

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

June 21, 2011

The Alamance County Board of Health met at 6:00 p.m. on Tuesday, June 21, 2011, 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: Dr. Michael Blocker, Chairman; Dr. Donald Courtney, Vice-Chairman; Ms. Linda Massey, Commissioner; Dr. Kary Dodd; Dr. William Porfilio; Ms. Lynda Puckett; Mr. Kent Tapscott; Mr. Michael Venable; and Mr. Charles Wilson.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Ms. Christy Bradsher, Dr. Kathleen Shapley-Quinn, Mr. Eric Nickens, Ms. Fonda Mayer and Ms. Janna Elliott.

I. Call to Order

Dr. Donald Courtney, Vice-Chairman, called the meeting to order at 6:32 pm.

II. Oath of Office for New Board of Health Member

Dr. William Porfilio, newly appointed Ophthalmologist on the board, was administered the oath of office by Ms. Janna Elliott.

III. Approval of the April 19, 2011, Board of Health Minutes

A motion was made by Mr. Kent Tapscott to approve the April 19, 2011, Board of Health minutes. The motion was seconded by Ms. Lynda Puckett and approved unanimously by the board.

IV. Public Comment

No public comments were made.

V. Administrative Reports

A. Personnel Update

Ms. Janna Elliott provided the board with the following Personnel Update:

June 21, 2011

PERSONNEL UPDATE***New Hires / Transfers / Resignations:***

- Jillian Cannon began employment on May 9, 2011, as a Public Health Nurse I, replacing Nancy Sartin
- Mary White, Licensed Clinical Social Worker, resigned effective May 13, 2011
- Fonda Mayer began employment on May 23, 2011, as a Public Health Nurse I, replacing Bonnie Collins
- Rhonda Rambeaut, Public Health Nurse II, resigned effective May 31, 2011
- Janet Clayton, Administrative Assistant I, retired effective June 1, 2011
- Loretta Lee began employment on June 13, 2011, as a Dental Assistant, replacing Jessica Banks
- Traci Hamlett will begin employment on June 27, 2011, as a Processing Assistant III, replacing Loretza Milan

Recruiting to fill the following positions:

- Dentist I, replacing Roberta Osborn
- Licensed Clinical Social Worker, replacing Mary White

Vacant positions:

- Public Health Nursing Director III, replacing Debra Garrett
- Public Health Nurse I (50%), replacing Emily Barrows (frozen until July 2011)
- Administrative Assistant I, replacing Janet Clayton (re-writing job description)
- Public Health Nurse II, replacing Rhonda Rambeaut (frozen until September 1, 2011)

B. Budget Amendments/Transfers

Ms. Christy Bradsher presented the Health, WIC and Dental amendments and transfers 24 – 25 for the 2010-2011 fiscal year for board approval:

Budget Amendments and Transfers FYE 11				
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	24		DEPT. NAME: Health	
STATE BUDGET:			TRANSFER: AMENDMENT: X	
<u>Expenditures:</u>				
110-5110-606	PBRN MCC/CSC GRANT	1,000.00	1,000.00	1,000.00
<u>Revenue:</u>				
310-3511-806	PBRN MCC/CSC GRANT	1,000.00	1,000.00	1,000.00
The Health Department received funding as an incentive for participating in the Practice-Based Research Network's project on Maternal and Child Care Coordination. Funds will be used to purchase educational materials for the programs.				
Explanation:				
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	25		DEPT. NAME: Health	
STATE BUDGET:			TRANSFER: X AMENDMENT:	
<u>Expenditures:</u>				
110-5110-443	Computer Lease	(6,000.00)	(6,000.00)	(6,000.00)
110-5110-520	Capital Outlay-Computer Equipment	6,000.00	6,000.00	6,000.00
Transferred funds to cover cost of emergency preparedness software and equipment approved by the N.C Public Health Emergency Response section.				
Explanation:				

A motion was made by Mr. Michael Venable to approve the Health, WIC and Dental budget amendments and transfers 24 – 25 for FY 2010-2011. The motion was seconded by Dr. Kary Dodd and was approved by the board unanimously.

VI. Personal Health Committee Update

Mr. Kent Tapscott presented the minutes from the May 17, 2011, Personal Health Committee meeting.

Alamance County Board of Health

Personal Health Committee

The Personal Health Committee met on Tuesday, May 17, 2011, at 6:00 pm in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Ms. Linda Massey, Commissioner; Mr. Kent Tapscott, Chairman; Dr. Michael Blocker; Ms. Lynda Puckett; Mr. Charles Wilson.

The following staff members were present: Mr. Barry Bass, Dr. Kathleen Shapley-Quinn, Ms. Gayle Shoffner and Ms. Janna Elliott.

Call to Order

Chairman Kent Tapscott called the meeting to order at 6:06 pm.

WIC Update

Ms. Gayle Shoffner provided the committee with the WIC Report for April 2011.

WIC

Departmental Monthly Report

April 2011

Clinic Activities:

1083 Clinical Nutrition contacts provided by Nutritionist

418 Hemoglobin's done in WIC

308 Nutrition Education lessons provided by WIC Clerical

Most recent report of dollar amount of WIC vouchers redeemed in Alamance County 258,115.45. Number Food Vouchers redeemed -12,685

Clinic show rate -82% (784 appointments kept/1191 appointments scheduled 187 patients seen from other Health Dept. Clinics).

Clinic profile: 4268 or 94 % of assigned caseload 4517

Racial Ethnic composition of caseload- 38% White- Black 26% - Hispanic 35% <1% Asian.

Grocery Store Bulletin board

WIC Staff Meeting 4-4-2011

New Vendor Stores - 2 added; total vendors in county are 27

Holiday 4/22 and Mandatory Furlough Day 4/25

March of Dimes Walk - Mebane 3/9, completed by Michele Herbek, Becky Caison

Wellness Committee Meeting attended by Candace Jeffries 4/7

Breastfeeding Leadership Conference - Greensboro - attended by Michele Herbek, Catherine Cunningham, Courtne Carter, Naomi Garcia, Lorena Gomez 4/27-4/29

Infant Feeding Class - 4/6 & 4/20

Breastfeeding Support Group - 2 meetings

Breastfeeding Peer Counselor Caseload (BFPC) 333 by 4/30/11

BFPC Home Visits - 5

Breastfeeding Program Meeting 4/19

MNT - 1

Fruit & Vegetable Coalition Meeting - Winston-Salem - attended by Candace Jeffries 4/8

WIC Outreach Presentation at Head Start - Burlington - presenter: Michele Herbek 4/7

Corrective Action Plan for state audit prepared by Michele Herbek and submitted to Nutrition Services Branch 4/20

Submitted by Michele Herbek and Robin Robertson

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May 17, 2011

Personal Health Update

Ms. Shoffner announced that the vacant nursing positions will be filled by the end of the month. Ms. Jillian Cannon began employment on May 9, 2011, and Ms. Fonda Brown will begin employment on May 23, 2011. Interviews are being conducted for the vacant Processing Assistant III – Maternity Clerk position.

Ms. Shoffner discussed an upcoming Tdap clinic for rising sixth graders at Sylvan Elementary School on June 6, 2011, from 3:30 pm until 6:00 pm. We are working with Alamance-Burlington School System to coordinate and advertise this clinic.

Ms. Shoffner reported that the Alamance County Public Health Quality Improvement (QI) 101 team had recently attended the final session of the course and their project received the “Most Creative Storyboard” superlative. The next QI project will involve planning and implementing “Bright Futures” in the Child Health Clinic. Bright Futures is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community.

Medical Director's Update

Dr. Kathleen Shapley-Quinn informed the committee that she and Mr. Carl Carroll will attend the scheduled emergency department physician meeting on Wednesday, May 18, along with the State Public Health Veterinarian to discuss rabies, pre- and post-exposure prophylaxis. Following that meeting, Mr. Carroll and Dr. Marilyn Haskell will meet with Animal Control Officers.

Dr. Shapley-Quinn reported the Licensed Clinical Social Worker resigned on May 13, 2011. Recruitment for this vacancy will begin soon.

Dr. Shapley-Quinn discussed Centering Pregnancy. Ms. Linda King, has been hired as the Program Manager through a March of Dimes grant, and will coordinate the program through December 31, 2011. New groups are starting with two English-speaking groups and one Spanish-speaking group.

Dr. Shapley-Quinn provided the committee with the Reported Cases of Notifiable Diseases for Alamance County, focusing on Chlamydia and Gonorrhea:

May 17, 2011

**REPORTED CASES OF NOTIFIABLE DISEASES
ALAMANCE COUNTY, NC**

revised 5/10/2011

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
AIDS	7	9	0	4	7	8	7	5	13	21	10	2	9	36 #	12	21
AIDS cases living*									56	55	70	81	80	85	107	103
HIV	7	8	11	5	10	10	15	18	27	21	29	18	23	81	14	25
HIV cases living+									127	133	134	144	153	185	192	204
Gonorrhea	226	219	265	104	260	264	281	292	318	403	410	430	439	536	586	556
Early Latent Syphilis	4	17	4	11	4	20	8	7	12	2	0	9	7	9	9	7
Gonorrhea	345	230	260	247	256	270	290	253	220	237	165	237	253	229	264	300
Primary & Secondary Syphilis	17	5	23	30	16	5	3	5	2	1	4	3	5	0	2	3
Total STD reports by Year	618	450	585	454	617	608	561	570	530	680	624	670	711	340	734	541
Active TB*	3	3	5	3	6	1	2	2	5	3	3	3	1	4	6	4
Campylobacter	5	1	3	2	3	11	10	17	10	21	7	9	10	9	7	11
CJD ("mad cow")	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Cryptosporidiosis	0	0	0	0	0	1	0	0	1	0	1	0	2	2	0	0
Dysentery	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
E. coli O157:H7	NA	NA	1	1	2	0	0	1	1	8	1	9	4	1	3	1
Ehrlichiosis, Monocyte	0	0	0	0	0	0	0	0	0	2	0	1	1	1	0	0
Foodborne (other)	0	0	2	0	0	0	0	7	1	2	6	0	14	0	0	0
H. Influenza, Invasive	0	0	0	0	0	0	0	1	0	0	0	0	1	2	3	4
HUS	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0
Hep A, Acute	4	0	0	0	15	2	3	0	0	0	2	15	11	0	0	1
Hep B, Acute	1	3	3	7	0	1	0	0	1	1	1	7	1	0	5	1
Hep B, Carrier/Chronic	3	3	4	9	0	4	3	0	0	3	1	10	10	12	4	3
Hepatitis C, Acute	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Hepatitis C, Perinatal	0	0	0	0	0	0	0	0	0	0	1	0	3	3	0	0
Legionellosis	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Listeriosis	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Lyme Disease	2	0	0	0	2	2	2	3	0	0	0	1	0	2	0	0
Malaria	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0
Measles (Rubella)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis, Pneumia	0	0	0	0	0	0	0	0	0	1	1	1	4	0	0	0
Meningococcal Dis	3	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
Mumps	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0
Portusitis	1	0	2	1	1	1	0	0	1	1	1	2	1	0	3	2
Rabies (Animal)	0	0	17	24	5	4	4	9	16	1	2	5	8	3	4	6
RUHF	0	0	0	0	0	0	0	3	4	6	14	33	12	26	0	0
Rubella	0	0	3	0	0	10	0	0	0	0	0	2	0	2	0	0
Salmonella	10	0	8	7	14	14	10	12	12	21	10	17	28	22	26	30
Shigella	0	2	1	0	1	4	2	3	1	3	5	1	4	1	3	3
Strap Inf, Group A	0	0	0	0	0	0	0	2	3	0	2	5	10	9	3	4
Toxic Shock Syndrome	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Typhoid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
YFE	NA	NA	NA	0	1	3	5	10	5	6	0	0	0	0	0	0
Yersinia	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Total CD Reports by Yr	26	26	52	55	55	70	41	77	61	82	75	119	114	100	67	77

