



City of Beverly Hills

**Health and Safety Commission
Regular Meeting**

**September 27, 2010
4:00 PM
City Hall Room 280-A**

***Enhancing the Health and Safety of
Our Community***

A detailed Commission packet is available for review in the Library and City Clerk's Office.



In accordance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please call the City Manager's Office at (310) 285-1014. Please notify the City Manager's Office at least seventy-two hours prior to the meeting so that reasonable arrangements can be made to ensure accessibility. Conference Room 280-A is equipped with audio equipment for the hearing impaired, and is wheelchair accessible.

**CITY OF BEVERLY HILLS
City Hall Room 280-A
455 N. Rexford Drive
AGENDA**

HEALTH AND SAFETY COMMISSION REGULAR MEETING

September 27, 2010

4:00 p.m.

A. ROLL CALL

B. PLEDGE OF ALLEGIANCE

C. COMMISSION MINUTES

- Consideration of minutes of July 26, 2010.

D. ORAL COMMUNICATIONS FROM THE AUDIENCE

At this time, members of the public may address the Commission regarding any items not on the Agenda that are within the subject matter jurisdiction of the Commission. By State law, the Commission may not discuss or vote on items not on the Agenda.

E. REPORT FROM THE CHAIRPERSON

- Mayor's Cabinet Meeting – August 11, 2010 and September 8, 2010.
- Other items of interest.

F. DIRECTOR'S REPORT

- Report from Myra Lurie, Beverly Hills School District Board Member
- Information Only:
 - a) First Symptomatic Case of West Nile Virus in LAC Confirmed
 - b) It's Back to School for LA County
 - c) CPR Newsletter
 - d) Household Hazardous Waste and E-Waste Roundup flyer
 - e) Irrigation classes flyer
 - f) Beverly Hills Weekly – Interview with Chair Landau (under separate cover)
- Other Items

G. NEW BUSINESS

1. Water Utility Public Health Goal Report – Shana Epstein
2. Introduction of Work Plan Item: Enhancements to Neighborhood Watch
3. Presentation from Information Technology – The Health and Safety Commission will visit the Information Technology Department located at 444 N. Rexford Drive, Level B.
4. Health and Safety Community Award
5. October Meeting Date Change to October 18, 2010
6. Future Agenda Items

H. COMMENTS FROM COMMISSIONERS

Commissioners' brief responses to public comments, questions for clarification, brief announcements, request for information, and brief reports on activities.

I. ADJOURNMENT

CITY OF BEVERLY HILLS
City Hall Room 280-A
MINUTES

HEALTH AND SAFETY COMMISSION REGULAR MEETING

July 26, 2010

4:00 p.m.

The meeting was called to order at 4:05 p.m.

A. ROLL CALL

Commissioners Present: Aronberg, Millan, Seidel, Setian, Vice Chair Judelson, Chair Landau

Commissioners Absent: Kopeikin

Staff: P. Mottice Muller, K. Ryan

B. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was let by Vice Chair Judelson.

C. COMMISSION MINUTES

MOVED by Seidel, SECONDED by Millan to approve the minutes of the meeting on June 28, 2010 (6/0)

Ayes: Judelson, Landau, Seidel, Aronberg, Setian, Millan

Noes: None

Absent: Kopeikin

CARRIED.

D. ORAL COMMUNICATIONS FROM THE AUDIENCE

Councilmember Nancy Krasne briefly spoke to the Commission, thanking them for their hard work and accomplishments.

E. REPORT FROM THE CHAIRPERSON

MAYOR'S CABINET MEETING – JULY 14, 2010

- Chair Landau read a report from Commissioner Kopeikin who attended the Mayor's Cabinet Meeting on July 14th, highlighting discussions from the other Commissions. At the Mayor's Cabinet meeting, Commissioner Kopeikin reported recent work by the Health and Safety Commission to the Cabinet.

OTHER ITEMS OF INTEREST - *none*

F. DIRECTOR'S REPORT

- Director Mottice Muller reported that a presentation was given to the City Council on July 22nd regarding the Public Health Advisory on the recent outbreaks of mumps and pertussis and whooping cough and included the Health and Safety Commission's recommendation. Mayor Delshad requested that a "Did You Know?" item be placed on a future agenda regarding the issue and requested that a press release will also be sent to the Weekly and Courier providing education on this issue.
- The Tobacco Retailer Ordinance will go before the City Council on August 3rd. Following City Council approval, outreach to the local tobacco retailers will begin.

- Director Mottice Muller acknowledged incoming Commission Chair Landau and Vice Chair Judelson, and thanked former Chair Seidel for his leadership over the past two years

REPORT FROM MYRA LURIE, BEVERLY HILLS SCHOOL DISTRICT BOARD MEMBER
Ms. Lurie reported the following items:

- She will chair the School District's "Green" initiatives and would like to incorporate information learned in the Pesticides & Herbicides agenda item.
- Discussion on the "Subway to the Sea" issue will continue by the PTA and other stakeholder groups. The School District needs more information before it can take a position on this subject.
- More program management of the Measure E Bond will take place in house to maintain more control of the program.

INFORMATION ONLY:

- a) LA Times Article: "There's a hole in this possible earthquake pattern" – *no comment*

OTHER ITEMS – Commission Calendar – *no comment*

G. NEW BUSINESS

1. HEALTH AND SAFETY AWARDS

Copies of nomination forms for the Health and Safety Awards were distributed to Commissioners.

2. PESTICIDE & HERBICIDE USE

Ken Pfalzgraf, Parks and Urban Forest Manager, presented this item to the Commission. He began by describing his responsibilities and workforce as they pertain to the use of pesticides and herbicides. Mr. Pfalzgraf explained the "category ratings" of chemicals used in pesticides and herbicides, and described how they appear on product labels.

Pesticide and herbicide use by the City of Davis, CA was compared to the City of Beverly Hills' amount of Chemical use. Mr. Pfalzgraf noted that he felt that Beverly Hills' level of chemical use is very low in comparison to others. He suggested the following as possibilities to reduce the City's use of chemicals even further:

- eliminate use of Category 2 products
- eliminate use of "snail and slug bait"
- improve language in landscape maintenance contracts to include more specific instructions on methods to avoid chemical use (penalize contractor or terminate contract if these methods are not followed)
- improve cultural methods

Mr. Pfalzgraf told the Commission that he is open to further suggestions, and offered to come back before the Commission to compare the City's 2010 and 2011 levels of chemical usage.

Commissioner Aronberg suggested that a list of websites be placed on the City's website to give information to individuals on how to reduce usage of chemicals at home.

Commissioner Aronberg will compile a list of links to websites for approval and then posting.

3. FUTURE AGENDA ITEMS

Commissioners agreed that the August meeting will be cancelled.

MOVED by Setian, SECONDED by Aronberg to cancel the August Health and Safety Commission Meeting (4/1)

Ayes: Judelson, Aronberg, Setian, Millan

Noes: Seidel

Abstain: Landau

Absent: Kopeikin

CARRIED.

4. OPERATION GOLDEN PHOENIX 2010

On July 28th, the City of Beverly Hills will take part in a county-wide disaster exercise entitled "Operation Golden Phoenix 2010".

Director Mottice Muller gave a presentation on the planned exercise. The City's involvement, basic information and preparedness suggestions were discussed.

5. FLU AND VACCINES FAQS

This item was discussed under "Director's Report" above.

6. CONFLICT OF INTEREST CODE

Commissioners had no comment or changes to the Conflict of Interest Code.

