



SCIOTO COUNTY HEALTH DEPARTMENT

OPERATIONAL POLICIES & PROCEDURES

APPROVAL DATE: 5/13/2022

Addendums: Performance Management Plan and Quality Improvement Plan – 7/8/2022

SCIOTO COUNTY HEALTH DEPARTMENT OPERATIONAL MANUAL SECTION I

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Scioto County Performance Management Plan

Quality Improvement Plan

2.00: HEALTH DEPARTMENT INFORMATION

2.01: OVERVIEW

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2.14: INDIVIDUAL JOB DESCRIPTIONS – BY DIVISION

2.00. HEALTH DEPARTMENT INFORMATION

(This Section contains information that employees throughout the health department may need.)

2.01: OVERVIEW

The Scioto County Board of Health (“Board”) is an appointed board comprised of five (5) Board members who are appointed to serve a five (5) year term by the Township Advisory Council of Scioto County. This Board is an Administrative Board which receives its powers and duties from the Ohio Revised Code as passed by the Ohio Legislature. By law, the Board of Health is the appointing authority for all matters related to the Scioto County Health Department. The Ohio Revised Code outlines some specific functions that the Board must carry out. These functions generally deal with the Health, Welfare, and Safety of the residents of the County. The Board, as authorized by the Ohio Revised Code, can establish various divisions to carry out these functions. The Board, with the recommendation of the Health Commissioner, also has the authority to hire personnel to handle the day-to-day operations of the Health Department. The Board has several methods, as authorized by the Ohio Revised Code, available to it to generate funds to pay for the cost of operating the Health Department.

The Health Department is a General Health District governed by the Board of Health. The Board has adopted policies and procedures, contained herein, which are applicable to all Board of Health employees.

A key element of efficient public administration is for everyone involved to be aware of departmental procedures. This handbook is presented to all employees to enhance their understanding of our policies. It is presented for informational purposes only. It does not create a contract of employment, expressed or implied, nor does it make any promises concerning your employment. It is our effort to help you understand the policies and procedures that govern your employment.

2.02:

Mission Statement

To improve the quality of life and health for all residents of Scioto County by increasing access to healthcare, public awareness of healthy living, and disease prevention, leading to better living conditions and a healthy environment for all community members.

Vision

A strong community in which residents are supported by the Scioto County Health Department and other community agencies in achieving optimal health and wellness, participating in disease prevention activities, maintain a clean and healthy environment, and improving quality of life across the community.

2.03: Facility Address/Contact Information:

Scioto County Health Department
612 – 6th St., Suite D
Portsmouth, OH 45662
740-355-8358
Email: schd@sciotocounty.net

Website: www.sciotocountyhealth.com

2.04: Hours of Operation

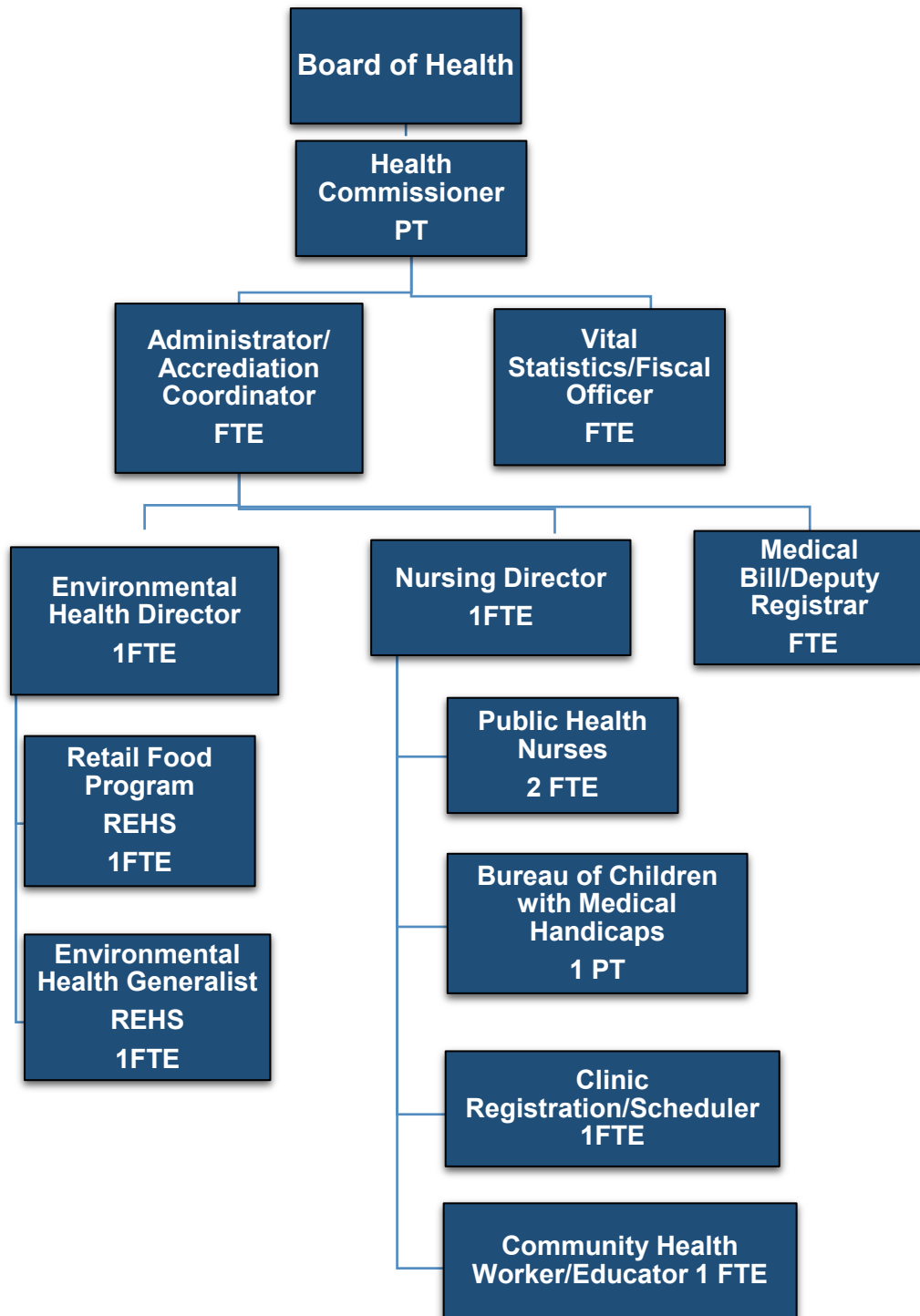
Health Department Hours: Monday – Friday: 8:30am - 4:30pm.

Immunization Clinic Hours: Monday – Friday: 9am – 4:00pm.

COVID Vaccine Clinic Hours: Tuesday – Thursday:
9:00am – 12pm and 1:00pm – 3:00pm;
Friday: 9:00am – 12:00pm

2.05:

Scioto County Health Department's Organizational Chart



2.06: Employee Contact Information

Health Commissioner

Dr. Michael Martin

michael.martin@sciotocounty.net

Administrator

Melissa Spears

melissa.spears@sciotocounty.net

740-352-9505

Environmental Health

Garet Bennett, REHS, Environmental Health Director

garet.bennett@sciotocounty.net

Leah Terry, REHS, Retail Food Program Supervisor

leah.terry@sciotocounty.net

Zach Elswick, EHS – in Training, Retail Food Program

zach.elswick@sciotocounty.net

Medical Billing

Traci Maloney

traci.maloney@sciotocounty.net

Vital Statistics/Fiscal Officer

Amber Gustin

amber.gustin@sciotocounty.net

Nursing Division

Tracey Henderson, RN, BSN, Nursing Director

tracey.henderson@sciotocounty.net

Public Health Nurses

Vickie Patrick, RN

vickie.patrick@sciotocounty.net

Kristyn McLaughlin, RN
kristyn.mclaughlin@sciotocounty.net

Pam McCoy, RN, BCMH Nurse
pamela.mccoy@sciotocounty.net

Arlene Dever, Community Health Worker
arlene.dever@sciotocounty.net

Beth Ingles, Clinic Receptionist
beth.ingels@sciotocounty.net

Board of Health Members

Laura Miller, RPh, Board President
Christy Sherman, RN, President Pro Temp
Dr. Jarod Walker, DO
Dr. Aaron Adams, DO
Sean Sturgill, RPh

2.07: ADDITIONAL CONTACT INFORMATION:

SCHD Administrator:

Melissa Spears
740-352-9505

IT – Seitz Solutions:

Chris McCallister – 740-370-1426
Computers, software

IT – County: Temporary IT

Eric Rowe – (Emergencies Only)
Eric.Rowe@sciotocountysheriff.com
740-355-8269

Scioto County Emergency Management:

Larry Mullins – 740-285-6336

County Commissioners:

Jenn Kish
jkish@sciotocounty.net
740-355-8202

Building Maintenance:

Phil LaJoye
740-352-9919

Chuck Whisman
740-250-31622.08:

Andy Copley
740-357-5543

2.08: 24/7 Contact Policy and After-Hours Emergency Reporting

I. Purpose:

Public health emergencies may occur outside of regular business hours. For this reason, the Scioto County Health Department provides 24/7 access to the community and to partner agencies for reporting of public health emergencies.

II. Policy:

The main phone line 740-355-8358 is the main point of contact during business hours and after business hours. When the office is closed, or if no one is available to answer the phone, a recorded message directs the caller to contact the Scioto County Sheriff's Department to report public health emergencies. The Scioto County Health Commissioner is the designated after-hours on-call person unless he delegates this responsibility to another staff member on a temporary basis. The Sheriff's Department has been instructed to contact the Health Commissioner by cell phone if a public health emergency is reported outside of business hours. The Scioto County Health Department maintains an up-to-date list of staff after-hours phone numbers. The Health Commissioner, Health Department Staff, and the Sheriff's Department have copies of this list. Seven Scioto County Health Department staff are also enrolled in OPHCS (Ohio Public Health Communication System) and can be contacted 24/7 through OPHCS.

III. Procedures:

1. During normal business hours (8:30 am -4:30 pm Monday-Friday except (holidays), the main phone line 740-355-8358 is the primary contact for Scioto County Health Department staff.
2. When the office is closed, a recorded message on the main number will direct callers who need to report a public health emergency to call the Scioto County Sheriff Department (911 for local calls, or 740-354-7566 if calling from out of town). The Sheriff's Department will in turn contact the Health Commissioner or his designee, who will decide how to proceed.
3. The Scioto County Health Department website will post the 24/7 access Phone number for the public, in the top section (banner) of the home page.
4. The Sheriff's Department will keep a copy of the Scioto County Health Department Internal Response Protocol (see attached). The Health Commissioner, Nursing Director, Environmental Director, and other staff as necessary will have copies of the Initial Response Protocol available to them outside of office hours.
5. The Internal Response Protocol will be reviewed every three months and updated as needed. It will also be updated any time there are changes in

staff and/or staff contact information.

6. The Health Commissioner, Environmental Director, Nursing Director, and Other staff as designated will maintain enrollment and current contact information (phone numbers and email addresses) in the Ohio Public Health Communication System OPHCS), in order to receive emergency communications directly from the Ohio Department of Health through the OPCHS system.

Effective Date: 5/19/2019

2.09:



INITIAL RESPONSE PROTOCOL (IRP)

Portsmouth City and Scioto County Health Departments

If you receive an emergency call, please obtain the following information:

Protocol is the same for work hours and after hours

Case No. _____ Date Reported _____ Time Reported _____
 Person/Agency Reporting: _____ Phone _____
 Incident Details: _____ (Use the back of this report for any additional information)
 Name of Person(s) Affected: _____ Phone _____
 Address: _____ Alternate Phone _____
 Health Official Notified: _____

INCIDENT RESPONSE

Within each group, immediately notify first person on the appropriate list. Proceed down until you reach someone.

FOR PUBLIC HEALTH EMERGENCY AND CLASS A REPORTABLE DISEASES:

Anthrax, Food-borne Botulism, Cholera, Diphtheria, Influenza A-Novel Virus, Measles, Meningococcal Disease, Middle East Respiratory Syndrome (MERS), Plague, Rabies (human), Rubella (not congenital), Severe Acute Respiratory Syndrome (SARS), Smallpox, Tularemia, Viral Hemorrhagic Fever (Ebola), Yellow Fever

MUST BE REPORTED IMMEDIATELY!!

CALL CONTACTS BELOW:

FOR ALL OTHER EMERGENCIES WARRANTING

LAW ENFORCEMENT

FIRE DEPARTMENT

or EMS, call 9-1-1

Other Emergency Numbers Listed Below:

Chris Smith MA, RS PCHD Health Commissioner	Cell: 740-352-2560	Portsmouth City Police	740-353-4101
	Office: 740-354-8908		
Susan R. Smith RN, MSN PCHD/SCHD Emergency Response Coordinator	Cell: 740-935-6806	Portsmouth Fire Department	740-354-1200
	Office: 740-354-8945		
Molly Dargavell SCO Regional Epidemiologist	Cell: 937-414-2421	Scioto County Sheriff	740-354-7566
	Office: 740-354-8931		
Ohio Department of Health Class A Reportable Diseases 24/7/365	614-722-7221	New Boston Police	740-456-4109
		Ohio State Highway Patrol	740-354-2888

Regardless of the nature of the emergency, the following personnel must be notified (call or text messaging):

Michael Martin MD SCHD Health Commissioner michael.martin@sciotocounty.net Cell: 740-821-4145	Larry Mullins Scioto County EMA scema@sciotowireless.net Cell: 740-285-6336	Tracey Henderson BSN RN SCHD Nursing Director tracey.henderson@sciotocounty.net Cell: 740-876-2300	Melissa Spears SCHD Administrator melissa.spears@sciotocounty.net Cell: 740-352-9505
Timothy Angel MD PCHD Board of Health Tangel@horizonview.net Cell: 740-352-1292	Molly Dargavell Regional Epidemiologist molly.dargavell@portsmouthhoh.org Cell: 937-414-2421	Chris Smith MA, RS PCHD Health Commissioner chris.smith@portsmouthoh.org Cell: 740-352-2560	Christine Thomas RN BSN PCHD Nursing Director christine.thomas@portsmouthoh.org Cell: 740-464-3062
David Byers MD	Andrew Gedeon	Susan Smith RN MSN	Belinda Leslie

<p>PCHD Board of Health ByersD@somc.org Cell: 240-383-7367</p>	<p>PCHD Env Health Director andrew.gedeon@portsmout hoh.org Cell: 740-222-9554 Home: 740- 493-3023</p>	<p>PCHD/SCHD Emergency Response Coordinator susan.smith@portsmouthoh.org Cell: 740-935-6806</p>	<p>PCHD Special Projects/PIO belinda.leslie@portsmouthoh.org Cell: 740-648-8744</p>
<p>Debbie Elliott SCO Regional Public Health sco.rphpc@gmail.com Cell: 740-974-8001</p>			

2.10: PUBLIC HEALTH CODE OF ETHICS AND ETHICAL PRACTICES

A. PURPOSE

The purpose of this policy is to:

- a) Define the framework for ethical practice within the department.
- b) Adopt a public health code of ethics applicable to the department and its employees.
- c) Establish an ethics review process.
- d) Support PHAB standard 11.1.2 (version 1.5)

B. POLICY

The Scioto County Health Department (SCHD) will fulfill its mission in a manner that respects the rights of individuals in the community, without discrimination. The SCHD will make every effort to make decisions and policies that are, necessary, effective, proportional provide the least infringement to all involved and can be justified to the public.

C. BACKGROUND

Public health ethics involves a systematic methodology to clarify, analyze, prioritize, and justify possible public health actions based on ethical principles, values and beliefs of various stakeholders, scientific and other information, and sound public health practice. (CDC) Decisions relating to public health policy and practice should be based not only on sound scientific principles, but also on the values of those most affected. Implementation of many public health interventions requires the careful balance of prevention and liberty. Public health ethics seeks to understand and clarify the principles and values which guide public health actions. Principles and values provide a framework for decision making and a means of justifying decisions. Because public health actions are often undertaken by governmental public health agencies and are directed at the population level, the principles and values which guide public health can differ from those which guide actions in biology and clinical medicine (bioethics and medical ethics) which are more patient or individual-centered.

