



stating that the Pediatric Primary Care program funding was going to be eliminated on 17 September. There was no warning about this reduction. This grant is part of a Maternal Child Health block grant from the federal government and there have apparently been some cuts in that block grant. This grant can only be used to pay for the care of sick, uninsured children. We use about half of this to help the Prospect Hill clinic cover their uninsured children in the rest is used to the health department.

- 2) In order to continue providing this service as is, Dr. Moore plans to leave vacant a soon to be vacant clerical position and also is asking for the \$10,000 from the fund balance. By the time the next budget is implemented, he hopes to have a better idea about how to fund this program.
- 3) Dr. Moore plans to merge the Adult Health and Pediatric Primary Care budgets into one Primary Care budget.

- c. Nate Hall commented that there appeared to be a trend of decreasing state and federal funds and county governments needed to be as creative as they could be in figuring out ways to pay for services.

A motion was made by Cecil Page and seconded by Sharon Kupit to approve Budget Amendment #1. There was no further discussion and the motion carried on a vote of 9 to 0.

A motion was made by Jennifer White and seconded by Cecil Page to approved Budget Amendment #2. There was no further discussion and the motion carried on a vote of 8 to 0 with one abstention (Sharon Kupit).

#### **IV. Home Health**

##### **A. Home Health/CAP Advisory Committee Membership**

1. The Home Health/CAP Advisory Committee is a requirement by Medicaid and Medicare. This is a committee of the Board of Health and serves as a liaison between the community and these programs.
2. The membership of this committee is specified by Medicaid and Medicare and there are two vacancies at present. This committee recommended Michelle Waddell and Felicia Cunningham to fill the social worker and service provider positions. The Board of Health needs to vote on this recommendation.

A motion was made by Sharon Kupit and seconded by Cecil Page to approve these two members to serve on the Home Health/CAP Advisory Committee. There was no further discussion and the motion carried on a vote of 9 to 0.

##### **B. Home Health Staffing**

1. Two new nurses have just started working in home health and have begun the orientation process.
2. Dr. Moore said that he was strongly considering not feeling the vacancy created by Kaye Cobb's retirement due to the drop in the current census.

##### **C. Home Health Service Area**

1. Dr. Moore said that 15 to 20 years ago the home health agency expanded their service area into parts of the surrounding counties in an attempt to grow our agency. However, what this has evolved into over the years is about 80 patients of whom between 75% and 80% are Medicaid patients. Due to the low reimbursement and increase travel, this is not a profitable part of our agency and does not meet the core criteria of our mission which is to serve the citizens of Caswell County.
2. Dr. Moore recommended that we stop admitting new patients to home health who live outside the county and at some point we may need to discharge these patients and find them another provider. In the future if the financial picture changes, Dr. Moore suggested that the board could discuss expanding the service area again.



**Health Director's Report – October 28, 2014**

**I. Board of Health Membership**

- A. There are still two vacancies on the Board of Health.

**II. Finance**

A. Budget Amendment #3

- 1. This amendment adds in a net \$12,204 of additional state funds. This is made up of the following (+\$ 13757 in Health Communities; -\$ 300 in Child Health; -\$ 1633 in Family Planning; -\$620 in Maternal Health; +\$ 1000 in STD).
- 2. Funds were also moved from one line to another to cover expenses.

B. Budget Status

- 1. We are now at only 25% of the budget. We are at approximately 21% of both expenses and revenue. We are still breaking even when you look at the whole Health Department budget.

C. Home Health

- 1. We have implemented the “Caswell only” admission change voted on at the last board meeting.
- 2. After reviewing the main reasons for admission of our patients, it became apparent that there are a large number of Medicaid patients who just need incontinent supplies (diapers and ostomy supplies). Providing these supplies takes up a lot of time and at best we barely break even and we are probably losing money. In the next step of trying to streamline the Home Health agency, we are looking at getting out of all the supply business we can by transferring these “supply only” patients to medical supply companies that do only this type of work.