MOVED by Judelson, SECONDED by Aronberg that there are no changes to the Conflict of Interest Code (6/0)

Ayes: Judelson, Landau, Seidel, Aronberg, Setian, Millan

Noes: None

Absent: Kopeikin

CARRIED.

H. COMMENTS FROM COMMISSIONERS

Commissioner Setian stated that he would like everyone to view the 35-minute "Every 15 Minutes" video from the program that took place at Beverly Hills High School in May. Commissioners agreed that this could be added to the September Agenda.

Commissioner Aronberg thanked the Commission for taking part in today's discussion on pesticides and herbicides.

I. ADJOURNMENT

There being no further business, Chair Landau, with the consent of the Commission, adjourned the meeting at 6:57 p.m.

PASSED, Approved and Adopted

This _____ of _____, 2010

Peter Landau, Chair



For Immediate Release:

September 3, 2010

First Symptomatic Case of West Nile Virus in LAC Confirmed

LOS ANGELES – The Los Angeles County Health Officer today confirmed the first symptomatic human case of West Nile Virus (WNV) infection in Los Angeles County for the 2010 season. The case is a teenager from the east Los Angeles County area who became symptomatic in mid-August. The individual has since recovered.

“West Nile Virus is primarily spread through mosquito bites, so I encourage everyone to protect themselves from these pests,” said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. “Get rid of pools of stagnant water around your home where mosquitoes breed and use a repellent containing DEET or another approved repellent when outdoors in mosquito-prone areas, especially around dawn or dusk.”

Mosquitoes obtain the virus by feeding on infected wild birds. As of August 30th, Public Health and the independent mosquito abatement districts throughout the county have detected WNV in 17 dead birds, 31 mosquito pools, two sentinel chickens, and one squirrel within Los Angeles County in 2010.

Exposure to West Nile Virus

WNV is spread from humans through the bite of an infected mosquito; mosquitoes can become infected by biting a bird that carries the virus. Most mosquitoes do not carry the virus and most people bitten by a mosquito have not been exposed to the virus. The virus is not spread through person-to-person contact, or directly from birds to humans.

In most cases, people who are infected with West Nile Virus never become sick, or have only very mild symptoms that include fever, headache, nausea, body aches, and a mild skin rash. Symptoms of West Nile Virus could appear within three to 12 days after infection. Fortunately, fewer than one in 150 people who are bitten by an infected mosquito become severely ill, according to the Centers for Disease Control and Prevention (CDC). In these rare cases, the virus can cause encephalitis and death. The elderly are most at risk for severe cases of the disease. There is no specific treatment for West Nile Virus. However, individuals with severe symptoms may be hospitalized.

Preventive Measures

People can decrease their risk of infection by following these recommendations:

- Avoid mosquito-infested areas at dawn and dusk.
- Wear long-sleeved shirts and long pants whenever you are outdoors.



- Repellants containing DEET, picaridin, or oil of eucalyptus, when used as labeled, are effective defenses against mosquitoes.
- Check your window screens for holes.
- Do not allow water to collect and stagnate in old tires, flowerpots, swimming pools, birdbaths, pet bowls, or other containers. These are prime breeding grounds for mosquitoes.
- Clean and chlorinate swimming pools; drain water from pool covers.
- Stock garden ponds with goldfish or other mosquito-eating fish, which are often available through your local mosquito abatement district. These fish eat mosquito eggs and larvae.
- Empty and wash birdbaths and wading pools weekly.

The Los Angeles County Public Health Department has established a toll-free information line that will provide callers with updated information on West Nile Virus within the county. Call 800-975-4448.

If a recently dead bird (less than 24 hours) is found, the public is encouraged to report this by calling 877-747- 2243. Residents who see a “green pool” or stagnant swimming pool at a home should report it to Public Health’s Environmental Health Bureau at 626-430-5200.

Where to call with questions about mosquitoes:

- Greater Los Angeles County Vector Control District: (562) 944-9656
- Los Angeles County West Vector Control District: (310) 915-7370
- San Gabriel Valley Mosquito and Vector Control District: (626) 814-9466
- Antelope Valley Mosquito and Vector Control District: (661) 942-2917
- Compton Creek Mosquito Abatement District: (310) 639-7375
- Pasadena City Health Department: (626) 744-6004
- City of Long Beach Vector Control Program: (562) 570-4132

The Department of Public Health is committed to protecting and improving the health of the nearly 10 million residents of Los Angeles County. Through a variety of programs, community partnerships and services, Public Health oversees environmental health, disease control, and community and family health. Public Health comprises more than 4,000 employees and has an annual budget exceeding \$750 million. To learn more about Public Health and the work we do, please visit <http://www.publichealth.lacounty.gov>, visit our YouTube channel at <http://www.youtube.com/lapublichealth>, or follow us on Twitter: LAPublicHealth.

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Questions about this press release can be directed to the Public Health Media Line at (213) 240-8144

For Immediate Release:
September 7, 2010

It's Back to School for LA County

Public Health offers parents tips on keeping young students safe and healthy

LOS ANGELES - With the start of the school year just around the corner, the Los Angeles County Department of Public Health has tips on how to keep your child safe and healthy so that they can focus on their studies and thrive, both at home and school.

"If you teach children healthy habits now, they will stick with those habits long-term," said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. "Give your kids the head-start they need to live long, healthy and productive lives."

Stop Disease in its Tracks: Vaccinate!

School season means that your child will come into contact with hundreds of other children daily, providing them plenty of opportunity to pick up whatever illnesses are going around. Teach your children healthy habits, such as washing their hands before eating and after using the restroom, and covering their mouth and nose with a tissue when coughing or sneezing. Make sure that their vaccinations are up-to-date.

"Right now, a big concern is pertussis, also known as 'whooping cough,'" Dr. Fielding said. "Statewide, the numbers of pertussis cases have reached epidemic levels, and it is important that children and those that care for them, including teachers, aides, school officials, and adults at home, are appropriately protected against this vaccine-preventable disease."

In addition to the usual series of childhood pertussis vaccinations, the California Department of Public Health now recommends an adolescent-adult pertussis booster vaccine (Tdap) for:

- anyone 7 years and older who is not fully immunized, including those who are more than 64 years old
- women of childbearing age
- anyone who cares for infants, particularly those under 3 months of age

Flu and cold season will also begin shortly. This year's flu vaccine will include protection against H1N1 and other flu strains that are likely to start circulating in schools and elsewhere. Influenza can cause students, teachers and others to miss important days of school and work and, in some cases, can lead to serious complications for those who become sick. While colds are not as serious as influenza and there is no vaccine against colds, the chance of catching or giving a cold is reduced by hand washing and covering coughs and sneezes.

Residents are encouraged to first contact their regular doctor for recommended vaccinations. Those who do not have a regular healthcare provider or insurance coverage for vaccines can call the LA County Information line at 2-1-1 or visit <http://www.publichealth.lacounty.gov/ip> for referrals to providers and community sites offering free or low-cost immunizations.

Everyone should practice these healthy habits to help prevent the spread of any illness:

- Wash your hands often with soap and water, especially after using the restroom and before eating.
- Avoid touching your eyes, nose and mouth. Germs are spread more easily through these areas.
- Cover coughs and sneezes with a tissue or with your sleeve.
- Stay home from work, school or daycare if you or your child is sick.

