↓
Streptococcal Toxic Shock Syndrome (STSS)	2	2	→	9	4	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	0	0	→	3	0	↓

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	48	0	90	0
Gonorrhea	41	0	149	0
Syphilis	64	4	193	0
HIV/AIDS (New to Care/Returning to Care)	10	0	45	0
Tuberculosis	58	0	15	0
TOTAL	221	4	492	0

¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
 Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

3. COVID-19 Specific Staffing and Response

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD staff, Current Total: 41
 - 1. Lead CTs – 7
 - 2. Contact Tracers; investigators and outreach – 34
 - ii. Contracted Contact Tracers, Current Total: 100
 - 1. CSAA team of 100

- b. Testing
 - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
 - ii. CT Team continues to assist SNHD with in-house clinical testing at METS clinic
 - iii. Strike teams for testing are deployed for outbreak and clusters identified
 - c. Contact Tracing/Outreach/Outbreak investigations
 - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
 - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.
4. Disease and Outbreak Investigations
- a. **Influenza:** Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. In Clark County, for the season as of 4/23/2022, 280 influenza-associated hospitalizations and 8 deaths associated with influenza have been reported. The percentage of emergency room (ER) and urgent care clinic visits for ILI decreased to 3.8% in week 16. Approximately 30% of area ER and urgent care clinic visits for ILI were made by children 0-4 years of age. Influenza A has been the dominant type circulating. 2021-2022 influenza season will end on 5/21/2022.
 - b. **2019 Novel Coronavirus (COVID-19):** As of April 30, Clark County had 512,329 cases; 8,446 deaths, and 109 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Health District continues to utilize the Incident Command System to expand our efforts in COVID-19 response and gain access to additional staffing and resources. The Health District continues to meet with Clark County emergency managers, Fire, EMS, School Officials, hospital emergency response and infection control staff to communicate the current response and plan for continued partnership. The Office of Disease Surveillance (ODS) at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations, contact tracing, and working with local medical providers to determine levels of risk and recommended actions for anyone who may be ill or exposed. ODS is making recommendations of isolation and quarantine for individuals that are diagnosed with COVID-19 or have been identified as exposed to someone with COVID-19. Currently SNHD has contact tracers including staff from SNHD, CSAA and other partnering agencies responding to reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.

- c. **COVID-19 Variants:** The Southern Nevada Health District continues to monitor for new and/or emerging variants.
- d. **THC Investigation:** DSC is investigating reports of THC toxicity among patrons that consumed food or drink from a local restaurant. Symptoms being reported include hallucinations, tachycardia, blurry vision, confusion, dry mouth, numbness or tingling in extremities, and loss of consciousness. Some of the ill sought medical attention and tested positive for THC, denying any marijuana use 30 days prior to their test. Multiple dishes tested through Las Vegas Metro Police Department were positive for THC. The restaurant is now reopened. SNHD's final report is pending internal reviews.
- e. **Norovirus Investigation:** ACDC continues to investigate Norovirus outbreaks at local schools. The reported symptoms included nausea, vomiting, abdominal pain, fever, and diarrhea. Two additional investigations have been completed and with confirmed Norovirus cases found in each. These investigations are now closed.
- f. **Lucky Charms:** ACDC is monitoring reports of illness associated with consumption of Lucky Charms cereal.
- g. **Hepatitis of Unknown Cause:** ACDC worked with Informatics to identify any reported adenovirus cases that met criteria for further investigation. SNHD has had 0 reported cases. ACDC continues to participate in CDC calls and monitor for possible cases.

5. Non-communicable Reports and Updates

- a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone via State Targeted Response funding through the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of April:

4/4/22 - NDOC Transitional Housing (8 trained, 100 doses distributed)

4/8/22 – NDOC Transitional Housing (8 trained, 100 doses distributed)

4/25/22 – Recover Together (1 trained, 6 doses distributed)

6. Prevention - Community Outreach/Provider Outreach/Education

Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, Huntridge Family Clinic and AHF

continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Express Testing in SHC/Annex A services continues to do well. Walk in Services have resumed making it much easier for the community to access services with limited barriers. Outreach events this month include Hawks Gym and Fun Hog Ranch Bar. Both are monthly recurring events targeting MSM. HIV and syphilis testing are offered along with information on PrEP/PEP and condoms. ODS staff work with the managers of the businesses to help promote prior to the outreach event. This month we observed and promoted National STD Awareness Week and National Transgender HIV Testing Day. ODS worked with OOC to promote HIV/STI testing, PrEP/PEP education and local resources specific to the Trans community. We collaborated with the SHC to promote Express Testing and the Collect2Protect project. The campaign we utilized was through the CDC's **GYT: Get Yourself Tested** campaign. The campaign encourages young people to get tested and treated for STDs and HIV to protect their health and that of their partners. STDs affect people of all ages, yet these diseases take a particularly heavy toll on young people. The GYT campaign highlights the idea that preventing, testing for, and treating STDs is very straightforward. The campaign offers streamlined materials to help focus efforts on STD awareness, prevention, testing, and treatment among young people. In addition, we observed National Transgender HIV Testing Day (NTHTD) which is observed each year on April 18 and recognizes the importance of routine HIV testing, status awareness, and continued focus on HIV prevention and treatment efforts in people who are transgender or gender nonbinary. Both observances were supported with a press release, media advisory and social media.

B. High Impact HIV/STD/Hepatitis Screening Sites

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

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	April-21	April-22		FY 20-21	FY 21-22	
Outreach/Targeted Testing	834	338	↓	7455	8598	↑
Clinic Screening (SHC/FPC/TB)	371	165	↓	3322	2203	↓
Outreach Screening (Jails, SAPTA)	98	77	↓	557	560	↑
Collect2 Protect	3	0	↓	30	167	↑
TOTAL	1306	580	↓	11364	11528	↑
Outreach/Targeted Testing POSITIVE	7	1	↓	54	69	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	5	0	↓	16	9	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	0	↓	2	3	↑
Collect2 Protect POSITIVE	0	0	→	0	1	↑
TOTAL POSITIVES	13	1	↓	72	82	↑

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 04/01/2022: "Empower Change Training" facilitated by ODS Health Educator, 8 people in attendance, 3 SNHD ODS staff attendees.
2. 04/01/2022: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as representative; ~35 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
3. 04/05/2022: Nevada PrEP Institute presentation on "Southern Nevada PrEP Landscape" for the session "Ending the current HIV Epidemic in Nevada: How does PrEP Fit in?" attended by 1 SNHD ODS Health Educator; ~50 people in attendance.
4. 04/06/2022: Public Health Detailing training - Congenital Syphilis for SNHD FQHC with 4 UNLV School of Nursing NURS350 students and 1 UNLV instructor; 23 people in attendance; facilitated by 1 ODS Health Educator.
5. 04/11/2022: "Fentanyl Test Strip Training" facilitated by ODS Health Educator; 3 People in attendance; 2 ODS Health Educator attendees.
6. 04/13/2022: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup meeting attended by ODS Health Educator Staff as a representative; 12 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
7. 04/14/2022: "Motivational Interviewing Training" facilitated by ODS Health Educator Staff; 5 people in attendance; 2 SNHD ODS staff attendees.
8. 04/18/2022 - 04/21/2022: 2022 Rx and Illicit Drug Summit in Atlanta, Georgia; ~3,500 people in attendance; 3 SNHD DSC staff attended.
9. 04/19/2022: "Governor Sisolak's Nevada Provider Health Care Summit" attended by ODS Health Educator Staff as a representative; ~700 people in attendance; 2 SNHD ODS staff attendees.
10. 04/20/2022: "Media Training" facilitated by SNHD Office of Communications; 10 people in attendance; 3 SNHD ODS staff attendees.
11. 04/26/2022: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 17 people in attendance; 2 SNHD ODS staff attendees.
12. 04/26/2022-04/29/2022: INFORM: Integrated Foodborne Outbreak Response and Management conference, sponsored by NEHA attended by 5 ACDC staff.
13. 04/27/2022: TB Cohort Review presented by SNHD staff; ~34 people in attendance (including 21 SNHD staff).
14. 04/28/2022: "Harm Reduction 101" training facilitated by ODS Health Educator; 20 people in attendance; 4 SNHD ODS Health Educators staff attendees.