D. EH Water Fees

- 1. We are working on getting a proposed Environmental Health fee schedule to you at the next meeting.

**III. Informational**

- A. There are several other statistical and informational reports that will be provided at the meeting.

**CASWELL COUNTY HEALTH DEPARTMENT - FY 2014-2015**

	Budget	Actual YTD	Balance	YTD = 25.00%	YTD Est Budg Variance
<b>SALARY &amp; BENEFITS SUB-TOTAL</b>	<b>2,049,473.00</b>	<b>452,079.18</b>	<b>1,597,393.82</b>	<b>22.06%</b>	<b>60,289.07</b>
Board Expenses 120	0.00	0.00	0.00	0.00%	0.00
Salary 121	1,530,834.00	351,904.56	1,178,929.44	22.99%	30,803.94
Call 122	59,672.00	8,510.00	51,162.00	14.26%	6,408.00
Longevity 127	23,052.00	0.00	23,052.00	0.00%	23,052.00
SS / FICA 181	123,193.00	26,315.49	96,877.51	21.36%	4,482.76
Retirement 182	111,404.00	24,454.53	86,949.47	21.95%	3,396.47
Health Insurance 183	201,318.00	40,894.60	160,423.40	20.31%	9,434.90
<b>OPERATIONAL SUB-TOTAL</b>	<b>894,487.00</b>	<b>178,681.35</b>	<b>715,805.65</b>	<b>19.98%</b>	<b>44,940.40</b>
Contracted Services 199	438,070.00	79,324.79	358,745.21	18.11%	30,192.71
Food & Provisions 220	350.00	67.26	282.74	19.22%	20.24
Program Supplies 230	35,971.00	5,417.60	30,553.40	15.06%	3,575.15
Pharmaceuticals 238	45,923.00	4,690.66	41,232.34	10.21%	6,790.09
HH/CAP Med Supplies 239	177,133.00	52,696.55	124,436.45	29.75%	(8,413.30)
Office Supplies 260	7,196.00	2,292.83	4,903.17	31.86%	(493.83)
Small Tools & Equip. 295	8,674.00	0.00	8,674.00	0.00%	2,168.50
Mileage 311	100,238.00	15,360.52	84,877.48	15.32%	9,698.98
Travel Subsistence 312	4,949.00	729.18	4,219.82	14.73%	508.07
Telephone 321	10,099.00	2,218.50	7,880.50	21.97%	306.25
Postage 325	4,473.00	1,633.64	2,839.36	36.52%	(515.39)
Printing 340	3,061.00	2,115.01	945.99	69.10%	(1,349.76)
Maint & Repair 352	6,400.00	927.00	5,473.00	14.48%	673.00
Advertising 370	7,175.00	577.56	6,597.44	8.05%	1,216.19
Laundry 392	750.00	73.00	677.00	9.73%	114.50
Training 395	15,638.00	3,124.00	12,514.00	19.98%	785.50
Rental of Copier 431	9,000.00	2,231.04	6,768.96	24.79%	18.96
Rental of Post Meter 432	800.00	204.00	596.00	25.50%	(4.00)
Ins & Bonding 450	4,960.00	3,607.98	1,352.02	72.74%	(2,367.98)
Dues, Subsc. & Pub. 491	13,627.00	1,390.23	12,236.77	10.20%	2,016.52
Capital Outlay 500	0.00	0.00	0.00	0.00%	0.00
<b>EXPENSES TOTAL</b>	<b>2,943,960.00</b>	<b>630,760.53</b>	<b>2,313,199.47</b>	<b>21.43%</b>	<b>105,229.47</b>
<b>REVENUE TOTAL</b>	<b>2,929,051.00</b>	<b>608,123.23</b>	<b>2,320,927.77</b>	<b>20.77%</b>	<b>(124,810.52)</b>
<b>STATE SUB-TOTAL</b>	<b>602,306.00</b>	<b>47,078.35</b>	<b>555,227.65</b>	<b>7.82%</b>	<b>(103,498.15)</b>
(101) COUNTY APPROP	627,419.00	300,200.58	327,218.42	47.85%	143,345.83
(102) WCH FUND BAL	156,906.00	61,745.26	95,160.74	39.35%	22,518.76
(102) PPC FUND BAL	29,945.00	15,106.80	14,838.20	50.45%	7,620.55
<b>OTHER SUB-TOTAL</b>	<b>814,270.00</b>	<b>377,052.64</b>	<b>437,217.36</b>	<b>46.31%</b>	<b>173,485.14</b>
(102) MCD - REGULAR	947,300.00	121,329.93	825,970.07	12.81%	(115,495.07)
(102) MCD - SETTLEMENT	0.00	0.00	0.00	0.00%	0.00
(103) MCR - REGULAR	450,500.00	37,032.81	413,467.19	8.22%	(75,592.19)
(103) MCR - HMO	35,000.00	8,091.33	26,908.67	23.12%	(658.67)
(103) PRIVATE INS	18,175.00	6,608.78	11,566.22	36.36%	2,065.03
(103) DIRECT FEES	61,500.00	11,029.39	50,470.61	17.93%	(4,345.61)
<b>EARNED SUB-TOTAL</b>	<b>1,512,475.00</b>	<b>184,092.24</b>	<b>1,328,382.76</b>	<b>12.17%</b>	<b>(194,026.51)</b>
<b>BALANCE</b>	<b>-14,909.00</b>	<b>-22,537.30</b>			

