

# ALAMANCE COUNTY BOARD OF HEALTH

## Minutes

### Regular Meeting of the Board of Health

August 18, 2009

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, August 18, 2009, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Commissioner Eddie Boswell, Dr. Donald Courtney, Mr. Jim Gooch, Mr. Chad Huffine, Ms. Kara Marshall, Ms. Lynda Puckett, Mr. Charles Wilson and Dr. Reid Woodard.

The following staff members were present: Mr. Barry Bass, Ms. Terri Craver, Dr. Kathleen Shapley-Quinn, Ms. Debra Garrett, Ms. Christy Bradsher, Ms. Michele Herbek, Mr. Eric Nickens, Mr. Jack Fessler, Ms. Nancy Chiafulio, Ms. Sherri Wanner and Ms. Janna Elliott.

#### I. Call to Order and Introductions

Mr. James Gooch, chairman, called the meeting to order at 6:31 pm.

#### II. Approval of the June 16, 2009, Board of Health Minutes

*A motion was made by Dr. Donald Courtney to approve the June 16, 2009, Board of Health minutes. The motion was seconded by Dr. Reid Woodard and approved unanimously by the board.*

#### III. Public Comment

No public comments were made.

#### Administrative Report

A. Ms. Christy Bradsher introduced Health Department staff attending the meeting:

- Ms. Michele Herbek is the Nutritionist III – WIC Director who joined the staff on June 22, 2009
- Mr. Jack Fessler is a Processing Assistant III in the Administrative section who joined the staff on July 1, 2009
- Ms. Nancy Chiafulio is a Processing Assistant III in the Dental Clinic who joined the staff on July 1, 2009
- Ms. Sherri Wanner is a Dental Assistant who joined the staff on June 25, 2009

**B. Personnel Update**

Ms. Bradsher provided the board with the following Personnel Update:

<u>PERSONNEL UPDATE</u>
<p><i>Transfers / Resignations:</i></p> <ul style="list-style-type: none"> <li>• Kathleen Grasty transferred to the Public Health Nurse III – Quality Assurance position, replacing Kelly Mendenhall, effective June 25, 2009</li> <li>• Sherri Wanner began employment as Dental Assistant, replacing Angela Gilson, effective June 25, 2009</li> <li>• Nancy Chiafulio began employment as Processing Assistant III – Dental Clinic (50%) effective July 1, 2009</li> <li>• Teresa Rogers resigned from the Public Health Nurse II – Post Partum Home Visit position effective July 10, 2009</li> <li>• Pamela Herring resigned from the Processing Assistant III – WIC Lab position effective August 14, 2009</li> <li>• Jessica Faulk is resigning from the Nutritionist II – WIC position effective August 21, 2009</li> </ul> <p><i>Recruiting to fill the following positions:</i></p> <ul style="list-style-type: none"> <li>• Public Health Nurse II – Tuberculosis Coordinator, replacing Cherae Gardner</li> <li>• Public Health Nurse II – Women’s Health Coordinator, replacing Kathleen Grasty</li> <li>• Public Health Nurse II – Post Partum Home Visit, replacing Teresa Rogers</li> <li>• Public Health Nurse I</li> <li>• Dental Assistant, replacing Jeannette Williams</li> <li>• Dental Hygienist, replacing Vicki McPherson</li> </ul> <p><i>The following positions have been frozen:</i></p> <ul style="list-style-type: none"> <li>• Processing Assistant III – WIC Lab, replacing Pamela Herring (frozen until November 13, 2009)</li> <li>• Nutritionist II – WIC, replacing Jessica Faulk (frozen until November 20, 2009)</li> <li>• Physician Extender II, replacing Rebecca Owens (frozen until January 1, 2010)</li> <li>• Environmental Health Specialist, replacing Tonya Randell (frozen until January 1, 2010)</li> </ul>

Mr. Barry Bass commented that both WIC staff who resigned recently did so in order to return to school to further their education.

**C. Budget Amendments/Transfers**

Ms. Bradsher presented the Health, WIC and Dental amendments and transfer 1 for the 2009 - 2010 fiscal year for board approval.

Budget Amendments and Transfers FYE 10				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	1		DEPT. NAME:	Health
STATE BUDGET:	General		TRANSFER:	X
			AMENDMENT:	
<b>Revenue</b>				
310-3511-441	MAT/CH/FP-PATIENT FEES	-2,100.00	-2,100.00	-2,100.00
310-3511-446	Behavior Intervention Maternity-Other	2,100.00	2,100.00	2,100.00
<b>Explanation:</b>	Revenue Transfer needed to separate Maternity Behavior Intervention patient fees from Maternity, Child Health, Family Planning Fees.			