As a field of practice, public health ethics is the application of relevant principles and values to public health decision making. In applying an ethics framework, public health ethics inquiry carries out three core functions, namely 1) identifying and clarifying the ethical dilemma posed, 2) analyzing it in terms of alternative courses of action and their consequences and 3) resolving the dilemma by deciding which course of action best incorporates and balances the guiding principles and values.

Do not confuse ethical practice with legal ethics requirements. Ohio law has established an Ohio Ethics Law that applies to all public employees. This law provides a legal framework for your actions relative to your public employment (such as nepotism, public contracts, compensation, and influence).

D. GLOSSARY OF TERMS

Public Health Ethics- Involves a systematic methodology to clarify, analyze, prioritize and justify possible public health actions based on ethical principles, values and beliefs of various stakeholders, scientific and other information and sound public health practice.

E. PROCEDURES & STANDARD OPERATING GUIDELINES

The SCHED adopts the following Principles of Ethical Practice of Public Health that are applicable to all employees of the SCHED:

Principles of the Ethical Practice of Public Health

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

In addition, each employee should adhere to any professional code of ethics or standard of practice that is applicable to their professional certification.

GUIDELINES FOR ETHICAL PUBLIC HEALTH DECISION MAKING

The following guidelines will be used for decision making at the SCHD. These principles should be part of any policy or practice decision making relating to a public health action. While not a formal or rigid process, these three elements should be part of the decision-making consideration.

1. Analyze Ethical Issues
 - a. What are the risks and harms of concern?
 - b. What are the public health goals?
 - c. What, if any, are the moral claims of stakeholders?
 - d. Is the source or scope of legal authority in question?
 - e. Are present cases relevant?
 - f. Do professional codes of ethics provide guidance?
2. Evaluate the Ethical Dimensions of the Alternate Courses of Public Health Action
 - a. Utility: Does the public health action produce a balance of benefits over harms?
 - b. Justice: are the benefits and burdens distributed fairly?
 - c. Respect for individual and community interests: Does the public health action respect individual and civic roles and values?
3. Provide justification for a public health action
 - a. Effectiveness: Is the public health goal likely to be accomplished?
 - b. Proportionality: Will the probable benefits of the action outweigh the infringed moral considerations?
 - c. Necessity: Is overriding the conflicting ethical claims necessary to achieve the public health goal?
 - d. Least Infringement: Is the action the least restrictive and least intrusive to all parties?

- e. Public Justification: Can public health offer justification that citizens, and in particular the most affected, could find acceptable in principle?

DECISION MAKING IN EVERYDAY PRACTICE

Staff of the SCHD make decisions every day that affect people, programs and policies. Employees have the following expectations relative to everyday decisions making:

1. All employees will be familiar with the Scioto County Health Department, Public Health Ethical Practices Policy.
2. All employees will be familiar with any code of ethics or standards of practice for their license or professional certification.
3. All employees, to the best of their ability, will make decisions that are supported by the guidelines and standards provided in this policy.

RESOLUTION OF ISSUES POSING AN ETHICAL DILEMMA

From time to time, issues will arise that pose an ethical dilemma and are not easily resolved by the individual employee. Examples may include the following:

1. Significant deviation from established policy or procedure.
2. Decisions that may result in the restriction of movement of individuals, restrictions of liberty, or revocation of a license or permit.
3. Decisions that may conflict with HIPAA, or a presumed right of privacy.
4. Decisions that may apply to groups differently, have bias, or have the appearance of discrimination.
5. Potential conflicts of interest.

When a question of conflict arises that is not easily answered by the employee, it is the employees' responsibility to discuss the issue with their supervisor in an attempt to resolve the issue. If the issue cannot be resolved with the supervisor, then the issue will be discussed the health commissioner.

An issue may be made to the Ethics Review Committee for action. A referral for review can be made by any employee or community member. Referrals shall be in writing using the form Ethics Review Committee Referral Form. The completed referral shall be submitted to the Health Commissioner who shall convene the Ethics Review Committee and place the idea on the agenda for consideration.

ETHICS REVIEW COMMITTEE

The SCHD establishes an Ethics Review Committee that consist of: the Director of Environmental Health and the Director of Nursing, one (1) staff member, SCHD HIPAA Privacy Officer, and a representative of the Scioto County Prosecutors Office. The Health Commissioner or designee, shall serve as chairman.

Members of the Ethics Review Committee shall be appointed by the Health Commissioner and may be serve for an indefinite period of time. The Ethics Review Committee shall meet at the call of the chairman. The purpose of this committee will be to:

1. Assist the department in resolving any decisions that pose an ethical dilemma.
2. Review any cases brought before the committee.
3. Analyze the case.
4. Make recommendation for resolution.

The following procedure applies to the Ethics Review Committee:

1. The Ethics Review Committee will consider any referral within 30 calendar days of the receipt of the referral. The Committee may take the following actions relative to this referral:
 - a. No action.
 - b. Request further information.
 - c. Accept for review.
2. If the referral is accepted for review, every effort will be made to provide a final recommendation within 180 days of acceptance of a referral for review.
3. The Ethics Review Committee may utilize experts outside of the SCHD in their deliberation as needed. The committee shall endeavor to collect input from all affected parties and stakeholders.
4. The final recommendation of the Ethics Review Committee is not binding and may be modified as needed by the Health Commissioner or Board of Health.
5. All recommendations for the committee will be in writing and a copy will be provided to the referring entity and the Health Commissioner. The Ethics Review Committee may also provide a copy to the Board of Health if they deem necessary.
6. All deliberations of the Ethics Review Committee will be conducted in compliance with Ohio laws and rules with respect to public records and public meeting. Every effort will be made to conduct any review with the utmost transparency.

DECISION MAKING AUTHORITY

The final responsibility for decisions relative to this policy is with the Health Commissioner, unless otherwise specified by the Board of Health. Recommendations from the Ethics Review Committee are not binding and may be modified by the Health Commissioner or the Board of Health.

F. CITATIONS & REFERENCES

Link to Centers of Disease Control, Public Health Ethics webpage:

<https://www.cdc.gov/od/science/integrity/phethics/>

American Public Health Association, Public Health Ethics Statement:

https://www.apha.org/~media/files/pdf/membergroups/ethics_brochure.ashx

G. REFERENCE FORMS

Ethics Committee Referral Form.

BOARD APPROVAL: 5/13/2022

2.12: STANDARD WORK HOURS

The Board hereby establishes the standard work week for the health department as Monday through Friday 8:30 am to 4:30 pm, with an hour for lunch. The standard work week shall be forty (40) hours per week for employees whose salary or wage is paid in whole or in part by the state. When any employee whose salary or wage is paid in whole or in part by the state is required by an authorized administrative authority to be in an active pay status for more than forty (40) hours in any calendar week, the employee shall be compensated for such time actually worked over forty (40) hours, except as otherwise provided in this section, at one and one-half times the employee's regular rate of pay or time. O.R.C. 124.18(A) Employees will be compensated for working overtime hours in accordance with the Fair Labor Standard Act. Scheduled overtime that is subsequently canceled and not worked will not entitle the employee to any overtime compensation. Only overtime actually worked is compensable.

Lunch periods cannot be used to offset tardiness, quitting early, or for overtime assignment. Any variation to standard practices shall have prior approval of the Board or its designee.

The Board of Health's first obligation is to ensure that the department will be adequately staffed during the regular standard work week hours to perform all of its' business functions and meet the needs of the public.

2.13: JOB DESCRIPTIONS

A position description sets forth a summary of the duties and responsibilities which comprise a position. Each position description includes:

- The position title and position control number;
- Reporting relationship within the department/division table of organization;
- Position requirements/qualifications;
- A description of the duties and responsibilities involved. As many particulars as possible are defined. However, those duties which may not be described, but are related, are implied as part of the description.

Periodically, these position descriptions are reviewed and updated. A position description will be made available at the time of employment or upon request.

The position description shall not be construed as a contract between the employer/employee, but rather as a general guideline of the essential functions, duties, and responsibilities for the position.

All job descriptions within the health department are developed using the Core Competencies for Public Health Professionals.

**A copy of Core Competencies for Public Health Professionals.
– Appendix A**

2.14: Individual Job Descriptions by Division

Administrative:

Health Commissioner
Administrator
Billing
Vital Statistics/Fiscal Officer

Environmental Health:

Environmental Health Director, REHS
Retail Food Program, Supervisor, REHS
Retail Food Program Environmental Health Specialist

Nursing:

Director of Nursing
Public Health Nurse
Part-time Nurse
Community Health Worker
Receptionist

Core Competencies for Public Health Professionals – Appendix A

Administrative:

Health Commissioner:

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description

GENERAL INFORMATION:

Employee: Title: **Health Commissioner (Part-Time)**

Department	Scioto County Health Department – Administration
Work Hours	
Department Days	
Immediate Supervisor	Board of Health
Date of Hire	
Civil Service Examination	None
License/Certification Required	Licensed physician; licensed dentist; licensed veterinarian; licensed podiatrist; licensed chiropractor; or a holder of a master’s degree in public health
Motor Vehicle License	Ohio Bureau of Motor Vehicles

ROLE OVERVIEW:

An appointed public official who serves as the Health Commissioner of the General Health District in Scioto County, Ohio, and chief executive officer of the Scioto County District Board of Health.

The Health Commissioner reports to the District Board of Health. The Board of Health prescribes the terms and conditions of appointment in accordance with Ohio law. The term may not exceed five years and may be renewed.

JOB DUTIES:

- Assures that the Board of Health conducts organizational strategic planning and monitors progress toward strategic goals

- Assures that the Board of Health participates in or leads ongoing community health assessment and planning in partnership with other community stakeholders, e.g., hospitals and other health departments
- Identifies and pursues funding from public and private foundation sources to address public health priorities identified through organizational strategic planning and community health assessments
- Seeks volunteer leadership positions with local funding agencies, e.g., United Way, Community Action Organization, community foundations, to encourage them to support public health priorities identified through community health assessment processes
- Serves on boards and committees of other community organizations to assure that the District Board of Health is fully integrated into the local public health system.
- Chairs the Scioto County Child Fatality Review Board; assures that the Review Board complies with statutory reporting requirements and communicates its findings to the community
- Educates state and federal legislators and policymakers about funding and policy changes needed to address current and emerging public health problems.
- Participates in research activities with academic and practice partners to increase the evidence base for public health practice, e.g., through the Public Health Practice-Based Research Network, presentations at scientific conferences, publications in peer-reviewed journals
- Serves as primary media spokesperson for the organization on public health topics or identifies other subject matter experts for that role if appropriate for a particular topic
- Leads organizational efforts to achieve and maintain local health department accreditation from the Public Health Accreditation Board
- Coaches and supports managers and staff to help them achieve organizational and personal improvement goals and identify measures of success; creates and promotes leadership development and succession planning opportunities for managers and staff
- Communicates regularly and frequently with Board of Health members, managers, staff, external stakeholders, and the public through in-person meetings, community forums, email, newsletters and written reports about trends and events of importance to the organization and the public
- Actively involves herself/himself in peer professional organizations, e.g., National Association of County and City Health Officials, Association of Ohio Health Commissioners, Ohio Public Health Association
- Actively involves herself/himself in stakeholder organizations, e.g., Scioto County Township Association
- Continuously monitors organizational climate through surveys, focus groups and other media to assure a high level of staff morale and performance
- Assesses job performance of direct reports on an annual basis or more frequently if necessary and identifies opportunities for individual performance improvement
- Drafts and reviews local public health regulations that address emerging public health problems for adoption by the Board of Health

- Convenes administrative hearings with individuals and business entities subject to enforcement action in order to resolve complaints and avoid escalated enforcement action, i.e., Board of Health orders or court action
- Identifies and recruits community members for service on organizational advisory boards and committees
- Prepares agendas and meeting materials for Board of Health meetings and meetings of its committees
- Assures that regulatory staff meet regularly with the regulated community to obtain feedback about how to improve regulatory policies and decision-making
- Mobilizes support among the public and policymakers for public policy changes that improve health, e.g., Tobacco 21.
- Reviews hiring/firing recommendations from managers and makes hiring recommendations to the Board of Health
- Seeks opportunities to increase workforce diversity through strategies contained in the organization's affirmative action plan
- Promotes the Organizational Code of Ethics by encouraging board members, managers and staff to bring ethical questions to the Ethics Advisory Committee for timely discussion and recommendation
- National Incident Management System (NIMS)/Incident Command System (ICS) 100, 700, 300, 400 and IC20.11 (Diversity Training) certification within six months of appointment
- Valid Ohio driver's license

PREREQUISITE EXPERIENCE: the Health Commissioner shall have a minimum of five years previous experience in senior management or leadership positions in a health department or other health care organization.

STATUTORY REQUIREMENTS: the person appointed as commissioner shall be a licensed physician, licensed dentist, a licensed veterinarian, licensed podiatrist, licensed chiropractor, or the holder of a master's degree in public health or an equivalent master's degree in a related health field as determined by the members of the board of health in a general health district. He [she] shall be secretary of the board, and shall devote such time to the duties of his [her] office as may be fixed by contract with the board. The commissioner shall be the executive officer of the board and shall carry out all orders of the board and of the [Ohio] department of health. He [she] shall be charged with the enforcement of all sanitary laws and regulations in the district. The commissioner shall keep the public informed in regard to all matters affecting the health of the district. [Ohio Revised Code Section 3709.11]

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier 3 – Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

B. Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas: Analytical/Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These competencies would also be addressed at the Tier 3 level for effective administration of the department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** – Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community [4C5]
- **Collaborate with Partners** – Establishes written agreements (e.g. memoranda-of understanding [MOU's], contracts, and letters of endorsement) that describe the purpose and scope of partnerships. [5C6]
 - **Improve Programs** – Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services [5C8]
 - **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
 - **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]

- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
 - **Professional Development Participation** – Ensures use of professional development opportunities throughout the organization. [8C7]
 - **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]
- C. Job Specific Competencies - Tier 3 employees
- Analytical/Assessment Skills (1C1, 1C2, 1C3, 1C4, 1C5, 1C7, 1C8, 1C9, 1C10, 1C11, 1C12, 1C13, 1C14, 1C15)
 - Policy Development/Program Planning Skills (2C2, 2C3, 2C4, 2C5, 2C6, 2C7, 2C8, 2C9, 2C10, 2C11,)
 - Communication Skills (3C2, 3C3, 3C4, 3C5, 3C7, 3C8)
 - Cultural Competency Skills (4C3, 4C4, 4C5, 4C6, 4C7)
 - Community Dimensions of Practice Skills (5C1, 5C2, 5C3, 5C4, 5C5, 5C6, 5C7, 5C8, 5C9, 5C10)
 - Public Health Sciences Skills (6C2, 6C3, 6C5, 6C6, 6C7, 6C8, 6C9)
 - Financial Planning and Management Skills (7C2, 7C3, 7C6, 7C7, 7C8, 7C9, 7C10, 7C11, 7C12, 7C13, 7C14, 7C15, 7C16)
 - Leadership and Systems Thinking Skills (8C1, 8C2, 8C3, 8C4, 8C6, 8C7, 8C10)

D. Professional Competencies

The professional competencies Health Commissioner will adhere to all health checklists, policies and procedures for Scioto County Health Department Public Health Commissioner.

Administrator:

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description

GENERAL INFORMATION:

Employee:

Title: Administrator (Full-Time)

Department	Scioto County Health Department – Nursing Division
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours
Immediate Supervisor	Health Commissioner; Board of Health
Date of Hire	
Civil Service Examination	None
Motor Vehicle License	Ohio Bureau of Motor Vehicles

ROLE OVERVIEW:

The purpose of this position is to assist in the management of the overall day-to-day operations and personnel of the Health Department to assure the successful achievement of the department's vision, mission, and program objectives. The Administrator promotes and supports public health in Scioto County by providing senior management, leadership and public health expertise. This position promotes public health by providing the essential services of public health within a variety of settings, ensures compliance with a broad range of current local health and environmental codes, regulations and policies; participates in multi-faceted community health and environmental projects; and providing technical assistance and information to individuals, families and groups regarding public health and environmental issues. The Administrator provides mentoring, supervision and technical assistance to all staff. Work is performed under the general direction of the Health Commissioner. Position assumes all duties of the Health Commissioner in her/his absence and supervises in conjunction with Division Directors, all employees within the department.