Actual (Includes Receipt of State Delay)

11,993.02

**CASWELL COUNTY BUDGET AMENDMENT # \_\_\_\_\_**  
**Health Department Amendment # 3**

**Be it ordained, the FY 2014-2015 Annual Budget Ordinance is hereby amended as follows:**

**PUBLIC HEALTH - 5110**

<i>Expenditure Line</i>	<i>Account Code</i>	<i>Increase / (Decrease)</i>	<i>Amended Budget</i>
Salary 121	100.5110.121.000	(\$2,644.00)	\$1,530,834.00
Call 122	100.5110.122.000	\$914.00	\$44,763.00
SS / FICA 181	100.5110.181.000	\$95.00	\$123,193.00
Retirement 182	100.5110.182.000	\$1,277.00	\$111,404.00
Health Insurance 183	100.5110.183.000	(\$186.00)	\$201,318.00
Contracted Services 199	100.5110.199.000	(\$404.00)	\$438,070.00
Program Supplies 230	100.5110.230.000	\$6,036.00	\$35,971.00
Pharmaceuticals 238	100.5110.238.000	\$1,175.00	\$45,923.00
HH/CAP Med Supplies 239	100.5110.239.000	\$1.00	\$177,133.00
Office Supplies 260	100.5110.260.000	(\$2,771.00)	\$7,196.00
Small Tools & Equip. 295	100.5110.295.000	(\$16.00)	\$8,674.00
Mileage 311	100.5110.311.000	\$3,490.00	\$100,238.00
Travel Subsistence 312	100.5110.312.000	(\$171.00)	\$4,949.00
Telephone 321	100.5110.321.000	(\$1.00)	\$10,099.00
Postage 325	100.5110.325.000	\$60.00	\$4,473.00
Printing 340	100.5110.340.000	\$1,349.00	\$3,061.00
Training 395	100.5110.395.000	\$4,000.00	\$15,638.00
<b>TOTAL EXPENSE BUDGET:</b>		<b>\$12,204.00</b>	<b>\$2,929,051.00</b>

<i>Revenue Lines</i>	<i>Account Code</i>	<i>Increase / (Decrease)</i>	<i>Amended Budget</i>
State - Public Health	100.3510.360.000	\$12,204.00	\$602,306.00
<b>TOTAL REVENUE BUDGET:</b>		<b>\$12,204.00</b>	<b>\$2,929,051.00</b>

**Justification:**

To move funds from one line to another to cover expenses and increase state funds by \$12,204 (HC +\$13,757; CH -\$300; FP -\$1633; MH -\$620; STD +\$1,000)

That all Ordinances or portions of Ordinances in conflict are hereby repealed.