***A motion was made by Mr. Charles Wilson to approve the Health, WIC and Dental budget amendments and transfers 1 for the 2009-10 fiscal year. The motion was seconded by Ms. Kara Marshall and was approved by the board unanimously.***

#### IV. Personal Health Update

Ms. Debra Garrett introduced herself as the Public Health Nursing Director III. Ms. Garrett joined the staff on June 29, 2009.

Ms. Garrett reported on the community response to H1N1. There have been a large number of phone calls regarding the availability of vaccines. There are a lot of unknowns about the vaccine, which has a target delivery date of mid-October. Individuals will need to receive the seasonal flu vaccine as well as the H1N1 vaccine and a follow-up booster 21 days following first H1N1 vaccine. Alamance County Health Department (ACHD) staff is contacting community providers to inquire about the number of vaccines they need to supply for patients. The vaccine is given free of charge by the state; however, private providers may charge an administration fee. So far, private providers have ordered 20,000 – 25,000 vaccines for citizens. Ms. Shannon Alley is contacting large businesses in the county to see if they would consider mass vaccinations for employees. Maxim Healthcare has ordered another 30,000 vaccines, so almost 1/3 of the county's population would be covered through these outlets.

Ms. Garrett reported that the Public Health Nurse I position will be filled as of September 1, 2009. Also, she is awaiting results of the background check and drug test before an offer can be made to a candidate for the Public Health Nurse II – Tuberculosis Coordinator position.

The Women's Health state review, which includes Family Planning, Maternity and Maternal Care Coordination, was conducted on August 12,

2009. It was a very good review, with no areas out of compliance. There were a few recommendations.

Ms. Garrett reported that the Health Department will be offering late clinics on Monday evenings starting August 31 through the end of September for Tdap (tetanus/diphtheria/pertussis) vaccinations, which is a requirement for all sixth graders. In addition to the late clinics, the Health Department is offering Tdap vaccines by appointment and walk-in Monday through Friday. Mr. Eric Nickens, Ms. Garrett and Ms. Lucy Kernodle, with ABSS, are going to work with the schools to try to offer Tdap clinics earlier next year, possibly in the spring at open house for rising sixth graders.

Ms. Garrett stated that during the month of August, Health Department staff will be going to EMS to offer PPD clinics for all Alamance County Emergency Services employees.

Mr. Gooch inquired about the fee for the H1N1 vaccine. The vaccine is going to be free; however private providers may charge an administration fee. Mr. Gooch inquired if the Health Department would be providing the vaccine to places such as LabCorp. Ms. Garrett replied that LabCorp had been provided with a Memorandum of Agreement to staff their own clinic. They would have to sign the MoA and agree to follow the state guidelines. Ms. Alley and Ms. Garrett are visiting these businesses to assist with planning for clinics by making sure the area is appropriate with adequate storage and a flow for people to enter and exit. The state supplied H1N1 vaccine comes with needles and supplies, so there would be little to no cost for purchasing supplies. Commissioner Boswell inquired about how the Health Department is working with the schools on this issue. The Emergency Plans that were established for the county mainly address mass dispensing of medication in cases such as anthrax. The plans were not set up for a vaccination clinic. The target population in the case of H1N1 is young children, not the elderly, so schools would be a great venue for providing mass vaccination. Commissioner Boswell inquired if anyone had made a presentation at a School Board meeting about this. Ms. Garrett replied that Ms. Alley had attended a Principal's meeting. Mr. Boswell recommended that a presentation be made to the School Board to get more publicity as to what is going on with the children. It is still unknown at this time if the vaccine will be approved; it was released today that at one of the companies, the vaccine is not growing as they had anticipated. There will still be a supply of vaccine, but not the mass numbers they were hoping for initially. All of these plans are contingent upon the approval of the vaccine and the number of vaccines received. Mr. Wilson inquired about the Health Department staffing off-site clinics. Ms. Garrett replied that LabCorp is contracting nurses to provide vaccines. The school system is going to use Maxim Healthcare. Nurses, physicians, pharmacists, EMTs and first responders may administer these vaccinations. Ms. Garrett noted that there was a recent meeting