After-School Snacks can be Healthy

People who eat regular meals, beginning with a healthy breakfast, are less likely to overeat and gain weight than people who skip meals. Healthy snacks should be incorporated into a child's diet as a way to satisfy the hunger of a growing child, and to provide the vitamins and nutrients a body needs.

"Many people incorrectly believe that snacking is a bad thing," Dr. Fielding said. "But if you're careful about how much and what you eat, snacking can be a key component to a healthy diet."

Healthy Snacking Ideas:

- Plan snacks as part of the day's menu by offering them at regular times, such as mid-morning and mid-afternoon. Children and adults should avoid nibbling constantly throughout the day, but a planned snack break can provide energy and nutrition, and help prevent binge eating or less healthy food choices.

- Some suggested “kid-friendly” fruit and veggie snacks include: adding peanut butter and raisins to celery sticks, dipping graham crackers or gingersnaps in applesauce, freezing fresh, unsweetened 100% fruit juice in popsicle molds, or serving frozen bananas with a small amount of cheddar cheese.
- Make healthy substitutions by trading in ice cream for frozen grapes, chips for pretzels, or a cup of low fat yogurt instead of a candy bar.
- When shopping at a grocery store or farmers’ market, let children help pick out fruits and vegetables for snacks. They will be more interested in eating these foods if they have been involved in selecting them.
- Snacks are a good way to introduce new fruits and vegetables. Include a game or activity to learn about the new food and its nutritional value, and let the child help prepare the snack.

Stay Active, but Stay Safe

Many parents allow their children to walk or ride a bicycle to school, which can be a great way for them to get exercise. However, it is important to teach kids about pedestrian and bicycle safety before turning them loose on their own. From 2004 to 2006, there were 16 children (ages 5-11) killed in pedestrian accidents, and 1,824 children were injured.

There are “rules of the road” for pedestrians, just as there are for motorists. Take the time to make sure your children understand these potentially life-saving rules:

- Pedestrians are to use sidewalks whenever they are safely available.
- When sidewalks are unavailable, pedestrians must walk facing traffic as far to the left as possible.
- Pedestrians must obey traffic signals and/or traffic officers.
- At crosswalks where there isn't a traffic control signal or officer, pedestrians have the right-of-way.
- If there are not any crosswalks, signs or signals, the pedestrian must yield the right-of-way to all vehicles.
- Regardless of the right-of-way, the driver is required by law to take great care to avoid “hitting” pedestrians.

You can help make it safer to walk to your local school by:

- Adopt a Walk to School Week campaign at your child’s school to help increase pedestrian safety awareness. For more information, go to: <http://www.walktoschool.org/>.

- Start a walking school bus. Talk to other parents at your school and encourage a group of children to walk to school with one or more adults.

Between 2004 and 2006, three children were killed in bicycling accidents, and 915 children were injured. "These tragic deaths and injuries are, in most cases, preventable," Dr. Fielding said. "Ride with the flow of traffic, stay visible, and-if your child is under the age of 9-be sure they ride on a sidewalk. And always wear a helmet when riding a bicycle."

For more information on pedestrian and bicycle safety, please visit the LA County Public Health Injury and Violence Prevention Program website at <http://www.publichealth.lacounty.gov/ivpp>.

The Department of Public Health is committed to protecting and improving the health of the nearly 10 million residents of Los Angeles County. Through a variety of programs, community partnerships and services, Public Health oversees environmental health, disease control, and community and family health. Public Health comprises more than 4,000 employees and has an annual budget exceeding \$750 million. To learn more about Public Health and the work we do, please visit <http://www.publichealth.lacounty.gov>, visit our YouTube channel at <http://www.youtube.com/lapublichealth>, or follow us on Twitter: LAPublicHealth.

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Kathy Ryan

Subject: FW: News from Beverly Hills CPR

From: Beverly Hills CPR [mailto:bhcpr911@gmail.com]
Sent: Thursday, September 09, 2010 11:56 AM
To: Pamela Mottice-Muller
Subject: News from Beverly Hills CPR



September 2010

Beverly Hills CPR Newsletter

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Did you know?

Greetings!

The Beverly Hills CPR Program began in 1977 when volunteers organized to raise funds and coordinate instructors to train members of the community in CPR. A volunteer board, Friends of Beverly Hills CPR, continues to provide direction, plan programs, and raise funds to support our efforts.

Beverly Hills CPR is dedicated to reducing preventable deaths from heart disease, the number one cause of death in the United States. We train as many people as possible in the lifesaving techniques of CPR (cardiopulmonary resuscitation) as well as the use of AED's (automated external defibrillators), first aid and the Heimlich Maneuver. We use volunteers to teach American Heart Association courses for the community as well as healthcare professionals.

This year we expect to have trained 86,000 people in these life saving techniques. Whether you just need to brush up on your skills or have never been trained in CPR before, be sure to check out our September class schedule and register for a class so that you can be counted as one of the 87,000 people trained within Beverly Hills this year.

Sincerely,

Les Bronte
Administrative Coordinator

Beverly Hills CPR

Fire Department Recognized for

Sudden cardiac arrest is not the same as a heart attack. Sudden cardiac arrest occurs when electrical impulses in the heart become rapid or chaotic, which causes the heart to suddenly stop beating. A heart attack occurs when the blood supply to part of the heart muscle is blocked. A heart attack may cause cardiac arrest.

[Join Our Mailing List!](#)

Saving A Life



At the City Council meeting on August 31, members of our Fire Department and two Dispatchers were recognized for their efforts in the reviving of a 34 year old female (Elena Yeshona) who was found pulse less and non-breathing on May 22, 2010, by her husband. Mayor Delshad and Council member Krasne were very appreciative of the actions of all personnel involved in the call. The Fire Department met with the family (Kevin and Elena) prior to the Council meeting. We all are most grateful for the actions of our Firefighters and congratulating the following Members for their outstanding efforts on May 22:

Communications Dispatcher Deann Lewis

Communications Dispatcher Kelli Garner

Captain Dean Viana

Firefighter/Paramedic Dale Nordberg

Firefighter/Paramedic Joel Dawson

Firefighter JR Berardinelli

Firefighter/Paramedic Bob Trevett

Firefighter/Paramedic Ryan Sinutko

It was a very special evening with approximately 20 members of the Yeshona family attending the Council meeting. The evening had an extra special celebration as it was also Kevin Yeshona's birthday. We all are most grateful for the efforts of the Department's on-duty personnel and are particularly appreciative of Captain Viana who planned and coordinated the evening with the City and the family.

Teachers Learn to Be Life Savers

By: Pete Griffin

Beverly Hills Patch

BHUSD employees participated in a Beverly Hills CPR workshop on Sept. 8.

More than 300 city teachers and school staff members became the students during a Sept. 8 workshop at Beverly Hills High School. They were taught life-saving techniques by Beverly Hills CPR, from basic First Aid instruction to using an Automatic Emergency Defibrillator. Patch was at the workshop and talked with participants about the training and how it will benefit them in the upcoming school year.

[Click here](#) to read the full article and to watch a video clip of the CPR Training in progress.

Boy, 9, Saves Little Brother from Drowning

CBS News

August 24, 2010

2-Year-Old Tot Found Face-Down in Family's Backyard Pool; Brother Took Over Doing CPR When Mom's Efforts Were Failing



When two-year-old Brendan Hearn was discovered face-down in the family pool in Joliet, Ill., last Thursday, his mother, Tabitha, feared the worst and placed a frantic call to 911.

She then started CPR, but after just a few chest compressions, her nine-year-old, Logan Hearn, intervened.