JOB DUTIES:

Under general supervision and/or as part of various workgroups and teams, the Administrator performs the following essential functions within the framework of Scioto County Health Department's provision of the core functions and essential services of public health:

- Provides public health expertise and leadership to the Department.
- Assures that the delivery of public health services are evidence-based and/or best practices, and build the scientific basis of public health.
- Ensures compliance with relevant state public health practice guidelines, community standards of care, and Federal and State laws and regulations
- Assures a safe working environment in the Department through management oversight of the implementation of relevant standards set by Occupational Safety and Health Administration, state laws and County policy.
- Serve as the Board of Health approved authority in the absence of the Health Commissioner.
- Service to the Board of Health in all duties as the Health Commissioner, in his/her absence.
- Serve as the Board of Health Secretary in the absence of the Health Commissioner.
- Identifies and pursues funding from public and private foundation sources to address public health priorities identified through organizational strategic planning and community health assessments
- Serves as primary media spokesperson for the organization on public health topics or identifies other subject matter experts for that role if appropriate for a particular topic
- Leads organizational efforts to achieve and maintain local health department accreditation from the Public Health Accreditation Board
- Coaches and supports managers and staff to help them achieve organizational and personal improvement goals and identify measures of success; creates and promotes leadership development and succession planning opportunities for managers and staff
- Communicates regularly and frequently with Board of Health members, managers, staff, external stakeholders, and the public through in-person meetings, community forums, email, newsletters and written reports about trends and events of importance to the organization and the public
- Actively involves herself/himself in stakeholder organizations, e.g., Scioto County Township Association
- Continuously monitors organizational climate through surveys, focus groups and other media to assure a high level of staff morale and performance
- Assesses job performance of direct reports on an annual basis or more frequently if necessary and identifies opportunities for individual performance improvement
- Drafts and reviews local public health regulations that address emerging public health problems for adoption by the Board of Health

- Convenes administrative hearings with individuals and business entities subject to enforcement action in order to resolve complaints and avoid escalated enforcement action, i.e., Board of Health orders or court action
- Identifies and recruits community members for service on organizational advisory boards and committees
- Prepares agendas and meeting materials for Board of Health meetings and meetings of its committees
- Assures that regulatory staff meet regularly with the regulated community to obtain feedback about how to improve regulatory policies and decision-making
- Mobilizes support among the public and policymakers for public policy changes that improve health, e.g., Tobacco 21.
- Reviews hiring/firing recommendations from managers and makes hiring recommendations to the Board of Health
- Seeks opportunities to increase workforce diversity through strategies contained in the organization's affirmative action plan.
- Promotes the Organizational Code of Ethics by encouraging board members, managers and staff to bring ethical questions to the Ethics Advisory Committee for timely discussion and recommendation
- National Incident Management System (NIMS)/Incident Command System (ICS) 100, 700, 300, 400 and IC20.11 (Diversity Training) certification within six months of appointment
- Performs public health emergency response duties as assigned and consistent with job classification and training provided, in response to threats to the public's health.
- This position is responsible, in partnership with the Health Commissioner, for reviewing and updating public health emergency plans.
- Participates in Department and community emergency response training and drills consistent with job classification in support of public health emergency and disaster preparedness.
- This position will be responsible for strategic planning, using quality improvement (QI) and performance management (PM) processes and/or techniques to improve the effectiveness of the respective public health program. This includes, but is not limited to: creating, implementing, and evaluating performance standards and identifying, implementing, and assessing program quality improvement processes.
- Assumes responsibility for own professional growth and development by pursuing education, participating in professional committees and work groups and contributing to a work environment where continual improvements in practice are pursued.
- Valid Ohio driver's license

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier 2 – Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Public Health Tier 3 – Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

B. Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas: Analytical/Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department.

These competencies would will also be addressed at the Tier 2 and Tier 3 levels for effective administration of the department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]

- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
 - **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
 - **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
 - **Address Diversity** – Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community [4B5]
 - **Collaborate with Partners** – Establishes written agreements (e.g. memoranda-of understanding [MOU's], contracts, and letters of endorsement) that describe the purpose and scope of partnerships. [5B6]
 - **Improve Programs** – Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services [5B8]
 - **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
 - **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
 - **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
 - **Professional Development Participation** – Ensures use of professional development opportunities throughout the organization. [8C7]
 - **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]
- C. Job Specific Competencies – Tier 2 and Tier 3 employees
- Analytical/Assessment Skills (1B1, 1B2, 1B3, 1B4, 1B5, 1B7, 1B8, 1B9, 1B10,

- 1B11, 1B12, 1B13, 1B14, 1B15)
- Policy Development/Program Planning Skills (2B2, 2B3, 2B4, 2B5, 2B6, 2B7, 2B8, 2B9, 2B10, 2B11,)
- Communication Skills (3B2, 3B3, 3B4, 3B5, 3B7, 3B8)
- Cultural Competency Skills (4B3, 4B4, 4B5, 4B6, 4B7)
- Community Dimensions of Practice Skills (5B1, 5B2, 5B3, 5B4, 5B5, 5B6, 5B7, 5B8, 5B9, 5B10)
- Public Health Sciences Skills (6B2, 6B3, 6B5, 6B6, 6B7, 6B8, 6B9)
- Financial Planning and Management Skills (7B2, 7B3, 7B6, 7B7, 7B8, 7B9, 7B10, 7B11, 7B12, 7B13, 7B14, 7B15, 7B16)
- Leadership and Systems Thinking Skills (8B1, 8B2, 8B3, 8B4, 8B6, 8B7, 8B10)

D. Professional Competencies

The professional competencies of the Administrator will adhere to all health checklists, policies and procedures for Scioto County Health Department Public Health Administrator.

BEHAVIOR EXPECTATIONS:

- Treats others with courtesy and respect in all interactions.
- Responds with flexibility to changing needs.
- Manages multiple tasks and deadlines.
- Supports and promotes the department's vision, mission, and core values. Promotes team and organizational learning.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

Education, Licensure, Certifications, Experience

- Bachelors of Science in Environmental Health, Nursing or other health related field required.
- Three (3) years of leading community initiatives and/or facilitating teams focused on public health issues.
- Experience in Performance Management Public Health Accreditation, Quality Improvement, Strategic Planning, Community Health Improvement Planning, Communicable Disease follow up, Health hazard Investigations and
- National Incident Management System (NIMS)/Incident Command System (ICS) 100, 200, 300, 400 and 700.a certification within six (6) months of employment.
- Valid Ohio driver's license, current certificate of vehicle insurance, and access to reliable transportation to all assigned work locations.
- Proficiency in use of intermediate computer skills: email, word processing, use of spreadsheets established databases and spreadsheets, presentation and publisher software, and internet searches.
- Ability to take after-hours on-call, work longer shifts, nights, and weekends to meet operational needs as determined by the Health Commissioner.

Leadership and Systems Thinking Skills

- Proficiency in recruitment, orientation, training, operational, evaluation, management, and supervision principles, methodologies, tools, and techniques.
- Proficiency in human relations, problem solving, conflict resolution, negotiation, decision making, critical and analytical thinking skills.
- Proficiency in team building, group facilitation, leadership, and development of supervisory trust and capacity within the Division, across the Department, and among community partners.
- Proficiency in the principles of mentoring, peer advising and coaching for public health workforce development.

Deputy Registrar/Medical Billing:

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description

GENERAL INFORMATION:

Employee:

Job Title: Deputy Registrar/Billing Clerk

Department	Scioto County Health Department
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week)
Immediate Supervisor	Health Commissioner
Date of Hire	
Motor Vehicle License	Ohio Bureau of Motor Vehicles

JOB DUTIES:

Deputy Registrar:

- Deputy Registrar of Vital Statistics, District #7300
- Records births and deaths in Scioto County. Copies remain in department, originals mailed weekly to the Ohio Department of Health.
- Issues burial permits, certified copies of birth and death certificates using EDRS.
- Provides genealogy searches for requested records.
- Serves as receptionist, screening calls and identifying callers. Transfers calls to in-office personnel.
- Dates incoming mail and delivers to staff. Prepares and dispatches outgoing mail.
- Types forms, reports, letters and etc. for the County Health Commissioner.
- Attends state and local education meetings and watches educational webinars.
- Assist with annual flu clinics
- Ensure office areas are kept clean.

Billing Clerk:

- Enters client's demographic, insurance and immunization information into HDIS, electronic record.
- Enters vaccine information: NDC #, lot #, amount and expiration date into HDIS vaccine inventory.
- Check eligibility and benefits verification
- Performs and maintains provider credentialing necessary with each insurance plan.
- Preparing, reviewing and transmitting claims using electronic billing system.

- Prepares appeal letters to insurance carriers when not in agreement with the claim denial.
- Checks insurance payments for accuracy and compliance with contract.
- Reviews and makes corrections to rejected claims and resubmits to payers.
- Enters payments and date received in clients' electronic record.
- Develop and maintain a tracking system of incoming and late payments.
- Knowledge of CPT and ICD-10 codes.
- Maintains strictest confidentiality; adheres to all HIPAA guidelines/regulations.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier: 1 – Frontline employee

Tier 1 competencies are applied to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

B. Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas: Analytical/Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography,

- education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
 - **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
 - **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
 - **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
 - **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
 - **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
 - **Professional Development Participation** - Participate in professional development opportunities [8A7]
 - **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. Job Specific Competencies - Tier 1 employees:

Descriptions of each competency can be found at:

http://www.pfh.org/resourcestools/pages/core_public_health_competencies.aspx

- Analytical/Assessment Skills (1A1, 1A2, 1A3, 1A4, 1A5, 1A7, 1A8, 1A9, 1A10, 1A11, 1A12)
- Policy Development/Program Planning Skills (2A2, 2A3, 2A4, 2A6, 2A8, 2A10, 2A11)
- Communication Skills (3A2, 3A3, 3A4, 3A5)
- Cultural Competency Skills (4A3, 4A4, 4A6, 4A7)
- Community Dimensions of Practice Skills (5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A9)

- Public Health Sciences Skills (6A2, 6A3, 6A5, 6A6, 6A7, 6A8, 6A9)
- Financial Planning and Management Skills (7A2, 7A3, 7A6, 7A7, 7A9, 7A10, 7A11, 7A12, 7A13, 7A14)
- Leadership and Systems Thinking Skills (8A1, 8A2, 8A3, 8A4, 8A6, 8A7, 8A9)

Scioto County Health Department

Job Description

GENERAL INFORMATION:

Employee: Title: **Vital Statistics Registrar/Fiscal Officer/Clinical Administrative Assistant (Full-Time)**

Department	Scioto County Health Department - Administration
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours
Immediate Supervisor	Health Commissioner
Date of Hire	
Civil Service Examination	None
License/Certification Required	Notary
Motor Vehicle License	<u>Ohio Bureau of Motor Vehicles</u>

POSITION DEFINITION:

Vital Statistics: To assist the public in acquiring birth certificates, death certificates and other vital records.

Fiscal Officer: Be familiar with audits, invoices and budget preparations. Able to manage many funds, accounts payable, preparing purchase orders. You should also have excellent organizational skills and be able to handle time-sensitive tasks.

Other Duties: Other duties will involve assisting the Vaccine Clinic, cross-training with medical billing and working on accreditation activities.

ESSENTIAL FUNCTIONS:

Vital Statistics

Essential duties and functions, pursuant to the Americans with Disabilities Act, may include the following. Other related duties may be assigned.

1. Assist the public with the acquisition of vital records; receive money; fill out affidavits and notarize.
2. Send information letters to home birth parents.
3. Review death certificates for completeness, cause of death and necessary signatures.

4. Register all county deaths; sign burial permits; make certified copies of death certificates.

Fiscal Officer

1. Keep accurate records for all daily transactions
2. Prepare balance sheets
3. Process invoices
4. Record accounts payable and accounts receivable
5. Update internal systems with financial data
6. Prepare monthly, quarterly and annual financial reports
7. Reconcile fund account with county auditor monthly reports
8. Participate in financial audits
9. Track pay-ins to the county treasurer's office
10. Assist with budget preparation
11. Review and implement financial policies
12. Submitting payroll

Other Duties:

1. Assist with vaccine clinic, contact tracing, COVID-19 case follow-up
2. Assist with BCMH billing
3. Assist with accreditation activities
4. Destroy documents according to Records Retention Policy

An employee in this position may be called upon to do any or all of the above tasks. (These examples do not include all of the tasks which the employee may be expected to perform.)

PREFERRED QUALIFICATIONS:

1. Experience using financial software
2. Advanced MS Excel skills
3. Knowledge of financial regulations
4. Excellent analytical and numerical skills
5. Sharp time management skills
6. Strong ethics, with an ability to manage confidential data
7. BS degree in Finance, Accounting or Economics

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES:

A. Public Health Tier: 1 – Frontline employee

B. Organizational Competencies

All SCHED employees are expected to ensure that the Scioto County community is protected from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all SCHED are expected to meet specified competencies in the following areas:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]

- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. Job Specific Competencies

Descriptions of each competency can be found at:

http://www.phf.org/resourcestools/Documents/competency_Assessment_Tier1_2014.pdf

- Analytical /Assessment Skills (1A8)
- Policy Development/Program Planning Skills (2A5)
- Communication Skills (3A1, 3A2, 3A5)
- Cultural Competency Skills (4A1, 4A2, 4A3, 4A4, 4A5, 4A6)
- Community Dimensions of Practice Skills (5A1, 5A5, 5A6, 5A7, 5A9, 5A10)
- Public Health Sciences Skills (6A1, 6A2, 6A4, 6A5, 6A6, 6A8, 6A9)
- Financial Planning and Management Skills (7A3, 7A10)
- Leadership and Systems Thinking Skills (8A1, 8A3, 8A5, 8A6, 8A7)

D. Professional Competencies

List professional competency(ies):

Employee will adhere to:

- The Center for Disease Control and Prevention Environmental Health Performance standards found at:
<http://www.cdc.gov/nceh/ehs/envphps/Docs/EnvPHPSv2.pdf>
- All internal environmental health checklists, policies and procedures for Scioto County Health Sanitarians and Sanitarians-In-Training.

REPORTING STRUCTURE:

Title of immediate Supervisor:	Health Commissioner
Titles of any others this position reports to:	

PHYSICAL WORK ENVIRONMENT:

Job Locations: 612 6th St., Suite D, Portsmouth, OH 45662

The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection promotional criteria.

Environmental:

Director:

Scioto County Health Department

Job Description

GENERAL INFORMATION:

Employee:

**Title: Director of Environmental Health
(Full-Time)**

Department	Scioto County Health Department
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours.
Immediate Supervisor	Health Commissioner
Date of Hire	
Civil Service Examination	None
License/Certification Required	Ohio Board of Sanitarians - Registered Environmental Health Specialist
Motor Vehicle License	Ohio Bureau of Motor Vehicles

JOB DUTIES:

- Assist with the administration and enforcement of the Ohio Food Service and Retail Food Establishment Laws and Regulations.
- Assists with the administration and enforcement of the Food Handling Regulations of the Scioto County Health Department.
- Assists with the administration and enforcement of the Ohio Private Water System and Household Sewage disposal rules.
- Assists with the conduction of foodborne illness investigations.
- Assists with the administration and enforcement of the Ohio Swimming

Pool rules.

