City of Beverly Hills

Health and Safety Commission
Regular Meeting

November 22, 2010
4:00 PM
City Hall Room 280-A
455 N. Rexford Drive

Enhancing the Health and Safety of Our Community
CITY OF BEVERLY HILLS
City Hall Room 280-A
455 N. Rexford Drive
AGENDA

HEALTH AND SAFETY COMMISSION REGULAR MEETING
November 22, 2010
4:00 p.m.

A. ROLL CALL
B. PLEDGE OF ALLEGIANCE
C. COMMISSION MINUTES
   • Consideration of minutes of October 18, 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 – November 10, 2010.
   • Other items of interest.
F. DIRECTOR’S REPORT
   • Report from Myra Lurie, Beverly Hills School District Board Member
   • Information Only:
     a) Prenatal Arsenic Exposure Quintuples Infant Death Risk
     b) December Meeting is December 13, 2010
     c) Commission Calendar
     d) CPR Newsletter – November 2010
     e) Beverly Hills Mosquito & Bee Service Requests
     f) Reports of pertussis cases in LA County at an all-time high
     g) For the First Time, Life Expectancy in LA County Exceeds 80 Years
     h) Local Programs Adapt as FEMA Considers Changes to CERT
     i) Increase in Rabid Bats Found in LA County Prompts Concern
     j) Tobacco Permit Update
   • Other Items
G. NEW BUSINESS
   1. Rotary Earthquake Kits & CPR
   2. Human Relations Commission Election Civility Statement
   3. Presentation on CERT Program Costs
   4. Pedestrian Safety
   5. Bullying Prevention Program
   6. Beverly Hills Community Health and Safety Awards
   7. Continuation of Every 15 Minutes Video
   8. Work Plan Item: Enhancing the Neighborhood Watch Program
   • COMMENTS FROM COMMISSIONERS
     Commissioners’ brief responses to public comments, questions for clarification, brief announcements,
     request for information, and brief reports on activities.
   • ADJOURNMENT
HEALTH AND SAFETY COMMISSION REGULAR MEETING
October 18, 2010
4:00 p.m.

The meeting was called to order at 4:03 p.m.

A. ROLL CALL
Commissioners Present: Aronberg, Millan, Kopeikin, Setian, Vice Chair Judelson,
Commissioners Absent: Chair Landau
Staff: P. Mottice Muller, A. Tarazon, M. Foxen, D. Chase, M. Rosen

B. PLEDGE OF ALLEGIANCE
The Pledge of Allegiance was led by Vice Chair Judelson.

C. COMMISSION MINUTES
MOVED by Judelson, SECONDED by Kopeikin to approve the minutes of the meeting on
September 27, 2010 with indicated changes (5/0)
Ayes: Judelson, Seidel, Kopeikin, Aronberg, Setian, Millan
Noes: None
Absent: Landau
CARRIED.

D. ORAL COMMUNICATIONS FROM THE AUDIENCE
None.

E. REPORT FROM THE CHAIRPERSON
Chair Landau attended the Mayor’s Cabinet meeting on September 13, 2010. He
reported back to the Commission on the various topics discussed at the meeting.

Other items of interest - none

F. DIRECTOR’S REPORT
REPORT FROM MYRA LURIE, BEVERLY HILLS SCHOOL DISTRICT BOARD MEMBER
- The “Subway to the Sea” issue continues to be discussed among the BHUSD
  Board. The issue was discussed at a recent Board meeting to pass a resolution
  not to approve the MTA route going under any of the school district or high
  school offices.
- Parents had been complaining about evidence of teen bullying. Ms. Lurie stated
  this topic was being addressed as a district and the district was doubling its
  efforts to address parents’ concerns. There would also be progressive discipline
  for those caught bullying.
- The district was working with the upcoming Shakeout event to be held on
  October 21, 2010 and sending staff to City Hall to participate in the exercise.
• Commissioner Aronberg inquired if the Maple Counseling Center could offer bullying counseling. Commissioner Millan stated Maple Counseling Center has bullying class presentations to offer. Ms. Lurie also stated the schools were aware of the Maple Counseling Center's services but it was up to the individual teachers to choose classes. There is also an intervention counselor present on school campuses.
• Commissioner Setian suggested a media-based curriculum he has a copy of which teaches ethics, leadership, responsibility, and anti-bullying. He stated this multi-media program is a unique way to deliver these messages to children/teenagers and feels it would be valuable to implement in the school curriculum. He has shown it to the Beverly Hills High school principal. He requested to show it at the next Health and Safety Commission meeting and invited the Human Relations Commission Chair, Ms. Lurie, and the school resource officers. Fellow Commissioners expressed interest in seeing this presentation.
• Ms. Lurie also announced Rotary was selling earthquake survival kits for individuals and families.

INFORMATION ONLY:
   a) CPR Newsletter- no discussion
   b) PACE Message re. Whooping Cough — no discussion
   c) Colorado River Aqueduct Trip — no discussion

G. NEW BUSINESS
1. PEDESTRIAN SAFETY – LIEUTENANT MARK ROSEN
Lieutenant Mark Rosen attended the meeting to discuss pedestrian safety issues. The City of Beverly Hills has a large number of vehicle versus pedestrian accidents. He advised the Police Department conducted a sting operation. Within 1 hour of observation on the sting, over 30 citations were given to vehicle operators who failed to yield to pedestrians. On a different sting, drivers who used non-hands free cell phones were targeted and within 2 hours of observation, 22 citations had been given. Lt. Rosen stated the Police Department was working with traffic engineering in Public Works to add signage and other infrastructure-related changes. He presented that the PD's DUI checkpoints have been very successful in arresting drunk drivers. Commissioner Aronberg then asked how the statistic numbers of pedestrian accidents were doing in comparison to 1-2 years ago. Lt. Rosen responded they have remained the same.
Commissioner Millan brought up the safety issue of Nike runners/joggers who run every Thursday evening not using the sidewalk and running in the streets. She suggested PD conduct a sting operation to monitor the joggers.
Lt. Rosen also announced Mayor and City Council were working to create bike lanes in the city to help with bike safety.
Lt. Rosen ensured the Commission that the Police Department was actively working to try and change these statistics.