"My son," Tabitha recalls, "said, 'You're doing that wrong,'" and kind of told me just to move out of the way, and did the procedure like it should be done, and it was working!"

Paramedics arrived quickly, Tabitha says.

Logan learned CPR while taking lifeguard lessons.

The story gets even more amazing: Logan had a liver transplant when he was 7-and-a-half months old, getting a part of Tabitha's liver. He's also been off anti-rejection drugs for three years, Tabitha told "Early Show" co-anchor Harry Smith, as part of a clinical study.

Tabitha agreed with Smith's assessment that Logan was a "miracle child" to begin with. "Certainly. Without question," Tabitha said.

She described her moment of terror when she realized little Brendan might be in the pool. "I opened the door," Tabitha said, "to see where Brendan was and I noticed my bedroom door was ajar. I looked outside quickly. The dogs were out there. He was not. I screamed for Logan, 'Where is your brother?' He says, 'I don't know.' And the first thing I thought was, 'He must be in the pool.' I ran outside and there he was, in the pool."

After Tabitha began CPR, Logan told Smith, Logan was thinking, "She's doing it wrong. I don't see anything (any water) coming up."

So, he told Smith, he "just kind of shoved her and said, 'Move a little bit.'"

Then, says Logan, "I closed his nose, tilted his head back, blew two breasts in, and then pumped his chest, and then I stopped, because water was just pouring, out, and a small amount of food."

Logan's father, Brent Hearn, told Smith, "Even as an adult, I don't know if I could do that. I could try to do CPR, but to have that composure, and to have that patience, you know, is just amazing at

that age."

Logan added they'll sure "have a story to tell" Brendan when he grows up!

"I just thank god he was there!" Tabitha concluded.

"I was still a little skittish," Brendan admitted, "but I just still went on and did it."

On a recent Monday, Helen Elzo got a call from her doctor's office. A device implanted in her heart was not functioning. She needed to go to the hospital to have it replaced.

She was aghast-her heart is damaged and, at any time, can start quivering instead of beating. If the device, a defibrillator, was unable to shock her heart back to normal, her life was in danger.

In the old days, Mrs. Elzo, 73, who lives outside Tulsa, Okla., could have gone for months before the problem was discovered at a routine office visit.

But she has a new defibrillator that communicates directly with her doctor, sending signals about its functions and setting off alarms if things go wrong.

On the horizon is an even smarter heart device, one that detects deterioration in various heart functions and tells the patient how to adjust the medications.

They are part of a new wave of smart implantable devices that is transforming the care of people with heart disease and creating a bonanza for researchers. The hope is that the devices, now being tested in clinical trials, will save lives, reduce medical expenses and nudge heart patients toward managing their symptoms much the way people with diabetes manage theirs. Patients, who often are frail or live far from their doctors, can be spared frequent office visits. Doctors can learn immediately if the devices are malfunctioning or if patients' hearts are starting to fail.

"it's like having an office visit every day and a complete physical every week," said Dr. Leslie Saxon, a cardiologist at the University of Southern California.

The big leap forward came a few years ago when the device companies figured out how to make transmitters that send data over a broader range, 20 to 30 feet. That meant that, with her device, Mrs. Elzo did not have to wait till her doctor could put a receiver directly on her chest. Instead, she simply went near a small box, which is attached to a phone jack near her bed. Once a

week, she also measures her weight and blood pressure-key indicators of heart failure- and that information is automatically transmitted to her doctor. If there are problems, the machine alerts her doctor.

"Now, every single day the device is being queried," said her doctor, James Coman of the Heart Rhythm Instituted in Tulsa. "It's just a phenomenal tool."

There is a downside, though: "Information overload is a very serious problem" for the doctors, said Dr. Lynne Warner Stevenson, director of the Heart Failure Program at Brigham and Women's Hospital in Boston and a professor at Harvard Medical School, who counts herself as a proponent of smart devices. More information, she warned, is not always beneficial.

The devices transmit useful data along with data whose significance is not clear, like variations in heart rate. Large swings in heart rate can indicate risk, but it is not clear what to do about them.

[Click Here to Read the Full Article](#)

Be Prepared for a Pet Emergency

Beverly Hills CPR is proud to announce a new program that will focus on CPR and First Aid for pets. Classes will begin in October and offer instruction of what you can do if you find a dog or a cat unconscious at home or on the street. You will learn the fundamentals of checking for breathing and a heartbeat and the skill of rescue breathing and chest compressions.

The classes will also feature what to do if a pet is found bleeding, poisoned or drown and how to deal with a dog or cat from the effects of a natural or man-made disaster such as a fire, flood or earthquake.

Contact our office at 310 281 2753 for additional information or our web site a www.BHCPR.org

September is Childhood Obesity Awareness

American Heart Association

September 2010

Spend time this month educating your kids about healthy choices for a better life.



Today, about one of three American kids and teens are overweight or obese, nearly triple the rate in 1963. Among children today, obesity is causing a broad range of health problems that previously weren't seen until adulthood. These include high blood pressure, type 2 diabetes and elevated blood cholesterol levels. There are also psychological effects. Obese children are more prone to low self-esteem, negative body image and depression.

However, there's good news: Obesity can be stopped. And it doesn't take high-tech treatments or cutting-edge medications. The solution begins and ends with the daily decisions we make. The American Heart Association is working to help kids and families live heart-healthy lives.

Check out the American Heart Association website, [by clicking here](#), for more resources to help your family live longer, healthier lives..

Diet: Chocolate in Moderation May Help Heart

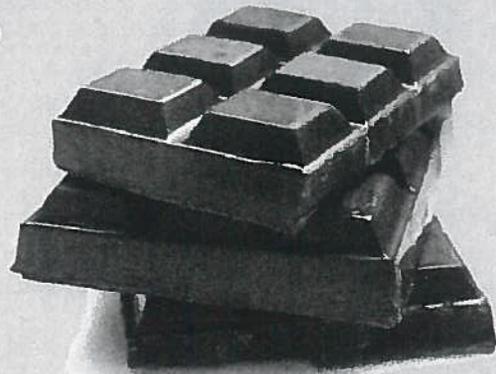
By [RONI CARYN RABIN](#)

Published: October 27, 2008

New York Times

Note to chocoholics: When it comes to chocolate's health benefits, less may be more.

Swedish women who ate one to two servings of dark chocolate a week had almost one-third fewer cases of heart failure than those who didn't eat it, a new study reports, but the results suggest that there was no protective effect for women who ate chocolate every date or almost every day.



The study, published online August 16 by the journal *Circulation Heart Failure*, examined heart failure rates in 31,823 Swedish women aged 48 to 83 who had filled out food questionnaires as part of a mammography study and were followed from 1998 through 2006.

Women who ate one to three servings of chocolate a month had 26 percent fewer cases of heart failure, and those who ate one to two servings a week had 32 percent fewer cases. The authors speculated that chocolate might reduce heart failure by lowering blood pressure; other studies suggest the flavonoids in cocoa may benefit blood vessels and reduce inflammation.

But too much chocolate can cause weight gain, offsetting its benefits, said Elizabeth Mostofsky, a student at Harvard School of Public Health and the paper's first author.

She said women who benefited most ate one to two servings of 19 to 30 grams (about two-thirds of an ounce to an ounce per week, but she noted that dark chocolate in Sweden contains at least 30 percent cocoa, which contains the flavonoids, while in the United States it may have less cocoa.