D. Other

Communicable Disease Statistics: March 2022 disease statistics are attached (see Table 1).

OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Continue to maintain and enhance Trisano disease surveillance system.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems, and updated EMSA to process Coronavirus ELRs.
- C. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
- D. Assist SNPHL to develop COVID interface between instruments, COVID POD app and Orchard, COVID testing and reporting as needed.

- E. Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Working on import COVID testing demographic data from POC application into eCW.
- F. Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.
- G. Assist Office of Epidemiology and Office of Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.
- H. Continue to enhance the iCircle web application for OEDS by adding new form for STD TracB site questions, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.
- I. Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, data requests and reports.
- J. Continue to work with OEDS on SVM projects.
- K. Enhance COVID19 surveillance by automating COVID19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- L. Continue working with Wellpartner on prescription notification from eCW. Encounter reports completed.
- M. Worked with Epi team and completed the automation to update Trisano for COVID death reporting.
- N. Maintain and update COVID19 dashboard, COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- O. Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- P. Maintain and enhance COVID19 lab results portal to include NSPHL overflow test results. Clients can access their results online.
- Q. Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and produce COVID19 DECIPHER report.
- R. Continue working on EpiTrax migration from Trisano and address issues identified from UAT test.
- S. Continue to work with state on DMI project including eCR onboarding and RCKMS training.
- T. Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support. New Hospital added.
- U. Onboarded 2 new providers for COVID-19 test reporting.
- V. Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity collection and reporting.
- W. Completed contract amendment for UNLV COVID19 contract.
- X. Discussed work plan with Clark county for RWCQM grant.
- Y. Completed various reports including: Lab report; Focus report; Homeless Interviews report; UDS Report; Heat related deaths report; GISP/eGISP Report;
- Z. Continue to work with Epi office in the Yale project for case conferencing.
- AA. Work with the state to analyze discrepancy of COVID cases reported by State and SNHD.

BB. Completed PHEP and Health Disparity grant quarterly reports

Table 1



March 2022: Clark County Disease Statistics*

Disease	2020		2021		2022	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	6	8	0	1	2	4
Hepatitis A	0	10	0	1	1	2
Influenza	94	852	6	21	99	138
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	0	0	0
Pertussis	2	6	0	0	7	15
SEXUALLY TRANSMITTED						
Chlamydia	1084	3404	1258	3347	1033	2925
Gonorrhea	336	1208	641	1894	555	1548
Syphilis (Early non-primary, non-secondary)	25	92	56	163	49	147
Syphilis (Primary & Secondary)	59	169	64	188	46	152
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	0
Congenital Syphilis	2	12	1	6	3	12
ENTERICS						
Amebiasis	0	3	1	1	0	0
Campylobacteriosis	7	23	11	26	5	15
Cryptosporidiosis	0	4	0	4	2	3
Giardiasis	1	9	5	12	2	13
Rotavirus	2	12	2	3	28	45
Salmonellosis	10	30	15	41	10	34
Shiga toxin-producing <i>E. coli</i> (STEC)	0	8	4	8	11	26
Shigellosis	2	13	5	13	1	6
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	2	0	0	0	0
Yersiniosis	0	2	1	1	1	2
OTHER						
Coccidioidomycosis	13	35	14	42	6	30
Exposure, Chemical or Biological	0	0	0	1	1	1
Invasive Pneumococcal Disease	26	102	11	35	14	56
Lead Poisoning	11	44	8	30	16	38
Legionellosis	3	11	3	5	0	6
Listeriosis	0	0	0	0	0	1
Lyme Disease	0	2	1	2	1	1
Malaria	0	1	0	0	0	1
Meningitis, Aseptic	9	24	3	13	1	3
Meningitis, Bacterial Other	1	7	3	3	1	1
Meningitis, Fungal	1	1	2	2	0	0
RSV	303	1702	3	9	92	566
Rabies, exposure to a rabies susceptible animal	15	34	15	58	25	81
Streptococcal Toxic Shock Syndrome (STSS)	1	8	2	7	0	2

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

--Diseases not reported in the past two years or during the current reporting period are not included in this report.

---Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

----Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.



Memorandum

Date: May 26, 2022

To: Southern Nevada District Board of Health

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

Subject: Environmental Health Division Monthly Report

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	April 2021	April 2022		FY 20-21	FY 21-22	
Routine Inspections	1,934	2,138	↑	17,314	19,532	↑
Reinspections	143	183	↑	1,377	1,598	↑
Downgrades	128	152	↑	1,306	1,506	↑
Closures	8	8	→	137	153	↑
Special Events	21	95	↑	136	626	↑
Temporary Food Establishments & Tasting Event Booths	108	726	↑	336	5,041	↑
TOTALS	2,342	3,302	↑	20,606	28,456	↑

1. Enforcement Actions and Investigations:

- A. **Toasted Gastrobrunch, 7345 Arroyo Crossing Pkwy.:** On April 6, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented 30 demerits. The facility was reinspected and reopened with zero demerits on April 8.
- B. **LV Tacos Salseros, 439 Rock Quarry Way:** On April 19, the unit was closed for a failed C downgrade inspection. Violations included: food handler washing hands at the 3-compartment sink; commercially manufactured food not reheated to an internal temperature of 135°F or greater for at least 15 seconds; multiple time/temperature control for safety (TCS) foods stored in the temperature danger zone; food products double-stacked without a barrier; bucket of chlorine sanitizer solution stored inside the basin of the hand sink; window slots on the door left open

creating large gaps into the food preparation area which could allow entry for pests and vermin; steam table being used to reheat commercially manufactured food; hot holding table not being maintained; and the gas pilot was not lit. The inspector documented 30 demerits. The unit was reinspected and reopened with nine demerits on April 21.

