



# Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

[www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov)

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## Agenda

Jefferson County Board of Health  
1541 Annex Road, Jefferson, WI 53549  
Health Department Conference Room  
September 17, 2014

**1 p.m.**

### Board Members

Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, MD

1. Call to order
2. Roll Call/Establishment of a Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the Agenda
5. Public Comment
6. Approval of July 16, 2014 Meeting Minutes
7. Communications
  - a. Letter from UW Madison School of Nursing
8. Financial Report
  - a. Income Statement
  - b. Vehicle Usage Report & New Vehicle Usage Policy
  - c. 2015 Budget
  - d. Downstairs Security Project
  - e. Funding of Support of Hazmat Team
9. Operational Update of the Environmental Health Program
10. Public Health Preparedness
  - a. 2015-2016 Public Health Preparedness Grant
11. Public Health Program and Review of Statistics
  - a. Communicable Disease Cases Reported
  - b. 140 Review
  - c. Revised TB & Rabies Prevention & Control Policies
  - d. Results of the Department of Corrections Jail Nursing Audit
  - e. New Hire – Part-time Jail Nurse
  - f. Results of the Department of Health Services WIC Audit
  - g. New Hires – Breastfeeding Peer Support Counselors for WIC
12. Personal Care Program and Review of Statistics
  - a. Care Wisconsin Revised Agreement for Services and Rates
  - b. 2015 PCW Program Planning
13. Director's Report
  - a. Monthly Report to Administration/County Board
14. Status of Rock River Free Clinic and Community Dental Clinic
15. Next Meeting Date/Time/Agenda Items: November 19, 2014  
2015 Meetings: January 21, March 18, May 20, July 15, September 16, November 18  
NOTE: Need to change time of November meeting due to conflict with LEPC meeting
16. Adjourn

The Board may discuss and/or take action on any item specifically listed on the agenda.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

**Jefferson County Board of Health**  
**Meeting Minutes – Wednesday, July 16, 2014**  
**Jefferson County Health Department – Conference Room**  
**1541 Annex Road, Jefferson, WI. 53549**

**Call to Order:**

D. Schultz, Chair, called the meeting to order at 1:00 p.m.

**Roll Call/Establishment of a Quorum:**

Quorum established.

**Board Members Present:** Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, M.D.

**Staff Present:** Gail Scott, Director; Ted Tuchalski, RS, Environmental Specialist; Sandee Schunk, Clerical/Recorder

**Guests Present:** Benjamin Wehmeier, County Administrator; James Schroeder, County Board Chair; Kathleen Eisenmann, U.W. Extension; Kristine Koepfel, UW Oshkosh Student Nurse

**Certification of Compliance with the Open Meeting Law:** The meeting was properly noticed.

**Review of the Agenda:** G. Scott explained the updated agenda was not printed and item #6 "Election of Officers" needs to be skipped as that was accomplished at the May 21, 2014 meeting.

**Public Comment:** None.

Round-table introductions were made for the visiting UW Oshkosh Student Nurse's benefit.

**Approval of May 21, 2014 Meeting Minutes:**

*Motion by J. McKenzie to approve the minutes as written; second by E. Morse; motion carried.*

**Communications:** None

**Financial Report:**

- a. **Income Statement:** G. Scott reviewed the handout of the May 2014 "Statement of Revenue and Expenditures". The report is showing an estimated deficit of (\$14,521.94) for the first five months of the year. The Personal Care Program is averaging a loss of approximately \$5,000 per month; this may be offset should WIMCR (Wisconsin Medicaid Cost Reporting) funding come through at the end of 2014. Per a State teleconference on WIMCR training, budgeting for WIMCR revenue is not realistic for the Personal Care Program and the Public Health Prenatal Care Coordinator (PNCC) program as it may fluctuate from year to year. Care Wisconsin Inc. has been asked to consider raising their reimbursement rate from \$18.00 per hour to \$19.00 per hour on two billing codes for the Personal Care Program.
- b. **Vehicle Usage Report:** G. Scott reported that staff utilization of both the department van and jeep will decrease personal vehicle usage thus decrease the mileage reimbursement expense for the department.
- c. **2015 Budget Prep and Finance Committee Hearing Date/Time:** G. Scott reported that the Health Department 2015 budget presentation to the County Finance Committee is scheduled on September 8<sup>th</sup> at 10:45 a.m. - all Board of Health members are welcome to attend the budget hearing meeting. G. Scott reported that 2015 budget preparation is in progress; possible retirements in 2015 will result in some restructuring of staff to save money.

**Operational Update of the Environmental Health Program:**

T. Tuchalski that new annual permits were effective July 1, 2014. To date, seventy facilities have not renewed their permits. Facilities that do not renew may receive a \$500.00 per day citation or have their license revoked.

T. Tuchalski reported that the temporary licensing events are half over – such as fairs, farmer's markets, etc.

T. Tuchalski reported that there has been a decrease in complaints.

T. Tuchalski reported that he and Jeff Larkin have completed training and are now certified in pool and spa inspections.

They will attend a final Department of Health Services (DHS) training for inspecting lodging facilities such as motels and Bed & Breakfasts. Jeff will attend a week of training for lead assessment in August 2014.

T. Tuchalski reported there have been two fires at licensed facilities within the past two weeks. "Tappers Bar" in Johnson Creek had water damage from an attic fire and lost a lot of food items due to the electricity being out. The Health Department was not contacted at the time of the fire. "Donny's Girl Supper Club" in rural Watertown had a fire that started in an outside sign on the building. Gail Scott was contacted by the Sheriff's Dispatcher after the fire was extinguished.

T. Tuchalski reported that follow-up was done on breakage of a candy thermometer in a clothes dryer. It was unknown if the thermometer contained mercury. The Department of Health Services (DHS) was involved with testing the dryer and air for the presence of mercury. The Fort Atkinson Fire Chief, Donna Haugom from Emergency Management and G. Scott had numerous contacts regarding this issue. The Department of Natural Resources (DNR) was also involved and planned to remove the dryer from the home, however, the toxicology test results did not warrant the removal of the appliance.

Dr. Williams questioned if a collection of mercury thermometers should be set up at the Health Department. It was reported by G. Scott that the Jefferson County "Clean Sweep" events collect these items throughout the year.

#### **Jail Strategic Plan Presentation – Kathy Eisenmann:**

K. Eisenmann from U.W. Extension gave a presentation on the development of a strategic plan for the jail health program in partnership with the Sheriff's Department. The possibility of accreditation was researched to see if it would benefit the program and improve effectiveness. The Planning Team consisted of the staff that works with jail health on a day-to-day basis; Health Department management G. Scott and D. Nelson and the Sheriff's Deputy that is in charge of the jail health program. There were three workshops held since May of 2014 to set up a plan, a vision and strategies.

The "take-away" from the plan were as follows:

- The team had shared values and beliefs about their purpose and a high level of effectiveness.
- It was decided how the program should respond to key stakeholders.
- The jail is a unique health care environment for incarcerated inmates; it is a high stakes environment which can be stressful for staff. Healthcare staff must develop skills to learn and work effectively in this environment.

K. Eisenmann reviewed the handout and highlighted areas such as their mission, their vision for the future of the program, the need for improvement of the confined space they work in now, the need of external support, gaps in the level of staffing and lack of understanding from outside of the jail, the need for increased technology, the need to connect the inmates to community resources to reduce recidivism and generational cycles, etc.

K. Eisenmann reported that the jail has exceptional nursing staff and they were very productive in this planning process.

#### **Public Health Preparedness:**

G. Scott reported that she attended a meeting regarding the development of "Health Care Coalitions" throughout the state of Wisconsin including planning and response entities such as hospitals, Health Departments, Police Departments, Fire Departments and EMS. The coalitions may become non-profits (501C3) that write grants for support of their efforts. The Federal Government has issued the Public Health Preparedness grant effective July 1, 2014 through June 30, 2015 in the amount of \$54,660.

#### **Public Health Program and Review of Statistics:**

- a. **Communicable Disease Cases Reported:** G. Scott reviewed the communicable disease cases reported to date and the handouts in the packet showing a six month comparison of statistics from 2013 vs 2014.
- b. **140 Review:** G. Scott reported that she and two Public Health RNs have been working on the five year certification to be considered a Level I, Level II or Level III Health Department. State Statute and the State Administrative Code set the guidelines for Health Department certification. The 140 Review information will be entered into the PCA portal.
- c. **Wisconsin Well Woman Program:** S. Schunk explained that this breast and cervical screening program that has existed since 1994 will be restructured as of June 30, 2015. The Jefferson County Health Department will no longer be a coordinating agency resulting in the loss of approximately \$10,500 in 2015. Participating medical providers will be able to apply to continue on the program in December 2014 but the current 1,000+ providers will be cut back to 20 or 25 statewide.

- d. **Public Health Nurse Hire:** G. Scott reported that Katrina Waldron has been hired and is being orientated to the department. Katrina is bilingual and will follow-up on communicable diseases, provide immunizations, provide follow-up on elevated lead levels, provide health education, etc.

**Personal Care Program and Review of Statistics:**

G. Scott reviewed the handout in the packet which shows an increase in Personal Care Worker visits. As stated earlier, Care Wisconsin has been asked to consider raising the reimbursement rate by \$1.00 per hour on two billing codes. The revenue and expenses of this program are being monitored closely to determine future plans of the program.

**Director's Report:** G. Scott reported that the following reports have been combined into one report and included in the packet for review:

- a. **County Board Report**
- b. **Director's Report**

**Status of Rock River Free Clinic and Community Dental Clinic:**

G. Scott reported that the Rock River Free Clinic Board meeting is tomorrow, July 17<sup>th</sup>. It has been reported that the number of patients has decreased from previous months but they are still busy.

G. Scott reported that the Community Dental Clinic is fully staffed now and patients are scheduled within 2 – 3 weeks with emergency cases being seen right away. The Dental Clinic received a State Oral Health Grant. The clinic is retaining quality, dedicated staff members.