2. WORK PLAN ITEM: ENHANCEMENT OF CITIZEN CORP PROGRAM
The Health and Safety Commission's 2010-2011 work plan includes working with the Police Department to enhance the Neighborhood Watch Program. A variety of suggestions were given to the Police Department.
Vice Chair Judelson suggested neighborhoods take a skill survey so that citizens are able to list what special skills they are trained on in the event of an emergency. Mottice-Muller explained how citizens should do this through the community mass notification system.

A discussion was held on the difficulties of getting notices publicized and citizens informed. Suggestions written by Chair Landau were provided to the group. Chair Landau stated Neighborhood Watch should be more than one annual meeting attended mostly by seniors and should be the mantle for Police, Fire, Emergency Management, earthquake, epidemic, and health issues. His other suggestions included coming up with better ways to publicize NW (Neighborhood Watch), promoting block parties, developing a quarterly newsletter, and reinstating CERT (Citizen Emergency Response Team) classes. Chair Landau also wanted the Health and Safety Commission involvement so that all these ideas didn’t fall under Sgt. Chase. Pamela Mottice-Muller also suggested the Commission’s involvement should be more than a “to-do” list for Sgt. Chase, but an overall program study and specific projects to enhance the Neighborhood Watch/Citizen Corp Program.

Commissioner Kopeikin suggested an ad-hoc committee be created to discuss the program and participation of the Healthy and Safety Commission with the Citizen Corp Program since the discussion on the work plan item was unclear.

MOVED by Millan, SECONDED by Aronberg to create an Ad-Hoc Citizen Corp Program Committee to discuss the program and Health and Safety Commission’s participation (4/1)
Ayes: Judelson, Kopeikin, Aronberg, Setian, Millan
Noes: Seidel
Absent: Landau
CARRIED.

Commissioner Aronberg suggested the ad-hoc committee review the current Neighborhood Watch and Citizen Corp Program purposes and mission statements. She also stated the discussion should be about the Health and Safety Commission’s goal and not just the Police Department’s goals for the program.
Commissioners Millan, Setian, and Seidel volunteered to serve on the ad-hoc committee.

3. SHAKEOUT FLYER FOR INDIVIDUALS
Vice Chair Judelson stated she had signed up online to participate in the Shakeout on October 21, 2010 at 10:21 a.m. She encouraged the other Commissioners to participate and Pamela Mottice-Muller stated all were welcome to come to City Hall and observe the drill.

4. HEALTH AND SAFETY AWARDS
Pamela Mottice-Muller announced several Health and Safety award nominations had been received.
Vice Chair Judelson suggested the deadline be extended to January 31, 2011 so that the process wouldn’t be rushed. She suggested the winners be decided in February and the awards given in March.
Commissioner Kopeikin suggested the nominations should be reviewed in November and the Commission could then decide what they want to do from that point on.
Commissioner Kopeikin stated those who were nominated and submitted be notified.
It was decided that the whole Commission, not just the ad-hoc committee, should decide the winners.

H. COMMENTS FROM COMMISSIONERS
Commissioner Millan announced the Maple Counseling Center’s Haunted Crystal Ball event on October 27, 2010. She also provided information on whooping cough, hand washing, and flu vaccinations.

I. ADJOURNMENT
There being no further business, Vice Chair Judelson, with the consent of the Commission, adjourned the meeting at 7:15 p.m.

PASSED, Approved and Adopted
This ______ of _____________, 2010

________________
Peter Landau, Chair
Arsenic is naturally occurring in rocks, soil, water, air, plants and animals. Generally in groundwater, arsenic level is higher in due to geologic conditions and underground rock formations.

The City of Beverly Hills is required by the California Department of Public Health (CDPH) and US-EPA to perform water quality testing in its source water and potable water systems to ensure it meets all federal and state regulatory limits. One of the requirements is to test the City’s four groundwater wells for arsenic and determine compliance with the Arsenic Rule.

In January 2001, the US-EPA published the revised Arsenic Rule lowering the federal limit for arsenic in drinking water from 50 µg/L to 10 µg/L. The revised rule became effective in January 2006. In lieu of this regulation, the City tested its groundwater wells for arsenic level; and all results show they were all below the new limit of 10 µg/L.

In 2008, the City was once again required to test for arsenic in its groundwater wells. This time one of the City wells exceeded the new limit. One of the Best Available Technology (BAT) technologies for this issue is to treat this source by reverse osmosis. Fortunately, this is already in place as the City treats all of its groundwater using reverse osmosis technology before it is distributed to our water customers.

Since 2008, the City has actively monitored its groundwater wells and reverse osmosis treatment plant effluent water for arsenic. The groundwater wells are monitored monthly and the reverse osmosis plant effluent water is monitored weekly. Monitoring results are submitted to CDPH and they are aware that the water delivered to our customers from the reverse osmosis treatment plant is significantly lower than the federal and state limits.

Since 2008, the arsenic level in the groundwater wells has not drastically increased. On the other hand, the water delivered to our customer from the reverse osmosis treatment plant has always complied with regulatory limits. To demonstrate this, the average
arsenic level from the plant in 2008 was 2.66 µg/L and the average level from the plant in 2009 was 3.01 µg/L.
NEW YORK (Reuters Health) - Babies born to mothers with high levels of arsenic exposure are five times more likely to die before their first birthday than infants whose mothers had the least exposure to the toxic mineral, new research shows.

"We observed clear evidence of an association between arsenic exposure and infant mortality," Dr. Anisur Rahman of Uppsala University Hospital in Sweden and colleagues state in the November issue of Epidemiology. And the fact that death risk increased as exposure rose, they add, "is supportive of a causal relationship."

The study was conducted in Bangladesh, where millions of tube wells dug 30 years ago to improve the country's water supply are now known to be contaminated with naturally occurring arsenic.

Public health experts estimate that as many as 77 million people in Bangladesh have been poisoned by arsenic in drinking water; potential approaches to reducing exposure include filtering water through pond sand, using different types of wells, and harvesting rainwater.

Arsenic causes cancer, and has also been linked to diabetes, high blood pressure, and many other chronic illnesses. But studies investigating the effects of prenatal arsenic exposure have had mixed results, Rahman and colleagues say.

Many previous studies were retrospective, meaning researchers asked women about pregnancy outcomes after the fact and their responses are therefore less reliable, the researchers explain. Most studies have also measured the amount of arsenic found in local drinking water but have not looked at how much water women actually consumed during pregnancy, they note.