STD/HIV data as reported by NC HIV/STD Branch

* Data from ACHD

cases living as of 1/31 of each year

bolds: revised data from previous report

NC & local data

*** data missing as of this printing

- this increase is largely (possibly exclusively) a reflection of

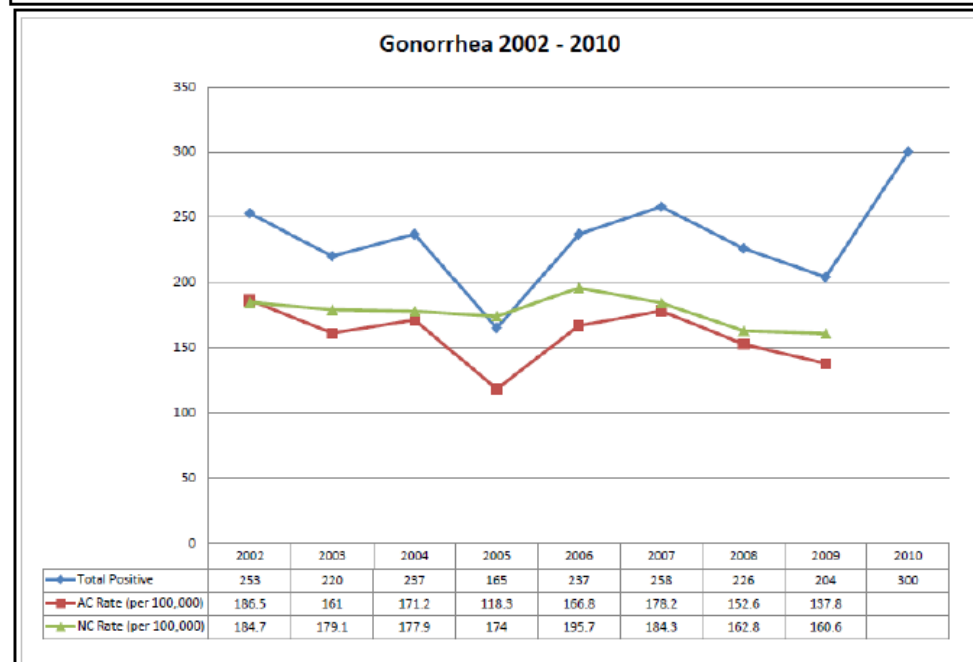
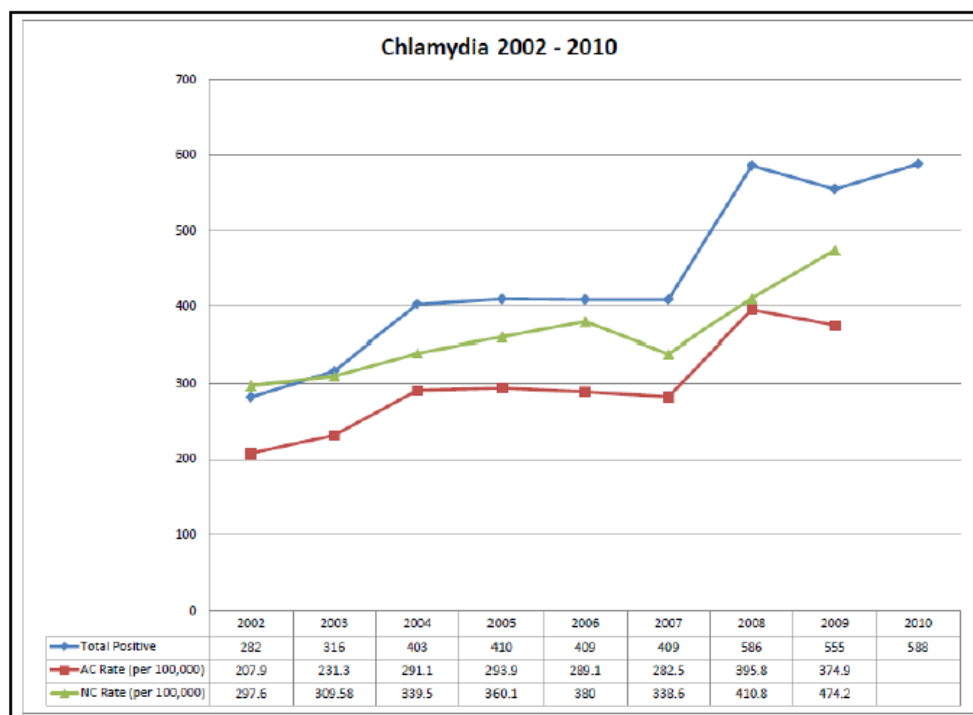
pending/unclassified information

many cases from 1990 forward being reported in 2009.

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May 17, 2011

**Health Director's Update**

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May 17, 2011

Mr. Bass discussed that the County Manager presented his proposed budget to the Board of Commissioners on May 16, 2011. The budget approved by the Board of Health was cut by six figures and \$300,000 will be taken from the health department fund balance. There are no recommended salary or merit increases, which have remained the same since July 2008. There are two proposed mandatory furlough days planned for July 1, 2011, and April 9, 2012, along with providing staff three bonus vacation days. The budget hearing is scheduled for June 6, 2011. Ms. Massey stated the budget is based on the last two years of actual expenditures and revenues.

Mr. Bass discussed that the City of Mebane has amended its zoning law and will allow the tattoo operation discussed in the previous committee and board meetings to open for business and perform permanent cosmetic tattooing.

Mr. Bass reported on the Nurse Family Partnership grant. The application has been submitted to create a Home Visiting Program with \$400,000, which would be used to employ one part-time Public Health Nurse Supervisor and two full-time Public Health Nurse II positions.

Mr. Bass commended Ms. Shannon Alley, Preparedness Coordinator. Ms. Alley was invited by the state pharmacist to represent North Carolina Public Health Preparedness Coordinators at a national conference in Atlanta, Georgia.

Mr. Bass discussed that staff continue to work on accreditation activities. Mr. Carl Carroll, Ms. Kathy Brooks and a state nursing consultant have conducted a walk-through of the facilities. All documentation is due July 1, 2011, and the site visit has been scheduled for October 3, 4 and 5, 2011.

Mr. Bass informed the committee that Senate Bill 433, Local Human Services Administration, passed in the Senate and was now in the House. A public health work group has been established to provide input to Senate Bill 551, Establish State Public Health Authority. It appears the goal of these bills is to reduce the number of administrative unites in the state. SB551 is currently written to create four regions: Asheville, Wilmington, Greenville and Kannapolis. To remain a single entity, counties or districts must have a minimum of 100,000 in population. There are currently 6 districts and 27 counties that meet the population capacity.

Other

Dr. Michael Blocker stated he had recently discussed the vacant opthamologist board position with Dr. William Porfilio, who expressed interest in submitting application for the board. Ms. Janna Elliott will contact him to provide the board application for his consideration.

Adjournment

With no further business, the meeting adjourned at 6:49 pm.

Respectfully submitted,

Minutes

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May 17, 2011

**Janna Elliott
Clerk to the Board of Health**

VII. Personal Health Update

Dr. Kathleen Shapley-Quinn informed the board about the recent Tdap clinic held on June 7, 2011, at Sylvan Elementary School. Forty local rising sixth graders received their Tdap vaccination at this clinic.

Dr. Shapley-Quinn discussed that due to recent alterations in provider schedules, there is now an increased availability of child health appointments for the public. In addition to this, the next quality improvement (QI) initiative will focus on the child health clinic. A child health QI team has been formed and is meeting in preparation for incorporating and implementing "Bright Futures" in the child health clinic. Bright Futures is a new state required initiative, which includes guiding principles, tools and clinical strategies that are theory-based, evidence-driven and systems-oriented, and will be used to improve the health and wellbeing of all children through culturally appropriate interventions that address health promotion needs of the child and family. The target date for implementation is August 2011.

Dr. Shapley-Quinn reported that pregnancy case management (PCM) services have been established and incorporated in two participating pregnancy medical home practices, Westside OB/GYN and UNC Hospitals OB Practices. Services will hopefully be incorporated into a third practice, Piedmont Health Services, in July 2011. As a part of the state mandated case management programmatic changes, involving PCM and Care Coordination for Children (CC4C), documentation will also change. In June, staff participated in state provided trainings for use of "CMIS," an electronic record of care management activities designed for and used by Community Care of North Carolina. Beginning the week of June 28, 2011, case management staff will "go live" with the roll out of this computerized documentation.

VIII. Environmental Health Committee Update

Mr. Carl Carroll presented the minutes from the May 17, 2011, Environmental Health Committee meeting.

Alamance County Board of Health

Environmental Health Committee

The Environmental Health Committee met on Tuesday, May 17, 2011, at 12:00 pm in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Mr. Chad Huffine, Chairman; Dr. Donald Courtney; Ms. Kathleen Colville.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Ms. Terri Craver and Ms. Janna Elliott.

Call to Order

Chairman Chad Huffine called the meeting to order at 12:06 pm.

Environmental Health Update

Mr. Carl Carroll informed the committee that the Children's Health program in Environmental Health had recently been reviewed by the State Regional Environmental Health Specialist and found to be in full compliance. This encompasses the child care, lead poison and public school sanitation programs. Mr. Carroll commended staff for their continued good efforts.

Mr. Carroll stated that the City of Mebane has amended its zoning law and will allow the tattoo operation discussed in the previous committee and board meetings to open for business and perform permanent cosmetic tattooing.

Print Article: Council gives OK to tattooing in Mebane

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TheTimesNews.com

Council gives OK to tattooing in Mebane

Michael D. Abernethy / Times-News
2011-05-07 15:26:49



MEBANE — You'll still be able to get a tattoo in downtown Mebane, just not at a tattoo parlor.

Until a vote this week by the Mebane City Council, tattoo parlors were technically illegal in areas zoned for general business use. An amendment to the city's zoning law, passed unanimously last week by the Mebane City Council, will allow tattooing at locations downtown where permanent body art is not the primary business.

Had the council not taken action, several businesses in town could have been forced to shut down.

The issue raised its head after Jeanette and Jason Roberts were told they couldn't offer permanent cosmetics at a business they planned to open in downtown Mebane. The practice of permanent cosmetics involves the injection of pigments into the skin. The Robertses had already purchased tattoo permits from Alamance County and were initially told by city planner Montrena Ladley they could practice permanent cosmetics there.

City Manager Robert Wilson placed the amendment on the city council's agenda following a series of e-mails with Jeanette Roberts.

Roberts couldn't be reached for this story.

In an e-mail, Roberts informed Wilson that another business — Bella Blue Sassy Spa and Salon, at 111 N. Fourth St. — was already offering permanent cosmetics in downtown Mebane.

That business' owners, Kyrin Clayton and Pamela Biggs, also requested the ordinance be amended. They have been offering permanent cosmetics since November 2007.

"We have never been made aware nor advised of any limitations to the spa services that we are allowed to offer," Clayton and Biggs wrote in an e-mail to city officials. "We sincerely hope you will consider allowing us to continue doing business as usual in order for our business to survive."

The amended ordinance will allow for stand-alone tattoo parlors outside of the downtown development area. Tattooing in the downtown business area, between Second and Fifth streets — including Center and Clay streets — must be ancillary to a larger business operation, the council decided.

Had it not passed, Body Ink Tattoo — located inside the Petro Stopping Center at 500 Buckhorn Road — would also have been forced to close.

The business had operated there — and had its business license renewed annually by the city — since 2007. When the convenience store's general manager, Jeff Winston, was notified that his tenant, operating in 400 square feet of leased space, was not in compliance with city codes, he also petitioned the city to allow tattooing as a business.

<http://www.thetimesnews.com/community/mebane/council-gives-ok-to-tattooing-in-mebane/3184337>

5/17/2011

Print Article: Council gives OK to tattooing in Mebane

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"Body Ink Tattoo has operated within our facility since October 2007 without incident as a service to our core customer, the professional truck driver," Brisson wrote in a letter to the city. "Please understand that this violation was unintentional and that the business was allowed to occupy the property and operate in good faith that they were legally allowed to do so."

Mebane Mayor Glendon Stephenson said the council realized it needed to allow for legal business within city limits.

"It was a matter of acknowledging that this is a legitimate business in North Carolina," Stephenson said Tuesday. "It was a matter of agreeing that we would not want (tattoo parlors) to proliferate downtown, so there ought to be constraints on them. But, because it is a legitimate business, there shouldn't be undue strain ... on businesses. (The ordinance is) just to have minor control in the downtown area."

City attorney Charles Bateman is drafting the particulars of the amendment's language for future council approval, Stephenson said.

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<http://www.thetimesnews.com/community/mebane/council-gives-ok-to-tattooing-in-mebane/3184337>


5/17/2011

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May 17, 2011

Mr. Carroll informed the committee about the County's third confirmed rabies case for 2011.



ALAMANCE COUNTY
Health Department
319 North Graham-Hopewide Road, Suite 10
Burlington, NC 27217-2995
www.alamance-nc.com/health

Joseph B. Bass, Jr., MSW
Health Director

FOR IMMEDIATE RELEASE
April 30, 2011

Third Rabies Case Confirmed in Alamance for 2011
Unvaccinated dog involved in flight with rabid fox on Wednesday night




BURLINGTON – The North Carolina State Laboratory of Public Health in Raleigh confirmed Alamance County's third rabies case for the year late Friday afternoon.

On Wednesday evening at approximately 10:30 P.M., an unvaccinated dog was involved in a fight with a fox at a residence in the 4400 block of North NC Highway 62. The fox was killed by the dog's owner, but the incident was not reported until Thursday morning. The animal control division of the Alamance County Sheriff's Office responded to the residence where the fox was found and collected for testing. The dog was also removed from the property and taken to the animal shelter for quarantine. On Friday, upon positive lab confirmation lab of rabies in the fox, the dog was euthanized.



For the purpose of rabies control in Alamance County, several veterinary offices in Alamance County will host rabies vaccination clinics this upcoming week. Rabies shots for dogs and cats will be available for \$5.00 per animal, from May 2 through May 7, at the following locations:

Alamance Animal Emergency Hospital	2643 Ramada Rd. Burlington, NC 27215	(336) 228-7226
Animal Hospital of Mebane	Mebane Ridge Marketplace 1935 NC Hwy 119 South Mebane, NC 27302	(919) 304-1600
Creekside Animal Clinic	636 N First St Mebane, NC 27302	(919) 563-9663

(MORE)

Committed to Protecting and Improving the
Public's Health in Alamance County

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(336) 227-0101
FAX (336) 613-5500

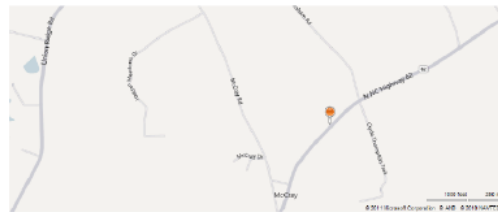
Contact: Eric Nickens, Jr.
Office: (336) 229-3665
Cell: (336) 264-7037




Graham Animal Hospital	851 South Main St. Graham, NC 27253	(336) 228-1600
Mebane Veterinary Hospital	1938 Jones Dr. Mebane, NC 27302	(919) 563-5006
Tri-County Veterinary Service	7716 NC Hwy 87 South Graham, NC 27253	(336) 376-6838

Please contact the veterinary office for details and special hours for vaccination. An appointment may be needed.