between Lee, Chatham and Alamance Counties to collaborate on plans for H1N1. Ms. Kara Marshall inquired about a timeline for dispensing the vaccine. The target date for receiving the vaccine is mid-October. Dr. Kathleen Shapley-Quinn commented that the expectation is that there will be a relatively small amount of vaccine at first with weekly rollouts of additional vaccines. There are priority groups for the vaccine. Off-site clinics have to commit to following the priority schedule for providing the vaccine. Individuals age 65 and over are not in the priority group. There also has to be some tracking of the vaccine as it is administered so that reactions may be monitored. Ms. Garrett commented that it is a two shot vaccine; the second shot should be given 21 days following the first shot. Ms. Marshall inquired about the paperwork required from a POD site. Dr. Shapley-Quinn replied that she thinks there will be computer data entry at the time of dispensing so that data may be tracked by CDC. Dr. Shapley-Quinn thinks the provider would keep paperwork. In regards to PODs, paperwork could be kept with employee files. Guidelines for recordkeeping and storage of the vaccine are still coming in from the state, so there are many unknowns at this time.

## **V. Environmental Health Update**

Ms. Terri Craver reported that the 4th rabies case for Alamance County in 2009 was documented recently in a fox. An 89 year old gentleman shot the fox and did receive post-exposure treatment. This was Alamance County's 100<sup>th</sup> case of rabies since 1997.

Ms. Craver informed the Board Senate Bill 831, the "Permit Extension Act of 2009," was signed by Governor Perdue on August 5, 2009. All permits that would have expired January 1, 2008, have been extended until December 31, 2010. Septic permits normally expire in five years. This is good for developers, but bad for the Environmental Health Section and there will be fewer fees collected in permit renewal. County's MIS department is running a report to see how many permits this will effect.

Ms. Craver stated that beginning July 1, 2008, every well must be sampled for bacteriological, inorganics and nitrates. Effective in October 2009, volatile organic compounds (VOCs) will be tested for as well. Environmental Health is awaiting more guidelines from the state to know if every well must be tested for VOCs or if certain criteria would require testing of specific wells.

Ms. Craver discussed House Bill 2, "Smoking Prohibited in Public Places and Places of Employment." This Bill affects Alamance County restaurants and bars. The Institute of Government is developing training for enforcement of this new law which goes into effect January 2010.

Ms. Craver reported there are two bills in regards to animal control. Criteria in the bills dictate that lost animals must be held in the shelter for a minimum of



72 hours before being euthanized or adopted to give owners a chance to find their lost pet.

Ms. Craver informed the board that food and lodging plan reviews may now be charged \$250, instead of \$200. Environmental Health will wait until the next fiscal year to increase fees for plan reviews.

Ms. Craver stated a local graduate student did a survey on the amount of post-exposure prophylaxis (PEPs) dispensed in area counties. Alamance County's levels were high in comparison to other counties.

## **VI. Medical Director's Report**

Dr. Shapley-Quinn followed up on Ms. Craver's statement about PEPs. Uninsured individuals exposed to rabies may go to the local Emergency Room (ER) and receive PEPs free of charge. Prescribing PEPs saves ER physicians time, but does cost quite a bit of money.

Dr. Shapley-Quinn reported on the recent tuberculosis investigation. Three people were suspects, all of whom have passed away without confirmatory testing. One person lived in an area rest home facility, so the Health Department tested all residents and staff, five are being treated for latent tuberculosis infection. There was a completely separate incident in which a female who resided at a 180 bed nursing home facility tested positive. Health Department staff tested all residents and staff. Approximately 220 PPDs were initially placed; the second round of testing should be completed this week. Thus far, only four residents showed evidence of exposure, but not contagious. Dr. Shapley-Quinn stated that this has been a Herculean effort by Health Department staff as well as staff at hospice and staff at the involved rest home and nursing home. Also, two physicians (in subspecialty training to become ID specialists) have volunteered their time and expertise to facilitate this project.

Dr. Shapley-Quinn informed the board about the multiple-agency meetings that have been conducted to plan for the potential outbreak of H1N1. Dr. Shapley-Quinn and Ms. Kathy Colville are working to establish a telephone triage for citizens to call with questions and to report H1N1 symptoms without having to go to the hospital or doctor. Hopefully this would help to alleviate the potential influx of patients to the ER. Dr. Shapley-Quinn was able to obtain an algorithm for an H1N1 triage system for free. They are also working to establish alternate care sites for evaluation of H1N1 symptoms. These sites would be for milder cases, not those requiring hospitalization, and predominately volunteer run.