To address these issues, the researchers followed 2,924 pregnant women who provided urine samples for arsenic testing, all when they were eight weeks pregnant, and some later in pregnancy. About nine percent of the women miscarried, three percent had abortions, and two percent had stillborn babies.

Eighty-six percent of the women had live births, while about four percent of these babies died before they were 12 months old.

Women in the top fifth based on their arsenic exposure had urine concentrations that ranged from 249 to 1,253 micrograms per liter; those in the bottom fifth had concentrations below 33 micrograms per liter.

In the U.S., urine arsenic levels between zero and 35 micrograms per liter are considered normal.

The most heavily exposed women in the study were 40 percent more likely to miscarry than those with the lowest exposure; however, this relationship was relatively weak and could have been due to chance, the researchers say.

The investigators also didn't see a dose-response relationship, meaning the risk of miscarriage didn't rise steadily as exposure increased. Nor was a clear association between arsenic exposure and risk of stillbirth seen in the group.

But the researchers did find a strong dose-response relationship between arsenic exposure and infant mortality risk. Among the women who gave birth to a live baby, those in the top fifth for arsenic exposure were five times as likely to see their infant die before his or her first birthday compared with those in the bottom fifth.

The infants died of a range of causes, including infections and impaired growth, and the researchers say more study is needed to understand exactly how a mother's arsenic exposure may contribute to the baby's risk of a premature death.

Reminder that December's meeting will take place on December 13th, 2010. This was agreed upon by Commissioners in January due to the close proximity to the holidays.
# HEALTH AND SAFETY COMMISSION CALENDAR

Updated: 11/15/10

## NOVEMBER 2010

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## DECEMBER 2010

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## JANUARY 2011

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<td>Mon</td>
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<td>Health and Safety Commission Meeting</td>
<td>City Hall 280-A</td>
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<td>City Hall 280-A</td>
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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.

As of September 1, 2010, we have trained 87,000 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 November 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

November 2010
Beverly Hills CPR Newsletter

In This Issue

- AHA Releases New CPR Guidelines
- Beverly Hills CPR November Class Schedule
- Chihuahua's Life Saved by CPR
- NHF & BH CPR Return to BHHS for 2010-2011 School Year
- Gym Teacher Saves Student After Heart Attack
- Sneak Attack: Women Experience Heart Attacks Differently Than Men

Quick Links

- Register Now
- About Us
- Related Topics

Did you know?

- About 5,800 children 18 years old and under suffer out-of-hospital cardiac arrest each year from all

Kathy Ryan
Subject: FW: News from Beverly Hills CPR

From: Beverly Hills CPR [mailto:bhcpr911@gmail.com]
Sent: Wednesday, November 03, 2010 11:46 AM
To: Pamela Mottice-Muller
Subject: News from Beverly Hills CPR
AHA Releases New CPR Guidelines

The 2010 Guidelines for CPR and Emergency Cardiovascular Care are here! To learn about the American Heart Association's recent changes watch the YouTube video below.

2010 Guidelines for CPR

Beverly Hills CPR November Class Schedule

BLS for Healthcare Providers
11/03/2010 @ 6:30pm
11/20/2010 @ 9:30am
11/30/2010 @ 6:30pm

Heartsaver CPR/AED
11/03/2010 @ 6:30pm
11/20/2010 @ 9:30am
11/30/2010 @ 6:30pm

Heartsaver First Aid
11/20/2010 @ 1:00pm

Friends & Family CPR
11/17/2010 @ 5:30pm

Friends & Family Infant CPR
11/17/2010 @ 7:00pm

Pet CPR
Call for Schedule

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 to each of our regularly scheduled classes.

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

**Chihuahua's Life Saved by CPR**

WGN News  
October 25, 2010

Chicago, Ill- A Chihuahua named Valentino was Code Blue -for a moment.

Dr. Larry Kosinski, 58, of Barrington, was pet sitting during the Bear's loss to the Redskins Sunday, when another dog bit Valentino his 3-year-old Chihuahua, which caused him to stop breathing with no pulse.

Fortunately for Valentino, Kosinski is certified in cardiopulmonary resuscitation and performed the life saving technique, which brought Valentino back to life. Kosinski's wife just recently saved Valentino from a puppy mill months earlier.

Kosinski, a gastroenterologist based in Elgin, gave Valentino a set of two quick rescue breaths, using his index finger and thumb to create a seal around the dog's muzzle. He then put his hands around Valentino's chest, with two thumbs around the sternum to begin compressions. "It's not that different from what you would do on an infant," Kosinski stated.

Kosinski watched as Valentino's small chest rose and he came back to life. "He's on the couch eating tonight -- it's a milestone," Kosinski said.

As the saying goes, "Every dog has its day" and Valentino has claimed his!

[Click Here](#) to read the full article.

**The National HART Foundation and Beverly Hills CPR Return to BHHS for the 2010-2011 School Year**

The nonprofit National HART Foundation (NHF), HART stands for Heart Attack Rescue Training, is dedicated to teaching students CPR and how to use an AED (automated external defibrillator), thus instilling the confidence to save a life. The Foundation partners with school districts, PTA groups, corporations, and other CPR Training Centers to train and certify high school students according to the standards of the American Heart Association.

While students learn how to save a life with an AED (automated external defibrillator), the National HART Foundation will make it possible for them to do so if needed by donating a portable Philips HeartStart Defibrillator device for every 250 students trained.
How the HART Foundation Training Works

Once a school has been aligned with the NHF, the Health teacher will take a census of the students. All students registered or participating in the health class are sent a web key from the NHF to access to the American Heart Association's online web portal. Either assigned as an in-class project or a homework assignment, the online web process introduces the students to the fundamental aspects of CPR, AED, and choking. Although the online web portion only takes about two hours to complete the students are given a two week window to complete this task.

Upon completion of the web portal assignment, the NHF along with firefighters, explorer scouts, and emergency medical professionals associated with Beverly Hills CPR will visit Beverly Hills High School for a skills training session. During this step, typically within the students regularly scheduled health class period, the students execute the practical portion of the certification process by demonstrating their CPR skills on their own manikin and AED device while the skills evaluators look on. Upon successful demonstration of CPR and AED use, each student is given a two year certification card through the American Heart Association.