Our View: Avoid Regrets, Save Lives by Learning CPR, Santa Clara Deputy Credited with Saving Infant

Published: August 23, 2010
RRSTAR.COM EDITORIAL

Eight of 10 cardiac arrests happen at home. Laura Padron wishes more people knew that fact.

Padron is a regional faculty member for the American Heart Association in cardiopulmonary resuscitation and advanced life support. She also is a part-time nurse. In that career, Padron has seen her share of preventable tragedies - times when spouses or loved ones say to her, "I wish I would have learned CPR."

Now's your time.

Two studies published last month in the *New England Journal of Medicine* were similar to the message delivered by Padron, who last week taught CPR to Register Star staffers (including Mary Kaul, a member of this Editorial Board).

Padron said you do not need to do rescue breathing or mouth-to-mouth resuscitation to be helpful to a person whose heart has stopped. The best help bystanders can offer victims of cardiac arrest is chest compressions only, the studies found.

The rate at which chest compressions should be delivered is 100 per minute or 200 in two minutes. But something is better than nothing, Padron said.

Her advice echoes that of Thomas Rea, an author of one of the new studies, who was quoted July 29 in The Wall Street Journal. "If you do anything, if you attempt CPR, you can only make things better," Rea said. "You cannot make it worse."

Brain death begins at four minutes and is complete in 10, Padron said. Even the speediest emergency medical services have trouble getting to a victim in that short window. The Rockford Fire Department will arrive in two to seven minutes, while it can take as long as a half-hour in areas served by volunteer rescue teams.

So it is vital to do what you can while you wait.

What chest compressions do is circulate the blood through the body - including the brain - making damage to vital organs less likely.

The 911 dispatchers will try to coach bystanders through CPR while they wait for the paramedics to arrive, although being proactive is always better than being reactive. "The coaching is always more understandable with past knowledge on board," Padron wrote in an e-mail.

Chest compressions are not hard to do, but they are exhausting. That's why there's no room for ego on a lifesaving team. If many people surround a victim, the person delivering CPR should be the youngest and most vigorous of the group. Preferably, two people should work in tandem while another person locates an AED machine - automated external defibrillator. AEDs can shock a fluttering heart back into rhythm.

Illinois law requires the placement of AEDs in exercise facilities and schools, and many workplaces have the machines as well. Padron recommends trial runs be held to familiarize employees with the specific equipment (several companies manufacture AEDs) and make sure help gets to workers in time.

According to the American Heart Association, only 8 percent of the victims of cardiac arrest survive, although the survival rate could double or triple if CPR is administered in the first minutes. About 300,000 people suffer sudden heart death outside the hospital in the United States every year; only one-third of them get CPR from bystanders.

Too many people worry they could hurt someone if they mess up CPR or use the defibrillator wrong. You can't do much worse than dead - something is better than nothing. Remember that and consider getting trained today.

Beverly Hills CPR September Class Schedule

BLS for Healthcare Providers

09/11/2010 @ 9:30am **

09/22/2010 @ 6:30pm



Heartsaver CPR/AED

09/11/2010 @ 9:30am **

09/22/2010 @ 6:30pm

Heartsaver First Aid

09/11/2010 @ 1:00pm

Friends & Family CPR

09/24/2010 @ 9:30am

****Please Note: all those who plan on attending the September 11 classes, Rexford drive will be closed for the City's 911 Remembrance event from 7 AM to 1 PM. You will still be able to get into the parking structured if you enter from Santa Monica Blvd. ****

Please be advised that we also offer all of our classes as an online course followed by a short skills test that takes place one hour prior to each of our classes.

To obtain more information on class location, pricing, and to register you can visit our website at www.bhcpr.org

Beverly Hills CPR Contact Info

455 North Rexford Drive

Beverly Hills CA 90210

(310) 281-2753

fax: (310) 550-9277

www.bhcpr.org

contact@bhcpr.org

Beverly Hills CPR is a non-profit organization that relies on donations from the community to keep the program running. Through your generous donation you are helping to save a life.

To make a donation you can reach us at the contact information provided above.

Les Bronte
Administrative Coordinator

Beverly Hills CPR

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Beverly Hills CPR | 455 N Rexford Drive | Beverly Hills | CA | 90210

Email Marketing by



TOO TOXIC TO TRASH



Household Hazardous Waste
and E-Waste Roundup

Saturday, October 2, 2010
9:00 am - 3:00 pm

Beverly Hills City Streets
Foothill Road between
Alden Drive and West 3rd St.
Beverly Hills

Open to all Los Angeles County residents

Dispose of Household Hazardous Waste and E-Waste the right way on Saturday: OCTOBER 2, 2010

BUSINESS WASTE WILL NOT BE ACCEPTED.

What you CAN bring to an event (examples):

- Brake fluid, paint, paint thinner, cleaners with acid or lye, pesticides or herbicides, household batteries and car batteries, pool chemicals, motor oil, oil filters, expired pharmaceuticals, anti-freeze, and fluorescent light bulbs.
- Household electronic waste which includes: Computer monitors, televisions, computer CPUs, keyboards, printers, cellular phones, etc.

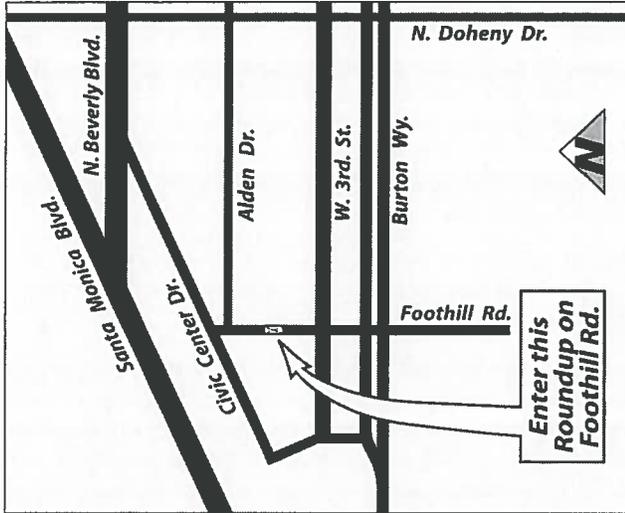
What you CAN'T bring to an event:

- Hazardous waste and electronic waste from businesses.
- Explosives, ammunition and radioactive materials.
- Trash and tires.
- White goods such as refrigerators, stoves and washing machines, etc.
- Controlled substances.

How to prepare items for transportation:

- Bring the items in a sturdy box, preferably in their original labeled containers.
- Do not mix the items together.
- There is a limit of 15 gallons or 125 pounds of hazardous waste per trip.
- Be prepared to leave your containers and boxes. Remove all other items from your trunk.

For a complete listing of what you can and cannot bring or information on events, contact: 1(888) CLEAN-LA • www.CleanLA.com, or 1(800) 238-0172 • www.lacsd.org.



Brought to you by the County of Los Angeles and presented by the Department of Public Works and the Sanitation Districts of Los Angeles County in cooperation with the cities of Beverly Hills, Culver City, Los Angeles, and West Hollywood.

Home-generated sharps waste such as hypodermic needles, pen needles, syringes, lancets, and intravenous needles SHOULD NOT be placed in your trash. Bring them to the Roundups or visit www.CLEANLA.com for alternate disposal options.



You can also take your used motor oil to more than 600 oil recycling centers in Los Angeles County. Call 1(888) CLEAN-LA for a complete listing.

Printed on recycled paper.