## **VII. Health Director's Report**

Mr. Barry Bass reported that at the same time flu clinics would be going on at the Health Department, county maintenance has contracted to have the parking lot at HSC paved. Alternate parking will be available across the street at Kernodle Clinic and at Western Electric.

Mr. Bass discussed the Policy on Confidentiality and Release of Medical Records. Mr. Bass requested that the Personal Health Committee look at the policy at its September meeting and make recommendations back to the full board in October.

***A motion was made by Dr. Donald Courtney to have the Personal Health Committee review the Policy on Confidentiality and Release of Medical Records. The motion was seconded by Dr. Reid Woodard and approved unanimously by the board.***

Mr. Bass provided the board with a memo recently distributed to staff in regards to employee attendance.

	<b>ALAMANCE COUNTY</b> <b>Health Department</b> 319 North Graham-Hopedale Road Suite B Burlington, NC 27217-2995 www.alamance-nc.com/d/health
Joseph B. Bass, Jr., MSW Health Director	(336) 227-0101 FAX (336) 513-5593
<p><b>MEMO TO:</b> Health Department Employees</p> <p><b>COPIES TO:</b> Sherry Hook, Human Resource Director</p> <p><b>FROM:</b> Joseph B. Bass, Jr., Health Director</p> <p><b>DATE:</b> August 12, 2009</p> <p><b>SUBJECT:</b> Leave Without Pay</p>	
<p>Regarding staff who have already exhausted bonus days, furlough days, have no available sick or annual leave days and may be on the verge of going into Leave Without Pay status, the following process is to be followed:</p> <ol style="list-style-type: none"> <li>1) In a Supervisory Counseling Session (pre-disciplinary but documented) the supervisor will inform the employee that they have nearly exhausted all of their available leave time and if they go into Leave Without Pay (LWOP) status they will receive an oral warning (documented disciplinary action) for the first occurrence.</li> <li>2) At first occurrence of LWOP (unless under FMLA) after the counseling session, the employee will receive an oral warning (documented disciplinary action).</li> <li>3) Should the employee go into Leave Without Pay status a second time (unless approved under FMLA), they will receive a written warning (documented disciplinary action).</li> <li>4) Should an employee go into Leave Without Pay status a third time (unless approved under FMLA), they will receive a final written warning (documented disciplinary action) which will result in dismissal.</li> </ol> <p>Hopefully, this will clarify agency expectations regarding attendance and performance of duties since excessive absenteeism has an adverse effect on unit operations, efficiency and morale.</p> <p>In accordance with 25 NCAC 01I .2309(b), disciplinary actions will remain active for a period of eighteen (18) months.</p> <p>Should you have any questions or concerns, please do not hesitate to see me.</p>	
	
Committed to Protecting and Improving the Public's Health in Alamance County	

Mr. Bass informed the board that in July, the Board of Commissioners granted each employee five bonus vacation days as well as five voluntary unpaid furlough days in lieu of a cost of living assessment. Unfortunately, the Health Department has employees that have used all of this time they were given in July, as well as the one sick day and portion of vacation day (depending on longevity) they accrue each month. This memo was distributed to staff to put them on notice that Leave without Pay (LWOP) is no longer appropriate or accepted by the county administration. Supervisors will counsel employees who have a low leave balance. At the first instance of LWOP, an oral warning will be given. At the second instance of LWOP, a written warning will be given. At the third instance of LWOP, a final written warning including dismissal will be given. None of this will apply to employees protected under the Family and Medical Leave Act (FMLA). A lengthy discussion ensued regarding attendance policies. Ms. Marshall suggested an attendance policy that would address attendance proactively. The purpose of the memo and policy is to promote employees accrual of leave to have in the case of emergencies or extenuating circumstances. Mr. Wilson suggested dictating to new employees a requirement for number



of days worked each year. Mr. Bass welcomed input from the board and requested they share with him policies they have used at their employer. Ms. Marshall suggested that a 3% absenteeism rate would be appropriate and could be addressed as a policy which may prevent having to correct attendance on the backend. There is no maximum sick leave accrual; sick leave may be used toward retirement. Mr. Bass stressed that his concern is that the Health Department has clinics to run and it is impossible to run efficient clinics with the level of absenteeism that has been accepted in the past.

### **VIII. Old Business**

There was no old business to discuss.