Recent News

The National HART Foundation, in partnership with Beverly Hills CPR, has successfully trained approximately 150 students and 350 school administrators in the 2009-2010 school year. A portable Philips HeartStart Defibrillator device was formally donated to Beverly Hills High School at the beginning of the 2010-2011 school year during a School District Board meeting.
Plainsboro-Gym teacher Trevor Warner had never performed CPR before but says he is thankful he was prepared when one of his students collapsed at West Windsor-Plainsboro High School North.

Warner, 39, helped save the life of the 15-year-old student Monday after he suffered a heart attack during gym class.

"For some reason - I can't explain it - instinct took over," said Warner. "I tried not to panic."

The sophomore, who school officials did not identify, went into cardiac arrest during a seizure, according to police.

Patrolman Martin McElrath responded to the 911 call and said he saw Warner giving the boy chest compressions as he ran up with his medical bag.

"He was doing everything right," said McElrath.

The officer said Warner played a vital role.

"He did the work that was vital between the time when we arrived and when (the student) collapsed," McElrath said.

A former lifeguard, Warner has worked at the high school for 16 years.

On Monday, he and gym teacher Tammy Petrocelli were taking 70 students to outdoor ropes next to the gymnasium when the teen collapsed.

"I thought he was messing around with some of his classmates until I got closer," Warner said.
That was a welcome sight. At that point they took over, Warner said. "I'm just so thankful that I was prepared," he said.

Warner saw the student was having a seizure. When the boy stopped breathing, Warner started administering CPR. "I was telling him, 'Stay with me. It's not your time,'" said Warner, a father of two who lives in Richboro, Pa. "I didn't want my voice to be the last voice that he heard."

Warner said the other teacher Tammy Petrocelli herded students back into the gym. Soon EMTs arrived. "That was a welcome sight. At that point they took over," Warner said.

"I'm just so thankful that I was prepared," he said.

Click Here to read the full article.

Sneak Attack: Women Experience Heart Attacks Differently Than Men

Published: November 2, 2010
AAP.com, By: Susan Bloom


These are the classic symptoms we've been cautioned to associate with the onset of a heart attack. In men, that is. New research reveals that heart-attack symptoms present very differently in women and men, and knowing the difference can save your life.

"Due in part to their smaller arteries, women's heart-attack symptoms often include shortness of breath, fatigue, nausea and sweating, as well as neck, shoulder, upper back, abdominal or even elbow pain, often known as 'referred' pain because it seems to present through the spine but is actually coming from the heart," said Dr. Arnold Schonmuller, chief of cardiology at Community Medical Center in Toms River.

According to a recent study conducted on 515 female heart-attack victims by the National Institutes of Health (NIH), 43 percent reported having no chest pain during any phase of the attack, but more than two-thirds did report having weakness and other flu-like symptoms.

"The evidence clearly shows that women don't have to be having chest pains to be experiencing a heart attack," Schonmuller concludes.

The deceptive nature of women's symptoms often can lead to disaster. Despite the media attention devoted to critical conditions such as cancer and diabetes, the Women's Heart Foundation confirms that heart attacks are the leading cause of death among American women, striking more than 400,000 annually and killing more than 250,000, six times the number of women who die from...
breast cancer each year.

Further statistics reveal that 42 percent of women who have heart attacks die within one year, compared to 24 percent of men. Experts speculate that the fatality rate for women suffering heart attacks is significantly higher than it is for men because, unless you’re aware of what to expect, the symptoms of heart attack in women can be easy to overlook -- and often too late to treat by the time a woman arrives at the emergency room.

Click here to read the full article.

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

Check us out on Facebook!

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
Beverly Hills.

Mosquito Service Requests: 0

Bee Service Requests: 7

1) 09/21/10 – 139 N. Wetherly Drive – “Bees are inside a tree in the backyard of caller’s property. Also a lot of bees throughout the yard.”
Resolution – Inspected the backyard trees, searched the yard, and found no bee activity of any kind.

2) 09/30/10 – 800 Cord Circle – “Bees activity around flood lights in the patio overhang.”
Resolution – This was a simple paper wasp nest; treated, bagged and removed.

3) 10/01/10 – 605 N. Whittier Drive (El Rodeo School) – “There are wasp nests along the second and third floor hallway attached to a pole.”
Resolution – Physically removed nests from portions of building and sealed a wasp nest inside of a basketball pole.

4) 10/13/10 – 304 S. Crescent Drive – “Wasps nesting under the window in the backyard.”
Resolution – Several mud dauber nests were involved; treated, bagged and removed.

5) 10/14/10 – 360 N. Crescent Drive – “Bees are in a tree next to the alley and across from 348. N. Rexford Drive.”
Resolution – Found a swarm of bees in the tree and used the district bee vacuum to remove the swarm.

6) 10/15/10 – 220 S. Linden Drive – “Large swarm of bees attached to chimney on side of house.”
Resolution – Bees are going into a hole in the foundation wall. Informed caller of this structural bee situation and advised consultation with a P.C.O.

7) 10/19/10 – 9667 Wilshire Blvd – “Lots of bee activity on the side of the building; not sure where bees are originating from.”
Resolution – Bees are going into a hole in the foundation wall. Informed caller of this structural bee situation and advised consultation with a P.C.O.
Press release: Reports of pertussis cases in LA County at an all-time high

**Questions about this press release may be directed to the Public Health media line at (213) 240-8144.**

For Immediate Release:
November 12, 2010

Number of Reported Pertussis Cases Highest Ever for LA County Epidemic continues; residents urged to get vaccinated

LOS ANGELES - More pertussis cases were reported in October than any other month so far, the Department of Public Health announced today, renewing the call for residents to get vaccinated as soon as possible.

More than a quarter of the total number of reports of pertussis cases in LA County this year occurred within the last month.

“We have received 101 pertussis reports for the first week of November alone (1st-5th), and 429 reports for the month of October. This is an epidemic that is reaching numbers we’ve never seen before in Los Angeles County,” said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. “This disease can be prevented with a vaccine and I urge everyone who is eligible to take advantage of this protection for themselves and their loved ones. If you have not already done so, make it a priority this weekend to get vaccinated.”

To date, more than 1,600 cases of whooping cough have been reported this year. Of those, only 480 have been classified as ‘probable’ or ‘confirmed’ so far - many turn out to be false reports or actually occurred outside of LA County or simply cannot be verified. But these numbers are still significantly higher when compared to previous years.