- Assists with nuisance complaints of a nature that may adversely affect the health and welfare of the residents of Scioto County: such as, garbage, refuse, trash, odors, animals, sewage, water pollution, soil contaminants, hazardous materials, insects, food and etc.
- Assists with the enforcement of the nuisance laws and rules of the State of Ohio, and Scioto County Health Department nuisance policy and procedures.
- Assists with the investigation of reported animal bites according to State Law and
- Quarantine of domestic animals that have bitten someone.
- Assist with the rabies program.
- Assist with the conduction of a mosquito control program by following criteria: Breeding site identification and removal and chemical control.
- Maintains a Registered Sanitarian status.
- Assists with the enforcement of the Tattoo Studio Ordinance.
- Reports environmental activities to the Health Commissioner.
- Assists with other health department services and activities as requested.
- Keeps current in environmental laws by attending workshops and seminars approved by the Health Commissioner.
- Has a personal car to use for visits -- mileage reimbursement at rate set by the Board of Health.
- Maintains a current license with the Bureau of Motor Vehicles.
- Maintains vehicle liability coverage on personal vehicle.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier: 2 – Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise

Organizational Competencies

All SCHD employees are expected to ensure that Scioto County is protected from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all SCHD employees are expected to meet specified

competencies in the following areas: Analytical/ Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. All staff chose 14 organizations competencies among tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES:

A. Organizational Competencies

All SCHED employees are expected to ensure that the Scioto County community is protected from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all SCHED are expected to meet specified competencies in the following areas:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation,

profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]

- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

A. **Job Specific Competencies** Descriptions of each competency can be found

at:http://www.pfh.org/resourcestools/Documents/competency_Assessment_Tier1_2014.pdf

- Analytical /Assessment Skills (1A8)
- Policy Development/Program Planning Skills (2A5)

- Communication Skills (3A1, 3A2, 3A5)
- Cultural Competency Skills (4A1, 4A2, 4A3, 4A4, 4A5, 4A6)
- Community Dimensions of Practice Skills (5A1, 5A5, 5A6, 5A7, 5A9, 5A10)
- Public Health Sciences Skills (6A1, 6A2, 6A4, 6A5, 6A6, 6A8, 6A9)
- Financial Planning and Management Skills (7A3, 7A10)
- Leadership and Systems Thinking Skills (8A1, 8A3, 8A5, 8A6, 8A7)

B. Professional Competencies:

The Director of Environmental Health will adhere to:

List professional competency(ies):

-All internal environmental health checklists, policies and procedures for Scioto County Health Department Sanitarians, Sanitarians-in-Training and Directors.

-The Center for Disease Control and Prevention Environmental Health Performance standards found at:

<http://www.cdc.gov/nceh/ehs/envphps/Docs/EnvPHPSv2.pdf>

Retail Food Supervisor:

Scioto County Health Department

Job Description

GENERAL INFORMATION:

Employee:

**Title: Environmental Health Specialist –
Retail Food Program, Supervisor
General Environmental Health (Full-Time)**

Department	Scioto County Health Department - Environmental
Work Hours	8:30 A.M. to 4:30 P.M. 9 One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours.
Immediate Supervisor	Director of Environmental Health
Date of Hire	
Civil Service Examination	None
License/Certification Required	Ohio Board of Sanitarians - Registered Environmental Health Specialist
Motor Vehicle License	Yes

POSITION DEFINITION:

Responsible for performing field inspections of licensed state mandated programs, i.e. – public swimming pools and spas, campgrounds, private water systems, sewage, and tattoo operations and public nuisance program. These programs are conducted to protect the health of the public. Work may also involve investigation of complaints, risk assessments, and screening of potential clients. Position may be reassigned to other programs within Environmental Health as operational needs warrant.

ESSENTIAL FUNCTIONS:

- Inspection and appropriate code enforcement of state mandated programs and nuisance program. Efficiently uses resources to mitigate health hazards.
- Document inspection records within the appropriate system (HDIS, files, correspondence, memoranda, reports and related materials).

- Train staff and operators as needed. Develops and provides educational programs and materials
- Consult with internal/external experts and agencies, including, but not limited to, the Ohio Department of Health for environmental health and safety codes and practices.
- Attend mandatory staff meetings; attend CEU classes and maintain RS/Sit licensure.
- If position is reassigned, work may include inspections of retail food operations as well as -swimming pools, camp grounds, body art establishments and other environmental health issues and complaints.
- During a public health emergency, the employee may be required to perform duties similar to but not limited to those in his/her job description.

An employee in this position may be called upon to do any or all of the above tasks. (These examples do not include all of the tasks which the employee may be expected to perform.)

PREFERRED QUALIFICATIONS:

Bachelor’s Degree in Environmental Health or other science field.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES:

E. Public Health Tier: 1 – Frontline employee

F. Organizational Competencies

All SCHED employees are expected to ensure that the Scioto County community is protected from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all SCHED are expected to meet specified competencies in the following areas:

- **Role During Emergency** - Demonstrate knowledge of one’s expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency’s strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]

- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

G. Job Specific Competencies

Descriptions of each competency can be found at:

http://www.phf.org/resourcestools/Documents/competency_Assessment_Tier1_2014.pdf

- Analytical /Assessment Skills (1A8)
- Policy Development/Program Planning Skills (2A5)
- Communication Skills (3A1, 3A2, 3A5)
- Cultural Competency Skills (4A1, 4A2, 4A3, 4A4, 4A5, 4A6)
- Community Dimensions of Practice Skills (5A1, 5A5, 5A6, 5A7, 5A9, 5A10)
- Public Health Sciences Skills (6A1, 6A2, 6A4, 6A5, 6A6, 6A8, 6A9)
- Financial Planning and Management Skills (7A3, 7A10)

- Leadership and Systems Thinking Skills (8A1, 8A3, 8A5, 8A6, 8A7)

H. Professional Competencies

List professional competency(ies): Registered Environmental Health Specialist (REHS)

Employee will adhere to:

- The Center for Disease Control and Prevention Environmental Health Performance standards found at:
<http://www.cdc.gov/nceh/ehs/envphps/Docs/EnvPHPSv2.pdf>
- All internal environmental health checklists, policies and procedures for Scioto County Health Sanitarians and Sanitarians-In-Training.

REPORTING STRUCTURE:

Title of immediate Supervisor:	Director of Environmental Health
Titles of any others this position reports to:	Health Commissioner

PHYSICAL WORK ENVIRONMENT:

Job Locations: 612 6th St., Suite D, Portsmouth, OH 45662

Physical Activity:

[This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the following requirements. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements):

Climbing, reaching, standing, walking, pushing, pulling, lifting, touching, talking, hearing, repetitive motions

Walking over uneven terrain to perform nuisance or building inspections.

Climbing up and down ladders.

Uses shovels and hand augers to excavate soil and hooks to remove septic tank lids.

Crawling into crawl spaces or half basements of homes.

Bending, stooping and kneeling to inspect food service establishments, sewage treatment systems, water well construction sites, and other locations.

Ability to travel throughout the county to conduct inspections.

Ability to enter and access information using a computer.

Ability to carry and use inspection equipment such as computers, printers, shovels, and hand augers weighing up to 30 lbs.

Physical Requirements: Sedentary work, light work

Visual Activity: Close to the eyes, at or within arm's reach

Other Job Activities: Employee works both, inside in an office setting, and outside for sanitation duties. Lifting up to 25 pounds occasionally, and/or up to 15 pounds of force frequently, and/or on foot for long periods of time in order to accomplish sanitation field job requirements and may be exposed to weather elements.

Handles household hazardous waste materials.

Works with hostile individuals during the course of investigative/enforcement functions.

Ability to work some after hours and weekends.

Ability to do some out-of-town over night or extended stay travel.

The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection promotional criteria.

Retail Food Program Inspector:

Scioto County Health Department

Job Description

GENERAL INFORMATION:

Employee:

Title: Environmental Health Specialist –
Retail Food Program (Full-Time)

Department	Scioto County Health Department – Environmental Health
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours.
Immediate Supervisor	Director of Environmental Health
Date of Hire	
Civil Service Examination	None
License/Certification Required	Ohio Board of Sanitarians - Environmental Health Specialist
Motor Vehicle License	Ohio Bureau of Motor Vehicles

POSITION DEFINITION:

Responsible for performing field inspections of licensed retail food establishments (RFE's) and food service operations (FSO's) to enforce the Ohio Uniform Food Safety Code, and to protect the health of the public. Work may also involve investigation of complaints, risk assessments, and screening of potential clients. Position may be reassigned to other programs within Environmental Health as operational needs warrant.

ESSENTIAL FUNCTIONS:

- Inspection and appropriate code enforcement of food service operations retail food establishments, and school inspections. Efficiently uses resources to mitigate health hazards.
- Document inspection records within the appropriate system (HDIS, files, correspondence, memoranda, reports and related materials).
- Train staff and operators as needed. Develops and provides educational programs and materials regarding safe food preparation, handling, and storage practices, other environmental health related practices.

- Consult with internal/external experts and agencies, including, but not limited to, the Ohio Department of Health and the United States Department of Agriculture, regarding food protection codes or practices or other environmental health and safety codes and practices.
- Attend mandatory staff meetings; attend CEU classes and maintain RS/Sit licensure.
- If position is reassigned, work may include inspections of swimming pools, camp grounds, body art establishments and other environmental health issues and complaints.
- During a public health emergency, the employee may be required to perform duties similar to but not limited to those in his/her job description.

An employee in this position may be called upon to do any or all of the above tasks. (These examples do not include all of the tasks which the employee may be expected to perform.)

PREFERRED QUALIFICATIONS:

Bachelor's Degree in Environmental Health or other science field.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES:

B. Organizational Competencies

All SCHED employees are expected to ensure that the Scioto County community is protected from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all SCHED are expected to meet specified competencies in the following areas:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend

solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]

- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. **Job Specific Competencies** Descriptions of each competency can be found at:

http://www.phf.org/resourcestools/Documents/competency_Assessment_Tier1_2014.pdf

- Analytical /Assessment Skills (1A8)
- Policy Development/Program Planning Skills (2A5)
- Communication Skills (3A1, 3A2, 3A5)
- Cultural Competency Skills (4A1, 4A2, 4A3, 4A4, 4A5, 4A6)
- Community Dimensions of Practice Skills (5A1, 5A5, 5A6, 5A7, 5A9, 5A10)
- Public Health Sciences Skills (6A1, 6A2, 6A4, 6A5, 6A6, 6A8, 6A9)
- Financial Planning and Management Skills (7A3, 7A10)
- Leadership and Systems Thinking Skills (8A1, 8A3, 8A5, 8A6, 8A7)

D. **Professional Competencies** List professional competency(ies): Registered Sanitarian (RS) will adhere to The Center for Disease Control and Prevention Environmental Health Performance standards found at:

<http://www.cdc.gov/nceh/ehs/envphps/Docs/EnvPHPSv2.pdf>

- All internal environmental health checklists, policies and procedures for Scioto County Health Sanitarians and Sanitarians-In-Training.

PHYSICAL WORK ENVIRONMENT:

A. **Job Locations:** 612 6th St., Suite D, Portsmouth, OH 45662, in the field. Employee works both, inside in an office setting, and outside for sanitarian duties.

B. **Physical Activity:**

[This job requires the ability to perform the essential functions contained in this description. These include, but are not limited to, the following requirements. Reasonable accommodations will be made for otherwise qualified applicants unable to fulfill one or more of these requirements]:

Climbing, reaching, standing, walking, pushing, pulling, lifting, touching, talking, hearing, repetitive motions, climbing up and down ladders.
Walking over uneven terrain to perform nuisance or building inspections.
Uses shovels and hand augers to excavate soil and hooks to remove septic tank lids.
Crawling into crawl spaces or half basements of homes.

Bending, stooping and kneeling to inspect food service establishments, sewage treatment systems, water well construction sites, and other locations.
Ability to travel throughout the county to conduct inspections.
Ability to enter and access information using a computer.
Ability to carry and use inspection equipment such as computers, printers, shovels, and hand augers weighing up to 30 lbs. Handles household hazardous waste materials.
Works with hostile individuals during the course of investigative/enforcement functions.
Ability to work some after hours and weekends.
Ability to do some out-of-town over night or extended stay travel.

The qualifications listed above are intended to represent the minimum skills and experience levels associated with performing the duties and responsibilities contained in this job description. The qualifications should not be viewed as expressing absolute employment or promotional standards, but as general guidelines that should be considered along with other job-related selection promotional criteria.

Nursing: Director:

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description – Director of Nursing

GENERAL INFORMATION:

Employee:

Title: Director of Nursing (Full-Time)

Department	Scioto County Health Department – Nursing Division
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours
Immediate Supervisor	Health Commissioner
Date of Hire	
Civil Service Examination	None
License/Certification Required	Ohio State Board of Nursing
CPR	American Heart Association
Motor Vehicle License	Ohio Bureau of Motor Vehicles

JOB DUTIES:

Supervises and trains all nursing personnel. Supervises, promotes and participates in all nursing programs and services of the Scioto County Health Department, including but not limited to:

Immunization Program:

- Oversees all immunizations programs (VFC, 317, private; infant, child, teen, adult, school, travel)
- Orders vaccines and ensures accuracy of inventory
- Ensures compliance with public vaccine program requirements (VFC and 317); maintains all required records; prepares annual provider agreement and vaccine management plan
- Arranges routine maintenance and temperature calibration of vaccine storage refrigerators and freezers.
- Keeps emergency vaccine storage agreement with Southern Ohio Medical Center up-to-date.

- Schedules mobile immunization clinics.
- Trains nurses in vaccine administration and management.
- Oversees accurate data entry and billing.
- Uploads immunization records into Impact-SIIS.
- Assists with immunization clinic as necessary.

Children with Medical Handicaps Program:

- Trains nurses for the CMH program.
- Assigns CMH cases to specific PHNs.
- Oversees the CMH program, answers questions, and provides backstopping and troubleshooting as necessary.
- Engages in CMH case management on certain complicated cases.
- Monitors that PHNs' documentation is accurate and in proper format, and that billing is done correctly and on time.

Infectious Disease Surveillance, Reporting and Follow-Up

- Trains PHNs in use of the Ohio Disease Reporting System (ODRS).
- Trains PHNs in how to report cases of communicable diseases, and how to follow up with patients and providers.
- Oversees infectious disease reporting and follow-up; assigns cases, answers questions, and provides backstopping and troubleshooting as necessary.
- Coordinate with environmental health staff as necessary in cases of foodborne illness, legionella, etc.
- Conducts patient interviews as necessary when other disease nurses are unavailable.
- Consults regional epidemiologist and/or Ohio Department of Health ORBIT staff on all outbreaks, as well as certain complicated cases and/or cases with potential to be a significant public health threat.
- Attends conference calls with ODH on significant public health threats.
- Liaises with regional epidemiologist, ODH, other health departments, and other agencies (e.g., EMA, hospital, law enforcement) re public health disease threats, to coordinate response.

Health Education and Health Promotion

- Coordinate community health education and health promotion activities.
- Represent (or direct staff to represent) the Scioto County Health Department at community health fairs, provider fairs, and other community events.
- Determine theme and messaging for each event. Assist PHNs to develop and compile appropriate resources to distribute to the public for each event.
- Make health information available to the public in various forms (print, website, social media, etc.) Approve content of all public messaging related to the Nursing Department before it is published, posted, or otherwise distributed to the public.

- Collaborate with Portsmouth City Health Department, Scioto County EMA, ODH
- Regional Emergency Preparedness, etc. on messaging related to disasters, emergencies, and threats to public health.
- Ensure that messaging is culturally-appropriate, appropriate for a variety of educational levels, and accessible to persons with disabilities and those who need translation services.

School Health Support

- Organize two Scioto County School Nurse meetings each year, with educational presentations.
- Organize and assign staff to do scoliosis screenings for any interested Scioto County schools.
- Provide mobile immunization clinics for school staff as needed.
- Provide community mobile flu clinics for any interested schools.
- Provide educational presentations for school staff on health topics of interest to them.
- Assist in providing school nurses with certain standing orders, and with prescriptions for epi-pens, defibrillators, etc. as requested.
- Serve on community advisory committee for county school districts, as requested.
- Involve schools in Scioto County Health Coalition activities related to improving food security, nutrition, and physical activity for students and their families.
- Serve as public health resource for three schools working with the Appalachian Whole Child Partnership to improve school-based health services.
- Provide information and back-up to school nurses for communicable disease issues in schools.