**Next Meeting Date/Time/Agenda Items: September 17, November 19, 2014**

Next meeting will be on Wednesday, September 17, 2014 at 1:00 p.m. in the Health Department Conference Room.

**Adjourn:**

*Dr. D. Williams motioned to adjourn the meeting at 2:05 p.m.; second my M. Wiesmann; motion carried.*

Respectfully submitted,  
Sandee Schunk - Recorder



**School of Nursing**  
UNIVERSITY OF WISCONSIN-MADISON

July 2014

Ms. Gail Scott  
Jefferson County Health Department  
1541 Annex Rd  
Jefferson, WI 53549

**RECEIVED**  
AUG 0 / 2014

BY: \_\_\_\_\_

Dear Ms. Scott:

I am writing to thank you and your staff for the contributions all have made to the important work of our school. Educating and developing the next generation of competent nurses and practitioners for entry level and advanced practice leadership would be impossible without your substantial involvement in that process. Your willingness to provide excellent clinical placement sites and experienced preceptors helps us maintain the margin of excellence that has long characterized our programs.

In the spirit of this partnership, I would like to take this opportunity to share some important updates with you. If you have questions about any of this, please do not hesitate to contact me.

- Signe Scott Cooper Hall, new home to the University of Wisconsin-Madison School of Nursing, will open and be dedicated on Saturday, August 23, 2014. The state-of-the-art facility will change how nurses are educated. Cooper Hall's active learning environments will address health care's new standard of excellence: team-based, patient-centered care that stretches from the first clinic visit or hospital admission to in-home monitoring, encompassing the entire continuum of care concept. Please join us at the Grand Opening Celebrations and click on the link, [Cooperhall.son.wisc.edu/](http://Cooperhall.son.wisc.edu/), which describes the upcoming events.
- The University of Wisconsin-Madison School of Nursing has received a gift of \$5 million from John and Tashia Morgridge in honor of Mary and Carl Gulbrandsen. The gift establishes two permanently endowed faculty chairs—one in pediatric nursing and one in health systems innovation. The chairs will allow us to recruit stellar faculty to match the outstanding new, state-of-the-art facility as we move into Cooper Hall.
- The School of Nursing has appointed an innovative new Director of Diversity Initiatives, Mel Freitag, PhD. Freitag, who obtained her doctoral degree in education from the UW-Madison, focused her doctoral dissertation on cultivating identity, community, and a feeling of safety within physical spaces. She sees her role as a facilitator, sparking numerous conversations and opening pathways to a more inclusive teaching and learning environment. Mel is a strong leader of diversity initiatives and her approach to inclusivity is proving to be highly-valued and effective by faculty and students.
- To continue to be informed about the School of Nursing initiatives, please go to [www.son.wisc.edu](http://www.son.wisc.edu) and browse the website.

The faculty, staff and students of the School of Nursing are very grateful to you for your active engagement in our educational mission, because we literally cannot do this important work without you. I hope that you share our enthusiasm for this partnership and feel that you benefit from it as well. Again, thank you for helping us create the future of nursing care!

Sincerely,

A handwritten signature in black ink, appearing to read 'Katharyn A. May', written over a horizontal line.

Katharyn A. May, PhD, RN, FAAN  
Dean and Professor

KAM/RC/aj

Jefferson County Health Department - Statement of Revenues & Expenditures				
	01/01/2014 - 07/31/2014			
	YTD Actual	Prorated Budget	Annual Budget	YTD Variance
<b>REVENUE:</b>				
Personal Care Medical Assistance	207,425.58	167,442.00	283,800.00	39,983.58
Personal Care Private Pay	41,759.00	19,470.00	33,000.00	22,289.00
Personal Care - Care WI Private Pay	222,298.74	247,800.00	420,000.00	-25,501.26
Personal Care Human Services	38,604.50	40,013.80	67,820.00	-1,409.30
Personal Care Other Revenue	0.00	0.00	0.00	0.00
Personal Care Prior Year Revenue	0.00	0.00	0.00	0.00
Personal Care WIMCR Funding	0.00	29,500.00	50,000.00	-29,500.00
<b>Total Personal Care</b>	<b>510,087.82</b>	<b>504,225.80</b>	<b>854,620.00</b>	<b>5,862.02</b>
<b>Total WIC</b>	<b>187,762.39</b>	<b>198,543.85</b>	<b>336,515.00</b>	<b>-10,781.46</b>
Public Health Fee for Service	60,389.81	81,742.14	138,546.00	-21,352.33
Public Health Grant Income	83,366.62	72,657.91	123,149.00	10,708.71
<b>Total Public Health</b>	<b>143,756.43</b>	<b>154,400.05</b>	<b>261,695.00</b>	<b>-10,643.62</b>
<b>Total Income</b>	<b>841,606.64</b>	<b>857,169.70</b>	<b>1,452,830.00</b>	<b>-15,563.06</b>
<b>EXPENSE:</b>				
Personal Care Salary & Benefits	62,630.20	60,626.04	102,756.00	2,004.16
Personal Care Contracted Services	471,777.94	397,860.60	674,340.00	73,917.34
Personal Care Operating Expense	8,909.18	38,577.15	65,385.00	-29,667.97
<b>Total Personal Care</b>	<b>543,317.32</b>	<b>497,063.79</b>	<b>842,481.00</b>	<b>46,253.53</b>
WIC Salary & Benefits	155,768.03	169,993.75	288,125.00	-14,225.72
WIC Contracted Services	3,699.78	5,820.94	9,866.00	-2,121.16
WIC Operating Expense	28,294.58	22,729.16	38,524.00	5,565.42
<b>Total WIC</b>	<b>187,762.39</b>	<b>198,543.85</b>	<b>336,515.00</b>	<b>-10,781.46</b>
Public Health Salary & Benefits	567,223.28	570,499.91	966,949.00	-3,276.63
Public Health Contractual	25,598.45	39,476.31	66,909.00	-13,877.86
Public Health Operating Expense	96,118.57	119,129.85	201,915.00	-23,011.28
Capital Equipment	27,364.50	0.00	0.00	27,364.50
<b>Total Public Health</b>	<b>716,304.80</b>	<b>729,106.07</b>	<b>1,235,773.00</b>	<b>-12,801.27</b>
<b>Total Expense</b>	<b>1,447,384.51</b>	<b>1,424,713.71</b>	<b>2,414,769.00</b>	<b>22,670.80</b>

SUMMARY				
Total Income	841,606.64	857,169.70	1,452,830.00	-15,563.06
County Funding Tax Levy & Conting. Transfer	523,494.61	523,494.61	887,279.00	
2013 Restricted Carryover Funds	18,078.02		23,893.30	
2013 Operating Carryover to reduce tx lvy			44,660.00	
2013 Capital Auto Carryover	27,364.50		30,000.00	
Total Revenue	1,410,543.77	1,380,664.31	2,438,662.30	29,879.46
Total Expenditures	1,447,384.51	1,424,713.71	2,414,769.00	22,670.80
Net Surplus (Deficit)	-36,840.74			7,208.66

Prior Year Carryover Funds:	23,893.30
BU 4635 - PH Preparedness \$6,195.30	\$ 664.02
BU 4406.646 WIC Fit Families \$3,749	\$ 3,749.00
BU 4501 - Car seats \$284.00	
BU 4632 - PH Preparedness \$13,665.00	\$ 13,665.00
= Total Carryover Applied:	\$18,078.02



Year	Public Hlth. 4501 Mileage Pd	Public Hlth. 4501 Fuel Cost	Pers.Care 4301 Mileage Pd	Pers. Care 4301 Fuel Cost	WIC 4406 & Peer 4456 Mileage Pd	WIC 4406 & Peer 4456 Fuel Cost	Total Annual Mileage Pd	Total Annual Fuel Cost	Total Annual Travel Exp.	Routine Maint. 535352	Non- Routine Repairs	Total Annual Costs	Van Mileage Logged	Mileage Expense "Saved"	Rate per mile
2008	\$ 14,442.00	\$ -	\$ 11,660.00	\$ -	\$ 2,593.00	\$ -	\$ 28,695.00	\$ -	\$ 28,695.00	\$ -	\$ -	\$ 28,695.00	n/a	n/a	
2009	\$ 10,557.00	\$ -	\$ 15,599.00	\$ -	\$ 1,178.00	\$ -	\$ 27,334.00	\$ -	\$ 27,334.00	\$ -	\$ -	\$ 27,334.00	n/a	n/a	
2010	\$ 7,065.20	\$ 287.57	\$ 923.50	\$ 61.19	\$ 368.00	\$ 602.60	\$ 8,356.70	\$ 951.36	\$ 9,308.06	\$ -	\$ -	\$ 9,308.06	n/a	n/a	
2008: County vehicles not used/Personal Care = large volume visits															
2009: County vehicles not used/Personal Care nurses contracted w/ Care WI = large volume visits															
2010: County vehicles utilized more often when available/Personal Care downsized with Family Care Implementation															
VAN	Purchased: 2/15/2011		\$22,105.00												
2011	\$ 5,953.46	\$ 874.65	\$ 329.60	\$ 502.74	\$ 30.93	\$ 609.63	\$ 6,313.99	\$ 1,987.02	\$ 8,301.01	\$ 86.59	\$ -	\$ 8,387.60	9,478	\$ 5,260.29	0.555
2012	\$ 6,558.26	\$ 507.54	\$ 280.34	\$ 530.04	\$ 474.46	\$ 729.30	\$ 7,313.06	\$ 1,766.88	\$ 9,079.94	\$ 133.52	\$ 889.50	\$ 10,102.96	10,437	\$ 5,792.54	0.555
*2013	\$ 6,533.38	\$ 516.95	\$ 422.31	\$ 246.27	\$ 51.42	\$ 499.84	\$ 7,007.11	\$ 1,263.06	\$ 8,270.17	\$ 138.38	\$ -	\$ 8,408.55	8,447	\$ 4,772.56	0.565
**2014	\$ 3,568.28	\$ 268.45	\$ 294.13	\$ 70.15	\$ 124.88	\$ 256.84	\$ 3,987.29	\$ 595.44	\$ 4,582.73	\$ 305.23	\$ -	\$ 4,887.96	4,075	\$ 2,282.00	0.560
Van:													32,437	\$ 18,107.38	
JEEP	Purchased: 05/14/2014		\$27,290.00												
2014													1180	\$ 660.80	0.56
Totals:	\$ 22,613.38	\$ 2,167.59	\$ 1,326.38	\$ 1,349.20	\$ 681.69	\$ 2,095.61	\$ 24,621.45	\$ 5,612.40	\$ 30,233.85	\$ 663.72	\$ 889.50	\$ 31,787.07	33,617	\$ 18,768.18	

\*2013 expenses = as of 12/31/2013 (paid @ \$0.565/mile)

\*\*2014 expenses = as of 07/31/2014 (paid @ \$0.56/mile)

## **JEFFERSON COUNTY HEALTH DEPARTMENT**

**POLICY TITLE:** County Vehicle Used for Work-Related Travel  
**EFFECTIVE DATE:** September 2014  
**DATE REVIEWED/REVISED:**  
**AUTHORIZED BY:** Gail M. Scott, BSN, RN, Director/Health Officer

### **PURPOSE STATEMENT:**

To assure work-related travel is accomplished as economically as feasible.