Irrigation Classes

Outdoor water consumption equates to approximately 65% per household. Stage B Water Conservation Ordinance requires a 10% water consumption savings. To help you save, the City of Beverly Hills Public Works Department will hold free classes for residents from September through November on the following topics:

Mini Residential Class

Saturday, September 25, 2010
9:00 am – noon

Saturday, October 16, 2010
9:00 am - noon

- Sprinkler system basics
- Introduction to irrigation scheduling
- Garden design for homeowners
- Benefits of using California Friendly plants

Residents completing this class will receive a free water gauge

Soils, Fertilizers, and Watering

Saturday, October 9, 2010
9:00 am – noon

Saturday, November 6, 2010
9:00 am –noon

- Sprinkler Timetable
- Irrigation control programming
- Plant growth and watering
- Fertilizers

Residents completing this class will receive a 20 lb bag of compost

Do not miss your chance to learn more about efficient irrigation and landscapes as these are the last classes for fall. To make your reservation today, please log-on to www.beverlyhills.org/irrigationclasses. All classes will be held in the Public Works & Transportation Building located at 345 Foothill Road, Beverly Hills, CA 90210.



If you have questions, please contact Customer Service at (310) 285-2467. Please join us – all class availability is contingent upon the number of participants and could be subject to cancellation.



AGENDA REPORT

Meeting Date: September 27, 2010

Item Number:

To: Honorable Mayor & City Council

From: Josette Descalzo – Water Quality Specialist

Subject: REQUIRED PUBLIC HEALTH GOAL (PHG) REPORT FOR
WATER QUALITY STANDARDS

Attachments: 1. Public Health Goal Report

RECOMMENDATION

Staff recommends that the City Council approves the final draft of the Public Health Goal (PHG) report. This report compares our drinking water quality with the PHG adopted by California EPA's Office of Environmental Health Hazard Assessment (OEHHA) and with the maximum contaminant level goals (MCLGs) adopted by USEPA. The attached report is intended to provide additional information to the annual Consumer Confidence Report (CCR).

INTRODUCTION

PHGs are set by the OEHHA which is part of Cal-EPA. The PHG levels are based solely on public health risk considerations. OEHHA did not use practical risk-management factors such as analytical detection capability, Best Available Treatment (BAT) technology, benefits and costs when setting PHG limits. PHGs are not enforceable and are not required to be met by any public water system. MCLGs are the federal equivalent to PHGs.

DISCUSSION

SB 1307 (Calderone-Sher; adopted in 1-1-97) added new provisions to the California Health and Safety Code that require water utilities that have more than 10,000 service connections to publish a PHG report in addition to the annual Consumer Confidence Report (CCR). The PHG report evaluates constituents that have primary drinking standards and compares water quality results with the PHG or MCLG limits.

If a constituent exceeds these limits, the PHG report will need to discuss the following items for each constituent:

1. Numerical Public Health Risk associated with the MCL and the PHG or MCLG.
2. The category or type of risk to health that could be associated with the constituent.
2. The Best Available Treatment (BAT) technology that could be used to reduce the level below the MCL or the PHG or MCLG.
3. The estimate cost to install the BAT if it's appropriate and feasible.

Water quality data between 2007 and 2009 were evaluated for this year's PHG report. There were six constituents with primary drinking standards that exceeded the PHG and MCLG limits. These were total coliform bacteria, bromate, radium 226, radium 228, uranium and arsenic. With the exception of bromate and total coliform bacteria, the other constituents were detected above the PHG or MCLG limits in our groundwater system. However, our groundwater goes through reverse osmosis treatment that may further reduce the level below the PHG limits. RO is considered to be one of the most effective BATs to reduce any constituent below the MCL or the PHG or MCLG. Bromate was detected above the PHG from our Metropolitan Water District (MWD) treated water. Total coliform bacteria was detected during our routine distribution system monitoring, but repeat sampling confirms that total coliform bacteria was absent in our system.

Even with six constituents being detected above the PHG limits, our water complies with all of the health-based drinking water standards and maximum contaminant levels (MCLs) required by the California Department of Public Health and the USEPA. Staff ensures that our water is safe to drink and use, and does not recommend additional treatment.



CITY OF BEVERLY HILLS WATER UTILITY PUBLIC HEALTH GOAL REPORT

Background:

California Health and Safety Code Section 116470 (b) requires water utilities that serve more than 10,000 service connections to prepare a Public Health Goal (PHG) report every three years in addition to the annual Consumer Confidence Report (CCR). PHG reports should be completed by July 1, with a public hearing conducted right afterwards.

The PHG report contains water quality constituents that exceed PHG numerical limits. These limits are usually close to the Maximum Contaminant Levels (MCLs) and sometimes lower in levels than the Detection Limit for Reporting (DLR). **PHGs are non-enforceable goals** established by the Cal-EPA's Office of Environmental Health Hazard Assessment (OEHHA). The code also requires that where OEHHA has not adopted a PHG for a constituent, the water supplier is to use the Maximum Contaminant Limit Goals (MCLGs) adopted by USEPA. Only constituents which have a California primary drinking water standard, and for which either a PHG or MCLG has been set, are to be addressed.

This report provides information on constituents that have a primary drinking standard at a level exceeding an applicable PHG or MCLG. This report summarizes those tests results taken between 2007 and 2009. This report also contains numerical public health risks associated with the MCL, PHG and MCLG, the category or type of risks to health that could be associated with each constituent, the Best Available Treatment (BAT) technology that could be used to reduce the constituent level and an estimate of the cost to install that treatment if it's appropriate and feasible.

What Are PHGs?

California Office of Environmental Health Hazard Assessment (OEHHA) sets PHGs. **PHGs are set without taking into consideration practical risk-management factors used by the California Department of Public Health (CPDH) and USEPA for setting Maximum Contaminant Levels (MCLs) in drinking water standards.** These factors include analytical detection capability, treatment technology available, benefits and costs. **PHGs are also not enforceable and are not required to be met by any public water system. MCLGs are the federal equivalent to PHGs.**

Water Quality Data Considered:

Water quality data from 2007 to 2009 was used for this report. This data was all summarized in our 2007, 2008 and 2009 annual Consumer Confidence Reports which were mailed to all of our customers by or before July 1 of each year. Throughout these years, there were no constituents that exceeded compliance standards; however, there are a few that were above the PHG or MCLGs limits. These constituents are discussed in this report.

Identification of Contaminants

The City of Beverly Hills has approximately 10,500 service connections which serve the cities of Beverly Hills and a portion of West Hollywood. The following constituents were detected at or above the PHG or MCLG at our MWD sources or our local groundwater wells.

1. **Total Coliform Bacteria**- Naturally occurring in the environment.
2. **Bromate**- By-product of ozonation disinfectant.
3. **Radium 226**- Erosion of natural deposits. Naturally occurring in groundwater and it occurs in virtually all rocks, soils, water, plants and animals.
4. **Radium 228**- Erosion of natural deposits. Naturally occurring in groundwater and it occurs in virtually all rocks, soil, water, plants and animals.
5. **Uranium**- Erosion of natural deposits. Naturally occurring in groundwater.
6. **Arsenic**- Naturally occurring in the environment.