\_\_\_\_\_  
 Approved by Health Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approved by Board of Health

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Paula Seamster, Clerk to the Board

\_\_\_\_\_  
 Date

**Approved by the Caswell County Board of Commissioners**



**ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT  
SEPTEMBER 2014**

ACTIVITY DESCRIPTION	#	COMMENTS
<b>FOOD, LODGING, AND INSTITUTIONAL</b>		
Field Visits	33	
Inspections	12	
Permits Issued-New or Revised Business		
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review	2	
Consultation Contact	24	
Complaints	4	2 Intent to suspend issued
<b>ON SITE WASTE WATER PROGRAM</b>		
Field Visits	62	
Soil/Site Evaluations	11	
Improvement Permits	5	
Construction Authorizations	4	
Operation Permits	13	
Denials		
Failing System Evaluations	5	
IP, CA, & OP Permits-Repairs	5	
Existing System Inspections/Authorizations	22	
OSWW Violations Notices		
Consultation Contacts	72	
Migrant Housing Inspections		
Pending Applications-Not Addressed	2	
Complaints		
<b>WATER SAMPLES</b>		
Field Visits	15	
Bacteria Samples	12	
Chemical Samples	7	
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples	7	
Consultation Contacts	12	
Migrant Housing Inspections		
<b>WELL PERMITS</b>		
Well Site Field Visits	12	
Number of Permits (New)	3	
Number of Permits(Repair)		
Grout Inspections	4	
Well Head Inspections	5	
Well Abandonment Inspections		
Bore Hole Camera Inspections	1	
Consultation Contacts	19	
Complaints		
<b>SWIMMING POOLS</b>		
Permits/Inspections		
<b>OTHER</b>		
Clerical Time (hours)	30	
Phone Contacts (Documented)	155	
Digitizing/Scanning (hours)	32	

**NC DHHS EBOLA VIRUS DISEASE (EVD) STATUS REPORT**  
**10/20/2014 11:24 AM**

**I. Key Points**

- A. North Carolina has been preparing since July for the possibility that a patient in North Carolina might be diagnosed with Ebola.
- B. Ebola is only spread through unprotected contact with blood or body fluids from someone who is infected, and Ebola is only contagious after the onset of symptoms.
- C. North Carolina has a strong health care system and a multi-faceted public health preparedness and response infrastructure.
- D. North Carolinians should take comfort in knowing that our state's public health professionals have extensive training and experience in effectively reducing health risks and responding to outbreaks of communicable diseases in order to protect our citizens.
- E. NC DPH is working with frontline partners to better establish our most protective approach for PPE for health care workers.
- F. We have never had Ebola in the United States until recently. As we move through this planning and response we learn, and we re-evaluate and update our processes as we have new information.
- G. Extensive guidance has been provided by the CDC and NC DHHS to health departments, healthcare providers, hospitals and laboratories on evaluation of patients with recent international travel and on management of suspected cases. North Carolina has a strong public health infrastructure with many trained professionals who are expert in how to work in public health emergency situations.