### **POLICY:**

In order to conserve resources and facilitate employee travel in the most economical way, this policy was created to guide employees in deciding under what circumstances to utilize the county vehicle for work-related travel. This policy takes into consideration the cost of fuel and staff time to pick up and drop off the vehicle, compared with the cost of mileage reimbursement if an employee uses their personal vehicle for work-related travel. **If staff chose to use their own vehicle when a Health Department vehicle is available they will not be reimbursed for miles driven without approval from management.**

### **PROCEDURE:**

Whenever a Health Department owned vehicle is available for business related purposes, employees should use the county owned vehicle in place of a personally owned vehicle. If an employee does not intend to make use of a county vehicle for a county business related trip, they must inform the Public Health Program Manager or Director/Health Officer, in writing, in advance of the trip, of the specific reason they are requesting to be exempted from the use of a county vehicle. The Public Health Program Manager or Director/Health Officer will review the request and determine if the request for exemption is to be allowed and inform the employee, in writing, of the decision.

### **Maintenance:**

Inform the Health Department Accounting Specialist II of any problem(s) you encounter with a county vehicle, to allow for corrective action to be taken/maintenance completed. Maintenance of the county owned vehicles will be the complete responsibility of the Health Department via Human Services Maintenance Department or appointments with a local mechanic.

### **Scheduling:**

Reservations for the Health Department vehicles will be accomplished via the Outlook Calendar in the Health Department Car Calendar; categorized green for the mini-van and maroon for the Jeep. Reservation priority will be given to business related trips outside the county or for extended-periods/distance traveled for meetings, training, conferences or the transport of multiple authorized passengers.

WIC will have first priority for the mini-van when traveling to outlying clinics or out of county trainings/meetings.

**All requests for reservation of a vehicle must contain:**

- Employee name
- Reason for travel
- Departure date and time
- Destination
- Estimated return date and time

When multiple duplicated date and time requests are received, preference will be given to the trip(s) which will incur the most mileage during a given period of time, and/or when multiple employees (or authorized passengers) will be attending the same meeting. Employees will periodically verify that a vehicle has been reserved for them by checking the calendar. The employee will schedule their vehicle reservation as far in advance as possible to eliminate confusion. Employees are encouraged to discuss any changes with management and staff involved as soon as possible so that vehicle usage can be optimized. If an employee is going to cancel use of a vehicle they must assure that information is changed on the Outlook Calendar.

**Use of County Vehicle:**

Prior to departure, vehicle keys located in a secure file in the Health Department will be signed out by the employee. A mileage log is kept in the vehicle to be completed prior to departure, anytime the vehicle is fueled and at the end of the trip.

Fill the county vehicle with fuel, before returning keys, if the tank is less than ½ full. Fuel should be obtained at the Jefferson County Highway Department. If the need for fuel arises while out of town, fuel the vehicle and provide a receipt for reimbursement.

Upon return, please assure the mileage log sheet is accurately completed; return the vehicle keys, and any documents related to the vehicle trip to the Health Department. Reimbursement for fuel will be accomplished via the monthly mileage reimbursement form which must include the original fuel receipt.

If, for better use of time or distance, it is more economically feasible for employee to leave from home, they may be allowed to take the vehicle home overnight. Prior permission must be granted by the Public Health Program Manager or Director/Health Officer.

**Seat Belts:**

All employees will use seat belts at all times when driving a county vehicle or when driving their personal vehicle for work.

**EVALUATION:**

Vehicle costs vs. mileage reimbursement will be monitored for all staff travel. Evaluation will be conducted bi-monthly by management staff and reported to the Board of Health as required. Mileage reimbursement requests will be matched with the Outlook Calendar to assure that a Health Department vehicle was used when available and feasible. Success will be measured by financial cost savings.

**REFERENCES/LEGAL AUTHORITY: N/A**

Health Dept. Programs Business Units	Estimated Revenue 2014	Estimated Expenses 2014	Requested Revenue 2015	Requested Expenses 2015	2015 Requested Budget
4301 - Personal Care	\$ 912,505.00	\$ 958,033.00	\$ 265,635.00	\$ 276,817.00	\$ (11,182.00)
4406 - WIC Grant	\$ 344,938.00	\$ 348,687.00	\$ 346,200.00	\$ 346,200.00	\$ -
4456 - WIC Peer Counselors	\$ 12,447.00	\$ 12,447.00	\$ 12,447.00	\$ 12,447.00	\$ -
4501 - Public Health	\$ 72,294.00	\$ 873,238.00	\$ 72,294.00	\$ 993,807.00	\$ (921,513.00)
4507 - MCH Consol. Ctrct.	\$ 24,697.00	\$ 107,393.00	\$ 24,697.00	\$ 46,628.00	\$ (21,931.00)
4514 - Lead Consol. Ctrct.	\$ 6,621.00	\$ 9,470.00	\$ 6,621.00	\$ 9,603.00	\$ (2,982.00)
4515 - Immuniz. Consol. Ctrct.	\$ 14,764.00	\$ 27,599.00	\$ 14,764.00	\$ 21,030.00	\$ (6,266.00)
4519 - WWWP Consol. Ctrct.	\$ 21,958.00	\$ 31,210.00	\$ 11,000.00	\$ 16,172.00	\$ (5,172.00)
4502 - TB Dispensary	\$ 150.00	\$ 100.00	\$ 250.00	\$ 150.00	\$ 100.00
4503 - Headstart Nursing	\$ 4,307.00	\$ 4,307.00	\$ 4,453.00	\$ 4,453.00	\$ -
4521 - Environmental Health	\$ -	\$ 35,000.00	\$ -	\$ 35,000.00	\$ (35,000.00)
4524 - Mental Health Nursing	\$ 16,343.00	\$ 16,343.00	\$ 16,740.00	\$ 16,740.00	\$ -
4528 - Free Clinic Services	\$ 45,563.00	\$ 45,563.00	\$ 48,302.00	\$ 48,302.00	\$ -
4632 - Public Health Preparedness**	\$ 40,995.00	\$ 54,660.00	\$ 54,660.00	\$ 54,660.00	\$ -
4633 - Public Health Infrastructure & QI	\$ 10,000.00	\$ 10,000.00	\$ -	\$ -	\$ -
4635 - Public Health Preparedness**	\$ -	\$ 695.00	\$ -	\$ 5,500.00	\$ (5,500.00)
Totals:	\$ 1,527,582.00	\$ 2,534,745.00	\$ 878,063.00	\$ 1,887,509.00	\$ (1,009,446.00)
2014 Approved Tax Levy:	\$ 887,279.00				
**2013 Carryover funds into 2014:	\$ 23,893.00				
**2013 Capital Auto carryover	\$ 30,000.00				
**2013 Reserve Operating Applied	\$ 44,660.00				
Estimated shortage 2014:	\$ (21,331.00)				
2015 Revenue vs. Expenses:	\$ (1,009,446.00)				
2013 Unassigned Funds Applied:	\$ 114,223.00				
2013 Unassigned Funds Capital:	\$ 20,000.00				
2015 Tax Levy Requested:	\$ (875,223.00)				

Updated 09/15/2014 - ss

## Gail Scott

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**From:** Gail Scott  
**Sent:** Monday, September 15, 2014 3:44 PM  
**To:** Gail Scott  
**Subject:** RE: Hazmat Team Funding

**From:** Donna Haugom  
**Sent:** Monday, September 15, 2014 3:26 PM  
**To:** Gail Scott  
**Subject:** FW: Hazmat Team Funding

\$2,000.00 – Equipment maintenance (flow testing, calibration, truck, trailer)  
\$120.00 – Fit Testing (Wages for someone to do the testing – estimated 3 hours)  
\$936.00 – Respirator Evaluations (\$39.00 x 24)  
\$5,760.00 – Training (12 hours x 24 x \$20.00)

Donna Haugom WCEM, Director  
Jefferson County Office Of  
Emergency Management  
[donnah@jeffersoncountywi.gov](mailto:donnah@jeffersoncountywi.gov)  
920-674-7450 (Phone)  
920-674-7122 (FAX)

**Local Public Health Preparedness Contract Objectives**  
**CDC Cooperative Agreement Year 3: July 1, 2014 – June 30, 2015**

**Background Information**

The 15 target capabilities outlined in the CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* and the Wisconsin Hazard Vulnerability Assessment, provide the foundation for statewide public health emergency planning. Each year state and local public health agencies evaluate the status of their planning efforts by completing the Capabilities Planning Guide (CPG) assessment. This assessment identifies areas of strength and potential areas for improvement allowing Local Public Health Agencies (LPHAs) to prioritize planning, funding, and programming. Wisconsin is in the third year of a five year cooperative agreement with CDC for preparedness planning. Each year during the five-year cooperative agreement, Wisconsin identifies three capabilities to be addressed statewide.