ACHD

General area of third confirmed rabies case



Committed to Protecting and Improving the
Public's Health in Alamance County

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@ACHHealthDept

Mr. Carroll stated that a possible fourth case has been submitted to the state lab for confirmation. A fox bit someone in the Huffman Mill Garden Road area in Burlington. Mr. Carroll informed the committee that he and Dr. Kathleen Shapley-Quinn will attend the scheduled emergency department physician meeting on Wednesday, May 18, along with the State Public Health Veterinarian to discuss rabies, pre- and post-exposure prophylaxis and human symptoms. Following that meeting, Mr. Carroll and Dr. Marilyn Haskell will meet with Animal Control Officers.

Mr. Carroll discussed that staff continue to work on accreditation activities. Mr. Carroll, along with Ms. Kathy Brooks and a state nursing consultant have conducted a walk-through of the facilities. All documentation is due July 1, 2011, and the site visit has been scheduled for October 3, 4 and 5, 2011.

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May 17, 2011

Mr. Carroll discussed the proposed state budget. The proposal includes transferring the milk program to Agriculture; transferring shellfish to Marine Fisheries; transferring sleep products to Agriculture; dissolving the vector control program and well program.

Health Director's Update

Mr. Bass informed the committee that the Alamance County Public Health Quality Improvement (QI) 101 team had recently attended the final session in the course and their project received the "Most Creative Storyboard" superlative. Mr. Bass commended the team for their hard work and accomplishments. He stated Alamance County is committed to the QI process and several departments are piloting performance-based budgeting.

Mr. Bass discussed that the County Manager presented his proposed budget to the Board of Commissioners on May 16, 2011. The budget approved by the Board of Health was cut by six figures and \$300,000 will be taken from the health department fund balance. There are no recommended salary or merit increases, which have remained the same since July 2008. There are two proposed mandatory furlough days recommended for FY2011-12 on July 1, 2011, and April 9, 2012, along with the providing staff with three bonus vacation days. The budget hearing is scheduled for June 6, 2011.

Mr. Bass informed the committee that Senate Bill 433, Local Human Services Administration, passed in the Senate and is now in the House. A public health work group has been established to provide input to Senate Bill 551, Establish State Public Health Authority. It appears the goal of these bills is to reduce the number of administrative unites in the state. SB551 is currently written to create four regions: Asheville, Wilmington, Greenville and Kannapolis. To remain a single entity, counties or districts must have a minimum of 100,000 in population. There are currently 6 districts and 27 counties that meet the population capacity.

Adjournment

With no further business, the meeting adjourned at 12:32 pm.

**Respectfully submitted,
Janna Elliott
Clerk to the Board of Health**

IX. Environmental Health Update

Mr. Carroll stated the potential fourth case of rabies noted in the May 17, 2011, Environmental Health Committee minutes, was confirmed and two individuals received post-exposure prophylaxis.

Mr. Carroll reminded the board that Environmental Health staff mail surveys to all restaurant clients and two random on-site wastewater clients each day. He provided them with results from customer surveys regarding the Environmental Health services provided.

3/24/2011

RESPONSES TO QUESTION #1:

(Did staff explain procedures and answer questions to your satisfaction?)

No Responses

RESPONSES TO QUESTION #2:

(Did you read the printed material given to you regarding services you requested?
If you read the material, was it helpful? How could the material be improved?)

1. It was in good improve. Don't need to change anything.
2. The material was clear and straight forward. I do not see that it could be easier to follow.
3. Did not get any printed material. Services was not requested by me. I did not receive any material. I was away from home. I arrived at my home about the time the person finished. I asked her a few questions. She explained why she was here and what she was doing.
4. I did not read any printed material because I didn't receive any. The surveyor may have it but I never received it.
5. I found everything I needed.

RESPONSES TO QUESTIONS #3:

(Were services provided in a timely manner?)

No responses

SUGGESTIONS FOR IMPROVEMENT:

1. None
2. Don't need no improvement because everything was fine.
3. None
4. No suggestions at this time based on this experience.
5. None. Very pleased with help and suggestions.
6. Notify property owner when person will be on site. If printed material is important you can mail it to me. Thanks.
7. Have our inspector train new inspection candidates – she was wonderful.
8. All went good.
9. Very satisfied.

ADDITIONAL COMMENTS:

1. I thoroughly enjoyed working with your technicians in the field. They worked hard, showed up on time, answered all questions.

Restaurant Client Survey					
	1/8/07 - 2/6/08	2/7/08 - 5/23/08	5/24/08 - 9/18/08	10/1/08 - 1/6/2010	1/7/2010 - 2/9/2011
Number of Surveys Mailed Out	38	6	6	22	52
Number of Surveys Returned	2	4	2	5	15
% of Surveys Returned	5%	66%	33%	22%	29%
% Acceptable or Above to Question #1	100%	100%	100%	100%	100%
% Acceptable or Above to Question #3	100%	100%	100%	100%	100%
		One comment: Don't think it could be any better	Comment: It was great!	Comments: Terminology was sometimes confusing.	Comments: I came in and applied for a health food permit. The receptionist was very friendly and helpful on the phone and in person.
				I think Betsy Meeks was very helpful & her suggestions were right on target.	Compared to other areas, the Alamance office is the most helpful and efficiently run health dept I have come across.
					Very helpful in all aspects. Thank you.
Question #1: Did staff explain procedures and answer questions to your satisfaction?					Thanks for everything.
					I can only recall working with Lisa Moser and Metsy Meeks. They were very helpful, and responsive, also the ladies in the office.
Question #3: Were services provided in a timely manner?					I was satisfied with the material. None that I can think of (Suggestions for improvement) Thank you.
					Thank you for your work with our project!
					I wish it could be Chinese (How could material be improved?)
					Very good staff that seems to care about job and the work they do. Appreciate the way they do their job but sometimes they could be more helpful instead of just saying it's wrong. Different inspectors interpret rules in different ways and what's good for one will be wrong for the next one.
					Betsy was very helpful.

Mr. Carroll stated that every two years, staff facility assignments are reassigned for quality assurance purposes. He is currently working with staff to reassign more than 1,100 facilities which are inspected on a regular basis by staff.

Mr. Carroll updated the board on the smoking regulations in restaurants and bars. 41 of 42 violations occurred in the first year since the law was enacted. Most of those violations occurred in bars. A violation is incurred when a "No Smoking" sign is not posted conspicuously; when ashtrays are provided; or when smoking is being allowed by patrons or employees within the facility. The Health Department receives notification from the State Tobacco Prevention and Control Branch every Tuesday via email if a complaint has been received the previous week through the State website or hotline. Environmental health also sites facilities for violation if seen during regular inspections of food service and lodging facilities. If an Environmental Health Specialist visits a site and notes a violation, a First Notice of Violation is mailed to the owner. If subsequent violation(s) occur, a Subsequent Notice of Violation is mailed to the owner each time the violation occurs. The third notice of violation, and any additional beyond three notices, includes a \$200 per day fine until corrective action has been demonstrated. Alamance County Health Department has issued one notice including the \$200 per day fine. The owner has not appealed, nor has he paid the fine. Because of cases in Guilford and Pitt Counties, Alamance County Attorney, Clyde Albright, is not pursuing at this time because the Court of Appeals may

overturn the law. He has instructed Mr. Carroll to cite facilities if violations occur up to and including one \$200 fine.

X. Medical Director's Report

Dr. Kathleen Shapley-Quinn responded to a question Dr. Blocker asked at the May 17, 2011, Personal Health Committee (PHC) meeting about why there were no documented cases of Rocky Mountain Spotted Fever (RMSF) on the spread sheet of notifiable diseases. An updated spread sheet was provided to board members.

REPORTED CASES OF NOTIFIABLE DISEASES ALAMANCE COUNTY, NC																revised 6/21/2011	
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
AIDS	7	9	6	4	7	8	7	5	13	21	16	2	9	36	#	12	21
AIDS cases living+								59	55	70	81	80	86	107		103	***
HIV	7	8	11	5	19	19	16	18	27	21	29	18	23	81		14	25
HIV cases living+								127	133	134	144	153	165	192		294	***
Chlamydia	225	218	255	194	293	294	261	282	316	403	410	409	409	586		555	588
Early Latent Syphilis	17	4	11	14	20	6	6	7	12	2	0	6	7	6	7	4	
Gonorrhea	345	236	280	247	259	276	268	253	220	237	165	237	258	226	204	300	
Primary & Secondary Syphilis	17	5	23	30	19	5	3	5	2	1	4	3	5	5		2	3
Total STD reports by Year	618	480	586	494	617	608	561	570	590	685	624	670	711	940	794	941	
Active TB*	3	3	5	3	6	1	2	2	5	3	3	3	1	4		5	4
Campylobacter	5	1	3	2	3	11	10	17	10	21	7	8	10	8		6	12
CJD ("mad cow")	0	0	0	0	0	0	0	1	0	0	0	0	0	0		0	0
Cryptosporidiosis	0	0	0	0	0	1	0	0	1	0	1	0	2	2		1	2
Dengue	0	0	0	0	0	0	0	0	0	0	1	0	0	0		0	0
E. coli O157:H7	NA	NA	1	1	2	3	0	1	1	6	1	9	4	1		4	2
Ehrlichiosis	0	0	0	0	0	0	0	0	0	2	0	1	1	1		3	3
Foodborne (other)	0	0	2	0	0	0	0	7	1	2	5	0	14	0		0	0
H. influenza, Invasive	0	0	0	0	0	0	0	1	0	0	0	0	1	2		3	4
HUS	0	0	0	1	0	0	0	0	0	0	0	1	0	0		0	0
Hep A, Acute	0	4	1	0	13	5	2	3	0	2	15	11	0	0		1	0
Hep B, Acute	1	3	3	7	0	1	0	0	1	1	1	7	1	0		5	1
Hep B Carrier/Chronic	3	3	4	9	5	4	3	0	0	3	1	10	10	12		12	6
Hepatitis C, Acute	0	0	0	0	0	0	0	0	0	0	0	1	0	1		0	0
Hepatitis B, Perinatal	0	0	0	0	0	0	0	0	0	0	0	0	3	3		0	0
Legionellosis	0	0	0	0	0	0	0	0	0	0	0	1	0	0		0	0
Listeriosis	0	0	0	0	0	0	0	1	0	0	0	0	0	0		0	0
Lyme Disease	2	0	0	0	2	2	2	3	0	0	0	1	0	2		2	0
Malaria	0	0	0	0	0	0	0	0	0	0	0	0	1	1		1	0
Measles (Rubeola)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
Meningitis, Pneumo	0	0	0	0	0	0	0	0	0	1	1	1	4	0		0	0
Meningococcal Dis	3	3	2	0	0	1	1	0	0	0	1	0	0	0		0	0
Mumps	0	1	0	0	0	0	0	1	0	0	0	1	0	0		0	0
Pertussis	1	0	2	1	1	1	0	0	1	1	1	2	1	0		3	13
Rabies (Animal)	0	0	17	24	5	4	4	9	16	1	2	5	6	3		4	8
RMSF	0	0	0	0	1	0	0	3	4	9	14	33	12	29		10	10
Rubella	0	0	3	0	0	15	0	0	0	0	0	0	0	0		0	0
Salmonella	10	6	8	7	14	14	10	12	12	21	16	17	29	22		25	44
Shigella	0	2	1	0	1	4	2	3	1	3	5	1	4	1		3	3
Strep Inf, Group A	0	0	0	0	0	0	0	2	3	0	2	6	10	8		3	4
Toxic Shock Syndrome	0	0	0	0	0	0	0	0	0	0	1	0	0	0		0	0
Typhoid	0	0	0	0	0	0	0	1	0	0	0	0	0	0		0	0
VRE	NA	NA	NA	0	1	3	5	10	5	6	0	0	0	0		0	0
Yersenia	0	0	0	0	1	0	0	0	0	0	0	0	0	0		0	0
Total CD Reports by Yr	28	26	52	55	55	70	41	77	61	82	79	119	114	100	91	116	
STD/HIV data as reported by NC HIV/STD Branch * Data from ACHD + cases living as of 12/31 of each year bold= revised data from previous report																	
NC & (local data) *** data unavailable as of this printing # - this increase is largely (possibly exclusively) a reflection of many cases from 1980 forward being reported in 2008.																	
pending updated information																	

Dr. Shapley-Quinn explained that prior to 2009, the numbers for each communicable disease (CD) were based on a hand count by Alamance County Health Department (ACHD) nurses. These were entered in this data base by Ms. Kathy Brooks. Data entered into our CD database as of 2009 were entered from a new state communicable disease tracing database (NC EDSS: North Carolina Electronic Surveillance System). The data is separated in NC EDSS into three groups: 1) those that do not meet a case definition for a disease are eliminated from the database; 2) those listed as "probable disease" (e.g. a case of pertussis which, per the CDC is probably pertussis, but not confirmed by laboratory testing); and 3) those listed as "confirmed disease." The table provided at the May 17,

2011, PHC meeting only reflected confirmed cases of disease in all categories (for 2009 and 2010), meaning there were no confirmed cases of Rocky Mountain spotted fever in 2010. Confirmation of RMSF is often not done because it requires blood testing initially and then 2-4 weeks later. If a patient is well, the follow-up blood test often is not completed. Review of the NCEDSS system data for Alamance County demonstrated that we were notified of 10 cases of RMSF in 2009 and 10 cases in 2010, meaning 10 cases each year met the definition for either confirmed or probable RMSF (these were Probable RMSF cases).