During the entirety of 2009, there were 156 probable or confirmed cases of pertussis countywide, and only 80 cases in 2008. Of particular concern is that pertussis has claimed four lives in LA County this year, all of them infants. In a normal year, it is responsible for one or no deaths.

“The best protection against pertussis is vaccination,” said Dr. Fielding. “Whooping cough is a disease that is especially dangerous for infants under six months of age, who are not old enough to have received the number of vaccine doses needed to be fully protected. Now is an especially important time to get vaccinated. Vaccinations do not give you instant immunity, and take time to develop full protection. By taking action now, you can ensure that you are protected for the holiday gatherings.”

Those who do not have a regular healthcare provider or insurance coverage for vaccines may dial 2-1-1 or visit www.publichealth.lacounty.gov/ip for referrals to providers and community sites offering immunizations free or at a reduced-charge. Make sure that you call ahead to the clinic to ensure that it has the vaccine available and find out if you qualify for a free or reduced-charge vaccination. Eligibility, based on age and other factors, may vary. Some major chain pharmacies are also offering Tdap vaccine for a fee. Contact your local pharmacy for more information and to ask about availability.
The California Department of Public Health recently expanded its vaccination recommendations amid rising numbers of pertussis cases throughout the state. 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 through 9 years of age who did not complete the pertussis vaccination series at an earlier age;
- all others 11 years of age and older, especially women of childbearing age before, during or immediately after pregnancy and seniors 65 years of age and older.

"Infants are most likely to be infected by parents, grandparents, older siblings, day care workers, and other caregivers who have whooping cough but often don't know that this disease is the reason for their symptoms," said Dr. Fielding.

"People suffering from a cough illness who have contact with infants should seek medical care immediately. Anyone who lives with or has frequent contact with an infant should ensure that their vaccinations are up-to-date."

According to one recent study, when the source of the infant’s infection could be identified, 41 percent of infants infected with pertussis contracted the disease from a sibling, 38 percent from their mother, and 17 percent from their father. As such, anyone who has frequent contact with an infant is urged to make sure that their vaccinations are up-to-date. In addition, anyone with a cough-illness of any kind should avoid contact with infants.

Pertussis is spread by the coughing of an infected individual. Typical symptoms in young children include intense coughing accompanied by a whooping sound, and post-cough vomiting. However, some infants infected with pertussis may not show typical symptoms, but can still suffer life-threatening complications, which can include pneumonia and seizures. Among older children and adults, the primary symptom may be a cough that often lasts for several weeks or longer. If you suspect that you or a loved one may have pertussis, contact your doctor right away.

Children should receive three primary vaccinations containing the pertussis vaccine and two boosters by age four to six, followed by a Tdap booster (which protects against tetanus, diphtheria, and pertussis) during their preteen years. Any teen or adult who has not received a Tdap booster yet should do so, particularly if they are in contact with an infant. Los Angeles County residents are encouraged to contact their regular healthcare provider to arrange for recommended vaccinations.

Everyone should also practice standard hygiene habits in order to help prevent the spread of any illness. These healthy habits include washing your hands often with soap and water, staying home from work or school when sick, avoiding touching your eyes, nose and mouth, and covering coughs and sneezes appropriately with a tissue.
For more information on preventing the spread of whooping cough or other illnesses, visit the Public Health website at http://www.publichealth.lacounty.gov.

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.

# # #
For Immediate Release:
July 27, 2010

For the First Time, Life Expectancy in LA County Exceeds 80 Years

LOS ANGELES – Overall life expectancy in Los Angeles County is increasing and, for the first time, has reached a high of 80.3 years. This advance, and its reasons, is described in the new Department of Public Health report, titled “Life Expectancy in Los Angeles County: How long do we live and why?”

“Average life expectancy is one of the most fundamental measures of the health of a population and community. We are pleased to see that there have been substantial gains over the past couple of decades,” said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer.

The report examines both the reasons for this overall gain and why residents in some neighborhoods may not live as long as residents in others. At the extremes, there is a nearly 18-year difference in life expectancy between black males and Asian/Pacific Islander females (69.4 years of age versus 86.9 years, respectively), and a 12-year difference in life expectancy between the residents of Compton and La Cañada/Flintridge (75.7 years versus 87.8 years).

“To identify continuing wide gaps between wealthy and less wealthy communities and between different ethnic groups is sobering and disconcerting,” said Dr. Fielding. “Why should an unincorporated community in South LA (Westmont) have an average life expectancy that is 10 years lower than a city (Culver City) only 10 miles away? It’s important to examine these disparities and seek answers as to how to reduce these unacceptable differences.”

In 1991, the average life expectancy for LA County was 75.8 years. In 2006, the latest year for which information is available, the number rose to 80.3 years. Over a 15-year span, average longevity increased almost five years, an average of four months for every one of those years.

For the first time, the Los Angeles County Department of Public Health also has analyzed life expectancy at birth in 103 cities and communities across the county, and the report highlights the relationship between how long people live and the social and economic circumstances within their communities.

Among the report’s findings:
- In 2006, the estimated overall life expectancy of LA County residents was approximately 2.5 years higher than the national average (80.3 years versus 77.7 years, respectively).
- Life expectancy in LA County has been steadily improving for all racial/ethnic groups, but the discrepancies are not declining. In general, neighborhoods with the lowest life expectancy had the highest levels of economic hardship.
- Communities with the greatest life expectancy include: Agoura Hills (83.4), Arcadia (84.7), Beverly Hills (85.6), East San Gabriel (85.0), Rowland Heights (85.3), and Walnut (86.6).
Communities with the lowest life expectancy include: Florence-Graham (76.7), Inglewood (77.0), Lancaster (76.0), Lynwood (77.7), Westmont (72.4), and Willowbrook (75.6).

Men experienced higher rates of death due to homicide, suicide, motor vehicle crashes and drug overdose, which helped contribute to an overall lower life expectancy compared to women.

Coronary heart disease remains the leading cause of premature death for all genders, geographic locations and racial/ethnic groups.

"There is a strong and consistent relationship between a person’s health and what social and economic resources are available to that person," said Dr. Fielding. "People living in impoverished neighborhoods may have less opportunity to obtain a good education and be fully employed, have less social support, and have less opportunity to participate in activities that promote health. These things affect how long a person lives."