- C. **Birria and Carnitas Don Meno, 4518 E. Charleston Blvd.:** On April 20, the facility was closed when an unpermitted change of permit holder (CPH) was identified. The inspector documented 39 demerits. The facility remains closed at this time.
 - D. **Paradise Amusements Annual Itinerant Low Risk (AILR), 1717 S. Decatur Blvd.:** On April 21, the unit was closed for a failed annual itinerant inspection (16 or more violations). Violations included: operating without an approved service depot, commissary, or support kitchen; food handler not properly washing hands when required; water from an unapproved source; wastewater not disposed of properly; commercially manufactured food not reheated to an internal temperature of 135°F or greater for at least 15 seconds; liquid petroleum system not installed and maintained to meet local Fire Department standards and other applicable laws; and ice machine interiors dirty, moldy, or slimy. The inspector documented 31 demerits. The unit was reinspected and reopened with three demerits on April 29.
 - E. **Variedades De La Mision De Cristo, 3333 S. Maryland Pkwy.:** On April 22, the facility was closed for an IHH, pest infestation. The inspector documented 51 demerits. The facility remains closed at this time.
 - F. **All We Do Is Wing, 6320 E. Charleston Blvd.:** On April 23, the facility was closed for an IHH, no potable water. The inspector documented 13 demerits. The facility was reinspected and reopened with zero demerits on April 26.
 - G. **Dicky's BBQ Pit, 43 S. Stephanie St.:** On April 29, the facility was closed after a fire. The facility will remain closed until all repairs are completed and the CPH is approved by SNHD Plan Review staff.
 - H. **Greek Delights Mobile, 949 Empire Mesa Way:** On April 30, the unit was closed for an IHH, lack of adequate refrigeration. Other violations included: per food handler, seven large pans of cooked gyro meat were prepped and cut at the owner's residence; multiple TCS foods stored in the temperature danger zone; drain line from the hand sink and 3-compartment sink leaking wastewater onto the floor inside the unit; large pan of cooked chicken in the make table at 85°F and was made on the mobile unit at approximately 4:30PM (time of inspection 5:45PM); door to mobile unit propped open upon arrival (per operator, the door is kept open during operating hours); food handler unaware of an employee health policy and was unable to convey any of the five symptoms; five large, metal pans of cooked gyro meat not labeled with preparation or thaw date; and house-made gyro meat was previously frozen and placed in the make table for use at the event. The inspector documented 32 demerits. The unit was reinspected and reopened with nine demerits on May 4.
 - I. Staff closed 21 unpermitted food vending complaint investigations.
2. **Food Safety Assessment Meetings (FSAMs):**
- A. FSAMs were held with the following facility: Double GG's Soul Food Kitchen Portable Unit for the Service of Food (PUSF), 5051 E. Bonanza Rd.
3. **Foodborne Illness Investigations:**
- A. **Stratosphere Top of the World, 2000 S. Las Vegas Blvd.:** On April 6, staff responded to a lab-confirmed case of illness associated with shellfish. Staff conducted a shellfish specific response, collecting information on the source of the shellfish. Staff observed no issues with the storage or preparation of the shellfish.
 - B. **Aria Julian Serrano Tapas, 3730 Las Vegas Blvd.:** On April 6, staff responded to a lab-confirmed case of illness associated with shellfish. Staff conducted a shellfish

specific response, collecting information on the source of the shellfish. Staff observed no issues with the storage or preparation of the shellfish.

C. Sushi Neko, 5115 Spring Mountain Blvd.: On April 7, staff responded to a lab-confirmed case of illness associated with shellfish. Staff conducted a shellfish specific response, collecting information on the source of the shellfish. Staff observed no issues with the storage or preparation of the shellfish.

D. Mimi and Coco Bistro, 40 Costa Di Lago: On April 26, staff responded to a lab-confirmed case of illness. Multiple foodborne illness risk factors were observed, including not washing hands when required and dish machine not sanitizing. The investigation resulted in a C downgrade. On April 29, the facility passed its reinspection and returned to an A grade.

4. Onsite Intervention Training:

A. Onsite Intervention Training was held with the following facility: Los Arcos, 2201 S. Maryland Pkwy.

II. SOLID WASTE AND COMPLIANCE PROGRAMS

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

Illegal Dumping and Hearing Officer Process	April 2021	April 2022		FY 20-21	FY 21-22	
Notices of Violations (New & Remails)	12	12	→	55	80	↑
Adjudicated Hearing Cases	4	6	↑	82	60	↓
Total Cases Received	121	86	↓	1,038	906	↓
Total Cases Referred to Other Agencies	24	23	↓	184	203	↑
Hearing Penalties Assessed	\$4,500	\$13,500	↑	\$69,850	\$101,700	↑

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	April 2021	April 2022		FY 20-21	FY 21-22	
Inspections	257	319	↑	2,865	2,849	↓

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

Underground Storage Tanks	April 2021	April 2022		FY 20-21	FY 21-22	
Compliance Inspections	103	60	↓	988	617	↓
Final Installation/Upgrade/Repair Inspections	1	3	↑	58	34	↓
Closure Inspections	3	0	↓	12	8	↓
Spill Report Investigations	0	0	→	5	7	↑

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

Permitted Disposal Facilities	April 2021	April 2022		FY 20-21	FY 21-22	
Inspections	25	23	↓	186	202	↑
Reinspections	0	1	↑	13	19	↑

1. Solid Waste Plan Review Program (SWPR):

- A. **Permits Issued** – Las Vegas Recycling – Sunrise (Modification)
- B. **Landfills** – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo
- C. **Facility Applications Being Processed** – Recycling Centers (5), Material Recovery Facility (1), and Class I Landfill (1)
- D. **Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in May:**
None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	April 2021	April 2022		FY 20-21	FY 21-22	
Asbestos Permits Issued	65	81	↑	846	743	↓
Revised Asbestos Permits Issued	4	5	↑	32	70	↑

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	April 2021	April 2022		FY 20-21	FY 21-22	
Tentative Maps-Received	15	18	↑	173	228	↑
Tentative Maps-Lot Count	2,556	1,138	↓	14,406	18,928	↑
Final Maps-Received	29	27	↓	238	312	↑
Final Maps-Lot Count	1,728	104	↓	13,080	15,993	↑
Final Maps-Signed	23	21	↓	221	205	↓
Final Maps (Signed)-Lot Count	824	1,282	↑	10,849	10,656	↓
Improvement Plans-Received	23	21	↓	236	281	↑
Improvement Plans-Lot Count	1,506	1,017	↓	13,761	15,185	↑
Expedited Improvement Plans-Received	0	0	→	17	1	↓
Expedited Improvement Plans-Lot Count	0	0	→	1,367	1	↓
Fees Paid	\$42,701	\$30,483	↓	\$452,718	\$427,195	↓

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

Individual Sewage Disposal Systems	April 2021	April 2022		FY 20-21	FY 21-22	
Residential ISDS Permits	7	7	→	99	102	↑
Commercial ISDS Permits	0	3	↑	4	9	↑
Commercial Holding Tank Permits	0	1	↑	13	16	↑
Residential Tenant Improvements	37	27	↓	276	272	↓
Residential Certifications	1	0	↓	7	12	↑
Compliance Issues	11	12	↑	90	72	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	April 2021	April 2022		FY 20-21	FY 21-22	
Public Water System (PWS) Sanitary Surveys	1	3	↑	36	54	↑
Public Water System Violations Issued	0	9	↑	46	29	↓
Public Water System Complaints	0	0	→	0	0	→