XI. Health Director's Report

Mr. Barry Bass reported that Alamance County was not awarded the Nurse Family Partnership grant as discussed at the April 19, 2011, Board of Health meeting. He commended the efforts of Ms. Stacie Saunders for her hard work in coordinating and writing the grant. Tier I (economically depressed) counties were apparently given preference to receive funding.

Mr. Bass stated the Board of Commissioners voted to adopt the proposed FY2011-12 Budget Ordinance at their June 6, 2011 meeting.

Mr. Bass shared Senate Bills 433 and 551 had been merged and will be reviewed by committees until May 2012. Mr. Bass discussed state budget reductions which will affect public health services, including health promotion, Smart Start and TOP (Teen Outreach Program).

Mr. Bass stated that he recently submitted a letter requesting that ACHD to be allowed to bill Medicaid directly rather than through DPH. If approved, this should provide more efficient and accurate accounting.

XII. Old Business

No old business was discussed.

XIII. New Business

A. Request to Approve Changes to Policy on Community Outreach and Education

Mr. Eric Nickens presented changes to the Policy on Community Outreach and Education for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



POLICY ON COMMUNITY ~~OUTREACH AND EDUCATION~~ EDUCATION AND OUTREACH

APPROVAL DATE BY BOARD OF HEALTH:

July 1, 2006

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Community Education and Outreach	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Health Education and Health Promotion
Effective Date:	July 1, 2006		
Revised Date:	June 2009	<u>June 2011</u>	

I. GOAL

- A. This policy establishes the system for the Alamance County Health Department to use for community education and outreach in Alamance County.

II. PURPOSE

- A. The purpose of this policy is to ensure that public health employees provide community ~~outreach-education~~ and ~~outreachededucation~~ services in order to meet the essential services of public health and the mission of the Alamance County Health Department.

III. REFERENCES

- A. Policy supplements the North Carolina Public Health Statutes (N.C.G.S. 130A-1.1. Mission and essential services of Public Health – Promoting healthy lifestyles; preventing health risks and disease; identifying and reducing health risks in the community; promoting a safe and healthful environment; promoting the availability and accessibility of quality health care services through the private sector; and providing quality health care services when not otherwise available)
- ~~A-B.~~ Alamance County Health Department Community Outreach and Education Request Form.

IV. DEFINITIONS

- ~~—Underserved Population Groups – Populations that have barriers to health services as identified by the most current community assessment.~~
- ~~A. Underserved Population Groups — Populations that have barriers to health services as identified by the most current community assessment.~~

IV. FOCUS POPULATION

- A. The population of focus for this policy are the residents of Alamance County.

V. POLICY

- A. It shall be the policy of the Alamance County Board of Health and Alamance County Health Department to ensure that its workforce conducts a community assessment on a quadrennial basis, that it conducts health promotion activities (as outlined by the State Health Promotion Branch), provides access to local county health data, and provides community education and outreach services to underserved populations.

Alamance County Health Department

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VI. SERVICE PLAN

- A. Staff members of the Health Education and Health Promotion Section shall ensure that a community health assessment is conducted on a quadrennial basis and results are reported to the community.
- B. Health Education and Health Promotion Section staff members shall conduct health promotion activities that focus on developing policy and environmental level strategies and activities that support healthy lifestyles. Health promotion activities must include but are not limited to physical inactivity, poor diet, and tobacco use, which are all risk factors contributing to poor quality of life due to chronic disease.
- C. Staff members of the Health Education and Health Promotion Section shall assure that the Health Department has a mechanism by which the public can access current community data and health status information maintained in the agency in accordance with applicable laws and rules.
- D. Staff members of the Health Education and Health Promotion Section shall work with community partners to assure that underserved populations receive health education and outreach services to assist them in accessing health care services, in preventing health disparities, and in planning programs intended to reach underserved population groups.
- E. Community Health Assessment ~~& and State of the County Health (SOTCH)~~ reports are shared with health department staff for their review as a mechanism to make staff aware of health disparities within the community. These documents are also available on the health department website for future reference by staff.
- F. All staff members of the Alamance County Health Department are strongly encouraged to plan and participate in community education and outreach initiatives throughout the year.
- G. Inbound request for community education (including requests for pamphlets and/or literature) and outreach will be received in the following manner:
 - a. Online Request – a request made via a form template on the Health Department website.
 - b. Written Request – a request generally made by typed or written letter or direct e-mail to a Health Department staff member.
 - c. Verbal Request – a request received via telephone.
- H. All sections shall be responsible for community education and outreach requests, as appropriate. Sections receiving a request for community education and/or outreach shall document the request and action taken utilizing the Community Health and Outreach Request Form, located on the health department intranet.
- I. Inbound request for pamphlets and/or literature shall be logged by each section. A description of the materials requested and quantity disseminated shall be

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reported monthly to the Health Education and Promotion section. A request form is not needed for these requests.

- J. All requests for community education and outreach shall be acknowledged via telephone or e-mail within 72 hours. A final decision regarding the ability to fulfill the request shall be made within seven (7) business days. Notification of a decision should be made via telephone or e-mail to the individual making the request
- K. All requests, upon final action taken or at the conclusion of the requested service, shall be forwarded to the Health Education and Promotion Section for logging and record keeping purposes.
- L. To effectively plan and maximize the capacity of Health Department staff and resources, individuals, groups, and organizations requesting community education and outreach are strongly encouraged to follow these guidelines when making a request:
 - a. Request for education and outreach must be made at least 30 days in advance of the planned event date.
 - b. Maintain regular communication with Health Department staff during the event planning process.
 - c. Allow sufficient time during the proposed event for requested presentation.
 - d. Ensure that there will be sufficient participation for event.
 - e. Provide an appropriate venue conducive to concentration, participation, and will accommodate the anticipated attendance for the event.
 - f. Allow the facilitator the opportunity to evaluate the program, if necessary, with an appropriate evaluation tool following the event.
- M. The Health Department will strive to honor as many requests as possible. However, previously scheduled events or availability of staff may prevent the Health Department from fulfilling all requests. In the event a request is unable to be fulfilled or if the event/program is unable to meet the guidelines outlined in Item L, the Health Department will suggest an alternative means of education and outreach.
- N. When making a request, the individual making the request should provide the following information:
 - a. Name
 - b. Email (if applicable)
 - c. Contact phone number
 - d. Group/organization
 - e. Location
 - f. Time
 - g. Date
 - h. Number of participants

Alamance County Health Department

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- i. Identify the target audience for the event
 - j. Clearly identify the desired topic or activity
 - k. Provide the anticipated goals for the event
- O. The Board of Health and staff members shall assure that residents, agencies, and organizations have the opportunity to participate in the community health improvement process.

F.

~~G. The Board of Health and staff members shall assure that residents, agencies, and organizations have the opportunity to participate in the community health improvement process.~~

Mr. Michael Venable moved to approve the Policy on Community Outreach and Education as presented with a change to Section VI, Part J from “72 hours” to “3 business days.” The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

B. Request to Approve Changes to Policy on Confidentiality and Release of Medical Records

Mr. Bass presented changes to the Policy on Confidentiality and Release of Medical Records for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



Alamance
County
Health
Department

EveryWhere.EveryDay.EveryBody.

POLICY ON CONFIDENTIALITY AND
RELEASE OF MEDICAL RECORDS

APPROVAL DATE BY BOARD OF HEALTH:

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records			Policy Number:		
Approved by:	Alamance County Board of Health			Program Area:	Administration	
Effective Date:	April 14, 2003					
Revised Date:	June 18, 2008	October 20, 2009				

- I. GOAL:** Every Alamance County Health Department employee (see II below*), shall respect the privacy of individual patients/clients of the Health Department by adhering to the rules and regulations which govern access to patient/ client records and the information contained therein.
- II. PURPOSE:** To provide Alamance County Health Department staff the information necessary to minimize breaches of client confidentiality and privacy through unauthorized release of patient /client medical information.
- III. REFERENCES:** North Carolina GS § 8-53; Health Insurance Portability & Accountability Act of 1996 - 45 CFR Parts 160 and 164;
- IV. DEFINITIONS:**
 HIPAA- Health Insurance Portability & Accountability Act of 1996 provides protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI).
 Privacy Officer- serves as primary point of contact for all privacy related issues.
 Minor- person under the age of 18 (according to NC GS §90-21.1)
- V. FOCUS POPULATION:** All clients served by the Alamance County Health Department
- VI. POLICY:**

Although most records kept by state agencies are available to the general public, under North Carolina's Public Records Act (see North Carolina General Statute § 8-53), medical records are an exception. Legal authorities recognize a health care provider's duty to keep medical information private. Breach of confidentiality/privacy through unauthorized release of patient/client medical records may result in litigation against the employee involved, agency personnel, Board of Health and County government.

North Carolina law and the North Carolina Administrative Code require that the Local Health Departments maintain accurate, complete and organized medical records on each patient for which medical services are provided. The Alamance County Board of Health is an oversight agency and is authorized to review and audit the actions of the Department with regard to their compliance with Federal, State and local regulations and policy. Each duly appointed member of the Alamance County Board of Health is a covered entity as that term is defined by the HIPAA law, and as such is entitled to use,

Alamance County Health Department

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review and maintain the confidentiality of the medical records generated by the employees of the Alamance County Health Department.

Any information of a medical nature in possession of the Alamance County Health Department including all medical records or any oral or written communications pertaining to medical care shall be considered confidential. Medical records will be released only in accordance with HIPAA guidelines and following procedures outlined in the ACHD HIPAA manual.

No Health Department employee* shall knowingly use any patient/client medical information and/or medical record in a manner that could jeopardize the interests of the patient/client. Further, a Health Department employee* shall not divulge the name of any patient/client, the program through which services were rendered, or the setting, including clinic, home, school, industry or community, in which patient/client was seen. However, the Health Department may use a patient/client record to defend itself or its personnel against claims made by the patient/client, government agencies, or other regulating boards or agencies.

At no time shall any personal identifying information for any patient receiving medical services through the Alamance County Health Department be kept in any location other than the official medical record of the patient. Further, all information forwarded to third parties pursuant to a request or release of information, shall include each and every name or alias used by the patient known to the Alamance County Health Department employees.

Identifying information for all clients receiving services through the Alamance County Health Department will be maintained in a secure and appropriate manner. This includes information contained in the medical record and all other locations that may be necessary (for example, call back rosters, tickler lists, lab reports not yet filed, clinic schedules, computer screens, etc.) to provide efficient services

Staff Affected by this Policy*

- A. Nursing Staff (RN's and Student Nurses)
- B. Physician Extenders
- C. Physicians
- D. Lab Technicians
- E. Community Health Technician
- F. WIC Staff

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- G. Administration
- H. Clerical Support staff
- I. Health Educator
- J. Dentist
- K. Dental Hygienist
- L. Environmental Health Staff
- M. Social Workers
- N. Other DSS Eligibility Caseworkers, Volunteers, Trainees, Students

VII. SERVICE PLAN

No member of the Health Department staff shall release records or copies of records directly to any attorney, insurance company or other unauthorized person, nor shall staff remove any records from the Health Department for review by any attorney, insurance company, or other unauthorized person in response to a legal matter (see Special Conditions B, 5 & 6 below) The HIPAA privacy rule prohibits covered entities from disclosing "protected health information" (PHI) except as permitted or required by the privacy rule. Protected health information is defined as information held or disclosed by the covered entity in any form (electronic, paper records, oral communications) that identifies an individual and relates to: (i) the individual's past, present, or future physical or mental health or condition; (ii) the provision of health care to the individual; or (iii) the past, present, or future payment for the provision of health care to the individual.

Disclosing PHI in response to a subpoena or other request is set forth under 45 C.F.R. §164.512(e). The privacy rule allows for the disclosure of PHI in response to a subpoena or other request in the following circumstances:

- a. The information may be disclosed if the individual who is the subject of the information properly authorizes the disclosure.
- b. The information may be disclosed without the individual's authorization if:
 - i. The covered entity receives satisfactory assurance from the party requesting the PHI that it has made reasonable efforts to give notice of the request to the individual who is the subject of the PHI; or
 - ii. The covered entity receives satisfactory assurance from the party requesting the PHI that it has made reasonable efforts to obtain a protective order.

The rule contains detailed criteria for determining when the party has provided satisfactory assurance and what constitutes a qualified protective order.

Alamance County Health Department

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- A. All requests for medical records shall be processed in accordance with agency HIPAA guidelines.
- B. A signed and dated authorization from the patient/client must be obtained before any medical information is released. The patient/client must produce a picture identification to verify authorization if requested to do so.
- C. Information may be released to another agency or individual upon receipt of an appropriate authorization signed and dated by the patient/client or their representative.
- D. The attending physician(s) may use the patient/client record only in conjunction with providing treatment, payment or health operations to/for that patient/client.
- E. Information contained in a patient's/client's record may be released to the Health Department's attorney in the event the Health Department or any of its personnel is named in a lawsuit involving a current or past patient/client.
- F. Verbal requests for information from other than the attorney for the Health Department shall not be honored.
- G. Release of information is not required in circumstances permitted by law and/or in emergency treatment situations.