For example, some poorer neighborhoods and communities of color have fewer grocery stores which sell fresh fruits and vegetables, and many lack parks and safe places where children and families can gather and play together. This makes it more difficult for them to eat healthy foods and be physically active, which are two fundamental building blocks to preventing illness and living healthier and longer lives. Cities and communities play a vital role in promoting health.

The report lists several recommendations that communities can implement to create health-promoting environments:

- Consider health impacts when making local planning and land use decisions; communities should be designed to encourage active lifestyles and healthy eating.
- Increase public access to safe places where residents can walk, bike, play and exercise.
- Create places where communities can gather and participate in social and civic activities.
- Invest in education and job training programs.
- Partner with local businesses to provide jobs and develop after-school programs.
- Increase the availability and affordability of healthy foods such as fruits and vegetables by using incentives to increase the availability of grocery stores and farmers’ markets.
- Tobacco use is still the number one cause of preventable death and disability; support smoke-free environments to protect children and non-smokers from second-hand smoke, and enforce smoking bans and restrict access to tobacco by minors.


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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- 2 -
Local Programs Adapt as FEMA Considers Changes to CERT
by Corey McKenna on September 23, 2010

As FEMA considers changes to the Community Emergency Response Team (CERT) program, local coordinators offer their own solutions.

At the Red Cross Emergency Social Data Summit on Aug. 12, FEMA Administrator Craig Fugate said the agency was looking at ways to use CERT to increase the level of disaster preparedness education in the United States.

Fugate said he’s looking at increasing the relevancy of CERT training for young adults and high school students. "We’re also looking at are there ways we can take the CERT training and break it down, because a lot of groups have approached us said, ’We think this is really great, but the attention span of our audience won’t get you there,’” he said.

The agency is looking at ways of implementing disaster preparedness education into the curriculum of the nation’s schools. “[The] Red Cross and others have built tremendous tool kits for children in the public schools and private school systems to begin that process early. But it’s not very consistent across this country,” Fugate said. “And I think, in any social context of trying to change behavior across a community over the long term, we know that if you’re not talking to different groups — particularly focusing on children when they are willing and impressionable on these issues — it’s hard to come in after we’re adults and talk about this stuff.”

On the Ground
Asked about what the federal government could do to improve the program, local CERT leaders pointed to the need for increased funding to continue training programs and equip volunteers, and an updated curriculum including an advanced module for students who complete the initial training.

Carol Willis, a Teen CERT coordinator from Sacramento who participated in the summit webcast, said national preparedness curriculum standards would benefit area students. “Teen CERT is good because it reaches some of the students in the schools, but it doesn’t reach all of them, and I really think there needs to be something that every student gets,” Willis said. “They may not be responders, but hopefully they wouldn’t panic and they would know what to do. And that is all we can ask of everybody is to be aware of what to do in a disaster.”

According to a CERT website, Teen CERT is taught to teenagers in high schools and the community. It also will help school safety teams during an emergency or disaster that affects the school.

Even schools that implement Teen CERT into the curriculum can find sustaining the program challenging. “What I’m finding that happens is that the teacher that teaches it then goes to another district or goes somewhere else and nobody picks it up,” Willis said.

That’s what happened to the program at Sacramento’s Natomas High School, which graduated a class of 30 students in March 2008. “It was our old activities director — she brought in the trainer, the kids got trained, we did the assembly, they had the packs [and] she then left. She’s not even at our school any more,” said Angela Herrera, the school’s assistant principal for student services.

Natomas High School is currently working with the district office to restart the program, Herrera said.
Also, programs supported by grants can take a hit when funding runs out. “The situation I have right now is I was contracted to [the U.S. Department of] Homeland Security when I started Teen CERT,” Willis said. “That grant money is now gone, and so I’m teaching it on a voluntary basis at this point.”

Coordinators mentioned the turnover of CERT volunteers who take the course for a variety of reasons — including being able to help themselves and their families during disasters or being able to assist first responders — and the need to fill a gap in available volunteers.

One local government would like to put a Teen CERT program in the local high schools to fill future needs for volunteers during disasters. “We have several small communities in our county, for instance, and those people are already volunteering for the fire department or EMS service or something of that nature,” said James Fair, the Sumner County, Kan., emergency manager. “That’s a way for us to be able to have each of those communities prepared and protected,” he said.

**Updated Curriculum**

The Carnation-Duvall Citizen Corps Council in Washington state taught a CERT class to a group of teachers who requested it. It also offers CERT members additional training, including classes in the Incident Command System, Red Cross sheltering and ham radio as well as Fire Corps training and Neighborhood Watch programs.

Council President Kathy Brasch would like to see updated textbooks and a continuing education program specific to CERT. “I know individual CERT programs have started to develop their own additional training as well, but there is not a formal program,” she said. “Also, we’d love to see the latest curriculum. I know they’ve been talking about it for a number of years, but we haven’t seen the actual new curriculum and the train-the-trainer courses come out.”
Brasch said her program’s textbooks date from about 2000.

“I know they started putting together a new curriculum about two years ago, and it’s still in the testing phase,” she said. “I’ve been told that it’s supposed to be coming out in the next couple of months. So we’re looking forward to that.”

The U.S. Department of Education (DOE) has not yet developed a framework for disaster preparedness education in the nation’s K-12 schools. However, training students in disaster preparedness is an allowable expense under Readiness and Emergency Management for Schools (REMS) grants, said Sara Strizzi, a subject-matter expert with the DOE. The department recently announced that $28.8 million in REMS grants were awarded to 98 school districts across the country.

On Sept. 15, FEMA, the DOE and the Red Cross hosted the National Summit on Youth Preparedness to discuss development of standards for preparedness education curriculum in K-12 schools. A FEMA spokeswoman said a report on the summit’s findings would be published at a later date.
Increase in Rabid Bats Found in LA County Prompts Concern

For Immediate Release:
November 17, 2010

Increase in Rabid Bats Found in LA County Prompts Concern
Make sure pets' vaccinations are up-to-date; do not touch wild animals

LOS ANGELES - With an unusually high number of rabid bats recorded in Los Angeles County so far this year, the Department of Public Health is reminding all residents to avoid touching any wild animals, especially bats. So far in 2010, 21 rabid bats have been detected countywide, compared to an average of 10 per year.