Interagency Collaboration

- Coordinate with Shawnee State University Department of Nursing to provide clinical precepting opportunities for SSU community health nursing students.
 - Serve on SSU Department of Nursing Advisory Board; attend annual meetings.
 - Serve on Scioto County Head Start Health Advisory Board; attend semi-annual meetings.
 - Represent the Health Commissioner on the Scioto County Family and Children First Council and attend monthly meetings.
 - Participate in the Scioto County Health Coalition, attend monthly meetings.
 - Serve as Coordinator for the Community Health Improvement Plan (CHIP) Work Group on Nutrition and Physical Activity. Convene meetings with multiple community partners to monitor progress on initiatives for this work group. Report updates quarterly.
 - Represent Scioto County Health Department at the Appalachian Whole Child Partnership Initiative; attend monthly meetings; work with Scioto County school districts involved with this initiative.
- Assign PHNs to represent the Scioto County Health Department on the Early Childhood Coordinating Committee, the Scioto County Health Commission Nutrition Committee, the Scioto County Health Coalition Tobacco Committee, etc. Supervise their work to support

these committees.

- Coordinate with directors of other community agencies and programs on issues relevant to the health of Scioto County residents, including but not limited to Portsmouth City Health Department, Help Me Grow, Early Intervention, Scioto County Board of Developmental Disabilities, ADAMHS Board, CAO, Children's Services, Juvenile Court, etc., and make referrals as necessary.

Childhood Lead Poisoning Case Management

- Supervise public health nurses in lead poisoning case management for children ages 6 and under; assign and monitor cases.
- Monitor reporting ODH Childhood Lead Program and completion of documentation in HHPLSS.
- Liaise with ODH Lead Program Coordinator, ODH Lead Investigator and child's pediatricians as necessary.
- Provide backup and support to PHNs on contacting parents, preparing care plans and doing lead home visits.

Child Fatality Review

- Serve as Child Fatality Review (CFR) Coordinator for Scioto County.
- Train and supervise PHN assisting with CFR.
- Compile annual case list and meet with Prosecutor to obtain clearance to proceed with review.
- Complete investigation of each case according to ODH requirements.
- Liaise with agencies involved with each case, in preparation for meeting.
- Organize and moderate annual review meeting.
- Supervise data entry after completion of review meeting.
- Complete and submit all required forms.
- Attend periodic CFR training.
- Maintain strict confidentiality.

SIDS Bereavement Support

- Train and Supervise PHN assisting with SIDS Bereavement Support program.
- Attend annual trainings.
- Understand and follow the protocol for contacting a family after the health department receives a report of a sudden unexplained death in a child 2 years old or younger, as required by state law.
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- Be familiar with local, state, national, and online resources for grief support and mental health services, as well as other services a grieving family may need.

- Provide backup and support to PHN on this program. As necessary, attempt to contact the parents, assess the family's needs, and make referrals as necessary.
- Monitor completion and submission of required documentation.

Accreditation

- Assists with the accreditation process.
- Assigns specific accreditation-related tasks to PHNs; trains and supervises them for these tasks.

Administrative Duties

- Attends monthly Board of Health meetings; writes monthly nursing department report.
- Monitors and approves time sheets for nursing staff.
- Participates in annual performance evaluations for nursing staff.
- Maintains records of required credentials and trainings for nursing staff.
- Prepares annual report for Scioto County Trustees.
- Orders clinical and office supplies for the Nursing Department, including first aid supplies for the Scioto County Fair.
- Writes policies and procedures for the Nursing Department.

Other

- Coordinates and supervises Nursing Department participation in local disaster response efforts.
- Supervises PHNs in staffing First Aid station at the Scioto County Fair.
- Responds to public inquiries about health matters and health department services.
- Keeps current in information related to the nursing programs and the nursing profession by attending seminars, training workshops, completing continuing education opportunities, and/or reading professional publications.
- Complete annual training on bloodborne pathogens, HIPAA privacy rules, vaccine handling and storage, and the Vaccines for Children program.
- Actively participates in other Health Department services as requested by the Health Commissioner.
- Must be proficient in basic computer skills and be able to use the following programs: Microsoft Word, CMAcs, ODRS, HHLPSS, Excel, Publisher, HDIS, IMPACT-SIIS.
- Write surveys to collect data on public health issues in Scioto County; supervise PHNs in data collection/survey administration; analyze, report and present survey data.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

D. Public Health Tier: 2 – Program Management/Supervisory Level

Tier 1 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing,

implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; etc.

E. Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas:

Analytical/ Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills.

Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]

- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

F. Job Specific Competencies - Tier 2 employees

- Analytical/Assessment Skills (1B1,1B2, 1B3, 1B4, 1B5, 1B7, 1B8, 1B9, 1B10, 1B11,1B12, 1B13, 1B14, 1B15)
- Policy Development/Program Planning Skills (2B1, 2B2, 2B3, 2B4, 2B5, 2B6, 2B7, 2B8, 2B9, 2B12, 2B13)
- Communication Skills (3B1, 3B2, 3B4, 3B5, 3B7, 3B8)
- Cultural Competency Skills (4B1, 4B2, 4B3, 4B3, 4B5, 4B6, 4B7, 4B8)
- Community Dimensions of Practice Skills (5B2, 5B3, 5B4, 5B5, 5B6, 5B7, 5B8, 5B9, 5B10)
- Public Health Sciences Skills (6B1, 6B2, 6B3,6B4, 6B5, 6B7, 6B8,6B9, 6B10)
- Financial Planning and Management Skills (7B2, 7B3, 7B4, 7B5, 7B8, 7B11, 7B12,7B13, 7B14, 7B15, 7B16)
- Leadership and Systems Thinking Skills (8B1, 8B2, 8B3, 8B4, 8B5, 8B6, 8B7, 8B9, 8B10)

G. Professional Competencies

The Director of Nursing will adhere to all health checklists, policies and procedures for Scioto County Health Department Public Health Nurse Employees.

Public Health Nurse:

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description – Public Health Nurse

GENERAL INFORMATION:

Employee:

Title: Public Health Nurse (Full-Time)

Department	Scioto County Health Department – Nursing Division
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours
Immediate Supervisor	Director of Nursing
Date of Hire	
Civil Service Examination	None
License/Certification Required	Ohio State Board of Nursing
CPR	American Heart Association
Motor Vehicle License	Ohio Bureau of Motor Vehicles

JOB DUTIES:

Immunization Program:

- Independently assess client health status, medical history, and vaccine record as pertain to immunizations. Advise patients of contraindications and potential adverse effects.
- Safely provide immunizations to clinic clients, including infants, children, adolescents, and adults, according to ACIP vaccine recommendations.
- Understand client eligibility criteria for Vaccines for Children (VFC) program, ODH 317 program, and private vaccines.
- Assist clients to understand immunization requirements for preschool/daycare, schools and universities and provide needed vaccines.
- Assist clients to understand international travel immunization requirements and recommendations, as well as other health precautions for international travel, and provide international travel vaccines according to CDC recommendations.
- Staff mobile immunization clinics as necessary.

- Serve as Assistant Vaccine Coordinator, able to take responsibility as directed by Vaccine Coordinator for inventory, ordering vaccine and supplies, uploading records to

IMPACT-SIIS, ensuring temperature monitoring and refrigerator/freezer maintenance, maintaining all required documentation for ODH VFC and 317 programs as well as private vaccine.

- Be able to accurately enter vaccine records into HDIS electronic record.
- Be able to assess client's insurance and Medicaid status.
- Ensure emergency medical equipment, supplies and meds are stocked and up to date, with up to date standing orders.
- Ensure clinic and waiting room areas are kept clean.

Children with Medical Handicaps Program:

- Provide case management to medically fragile children participating in the Children With Medical Handicaps (CMH) Program.
- Understand the policies and procedures of the CMH program, and be able to explain them clearly to parents and medical providers.
- Conduct home visits with CMH clients, as follows:
 - Application assistance: Assist parents/clients to apply for the CMH program (medical application and financial application)
 - Initial visit: Conduct initial visit and perform comprehensive assessment with all new clients on the CMH Treatment Program within 30 days
 - Renewal visit: Conduct annual renewal visits within 3 months of renewal date for all clients
 - Help Me Grow/PHN visit: Conduct initial visit/comprehensive assessment on all clients referred by Help Me Grow, to assess eligibility and assist with application to CMH diagnostic and treatment programs.
 - Interim visit: Meet with parents, at their request or as deemed necessary by the PHN, as needed to resolve problems and issues
 - Home visits are preferred. When not possible due to parent refusal, visits may be conducted in the clinic, a safe location in the community, or, as a last resort, by phone.
- Maintain accurate records; chart clearly and concisely. Write and upload PHN reports to CMACS and HDIS.
- Observe the interaction between the patient and family when possible.
- Report any concerns or issues to the Director of Nursing.
- Liaise appropriately with medical providers, equipment and pharmacy providers, schools, Children's Services, and other agencies as necessary for care coordination.
- Bill appropriately using established procedures for documented services provided.

Infectious Disease Surveillance, Reporting and Follow-Up

- Enter all reports received on Ohio Reportable Diseases into ODRS within 24 hours of receipt.
- Understand and implement the appropriate response upon notification of a Class A, Class B, and Class C reportable disease and an outbreak report.

- Conduct infectious disease investigations, including patient interviews and contact investigations as necessary, for reportable diseases.
- Provide education about disease transmission, precautions, prevention and follow-up to clients and contacts as necessary.
- Liaise appropriately with Regional Epidemiologist, medical providers, hospital infection preventionists, laboratories, and the Ohio Department of Health regarding infectious disease reports and outbreak response, as necessary.

Health Education and Health Promotion

- Represent the Scioto County Health Department at community health fairs, provider fairs, and other community events.
- Determine themes and gather/develop educational materials for health fairs, presentations, and other events
- Make health information available to the public in various forms (print, website, social media, etc.)
- Respond appropriately, with accurate information explained in a culturally-appropriate manner, to information requests from community members.

School Health Support

- Staff scoliosis screenings at Scioto County schools, as requested.
- Staff immunization clinics at Scioto County schools, as requested.
- Assist the Director of Nursing in hosting two school nurse meetings annually, to provide school nurses with opportunities for education and professional support.
- Provide information and back-up to school nurses for communicable disease issues in schools.

Interagency Collaboration

- Participate in precepting Shawnee State University nursing students in community health clinical experiences.
- Be available to attend meetings and/or serve on interagency boards and committees, which may include the Early Childhood Coordinating Committee, the Scioto County Health Commission Nutrition Committee, the Scioto County Health Coalition Tobacco Committee, etc. Participate in the work of these committees as time permits, with approval of the Director of Nursing.
- Be familiar with other programs in the community such as Help Me Grow, Early Intervention, Family and Children First Council, Scioto County Board of Developmental Disabilities, ADAMHS Board, etc., and make referrals as necessary.

Childhood Lead Poisoning Case Management

- Provide case management for children with positive lead tests (value over 10 for a child under 6 years old)
- Prepare care plans and meet with families to provide education, assess risks and possible exposure sources, make recommendations to minimize risks, and ensure appropriate follow-up with pediatrician for repeat lead tests.
- Report to ODH Childhood Lead Program and complete documentation in HHPLSS.
- Liaise with ODH Lead Investigator and attend their environmental assessment visits as appropriate.

Other

- Actively participates in local disaster response efforts, as directed by the Health Commissioner and/or Director of Nursing
- Participates in staffing First Aid station at the Scioto County Fair.
- Responds to public inquiries about health matters and health department services with courtesy and appropriate information.
- Keeps current in information related to the nursing programs and the nursing profession by attending seminars, training workshops, completing continuing education opportunities, and/or reading professional publications.
- Complete annual training on bloodborne pathogens, HIPAA privacy rules, vaccine handling and storage, and the Vaccines for Children program.
- Actively participates in other Health Department services as requested by the Health Commissioner and/or Director of Nursing. This includes filling in for other public health nurses during absences, as appropriate.
- Any other duties as requested by the Director of Nursing.
- Is able to work independently when necessary, and know when to ask for guidance or help.
- Must be proficient in basic computer skills and be able to use the following programs: Microsoft Word, CMACS, ODRS, HHLPS, Excel, Publisher, HDIS, IMPACT-SIIS.
- Assist the Director of Nursing with data collection, surveys, and data presentation as necessary.
- Assist the Director of Nursing with accreditation activities.
- Any other duties as requested by the Director of Nursing.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier: 1 – Frontline employee

Tier 1 competencies are apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis,

fieldwork, program planning, outreach, communications, customer service, and program support.

B. Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas:

Analytical/ Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]

- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. Job Specific Competencies - Tier 1 employees

- Analytical/Assessment Skills (1A1, 1A2, 1A3, 1A4, 1A5, 1A7, 1A8, 1A9, 1A10, 1A11, 1A12)
- Policy Development/Program Planning Skills (2A2, 2A3, 2A4, 2A6, 2A8, 2A10, 2A11)
- Communication Skills (3A2, 3A3, 3A4, 3A5)
- Cultural Competency Skills (4A3, 4A4, 4A6, 4A7)
- Community Dimensions of Practice Skills (5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A9)
- Public Health Sciences Skills (6A2, 6A3, 6A5, 6A6, 6A7, 6A8, 6A9)
- Financial Planning and Management Skills (7A2, 7A3, 7A6, 7A7, 7A9, 7A10, 7A11, 7A12, 7A13, 7A14)
- Leadership and Systems Thinking Skills (8A1, 8A2, 8A3, 8A4, 8A6, 8A7, 8A9)

D. Professional Competencies

The professional competencies Public Health Nurses will adhere to all health checklists, policies and procedures for Scioto County Health Department Public Health Nurses.

Part-Time Public Health Nurse

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description – Public Health Nurse (Part-Time)

GENERAL INFORMATION:

Employee:

Title: Public Health Nurse (Part-Time)

Department	Scioto County Health Department – Nursing Division
Work Hours	9:00 A.M. to 4:00 P.M. (One Hour Lunch Period)
Department Days	Tuesday through Friday (total of 56 hours per 2-week pay period); occasional weekend and evening hours
Immediate Supervisor	Director of Nursing
Date of Hire	
Civil Service Examination	None
License/Certification Required	Ohio State Board of Nursing
CPR	American Heart Association
Motor Vehicle License	Ohio Bureau of Motor Vehicles

JOB DUTIES:

Children with Medical Handicaps Program:

- Provide case management for medically fragile children participating in the Children With Medical Handicaps (CMH) Program.
- Understand the policies and procedures of the CMH program, and be able to explain them clearly to parents and medical providers.
- Conduct home visits with CMH clients, as follows:
 - Application assistance: Assist parents/clients to apply for the CMH program (medical application and financial application)
 - Initial visit: Conduct initial visit and perform comprehensive assessment with all new clients on the CMH Treatment Program within 30 days
 - Renewal visit: Conduct annual renewal visits within 3 months of renewal date for all clients
 - Help Me Grow/PHN visit: Conduct initial visit/comprehensive assessment on all clients referred by Help Me Grow, to assess eligibility and assist with application to

CMH diagnostic and treatment programs.

- Interim visit: Meet with parents, at their request or as deemed necessary by the PHN, as needed to resolve problems and issues
- Home visits are preferred. When not possible due to parent refusal or pandemic emergency, visits may be conducted in the clinic, a safe location in the community, or, as a last resort, by phone.
- Maintain accurate records; chart clearly and concisely. Write and upload PHN reports to CMACS and HDIS.
- Observe the interaction between the patient and family when possible.
- Report any concerns or issues to the Director of Nursing.
- Liaise appropriately with medical providers, equipment and pharmacy providers, schools, Children's Services, and other agencies as necessary for care coordination.
- Bill appropriately using established procedures for documented services provided.