Special Conditions

- A. Control of access to a minor's medical records is determined by the minor's ability to legally consent to medical treatment.

A minor, who is legally permitted to consent to his own medical treatment under North Carolina General Statute § 90-21.5, controls access to those medical records. Otherwise, a parent, guardian, custodian or person in loco parentis controls access. Emancipated minors (either married or emancipated by court order) are considered adults and control access to their own medical records. Proof of emancipation shall be required.

- B. The following are exceptions to the policies concerning confidentiality and release of medical records and are outlined in the agency Notice Of Privacy Practices (NOPP):
 - 1. Statutory reporting requirements (communicable disease, cancer, child abuse, as allowed under HIPAA)

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2. Third party reimbursements as allowed for treatment, payment & healthcare operations (TPO)
3. Governmental and quality review audits
4. The "duty to warn" when it appears that the patient is a danger to himself or others.
5. ~~Court order is required to release medical records in all legal matters.~~
6. Subpoenas for testimony (issued by attorneys, private parties, or other agencies):
 - a. A subpoena for testimony may be served via telephone by the Sheriff's Department
 - b. The Nursing Director and/or Health Director shall be informed of all subpoenas served upon a Health Department employee. Information regarding the subpoena may be shared with other's as deemed appropriate.
 - c. The Nursing Director, Health Director and the attorney for the Health Department shall determine the appropriate response to the subpoena by either:
 - (1) Filing a motion to quash (suppress testimony)
 - (2) Forwarding the appropriate documents to the party subpoenaing the documents
 - (3) Directing the person subpoenaed to testify to the medical record.

VIII. APPENDIX:

- A. Signature page- Confidentiality and Release of Medical Records Policy
- B. Confidentiality Code
- C. Procedure for handling Authorizations

Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records			Policy Number:	
Approved by:	Alamance County Board of Health			Program Area:	Administration
Effective Date:	April 14, 2003				
Revised Date:	June 18, 2008	October 20, 2009			

Appendix A**Confidentiality and Release of Medical Records Policy**

I have read and understand the attached Confidentiality and Release of Medical Records Policy. I agree to uphold this policy. I understand that breach of this agreement, may constitute a disciplinary action or legal implications.

Signature

Date

Authorized Health Department Representative

Date

Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records			Policy Number:	
Approved by:	Alamance County Board of Health			Program Area:	Administration
Effective Date:	April 14, 2003				
Revised Date:	June 18, 2008	October 20, 2009			

Appendix B

Confidentiality Code

Each employee of the Alamance County Health Department is required by Federal law, Federal regulation, State law, State Agency, and the Alamance County Health Department to respect the privacy of individual patients/clients by adhering to the rules and regulations which govern access to patient/client records and the information contained therein.

The patient/client has the right to every consideration of privacy concerning his/her medical care program. The client has the right to expect that all communications and records pertaining to his/her care be treated as confidential. The client has the right and is free to discuss the services he/she receives from this Agency with anyone at any time. Employees do not have the right to divulge to anyone at any time the patient's/client's name, the program through which services were rendered or having seen the patient/client in clinic, home or school.

Employees must be aware of legalities involved. Breaches of patient/client privacy may result in litigation against the employee, Agency personnel, Board of Health and County government.

Effective April 19, 2011

Revised for clarification May 2, 2011

**Medical Records Release of Information:
A Protocol for Determining Which Records to Send
(this includes SSI Disability requests)**

When patient records are requested to be released from ACHD, the following will serve as a guide for records to be copied and released. Record releases will be handled by the Medical Records staff with few exceptions (see below). If the request states that all records be released, the following list will determine which records to send.

1. Problem Lists (all)
2. Pap lists (all)
3. Medication lists (to include last three years of medications prescribed)
4. Immunizations for past 10 years, as well as childhood immunizations
5. Progress Notes for past 3 years
6. WH physicals for past 3 years
7. MH problem lists for past 3 years.

If only specific pieces of information are requested, release only those pieces which fall within the above list without seeking coordinator approval.

If there is a request for a specific piece of information that is not part of the above records, bring the chart to the nursing coordinator for the relevant program for approval.

If there is a request that does not fall within the dates of service at ACHD then you may respond by indicating "no records within this time period".

Anytime you receive a request and are unsure if you should send records (for example MCC/CSC notes), please ask the appropriate supervisor for assistance. Most of the time you will send only from the list above, however, there may be cases when it would be appropriate to send these additional notes.

Reminder: Do not send any information re: HIV testing, Urine Drug screen results, LCSW records, or Horizons records unless specifically authorized/requested by the patient to the designated provider.

Please note that at this time our policy does not allow for the release of records directly to an attorney. When you receive one of these requests, please direct the request to the Privacy Officer who will contact the client directly.

**Alamance County Health Department
319-B N. Graham-Hopedale Rd
Burlington, NC 27217**

Procedure for Handling Authorizations/Requests for Release of Information

Effective April 14, 2003

Revised May 7, 2003

Revised January 24, 2005

Revised October 23, 2006

Revised April 19, 2011

All clients must sign an "Authorization to Release Information" form prior to any information being sent from the Alamance County Health Department and prior to the Health Department requesting records from another source.

Each clinic area will be responsible for obtaining the client's signature on the appropriate authorization form. Signed authorizations will be placed under the appropriate tab in the patient's medical record. Authorizations are good for a maximum of one year.

Once the release is signed, the request may be processed as follows:

- If request is for information from another source, the request is sent to that source for them to process
- If the request is for the health department to release information then:
 - ~~Chart Room~~ Medical Record staff receives request for information
 - Medical Record staff will respond to the request according to the Medical Records Release of Information procedures (effective 4/18/11-see attached)
 - ~~Disability, Social Security will be given to a Nursing Supervisor or the Nursing Director for preparation. Request will then be given to the agency receptionist for processing (copying and sending out).~~
 - Legal – Protected Health Information (PHI) is defined under 45 C.F.R. § 164.501, 164.502(a). The HIPAA privacy rule prohibits covered entities from disclosing PHI except as permitted or required by the privacy rule. PHI is defined as information held or disclosed by the covered entity in any form (electronic, paper records, oral communications) that identifies an individual and relates to: (i) the individual's past, present, or future physical or mental health or condition; (ii) the provision of health care to the individual; or (iii) the past, present, or future payment for the provision of health care to the individual.
- Disclosing PHI in response to a subpoena or other request is set forth under 45 C.F.R. § 164.512(e). The privacy rule allows for the disclosure of PHI in response to a subpoena or other request in the following circumstances:
 - a. The information may be disclosed if the individual who is the subject of the information properly authorizes the disclosure.
 - b. The information may be disclosed without the individual's authorization if:
 - i. The covered entity receives satisfactory assurance from the party requesting the PHI that it has made reasonable efforts to give notice of the request to the individual who is the subject of the PHI; or ii. The covered entity receives satisfactory assurance from the party requesting the PHI that it has made reasonable efforts to obtain a protective order.

The rule contains detailed criteria for determining when the party has provided satisfactory assurance and what constitutes a qualified protective order.

~~at no time are records sent to an attorney, even if there is a signed authorization (as per the county attorney). Refer to HIPAA Privacy Officer.~~

- Insurance company inquiries go to the insurance coordinator for processing
- Immunization record requests go to the appropriate clerical staff member handling this area.

- WIC requests go to the WIC Director or WIC Clerical Supervisor

- Subpoenas received by Health Department: Nursing Supervisor or Nursing Director will hand carry requested records to County Attorney. Judge will make decision on whether records are to be released or not.

- All records copied by the health department and released directly to the client will be copied with the cover sheet which reads "Copy Released to Patient"
- All records received by the health department from another source will be stamped by the individual receiving the records to state "ACHD - Do Not Release". Self-inking stamps with this statement will be located in Medical Records, Reception Desk, and the Maternity Clerical Area. The exception to releasing information from another source would be records relevant to treatment or tests requested by ACHD (ie. Ultrasounds performed during prenatal care)
- Original request with client's/guardian's signature will be kept in the medical record for future reference. In all cases, a notation of what records were sent and the date should be made on the authorization form along with the sender's initials.

Dr. Donald Courtney moved to approve the Policy on Confidentiality and Release of Medical Records as presented with change to make the header effective and revision dates consistent and include June 21, 2011. The motion was seconded by Ms. Lynda Puckett and approved unanimously by the board.

C. Request to Approve Changes to Formulation of Policies and Procedures

Mr. Bass presented changes to the Formulation of Policies and Procedures for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



FORMULATION OF POLICIES AND PROCEDURES

01-01

APPROVAL DATE BY BOARD OF HEALTH:

July 1, 2006

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Formulation of Policies			Policy Number:	01-01
Approved by:	Alamance County Board of Health			Program Area:	General Administration
Effective Date:	July 1, 2006				
Revised Date:	June 20, 2011				

I. GOAL

- A. This policy establishes the system to use for development and distribution of official policies and procedures.

II. PURPOSE

- A. The purpose of this policy is to ensure that public health policies and procedures are developed and reviewed regarding administration of services by the health department; and to assure all employees, contract staff, students and volunteers receive proper training to administer the policies.
- B. Published policies and procedures serve to support long-term administrative communication and depict expectations, requirements, and functions of the entire health department. The responsibility for developing, maintaining and revising the policies and procedures rest with everyone who uses them.

III. REFERENCES

- A. Policies supplement the North Carolina Public Health Statutes (N.C.G.S. 130a, Public Health) and the North Carolina Administrative Codes (NCAC, Title 10A, Health and Human Services).

IV. DEFINITIONS

- A. Policy – A course of action adopted by and pursued by an agency that guides and determines present and future decisions and actions. Policies indicate the general course or direction an organization for which the activities of the personnel must operate. Policy is a tool that assists employees with attaining agency goals.
- B. Procedure – The detailed and sequential actions that must be executed to ensure that a policy is implemented. It is the method of performing an operation or a manner of proceeding on a course of action. It is the direct action required to perform a specific task within the guidelines of policy. It describes the “how, who, when or where” through policies are carried out.
- C. Incident – An action likely to lead to consequences

V. FOCUS POPULATION

- A. The population of focus for this policy is employees, contract staff, students, volunteers and consumers of public health.

VI. POLICY TO ESTABLISH OR REVISE A FORMAL POLICY

- A. All policies ~~and procedures~~ shall be reviewed annually by division managers and supervisors.
- B. New or proposed policies will be forwarded to the Health Director for review and approval.

Alamance County Health Department

Title:	Formulation of Policies	Policy Number:	01-01
Approved by:	Alamance County Board of Health	Program Area:	General Administration
Effective Date:	July 1, 2006		
Revised Date:	June 20, 2011		

- C. Upon Health Director's review, ~~draft policies will be sent to employees and community stakeholders as appropriate for review and comment. Employees and community stakeholders may make comments about any proposed policy.~~ **policies will be shared with Management Team for comments/changes/additions.**
- D. ~~Comments from employees and community stakeholders within date stipulation are reviewed and incorporated into the draft policy upon Health Director's approval.~~
- E. Final draft is reviewed by ~~Leadership~~ **Management** Team, prior to submission to the Board of Health for discussion of impact to all divisions of the health department.
- F. The final draft is presented to the Board of Health for consideration. The Board of Health may adopt the draft as is, or make changes to the draft and adopt at the next regularly scheduled board meeting. A quorum of the board is necessary to adopt or revise a policy.
- G. Upon adoption, policies will be ~~forwarded to each division to review with staff.~~ **posted on the portal. Staff will be notified via email, memorandum or at a staff meeting, of the new policy.**
- H. **Supervisors may propose revisions of existing policies on an as needed basis.**
- I. Revisions to existing policies approved by the Board of Health should not be initiated ~~until except by~~ approved by the Board of Health.
- J. **Staff will be notified via email, memorandum or at a staff meeting, of the revised policy**

VII. SERVICE PLAN

- A. Division managers and supervisors shall ensure that all policies and procedures are accessible to employees, contract staff, students and volunteers as resources to carry out daily activities. ~~The policies will be placed in a Policy manual, which includes a signature page for each policy that employees, contract staff, students and volunteers must sign to indicate the policy was read. New employees will receive copies of administrative policies in the Health Department's Orientation Packet.~~ **Policies are available on the portal (intranet) and as hard copy in multiple locations. Program policies will be reviewed at the beginning of employment and at anytime thereafter.**
- B. All managers and supervisors are responsible for enforcing the policies and procedures of the health department.
- C. All incidents resulting in violation of policies and procedures shall be reported to the health director whereby the following action will be:

Alamance County Health Department

Title:	Formulation of Policies			Policy Number:	01-01
Approved by:	Alamance County Board of Health			Program Area:	General Administration
Effective Date:	July 1, 2006				
Revised Date:	June 20, 2011				

1. Taking operational and procedural corrective measures to remedy the violation;
2. Taking employment action to re-train, reprimand, or discipline pursuant to the Personnel Manual for Local Government Employees Subject to the N.C. State Personnel Act, Article .2300 and Alamance County Personnel Policy, Article 7 which include warnings, suspension, and termination.

VIII. APPENDIX

Appendix A. Format for Policies

Dr. Donald Courtney moved to approve the Formulation of Policies and Procedures as presented. The motion was seconded by Dr. Kary Dodd and approved unanimously by the board.