Based on the results of the annual CPGs and guidance from the Wisconsin Public Health Preparedness Advisory Committee, the three focus capabilities for budget period three will be:

- 2-Community Recovery (CDC)
- 5-Fatality Management (CDC)
- 7-Mass Care (CDC)

Wisconsin's Public Health Emergency Preparedness (PHEP) Program considers CDC's Tier 1 capabilities (in yellow below) the foundation for building the remaining capabilities over the five-year period LPHAs should address the additional capabilities in their daily, local public health functions and practices as well as in routine planning and response. Medical Countermeasures Dispensing, Medical Materiel Management and Distribution, Public Health Laboratory Testing and Public Health Surveillance and Epidemiologic Investigation are considered core public health functions that will be maintained throughout the cooperative agreement.

2012-2013 Year 1	2013-2014 Year 2	2014-2015 Year 3	2015-2016 Year 4	2016-2017 Year 5
Emergency Operations Coordination	Community Preparedness	Community Recovery	Medical Surge	
Emergency Public Information and Warning	Responder Safety and Health	Mass Care <sup>1</sup>		Non-Pharmaceutical Interventions <sup>2</sup>
Information Sharing	Fatality Management		Volunteer Management	
Medical Countermeasure Dispensing Medical Materiel Management and Distribution Public Health Laboratory Testing Public Health Surveillance and Epidemiological Investigation				

**Contract Objectives (July 1, 2014 – June 30, 2015)**

Local and tribal public health agencies will:

1. Complete the online Capabilities Planning Guide surveys on the PCA Portal.  
<https://share.health.wisconsin.gov/ph/pca/preparedness/SitePages/Surveys.aspx>
2. Use the Capabilities Assessment Guide results to identify areas for improvement.
  - a. Select at least three gaps per capability to improve during the contract year.
  - b. The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps.
3. As feasible, participate in Preparedness meetings, expert panels, and workgroups.

4. Ensure staff is trained in the appropriate use of Personal Protective Equipment (PPE), the National Incident Management System (NIMS) and the Incident Command System (ICS).
5. Maintain three to five emergency contacts via the PCA Portal.
6. Participate in the development of healthcare coalitions as appropriate.

**Contract Deliverables**

7. Participation in a mid-year discussion with Preparedness Program staff regarding progress to close capabilities gaps, needs, and sharing of best practices. (As a group or one on one)
8. Submit a proposed budget by October 1, 2014, and an updated actual budget by February 15th, 2015. Provide an end of year actual budget by no later than, September 30th, 2015 to the Division of Public Health (DPH). (DPH will provide an easy to use spreadsheet).
9. Complete the Point of Dispensing (POD) Data Collection Web App on the PCA Portal (replaces the Excel spreadsheet). <https://share.health.wisconsin.gov/ph/pca/SitePages/PODlist.aspx>
10. Participate in one of the seven DPH facilitated Health Emergency Region exercises or any other Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercise and post to the PCA Portal the After Action Report or jurisdictions improvement plan. After Action Reports resulting from a real incident may be used in lieu of an exercise. (see 2014 PHEP Exercise Guidance for more details)
11. Complete the Community Shelter Operations report on the PCA Portal if any community shelters are opened during the grant year. (See the attached shelter definitions and reporting template)
12. Complete a local or regional mass fatality management plan.
13. Procure and install computer headsets or microphone and speakers to participate in Adobe Connect.

**Division of Public Health provided Tools/Training/Technical Assistance**

DPH will:

- Maintain the [CPG Survey](#) tool on the PCA Portal
- Provide a budget reporting template
- Provide a Shelter Operations Reporting tool on the PCA Portal
- Facilitate regional exercise in each of the seven Health Emergency Regions
- Facilitate and deliver at least the following trainings:
  - Budget reporting
  - PCA Portal Training (Cap 3 and 6)
  - Alerting Training (Cap 6)
  - Webcast Capabilities Training for: Community Recovery, Fatality Management, and Mass Care (Cap 2, 5 and 7 respectively)
  - Strategic National Stockpile Trainings (Cap 8 and 9)
  - Functional Assessment Service Teams (FAST) Training (Cap 7)
  - ICS 300 and 400 Training (Cap 3)
  - Psychological First Aid Training (Cap 2, 5, 7, and 14)

- Emergency Responder Health Monitoring and Surveillance (EHRMS) Training (Cap 14)
  - Family Assistance Centers for fatality management Training (Cap 5)
  - Disaster Behavior Health Training (Cap 2, 7, and 14)
  - WEAVR System/TRAIN Training (Cap 15)
- Facilitate the sharing of best practices, resources, tools, and templates statewide
- Provide updates on the transition to regional healthcare coalitions



# Monthly Disease Incident Counts by Resolution Status Jefferson County, July 2014

## Jefferson County

**Applied filters:** Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2014-07 AND Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Hepatitis A	0	0	0	1	1
	Pertussis (Whooping Cough)	0	0	0	1	1
	Tuberculosis	1	0	0	0	1
Category II	Campylobacteriosis (Campylobacter Infection)	2	0	0	0	2
	Chlamydia Trachomatis Infection	8	0	0	0	8
	Cryptosporidiosis	2	0	0	0	2
	Giardiasis	1	0	0	0	1
	Hepatitis B	0	0	1	0	1
	Hepatitis C	2	0	1	0	3
	Invasive Streptococcal Disease (Groups A And B)	1	0	0	0	1
	Lyme Disease	2	0	1	0	3
	Salmonellosis	3	0	0	0	3
	Parapertussis	1	0	0	0	1
	Streptococcal Infection, Other Invasive	1	0	0	0	1
Not Reportable						
<b>Total</b>		<b>24</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>29</b>

Data last refreshed on Monday, September 8, 2014 11:03:40 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

# Monthly Disease Incident Counts by Resolution Status Jefferson County, August 2014

## Jefferson County

**Applied filters:** Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2014-08 AND Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Pertussis (Whooping Cough)	0	0	0	2	2
Category II	Brucellosis	1	0	0	0	1
	Campylobacteriosis (Campylobacter Infection)	2	0	0	0	2
	Chlamydia Trachomatis Infection	7	0	1	0	8
	Cryptosporidiosis	7	0	0	0	7
	E-COLI, SHIGA TOXIN-PRODUCING (STEC)	2	0	0	0	2
	Gonorrhea	1	0	0	0	1
	Hepatitis B	0	0	1	0	1
	Hepatitis C	2	0	1	0	3
	Invasive Streptococcal Disease (Groups A And B)	3	0	0	1	4
	Lyme Disease	1	0	0	0	1
	Meningitis, Other Bacterial	1	0	0	0	1
	Mycobacterial Disease (Nontuberculous)	1	0	0	0	1
	Salmonellosis	1	0	0	0	1
	Syphilis	0	0	0	1	1
Not Reportable	Tuberculosis, Latent Infection (LTBI)	0	0	1	0	1
Total		29	0	4	4	37

Data last refreshed on Monday, September 8, 2014 11:04:53 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

# Wisconsin Department of Health Services – Review of Required Local Public Health Authority 140 Level I Review Tool

Name of Health Department: Jefferson County Health Department

Review Date: September 25, 2014

Name of Local Health Officer: Gail M. Scott, RN, BSN, Director/Health Officer

To see full statutes and rules go to: Wisconsin Statutes & Annotations <http://legis.wisconsin.gov/rsb/stats.html> and The Wisconsin Administrative Code and Register <http://legis.wisconsin.gov/rsb/code.htm>

\*PHAB Standards and Measures Version 1.0 <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf> (Accessed 2/27/14)

Essential Service 1: Monitor health status to identify community health problems		
Related Statute(s)	Required Documentation	Evidence
25.] s. 251.05 (3) (a), Stats. Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.	*1A. (Related to PHAB Domain 1.1.1) <b>Provide current Community Health Assessment (CHA) or status of CHA in development and list of partners involved in assessment process.</b>  <b>AND</b>	<b>1A.</b> <i>Evidence made available for viewing via:</i> <input type="checkbox"/> Web link, URL: Click here to enter text. <input checked="" type="checkbox"/> Electronic Document: <b>0.01.A Community Health Assessment</b>
50.] s. 251.05 (3) (c), Stats. A local health department shall: Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (l).	<b>1B.</b> Provide at least two (2) examples in the last twelve (12) months of public health status information made available to the community. Examples may include: media (news articles, radio spots and TV spots), annual reports, newsletters, web pages, town hall meetings, other printed reports, meeting minutes, etc.	<b>1B.</b> <i>Evidence made available for viewing via:</i> <input type="checkbox"/> Web link, URL: Click here to enter text. <input checked="" type="checkbox"/> Electronic Document: <b>0.01.B1 2013 Annual Report</b> <b>0.01.B2 2014 Article CDRT</b>
26.] s. 251.06 (3) (g), Stats. (Ref. ch. 69, Stats.) Have access to vital records and vital statistics from the register of deeds, as specified in ch. 69.	<b>1C.</b> Memorandum of understanding or similar agreement with the Register of Deeds to assure information exchange.	<b>1C.</b> <i>Evidence made available for viewing via:</i> <input type="checkbox"/> Web link, URL: Click here to enter text. <input checked="" type="checkbox"/> Electronic Document: <b>0.01.C Jefferson Co MOU Register of Deeds</b>

**Jefferson County Health Department  
Level II Health Department  
Programs Used for Evidence**

<b>1</b>	<b>Dental Varnish Program</b>
<b>2</b>	<b>Lake Mills Wellness Coalition</b>
<b>3</b>	<b>Jefferson County Environmental Health Coalition</b>
<b>4</b>	<b>Child Death Review</b>
<b>5</b>	<b>Fit Families</b>
<b>6</b>	<b>Prenatal Care Coordination</b>
<b>7</b>	<b>Breastfeeding Coalition</b>

<b>POLICY TITLE:</b>	<i>Rabies Prevention and Control</i>
<b>EFFECTIVE DATE:</b>	<i>08/11/14</i>
<b>DATE REVIEWED/REVISED</b>	
<b>AUTHORIZED BY:</b>	<i>Gail M. Scott, BSN, RN, Director/Health Officer</i>

**PURPOSE STATEMENT:**

To protect Jefferson County residents from exposure to rabies; to investigate all occurrences with possible human exposure to rabies and facilitate proper response such as medical care, prophylactic rabies treatment; quarantine and/or euthanization.