2. Safe Drinking Water Activity:

- A. Two coliform-present sample events were reported (Bellagio Resort & Casino and Shetland Water District). All original and repeat samples were Escherichia coli-absent.
- B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Visitor Center; Red Rock Campground; and Spring Mountain Youth Camp.
- C. Staff continued to field and guide complaints regarding water quality issues and water availability within private residences and rental properties.
- D. Staff completed their calendar year (CY)2022Q1 review of the County's public water systems. The findings and progress were reported to the Nevada Division of Environmental Protection (NDEP) Bureau of Safe Drinking Water (BSDW) Chief.
- E. On April 12, staff met with NDEP Office of Financial Assistance staff to discuss which Clark County public water systems can be prioritized for State Revolving Funds toward water system improvement projects. The following water systems were discussed: Trout Canyon; Laker Plaza; Spring Mountain Youth Camp; Palm Gardens; Spirit Mountain/Cal-Nev-Ari; Blue Diamond Water Co Op; Indian Springs; Roark Estates; Bermuda Palms (previously Frontier Village Mobile Home Park); and Hillcrest Manor.
- F. **Aravada Springs (PWS NV0004140):** Water system plans were conditionally approved for construction in June 2021. Construction has finished and water quality monitoring at the newly installed and constructed sites are occurring between April and May 2022. Following the conclusion of that monitoring, the site may be granted a permit to operate a PWS.
- G. **Blue Diamond Rainbow NW Plaza (PWS NV0004131):** On April 8, staff coordinated a Cease and Desist Order for food operations following a report of a nitrate sample exceeding 10 mg/L. Tier 1 Public Notification is in effect until the water system owner obtains NDEP BSDW approval to install and use a treatment plant, obtains a new

water source, or chooses to abandon their water source and become serviced by the Las Vegas Valley Water District (LVVWD). On April 13, staff conducted an unannounced visit to verify observance of the Cease and Desist Order. No issues were noted, and public notification was appropriately posted. On April 18, the PWS team communicated their desired contingency plan: installation of reverse osmosis units. The PWS was given guidance about the necessary NDEP BSDW water project review and permitting process. On April 27, the PWS team communicated their failure to have accounted for nitrate during CY2021. Preceding 2022, their last nitrate sample was from CY2020. This is a separate, yet related, violation. On May 4, staff provided a general reminder to the PWS team regarding compliance tasks and to expect continued unannounced visits from SNHD and/or NDEP BSDW staff.

- H. Blue Diamond Water Co Op Inc. (PWS NV0000092):** On April 7, the PWS team inquired about the status of their violations. SNHD staff provided a list of their unresolved deficiencies. On April 8, the PWS team filed a public records request with NDEP BSDW for their unresolved deficiencies. SNHD staff provided the requested information to both NDEP and the PWS team. On April 13, staff followed up with the PWS team to see if they wanted an in-person meeting; the PWS team declined. On April 14, staff provided the PWS team with information about an Asset Management and Workforce Planning training event to aid in understanding how Tier 2 violations can be resolved. The next scheduled sanitary survey of the PWS is on May 10.
- I. Desert Paradise Mobile Home Park (PWS NV0000149):** A permit to operate the treatment plants was not provided from NDEP BSDW. This happened because the PWS team did not pay their permit invoice. On April 29, the PWS team was reminded about their NDEP BSDW invoice. The PWS lead communicated that their facility was ordered by Clark County/Las Vegas Code Enforcement to close by the end of May 2022. Staff will document the status of that closure in the next monthly report.
- J. Desert Sunrise Water Users Association (PWS NV0000426):** On April 29, the water association representative was informed about the service area containing at least 25 people. Milestones postponed in June 2021 will resume, as soon as possible, until the service area is not classified as a PWS (i.e. 25 or more people, 15 or more service connections during 60 or more days per year).
- K. DWR POU 74505 aka Wallflower (PWS NV0004137):** On April 12, the PWS team communicated resolutions toward cross connection control objectives and minor system design issues. Staff retroactively adjusted the water system's monitoring requirements; monitoring was adjusted to start on January 1, 2022, instead of October 1, 2022.
- L. Fort Apache Ann NE (PWS NV0000430):** On April 22, the PWS lead communicated the water association's financial constraints; those constraints have contributed toward filing a permit to operate with NDEP. Technical assistance from the Nevada Rural Water Association is ongoing.
- M. TIMET Corporation (PWS NV0001139):** Secondary disinfection was discontinued. In March, staff communicated their recommendation to inactive this permit. On April 21, NDEP BSDW formalized the inactivation of the permit.
- N. Virgin Hyperloop (PWS NV0001184):** Staff communicated their recommendation to inactive this permit. On April 22, NDEP BSDW communicated that they're seeking guidance and concurrence from United States (US) Environmental Protection Agency (EPA) regarding the inactivation of the PWS.
- O. Yellow Pines Solar Project (PWS TBA):** On April 28, staff had general follow-up discussions with the site representative. Information gathered will be used toward NDEP BSDW seeking guidance and concurrence from US EPA regarding the site being classified, or not, as a PWS.

III. VECTOR CONTROL OFFICE

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

Vector Control and Other EH Services	April 2021	April 2022		FY 20-21	FY 21-22	
West Nile Virus Surveillance Traps Set	306	312	↑	1,745	1,890	↑
West Nile Virus Surveillance Mosquitoes Tested	505	1,901	↑	13,583	21,528	↑
West Nile Virus Surveillance Submission Pools Tested	116	192	↑	1,120	1,560	↑
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	210	82	↓
West Nile Virus Surveillance Positive Submission Pools	0	0	→	8	2	↓
Saint Louis Encephalitis Positive Mosquitoes	0	0	→	0	0	→
Saint Louis Encephalitis Positive Submission Pools	0	0	→	0	0	→
Western Equine Encephalitis Positive Mosquitoes	0	0	→	0	0	→
Western Equine Encephalitis Positive Pools	0	0	→	0	0	→
Mosquito Activity Complaints	8	1	↓	35	21	↓
Elevated Blood Level Home Investigations	0	1	↑	4	3	↓
Legionella Residential Investigations	2	0	↓	12	7	↓
Legionella Travel Associated Investigations	0	2	↑	3	10	↑
Legionella Healthcare Associated Investigations	0	0	→	0	1	↑
Public Accommodations Inspections	2	19	↑	353	365	↑
Public Accommodations SB4 Inspections	71	72	↑	856	764	↓
Public Accommodations Complaints	15	12	↓	122	154	↑
Mobile Home/Recreational Vehicle Park Inspections	1	3	↑	183	166	↓
Mobile Home/Recreational Vehicle Park Complaints	2	0	↓	19	9	↓

IV. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	April 2021	April 2022		FY 20-21	FY 21-22	
School Food Facility Inspections	63	70	↑	270	799	↑
School Food Facility Complaints	0	1	↑	0	4	↑
School Facility Inspections	71	110	↑	394	962	↑
School Facility Complaints	0	2	↑	3	50	↑
Summer Food Service Surveys	2	0	↓	11	40	↑
Child Care Facility Inspections	7	55	↑	280	366	↑
Child Care Facility Complaints	3	2	↓	5	7	↑
Body Art Facility Inspections	36	48	↑	284	399	↑
Body Art Facility Complaints	1	10	↑	14	31	↑
Body Art Artist Special Event Inspections	1	90	↑	1	114	↑
Total Program Services Completed	184	388	↑	1,262	2,772	↑