D. Request to Approve Changes to Media Relations Policy

Mr. Nickens presented changes to the Media Relations Policy for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



MEDIA RELATIONS POLICY
04-04

APPROVAL DATE BY BOARD OF HEALTH:

10/1/05

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Title:	Media Relations Policy			Policy Number:	04-04
Approved by:	Alamance County Board of Health			Program Area:	Health Education and Health Promotion
Effective Date:	June 14, 2005				
Revised Date:	10/1/2006	6/9/2009	6/9/2011		

I. GOAL

- A) To ensure that all information to the media and the public from the Alamance County Health Department is timely, accurate, credible, and accessible to special populations.

II. PURPOSE

- A) The purpose of the Media Relations Policy is to give staff clear and concise procedures to follow when providing information to the media, public, elected officials, government and community agencies, and medical providers. It also provides guidelines for the release of information.

III. REFERENCES

- A) North Carolina General Statutes 132.6, North Carolina General Statutes 132.1, North Carolina General Statutes 153A-98, Title VI Limited English Proficiency Policy, Americans with Disabilities Act, HIPAA Policy.

IV. DEFINITIONS

- A) **Media:** Includes reporters/journalists/photographers from newspaper, radio, television.
- B) **Mass Media Communications:** Verbal or written forms of communication that are mass produced or distributed such as newspapers, cable or radio.
- C) **Media Contact List:** Attachment 1, a form used for collective information from the media to prepare for an interview or for information dissemination.
- D) **Routine:** A detailed course followed regularly; standard procedure.
- E) **Controversial:** A dispute characterized by opposing views.
- F) **Communication:** The exchange of ideas, messages, or information, as by speech, electronic, signals, or writing.
- G) **Email:** Written or visual communication sent specifically to a pre-designated email address or groups of address.
- H) **Newsletters:** written communication distributed to a designated group or audience.

Title:	Media Relations Policy			Policy Number:	04-04
Approved by:	Alamance County Board of Health			Program Area:	Health Education and Health Promotion
Effective Date:	June 14, 2005				
Revised Date:	10/1/2006	6/9/2009	6/9/2011		

- I) **Public Information Officer (PIO):** An official responsible for the formulating and coordinating the dissemination of public information with both the electronic and written media, ensuring that accurate information is being released to the general public. The Health Education Supervisor is designated as PIO.
- J) **Web Postings:** written or visual communication that is posted to the Health Department's website.
- K) **Workforce/Staff:** Employees, contract personnel, volunteers, trainees, students and other persons who perform work or service on behalf of Alamance County Health Department.

V. FOCUS POPULATION

- A) The population of focus for this policy are the residents of Alamance County.

VI. POLICY

- A) The policy of the Alamance County Health Department is to ensure that requests for public health information result in the release of accurate and relevant information in a timely manner. Release of public health information to the media, or release of public health information that is not considered to be routine should be routed through the chain of command. Media requests will receive a response within 24 hours. All other request will receive a response within ~~48-72~~ hours or sooner when possible.

VII. SERVICE PLAN

- A) Handling Media ~~and~~ Public Inquiries
 1. Notification of all media requests ~~and inquiries~~ must go to the Public Information Officer (Health Education Supervisor) or the designated Deputy Public Information Officer, in his/her absence.
 2. The Public Information Officer will then determine how to best respond to inquiry and identify the appropriate spokesperson.
 3. The Public Information Officer will refer budget, policy, legislative, legal, personnel issues and controversial topics to the Health Director.
 4. Release of routine public health information by staff may be released to the public as designated in program policy.

Title:	Media Relations Policy			Policy Number:	04-04
Approved by:	Alamance County Board of Health			Program Area:	Health Education and Health Promotion
Effective Date:	June 14, 2005				
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VII. Notification Procedure

- A) Notification of all media requests and inquiries must go to the Public Information Officer or or the designated Deputy Public Information Officer, in his/her absence the assigned backup Public Information Officer.

1. Notification should be done by calling the Public Information Officer's cell phone (contact information listed at bottom of page 4 and listed on the Master Telephone Listing). In the absence of the Chief Public Information Officer, the designated deputy can be reach via their landline office phone number AND/OR the Media Pager at (336) 513-1037. The and the Public Information Officer (or designated deputy) will immediately call the employee for information. As much of the following information should be provided.

- Time of media contact
- Name of media outlet
- Reporter's name
- Topic
- Questions

2. Public Information Officer's Responsibilities:

- The Public Information Officer should consider this policy and evaluate the appropriateness of the request and how to respond. The Public Information Officer will assist the appropriate spokesperson in preparation or presentation of the response.
- Ensure that the Health Director has been informed of the media contact.
- Ensure that media on the Alamance County Health Department campus is escorted at all times by the PIO, the PIO's designee, or a member of Management Leadership Team.
- Ensure that a backup Deputy Public Information Officer is assigned to take media calls ~~appointed~~ when the Chief primary Public Information Officer is not available. The PIO and the designated backup Deputy PIO will assure that the health department switchboard operator and Leadership Management Team has the backup's deputy PIO's most up-to-date contact

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information (in addition to the Media Pager number) throughout the duration of the ~~primary-Chief~~ Public Information Officer's absence.

- The ~~primary-Chief~~ Public Information Officer shall ensure that voicemail messages (cell and land-line phones) and e-mail Out of Office Reply Messages clearly communicates how to reach the ~~backup-Deputy~~ PIO during regular business hours. If a media inquiry ~~call~~ is received outside of regular ~~business hours~~ hours of operation (Monday-Friday, 8:00 a.m. until 5:00 p.m., excluding holidays and other non-work days designated by the County) on the ~~primary-Chief~~ Public Information Officer's cell phone, ~~he/she~~ will provide the inquiring media outlet the contact number for the ~~assigned backup-Deputy PIO on duty.~~
- Ensure that public health information is accurate and replicable.
- Ensure that information dissemination is culturally and linguistically appropriate and accessible to special populations as needed/required based on Title VI policy.
- Ensure that the release of information adheres to NC General Statute 132 and ACHD HIPAA policies.
- Create, approve, and disseminate press releases
- Coordinate interpretation of press releases and public health information as necessary and distribute through culturally and linguistically appropriate channels.
- File and update Media Contact Checklist (Attachment 1).

B) Notification of Potentially Newsworthy Events

1. It is the responsibility of Alamance County Health Department employees to notify the Public Information Officer about potentially newsworthy events as quickly as possible. Immediate notification should be made by cell phone. The Public Information Officer will immediately consult with the Health Director.
2. Examples of potentially newsworthy events include, but are not limited to, the following:
 - Deaths of patients that may be attributed to anything other than natural causes due to negligence of staff, etc.
 - Serious injuries to patients while on government property
 - Serious injuries to staff from any cause while in line of duty

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Approved by:	Alamance County Board of Health			Program Area:	Health Education and Health Promotion
Effective Date:	June 14, 2005				
Revised Date:	10/1/2006	6/9/2009	6/9/2011		

- Alleged criminal activities of staff like rape, assaults, embezzlement
- Arrests of any staff
- Potential losses of accreditation and/or federal funding due to failure to meet standards
- Serious destruction of property from any cause
- Serious disruptions of routine procedures.
- Serious problems at a public health facility
- Outbreaks or potential outbreaks of communicable diseases

3. It is the Health Director's responsibility to notify the Chair of the Board of Health as soon as possible regarding potentially newsworthy events.

VIII. News-Media Releases

A) ~~A)~~ All ~~news-media~~ releases must first go through the Public Information Officer who will ~~get~~ obtain approval from the Health Director. Divisions do not have the authority to issue news releases without prior review and approval. Either the Public Information Officer or other persons familiar with the information can write the ~~news-media~~/press release. The Public Information Officer will also distribute the release and make appropriate follow ~~through-up~~ with the media. News-Media releases shall be released verbally and/or in written form to special populations who are limited-English proficient.

B) All media releases shall be posted to the news section on the Alamance County Government, Alamance County Health Department, and Alamance County Health Department Environment Health homepages. News postings shall also be made available on the Alamance County Health Department's Facebook and Twitter feeds using a condensed message and weblink. Generally, media releases will be posted within fifteen (15) minutes to one (1) hour of their release. Although very infrequent in occurrence, web content management system and other connectivity issues may prevent postings from appearing within the expected timeframe.

~~BC)~~ Media resources (radio, television and newspaper) will be listed in a Media Contact List (Attachment 1) that is accessible to all staff authorized to provide information to the media. This directory shall be updated regularly and will be housed with the Public Information Officer.

Title:	Media Relations Policy			Policy Number:	04-04
Approved by:	Alamance County Board of Health			Program Area:	Health Education and Health Promotion
Effective Date:	June 14, 2005				
Revised Date:	10/1/2006	6/9/2009	6/9/2011		

IX. Inspection and Examination of Public Records by Media

- A) Based upon N.C.G.S. 132.6, every person having custody of public records shall permit them to be inspected and examined at reasonable times and under supervision. Reasonable times are defined as the regular business hours of the Health Department and at the convenience of the custodian. The custodian is defined as the public official in charge of an office having public records. Public records are those as defined in N.C.G.S. 132.1 associated with the transaction of public business.
- B) The following information contained in personnel records of county employees are considered public record: name, age, date of original employment or appointment to the county service, current position title, current salary, date of the most recent increase or decrease in salary, date of the most recent promotion, demotion, transfer, suspension, separation or other change in position classification, and the office to which the employee is currently assigned. All information contained in a county employee's personnel file, except as noted above, is confidential and shall be open to inspection only in the instances noted in N.C.G.S. 153A-98.
- C) Fee charges for copies will be assessed at the current rate established by the Alamance County Manager's Office. If records are copied onto a computer disk, a charge will be assessed based on the cost of the disk.

X. Confidentiality

- A) Patient/client consent is required for photography, filming, or interviewing by the media. All patient/client information is confidential and cannot be released to the media without signed consent from the patient/client. The Public Information Officer has the consent form that the client must sign.
(Attachment II)
- B) Confidential communications shall include written communications and copies made within the scope of the attorney-client relationship by any attorney-at-law serving a governmental body. Such written communications and copies shall not be open to public inspection, examination or copying unless specifically made public by the governmental body receiving such written communications, provided, however, that such written communication and copies shall become public records as defined in General Statute 132.1 three (3) years from the date such communication was received by such governmental body.

Title:	Media Relations Policy			Policy Number:	04-04
Approved by:	Alamance County Board of Health			Program Area:	Health Education and Health Promotion
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CONTACT INFORMATION –

Eric Nickens, Jr., Chief Public Information Officer
Cell Phone Number: (336) 264-7037

Amanda Marvin, Deputy Public Information Officer
Office Phone Number: (336) 513-5504

Tiera Yancey, Deputy Public Information Officer
Office Phone Number: (336) 513-5570

Media Pager Number: (336) 513-1037

XI. APPENDIX

- A. Media Contact List
- B. Patient/Client Consent Form

A motion was made by Mr. Michael Venable to approve the Media Relations Policy as presented changing all references to “Facebook” and “Twitter” to “Social Media.” The motion was seconded by Dr. William

Porfilio and approved unanimously by the board.

E. Request to Approve Changes to Service Eligibility Policy

Mr. Barry Bass presented changes to the Service Eligibility Policy for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



Service Eligibility Policy
(includes Identification of Clients)

APPROVAL DATE BY BOARD OF HEALTH:

3-10

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:		Service Eligibility Policy			Policy Number:	
Approved by:		Alamance County Board of Health			Program Area: Personal Health	
Effective Date:						
Revised Date:		3-2009	3-2010	7-2011		

I. GOAL

- A. To establish policy and procedures for the determining eligibility for services offered by the Alamance County Health Department.

II. PURPOSE

- A. To ensure that all clients who wish to receive services are treated equally.

III. REFERENCES

Formulation of Policy and Procedures
 North Carolina Public Health fees for health department services are authorized under NC G.S. 130A-39
 NC G.S. 150A authorizes Debt Set-Off program
 NC G.S. 42 CFR 59 Grants for Family Planning Services
 Title X Regulations (January 2001), section 6.3
 DMA guidelines for Medicaid and Family Planning Waiver Clients
 NC DPH Consolidated Agreement, FY 2011-2012

IV. DEFINITIONS

- A. Alias - otherwise called; otherwise/also known as; aka
 B. Economic Unit- number of individuals living at an address, who work and either divide expenses equally or pool expenses.
 C. Essential service- services that the State shall assure because they are essential to promoting and contributing to the highest level of health possible for the citizens of North Carolina (§ 130-A-1.1, (b))
 D. Proof- certified (genuine), valid (official, such as drivers license, insurance card, immunization record), and current (recent, within the last 60 days or with valid dates such as with a drivers license).
 E. Residency- where a person lives, (not a post office box). Proof provided may be in another family member's name or another member of the household other than the applicant, the proof can represent each applicant in the family.

V. FOCUS POPULATION

- A. The focus population for this policy includes all clients of the Alamance County Health Department.

VI. POLICY

- A. In order to be consistent and fair in determining service eligibility for the people in the community, the Alamance County Health Department will require proof of

Alamance County Health Department

Title:	Service Eligibility Policy			Policy Number:	
Approved by:	Alamance County Board of Health			Program Area:	Personal Health
Effective Date:					
Revised Date:	3-2009	3-2010	7-2011		

identification, residency and income as part of the eligibility process. Persons requesting services in a program where Federal/State rules prohibit financial and residency requirements or where eligibility is not an issue shall be exempt from residency and financial proof only. Identification will still be required. At no time can this policy create a barrier to an essential service.