Immunization Program:

- Independently assess client health status, medical history, and vaccine record as pertain to immunizations. Advise patients of contraindications and potential adverse effects.
- Safely provide immunizations to clinic clients, including infants, children, adolescents, and adults, according to ACIP vaccine recommendations.
- Understand client eligibility criteria for Vaccines for Children (VFC) program, ODH 317 program, and private vaccines.
- Assist clients to understand immunization requirements for preschool/daycare, schools and universities and provide needed vaccines.
- Assist clients to understand international travel immunization requirements and recommendations, as well as other health precautions for international travel, and provide international travel vaccines according to CDC recommendations.
- Staff mobile immunization clinics as necessary.
- Assist with inventory, temperature monitoring, and maintaining all required documentation for ODH VFC and 317 programs as well as private vaccine.
- Be able to accurately enter vaccine records into HDIS electronic record.
- Be able to assess client's insurance and Medicaid status.
- Assist with ensuring that emergency medical equipment, supplies and meds are stocked and up to date, with up to date standing orders.
- Ensure clinic and waiting room areas are kept clean and stocked.

Health Education and Health Promotion

- Represent the Scioto County Health Department at community health fairs, provider fairs, and other community events.
- Determine themes and gather/develop educational materials for health fairs, presentations, and other events

- Make health information available to the public in various forms (print, website, social media, etc.)
- Produce and distribute quarterly newsletter.
- Respond appropriately, with accurate information explained in a culturally-appropriate manner, to information requests from community members.

School Health Support

- Staff scoliosis screenings at Scioto County schools, as requested.
- Staff immunization clinics at Scioto County schools, as requested.
- Assist the Director of Nursing in hosting two school nurse meetings annually, to provide school nurses with opportunities for education and professional support.
- Provide information and back-up to school nurses for communicable disease issues in schools.

Interagency Collaboration

- Participate in precepting Shawnee State University nursing students in community health clinical experiences.
- Be available to attend meetings and/or serve on interagency boards and committees, which may include the Early Childhood Coordinating Committee, the Scioto County Health Commission Nutrition Committee, the Scioto County Health Coalition Tobacco Committee, etc. Participate in the work of these committees as time permits, with approval of the Director of Nursing.
- Be familiar with other programs in the community such as Help Me Grow, Early Intervention, Family and Children First Council, Scioto County Board of Developmental Disabilities, ADAMHS Board, etc., and make referrals as necessary.

Other

- Actively participates in local disaster response efforts, as directed by the Health Commissioner and/or Director of Nursing
- Participates in staffing First Aid station at the Scioto County Fair.
- Responds to public inquiries about health matters and health department services with courtesy and appropriate information.
- Keeps current in information related to the nursing programs and the nursing profession by attending seminars, training workshops, completing continuing education opportunities, and/or reading professional publications.
- Complete annual training on bloodborne pathogens, HIPAA privacy rules, vaccine handling and storage, and the Vaccines for Children program.
- Actively participates in other Health Department services as requested by the Health Commissioner and/or Director of Nursing. This includes filling in for other public health nurses during absences, as appropriate.
- Any other duties as requested by the Director of Nursing.

- Is able to work independently when necessary, and know when to ask for guidance or help.
- Must be proficient in basic computer skills and be able to use the following programs: Microsoft Word, CMACS, ODRS, HHLPSS, Excel, Publisher, HDIS, IMPACT-SIIS.
- Assist the Director of Nursing with data collection, surveys, and data presentation as necessary.
- Assist the Director of Nursing with accreditation activities.
- Any other duties as requested by the Director of Nursing.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier: 1 – Frontline employee

Tier 1 competencies are apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

B. Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas: Analytical/ Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating date and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]

- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. Job Specific Competencies - Tier 1 employees

- Analytical/Assessment Skills (1A1, 1A2, 1A3, 1A4, 1A5, 1A7, 1A8, 1A9, 1A10, 1A11, 1A12)
- Policy Development/Program Planning Skills (2A2, 2A3, 2A4, 2A6, 2A8, 2A10, 2A11)
- Communication Skills (3A2, 3A3, 3A4, 3A5)
- Cultural Competency Skills (4A3, 4A4, 4A6, 4A7)
- Community Dimensions of Practice Skills (5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A9)
- Public Health Sciences Skills (6A2, 6A3, 6A5, 6A6, 6A7, 6A8, 6A9)
- Financial Planning and Management Skills (7A2, 7A3, 7A6, 7A7, 7A9, 7A10, 7A11, 7A12, 7A13, 7A14)

- Leadership and Systems Thinking Skills (8A1, 8A2, 8A3, 8A4, 8A6, 8A7, 8A9)

D. Professional Competencies

The professional competencies Public Health Nurses will adhere to all health checklists, policies and procedures for Scioto County Health Department Public Health Nurses.

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description – Community Health Worker

GENERAL INFORMATION:

Employee:

Title: Community Health Worker (Full-time)

Department	Scioto County Health Department – Nursing Division
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours
Immediate Supervisor	Director of Nursing
Date of Hire	
Civil Service Examination	None
License/Certification Required	
CPR (Optional)	American Heart Association
Motor Vehicle License	Ohio Bureau of Motor Vehicles

GENERAL SUMMARY:

The Community Health Worker (CHW) promotes individual and population health through health promotion and education initiatives and health behavior-change programs in a variety of settings for the diverse populations represented in Scioto County. Responsibilities include developing, implementing, and evaluating programs and public health initiatives, establishing, leading and maintaining community partnerships, and managing work plans and timelines. Work involvement will include initiatives and projects at any given time and will change as the initiatives and projects evolve. The CHW will implement grant objectives, work plans and respond to priorities set forth by the local coalitions.

ESSENTIAL FUNCTIONS:

Under general supervision and/or as part of various workgroups and teams, the Community Health Worker performs the following essential functions within the framework of Scioto County Health Department's provision of the core functions and essential services of public health:

Public Health Sciences

1. Facilitates implementation of community-focused initiatives to promote health and prevent disease, in settings including, but not limited to all Health Department

- buildings/sites, homes, community organizations and worksites, schools, and the community at large.
2. In order to develop evidence-based public health interventions, conducts and/or facilitates teams in comprehensive reviews of scientific evidence related to public health issues, concerns, and interventions.
 3. Facilitates and implements multidisciplinary and/or interagency teams.

Community Dimensions of Practice

4. Establishes, expands, facilitates and sustains initiatives, programs, and/or partnerships that engage key stakeholders and community members in order to address community health priorities.
5. Provides leadership in the process of developing and applying evidence-based and evidence-building community health improvement strategies into specific, measurable action plans in partnership with public and private organizations.
6. Designs and delivers orientation for Department staff and public health education and technical assistance for community agency staff as well as community members on health promotion and disease prevention.

Analysis and Assessment

7. Participates in Scioto County Health Department's community health assessment and health improvement planning and intervention activities.
8. Assesses current relationships between the Department and community organizations, agencies and other stakeholders and develops plans to enhance and improve these relationships and partnerships.
9. Develops and/or uses databases and software programs to gather and maintain needed data for health promotion and disease prevention, evaluation and quality improvement efforts.

Leadership and Systems Thinking

10. Demonstrates knowledge regarding and compliant with applicable professional practice guidelines and any other Federal and State laws and regulations applicable to practice as a public health professional.
11. Adheres to Occupational Safety and Health Administration standards, such as those concerning exposure to bloodborne pathogens, toxic substances, airborne pathogens or exposure to other hazards during routine assignments or assignments during public health emergencies.
12. Contributes to a work environment where continuous quality improvements in service and professional practice are pursued

Policy Development and Program Planning

13. Participate in developing strategies on how Public Health can be actively involved in the development of county-wide policies and plans that impact the built environment and public health of the county and region. Serves on inter-jurisdictional or multi-agency committees involved in policy development; coordinate review/comment processes for proposed policy documents.
14. Assist in developing and implementing a community involvement process that assures the informational exchange necessary to provide Public Health's input into appropriate plans and policies; identify potential barriers to new policy development and implementation.

Communication and Cultural Competency

15. Delivers targeted, culturally-appropriate information to help individuals and groups understand health promotion and disease prevention information, policies, regulations and local code.
16. Utilizes appropriate methods for interacting effectively and professionally with persons of all ages and from diverse cultural, socioeconomic, educational, racial, and ethnic, sexual orientations, lifestyles and physical abilities.
17. Adheres to ethical principles and Scioto County Health Department policy in the collection, maintenance, use, and dissemination of data and information.

Financial Planning and Management

18. Contributes to the development and preparation of proposals for funding from external resources for health promotion and disease prevention initiatives and programs.
19. Collaborates in activities such as time studies that contribute to the development of budgets and the efficient use of resources.

Other

20. Performs public health emergency response duties as assigned and consistent with training provided, in response to threats to the public's health consistent with job classification.
21. Participates in Department and community emergency response training and drills in support of public health emergency and disaster preparedness consistent with job classification.
22. Assumes responsibility for own professional growth and development by pursuing education, participating in professional committees and work groups and contributing to a work environment where continual improvements in practice are

pursued.

23. Responsible for using quality improvement (QI) and performance management (PM) processes and/or techniques to improve the effectiveness of the respective public health program. This includes, but is not limited to: creating, implementing, and evaluating performance standards and identifying, implementing, and assessing program quality improvement processes.
24. Performs other duties as assigned consistent with job classification.

BEHAVIOR EXPECTATIONS:

- Treats others with courtesy and respect in all interactions.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

Education, Licensure, Certifications, Experience

- High School Diploma or GED. One year post high school education involving computers, software, accessories and/or accounting. Associate Degree preferred.
- Two to four years of public health/community development experience.
- Valid Ohio driver's license, current certificate of vehicle insurance, and access to reliable transportation to all assigned work locations.
- National Incident Management System (NIMS)/Incident Command System (ICS) 100, 200, and 700.a certification within four (4) months of employment.

Knowledge and Skills:

- Knowledge of the core functions and essential services of public health
- Knowledge of education program planning, implementation and evaluation.
- Knowledge of training principles and methods, needs assessment, design and evaluation.
- Knowledge of course design, teaching methods and techniques for presenting material.
- Knowledge of health promotion and health education theories and practices related to: public health, epidemiology, disease prevention, behavioral change, group process, community organizing and mobilizing, social justice, and adult learning.
- Knowledge of data analysis and research methods.
- Knowledge of social marketing principles, public information and mass media and methods of instruction.
- Interpersonal communications, group process and facilitation skills.
- Excellent oral and written communications skills.
- Effectively communicates a broad amount of information to a wide variety of audiences.
- Demonstrates ability to make group presentations.
- Knowledge of Community organizing skills.
- Knowledge of Program-planning skills.

- Demonstrates computer use ability in word processing, spreadsheet and database software.
- Demonstrates ability to use a wide range of audio visual equipment.

Due to the need for all Health Department personnel to respond to public health emergencies, the employee must be assessed for his/her ability to meet the physical demands of performing the following activities:

- Must be able to be fitted and wear NIOSH 95 mask.
- Engage in the following movements: Climbing, balancing, stooping, kneeling, crouching, reaching, standing, walking, lifting, fingering, grasping, feeling and writing and repetitive motions.
- Exert up to 30 pounds of force occasionally, and/or a negligible amount of force constantly to move objects.
- Hearing ability sufficient enough to communicate with others effectively in person and over the phone
- Visual ability must be sufficient enough to read typewritten documents, computer screen and drive a car.

If unable to demonstrate these abilities based upon a standardized, objective assessment performed by external occupational health professionals, all reasonable accommodations will be made, in compliance with the Americans with Disabilities Act and any other applicable Federal and Ohio law.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier: 1 – Frontline employee

Tier 1 competencies are apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis,

Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas:

Analytical/ Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills.

Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. Job Specific Competencies - Tier 1 employees

- Analytical/Assessment Skills (1A1, 1A2, 1A3, 1A4, 1A5, 1A7, 1A8, 1A9, 1A10, 1A11, 1A12)
- Policy Development/Program Planning Skills (2A2, 2A3, 2A4, 2A6, 2A8, 2A10, 2A11)
- Communication Skills (3A2, 3A3,3A4, 3A5)
- Cultural Competency Skills (4A3, 4A4, 4A6, 4A7)
- Community Dimensions of Practice Skills (5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A9)
- Public Health Sciences Skills (6A2, 6A3, 6A5, 6A6, 6A7, 6A8, 6A9)
- Financial Planning and Management Skills (7A2, 7A3, 7A6, 7A7, 7A9, 7A10, 7A11, 7A12, 7A13, 7A14)
- Leadership and Systems Thinking Skills (8A1, 8A2, 8A3, 8A4, 8A6, 8A7, 8A9)

WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:

General office setting in health department facilities, as well as occasionally in community sites including clients’ homes and workplaces.

Work performed in the community is sometimes subject to conditions that range from inclement weather to dangerous conditions such as snow/ice, cold, heat, noise, wetness/humidity, vibration, sudden temperature changes, and poor illumination at the job site or due to travel on the job. Travel to and from field locations may subject worker to increased risk of driving hazards. Community locations may subject worker to communicable diseases, insects and other disease vectors, toxins, hazardous materials, chemicals and animals.

In all settings, employees in this classification may occasionally need to relate to members of the public who exhibit challenging, atypical or hostile behaviors and/or communication.

EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:

Including, but not limited to computer, fax, copier, multi-line telephone and personal vehicle.

Reports to: Director of Nursing

Directs Work of: None

Blood borne Pathogen Risk Code: None Low Medium High

SCIOTO COUNTY HEALTH DEPARTMENT

Job Description – Receptionist/Children with Medical Handicaps (CMH) Program Billing

GENERAL INFORMATION:

Employee:

Title: Receptionist/Billing (Full-time)

Department	Scioto County Health Department – Nursing Division
Work Hours	8:30 A.M. to 4:30 P.M. (One Hour Lunch Period)
Department Days	Monday through Friday (total of 40 hours per week); occasional weekend and evening hours
Immediate Supervisor	Director of Nursing
Date of Hire	
Civil Service Examination	None
License/Certification Required	
CPR (Optional)	American Heart Association
Motor Vehicle License	Ohio Bureau of Motor Vehicles

GENERAL SUMMARY:

Promotes and supports population health by providing a variety of clerical, administrative and technical support services such as providing specialized, technical, program, or Department specific information to internal and external customers; answering phones; scheduling appointments; interviewing internal and external customers to establish services needed; establishing and maintaining data files; and drafting and editing documents such as correspondence and contracts.

ESSENTIAL FUNCTIONS:

Under general supervision and/or as part of various workgroups and teams, the Receptionist/CMH Billing performs the following functions within the overarching framework of Scioto County Health Department's provision of the core functions and essential services of public health.

Public Health Sciences

1. Provide specialized and/or technical Department and Program specific information that requires limited interpretation of established policies, procedures and other relevant sources to internal and/or external customers over the telephone, in writing and/or in person.

2. Schedule, register, check in and check out clients.
3. Greets and directs clients to the appropriate office within the Department.
4. Interview internal and/or external customers to establish program-specific documentation and/or identify services needed.
5. May modify and update desk procedures that relate to assigned work.
6. Shares responsibility for proper operation of office machines and maintenance calls.
7. Duplicates, collates, scans, assembles and files materials as requested.
8. Maintains paper filing system for Department.
9. Collects and checks time cards.
10. Assist Director and Account Clerk in entering data into the Department time and cost reporting system.
11. May schedule meetings and maintain calendars for supervisor and/or organizational unit/program.

Community Dimensions of Practice

12. Provides public health information and data with individuals, community groups, other agencies, internal customers, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
13. Under general supervision, prepares public health documents and reports.

Leadership and Systems Thinking

14. With general supervision, manages projects that support public health interventions.
15. Adheres to Occupational Safety and Health Administration standards relevant to job duties, such as exposure to bloodborne pathogens.

Policy Development and Program Planning

16. Provides administrative and technical/clerical support to Department activities related to development and implementation of community health assessment, planning, program and policy development, and implementation activities.
17. Adheres to ethical principles in the collection, maintenance, use, and dissemination of data and information.
18. Maintains, updates, and uses computerized data management systems and utilizes informatics to improve program operations.
19. Collaborates in the development of and provides clerical/technical and administrative support to Departmental quality improvement, performance management, and evaluation activities.