1. Schools:

- A. Johnston, Carroll Middle School, 5855 Lawrence St.:** During a routine inspection, staff found a significant water leak in the boiler room. The boiler room floor was covered in pooled water entering the electrical room doorway. School staff immediately submitted an emergency work order. Prior to staff leaving the facility, school district staff advised that a team was on the way to repair the leak.
- B. Bryan, Roger Elementary School, 8255 W. Katie Ave.:** Staff investigated a possible outbreak of gastrointestinal illness. Staff interviewed school administration who reported adequate procedures used to cleanup emetic events. The investigation is ongoing.
- C. Del Webb Middle School, 2200 Reunion Ave.:** Staff investigated a complaint alleging that the air conditioning was not working in parts of the school and there were indoor temperatures over 80°F. Staff interviewed school administration who advised that the school district was waiting on parts to arrive for the repair. During the investigation, room temperatures were in compliance with the regulations. School administration had a contingency plan to relocate students to other available classrooms should room temperatures exceed 80°F. Temperatures were being monitored by school administration throughout the day, with students and staff not allowed to remain in the classrooms if temperatures exceeded 80 °F. The complaint was substantiated.
- D. Foothill High School, 800 College Dr.:** During a routine inspection, staff observed the Culinary Department running a café and selling food to the teachers. Staff issued a Cease and Desist Order for the café and instructed school administration to contact SNHD Plan Review to apply for a permit.

2. Child Care:

- A. Kidz Preschool, 8060 Blue Diamond Rd.:** During a routine inspection, staff observed inadequate surfacing at both play structures. Artificial turf had been installed on top of a hard substrate that did not adequately absorb impacts. Both play structures were taken out of use until documentation is provided that the surfacing meets current standards for impact attenuation.

B. Imagination Station Early Learning Center Russell, 2488 E. Russell Rd.: During a routine inspection, staff found multiple issues. Violations included: incorrect diapering procedures; failure to wash toddler’s hands after a diaper change; hand washing sink temperatures too hot; custodial tools and other hazards stored accessible to children; a crockpot to heat infant bottles was too hot; refrigerator thermometers incorrectly placed; sinks not running for an adequate length of time; diapering receptacles not hands free; first aid kit missing items; and tripping hazard in the play yard. A reinspection will be conducted in May.

C. Green Valley, 3760 E. Sunset Rd.: During a routine inspection, staff found multiple issues. Violations included: incorrect cleaning of tabletops and highchair trays; insufficient disinfectant contact time; hot water exceeded regulation maximum; hazardous items accessible to children; foot covers not being worn in the infant room; children not spaced at least two feet apart while napping; improper cleaning of toys; and diapering station located on absorbent flooring. A reinspection will be conducted in May.

3. **Body Art:**

A. Golden Dragon Tattoo/Freak’s Tattoo Emporium, 227 S. Water St.: Staff investigated a complaint alleging that a patron developed a blood infection after a tattoo procedure at the facility. During the investigation, no discrepancies were identified in the cleaning and disinfecting procedures and the appropriate disinfectant was being used on work surfaces. All equipment was single-use and pre-sterilized. Packaged equipment was intact and expiration dates were current. Handwashing sinks had adequate hot water and were stocked with soap and paper towels. The complaint was not substantiated at the time of the investigation.

B. Ink Mayhem at the Aquarius Hotel and Casino, 1900 S. Casino Dr.: Staff conducted inspections of 90 temporary tattoo artists. All were operating in compliance with the regulations.

V. **PLAN REVIEW PROGRAM**

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

	April 2021	April 2022		FY 20-21	FY 21-22	
Food Pre-Permitting Services						
Food Safety Assessment Meetings	0	1	↑	5	5	→
Total Pre-Permitting Services	1,497	1,630	↑	15,074	13,527	↓
New Project Submissions	224	246	↑	2,475	2,949	↑
Released Projects	218	485	↑	2,686	3,096	↑
Total Service Requests Currently in Pre-Permitting	1,249	1,252	↑			

1. **Enforcement Actions and Investigations:**

A. We All Scream, 517 Fremont St.: Staff conducted final permitting inspections of two bars in the space previously permitted as The Beauty Bar. The health permits were not approved due to inadequate hot water and a clogged floor sink that was nearly overflowing. SNHD Regulations require that hot water is 100°F minimum at hand sinks, 120°F at 3-compartment sinks, and that wastewater is disposed of

properly. Repairs were made and the health permits were approved. There are two additional bars at the facility with pending final inspections.

- B. Viva Café, 3528 S. Maryland Pkwy.:** During a CPH inspection, staff found an inoperable grease interceptor in the kitchen and the date of the last cleaning was not known. SNHD Regulations require adequate grease capture for facilities that generate grease and replacement of equipment which is no longer functioning. The new owner was instructed to contact the Clark County Water Reclamation District and apply for the necessary building permits to install a new grease interceptor. The permit was approved with stipulations.
- C. Whiskful Thinking, 5035 S. Fort Apache Rd.:** A final permitting inspection found that a Type II hood had been installed above the cookline instead of a Type I hood. Type II hoods are not designed to remove grease-laden vapors. With the approval of the Fire Marshall, the owner opted to install induction burners instead of a gas range stove and not cook foods that produce grease-laden vapors. Since the facility is a bakery, the limitations of what could be cooked were manageable, so the permit was approved.
- D. Home2 Suites, 8906 W. Deer Springs Way:** Construction was started and completed for a new hotel without submitting plans for the food establishments. Once this was brought to the owner's attention, plans were submitted quickly. Additional permits, besides the public accommodations permit, include a market, buffet, and snack bar. During the final permitting inspection, there was one drink machine improperly installed and an unapproved 3-compartment sink that required replacement because it lacked integral drainboards. All corrections were made, the permits were approved, and the hotel was able to open on schedule.
- E. The Cake Slice, 55 S. Valle Verde Dr.:** A final permitting inspection resulted in failure due to missing equipment and no water available at the restroom hand sink or mop sink. During a reinspection, the hot water deficiency persisted, and staff discovered that the owner was doing inadequate repairs. Since the food establishment sells only packaged food, the permit was approved with a stipulation to hire a licensed plumber and repair the hot water within five days. The hot water was restored, and the owner provided proof that the work was completed by a licensed professional.
- F. Tacos and Tequila at Palace Station, 2114 W. Sahara Ave.:** A pre-permitting inspection found lighting deficiencies throughout the cooking and food preparation areas. Light levels were 25-foot candles on the working surfaces when SNHD Regulations require a minimum of 50-foot candles of light. All light bulbs were replaced with new LED bulbs which increased the light levels to over 50-foot candles. All permits were approved.
- G. Queen Tacos, 567 Nevada Way:** A final permitting inspection was conducted for a snack bar which was previously permitted as a PUSF. Boulder City allowed the trailer to hookup to permanent utility connections and meet the criteria for building code. SNHD Regulations require a food trailer to be portable and operate in conjunction with a commissary. In this case, the trailer is self-contained and has no additional storage or food preparation space at a commissary. Due to the small size of the trailer, the operator agreed to reduce the number of menu items so that there would be no issue with refrigeration or food storage and the permit was approved.
- H. Kono's Northshore LV2, 3616 Spring Mountain Rd.:** A final permitting inspection resulted in failure due to inadequate hot water throughout the facility. SNHD Regulations require 100°F hot water at hand sinks and 120°F at 3-compartment sinks. The owner discovered that the gas service had been turned off. Once the gas

was turned on, the hot water reached the required temperatures, and the permit was approved.