VII. SERVICE PLANPROOF OF IDENTIFICATION

Upon initial eligibility request proof of identification and place a copy in the patient medical record. Should there be a name change, a copy of the new proof of identification should be made and placed in the medical record.

The following may be used as proof of identification:

- Medicaid Card
- Social Security Card
- Driver's License
- Insurance Card/Policy
- NC Health Choice ID
- Paycheck with their name (less than 60 days old)
- Bill in their name (less than 60 days old)
- Health Record
- Work ID With Photo
- Official Student ID With Photo
- Passport (no date limitation)
- Military Card
- Birth Certificate
- WIC Folder

If the client refuses to provide picture ID, then you may not require that they do so. Eff 7/1/11 as per Consolidated Agreement.

If no proof of identity is available due to theft, loss, or disaster, an individual is homeless, a migrant, document the reasons for the no proof on the Patient Registration Form (PAPS).

Upon subsequent visit, request one form of acceptable proof of identification.

USE OF PERSONAL DATA CONTINUATION SHEET

- a. Upon registration, or at any time during the client's care, if the client requests the use of an alias name, they will be required to complete the "Personal Data Continuation Sheet".

Alamance County Health Department

Title:	Service Eligibility Policy			Policy Number:	
Approved by:	Alamance County Board of Health			Program Area:	Personal Health
Effective Date:					
Revised Date:	3-2009	3-2010	7-2011		

- b. The "Personal Data Continuation Sheet" will allow for the use of only one alias name by the client.
- c. Staff will enter the alias name on the "alias" line of the patient registration screen.
- d. The "Personal Data Continuation Sheet" will be filed in the client medical record under the "Patient Data" tab.
- e. New patient labels, which include the alias name, will be printed and placed on the outside of the medical record and on all current any new forms in the medical record.
- f. All forms of correspondence completed on behalf of the client (i.e. work notes, disability forms, etc) will include both the name under which they are registered and the alias name. The format for use of both names will be:
 Patient: Susie Jones aka Susan Smith
- g. If the client wishes to change the alias name being used to another name, this may be done. The client will be required to complete a new "Personal Data Continuation Sheet" at the time of the new request. Use of all prior "alias" names will be discontinued at that time.

PROOF OF RESIDENCY

Upon initial eligibility, request proof of residency and document on the Patient Registration Form (PAPS). If address changes, request proof of new residency.

Proof of residency must be at least one acceptable form such as:

- ~~Medicaid Card with address—no longer sent monthly; not valid for residency~~
- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60 days old)
- Bank Statement
- Pay check stub
- Driver's License or DMV identification
- Third party Confirmation Letter (with client's routine nighttime address and signed on behalf of the participant who may be living in a shelter, facility, or a migrant/farm worker living on a farm.)

If no proof of residency is available due to theft, loss or disaster, an individual is a homeless individual, a migrant or a transfer with no proof, document the reasons for no proof of residency on the Patient Registration Form (PAPS).

PROOF OF INCOME

Proof of income is required annually, or upon income and family size changes, for personal health services (unless prohibited by State and Federal regulations) subject to sliding fee charges for Medicaid-covered services. At each visit inquire about income and work place. Should

Alamance County Health Department

Title:	Service Eligibility Policy			Policy Number:	
Approved by:	Alamance County Board of Health			Program Area:	Personal Health
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either change, request proof of income. Verification of income is based on family size and income of the economic unit. We are not required to retain copies of proof of income provided, with exception of the Third Party Confirmation Letter.

One of the following is acceptable proof of income:

- Check stub
- Recent tax statement if self-employed
- Current Leave and Earnings Statement
- Letter from employer stating gross income and frequency
- W-2 forms or income tax return for most recent calendar year
- Alimony/Child Support payments (court decree or copies of check)
- Unemployment letter or notice
- Social Security Income Stub
- Foster child placement letter/foster parent award letter with amount received for foster care
- Third Party Confirmation Letter (See Attachment and file in medical record)

Verification of Income – In cases where documentation of income is questionable, staff should attempt to verify the documentation through another source e.g. employer verification of wages, local welfare office verification.

Client's whose income falls at or below the poverty level will not be charged (with the exception of flat fee services)

Voluntary donations to the agency will be accepted.

THIRD PARTY CONFIRMATION LETTER

A client reporting no income must have Third Party Confirmation Letter from a reliable third party such as social services staff, church, relief organization, legal aid society, school counselor or school nurse. Health Department employees, relatives of the applicant or members of the economic unit cannot be third party verifiers. The Third Party Confirmation letter must be signed, dated and a telephone number must be included. This letter will be filed in the medical record.

If no proof of income is available due to theft, loss, or disaster, an individual is a homeless individual, a migrant and applicants paid in cash whose employer(s) will not document on paper the applicant's income, document the reasons for no proof on Patient Registration Form (PAPS).

Failure to bring proof of income or Third Party Confirmation letter will result in the individual being charged 100% (with the exception of Family Planning services*). Charges will remain at 100% if proof of income is not presented within 45 days.

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* Clients seeking Family Planning services are not required to provide written documentation of income. If when asked for income verification, a client refuses to produce written documentation, verbal documentation is sufficient. Document that verbal documentation was given on the patient financial record.

EXCEPTIONS:

CONFIDENTIAL SERVICES REQUESTED BY ANY CLIENT WILL BE DETERMINED AS A UNIT OF ONE. (No income verification is required) *(REVISED 9/1/07)*

STUDENTS REQUESTING SERVICES, EITHER LIVING ON CAMPUS OR AT HOME, WILL PROVIDE PROOF THEY ARE A FULL TIME STUDENT AND WILL BE DETERMINED A UNIT OF ONE. A DECLARATION OF INCOME WILL BE GIVEN.

SSI (Supplementary Security Income) and/or earnings on savings accounts, will not be counted as income.

INSURANCE AND THIRD PARTY BILLING

A client who has been determined to have third party coverage (insurance, Medicaid and/or Medicare coverage) and does not present information (card), will be considered as self-pay and income applied to the sliding fee schedule. After 45 days it becomes the responsibility of the patient to file insurance.

Failure to present Medicaid Card within 6 months from date of service will result in patient being responsible for account balance as determined by the sliding fee schedule.

The sliding scale is not applied to co-pays when billing private insurance. The health department is exempt from requirements for collecting a Medicaid co-payment. All bills to third parties (including Medicaid) will be for the full amount without applying any discounts.

COLLECTION OF REVENUE PROCEDURES

It is the policy of the Alamance County Health Department to attempt to collect for fees incurred for services rendered at the time the service is provided. The patient will be informed of any outstanding balance at each visit. Family planning clients will be given a statement of services rendered including any sliding scale discounts applied. At the time of each visit the client will be asked if they are paying by check or cash, or credit card. Established procedures for accepting payments and issuing receipts will be followed. Options available to clients who cannot satisfy the balance owed include making arrangements for reasonable monthly payments. A mailing envelope will be given to the client.

Alamance County Health Department

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Statements of client accounts will be mailed no less than quarterly, provided confidentiality is not jeopardized. At the same time patients will be notified failure to make regular payments may result in further action. Accounts receivable reports are run every other month and identify accounts that are 30, 60, 90, 120 and 121days + in age.

Client(s) will be informed at the time of service that they may be charged for some outside laboratory services.

The Alamance County Health Department participates in the Debt Set-Off (DSO) program. This program allows for overdue accounts (no activity for a period of 1 year) to be submitted to the NC Local Government Debt Setoff Clearinghouse. If a client whose account has been submitted to this program, receives a federal tax refund, all or a portion of that return may be withheld to pay the debt owed. Additional fees will be added by the NC Local Government Debt Setoff Clearinghouse as part of the debt withheld from the income tax return. This process will continue until the debt is paid in full. If a client chooses, they may pay the debt themselves to avoid their tax return being withheld.

Any debt that has been submitted to the DSO program will be maintained on the health department books for a period of 10 years (which is the maximum length of time the debt can remain in the DSO program). If at any time during that 10 year period, a payment is received, this amount will be posted on the client's account and the DSO program will be notified of the payment. Clients who have been submitted to the DSO program will not receive a regular statement from the health department.

SERVICE LIMITATIONS

No services will be limited or denied due to "inability to pay". Inability to pay is determined by the use of the sliding fee schedule and the income of the economic unit.

Exception: Due to a Title X ruling, the Alamance County Health Department will not limit, deny or fail to provide any emergency services for Family Planning patients who have been determined at 250% or below on the poverty scale.

Documentation of an outstanding balance will be noted on the Patient Registration screen. Client(s) with outstanding balances will be referred to the Cashier at each visit to the health department.

BAD DEBT WRITE-OFF

A bad debt is defined as an outstanding balance in which **1 year** or more has elapsed since the last date of any activity on a client's account. Bad debts under \$50.00 will be written off at the end of each fiscal year (June 30).

Alamance County Health Department

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If a client returns for services within 1 year after bad debt has been written off, the debt amount will be added back to the client's account. At no time will the client be informed that a bad debt had been written off.

VIII. APPENDIX

- A. Alamance County Health Department Personal Data Continuation Sheet (A1-English and A2-Spanish)
- B. Instruction Sheet: Use of Personal Data Continuation Sheet
- C. NC Local Government Debt Setoff Clearinghouse Manual
- D. NC General Statute 130A
- E. Alamance County Health Department Fee Policy

Mr. Kent Tapscott moved to approve the Service Eligibility Policy as presented. The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

F. Request to Approve Changes to Policy - Illegal Solid Waste Disposal Enforcement Program and Request to Approve Changes to Policy – Well Construction Water Quality Program

Mr. Carroll presented changes to the Policy - Illegal Solid Waste Disposal Enforcement Program for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



Policy – Illegal Solid Waste Disposal Enforcement Program

APPROVAL DATE BY BOARD OF HEALTH:

September 1, 2006

Revised: June 7, 2011

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Title:	Illegal Solid Waste Disposal Enforcement Program	Policy Number:	07-06
Approved by:	Alamance County Board of Health	Program Area:	Environmental Health
Effective Date:	September 1, 2006		
Revised Date:			

- I. Goal:** To protect public health and the environment by responding to complaints and educating the public related to the improper collection, storage and disposal of solid waste, in accordance with applicable county and state ordinances, rules and regulations; and educate the public about the proper solid waste disposal methods.
- II. PURPOSE:** To ensure that the public receives the highest quality of service from the Health Department in its implementation of the illegal solid waste disposal enforcement program.
- III. REFERENCES:** North Carolina General Statutes and administrative rules that mandate and direct the inspection and regulation of solid waste: NC GS 143-215.114A, 15A NCAC 2D.1900 Open Burning, and Alamance County Solid Waste Ordinance. Copies of statutes, rules, guidelines and protocols are housed in the Environmental Health offices, 209 N. Graham-Hopedale Rd., Burlington, NC.
- IV. Definitions:** For the purpose of this policy, definitions can be found in the applicable laws and rules.
- V. FOCUS POPULATION:** All Alamance County residents and visitors.
- VI. Policy:** Upon receipt of a complaint or inquiry, the EHS conducts an investigation and obtains information regarding the complaint. If the complaint is justified, the EHS will contact the appropriate person or owner of the property to initiate a cleanup of the solid waste. Notices of violations are issued and legal remedies sought when necessary.

A record of all documentation, pictures, etc. in reference to the solid waste violation is kept on file at the Alamance County Health Department, Environmental Health Section.

Environmental Health Section staff maintains skills and knowledge by attending educational conferences, SOP courses and state and district educational meetings. Staff is equipped with materials and equipment necessary to conduct investigations.

Environmental Health Section staff applies the rules in an equitable manner in all instances, encouraging the public to adhere to the rules in order to prevent illness and disease in their environment and to help protect public health.

Title:	Illegal Solid Waste Disposal Enforcement Program	Policy Number:	07-06
Approved by:	Alamance County Board of Health	Program Area:	Environmental Health
Effective Date:	September 1, 2006		
Revised Date:			

VII. SERVICE PLAN: Environmental Health Specialists (EHS's) delegated authority by the State of North Carolina, the Local Health Director and by the Board of Commissioners for Alamance County to carry out the provisions of the relevant rules and regulations and conduct all regulatory actions relevant to the collection, storage and dispose of solid waste.

The Environmental Health Director and Environmental Health Supervisor, make periodic reviews of the authorized staff and of the required documentation. The reviews are conducted according to established procedures.