### **IX. New Business**

#### **A. Request to Exempt WIC Nutritionist II Position from Hiring Freeze**

Ms. Michele Herbek, WIC Director, made a request to the board to exempt the Nutritionist II position from the recommended 90-day hiring freeze. Ms. Herbek informed the board that in the past three years, WIC's caseload has increased by 1,300 clients without additional staffing. A recent WIC audit showed that they are not meeting the timelessness of providing nutritional care to clients. Infants should be seen within ten days; however, they have to wait two months for an available appointment in our WIC program. Children should be seen within twenty days; however, they have to wait two months for an available appointment. Prenatal women should be seen within ten days; however, they have to wait two months for an available appointment. Postpartum women should be seen within six weeks of delivery; however, the next available appointment is not until mid-November. WIC is a 100% federally funded program. For the past two years, Alamance County's WIC program has had to send funding back to the state because they were unable to spend it. Funding is based on caseload and if WIC was staffed adequately, this would not be an issue. There is plenty of funding available to support paying for this position without implementing the hiring freeze. The WIC program puts \$311,000 back into the local economy through the redemption of food vouchers each month.

***A motion was made by Ms. Lynda Puckett to recommend to the Board of Commissioners the Nutritionist II position be exempted from to the 90-day hiring freeze. The motion was seconded by Dr. Reid Woodard and approved unanimously by the board.***

## B. Policy on Payment for H1N1 and Pertussis Antibiotics

Mr. Bass presented the board with a Policy on Payment for H1N1 and Pertussis Antibiotics:

DRAFT

Alamance County Health Department  
Payment for H1N1 & Pertussis Antibiotics

It is the responsibility of the individual to cover the cost of antibiotics related to the treatment or prophylaxis regarding their exposure or potential exposure to H1N1 and Pertussis. Under very limited circumstances, the agency may cover the **cost at the lowest available rate** of the antibiotics, IF the infected individual or household contact meets the standard indentified high risk criteria for adverse consequences if not treated. This will be done on a case-by-case basis, determined by inability to pay.

To be added to Alamance County Health Department Fee & Eligibility manual upon approval by Board of Health

Mr. Bass discussed that this policy came about after a citizen exposed multiple individuals to pertussis recently. One of the contacts was indigent, without insurance and could not afford the course of prophylaxis that was necessary. This also pertains to H1N1 with Tamiflu. Dr. Courtney inquired if this references antibiotics or antiviral medication. Dr. Shapley-Quinn noted that this could apply to other outbreaks than H1N1 and Pertussis. The recommended wording would strike “H1N1 and Pertussis” and replace with “Communicable Diseases.” Recommended wording also adds “or Antivirals” in conjunction with “Antibiotics.” Also, it was recommended to add “required” treatment or prophylaxis regarding their exposure or potential exposure to “a reportable communicable disease as recommended by the CDC.” It was discussed if this policy would relate to patients only or employees, also. This policy is for patients only because staff would be covered by Workers’ Compensation.

***A motion was made by Mr. Wilson to approve the Payment for Reportable Communicable Disease Treatment as verbally changed. The***

***motion was seconded by Dr. Donald Courtney and approved unanimously by the board.***

**C. Proposed Change in Fee for Dental Sealants**

Mr. Bass presented the board with a memo requesting a fee increase for dental sealants:

Memo			
To:	Barry Bass		
From:	Karen Medlin		
Date:	June 11, 2009		
Subject:	Change in Fee for Dental Sealants		
<p>Twenty percent of the patients seen at the Dental Clinic are charged for services based on income. Fifteen percent of those patients are below Federal Poverty level and pay a minimum charge of \$25.00 per visit for preventive and \$25.00 per tooth for restorative. The majority of these patients do not qualify for Medicaid due to various reasons. If we increase our Minimum Fee Charge from \$25.00 to \$30.00, it would be a projected increase in revenue of approximately 17% for those patients that are at minimum fee for the next fiscal budget year. With the increasing cost of dental materials and supplies, the increase would help recoup some of the operating expense.</p>			
<b>Treatment Provided</b>	<b>Amount Recv'd @(\$25)</b>		<b>Amount Projected @ (\$30)</b>
Exams (303)	\$7,575.00		\$ 9,090.00
Sealants (305)	\$7,625.00	= 17%	\$ 9,150.00
Restorative (349)	\$8,725.00		\$10,470.00
<p>Since 2006 all patients that are zero on the 250% sliding fee scale are charged \$25 per visit for preventive services. All restorative services are \$25.00 per tooth that is restored. Dental sealants are included in the preventive treatment and should be considered restorative treatment. Therefore, we are requesting a change in the fee policy to add dental sealants to the restorative treatment. Dental sealants are considered elective treatment and all treatment options are discussed with the parent at the time the treatment plan is generated. This would increase the cost of the dental sealants to \$30.00 per tooth if our minimum fee change is accepted.</p>			
<p>We feel that this will help us to continue offering the best quality dental care to everyone.</p>			

This requested increase was approved by the Dental Advisory Board.