Numerical Public Health Risks

Section Safety Code Section 116470(b)(2) requires public water systems to disclose numerical public health risks for constituents that have an associated MCLs, Action Limits (AL), PHGs and MCLGs. These numerical limits were developed by OEHHA for the constituents listed below. Only numerical risks associated with cancer-causing have been qualified by OEHHA. For those constituents that OEHHA has not established a PHG, the federal MCLG will be used for the purpose of complying with this report. The difference between PHG and MCLG is that MCLGs for carcinogen are set at zero because USEPA assumes there is no absolutely safe level of exposure to cancer. PHGs, on the other hand, are set at a level considered to pose no *significant risk* of cancer. This is usually no more than one-in-a-million excess cancer risk (1×10^{-5}) level for a lifetime of exposure. Table 1 summarizes the constituents detected above the PHG or MCLG and its respective DLR and MCL.

- **Total Coliform Bacteria** – USEPA has determined that the health risk associated with the MCLG is 0.
- **Bromate** – OEHHA has determined the health risk associated with the PHG is one excess case of cancer in a million people. The risk associated with the MCL is 1 excess case per ten thousand people over a long period of time.
- **Radium 226** – OEHHA has determined the health risk associated with the PHG is one excess case of cancer in a million people. The risk associated with the PHG is one excess case of cancer in a million people; the risk associated with the MCL is 1 excess case per ten thousand people over a long period of time.
- **Radium 228** - OEHHA has determined the health risk associated with the PHG is one excess case of cancer in a million people. The risk associated with the MCL is 3 excess cases per ten thousand people over a long period of time.
- **Uranium** – OEHHA has determined the health risk associated with the PHG is one excess case of cancer in a million people. The risk associated with the MCL is one excess case of cancer in a million people; the risk associated with the MCL is 5 per hundred thousand people over a long period of time.
- **Arsenic** – OEHHA has determined the health risk associated with the PHG is one excess case of cancer in a million people. The risk associated with the MCL is 2.5 per thousand people over a long period of time.

Table 1: City of Beverly Hills Water Utility PHG Table

Constituent	DLR	MCL	PHG or (MCLG)	Range
Total Coliform		5%*	0	0-1.8%**
Bromate	5 ppb	10 ppb***	0.1 ppb	4.2- 12 ppb
Radium 226	1 pCi/L	NA	0.05 pCi/L	0.23-0.73 pCi/L
Radium 228	1 pCi/L	NA	0.019 pCi/L	0.07-0.399 pCi/L
Uranium	1 pCi/L	20 pCi/L	0.43 pCi/L	0.70-1.36 pCi/l
Arsenic	2 ppb	10 ppb	0.004 ppb	ND - 4.57 ppb

ppb: parts per billion or micrograms per liter (µg/L)

pCi/L: picoCuries per liter

* Total coliform MCLs: No more than 5% of the monthly samples may be total coliform-positive.

** In 2009, there was one total coliform-positive sample in July 2009. As a result, 1.8% of the monthly sample was total coliform-positive. The MCL was not violated.

*** Bromate MCL: The MCL is based on the highest running annual average (RAA) and not on a single sample result. The highest RAA was 6.9 ppb which occurred in 2009.

Best Available Treatment (BAT) Technology and Cost Estimates:

Both the USEPA and CDPH adopted what are known as Best Available Treatment (BATs) technologies, which are the best known methods of reducing contaminant levels below the MCL. Costs can be estimated for such technologies and varies per each water utility. However, many PHGs and all MCLGs are set much lower than the MCL or Detection for Limit Reporting (DLR). This means it would be difficult to determine the treatment's effectiveness if the lowest acceptable analytical detection limit is greater than the PHG or MCLG. It is also not always possible or feasible to determine what treatment is needed to further reduce a constituent to or near the PHG or MCLG, many of which are set at zero. Cost estimates to reduce a constituent to zero is difficult, if not impossible, because it is difficult to verify analytical results that the level has been lowered to zero. In some cases, installing treatment to try and further reduce very low levels of one constituent may have adverse effects on other aspects of water quality. Below is a description of any actions the City of Beverly Hills may intend to use in reducing the level or occurrences exceeding the PHG or MCL limits and the basis for that decision.

- **Total Coliform Bacteria** – Total coliform bacteria was present in a maximum of 1.8% of samples collected in July 2009. The MCL was not violated for this occurrence. One total coliform-positive sample was present out of 59 samples collected in this month. Repeat samples were taken to confirm the initial sample and coliform bacteria was not present in these samples. This suggests that it may have been a sampling error that resulted in a total coliform-positive result. The one total coliform-positive sample was the only one out of 729 coliform samples taken in 2009. Samples taken in 2007 and 2008 did not show the presence of coliform bacteria.

The MCL for total coliform-positive may not exceed 5% of the monthly samples and the MCLG may not exceed 0% of the monthly samples. The City of Beverly Hills did not exceed the MCL throughout this period, but did go above the MCLG of 0% in July 2009.

The presence of coliform bacteria in a sample doesn't determine the water's potability. CDPH and USEPA use total coliform bacteria as an organism indicator because the tests are done with

ease and results can be determined in less than 24 hours. Actually, it is not uncommon to have the presence of coliform bacteria in a sample because it is present everywhere in the environment. It is important that operators follow proper sampling procedures to minimize the probability of contaminating the sample. Because this test is sensitive to contamination, USEPA and CDPH require water utilities to collect repeat samples to confirm the initial result. If the repeat samples show the presence of coliform bacteria, a water utility would execute its mitigation plan to disinfect the presence of coliform in water and perform a depth investigation to its cause.

It is difficult to assess the BAT costs for coliform bacteria because there is no commercially available technology that will guarantee a zero percent coliform positive result every single month. Therefore, the cost of achieving the PHG or MCLG cannot be estimated.

The City of Beverly Hills follows best practices that minimize the chances of bacterial contamination by maintaining adequate disinfectant level in the water system. The water we serve you already contains adequate disinfectant residual; and it is maintained by having fresh water in our system. In addition, the water utility collects between 56 to 70 bacteria samples per month to assure the potability of your water. We also collect weekly samples at the water treatment plant and monthly samples at our groundwater wells. By monitoring these locations, we demonstrate our commitment to providing you the safest water and also allow us to perform immediate mitigation activities if coliform is present in the water system.

- **Bromate** – Bromate is formed when naturally occurring bromide reacts with ozone during the disinfection process. The City's water supplier, Metropolitan Water District (MWD), uses ozone in its Jensen treatment plant to treat drinking water. Since the treatment plant's source water contains naturally occurring bromide, bromate is formed during this process.

One of the most effective Best Available Treatment (BAT) technologies for bromate reduction is reverse osmosis (RO). RO treatment reduces the natural occurring bromide in source water by reducing the natural organic matter (NOM) in water. When this is reduced, the demand for ozone decreases, therefore reducing bromate formation. Because the DLR for bromate (5 ppb) is greater than the PHG (0.1ppb), it would be difficult to assess the effectiveness of RO treatment on reaching the PHG level.

Bromate in our water system comes from our already treated water from MWD. It would not be feasible for the City of Beverly Hills to lower bromate levels to the PHG and MCLG levels because it meets federal and state health-based standards. According to the Association of California Water Agencies (ACWA) Cost Estimates for Treatment Technology BAT, it would cost approximately \$1.37-\$2.62 per 1000 gallons to treat bromate using RO treatment. If MWD chooses to use RO as BAT, it would cost them between \$374M to \$716M per year in annualized capital and O&M costs to try to meet PHG levels.

- **Radium 226, Radium 228 and Uranium** – Reverse osmosis treatment is one of the most effective BATs to reduce these radiological chemicals below their respective PHGs or MCLGs. The PHG for Radium 226, Radium 228 and Uranium are 0.05 pCi/L, 0.019 pCi/L and 0.43 pCi/L, respectively. It would be difficult to measure RO's effectiveness since the DLR of 1 pCi/L is greater than their PHG level.