**POLICY:**

Jefferson County Health Department will coordinate an effective rabies control response to all reported suspect human exposures.

**PROCEDURE:**

Physicians and Medical Community:

- Administer treatment to bite victims. Exposure is defined in rabies flowchart found here: <http://www.dhs.wisconsin.gov/communicable/rabies/RabiesAlgorithm/Index.htm>.
- Determine if rabies post-exposure prophylaxis is recommended.
- Provider will contact the appropriate county dispatch as soon as possible after a potential rabies exposure.
- If the provider treats the bite victim or submits animal for testing, the provider will notify the bite victim of the animal testing results.
- If an animal is to be submitted for testing the provider will follow the submission protocols of the State Lab of Hygiene and receive prior approval from the local Health Department for fee exempt testing.

Jefferson County Dispatch:

- Contact law enforcement for bite complaints via phone or fax and provide details of the bite incident reported

Law Enforcement Officer:

- Conduct initial investigation of all animal bites and complaints.
- Complete order of quarantine, including date of final examination at the end of quarantine.
- Issue rabies control report and ensure quarantine compliance and veterinary care within 24 hours of incident or notification of incident.
- If owner is noncompliant, take measures to ensure compliance.
- Consult with health department for fee-exempt testing.
- Consult with veterinarians and physicians.
- Provide education on animal bites, rabies and quarantines to animal owner.
- Assist in animal euthanasia when necessary.
- Transport animals to quarantine facility as necessary.

Owner of animal (defined as any person who owns, harbors, keeps or controls an animal):

- Immunize all animals as appropriate and keep a valid vaccination certificate.
- License animals
- Deliver animal to quarantine facility if required by order of quarantine
- Pay for fees associated with, but not limited to, treatment or examination by veterinarian, quarantine in isolation facility, euthanasia fees and preparation of specimens for testing
- Comply with quarantine order issued by law enforcement officer.

#### Quarantine Facility:

- House quarantined animals in a segregated area during observation period
- Prevent animal contact with the general public during quarantine period
- Ensure veterinary observations are completed as appropriate
- Bill animal owners for quarantine costs
- Euthanize animals as appropriate

#### Veterinarians:

- Vaccinate and maintain vaccination records for individual animals and respond to inquiries from public health, humane officers or law enforcement about vaccination status of a particular animal
- If an owner presents an animal that has bitten a person, contact the appropriate county dispatch as soon as possible. Do not vaccinate or euthanize until the quarantine period expires.
- Examine animal and quarantine as necessary.
- Consult with Health Department and Sheriff's Department humane officers as necessary.
- If animal is to be euthanized for rabies testing, request fee-exempt testing from the health department using fee-exempt status form, or by telephone contact. Fee-exempt testing may be granted if the animal is severely injured, acting bizarrely or extraordinarily vicious, and owner consents to euthanize the animal for the test.
- Prepare and submit specimens to the State of Lab Hygiene.
- Examine quarantined animal three times (or fewer as appropriate), sign rabies control report certifying that the animal exhibited no signs of rabies and forward to issuing officer.
- Notify the legal authority that issued the rabies control report immediately if animal owner does not report to the obligatory second and third animal examinations.
- Return signed rabies control report forms to the Health Department within 2 days of the final examination
- Upon completion of quarantine, vaccinate animal if necessary
- Notify the bite victim of the lab results if you submit an animal to the State Lab of Hygiene for rabies testing

#### Health Department:

- Receive order of quarantine and incident report from law enforcement
- Conduct initial public health investigation of all animal bites and complaints
- Consult with bite victims, veterinarians, physicians and law enforcement officers
- Provide education on animal bites, rabies and quarantines to animal owners
- Approve fee-exempt testing at State of Lab Hygiene (WSLH), consult with WSLH and Division of Health (DOH) personnel
- If owner is noncompliant, take measures to ensure compliance by contacting the Sheriff's Department for assistance
- Maintain a list of contacts at WSLH, DPH, and other local health departments
- Retain and file hard copies of reports

#### Corporation Counsel/District Attorney:

- Prosecute non-compliance with enforcement orders issued by humane officers as per Ch.95.21 and/or Jefferson County Ordinance No. 24.
- Initiate legal action against animal owners who fail to reimburse county for expenses paid to keep the animal in an isolation facility, supervision and examination and the fee for the laboratory examination

#### County Clerk:

- When an animal involved in a bite incident has no owner, pay from the dog license fund expenses incurred in connection with keeping the animal in an isolation facility, supervision and examination of the animal by a veterinarian, preparation of the carcasses for laboratory examination and the fee for the laboratory examination

Note: Owners of animals are responsible for all expenses incurred during quarantine according to Chapter 95 (Section 95.21, 2h) of the Wisconsin Statutes. This is true even if the victim was on the owner's property when bitten. If the animal involved has no owner, the fees will be paid from the dog license fund. Non-compliance will be entered by the Jefferson County Corporation Counsel/District Attorney. Legal action will be initiated against animal owners who fail to pay fees related to Order of Quarantine.

WSLH rabies requisition sheet can be found here:

<http://www.slh.wisc.edu/home/images/rabiesrequisitionsheet.pdf>

More information on rabies can be found here:

<http://www.dhs.wisconsin.gov/communicable/rabies/index.htm>

A link with further information at the CDC morbidity and mortality weekly report can be located at:

<http://www.cdc.gov/mmwr/>

### **EVALUATION:**

Rabies partners will be updated as needed on rabies prevention protocols, roles and responsibilities.

### **REFERENCES/LEGAL AUTHORITY:**

- Ch. 95.21 Stats. – Animal Health
- Ch. 254.51(5) Stats. – Environmental Health: Powers and Duties
- Ch. 59.23 Stats – Counties: Clerk
- Ch. 173 Stats. – Animals: Humane Officers
- Ch. 174 Stats. – Dogs
- Ch. ATCP 13 – Local Rabies Control Programs
- Jefferson County Ordinance No. 24

## Jefferson County Health Department Policy & Procedure Manual

<b>POLICY TITLE:</b>	<i>TB – Isolation/Release from Isolation</i>
<b>EFFECTIVE DATE:</b>	
<b>DATE REVIEWED/REVISED:</b>	
<b>AUTHORIZED BY:</b>	<i>Gail M. Scott, BSN, RN, Director/Health Officer</i>

### **PURPOSE STATEMENT:**

To assure the containment of tuberculosis through measures to protect the public when an individual is suspected or known to have infectious or high-risk tuberculosis.

### **POLICY:**

Jefferson County Health Department will require all persons with suspect or confirmed infectious or high-risk tuberculosis to exercise all reasonable airborne precautions to prevent the spread of infection to others. Jefferson County Health Department will ensure that airborne precautions and isolation are provided for persons who have suspect or confirmed infectious or high-risk tuberculosis if the Health Officer decides these measures are necessary to protect others from becoming infected. If persons can be safely maintained in their own environments without being a danger to the health of the public, this will be encouraged and supported.

Jefferson County Health Department will work closely with the Wisconsin Division of Public Health Tuberculosis Program to determine the need for airborne precautions and isolation of persons with suspect or confirmed infectious or high-risk tuberculosis. The health department will work collaboratively with local medical providers, hospitals, nursing homes and others to ensure appropriate precautions and potential placement of individuals who cannot be maintained at home, in order to prevent transmission of tuberculosis to uninfected persons and to protect the health of the public.

### **PROCEDURE:**

- A. Evaluate the risk of tuberculosis transmission immediately upon receiving the verbal or written notification that an individual has been identified as having suspect or confirmed infectious tuberculosis or high-risk tuberculosis. This evaluation will be conducted using the *Tuberculosis Transmission Risk Assessment Form* (appendix A).
  1. Public Health staff who will have contact with the individual will have been trained and will be competent in using protective measures, including personal protective equipment.
  2. Assess the individual's environment for factors that increase the risk of tuberculosis transmission to susceptible persons.
    - a. Determine if the individual lives in a congregate setting with others that share the same air. The following types of settings are considered high risk for transmission of tuberculosis:
      - Correctional institutions
      - Hospitals
      - Nursing homes
      - Mental institutions
      - Drug treatment centers
      - Homeless shelters
      - Living accommodations, including apartment and/or single room occupancy hotels, if air is shared in common areas through the building ventilation system.
    - b. If the individual lives in a congregate setting, assess for engineering controls such as isolation rooms with negative pressure. An isolation room for airborne precautions must vent directly to the outside air and have a minimum of six to twelve air exchanges per hour of non-recirculated or HEPA-filtered air. The ventilation system that includes the isolation room should be designated and maintained by a professional with expertise in engineering or by consultation with a person with such expertise.