***A motion was made by Ms. Puckett to approve the dental sealant increase as presented. The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.***

**D. Personal Health Program Policy**

Ms. Garrett presented the board with the Personal Health Program Policy:

ALAMANCE COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC’S  
HEALTH IN ALAMANCE COUNTY”



Alamance  
County  
Health  
Department

EveryWhere.EveryDay.EveryBody.

PERSONAL HEALTH PROGRAM POLICY

APPROVAL DATE BY BOARD OF HEALTH:

\_\_\_\_\_

SIGNATURES:

\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Division Manager

**Alamance County Health Department**

<b>Title:</b>	Personal Health Program Policy	<b>Policy Number:</b>	
<b>Approved by:</b>	Alamance County Board of Health	<b>Program Area:</b>	Personal Health
<b>Effective Date:</b>			
<b>Revised Date:</b>			

**I. GOAL**

The goal of the Alamance County Health Department (ACHD) is to provide quality, customer friendly services to the residents of Alamance County by assuring access to quality personal health services. This includes provision of medical, social, and educational services necessary to ensure the promotion of healthy lifestyles and optimal wellbeing

**II. PURPOSE**

The purpose of this policy is to ensure that Alamance County Health Department clients are provided with the essential services of public health and the mission of the Alamance County Health Department is followed.

**III. REFERENCES**

Individual program manuals/guidelines  
 ACHD Pharmacy Protocol & Formulary  
 ACHD Fee Policy  
 ACHD HIPAA guidelines  
 ACHD Limited English Proficiency & Access for Hearing Impaired Policies  
 ACHD Personal Health Clinical Record Audit procedure  
 ACHD Medical Records and Record Retention guidelines  
 ACHD Emergency Protocols  
 ACHD Approved Abbreviations list  
 NC GS §130-A  
 10A NCAC 43

**IV. DEFINITIONS**

Essential Public Health Services (Personal Health): Child health; Chronic disease control; Communicable disease control; Family Planning; Health promotion and risk reduction; Maternal Health ; Dental public health

**V. FOCUS POPULATION**

The population of focus for this policy are clients of the Alamance County Health Department



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## VI. POLICY

### Eligibility Criteria

- A. Admission for personal health services is voluntary\* and open to all persons without regard to age, parity, marital status, parent's or spouse's consent, income or ability to pay, receipt of government funds or aid, sex, color, national origin, religion, residence, handicapped status, or source of referral. \*with the exception of services for treatment of any reportable diseases as mandated by North Carolina Communicable Disease laws (ie. Sexually Transmitted Disease and Communicable Disease, and Tuberculosis)
- B. Persons are not coerced to receive acceptance of a particular service nor is a particular service a prerequisite for other program involvement.

### Conflict of Interest

Alamance County Health Department staff sign a conflict of interest agreement which prevents them from using their position for purposes of private gain for themselves or others

### Mechanisms to Inform Clients

#### A. Media

Alamance County Health Educators/Health Education Staff work with all ACHD programs and departments to advertise services. Media contacts include: newspapers (Times News and WSOE Radio), television (Cablevision of Alamance, Channel 16 and WFMY-TV, FOX 8, UPN, and WXII) and magazines and newsletters (Senior Advantage, PACE County Employee Newsletter, Alamance Magazine).

#### B. ACHD Brochures

Alamance County Health Educators/Health Education Staff work with departments to develop brochures about services. These brochures are placed in various agencies throughout the county.

#### C. Community Education Classes

**Alamance County Health Department**

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Health Education staff and other staff may conduct classes in the agency and the community.

**D. Community Health Fairs**

Health Education Staff participate, along with other ACHD programs and departments, in community health fairs targeting children, teens, parents, seniors, housing authority residents, and maternity clients.

**E. Telephone Accessibility**

The ACHD always has a nurse available to the public by phone to answer medical questions during the Health Department's hours of operation.