"The reason for the increase in the number of rabid bats reported in LA County is unclear. Regardless, it is important that all county residents understand the potential dangers posed to themselves and their pets as most of these rabid bats have been found in and around homes," said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. "Make sure that children know to leave bats and other wildlife alone, and keep pets away from wild animals. If you see a sick bat or other sick animal, contact your local animal control agency."

One person who was attempting to rehabilitate a sick bat was bitten. The bat tested positive for rabies and the individual was quickly treated for rabies exposure. Rabies is a serious viral disease that affects the central nervous system, ultimately causing brain disease and death. Symptoms may include fever, weakness, confusion, anxiety, partial paralysis and an increase in saliva. Rabies is transmitted through the bite or saliva of an infected animal. The majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC) each year occur in wild animals such as bats, raccoons, skunks, and foxes.

"Rabies poses a serious threat to pets as well as people. So far this year, two dogs and a cat were found playing with live, rabid bats at their homes. Fortunately, the pets had current rabies vaccinations. If not, their owners would have had to face the difficult decision of either euthanizing their pet or putting them in quarantine for six months. All pet owners should make sure their dog or cat has an up-to-date vaccine against rabies," said Dr. Fielding.

Dogs and cats with current vaccines that have come into contact with rabid animals may be revaccinated and kept in quarantine for 30 days to ensure they have not been infected by rabies. Bats are protected by federal law and are an important part of our ecosystem. In nature, about 1 in 1000 to 1 in 10,000 bats is infected with rabies. However when a sick bat is found, the risk of that bat having rabies is much higher; approximately 10 percent.
Individuals should take the following steps to reduce their rabies risk:

- Make sure pets are up-to-date on rabies vaccinations.
- If you are bitten by a wild animal, contact your doctor immediately to determine if you need rabies post-exposure treatment.
- Do not try to touch any wild animal, especially bats.
- If a bat is found on the ground around your home or in a public place, place a box or other container over it and call your local animal control agency.
- If a bat is found in your home and may have had access to pets or areas where people were sleeping, do not release it outside. If possible, put a small box or container over it and call your local animal control agency.
- If your pet has been found with a bat or other wild animals (except for rodents, rabbits or squirrels), report the exposure to the Department of Public Health Veterinary Public Health and Rabies Control Program by calling (213) 989-7060.


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.

# # #
Meeting Date: November 22, 2010
To: Health and Safety Commission
From: Pamela Mottie-Muller, Director of Emergency Management
Subject: Tobacco Permit Update

In November the City's Administrative Services Department mailed a letter to tobacco retailers, which provided information on the new tobacco permit and included a payment due date of December 1, 2010. The December due date was intended to give businesses adequate time to pay the new permit fee. The letter included a copy of the ordinance and program FAQs. A copy of the letter and FAQs are included with this memo. The Police Department will begin enforcement activities in early 2011.
November 10, 2010

Dear Business Name:

The City of Beverly Hills requires all tobacco retailers in the City to obtain a tobacco retail permit. Unlike the state licensing program that addresses tobacco taxation and counterfeiting, this program is aimed primarily at curbing tobacco sales to minors – something that has become a widespread problem in our City and across California. The annual permit fee of $204 will be used to fund stricter enforcement of existing tobacco law, to include undercover youth decoy operations in all retail locations. Over sixty cities and towns in California have passed similar ordinances in the last ten years, and the collected evidence shows that these increased enforcement practices are very effective at reducing sales to minors.

Your business is not permitted to sell tobacco or tobacco-related products without a permit from the City. As such, please complete and submit the enclosed application form with your payment as soon as possible in order to receive a City permit for the address below:

State Board of Equalization Tobacco Permit Number: Enter the Permit Number Here
Address for this Permit: Street Address of the Permitted Business
City, State Zip Code of the Business

Enclosed you will find a document of Frequently Asked Questions that should address the questions or concerns you may have. If you desire further clarification, please do not hesitate to contact our customer service division at the phone number below.

Thank you for your continued support in ensuring that tobacco is sold responsibly in Beverly Hills.

Sincerely,

Noel Marquis
Assistant Director of Finance
City of Beverly Hills Tobacco Retail Permitting Ordinance
Frequently Asked Questions (FAQs)

1. Am I a tobacco retailer?
   A "tobacco retailer" means any person or business that operates a store, stand, booth, concession or other place at which the person or business sells, offers for sale, or exchanges or offers to exchange for any form of consideration, tobacco, tobacco products, or tobacco paraphernalia. If any part of this definition applies to you or your business, then you are required to obtain a tobacco retail permit from the City of Beverly Hills.

2. I already have a state tobacco license issued by the California Board of Equalization. Why do I need a separate tobacco permit from the City?
   The tobacco license issued by the California Board of Equalization is meant to curb tobacco tax fraud and the counterfeiting of tobacco products, and it does not preempt local jurisdictions from enacting their own tobacco ordinances for other purposes. The Beverly Hills City Council adopted this new ordinance on August 31, 2010, to encourage responsible tobacco retailing and to discourage violations of tobacco-related laws, especially those that prohibit the sale or distribution of tobacco products to minors.

   The tobacco license issued by the California Board of Equalization must be attained before applying for a City of Beverly Hills Tobacco permit.

   More than sixty cities and towns in California have adopted similar ordinances in the last decade, and the results overwhelmingly show them to be effective: rates of illegal tobacco sales to minors have decreased, often significantly, in almost every jurisdiction.

3. What are the requirements of this ordinance?
   The ordinance requires that tobacco retailers comply with all federal, state and local tobacco-related laws, including strict adherence to age and identification requirements. The ordinance also requires retailers to pay an annual permit fee to the City to cover the cost of enforcement and administration.

   The full text of the ordinance can be found in Section 4-2-2101 of the Municipal Code, available online at www.beverlyhills.org.

4. When does this ordinance go into effect?
   The ordinance is effective as of December 1, 2010.

5. How much is the permit fee?
   The permit fee is currently $204 annually, which will go directly toward the cost of enforcement and administration of the program.