- I. **Capt. Loui Seafood Boil, 9430 W. Sahara Ave.:** During a final permitting inspection, staff found the walk-in cooler in disrepair, holding a temperature of 62°F. The walk-in refrigerator was taken out-of-service and the person-in-charge (PIC) was instructed not to use it. SNHD Regulations require cold holding equipment to maintain a temperature of 41°F or below. The restaurant had other adequate refrigeration which was operational. The permit was approved with stipulations and the cooler was repaired to 38° a few days later.
- J. **Proud 50, 2475 Chandler Ave.:** Staff conducted a final permitting inspection and found a tattoo workstation without a hand sink. There was a hand sink in an adjacent room, so the owner removed the door and relocated the tattoo worktable to be within 15 feet of the hand sink. The recently approved Body Art Regulations allow hand sinks to be shared as long as they are within 15 feet of the workstation without obstruction. The permit was approved.

VI. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	April 2021	April 2022		FY 20-21	FY 21-22	
Total Operation Inspections	247	463	↑	2,411	3,408	↑
Complaint Investigations	17	26	↑	88	154	↑
Inactive Body of Water Surveys	0	1	↑	53	38	↓
Total Program Services Completed	264	490	↑	2,552	3,600	↑

Drowning/Near Drowning/Diving Incident Investigations at Permitted Facilities: 3

1. Aquatic Health Operations

- A. **Clark Terrace Apartments, 3401 El Conlon Ave.:** A routine inspection resulted in a 30-day written compliance schedule due to an unauthorized equipment change. The original filter had been switched to a different sized filter. The qualified operator and the permit holder were instructed to submit a remodel application. Plan Review staff is currently awaiting the submission.
- B. **Destinations Spring Valley, 3925 S. Jones Blvd.:** Routine inspections resulted in failure due to the presence of multiple IHHs. Water chemistry for both the pool and the spa did not meet regulatory requirements. Failure to maintain adequate disinfectant levels can lead to the spread of disease. High cyanuric acid levels reduce the efficacy of the disinfectant. A broken suction outlet cover was also observed in the spa, creating a potential entrapment hazard. Both aquatic venues were approved to resume operations four days later after reinspections were approved.
- C. **Queensridge Homeowners Association (HOA), 851 Palace Ct.:** A routine inspection resulted in failure due to an IHH, nonoperational circulation system. The water in the pool was stagnant, lacked any detectable chlorine, and had begun to smell. Property management and the qualified operator were notified immediately. The aquatic venue was approved to resume operation following repairs and a reinspection the next day.

- D. UFC Fit Silverado Pool and Spa, 9875 Maryland Pkwy.:** Routine inspections resulted in failure due to multiple IHHs. The water chemistry for both the pool and spa did not meet regulatory requirements. Failure to maintain proper chlorine concentrations is essential for disease prevention. The facility was approved to resume operations following a reinspection the next week.
- E. Hartke Park Pool, 1638 N. Bruce St.:** Staff conducted a survey for an aquatic venue that was drained and placed on inactive status in 2019. The aquatic venue had been replaced with a skate park and basketball courts. The pool and equipment were completely removed, so the permit was deleted.
- F. Sunrise Vista Executive Suites, 3801 E. Charleston Blvd.:** Staff responded to a complaint alleging that the pool was green and not being maintained. The pool was dark green, stagnant, and possibly infested with mosquito larvae. Staff ordered a 72-hour compliance schedule for corrective actions to eliminate the nuisance conditions. A site survey was done the next day, confirming that the pool was in the process of being drained. Staff is awaiting confirmation of compliance from the operator.
- G. Mira Rigel HOA, 7505 Garnet Moon St.:** A routine inspection resulted in failure due to an IHH. The east gate was not self-latching. Without a properly self-closing and self-latching gate, the permit holder cannot prevent unauthorized access to the aquatic venue. Staff is currently awaiting verification of corrective actions. The facility remains closed until a reinspection is approved.

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

Aquatic Health Plan Review	April 2021	April 2022		FY 20-21	FY 21-22	
Total Pre-Permitting Services	703	575	↓	5,265	6,219	↑
New Project Submissions	70	85	↑	583	848	↑
Released Projects	42	104	↑	600	692	↑
Total Projects Currently in Plan Review	374	451	↑			

2. Aquatic Health Plan Review:

- A. Hilton Lake Las Vegas, 1610 Lake Las Vegas Pkwy.:** Final remodel inspections for the installation of disinfectant systems were conducted at the outdoor pool and spa, men’s warm and cold spas, and women’s warm and cold spas. The outdoor pool and women’s warm spa disinfectant systems were correctly installed and operating, so the remodels were approved. The men’s warm spa had free chlorine over 100 parts per million (ppm) and the women’s cold spa had free chlorine over 200 ppm, where 10 ppm is the maximum allowable level, so these remodels were not approved. The outdoor spa and men’s cold spa had inoperable filtration systems, resulting in the disinfection systems not operating correctly, so these remodels were not approved. Reinspections have not been requested at this time.
- B. Willow Ranch HOA, 533 Gloster Ave.:** A pre-plaster reinspection was conducted at the pool. The first pre-plaster inspection failed because there was no area lighting around the pool and no lighting in the equipment room. The area lighting was compliant at the reinspection, but the equipment room lighting was not. A second reinspection resulted in another failure because the equipment room lighting was still not compliant. Equipment room lighting was compliant at the third reinspection, so the inspection was approved.

- C. TownePlace Suites Las Vegas North, 4360 Nexus Way:** Final permitting inspections failed for the pool and spa. The spa water level was half of what it should be, and the pool water level was a couple of inches low. Both aquatic venues are equipped with autofills that should have maintained the water at the required level, but both were turned off. When the water supply to the autofills was turned on, water was leaking from under the concrete deck by the edge of the pool and near the backflow prevention device in the pump room. The leaks were repaired, and the final permitting inspections were approved.
- D. Aviano, 9956 Skye Gazer Ave.:** A pre-plaster inspection failed for the pool. Violations included the enclosure gate not properly self-closing, unfinished deck pavers, handrails not at the required height, backwash sump not installed, an unapproved circulation pump, and area lighting levels low, 5-15 foot candles where 10 foot candles are required. The reinspection has not been requested at this time.
- E. Life Time Living, 2460 E. Serene Ave.:** An excavation and plumbing inspection was conducted at the pool. The sump and piping configurations for the suction outlet fitting assemblies (SOFAs) were not supported by the manufacturer. The inspector educated the contractor about the new standard. The plumbing inspection was not approved. The contractor provided a revised plan indicating new SOFA plumbing configurations and a written letter of compliance from a manufacturer's representative. The revised plan and plumbing were approved, and the project proceeded with construction.