**F. Marketing**

The Health Education staff works with local radio and TV stations to create and air commercials about Personal Health Program services including Child Health, Family Planning, Pregnancy Testing Clinic, Maternal Health, Sexually Transmitted Disease Clinic, Immunizations, Tuberculosis screening & treatment, Communicable Disease Clinic, Child Service Coordination, Maternal Care Coordination and Postpartum/Newborn Home Visiting. Services and health issues are advertised through news articles in the local newspaper. Clinics and services of the ACHD are advertised in the yellow pages of the local phone book. Services and seasonal announcements are advertised on a marquee sign located outside the Human Services Center. Health Education also creates and maintains the ACHD website ([www.alamance-nc.com](http://www.alamance-nc.com)) which advertises services, events, and makes Alamance County health statistics available to the public.

**Fees**

Health department services are provided to clients regardless of inability to pay. See [ACHD Fee Policy](#)

**VII. SERVICE PLAN**

**ACHD Clinical Personnel**

- A. Clinical providers include physicians, and midlevel providers (nurse practitioners, physician assistants, and/or certified nurse midwives) who function under the supervision of the Medical Director and have obtained approval to practice medical acts by the North Carolina Board of Medical Examiners.

**Alamance County Health Department**

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- B. Nursing and Allied Health providers at ACHD include public health nurses, public health social workers, nutritionists, health educators, certified nursing assistants, medical office assistants, and laboratory technicians.

**Pharmacy Services**

ACHD maintains a limited service permit from the NC Board of Pharmacy

1. Dispensing of pharmaceuticals to ACHD clients is in accordance with statutes and regulations of the North Carolina Pharmacy Laws and the Board of Pharmacy.
2. A licensed pharmacist serves as the agency pharmacist by contract.
3. All protocols and procedures related to the pharmacies are found in the ACHD Pharmacy Protocol Manual.
4. See ACHD Formulary.

**Laboratory Services**

ACHD contracts with LabCorp of America to provide on-site clinical laboratory services and for off-site reference testing. ACHD also submits laboratory specimens to NC State Laboratory for Public Health. Specialty testing (ie. rabies titers, Tb serum testing) is occasionally performed by other laboratories with whom ACHD has made arrangements.

**Confidentiality**

Refer to agency Policy on Confidentiality & Release of Medical Records and HIPAA guidelines.

Clients Requesting No Home Contact (Confidential Contacts)

A telephone number and address is obtained for each client seen in the clinic.

An emergency contact number and name is obtained.

Each client is asked whether mail, phone, or home contact may be made to her/his home address.



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Clients who are concerned about anonymity may be reassured that ACHD personnel will not identify themselves as such until they are assured (by verifying date of birth or social security number) that they are speaking with the client.

Clients who request no home contact by ACHD are provided with the option of contact by the school nurse or a message left with another designated person or "call a friend" note (call a friend written on a plain sheet of paper and mailed in an envelope with no return address).

### **Minors**

Minors who need medical evaluation for problems **not** related to STDs, other reportable communicable diseases, pregnancy, contraceptive services, alcohol and drug abuse or emotional disturbances must have written parental consent.

When a minor is receiving medical care and can give legal consent (see five categories listed above), related information is considered confidential and should not be released without the consent of the minor. Exceptions to confidentiality occur when a minor needs medical referral and follow-up for abnormal laboratory or physical findings not directly related to the above conditions (i.e., breast mass, abnormal Pap smear, elevated blood glucose) or a potentially life-threatening situation (i.e., a suicide threat and refuses to seek help). Minors are encouraged to inform parents of such referrals. However, if parents are not informed within two weeks of the referral, ACHD staff will notify them. The minor is informed of the above at the first clinic visit.

See Alamance County Administrative Order re: Juveniles (Appendix A)

### **Parental Involvement**

As part of the counseling, the staff shall encourage parents/primary caregiver/legal guardian to actively participate in plans and decisions regarding their child's health.

Minors will be encouraged to discuss health needs and medical concerns with their parents/primary caregiver/legal guardian, including those that do not require consent for evaluation and treatment.

### **Informed Consent**

- A. Information and education are provided to the client or parent/guardian at their level of understanding. Consent forms are signed where required and as appropriate for

**Alamance County Health Department**

<b>Title:</b>	Personal Health Program Policy	<b>Policy Number:</b>	
<b>Approved by:</b>	Alamance County Board of Health	<b>Program Area:</b>	Personal Health
<b>Effective Date:</b>			
<b>Revised Date:</b>			

specific treatment or procedures. See Family Planning Patient Education and ACHD Limited English Proficiency Policy.

- B. A teen < 18 years of age may sign for his/her own immunizations that prevent diseases reportable on the communicable disease report card, if considered capable (by a medical provider) of giving informed consent. See ACHD Immunization Policy Manual.