As mentioned earlier, these radiological chemicals were detected in the City's groundwater wells. Fortunately, our groundwater goes through RO treatment before it goes to the distribution system. The cost to treat these chemicals is incorporated in the capital and O&M costs of the RO plant. It costs approximately \$1,566 to treat per acre-ft of groundwater. This translates into \$201.30 per service connection annually.

- **Arsenic-** Reverse osmosis is one of the most effective BATs that is used to reduce levels below the MCL. It would be difficult to measure RO's effectiveness in meeting PHG levels because the DLR (2ppb) for arsenic is greater than the PHG limit (0.004ppb).

As mentioned in the previous section, arsenic was detected in the City's groundwater wells. Fortunately, our groundwater goes through RO treatment before it goes to the distribution system. The cost to treat arsenic below the MCL is incorporated in the capital and O&M costs of the RO plant. It costs approximately \$1566 to treat per acre-ft of groundwater. This translates into \$201.30 per service connection annually.

Summary of Findings

There were six constituents that were detected above the PHGs or MCLGs between 2007 and 2009. None of these constituents exceeded the health-based drinking water standards and the MCLs required by USEPA and CDPH. Four of these constituents are present in the groundwater wells. Fortunately, Beverly Hills groundwater is processed through the City's RO treatment plant, which is one of the recommended BATs by USEPA and ACWA. Because the DLR of these constituents is greater than their PHG, it is difficult to determine whether the BATs selected reduce the constituent's level below its PHG.

For Additional Information:

Please contact Mr. Josette Descalzo, Water Quality Specialist at (310)285-2467 or write to City of Beverly Hills Public Works and Transportation Department, 345 Foothill Rd., Beverly Hills, CA 90210.



CITY OF BEVERLY HILLS
POLICY AND MANAGEMENT

MEMORANDUM

TO: Health & Safety Commission
FROM: Pamela Mottice Muller, Director Office of Emergency Management
DATE: September 27, 2010
SUBJECT: Introduction of Work Plan Item: Enhancements to Neighborhood Watch Program

Sgt. Foxen and Officer Don Chase will attend the September Commission meeting to introduce the work plan item that will be discussed at the October meeting. The purpose of this short discussion is to introduce the topic so that the Commission may have time in between meetings to think about ways the Neighborhood Watch & Citizen Corp can be expanded and enhanced, with the purpose of getting more community involvement in neighborhoods throughout the City.

Sgt. Foxen and Office Chase plan on attending the October meeting to fully engage in a lengthy discussion to plan potential outreach and/or a project for the next year.

The Commission previously voted to not hold the Health and Safety Week this year, therefore freeing up time and money to enhance and build the Neighborhood Watch Program and Community involvement in emergency preparedness.



**CITY OF BEVERLY HILLS
POLICY AND MANAGEMENT**

MEMORANDUM

TO: Health & Safety Commission
FROM: Kathy Ryan, Commission Secretary
DATE: September 27, 2010
SUBJECT: Site Visit and Presentation from Information Technology

Commissioners will visit the Information Technology Department, where I.T. staff will give a presentation.

The presentation will take place at the Information Technology Department, located at 444 N. Rexford Drive, Beverly Hills, CA , Level B.
As per



CITY OF BEVERLY HILLS
POLICY AND MANAGEMENT

MEMORANDUM

TO: Health & Safety Commission
FROM: Pamela Mottice Muller, Director Office of Emergency Management
DATE: September 27, 2010
SUBJECT: Health and Safety Awards

The Health and Safety Award application deadline is fast approaching. Currently the City has received a few nominations.

Advertising has been completed as follows:

- on City website.
- in August City Newsletter,
- in the Beverly Hills Weekly in Chair Landau's article,
- at the City Council meeting,
- given to Commissioners to advertise,
- mentioned at Rotary, and
- most recently through an email to key volunteers.

Staff would like direction on how to proceed.



CITY OF BEVERLY HILLS
POLICY AND MANAGEMENT

MEMORANDUM

TO: Health & Safety Commission
FROM: Pamela Mottice Muller, Director Office of Emergency Management
DATE: September 27, 2010
SUBJECT: Change of October Meeting Date

Request a meeting date change from October 25, 2010 to October 18, 2010.



CITY OF BEVERLY HILLS
POLICY AND MANAGEMENT

MEMORANDUM

TO: Health & Safety Commission
FROM: Pamela Mottice Muller, Director Office of Emergency Management
DATE: September 27, 2010
SUBJECT: Future Agenda Items:
Courier Article: August 6, 2010, *Motorists Caught in Web of BH Police Sting*
Every15 Minutes Video

Courier Article: August 6, 2010, *Motorists Caught in Web of BH Police Sting*

Commissioner Aronberg has requested a representative from the Police Department attend a Commission meeting to discuss the information in the attached article. The Commission had been under the impression that the City had minimal pedestrian safety issues. The article states that Beverly Hills was ranked #1 in the state for number of vehicles hitting pedestrians per population.

Lt. Rosen, Traffic Bureau, will attend the October meeting to discuss this issue and to identify ways the Commission may help.

Every15 Minutes Video

During the last meeting Commissioners expressed an interest to watch the *Every 15 Minutes* video. Due to time constraints of this meeting, the video will be shown at the October meeting. Please provide staff direction on how to obtain the video or bring a copy to the Sept. meeting.

THE BEVERLY HILLS

★★★★ The Best Read Newspaper in Beverly Hills

Motorists Caught In Web of BH Police Sting

By Brenton Garen

A police sting operation in Beverly Hills on Wednesday led to 53 citations being issued to motorists who failed to yield to pedestrians at a crosswalk.

The Courier was invited to watch the operation unfold at the corner of Wilshire and Palm between 9:15 and 11 a.m.

BHPD Motor Sgt. Brad Cornelius said the intersection was the most complained about for vehicles who regularly failed to yield to pedestrians.

Beverly Hills was ranked #1 in the state for the number of vehicles hitting pedestrians per population, Sgt. Cornelius said.

"In the last year, from July 2009 to July 2010, we've had 73 vehicle versus pedestrian collisions," Cornelius said.

"That's something we're trying to reduce by enforcement and education and if there are engineering situations that we can improve upon, we'll do that too."

The operation involved 6'8" tall Officer Kevin Orth walking across the pedestrian crossing in plain clothes.

Sgt. Cornelius and six traffic officers were on hand to pounce on those motorists who failed to stop.



GOTCHA—BHPD officers pounced on motorists who did not stop at this pedestrian crossing at Palm and Wilshire Boulevard on Wednesday morning.

It was done in a fair and objective manner — only motorists who had ample perception, reaction and stopping time of 150 feet or more, but failed to stop were cited.

Failure to yield to a pedestrian at a crosswalk carries a base fine of \$35, but with penalty assessments it adds up costing the motorist \$179.

Beverly Hills resident Adrienne Forst works at 9171 Wilshire Blvd, which overlooks the crosswalk.

She applauded the operation saying tires squealed every day and accidents occurred about once a month.

"It's scary here. We either need a signal, flashing lights for people to cross. It's just a horrible situation and this should never happen in Beverly Hills," Forst said.

Officers also made one arrest from the operation for a motorist who was unlicensed or suspended of their privilege to drive, Sgt. Cornelius said.

—bgaren@bhcourier.com

Go to bhcourier.com and click on our video page to see these BHPD officers in action on this operation.