## Jefferson County Health Department Policy & Procedure Manual

- c. Determine if the individual lives with or has other close contact with persons at greater risk for TB disease, i.e. children under 4 years of age or immune-suppressed persons (see *Conducting Comprehensive Contact and Source Case Investigations Policy/Procedure*).
  - d. Determine if the individual provides services to members of high-risk groups.
- B. Assess for individual factors that influence the person's ability to establish adherence to isolation/airborne precautions, such as:
  1. Substance abuse.
  2. Mental or emotional problems.
  3. Chronic medical conditions that will increase the risk of transmission of tuberculosis, such as the need for dialysis, medical follow-up appointments, etc.
  4. Limited insight, understanding or acceptance of having tuberculosis disease, especially their understanding of the ability to transmit TB to others.
  5. Previous treatment failures for tuberculosis, either for active TB disease or latent TB infection, increase the risk of repeated failures.
  6. Informal supports are essential to assist the individual to maintain airborne precautions and to remain in isolation while getting their basic physiological and emotional needs met whether they will be in isolation at home or in an institution (grocery shopping, laundry, bill paying, medical or other appointments, obtaining medication, maintaining relationships, etc.).
  7. Other priorities that the person is accustomed to may impact their ability or willingness to adhere to airborne precautions and/or medication therapy, such as having to maintain a strict diabetic or renal diet. Other issues include drug interactions such as the effect of Rifampin, which diminishes the effectiveness of multiple important medications (anticonvulsants, analgesics, theophylline, digitalis, oral contraceptives and others).
- C. Determine the appropriateness of the living situation for this individual based on your assessment and by using the *Tuberculosis Transmission Risk Assessment Form*.
  1. Upon completion of the risk assessment, discuss findings with Public Health Program Manager/Health Officer regarding necessary action.
  2. In the event the current living situation is not appropriate (e.g. congregate living site, or site where there is shared air through the building ventilation system or where infants and young children also reside), Public Health will assist with arrangements and referrals necessary to secure an alternative living environment.
  3. Consult with the Wisconsin Tuberculosis Program for any questions regarding placement/housing of individuals when questions arise about transmission risk. This may help prevent transmission issues or it may help prevent the implementation of any unnecessary isolation/airborne precautions.
- D. Assess knowledge and provide information on tuberculosis disease and the need for isolation to the individual and any other relevant persons. Ensure sufficient early understanding to ascertain that they will maintain isolation/airborne precautions. Expand details of teaching and care as case management proceeds.
  1. Provide basic education about tuberculosis, including the following information:
    - The disease process as relevant to the person with a new initial diagnosis adjusting to isolation (give more details later as the person adjusts).
    - The airborne nature of transmission and the risk to others with close, prolonged contact, including visitors coming in or if the person goes out where there are other people.
    - The importance of covering mouth and nose when coughing and sneezing. A mask worn by someone with tuberculosis does not protect others.
    - Review with the individual facts on M. tuberculosis giving appropriate written materials in the person's own language and/or with use of a good interpreter.
    - Give sufficient time for the person, family and other involved people to ask all questions.
  2. Individualize and review the plan for care until it is safe, yet workable for the individual and he/she demonstrates satisfactory recall and/or verbalizes the intent to adhere to the plan. If there are any issues with the medical treatment plan, consult the physician and problem-solve to meet both the necessary medical treatment goals and the needs of the individual. A verbal or written contract for adherence to the required behaviors and actions may help the person and the family to understand

what is expected and may help public health staff as well. See appendix B, *Voluntary Isolation Contract*.

- Review and instruct the person regarding the medication regimen using ample feedback and questions to evaluate understanding.
  - Liberally use directly observed therapy, pill minders, visits, etc.
  - Stress the importance of taking all the medications.
  - Provide information about changes in signs and symptoms to report.
  - Provide at least one contact name and phone number for the person to call.
  - Obtain one or two contact names and phone numbers from the person in case you find them gone from home (someone who would know if they went to the hospital unexpectedly).
  - Stress the individual's role in adhering to the medical regimen and isolation plan.
3. Inform the person and family about the control measures to prevent transmission and determine which ones are needed for this person in this environment. Listen to their concerns and priorities so you can support them and enable all of them to adhere to the necessary restrictions and still "have a life."
  4. Stress the importance of staying at home or at another agreed upon location. Continually assess and evaluate the individual's knowledge about the meaning and importance of isolation.
  5. Place emphasis on the importance of excluding previously unexposed persons until non-infectious.
  6. Identify personal and service needs required to support the individual in isolation (grocery shopping, laundry, mail, medical or other appointments, obtaining medication, etc.). Provide case management as necessary to meet these needs as well as psychosocial, emotional and spiritual needs.
  7. Discuss activities that the individual can safely do without exposing unexposed people (such as walking outside if it presents no risk) and help them to cope with issues related to isolation and airborne precautions. Help them determine with whom contact is acceptable and instruct them in how to safely accept limited visitors who are approved by the Health Officer. Work with the individual to determine other ways to maintain contact with significant others who cannot visit until the infectious period is over.
  8. Use all available means, including incentives and enablers, to promote cooperation and enhance the quality of life, as well as adherence. Discuss incentives and enablers with the individual to identify those that will promote cooperation (e.g. food, personal items, books, videotapes, toys).
- E. Assure that the individual maintains isolation/airborne precautions.
1. The Public Health Program Manager or her designee shall visit the individual as often as necessary to monitor the clinical condition, evaluate for medication side effects, ensure medication adherence, and to monitor individuals for adherence with isolation [HFS 145.09(9)]. This may include unannounced visits to assess adherence to isolation. The individuals shall be visited at least every seven days.
  2. Re-evaluate the care plan and the medical treatment plan, consulting the physician for any medical issues, to ensure that it is least disruptive to the individual's life and still supports the goals of individual treatment and protection of the community.
- F. Evaluate the need for the Director/Health Officer to issue an isolation or confinement order if the person does not voluntarily maintain isolation/airborne precautions. Refer to the *TB – Confinement* policy/procedure if necessary.
1. Confirm and document date and circumstances of incidents indicating non-adherence such as: individual does not voluntarily remain isolated and/or allows unauthorized outside visitors.
  2. Notify the Director/Health Officer promptly of the individual's non-adherence to the isolation plan, discuss and problem-solve regarding the circumstances surrounding the non-adherent activity and evaluate the risk of transmission that may have occurred.
    - a. Re-evaluate the appropriateness of the current living situation.
    - b. Evaluate the benefits of issuing a written Director/Health Officer isolation order and evaluate the need to progress to the legal actions of Director/Health Officer or court-ordered confinement.
    - c. Explain that further non-adherence will lead to further legal action to protect the health of others. It may be a good time to check lab findings to see if the individual is still infectious.

- d. The local Director/Health Officer should consult with legal counsel regarding possible legal action and move forward with 72-hour Health Officer confinement and subsequent court-ordered confinement if indicated. The Director/Health Officer may also proceed directly with a request for court-ordered confinement if appropriate. This step can always be used if the person presents *a risk to the health of the public*, even though they may not be infectious.
  3. Consult with the Wisconsin Tuberculosis Program regarding the need for isolation/confinement whenever necessary. There is a communicable disease epidemiologist in the Division of Public Health available after hours to receive emergency calls at (608) 258-0099. Non-emergency calls, including calls to report a case of active tuberculosis, are taken during regular business hours, 7:45 AM to 4:30 PM, Monday through Friday, except holidays, at (608) 267-3733.
- G. Assess the costs associated with implementing isolation/airborne precautions and determine sources of payment per Wisconsin Statute 252.06(10) and 252.07 (10).
  1. If the person is placed in the jurisdiction of another health department, the original health department retains responsibility for services and costs.
  2. Determine third party payers that may be appropriate for the individual.
  3. Discuss with Social Services whether the person may be eligible for the Medical Assistance TB Benefit.
  4. Provide other personnel who may become involved with the case information about infection control/airborne precautions.
  5. Expenses for necessary medical care, food and other articles needed for the care of the infected person shall be charged against the person or whoever is liable for the person's support [Wisconsin Statute 252.06(10)].
  6. The county in which a person with a communicable disease resides is liable for the following costs accruing under this section, unless the costs are payable through 3<sup>rd</sup> party liability or through any benefit system:
    - The expense of employing guards [Wisconsin Statute 252.06(5)].
    - The expense of enforcing isolation in the confinement area [Wisconsin Statute 252.06(10)(b)].
    - The expense of conducting examinations under the direction of the Health Officer [Wisconsin Statute 252.06(10)(b)].
  7. For inpatient care of isolated pulmonary tuberculosis patients and inpatient care exceeding 30 days for other pulmonary tuberculosis patients, that are not covered by Medicare, Medical Assistance or private insurance, reimbursement may be requested from the Department of Health and Family Services. Details must be worked out with the Wisconsin Tuberculosis Program.
- H. The local Health Officer shall issue an Isolation Order whenever indicated.
  1. Write the isolation order to fit the individual circumstances, keeping the treating physician involved and well informed. See appendix C, *Sample Isolation Order*. The isolation order must specify:
    - Current disease status and basis.
    - Statutory authority for isolation order and required control measures.
    - Expectations and conditions of isolation.
    - Statutory basis and legal steps to be taken if the patient fails to comply with the isolation order.
  2. Specify, in writing, who can remain in the home or visit while the individual is under the isolation order.
  3. Have the order reviewed by legal counsel.
  4. The Health Officer or her designee will serve the isolation order.
    - Create two originals, with the Health Officer signing both.
    - Serve the isolation order.
    - Obtain the individual's signature (parent/guardian for minors) and a signature of an adult witness on both forms.
    - Provide the individual with an original signed order and keep the other original signed order for the record.
- I. Assure that the individual maintains the Isolation Order by follow-up visits and rapport building as well as unannounced visits to ensure adherence to isolation.

- J. Release from isolation.
1. In accordance with HFS 145.10, ALL of the following conditions must be met:
    - a. An adequate course of chemotherapy has been administered for a minimum of two weeks, and
    - b. There is clinical evidence of improvement, and
    - c. Sputum or bronchial secretions are free of acid-fast bacilli, and
    - d. Specific arrangements have been made for post-isolation care, and
    - e. The individual is considered by the Director/Health Officer not to be a threat to the general public and likely to comply with the remaining treatment regimen.
  2. Exceptions to the above conditions for the release of the individual from isolation must be discussed with the Wisconsin Tuberculosis Program.
  3. For individuals who are under an isolation order, provide notification and a release from isolation order when no longer infectious (see appendix D, *Sample Release from Isolation Order*).
    - Write the release from isolation order to fit individual circumstances.
    - Involve legal counsel for this process.
    - Create two originals of the release order; the Director/Health Officer must sign both.
    - Take both to the individual for signatures.
    - Provide an original to the individual and keep one for the record.
  4. Continue case management and follow-up care until prescribed therapy is completed and continue to work closely with the Wisconsin Tuberculosis Program for regular case reviews.

**EVALUATION:**

Annual review of implementation of policy and procedure to assess the need for modifications to improve quality or efficiency of program.