**Human Subjects**

Any research conducted by the Alamance County Health Department involving Title X clients will follow all legal requirements governing human subjects research found in 45 CFR Part 46, as applicable.

**Interpreter Services**

Spanish-speaking clients who require the assistance of an interpreter are informed of the availability of on-site interpreter services at no cost to the client. A language line is used for languages not spoken by ACHD interpreters. See ACHD Limited English Proficiency Policy. See ACHD Access for Hearing Impaired Clients Policy for information on assistance for hearing impaired clients.

**Medical Records Review**

The supervising physician or back-up supervising physician reviews and cosigns midlevel provider medical encounters according to agency guidelines and NC state law.

The supervising physician or back-up supervising physician may choose to review and cosign records of extended role nurse medical encounters.

The Pharmacy Manager reviews the pharmacy logs as required by the NC Board of Pharmacy.

Annual client chart audits are done in accordance with the requirements of the WCH Branch of the NC Division of Public Health. An in-house client care audit is conducted one to four times annually. The results of the audit are analyzed in house to maximize record quality and completeness. See ACHD Personal Health Clinical Record Audit Procedures.

**Medical Record Release**



Alamance County Health Department					
Title:	Personal Health Program Policy	Policy Number:			
Approved by:	Alamance County Board of Health	Program Area:	Personal Health		
Effective Date:					
Revised Date:					

Medical record information is released with the written consent of the client, according to agency and HIPAA guidelines, except as required by law.

The signed release form becomes a part of the medical record.

Medical Record Release Form – see Appendix B.

See [ACHD Medical Records & Record Retention Guidelines](#).

**VII APPENDIX**

Alamance County Administrative Order re: Juveniles  
Medical Records Release Form

Highlighted changes were added based on recommendations of the Women’s Health Audit earlier this month.

***A motion was made by Ms. Marshall to approve changes to the Personal Health Program Policy as presented. The motion was seconded by Dr. Woodard and approved unanimously by the board.***

**E. Patient Photo Identification Policy**

Mr. Bass presented the board with changes to the Patient Photo Identification Policy:

**Alamance County Health Department  
PATIENT PHOTO IDENTIFICATION POLICY**

**Effective 8/18/09**

**Policy**

It shall be the policy of Alamance County Health Department to obtain photo identification of patients seeking services at the Health Department. This process will assure the provision of quality and efficient medical services through proper identification.

**Procedure**

Photo identification will be made for all patients receiving clinical services. Patients shall not be denied services due to refusal to have a photo identification made.

The Alamance County Health Department identification form will include the patient's photo, name, date of birth, and patient record number.

The photo identification form will be placed in the patient's medical record, and all names used by the patient will be written on the photo copy. Photos will be taken every three years.

Children's photo identification will be initially taken at their first visit after turning 5 and will be updated every three years to ensure positive identification during growth.

At each clinical visit, a comparison of the photo in the patient's record will be made. If photo is different, patient will be routed to a supervisor or clinical director. Additional identification will be requested to ensure that the appropriate record is being used.

Mr. Bass explained that this policy is a tool for positively identifying patients to help prevent the insurance fraud and allow for proper identification.

***A motion was made by Mr. Wilson to approve the Patient Photo Identification Policy as presented. The motion was seconded by Dr. Courtney and approved unanimously by the board.***

**X. Other**

Mr. Bass shared with the board that he has deferred going to Alabama for FEMA/NIMS training in October. This training is taking place

during a time that may be very busy with H1N1 planning and outbreak, so he will plan to attend the course in the spring of 2010.

Mr. Bass is planning to attend the Annual Public Health Convention at the Grove Park Inn in Asheville at the end of September. This event was planned two years ago and the room rate is very reasonable.

Mr. Bass stated that he and Dr. Shapley-Quinn along with the Board of Commissioners and county and city management will be attending a planning meeting in Gibsonville on Thursday evening to discuss H1N1.

## **XI. Closed Session**

*The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 7:57 p.m. on a motion by Ms. Puckett for the purpose of discussing a personnel issue. The motion was seconded by Mr. Wilson.*

*The closed session adjourned into open session at 8:05 p.m. on a motion by Dr. Woodard and second by Mr. Wilson.*

Mr. Gooch announced that a personnel matter was discussed during the closed session.

## **XII. Adjournment**

With no further action or discussion, the meeting adjourned at 8:06 p.m.

## **ALAMANCE COUNTY BOARD OF HEALTH**

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Mr. James Gooch, Chairman

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Mr. Joseph B. Bass, Jr., Secretary