VII. REGULATORY SUPPORT

1. Regulatory Support Office (RSO) staff released nine Environmental Health Specialists from training. On April 22, Andrew Lizon, Alexandra McCann, and Guillermo Michel were released. On April 29, Tevin Brown, Neil Calzado, Mallory Jones, Vetahya Sabandith, Kelsey Thein, and Jordan Wells were released.
2. RSO staff participated in or performed the following activities: reviewed and attended a meeting for the draft Food Regulations; received Honorable Mention for the John J. Guzewich Environmental Public Health Award; hosted the quarterly Food Safety Partnership meeting (including English and Spanish trainings); conducted interviews for new hire candidates; conducted interviews for RSO Training Officer candidates; and participated in the following external meetings: Nevada Department of Agriculture Dairy Program, Conference for Food Protection (CFP) Allergen Committee, CFP Food Safety Management Systems Committee, and National Environmental Health association (NEHA) Food Safety Program Committee, Southern Nevada Food Council, cohort calls and meetings for the National Association of County and City Health Officials (NACCHO) Mentorship Program.
3. RSO EH Supervisor, Christine Sylvis, attended the CFP Executive meeting as a board member from April 25 to 27.
4. Special Processes staff met with various operators virtually, via phone calls and WebEx meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point (HACCP) plans. There are currently six cook chill/sous vide plans, five 2-barrier plans, 13 other HACCP plans, 23 waivers, and three operational plans in review.

VIII. SPECIAL PROCESSES

ENVIRONMENTAL HEALTH Label Review – Fiscal Year Data

Label Review	April 2021	April 2022		FY 20-21	FY 21-22	
Facility Label Review Submissions	20	24	↑	142	226	↑
Facility Label Review Releases	16	30	↑	121	251	↑
Number of Labels Approved	282	269	↓	1,894	3,415	↑

ENVIRONMENTAL HEALTH Special Processes Plan Review - Fiscal Year Data

Special Processes Review	April 2021	April 2022		FY 20-21	FY 21-22	
Cook Chill/Sous Vide Submissions	1	0	↓	3	2	↓
Cook Chill/Sous Vide Releases	0	0	→	1	3	↑
2-Barrier ROP Submissions	0	0	→	4	0	↓
2-Barrier ROP Releases	0	0	→	5	0	↓
Other HAACP Special Processes Submissions (Including ROP of fish, unpasteurized durably packaged juice, preservation, curing, etc.)	0	1	↑	6	3	↓
Other Special Processes Releases	0	0	→	2	2	→

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

Waivers & Operational Plans Review	April 2021	April 2022		FY 20-21	FY 21-22	
Waiver Review Submissions	2	0	↓	17	12	↓
Waiver Review Releases	0	0	→	10	10	→
Operational Plan Submissions	3	1	↓	4	2	↓
Operational Plan Releases	0	0	→	1	4	↑

AD/hh

Memorandum

Date: May 26, 2022

To: Southern Nevada District Board of Health

From: Cortland Lohff, MD, MPH, Chief Medical Officer, Director of Primary & Preventive Care *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

RE: PRIMARY & PREVENTIVE CARE DIVISION – April 2022

I. Immunization Program

A. Immunization Program Activities

1. There were 64 reminder calls made to parents/guardians of children 2-35 months who are not up to date with their immunization in the month of April.
2. There were 4,919 calls and postcards sent out to adults 65 years and older who did not receive their doses of Prevnar, Pneumovax and/or Td/Tdap vaccination on April 15, 2022.
3. In a continued effort to avoid the back-to school rush for this new mandate, a list was generated from NV WEBIZ for reminder calls to get their 16-year-old vaccinated with Quadrivalent meningitis vaccine (MenACWY). A total of 444 calls made in April by volunteers and team members.
4. National Infant Immunization (NIWW) was recognized April 25-29 at SNHD Immunization clinics. Office of Communication (OOC) provided “goodie bags” containing small baby items to be distributed in the clinics. New and expecting parents were entered into a raffle for a chance to win stroller, play pen, diaper genie and among other prizes.
5. Immunization Program will be transitioning to a new documentation system- Salesforce. Teams received end user training April 27 through April 29, 2022.

B. Immunization Outreach Activities

1. A total of 12 outreach clinics were conducted. 3 clinics were held at the Courtyard, 3 clinics at Episcopal Church, 2 CCDC events, and a monthly clinic at Boulder City Library, Mexican Consulate, Homeless Encampment, and Harm Reduction. A total of 315 vaccines were administered to 150 children and adults who are uninsured, insured, and underinsured. Vaccines administered – Flu, Covid-19, Hepatitis A, Hepatitis B, HPV, Meningococcal, MMR, Tdap, Zoster.
2. Staff attended the Salesforce and Safe talk trainings.
3. April staff trainings included SafeTALK Suicide Prevention Training and Cultural Competency class.
4. The Nevada State Immunization Program held a virtual statewide meeting on April 28, 2022. Agenda included- Subgrant updates, subaward expectations, Childcare and School immunization requirements, and review of Immunizations Program Operations Manual.

II. COVID-19 Vaccine Campaign

A. Community COVID-19 Vaccine Static Clinics

1. There were 2,798 COVID-19 vaccines were administered at 9 static sites held at 2 CSN campuses, 4 CCSD schools, Galleria Mall, Boulevard Mall, and Evening and Weekend Sites.
2. COVID-19 Vaccination program continue to utilize both contract companies and community partners for static sites and pop-up clinics. Static sites continue to be looked at weekly to scale down while meeting community needs.
3. Got Vax Activities included 16,520 vaccine clinic flyers distributed in selected zip codes in partnership with Mi Familia Vota.

B. Community COVID-19 Pop-Up Sites

1. There were 424 COVID-19 vaccines administered through 27 pop-up, community partner, and strike team activities. These include health equity area, long-term care, underserved, and homebound clinics.
2. Community partnerships administering vaccine included: Roseman University, Touro University, UNLV School of Medicine, and Care with Purpose Medical Center.
3. As requested from state partners, long term care facilities were administered vaccinations this month through SNHD.

III. Community Health Nursing

A. Maternal Child Health

1. There was one new reported childhood lead cases for the month of April.
2. There were three referrals for the Newborn Screening Program that required follow-up by the field nurse.

B. Nurse Family Partnership (NFP)

The Southern Nevada Health District-Nurse-Family Partnership (NFP) has 137 active clients. Fifty-one are participating through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program made available through the Nevada Division of Public and Behavioral Health under the Affordable Care Act (ACA). The annual site visit by the Nevada Division of Public and Behavioral Health was completed in April with no findings. The MIECHV program staff attended the Nevada Home Visiting Statewide Meeting in late April 2022.

The team continues to transition clients from telehealth to in-person home visit while still observing COVID-19 precautions to meet program goals and benchmarks.

C. Embracing Healthy Baby

The Southern Nevada Health District's Embracing Healthy Baby Program Community Health Workers (CHWs) are managing cases with minimal guidance from the program Community Health Nurse. Telephone, virtual and home visits continue with enrolled families. The program is providing services primarily through home visits. Education and referrals to needed services continue to be provided to families. A new CHW began employment in April and is currently in orientation. Interviews for the remaining vacant CHW position are planned for June 2022. Offers of employment for this position were made to two different individuals but were declined.

No program outreach occurred in April.