**REFERENCES/LEGAL AUTHORITY:**

The local Health Officer may require isolation if it is suspected or confirmed that someone has a communicable disease [Wis. Stats. 252.06]. The Health Officer has statutory responsibility to investigate and enforce any rules promulgated by the Department of Health and Family Services to prevent or control the transmission of M. tuberculosis [HFS 145]. Under Wisconsin Statute Chapter 252.07(5) the Health Officer is to investigate, make and enforce the necessary orders for any person with suspected or known infectious or high-risk tuberculosis. If any person does not voluntarily comply with an isolation order issued by the Health Officer, the Health Officer will take further legal actions to confine the person. See "*TB – Confinement*" policy and procedure.

**Jefferson County Health Department**  
**Appendix A**  
**Tuberculosis Transmission Risk Assessment Form**

Client Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ MA/Insurance: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Contact People: \_\_\_\_\_

**Environmental risk factors:** Check all that apply; comment if checked.

- ☐ Lives in a congregate setting? Specify \_\_\_\_\_
- ☐ Lives in a setting with shared air, either the same room or through ventilation systems?  
\_\_\_\_\_
- ☐ Is a negative pressure room available there or can it be arranged if needed later?  
\_\_\_\_\_
- ☐ Lives in multiple settings? Specify \_\_\_\_\_
- ☐ Lives in a household with young children? Who & what ages?  
\_\_\_\_\_
- ☐ Lives in a house with immunosuppressed persons? Who & what circumstances?  
\_\_\_\_\_
- ☐ Provider of services to members of high risk groups? What groups & circumstances?  
\_\_\_\_\_
- ☐ Has frequent outside visitors? Who & what circumstances? \_\_\_\_\_
- ☐ Frequently goes out? When, why & what circumstances? \_\_\_\_\_

**Individual risk factors:** Check all that apply; comment if checked.

- ☐ History of problems with alcohol? \_\_\_\_\_
- ☐ History of other drug use? \_\_\_\_\_
- ☐ Mental and/or emotional problems? \_\_\_\_\_
- ☐ Medical problems? Specify: \_\_\_\_\_
- ☐ Understanding & acceptance of disease is limited \_\_\_\_\_
- ☐ History of failure to complete past medical regimens? \_\_\_\_\_
- ☐ Has informal supports? Who & for what? \_\_\_\_\_
- ☐ Is not able to meet personal and service needs (ADLs & IADLs)? Which needs?  
\_\_\_\_\_
- ☐ Other? \_\_\_\_\_

**Summary & Action Plan** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Circle one:** a.) Health Officer form    b.) Client form

**Jefferson County Health Department**  
**Appendix C**  
**Isolation Order**

To: (Individual's Name, Address and Date of Birth)

I, \_\_\_\_\_ **Health Officer** for Jefferson County, have been informed that you have suspected or confirmed infectious tuberculosis, and there is a risk that you could transmit this disease to others. This determination of suspected or confirmed tuberculosis is based on a positive tuberculin skin test of \_\_\_\_\_ millimeters placed on \_\_\_\_\_, a \_\_\_\_\_ specimen collected on \_\_\_\_\_ that is smear positive for acid fast bacilli, a \_\_\_\_\_ specimen culture taken on \_\_\_\_\_ that is positive for *M. tuberculosis* \_\_\_\_\_, chest x-ray(s) done on \_\_\_\_\_ that show \_\_\_\_\_, which may indicate active tuberculosis disease.

Wisconsin State Statutes Chapters 252.06 and 252.07 regulate the control of infectious tuberculosis. Tuberculosis control is further regulated by Wisconsin Administrative Rules. "No person with infectious tuberculosis may be permitted to attend any public gathering or be in any public work place." [DHS 145.09(2)] It is necessary for the protection of the health of the general public that you follow a specific plan of medical management for your disease, including taking medications. You need to abide by this isolation order to protect others from becoming infected by sharing the same air with you while you are infectious.

In light of my legal obligation to protect the health of the public, you are ordered to:

1. Remain in \_\_\_\_\_.
2. Have no contact with people outside of \_\_\_\_\_.
3. Have no other person enter \_\_\_\_\_ except my designated representatives or any other persons having special written consent from my office.
4. Remain in \_\_\_\_\_ until I notify you that I have medical verification that you are no longer infectious and I release you from isolation/airborne precautions.

Arrangements for medical appointments will be made by \_\_\_\_\_

You will be visited by a health department representative to check on how you are getting along and as required by Wisconsin Administrative Codes.

This order is effective as of this date, \_\_\_\_\_, and is to stay in effect until my agent or I officially notify you of your release from isolation/airborne precautions. A violation of this order will result in a request to the court for legal action to enforce your isolation to protect others from being infected.

\_\_\_\_\_  
Health Officer Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature acknowledges receipt of the original order: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Client's Signature

Witness to service of isolation order: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Witness Signature

Served by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

**Jefferson County Health Department**  
**Appendix D**  
**Release from Isolation Order**

To: (Individual's name, address and date of birth)

I, \_\_\_\_\_ **Health Officer** for Jefferson County, have medical verification that you are no longer infectious and your condition is no longer considered a public health risk.

In accordance with HFS 145.10, ALL of the following conditions were met:

- An adequate course of chemotherapy has been administered for a minimum of two weeks, and
- There is clinical evidence of improvement, and
- Sputum or bronchial secretions are free of acid-fast bacilli (3 sputum smears at least 24 hours apart that are negative for AFB), and
- Specific arrangements have been made for post-isolation care, and
- The individual is considered by the Director/Health Officer not to be a threat to the general public and likely to comply with the remaining treatment regimen.

In consideration of your recent test results I am releasing you from the isolation order issued on \_\_\_\_\_. You are free to move about the community.

However,

a.) Your need for completion of therapy is critical in order to kill the tuberculosis germs residing in your body so that you do not become infectious again. You will receive continuing public health care for an extended period until all organisms are likely to have been killed. The public health nurse will continue to meet with you to discuss your continued therapy and answer any questions you may have.

**OR**

b.) The diagnosis of tuberculosis has been eliminated and you are now able to follow up with your chosen health care provider for your further health care needs. Please call the Jefferson County Health Department at 920-674-7275 with any questions you may have.

\_\_\_\_\_  
Health Officer Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I acknowledge receipt of original order of release:

\_\_\_\_\_  
Client's Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# CORRESPONDENCE/MEMORANDUM

**To:** Terrell Brock  
Regional Nutrition Consultant  
Division of Public Health

**From:** Mary Wollet  
WIC Director  
Jefferson County Project 37

**Re:** 2014 WIC Management Evaluation Response

Tools that were used during monitoring:

Self Assessment Tool  
Observation Tool  
File Review Tool  
Fiscal Monitoring Tool  
Document Review Tool  
WIC Client Feedback Form  
Nutrition and Management Quality Measures – Queries Reports

Corrective Action	Response to Corrective Action	Person Responsible	Planned Date of Correction
1. An affirmation form is not needed for lack of proof of ID for baby when caregiver plans to bring it in 1 month.	Discussed at staff meeting with all staff.	Mary Wollet, Patty Pohlman, Vicki Gallardo, Marsha Hake	9/9/2014
2. Poor interpreter skills were demonstrated.	Mary Wollet and Diane Nelson, Public Health Manager, will meet with the interpreter to discuss a remedial plan.	Mary Wollet, Diane Nelson	Week of 9/29/2014
3. Only use abbreviations from the approved list.	Discussed at staff meeting with CPA staff.	Mary Wollet, Marsha Hake, Vicki Gallardo	9/9/2014
4. Work to improve assessment of vitamin D and fluoride adequacy, especially before the 401 risk is used.	Discussed with CPA staff at staff meeting.	Mary Wollet, Marsha Hake, Vicki Gallardo.	9/9/2014
5. WIC Program Statement of Confidentiality form needs to be signed by students.	Discussed at staff meeting with all staff.	Mary Wollet	9/9/2014
Areas Needing Attention	Response to Areas Needing Attention	Person Responsible	Planned Date of Change

1. Develop a more personal greeting.	Discussed at staff meeting with all staff. We will ask, "How can I help you?" to all entering the lower level of the Health Dept.	Mary Wollet, Patty Pohlman, Vicki Gallardo, Marsha Hake	9/9/2014
2. Take the list of PNCC and PH Nurse referrals to the monthly staff meeting for nurses to acknowledge if the client received the service and then enter if referral was met or not met.	Will do this at the next PH meeting on 9/22/2014. OKed by Diane Nelson.	Mary Wollet, Patty Pohlman, Vicki Gallardo, Marsha Hake	9/22/2014
3. Enter care plans and be sure they are as soon after the visit as possible.	We always do this. CPA staff reminded at staff meeting.	Mary Wollet, Marsha Hake, Vicki Gallardo	9/9/2014
4. Try to move the data closer to the state average for exclusive breastfeeding at 3 mo, smoking during pregnancy (work with public health), and introduction to solids and beverages at 6 mo and after.	Discussed at staff meeting with all staff. Also discussed with Diane Nelson on 9/4/2014.	Mary Wollet, Patty Pohlman, Vicki Gallardo, Marsha Hake	9/9/2014
5. Explore whether outdoor signage can be improved.	Discussed with Diane Nelson on 9/4/2014.	Mary Wollet, Diane Nelson	9/4/2014

Response due by: October 2, 2014

Name of WIC Director Date

Please return electronically.