Communication and Cultural Competency

20. Answers telephones; screens calls, responds to inquiries and/or refers callers to appropriate agencies or departments/divisions.
21. Under general supervision, compose, draft, type and/or word process, proofread and edit documents, contracts, and/or correspondence to ensure these conform to the appropriate use of the English language and established procedures.
22. Process mail and email by attaching related correspondence or information before forwarding, responding to mail when appropriate; respond to mail that can be handled personally; identify priority and/or time-sensitive matters; and maintain security and confidentiality.
23. Utilizes appropriate methods for interacting effectively and professionally with persons of all ages and from diverse cultural, socioeconomic, educational, racial, and ethnic backgrounds, sexual orientations, lifestyles and physical abilities.
24. Adheres to ethical principles and Scioto County Health Department policy in the collection, maintenance, use, and dissemination of data and information.

Financial Planning and Management

25. Performs all administrative, technical/clerical activities related to Department and/or program purchasing according to Departmental policies and procedures.
26. Perform light to moderate numerical calculations involving cashiering, reconciling accounts; electronic claims submission, program billing, deposits, and/or other applications.

Other

27. Performs public health emergency response duties as assigned and consistent with job classification and training provided, in response to threats to the public's health.
28. Participates in Department and community emergency response training and drills in support of disaster preparedness consistent with job classification.
29. This position will be responsible for using quality improvement (QI) and performance management (PM) processes and/or techniques to improve the effectiveness of the respective public health program. This includes, but is not limited to: creating, implementing, and evaluating performance standards and identifying, implementing, and assessing program quality improvement processes.
30. Assumes responsibility for own professional growth and development by pursuing education, participating in professional committees and work groups and contributing to a work environment where continual improvements in practice are pursued.
31. Performs other duties as assigned consistent with job classification.

BEHAVIOR EXPECTATIONS:

- Treats others with courtesy and respect in all interactions.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

Education, Licensure, Certifications, Experience

- High School Diploma or GED. One year post high school education involving computers, software, accessories and/or accounting. Associate Degree preferred.
- Two to four years of experience in office and system support.
- Valid Ohio driver's license, current certificate of vehicle insurance, and access to reliable transportation to all assigned work locations.
- National Incident Management System (NIMS)/Incident Command System (ICS) 100, 200, and 700.a certification within four (4) months of employment.

Knowledge and Skills:

- Knowledge of the core functions and essential services of public health
- Knowledge of general office principles and practices.
- Knowledge of software applications relative to the position assignment.
- Knowledge of basic accounting and mathematics.
- Knowledge of proper English grammar, usage and spelling.
- Knowledge of action tracking on specific work assignments or other items related to work position.
- Keyboarding skills. Ability to type 45 words per minute.
- Ability to keep accurate reports and records.
- Oral and written communications skills.
- Organizational skills.
- Customer service skills - in person and via telephone (discretion, patience, etiquette, professionalism).

Due to the need for all Health Department personnel to respond to public health emergencies, the employee must be assessed for his/her ability to meet the physical demands of performing the following activities:

- Must be able to be fitted and wear NIOSH 95 mask.
- Engage in the following movements: Climbing, balancing, stooping, kneeling, crouching, reaching, standing, walking, lifting, fingering, grasping, feeling and writing and repetitive motions.
- Exert up to 30 pounds of force occasionally, and/or a negligible amount of force constantly to move objects.

- Hearing ability sufficient enough to communicate with others effectively in person and over the phone
- Visual ability must be sufficient enough to read typewritten documents, computer screen and drive a car.

If unable to demonstrate these abilities based upon a standardized, objective assessment performed by external occupational health professionals, all reasonable accommodations will be made, in compliance with the Americans with Disabilities Act and any other applicable Federal and Ohio law.

COMPETENCIES/KNOWLEDGE-SKILLS-ABILITIES (KSA's):

A. Public Health Tier: 1 – Frontline employee

Tier 1 competencies are apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis,

Organizational Competencies

All Scioto County Health Department employees are expected to work to protect the residents of Scioto County from disease and other public health threats, and to empower others to live healthier, safer lives. In addition, all Scioto County Health Department employees are expected to meet specified competencies in the following areas: Analytical/ Assessment Skills, Policy Development/Program Planning Skills, Communication Skills, Cultural Competency Skills, Community Dimension of Practice Skills, Financial Planning and Management, and Leadership and Systems Thinking Skills. Together, the staff chose 14 organizational competencies from among the Tier 1 competencies that were ranked as most important to their work at the health department. These 14 competencies are listed below:

- **Role During Emergency** - Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]
- **Use IT** - Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating date and information [1A4, 1B4, 1C4]
- **Describe Strategic Priorities** - Describe agency's strategic priorities, mission, and vision [PHWINS 2017] Work Exceeds Standards Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
- **Recommend Solutions** - Identify problems and uses logic, judgment, and data to evaluate alternatives and recommend solutions to achieve the desired organizational goal or outcome [NIH, retrieved 2018]
- **Deliver Culturally Appropriate Service** - Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]

- **Describe Diversity** - Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences) [4A1, 4B1, 4C1]
- **Address Diversity** - Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
- **Collaborate with Partners** - Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]
- **Improve Programs** - Provide input for developing, implementing, evaluating, and improving policies, programs, and services [5A7]
- **Motivate Colleagues** - Motivate colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view) [7A11, 7B13, 7C13]
- **Use Performance Management** - Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]
- **Incorporate Ethical Standards** - Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]
- **Professional Development Participation** - Participate in professional development opportunities [8A7]
- **Maintain Performance** - Maintain performance and self-control under pressure or adversity [NIH, retrieved 2018]

C. Job Specific Competencies - Tier 1 employees

- Analytical/Assessment Skills (1A1, 1A2, 1A3, 1A4, 1A5, 1A7, 1A8, 1A9, 1A10, 1A11, 1A12)
- Policy Development/Program Planning Skills (2A2, 2A3, 2A4, 2A6, 2A8, 2A10, 2A11)
- Communication Skills (3A2, 3A3, 3A4, 3A5)
- Cultural Competency Skills (4A3, 4A4, 4A6, 4A7)
- Community Dimensions of Practice Skills (5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A9)
- Public Health Sciences Skills (6A2, 6A3, 6A5, 6A6, 6A7, 6A8, 6A9)
- Financial Planning and Management Skills (7A2, 7A3, 7A6, 7A7, 7A9, 7A10, 7A11, 7A12, 7A13, 7A14)
- Leadership and Systems Thinking Skills (8A1, 8A2, 8A3, 8A4, 8A6, 8A7, 8A9)

WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:

General office setting in health department facilities, as well as occasionally in community sites including clients' homes and workplaces.

Work performed in the community is sometimes subject to conditions that range from inclement weather to dangerous conditions such as snow/ice, cold, heat, noise, wetness/humidity, vibration, sudden temperature changes, and poor illumination at the job site or due to travel on the job. Travel to and from field locations may subject worker to increased risk of driving hazards. Community locations may subject worker to communicable diseases, insects and other disease vectors, toxins, hazardous materials, chemicals and animals.

In all settings, employees in this classification may occasionally need to relate to members of the public who exhibit challenging, atypical or hostile behaviors and/or communication.

EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:

Including, but not limited to computer, fax, copier, multi-line telephone and personal vehicle.

Reports to: Director of Nursing

Directs Work of: None

Blood borne Pathogen Risk Code: None Low Medium High

3.00: DEPARTMENTAL OPERATIONS

3.01: ANSWERING THE PHONE

**3.02: HOW TO TAKE COMPLAINTS – ENVIRONMENTAL,
INSPECTOR OUT OF OFFICE**

3.03: NURSING HOME COMPLAINTS

3.04: TRANSFERRING CALLS

- **Appendix B – Telephone Operations Manual**

3.05: OUTGOING CALLS

3.06: DEPARTMENT EMAIL AND TEXTING

**3.07: POSTING TO SOCIAL MEDIA AND WEBSITE – HEALTH
DEPARTMENT FACEBOOK**

3.08: ORDERING SUPPLIES

3.09: PICKING UP AND DROPPING OFF MAIL

**3.10: PICKING UP ITEMS/CORRESPONDENCE FROM COUNTY AUDITOR
AND PAYROLL**

3.11: APPROVAL OF POLICIES

3.12: EMERGENCY WORK FROM HOME POLICY AND PROCEDURES

**3.13: VACCINE STORAGE AND HANDLING PROTOCOL FOR NON-NURING
STAFF PROTOCOL**

3.14: EMERGENCY POWER OUTAGE PROTOCOL

- **Appendix C – SOMC Backup Vaccine Storage**

3.15: PUBLIC RECORDS REQUEST POLICY AND PROCEDURES

3.16: PUBLIC RECORDS REQUEST FORM

3.17: RECEIVING AND DEPOSITS OF MONEY

- 3.18: PROCEDURE FOR HANDLING ISSUES WITH PAYROLL DEPARTMENT**
- 3.19: PROTOCOL FOR DISTRIBUTING BOARD MEETING AND ENFORCEMENT DOCUMENTS**
- 3.20: REIMBURSEMENT OF EXPENSES**
- 3.21: EMPLOYEE EXPENSE REIMBURSEMENT PROCEDURE**
 - **Appendix D – Employee Expense Reporting Form**
- 3.22: SCIOTO COUNTY MISSION STATEMENT OF SAFETY AND HEALTH**
- 3.23: EMERGENCY AND FIRE PREVENTION PLAN**
 - **Appendix E – Scioto County Health Department – Emergency Escape Plan Drawing**
- 3.24: TORNADO**
- 3.25: ACTIVE SHOOTER**
- 3.26: N95 RESPIRATOR MASK USE PROTOCOL**
- 3.27: BLOODBORNE PATHOGEN PLAN/EXPOSURE CONTROL PLAN**
- 3.28: COMMUNICABLE DISEASES AND INFECTION CONTROL POLICY**
- 3.29: WORKPLACE VIOLENCE POLICY**
- 3.30: REPORT OF ON-THE-JOB INJURIES AND ACCIDENTS**
- 3.31: VANDALISM**
- 3.32: TOBACCO POLICY**
- 3.33: CONTACT WITH NEWS MEDIA AND GENERAL PUBLIC**
- 3.34: TRAVEL POLICY AND PROCEDURE**
- 3.35: RECORDS RETENTION POLICY**
- 3.36: DEPARTMENT RECORDS RETENTION SCHEDULES**
- 3.37: SECURING THE FACILITY**

3.00: DEPARTMENTAL OPERATIONS

3.01: Answering phone:

“Scioto County Health Department, how may I help you?”

Relay call to person who can best handle to situation.

Administrative and Environmental:

Sewage – Environmental Health Director Garet Bennett, REHS

Swimming Pools, Campgrounds, Tattoo Shops, Wells/water testing, Retail Food Program – Leah Terry, REHS

Retail Food Program – Zach Elswick, EHS in Training

Fiscal questions and questions concerning birth and death certificates – Amber Gustin, Vital Statistics, Registrar and Fiscal Officer

Medical Billing, Private Insurance Billing, Medicaid and Medicare Billing, birth and death certificates – Traci Maloney, Medical Billing and Deputy Registrar

Nursing:

COVID-19 – Kristyn McLaughlin, RN

General Nursing, vaccine and immunization – Tracey Henderson, RN, Nursing Director
Vickie Patrick, RN

BCMh Program – Pam McCoy, RN

Receptionist – Beth Ingles

Community Health Worker – Arlene Dever

3.02: Taking Complaint Calls:

If the inspector is out of the office, the following information is needed:

Name:

Phone Number:

Address they are complaining about:

Please note:

As of right now, the only nuisance complaints we are accepting is sewage public swimming pool, public campgrounds or tattoo shops.

If they are complaining about housing or the condition of a house, garbage, junk yard, junk cars, high grass or weeds they need to call their township trustees to file the complaint. We will work with the townships if they need us.

They may also call the **Lawrence-Scioto County Solid Waste Management District** concerning garbage, trash, and junk on property, alongside roads or in ditches.
740-532-1234

3.03: Nursing Home Complaints:

First find out the nature of the complaint.

If they are complaining about patient care they need to call the Area Agency on Aging – 740-353-5263 (local)
Area Agency on Aging District 7, Inc. – 1-800-582-7277.

Food or kitchen related complaint – forward the call to Retail Food Program in Environmental Division. If they are out of the office follow the procedure above.

Infectious disease – forward call to Nursing Director, Nursing Division.

3.04: Phone Operations:

Refer to APPENDIX B - The telephone operations manual

3.05: Outgoing calls:

Press “7” then dial number.

3.06: Department Emails and Texting:

Any emails and texts that are business related are to be stored within the email server, on the cell phone, printed and hard copy kept with appropriate file, or file on desktop.

Refer to the Records Retention Policy for the length of time to keep such records.

The Records Retention Policy may be found on the department's network server or in the Administrator's Office.

All emails and texts are to be handled in a professional manner. These are considered public record.

**3.07: Posting to Social Media and Website:
Health Department's Facebook Account:**

Certain people within the department have administrative access to the department's Facebook account. These people are listed below:

Melissa Spears
Vickie Patrick
Beth Ingles

All posts are to be directly related to the department services, or public health related items. The department does not post political party opinions nor recommendations.

Department Website: www.sciotocountyhealth.com

Administrators for the website:

Melissa Spears
Tracey Henderson

Website developers: Revize
revise.com or mary@revize.com

3.08: Ordering Supplies:

Procurement of Office Supplies

Weekly office Supplies

1. Wednesday morning the Fiscal Officer will send an office wide email about supply orders. If supplies are needed they will be ordered on Thursday.
2. Fiscal Officer will then check supplies on hand and take note of anything running low, printer paper, post it etc....
3. If employees are requesting supplies an email is needed with description, and amount needed.

4. Once the Fiscal Officer has a list of all he needed supplies, the Fiscal Officer will call Bihl's Office Supplies 740-353-2311 and place order.
5. A blanket purchase order is in place and funds can be appropriated once order is placed and amount given.

Large Supplies/Equipment/Office Furniture

1. When purchases are over \$100.00 for single items they require preapproval from Fiscal Officer. The Health Commissioner must preapprove anything over \$1000.00. Anything over \$2500.00 requires Board of Health approval.
2. Once approved
 - a. Requirements are considered such as, size, measurements, etc.
 - b. Venders are selected
 - c. Then pricing/cost options are taken into consideration.
 - d. Purchase orders are set up and funds appropriated
 - e. Final Approval and order is placed

3.09: Picking up and dropping off mail:

The Health Department has a mailbox in the County Courthouse. The mailboxes are located under the 1st set of stairs on the right in the lobby. The Health Department mailbox number is - 11.

The key for the mailbox is located in the top drawer at the service window in the Administrative/Environmental Office. It is on a keyring shaped like a tri-angle.

Outgoing mail may be deposited into the US Postal mailboxes near the steps of the Courthouse.

3.10: Picking up items from County Auditor, Payroll, or other County Departments:

Inside the County Auditor's Office there is a large gray slotted mail/correspondence box located near office window. Go through swinging door and the box is on your right. Each department has been designated a slot.

3.11: Approval of Policies:

All policies must go before the Board of Health for review and approval.

Policies may be written up by department directors or as a collaboration of the employees of the department.

Once the policy is complete, it must be put on the Agenda of the next Board of Health Meeting.

The policy shall also be sent out with the Agenda prior to the meeting so the Board Members have time to review it and have questions ready before the meeting.

The Board will give it an effective date and approve the policy.

Policies are to be presented to the employees, read and documentation signed stating the employee has read the new policy.

Original signed policies are to be stored in the Administrator's Office within the correct policy file.

Procedures or protocols are instructions on how to carry out the work of the department or policy. These may be approved by the Administrator or Health Commissioner.

3.12: Emergency Work from Home Policy and Procedures

Procedure

The Scioto County Health Department shall utilize the Working from Home (WFH) arrangement during times of emergency, these being natural disasters, chemical disasters, disease, or bio-terrorism. The Scioto County Health Commissioner may order employees to WFH during such events as listed above when the situation becomes a danger to the employees' health and wellness.

The Scioto County Health Commissioner shall follow directions issued by the Board of Health, Ohio Department of Health or identified lead agency during an event.