IV. Sexual Health Clinic

- A. The clinic provided services provided 1,259 unique services to 860 unduplicated patients for the month of April.
- B. The Sexual Health Clinic (SHC) is participating in two Learning Collaboratives under the Ending the HIV Epidemic efforts: 1) Community-wide Rapid stART Program through the Clark County Office of HIV with the goal of early treatment initiation and 2) STD Specialty Clinic Learning Community through the University of Washington's Prevention Training Center with the goal of scaling up HIV preventive services in STD specialty clinics.
- C. SHC staff received training on administration of Apretude, a new injectable medication available for use in the prevention of HIV.
- D. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The SHC nurse case manager has admitted five program participants this month. This is value-added service to patients accessing the SHC and clinicians have seen the difference in outcomes among patients who are partnered with the nurse.

V. Tuberculosis Clinic

- A. Five new active adult TB cases reported by the TB Clinic during this period.
- B. There were no new pediatric active TB case reported by the TB during this period.

VI. Employee Health Nurse

- A. There were 45 SNHD reported employees who tested for COVID-19 in April. This includes 41 PCR tests and 38 Rapid tests. Eight employees tested positive for Covid.
- B. Employee New Hire and Annual Tuberculosis (TB) testing continued for the month of April. Annual catch-up TB testing continues to be caught up. Twenty-one Tuberculosis tests were completed.
- C. There were no new employee Blood Borne Pathogens exposure cases for the month of April.
- D. There were no new employee TB exposure cases for the month of April.

VII. Preventive Services Administration

- A. Clinical Services Division continues to retain Nevada State Board of Nursing approval to provide Continuing Education credits for SNHD Nursing staff. There were no CEU's offered in April.

Attachments: April 2022 Statistical Report

PRIMARY AND PREVENTIVE CARE SERVICES
MONTHLY REPORT
April 2022

Clinical Services Client Encounters by Locations

Location	DECATUR PHC	ELV PHC	Hend PHC	Mesquite PHC	Laughlin	Mobile Clinic	Homeless Outreach	Targeted Populations	TOTAL
Immunization	1,788	379	272	71	0	0	0	168	2,678
Immunization Records Issued	459	45	17	0					521
Newborn Metabolic Screening	1	0	0	0					1
Sexual Health Clinic	1,259								1,259
TB Treatment & Control	1,107								1,107
SAPTA Services								48	48
TOTAL	4,614	424	289	71	0	0	0	216	5,614

Clinical Services Client Encounters by Program

Program	April 2021	April 2022		FY 20-21	FY 21-22	
Immunizations	9,018	2,678	↓	57,463	33,797	↓
Immunization Records Issued	255	521	↑	3,089	7,701	↑
COVID-19 Vaccine Given*	0	2,798	↑	0	22,407	↑
Newborn Met. Screening	0	1	↑	9	8	↓
Sexual Health Clinic	897	1,259	↑	7,583	12,672	↑
TB Treatment & Control	1,032	1,107	↑	8,507	9,043	↑
SAPTA Services	7	48	↑	193	278	↑
TOTAL	11,209	8,412	↓	76,844	85,906	↑

*Funded by COVID Grant Funds

Clinical Services Immunization Program

Immunizations	April 2021	April 2022		FY 20-21	FY 21-22	
Flu Vaccine Given	349	523	↑	11,421	9,027	↓
Gratis	33	261	↑	929	2,083	↑
COVID Vaccine*	n/a	325	↓	n/a	5,147	↓

*Given by Immunization Clinics

Vaccines for Children (VFC)*	April 2021	April 2022		FY 20-21	FY 21-22	
Number of VFC Compliance Visits	0	10	↑	54	68	↑
Number of IQIP Visits*	0	3	↑	19	33	↑
Number of Follow Up Contacts	0	32	↑	395	417	↑
Number of Annual Provider Training	10	11	↑	31	62	↑
Number of State Requested Visits	0	152	↑	622	1,203	↑

Perinatal Hepatitis B	April 2021	April 2022		FY 20-21	FY 21-22	
# of Expectant Women	22	18	↓	20	16	↓
# of Infants	89	98	↑	82	81	↓
Total # of Infants Delivered	2	2	→	3	33	↑
New Cases	0	2	↑	41	40	↓
Closed Cases	5	2	↓	57	43	↓

Childcare Program	April 2021	April 2022		FY 20-21	FY 21-22	
Childcare Audits	2	2	→	10	61	↑
Baseline Immunization Rate	51%	61%	↑	70%	73%	↑
# of Re-Audits	3	3	→	8	66	↑
Re-Audit Immunization Rate	91%	85%	↓	91%	92%	↑
# of Records Reviewed	89	64	↓	837	4,675	↑

Covid-19 Vaccine Campaign

COVID-19 Vaccine Campaign	April 2021*	April 2022		FY 20-21*	FY 21-22	
Number of COVID-19 Vaccines administered	0	2,798	↑	0	22,407	↑
# of Healthcare Provider Compliance Visits	0	8	↑	0	29	↑
# of Newly Enrolled Healthcare Provider Education Sessions	0	1	↑	0	24	↑
# of Potential Healthcare Provider Recruitment Sessions	0	9	↑	0	27	↑
# of Healthcare Provider Contacts	0	257	↑	0	602	↑

*Data collection started January 2022

Clinical Services Community Health Program

Nursing Field Services	April 2021	April 2022		FY 20-21	FY 21-22	
MCH Team Home Visit Encounters	10	14	↑	95	113	↑

NFP	April 2021	April 2022		FY 20-21	FY 21-22	
Referrals	10	21	↑	105	181	↑
Enrolled	3	11	↑	52	96	↑
Active	137	137	→			

MCH	April 2021	April 2022		FY 20-21	FY 21-22	
# of Referrals Received**	3	5		38	29	↓
# from CPS*	1	1		13	13	→
# of Lead Referrals	1	1		9	5	↓
# of Total Admissions	2	2		18	12	↓

EHB	April 2021	April 2022		FY 20-21	FY 21-22	
Referrals	9	5	↓	59	142	↑
Enrolled	3	3	→	50	65	↑
Active	27	56	↑			

Thrive by 0 - 3	April 2021	April 2022		FY 20-21	FY 21-22	
Referrals	83	51	↓	669	743	↑
Enrolled	2	1	↓	31	15	↓
Active	16	13	↓			

Clinical Services Tuberculosis Program

Tuberculosis	April 2021	April 2022		FY 20-21	FY 21-22	
Number of Case Management Activities*	262	312	↑	1,749	2,400	↑
Number of Monthly Pulmonary Specialist Clinic Clients Seen	26	34	↑	236	232	↓
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	3	10	↑	15	118	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	0	2	↑	0	8	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	740	745	↑	6,501	6,288	↓

*New EMR system- Counting only successful activities

Substance Abuse Prevention & Treatment Agency (SAPTA)	April 2021	April 2022		FY 20-21	FY 21-22	
# of Site Visits	1	4	↑	15	28	↑
# of Clients Screened	7	48	↑	193	278	↑
# of TB Tests	6	44	↑	165	239	↑
# of Assessments only	1	4	↑	28	39	↑

Sexual Health Clinic Program

STD Services	April 2021	April 2022		FY 20-21	FY 21-22	
STD treatment/screening/exam	897	1,259	↑	7,583	12,672	↑
Total # of patients served	709	860	↑	6,015	8,331	↑