# JEFFERSON COUNTY HEALTH DEPARTMENT

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

[www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov)

## July 2014 Monthly Report

Staff Member(s)	Event Attended or Activity
WIC & PH Mgt & Staff	Focus Group Training to meet Maternal & Child Health (MCH) core competencies for state contract deliverables
Sandy Schunk & Gail Scott	Completed draft 2015 budget, travel request forms and budget narrative and submitted to County Administrator and Finance Director
Gail Scott	Met with core members to look at draft of the Mass Fatality Plan
Gail Scott & Amy Fairfield	Preceptoring UW-Oshkosh BSN student in the accelerated program
All Staff	Orientation of new Public Health Nurse with emphasis on the specialty areas of immunizations and communicable diseases
Gail Scott	Participated in the Health Care Coalition teleconference
Gail Scott & Diane Nelson	Participated in a meeting with Human Services and the State regarding the heroin problem
Amy Fairfield, Sarah Born, Gail Scott	Development of documentation for the 140 Review; assisted by staff
Gail Scott	Updating policies and procedures
Gail Scott	Department Head meeting
Gail Scott & Diane Nelson	Mid-Year Maternal & Child Health Block Grant review with State Contract Specialist
Gail Scott & Jeff Larkin	Requested follow-up by Fort Fire and Jefferson County Emergency Management, state toxicologist air monitoring/sampling for possible mercury spill at a private residence
Gail Scott	Attended Health Care Coalition Strategic Plan Workshop (Preparedness)
Mary Stearns, Marsha Hake & Serena Jahnke-Berg	Staffed a booth at the Jefferson County Fair on car seat safety on Kids Day in partnership with the Jefferson County Sheriff's Dept.; also a partner in setting up the breastfeeding moms space in the Fort HealthCare tent through the Jefferson County Breastfeeding Coalition
Diane Nelson, Mary Stearns, Serena Jahnke-Berg	Initial meeting of potential partners from Law Enforcement and for local Certified Car Seat Technicians to discuss working together on a strategy proposed by the Child Death Review Team on safer child restraint monitoring and education
Diane Nelson, Mary Stearns & student	Attended the Improving Care for Women and Infants Affected by Opioids Conference in Madison hosted by the WI Association for Perinatal Care
Gail Scott & Diane Nelson	Interviews and new hire for Public Health Nurse
Diane Nelson & Tania Wenzel	Interviews and new hire for part-time weekend nurse for the Jail
Gail Scott	Attended Community Dental Clinic and Rock River Free Clinic Board Mtgs
Gail Scott	Community Health Improvement Plan (CHIP) meeting
Gail Scott	Staffed the County Fair booth
Gail Scott and Ted Tuchalski	Follow-up as requested by Ixonia Fire Department post supperclub fire
Gail Scott	Care Wisconsin rate negotiations
Gail Scott & Sandee Schunk	Budget meeting with County Administrator and Finance Director
Staff	Board of Health meeting
Gail Scott	Regional Enrollment Network meeting
Staff	Follow-up on 19 Communicable Disease including an active TB case
Kathy Cheek, Serena Jahnke-Berg	Held blood pressure clinics at the Jefferson and Fort Atkinson Senior Centers
Kathy Cheek	Community Coordinated Response Team (CCRT) community awareness subcommittee meeting to assist with writing a grant for \$5000 to be used April 19-25, 2015 for 2015 National Crime Victims' Rights Week (NCVRW), Community Awareness Projects (CAP)

## Focus for August 2014

- ♦ Updating policies and procedure in preparation for the State 140 Review
- ♦ Further development of the QI Plan, working on QI projects
- ♦ Updating the Emergency Operations Plan
- ♦ Development of a County-wide Mass Fatality Plan with Emergency Management, Coroner and other emergency response partners
- ♦ Further development of the Community Health Improvement Plan (CHIP)
- ♦ Working on partnership and further development of the "Fix It or Ticket" program between local Law Enforcement and Certified Car Safety Seat Technicians in the community
- ♦ New staff orientation
- ♦ Recruiting for a WIC Breastfeeding Peer Counselor
- ♦ Continued development of 2015 budget



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## August 2014 Monthly Report

Staff Member(s)	Event Attended or Activity
WIC Team	<p>Mary Wollet participated in a Fit Families conference call to discuss completing the end of year evaluation</p> <p>Hired 2 new Breastfeeding Peer Support Counselors</p> <p>Mary Wollet participated in WIC IDS conference call (WIC Information Delivery and Storage)</p> <p>Mary Wollet provided training for Head Start cooks</p> <p>Mary Wollet trained a local farmer for the FMNP (Farmer's Market Nutrition Program)</p> <p>Mary Wollet had a teleconference with the Southern Region Nutrition Consultant to go over findings of the WIC biannual WIC Management evaluation with the following positive Commendations:</p> <ul style="list-style-type: none"><li>✓ Good leadership</li><li>✓ Flexible scheduling, being participant-centered,</li><li>✓ Only project in Southern Region to have MOUs completed</li><li>✓ Non-certification nutrition education contacts for transfers are great</li><li>✓ A great job has been done making and documenting referrals that are made</li><li>✓ Jefferson County WIC has the highest rate of FMNP redemption in the state at 66%</li><li>✓ A lovely FMNP handout was created by Vicki Gallardo</li><li>✓ Breastfeeding incidence is great and above the national goal</li><li>✓ All staff complete the PNCC assessment forms and WIC/agency started billing MA for blood iron tests</li><li>✓ All finances are in order</li></ul> <p>WIC Program Caseload Report – August caseload at 94% up from a 6 month average of 89%</p>
Public Health Preparedness Program	<p>Completed 2013-2014 Grant Objectives</p> <p>Completed the Jefferson County Mass Fatality Plan with Jefferson County Emergency Management</p> <p>Gail Scott reviewed ESF (Emergency Support Functions) 11 &amp; 17</p>
Gail Scott & Amy Fairfield	<p>Preceptoring UW-Oshkosh BSN student in the accelerated program</p>
Amy Fairfield, Sarah Born, Gail Scott	<p>Development of documentation for the 140 Review; assisted by staff</p> <p>140 Review Documentation completed and entered into PCA Portal by Gail Scott</p> <p>Received confirmation from Southern Region Office that documentation is complete and will be reviewed</p>
Gail Scott	<p>Updating policies and procedures; attended Rock River Free Clinic Board meeting; attended Department Head meeting; attended Dodge-Jefferson Healthier Community Partnership meeting; picked up 20 cribs and 40 sheets from the Milwaukee Health Department; listened to the Consolidated Contracts Webinar on 24 month grants; attended the LEPC (Local Emergency Planning Committee) meeting</p>
Gail Scott & Diane Nelson	<p>Met with Jefferson County Area Safety Network secretary Mary Hughes regarding collaboration</p>
Gail Scott & Sandee Schunk	<p>Completed draft 2015 budget, travel request forms and budget narrative and submitted to County Administrator and Finance Director; Budget meeting with County Administrator and Finance Director</p>
Gail Scott & Michele Schmidt	<p>Met with Care Wisconsin regarding possible changes to the PCW Program; received completed signed agreement from Care Wisconsin for rate increase</p>
All Staff	<p>Orientation of new Public Health Nurse with emphasis on the specialty areas of immunizations and communicable diseases; Public Health Staff Meeting</p>
Jackie Behm	<p>Held an Immunization Clinic at Waterloo School District's Registration; reviewed Bloodborne Pathogens with schools; talked to parents regarding required school immunizations and educated them on HPV and Meningococcal Vaccines; worked seven hours to prepare health/medical plans for students entering Head Start</p>
Kathy Cheek	<p>Inservise for teachers at private school regarding Bloodborne Pathogens, Diabetes education including Glucagon administration, seizure education including Diastat administration, anaphylaxis education including EpiPen administration</p>
Healthy Lifestyles/CHIP	<p>Kathy Cheek participated in a "Walk Audit" around Jefferson High School and West Elementary School with Jefferson School nurse for the JUMP committee</p>

Diane Nelson	<p>Attended the Southern Region Preparedness and WALHDAB meeting</p> <p>Attended the Annual Public Health Nurse Conference</p> <p>Attended Citizen's Review Panel for Child Protective Services</p> <p>Participated in the Reducing Recidivism Coalition Strategic Planning process</p>
6 Month Grant Report	<p>Wisconsin Well Woman Program – 43 women screened as of June 30, 2014 (contract for 63 women to be screened by December 31, 2014); Childhood Lead Poisoning Prevention Program – 281 children tested for lead in their blood as of June 30, 2014 (contract for 375 children to be tested by December 31, 2014)</p>
Donations	<p>Received donations for the Cribs for Kids &amp; Car Seats from: Ann Jahnke, Jefferson County Area Safety Network, John McKenzie, Dr. Don Williams and an anonymous donor for a total of \$1,425</p> <p>Purchased 20 Cribs and 40 sheets for a total of \$1,400</p>
Maternal & Child Health Program	<p>Marsha Hake, Serena Jahnke Berg, Mary Stearns and Vicki Gallardo attended the Governor's Conference on Highway Safety with an emphasis on the Child Safety Seat Program</p> <p>National Night Out with the Cops, Lake Mills - Vicki Gallardo and Marsha Hake promoted car safety seats</p> <p>Children's Safety Fair, Johnson Creek - Vicki Gallardo, Amy Fairfield and student Kristine promoted car safety seats and farm safety</p> <p>Ready Kids for School event with Human Services and CrossPointe Community Church - Serena Berg promoted car safety seats, especially booster seats, and distributed back to school supplies</p>
Communicable Disease Control	<p>Processed 15 animals for rabies testing at the Wisconsin State Lab of Hygiene; a bat submitted on 09/03/14 from the rural Cambridge area was positive for rabies.</p> <p>Immunizations given - 197 immunizations given to 87 clients</p> <p>Communicable Diseases followed-up on 27 confirmed and 6 suspect reportable cases</p> <p>Serena Jahnke Berg and Mary Stearns provided immunizations to Jail inmates.</p>
Jail Nursing Program	<p>Hired a new PT every other weekend jail nurse</p>

### **Focus for September 2014**

- ❖ Updating policies and procedures
- ❖ Further development of the QI Plan, working on QI projects
- ❖ Updating the Emergency Operations Plan
- ❖ Further development of the Community Health Improvement Plan (CHIP)
- ❖ Working on partnership and further development of the "Fix It or Ticket" program between local Law Enforcement and Certified Car Safety Seat Technicians in the community
- ❖ Continued development of 2015 budget and Health Department organization of programs & staff
- ❖ Development of the 2015 Consolidated Contracts
- ❖ Continue developing a culture of Performance Management into all programs