**II. Ebola – General Information**

- A. Cases of Ebola in the three impacted West African countries continue to rise. (see dashboard for update) There have been three cases identified in Texas, one of whom died, and NO cases in North Carolina. In West Africa, the number of cases is doubling approximately every 20 days. The mortality rate in this epidemic is approximately 50%.
- B. The outbreak of Ebola in Nigeria associated with an ill traveler is now over, with 42 days (2 incubation periods) having passed since the last case. Senegal is also considered currently free of Ebola. (Senegal had only one case in a traveler with no subsequent transmission.)
- C. Ebola is only contagious after the onset of symptoms
- D. Sustained by human-to-human transmission
  - 1. direct contact (through broken skin or mucous membranes) with the blood, secretions, other bodily fluids of ill people.
  - 2. contact with environments contaminated with such fluids.
- E. Incubation period is typically 8 -10 days, but could be as little as 2 days and as long as 21 days
- F. Sudden onset fever, weakness, muscle pain, headache and sore throat followed by vomiting, diarrhea, rash, impaired kidney and liver function
- G. Some cases develop both internal and external bleeding
- H. Authority/lessons learned from smallpox and SARS
  - 1. In dealing with the Smallpox and SARS threats that occurred in 2003, DHHS learned what further public health authorities were needed for the state of North Carolina to act swiftly in the face of an infectious disease threat. As a result, North Carolina put in place the public health authorities to:
    - a. Extend Isolation and Quarantine authority to allow for restriction of movement and activities for up to 30 days and to allow for quarantine of buildings as well as people
    - b. Increase access to health records to investigate significant public health

threats.

2. In North Carolina, public health authority can be used without a declaration of emergency.

**III. Key Activities by DHHS since August 2014 include:**

**A. Public Health**

1. DHHS website on Ebola went live on October 18, 2014.
2. DHHS "NC Ebola Public Info Line" went live on October 13, 2014. We are partnering with the NC Poison Control Center on this. (Two other states have adopted this approach following our lead.)
3. Provider guidance updated and disseminated October 15, 2014. Another update is anticipated this week when the CDC releases new infection control guidelines.
4. Providing ongoing public health consultation to clinicians whenever they suspect a possible case. The Communicable Disease Branch epidemiologist-on-call fields initial calls. We have an Ebola Consultation Team backing up the on-call epidemiologist.
5. Established Isolation and Quarantine (I&Q) guidelines and model orders for use by local health departments. Within the last year, NC DPH conducted regional I & Q trainings with health departments across the state. We are working on developing a webinar for local health departments and partners to review I & Q procedures in the setting of a case of Ebola virus disease.
6. DHHS Contact Tracing public health teams have been established and are deployable
  - a. Contact tracing interview tools and data management and analysis systems have been developed
  - b. Training for state and local HD personnel started Oct 13, with over 600 local health department personnel and over 50 state personnel already having completed the first training.
  - c. Initial training sessions complete and will be recorded for future training.
  - d. State team will deploy to assist local efforts upon identification of a Person Under Investigation for EVD.
7. Fatality Management Guidance for funeral directors on management of human remains finalized, widely disseminated and posted on the PH website.
8. Memo sent out and posted to website "Disposal of blood and body fluids as regulated medical waste by sanitary sewer systems."
9. DHHS is working with DENR on plans for:
  - a. Handling Ebola patient waste in the medical setting.
  - b. Decontamination in the non-medical setting.
10. DHHS has established military liaison connections with Fort Bragg Army Womack Medical Center, Navy Medicine Cherry Point/Camp Lejeune and Seymour Johnson Air Force Base. We have identified parameters for information exchange. DOD has well-vetted response plans that have been exercised.
11. A Community Outreach Team has been established and is developing outreach messages for West African communities in N.C. DHHS is coordinating with counties with West African populations.
12. DHHS began coordinating with NC colleges and universities in August before the start of the school year.
  - a. Weekly phone briefings start Monday with representatives from private colleges and universities, the UNC system, the Community College systems, and also representatives from K-12 educational systems.
13. DHHS has reviewed processes and authorities related to air and sea ports in North Carolina. Highlights of the protections in place include:

- a. CDC-Division of Global Migration and Quarantine has longstanding protocols in place with all major airline carriers in the US regarding ill passengers that include coordination with local public health.
14. Since early August, the CDC has worked with the affected countries (Guinea, Liberia, Sierra Leone, and Nigeria) to screen departing travelers. Nigeria has recently been removed from the CDC affected countries list. Exit screening might look a little different in each country but contains the same basic elements:
- a. All travelers have their temperature taken;
  - b. Answer questions about their health and exposure history;
  - c. Are visually assessed for signs of potential illness;
  - d. Travelers with symptoms or possible exposures to Ebola are separated and assessed further; and
  - e. This assessment determines whether they are allowed to travel.
15. In mid October, the CDC and Customs and Border Protection (CBP) began enhanced entry screening of travelers who have traveled from or through Guinea, Liberia, and Sierra Leone at 5 U.S. airports (JFK, Newark, Washington Dulles, Chicago O'Hare, and Atlanta).
- a. CBP will give each traveler health information that includes:
    - 1) Information about Ebola
    - 2) Symptoms to look for and what to do if symptoms develop
    - 3) Information for doctors if travelers need to seek medical attention
  - b. Travelers will undergo screening measures to include:
    - 1) Answer questions to determine potential risk
    - 2) Have their temperature taken
    - 3) Be observed for other symptoms of Ebola
  - c. If a traveler has a fever or other symptoms or has been exposed to Ebola, CBP will refer to CDC to further evaluate the traveler. CDC will determine whether the traveler:
    - 1) Can continue to travel
    - 2) Is taken to a hospital for evaluation, testing, and treatment
    - 3) Is referred to a local health department for further monitoring and support
16. There are well vetted and exercised communicable disease response plans in place for the following North Carolina ports of entry:
- a. Charlotte-Douglas International
  - b. Raleigh Durham International
  - c. State Maritime Ports in Wilmington and Morehead City
  - d. The following key partners are involved in these plans in North Carolina:
    - 1) CDC/DGMQ (airport lead, maritime co-lead)
    - 2) US Coast Guard (maritime co-lead)
    - 3) Customs and Border Protection (Homeland Security)
    - 4) Port officials
    - 5) NC Division of Public Health
    - 6) Local health departments and hospitals
    - 7) Emergency Management, public safety, and EMS
- B. Public Health Lab
- 1. The North Carolina State Public Health Laboratory is one of 15 State Public Health Labs/3 major municipal Public Health Labs invited by CDC to perform the EUA Ebola Zaire (EZ1) rRT-PCR (TaqMan®) Assay. Following assay validation, risk assessment, safety training, and personnel competency

- evaluations, NCSLPH went live on 10 October 2014.
2. It is important to note that testing is not instantaneous. There is an inevitable lapse of time while the specimen is properly and safely packaged, transported and tested. From the time of receipt, it can take six hours to test a single specimen and up to 24 hours for multiple specimens. The State Lab's priority is to properly complete the testing process and assure accurate results.
  3. NCSLPH is doing outreach to clinical laboratory partners including coordinating calls and a planned in-person training on specimen packaging.
  4. NCSLPH is working on Ebola testing waste management. All material will be autoclaved, as is the existing policy for the BTEP laboratory. Arrangements are being made for the sterile, autoclaved waste to be transported for incineration.

C. Health Care

1. OMS:
  - a. Developed triage and treatment protocols for suspected patients beginning with 911 call centers through transport to hospitals.
  - b. Developed guidance for proper use of PPE.
  - c. Developing protocols for disposal of waste, scene and ambulance cleanup, and handling of remains.
2. Hospitals:
  - a. It is the expectation and goal for all hospitals to be prepared to safely triage and provide initial treatment and evaluation of a potential Ebola patient.
  - b. Working with hospitals on planning, training and exercising for triage, treatment and transfer of patients.
  - c. Working with infection control specialists in public health and at the hospitals regarding practices and PPE.
  - d. Developing NC-specific training materials for proper donning and doffing of PPE in the setting of an Ebola isolation unit in a hospital.
    - 1) Plan to shoot a video with UNC SPICE on Wednesday 10/22
    - 2) Plan for webinar and distribution of video next week
3. Plan to work on PPE guidance and training for the Urgent Care/Primary Care setting next.