Mr. Carroll also presented changes to the Policy – Well Construction Water Quality Program for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



Policy – Well Construction Water Quality Program

APPROVAL DATE BY BOARD OF HEALTH:

July 1, 2006

Revised: June 7, 2011

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Title:	Well Construction & Water Quality	Policy Number:	07-02
Approved by:	Alamance County Board of Health	Program Area:	Environmental Health
Effective Date:	July 1, 2006		
Revised Date:			

- I. **GOAL:** To protect public health and the environment through oversight of the Alamance County Board of Health Regulations governing construction and abandonment of wells through proper location of wells and monitoring of well construction and to provide access to well water testing and consultation to the residents of Alamance County.
- II. **PURPOSE OF POLICY:** To ensure that the public receives the highest quality of service from the Health Department in its implementation of the county well construction program and water quality testing program.
- III. **References:** North Carolina General Statutes and administrative rules as well as county ordinances and Board of Health rules that mandate and direct the construction standards for private wells, including: NC GS 130A-39; Regulations Governing Construction, Repair, and Abandonment of Wells in Alamance County; NC GS 87-87, 15A NCAC 02C .0100 Criteria and Standards Applicable to Water Supply and Certain Other Wells. Division protocols, Board of Health and state-issued guidelines are used in the application of the rules, statutes and local ordinance. Copies of statutes, rules, guidelines and protocols are housed in the Environmental Health offices, 209 N. Graham-Hopedale Rd., Burlington, NC.
- IV. **Definitions:** For the purpose of this policy, definitions can be found in the applicable laws and rules.
- V. **FOCUS POPULATION:** All Alamance County residents and visitors.
- VI. **POLICY:** Upon receipt of applications and required documentation, the Environmental Health Specialists (EHSs) conduct site evaluations to determine the suitability for location of a well that is in compliance with applicable rules. Upon location of a suitable site, a permit is issued for construction. Well contractors contact the Health Director's agents for grouting inspections. The EHS collects a copy of the well drilling log on a state GW-1 form. Upon proper notification, the EHS shall conduct a well head inspection. A Certificate of Completion for the well is issued after compliance with rules and laws.

The Environmental Health Section maintains a record of all well drillers that notify the Health Director of their intent to drill wells within Alamance County. Proper documentation of state certification and a properly executed surety bond is required prior to drilling.

Owners of new wells are provided a free bacterial and inorganic panel analysis of their well water. A reasonable effort by the EHS shall be made to collect these samples within 30 days of issuance of the Certificate of Completion.

EHSs witness the abandonment of wells to assure proper abandonment procedures are followed. The EHS collects a copy of the abandonment record from the well contractor on a state GW-30 form.

EHS's respond to inquiries from the public regarding well construction problems, water quality questions and chlorination instructions with consultations and investigative visits. Problem wells can be referred for repair permits and/or down-hole-camera inspections.

Water samples are collected upon receipt of an application for testing for the following: bacterial (coliform), inorganic, nitrates, petroleum, pesticides, herbicides, and other substances where applicable. All samples collected are forwarded to the North Carolina Public Health Laboratory for analysis. Sample results are forwarded as appropriate to clients upon receipt from the laboratory. Fees for well permits and water sampling services are charged in accordance with current Alamance County Environmental Health Fee Schedule.

Files are maintained in accordance with current North Carolina Records Retention and Disposition Schedule for County and District Health Departments.

Environmental Health Section staff maintains skills and knowledge by attending educational conferences, SOP courses and state and district educational meetings. Staff is equipped with materials and equipment necessary to conduct inspections and investigations.

- VII. Service Plan: Environmental Health Specialists authorized by the environmental health supervisor and trained in the well program carry out the provisions set forth in the Regulations Governing Construction, Repair, and Abandonment of Wells in Alamance County by issuing permits for well locations and repairs, inspecting construction of the wells, witnessing the abandonment of wells and by education the public.

The Environmental Health Supervisor and Environmental Health Program Specialist, make periodic reviews of the authorized staff and of the required documentation. The reviews are conducted according to established procedures.

Mr. Michael Venable made a motion to approve the Policy - Illegal Solid Waste Disposal Enforcement Program and Policy – Well Construction Water Quality Program as presented. The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.

- G. Request to Approve and Adopt Operating Procedures of the Alamance County Board of Health

Mr. Bass presented Operating Procedures of the Alamance County Board of Health for board review and approval.

**Operating Procedures
Alamance County Board of Health**

1. Name and Office.

The name of this organization is the Alamance County Board of Health (hereinafter "Board"). The principal office of the Board is located at 319-B North Graham-Hopedale Road, Burlington, North Carolina 27217.

Officers and Committees.

a. Chair and Vice-Chair

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the February meeting.

b. Secretary

The local health director shall serve as Secretary to the Board, but the director is not a member of the Board. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee.

c. Standing committees

The Board shall have the following standing committees:

Environmental Health – Members are self-selected from Board of Health. Serves in an advisory capacity to the operation of Environmental Health programs and services.

Personal Health – Members are self-selected from Board of Health. Serves in an advisory capacity to the operation of clinical services and WIC programs.

All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

d. Temporary committees

Nominating Committee – Recommends board officers at annual meeting. Members are appointed by the Chairperson.

Awards Committee - Selects recipients of Employee of the Year and Community Partner of the Year awards annually. Members are appointed by the Chairperson.

Operating Procedures

Personnel Committee – Conducts health director's annual performance review. Members are appointed by the Chairperson.

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

2. Meetings.

a. Regular Meetings.

The Board shall hold a regular meeting on the third Tuesday in February, April, June, August, October and December, except that if a regular meeting day is a legal holiday, the meeting shall be held on the next business day. The meeting shall be held at the Alamance County Human Services Center and shall begin at 6:30 P.M. The Environmental Health Committee and Personal Health Committee shall hold a regular meeting on the third Tuesday in January, March, May, September and November at the Alamance County Human Service Center. The Environmental Health Committee meets at 12:00 P.M. and the Personal Health Committee meets at 6:00 P.M.

b. Agenda.

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

c. Presiding Officer.

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

d. Quorum.

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without

Operating Procedures

being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

e. Voting.

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

f. Minutes.

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at the Alamance County Health Department located at 319-B North Graham-Hopedale Road, Burlington, N.C. 27217.

3. Amendments to Operating Procedures.

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

4. Other Procedural Matters.

The Board shall refer to the current edition of *Robert's Rules of Order Newly Revised (RONR)* to answer procedural questions not addressed in this document, so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

5. Compliance with North Carolina Law.

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Operating Procedures

Approved and adopted by the Alamance County Board of Health on June 21, 2011.

Chairman, Alamance County Board of Health

Secretary, Alamance County Board of Health

A motion was made by Ms. Linda Massey to approve the Operating Procedures of the Alamance County Board of Health as presented with change to Section 1, Part A from “February” to “December.” The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

H. Request to Approve the Alamance County Health Department Strategic Action Plan 2011 – 2015

Mr. Eric Nickens presented board members with a draft of the Alamance County Health Department Strategic Action Plan for 2011 – 2015. It has been posted on the Health Department’s website to allow for public comment. Board of Health members will review the draft and discuss the Plan at the August 16, 2011, Board of Health meeting.

I. Request to Approve the Dental Clinic Policy

Mr. Bass presented the Dental Clinic Policy for board review and approval.

ALAMANCE COUNTY HEALTH DEPARTMENT

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



Dental Clinic Policy
09-01

APPROVAL DATE BY BOARD OF HEALTH:

October 1, 2006

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Dental Clinic Policy	Policy Number:	09-01
Approved by:	Alamance County Board of Health	Program Area:	Dental
Effective Date:	10/01/06		
Revised Date:	03/15/11		

I. GOAL

The goal of the Alamance County Dental Clinic is to improve oral health of eligible residents of Alamance and Caswell Counties, with emphasis on prevention, dental health education, and comprehensive dental care for the underserved children, and adolescents. **and pregnant women.** ~~(delete)~~[k1]

II. PURPOSE

The purpose of this policy is to ensure that the Dental Clinic workforce provides essential services with special emphasis on prevention and dental health education.

III. REFERENCES:

ACHD Dental Program Manual
 ACHD Dental Program OSHA Manual
 ACHD HIPAA guidelines
 ACHD Medical Records and Record Retention guidelines
 ACHD Confidentiality and Release of Medical Records Policy
 ACHD Dental Fee Policy
 ACHD Eligibility Policy
 ACHD Limited English Proficiency Policy
 ACHD Access for Hearing Impaired Clients Policy
 ACHD Dental Approved Abbreviations for Staff Use

IV. DEFINITIONS

Dental Advisory Committee- a committee that meets quarterly to review the financial status of the clinic and recommend policy changes to the Board of Health.

Informed Consent- written approval of the suggested dental treatment plan.

Infection Control Procedures- guidelines mandated by OSHA to protect the patient and dental care providers from the transmission of infectious disease.

V. FOCUS POPULATION

A. Children ages 0-21

B. Pregnant Women referred from ACHD Maternity Clinic ~~(delete)~~[k2]

VI. POLICY

Eligibility Criteria

Alamance County Health Department

Title:	Dental Clinic Policy	Policy Number:	09-01
Approved by:	Alamance County Board of Health	Program Area:	Dental
Effective Date:	10/01/06		
Revised Date:	03/15/11		

- A. Admission for dental services is strictly voluntary and open to Alamance and Caswell County residents up to the age of 21 and pregnant women referred from ACHD Maternity clinic without regard to income or ability to pay, receipt of government funds or aid, sex, color, national origin, religion, handicapped status, or source of referral.
- B. Mechanisms to Recruit Clients
1. Media
Alamance County Health Educators work with the Dental Clinic to advertise services. Media contacts include: newspaper (Times News), television (Cablevision of Alamance) and Graham Cinema.
 2. ACHD Dental Brochures
Alamance County Health Educators work with the Office Manager of the Dental Clinic to develop brochures about services. These brochures are placed in various schools and agencies throughout the county.
 3. Alamance/Burlington School Systems
The dental staff works closely with the various schools in Alamance County to promote good oral health among school age children.
 4. Private Practicing Dentist
The dental staff works closely with local dentists to provide adequate dental care by referring and accepting referrals.
- C. Fees
The dental clinic does not deny services based on the patients inability to pay. See ACHD Dental Fee Policy
- D. A Dental Advisory Committee meets quarterly to provide input to the Dental Program operations and policies.

VII. SERVICE PLAN

Dental Clinical Personnel

Clinical providers include dentist, dental hygienist, dental assistants, dental students, and dental hygiene students who function under the supervision of the dentist.

Confidentiality

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

Alamance County Health Department

Title:	Dental Clinic Policy	Policy Number:	09-01
Approved by:	Alamance County Board of Health	Program Area:	Dental
Effective Date:	10/01/06		
Revised Date:	03/15/11		

Minors

Parents or legal guardian must be present for all dental visits for children under the age of 18. If it is not feasible for the parent or guardian to be present, they must come to the office prior to the dental appointment to fill out and sign the following forms:

- Medical History
- Consent Form
- Notarized Parental Permission Form (add notarized[ps])

Parental Involvement

As a part of dental health education, the staff shall encourage parents or legal guardians to actively participate in proper oral hygiene and treatment plans regarding their child's dental health.

Because of safety guidelines, infection control procedures, and better patient cooperation, only the patient receiving treatment is allowed in the treatment areas. Parents, infants or small children can not be in the treatment area unless there are extenuating circumstances.

Informed Consents

Education and treatment options are presented to the parent during the initial dental visit at their level of understanding. Consent forms are signed for the following procedures:

- Informed Consent for Restorations, sealants, extractions of primary teeth, space maintainers
- Consent for Extractions of Permanent Teeth
- Consent for Root canal therapy of Permanent Teeth
- Nitrous oxide sedation

Consent forms are updated at each six month recall visit

Informed Consent Form: see Appendix 1B

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 patient. A language line is used for languages not spoken by the Dental Clinic interpreter. See ACHD Limited

Alamance County Health Department

Title:	Dental Clinic Policy	Policy Number:	09-01
Approved by:	Alamance County Board of Health	Program Area:	Dental
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Revised Date:	03/15/11		

English Proficiency Policy. See ACHD Access for Hearing Impaired Clients Policy for information on assistance for hearing impaired patients.

Medical Records Review

The Dentist reviews each patient record at the end of the day to insure proper chart documentation, correct chart order and to insure that all forms are signed.

An in-house patient care chart audit is conducted annually. The results of the audit are analyzed in house to maximize record quality and completeness. See ACHD Dental Health Clinical Record Audit Procedures.

Medical Record Release

Dental 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 dental record.

Medical Release Form: see Appendix 1A

See ACHD Confidentiality and Release of Medical Records Policy

Documentation in the Dental Record

Each entry must be signed by the dental assistant, student, or clerical staff and co-signed by the dentist. All entries must be in black ink. White out (correction fluid) must not be used; errors should be crossed out with a single line, initialed and dated.

A record must be maintained and chart documentation is required for all patient encounters. All telephone contacts with patients/parents should be documented.

The clinic has an approved abbreviation list for documentation (See ACHD Dental Approved Abbreviations for Staff Use).

Dental records are stored in the front clerical area when not in use by clinic staff. This room is secured after hours.

VIII. APPENDIX

Medical Records Release Form 1A
Informed Consent Form1B

A motion was made by Dr. Donald Courtney to approve the Dental Clinic Policy as presented. The motion was seconded by Mr. Michael Venable and approved unanimously by the board.

XIV. Other

A. Committee to Conduct Health Director's Performance Evaluation

Dr. Blocker stated that Mr. Bass' performance evaluation for July 1, 2010 through June 30, 2011, was due. Mr. Bass will submit his list of accomplishments and goals to Ms. Janna Elliott, who will distribute to Board of Health members and solicit comments from all members. The evaluation will be conducted during a closed session at the August 16, 2011, Board of Health meeting.

Mr. Bass circulated the most recent edition of "County Lines" from the NCACC featuring an article about Ms. Massey receiving the "Distinguished Alumni" award from Alamance Community College.

Mr. Bass informed the board he will be at the SAMHSA Conference in Chicago July 17 – 21 with the Alamance Alliance. He will be on vacation August 8 – 12.

XV. Adjournment

With no further action or discussion, the meeting adjourned at 8:13 p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Dr. Michael Blocker, Chairman

Mr. Joseph B. Bass, Jr., Secretary