6. How long is the permit effective?
   The permit is effective for one year from the date issued and must be renewed annually.
7. **Where do I send the permit application and required documents?**
   Mail the tobacco retail permit application, required documents and payment to:
   City of Beverly Hills
   Business Tax Division
   455 N. Rexford Dr., Room 340
   Beverly Hills, CA 90210

8. **Do I need to re-apply for the permit every year?**
   No, however, you are still required to pay the annual permit fee. You will be invoiced on an annual basis for your permit renewal.
   If your retail location has moved or changed its name since the last permit was issued, you must update the information we have on file using a new tobacco retailer permit form.
   If ownership of the business has changed, the new owner must apply for a new permit.

9. **Can I sell tobacco from a mobile location such as a truck or car?**
   No permit may be issued to authorize tobacco retailing other than at a fixed location. Itinerant tobacco retailing is prohibited.

10. **What do I do if I have multiple tobacco retailing locations?**
    Each location that sells tobacco, tobacco products, and/or tobacco paraphernalia must have its own permit. Each location must also pay the permit fee annually.

11. **Will there be inspections?**
    Yes. Environmental health inspectors from L.A. County will conduct regular site inspections of retailers to check compliance with local, state and federal tobacco retail laws. In addition, local police will conduct random undercover youth decoy operations to check compliance with laws prohibiting the sale of tobacco products to minors.

12. **What will happen if I am cited for a permit violation during an inspection?**
    Violators are subject to monetary fines as well as suspension and/or revocation of their tobacco license. Specific penalties will depend on the nature of the violation and the number of past violations.
    Penalties for violations:
    
    1st within a 5-year period: $250
    2nd within a 5-year period: $750 and permit suspended for 90 days
    3rd within a 5-year period: $1000 and permit revoked
13. Can I appeal a violation?
Yes. Retailers must submit a request in writing for an administrative hearing to review the violation. The request must be submitted and filed with the City within ten (10) calendar days following the notification of the violation.

14. Whom do I contact if I have additional questions?
Retailers can contact the City’s Customer Service Division at (310) 285-2424 for further information.
MEMORANDUM

TO: Health and Safety Commission
FROM: Pamela Mottice Muller, Director Office of Emergency Management
DATE: November 22, 2010
SUBJECT: Earthquake Preparedness Kits and CPR Program

Les Bronte will attend today’s meeting to discuss the Rotary’s Earthquake Preparedness kits which are for sale, as well as the status of the CPR program and new classes that are being offered.
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KIT FOR 4 PERSON NEEDS FOR THREE DAYS --$85.00

24 Water pouches 4.227 oz each
4 MAINSTAY Food Days 2400 Calories each
1 FIRST AID KIT
1 FLASHLIGHT
1 BATTERY D 2 pk
2 12-HOUR LIGHT STICK COLOR GREEN
1 WHISTLE w/LANYARD
4 EMERGENCY MYLAR BLANKETS
1 HEAVY DUTY BACKPACK
SUGGESTED ADDITIONS ITEMS

RADIO W/ BATTERIES
GAS SHUT OF WRENCH
WET WIPES
LEATHER AND LATEX GLOVES
TISSUE PACKS
UTILITY KNIFE
WATERPROOF MATCHES
CANDLES
GOGGLES
DUCT TAPE
WASTE BAGS
DUST MASKS
ADDITIONAL FOOD & WATER PACKS
RAIN PONCHOS

FOR FAMILIES WITH INFANTS OR SMALL CHILDREN
FORMULA IN CANS
DIAPERS
MEDICATION
WASTE BAGS
EXTRA CLOTHING
PACIFIERS
TOYS AND BOOKS

FOR PETS
EXTRA LEASH AND COLLAR
PET FOOD
TOYS
MEDICATION
WASTE BAGS
Ten years ago, the Beverly Hills City Council formed the Human Relations Commission to promote positive human relations in all aspects of community life in our city. On March 2, 2010, the Commission presented an election civility statement to the City Council and received unanimous approval for dissemination of this civility expectation for community leaders and all residents during this municipal election. The statement establishes a citywide expectation for all of us during the course of this campaign and election with the intention that it will become a year-round way of life throughout our city.

Members of the Human Relations Commission will be present at the November 22, 2010 Health and Safety Commission meeting to introduce the civility statement to the commissioners and request that they consider an opportunity to demonstrate leadership as a positive role model. As human relations commissioners we are promoting an ideal, but the task of achieving the ideal is up to all of us. We ask that you join us as we take a stand in support of an environment where respect and responsible actions prevail in every aspect of our community life. We hope that you will be inspired to live this message and carry it to others as well.

For comments and concerns about civility, the Human Relations Commission provides a public forum for anyone who wishes to speak and share. For additional information call 310-285-1006 or go to www.beverlyhills.org/humansvcs.

Human Relations Commission
Dr. Sharona R. Nazarian, Chairperson
Barbara Linder, Vice Chairperson
Yar Meshkaty
Cheri R. Yousem
Ilona Sherman
Rochelle Ginsburg
Tom Pease
The Human Relations Commission of the City of Beverly Hills strives to promote positive human relations in all aspects of community life.

We believe that the examination of diverse candidates and challenging issues can be conducted with great civility.

While our schools may provide civics education in the classroom, we citizens are obligated to provide our young people with a real life model of positive civic behavior that we teach by example.

We hope that every member of this community will join us as we take a stand in support of an environment where respect and responsible actions prevail in all elections and in every aspect of our community life.

*Adopted by City Council March 2, 2010*
As requested by Vice Chair Judelson, Chief Greg Barton will give a presentation regarding the cost of holding the CERT Program and potential plans for the future.
TO: Health and Safety Commission
FROM: Pamela Mottice Muller, Director Office of Emergency Management
DATE: November 22, 2010
SUBJECT: Pedestrian Safety

Per the Commission’s request, Martha Eros, the City's Transportation Planner, will attend the meeting to hear your ideas on traffic and pedestrian safety measures.
Commissioner Setian will share a unique multi-media presentation on a bullying prevention program that he feels should be incorporated into the school and recreation curriculum.

Staff from Community Services/Human Relations Division, the Police Department, members of the Human Relations Commission and a school board representative will attend.

All Commissioners and School Board members Myra Lurie share an interest in seeing the presentation.
Commissioners will discuss the nominations for the Beverly Hills Community Health and Safety Award which have been received.
TO: Health and Safety Commissioners
FROM: Kathy Ryan, Commission Secretary
DATE: November 22, 2010
SUBJECT: Every 15 Minutes Video

Commissioners will view the remainder of the Every 15 Minutes video.
The Ad Hoc Committee will report on this work plan item.