A Working from Home (WFH) arrangement is considered on a case-by-case basis for subsequent consideration and approval by the Directors and Health Commissioner. The opportunity to work from home is not an entitlement and can only occur by formal agreement between the Health Department and employee during an emergency, in which case employees will be given direct orders to work from home.

Should health department employees be given orders to work from home, it shall not be considered as time off. Employees will not be ordered to use vacation, sick or compensatory time earned during such time. The employees shall document work completed and time worked from home.

Policy

This policy may be utilized for social distancing measures or shelter in place measures should that become necessary during a pandemic or other health event as directed by the

health commissioner or their designee. This policy can be applied to other work from home situations should it be necessary.

Employee Eligibility

Candidates for WFH arrangements must:

- have worked at EMPLOYER for at least one year,
- possess good time-management and organizational skills, and
- be self-motivated, self-reliant, and disciplined.

Hours of work:

- Employees are authorized to engage in work during their normally scheduled workdays and hours, or on the days/times pre-approved by their supervisor. Non-exempt employees may not work outside of those days and hours without prior supervisor approval. Non-exempt employees are responsible for accurately reporting their time worked each day.
- The workweek for all full-time regular employees is 40 hours divided into five days, Monday through Friday, with employees scheduled to work eight hours per day.

Communication:

While working from home, employees must be reachable by the employer during their normal working hours and any other times designated by the employer. If the employee becomes aware of or anticipates any disruption in technological communication during their normal working hours, they are to immediately notify their supervisor.

- Arrangements for part-time employees shall be made at the discretion of the Health Commissioner in consultation with the department Director, and will depend on the nature of the employee's duties and whether those duties can be conducted effectively outside of the office environment. Part-time employees will be paid based on actual hours worked. Part-time employees are not guaranteed their normal weekly work hours during the emergency.

Reporting for work:

- Employees must communicate with their supervisor via email when beginning the workday, upon leave for and returning from lunch and when they are done with work at the end of the day.
- Employees who do not work for all or a portion of the day and are expected to work from home are responsible for requesting appropriate leave.
- The Scioto County Board of Health is not responsible for paying the employee while working from home if they are unable to perform work due to

operational or technological issues such as availability of an adequate internet connection.

Location of Work:

Employees must notify the Employer of the physical address and telephone number of the location where the employee will be working

- The workspace must be safe and free from hazards.
- The workspace must be reasonably free from interruptions and distractions that would affect the employee's ability to work
- The workspace must allow the employee to preserve the confidentiality of sensitive or non-public information. Any employer-provided material or equipment shall not be removed from the workspace while the employee is working from home.
- If the employee is required to verbally communicate with others as part of their duties the workspace must be quiet and allow for professional communications during those times.
- Employees shall not meet with the public or clients in their home office in any official capacity or connected with the business of the Scioto County Board of Health.
- The Scioto County Board of Health is not responsible for any injuries to the employee's family, visitors and/or others in the employee's home.
- The Scioto County Board of Health is not responsible for any loss to the employee's property whether caused by physical damage, computer virus attack or other intrusions via the internet.
- The employee using the Scioto County Board of Health's equipment must protect the equipment from damage.

Pay and Benefits

An employee's rate of pay, retirement benefits, and insurance coverage are not affected by the WFH arrangement.

Leave

A WFH employee must comply with agency call-off policies and procedures in the event of an illness. Any request for leave while participating in a WFH arrangement, either by health department order or by request, shall be made in accordance with the applicable agency policy and procedure for requesting and obtaining approval to utilize leave.

Equipment/Furnishings/Office Supplies

During a WFH arrangement the Employer may provide employees with equipment or office furnishings for their home offices. Employees are responsible for equipping and maintaining

their home offices so that they can accomplish their work in an efficient and expeditious manner. Depending on the nature of their jobs, this may require having computers, printers, computer software and other equipment available for their use.

Employees are responsible for providing office furnishings-such as desks, chairs, file cabinets, and lighting-at their own expense. Employer may supply laptop computers and common office supplies, such as paper, pencils, pens, and paper clips, for employees' use in their home offices.

Worksite Visits

While participating in a WFH arrangement, the agency shall retain the right to conduct onsite visits to the alternative work location. Visits shall only be made during the employee's scheduled work hours but the department does not have to give the employee advance notice of the visit.

Security and confidentiality:

While working remotely, employees must take steps to preserve the security and confidentiality of Employer information.

- Employees must keep confidential documents and materials in a secure location.
- Employees must maintain password protection to the same extent as required at the office and keep confidential documents and records securely stored.
- If working on a personal device, the employee must have valid up-to-date anti-virus software and appropriate computer and internet security installed and activated. Any suspected hacks or breaches of security must be reported to the Employer immediately.

Policies:

The work from home policy does not change the basic terms and conditions of employment, including rate of pay and benefits. Employees are expected to apply with all Employer policies, procedures and performance standards.

Special Considerations for Nursing and HIPAA-Protected Information

- HIPAA privacy protection rules will be considered when making determinations about Nursing Department duties that may or may not be performed from home.
- The Health Commissioner, in consultation with the Nursing Director, will determine which nursing responsibilities can and cannot be performed from home. Certain programs and functions may have to be put on hold until it is safe to return to work in the office.

The Scioto County Board of Health retains the right to investigate alleged abuse of this work from home policy and may cease or modify on employee's approval for working from home at any time.

EFFECTIVE DATE: 3/20/2020

3.13: Vaccine Storage and Handling Protocol for Non-Nursing Personnel

Purpose: Vaccines require appropriate handling in temperature-controlled conditions. Vaccine shipments may arrive at times when nursing staff are not onsite, and/or vaccines may be delivered to the Environmental/Admin/Vital Statistics side of the Scioto County Health Department (SCHD). Therefore, it is important that all SCHD employees be able to recognize a vaccine shipment when it arrives, and know what to do to maintain vaccine viability if nurses are not present onsite to receive the vaccine. In addition, non-nursing staff must know how to recognize and respond to an out-of-range temperature alarm.

Background: ODH requires vaccine providers to create and maintain written routine and emergency storage and handling plans. SCHD's Vaccine Management Plan is found in two locations: on the side of the OOH (VFC/317) vaccine refrigerator/freezer unit in the clinic, and In the Vaccines for Children Manual in the nursing office. The Nursing Director and the Back-up Vaccine Coordinator, as well as the other nurses, are responsible for implementing the Vaccine Management Plan.

Names and emergency contact numbers for SCHD Nursing Staff are as follows:

Director of Nursing: Tracey Henderson, work cell 740-876-2300,
personal cell 740-285-1317

Backup Vaccine Coordinator: Vickie Patrick, cell 740-727-1558

Public Health Nurses: Kristyn McLaughlin, cell 740-352-0145
Pam McCoy, cell - 740-821-1456

I: Protocol for Proper Receipt and Storage of Vaccine Shipments

All current and new SCHD staff will use the following protocol for receiving vaccine if nursing staff are not immediately available. All new SCHD staff will be trained on hire by the Nursing Director on how receive a vaccine shipment if a nurse is not present. This training will be updated annually for all staff. Trained staff will sign a training acknowledgement.

1. Vaccines may arrive in many types of containers. They may be addressed to the Scioto County Health Department, the SCHD Nursing Department, Dr. Martin, or Tracey Henderson. All SCHD personnel must be able to recognize containers that contain vaccine.
2. If an order is expected on a day that nurses will be offsite, the DON or Backup Vaccine Coordinator will notify the Adm in staff that a

vaccine shipment is expected and how it should be handled until the nurse returns. However, some vaccine shipments arrive without prior notice.

3. If shipments arrive that might contain vaccine, notify a nurse immediately if there is a nurse on site.
4. If there is no nurse on site, examine the package. If it is marked "Vaccines," "Must be Refrigerated," "Must be Kept Frozen," "Temperature-Controlled," etc., do not open the package. Call the Nursing Director, Backup Vaccine Coordinator, or other PHN to notify and follow their instructions.
5. If you are unable to speak with a SCHD nurse immediately, please do the following:
 - (a) Open the package. Save the packing slip and write date and time received on the packing slip, along with your initials.
 - (b) If the shipment contains vaccine, there may be a temperature monitor included in the shipment. If so, follow the instructions on the temperature monitor and record the results on the packings slip.
 - (c) Read the instructions (on the carton, the packing slip, and/or inside the box) to determine if the vaccine needs to be refrigerated, stored in a standard freezer, or stored in the ultracold freezer. All vaccines must be placed in the proper compartment or unit (refrigerator, standard freezer, or ultracold freezer) immediately upon arrival. Refrigerated vaccines, frozen vaccines, and ultracold vaccines (stored in dry ice) will never be mixed in the same shipment container.

REFRIGERATOR: All vaccines EXCEPT MMR, Varicella, Proquad (MMR+Varicella combination), Moderna COVID, Pfizer COVID (gray cap), and Pediatric Pfizer COVID (orange cap) go in the refrigerator. The refrigerator is the top half of the two upright units. Place all refrigerated vaccines in the refrigerator section, with a note that they were newly received on (date). Notify a nurse asap that the vaccines have arrived and are in the refrigerator.

STANDARD FREEZER: MMR, Varicella, Proquad (MMR+Varicella combination), and Moderna COVID vaccines are the ONLY ones that are stored in the standard freezer. The standard freezer is the bottom right door of both upright units. Place all MMR and Varicella vaccines into the standard freezer section, with a note that they were newly received on (date). Notify a nurse asap that the vaccines have arrived and are in the standard freezer.

ULTRACOLD FREEZER: Pfizer COVID (gray cap) and Pediatric Pfizer COVID (orange cap) vaccines are the ONLY vaccines that are stored in the ultracold freezer. The ultracold freezer is the small green and white unit under the counter on the far end of the clinic. Pfizer and pediatric Pfizer COVID vaccines are shipped in dry ice. **IMPORTANT:** You must use safety gloves and goggles when handling dry ice, opening

the vaccine carton, and opening the ultracold freezer. Safety gloves and goggles are located in the drawer to the left of the sink in the clinic. Open the vaccine carton, remove the vaccine carefully. Open the ultracold freezer, remove the insulated inner lid, and immediately place the vaccine inside the ultracold freezer. Immediately replace the insulated lid and close and lock the outer lid to maintain the unit's temperature. You may leave the dry ice in the box. Notify a nurse asap that the vaccines have arrived and are in the ultracold freezer.

- (a) When the nurse arrives, immediately give the packing slip and any other paperwork included with the shipment to the nurse.
- (b) The nurse will then immediately ensure that the vaccine was stored properly, label it, and complete intake and inventory procedures.

II: Protocol for Responding to Potential Temperature Excursions by Non-Nursing Personnel

Background:

The Scioto County Health Department stores vaccines in the following temperature-controlled units:

- (a) Pharmaceutical grade refrigerator/standard freezer combination for publicly-funded vaccines.
- (b) Pharmaceutical grade refrigerator/standard freezer combination for privately-purchased vaccines.
- (c) Ultracold freezer for Pfizer COVID-19 vaccines.

Acceptable vaccine temperature ranges for each unit are as follow:

- (a) Refrigerator: 2° C -8°C
- (b) Standard Freezer: -25°C --15°C
- (c) Ultracold Freezer: -80° C • -60°C

If the unit temperature goes out of the above ranges, an alarm will sound.

All of the above vaccines storage units have 24/7 remote temperature monitoring systems that notify the public health nurses of power/internet outages and temperature excursions, by sending email and cell phone alerts.

If there is an alarm due to a temperature excursion, it could be due to any of the following reasons:

- (a) The unit door was left open.
- (b) There was power interruption to the unit (unlikely, because all units are

hooked up to an on-site generator that turns on automatically to prevent power interruption to the unit).

(c) There is a malfunction in the unit that causes temperatures to go out-of-range.

Protocol

All new SCHED staff will be trained by the Nursing Director on hire on how to recognize and respond to a temperature alarm on the vaccine refrigerator/freezer/ultracold freezer units. This training will be updated annually for all staff. Trained staff will sign a training acknowledgement.

1. If a staff member hears an alarm from a vaccine storage unit, they should immediately check to see if someone has left the unit's door open or ajar. If so, close the door.
2. If a temperature alarm has occurred, immediately notify a nurse that the alarm has sounded (even if the alarm stopped when the unit door was closed.) If there is no nurse on site, call one of the nurses at the numbers listed above. The nurse will either come back to the clinic or instruct the staff member on how to proceed.

BOARD APPROVAL:
3/25/2022

3.14: Emergency Power Outage Protocol

Purpose: To establish a protocol for how to maintain safe, temperature-controlled storage for vaccines in case of a power outage.

I. Background

1. The Scioto County Health Department stores vaccines in the following temperature-controlled units:
 - (a) Pharmaceutical grade refrigerator/standard freezer combination for publicly-funded vaccines.
 - (b) Pharmaceutical grade refrigerator/standard freezer combination for privately-purchased vaccines.
 - (c) Ultracold freezer for Pfizer COVID-19 vaccines.
2. All of the above vaccines storage units have 24/7 remote temperature monitoring systems that notify the public health nurses of power/internet outages and temperature excursions, by sending email and cell phone alerts.
3. The Scioto County Health Department has an on-site generator hooked up to a public natural gas line and powered 24/7. It tests automatically twice a month. If there is a power outage, it turns on automatically, to prevent any interruption of service to the vaccine storage units. As long as the generator is operating properly, there should be no temperature excursions even in the event of a prolonged power outage. Therefore, it is highly unlikely that vaccine would have to be moved to a remote facility for storage during a power outage.
4. The Scioto County Health Department has a memorandum of cooperation with Southern Ohio Medical Center (SOMC), whereby SOMC agrees to store SCDH's vaccine in SOMC's inpatient pharmacy in appropriate temperature-controlled pharmaceutical storage units. This agreement can be found in the Scioto County Health Department Vaccines for Children Manual. (See Appendix B)
5. In the unlikely event of a power outage and generator failure at the same time, the following protocol should be followed. This protocol should also be followed in case of equipment failure (the refrigerator/freezer/ultracold freezer units are out of order and we do not have adequate capacity in on-site backup units.)

II. Protocol:

1. If a power interruption to the refrigerator/freezer/ultracold freezer units is identified, the person who receives the alert or observes the power outage should call Tracey Henderson, Nursing Director, 740-876-2300, or Vickie Patrick, Back-up Vaccine Coordinator, at 740-727-1558. If neither Tracey nor Vickie is available, call Kristyn McLaughlin at 740-352-0145.
2. The nurse (Tracey Henderson, Vickie Patrick, or Kristyn McLaughlin) will check the Accsense Monitoring account to see when the last temperature was recorded and determine if it is a temperature excursion, power outage, or internet outage.
3. If there is a temperature excursion, or power outage that has resulted in a temperature excursion, the nurse will immediately go in to the health department to inspect the units, including backup monitors, and see if the generator is working.
4. If the generator and/or the refrigerator/freezer/ultracold freezer units are Not working, the nurse will call the Southern Ohio Medical Center's inpatient pharmacy at 740-356-8113, and ask to speak to Rory Phillips, SOMC Pharmacy Director, or the SOMC Pharmacist on call. The nurse will inform the pharmacy that we are about to deliver vaccine in need of temporary temperature-controlled storage in their pharmacy.
5. The nurse will inventory vaccine to be transported, and load it into temperature-controlled vaccine mobile clinic storage containers. These containers will be taken to SOMC and a copy of the inventory given to the pharmacist in charge. Any vaccine that has experienced a temperature excursion must be labeled as such.
6. The nurse will notify the Ohio Department of Health Immunization Line 1-614-466-4643 (immediately if during business hours, otherwise at the beginning of the next business day) of the transfer to emergency storage and reason, and if any vaccine was subjected to a temperature excursion.
7. In the case of a temperature excursion, the nurse will follow ODH's and The manufacturer's guidelines on whether or not the vaccines can be used or must be discarded.
8. When power is restored, the nurse will notify SOMC Pharmacy and will pick up the vaccine, check the inventory, and transport it back to the Scioto County Health Department in temperature-controlled vaccine mobile clinic units.

SOMC Backup Vaccine Storage – Appendix C

EFFECTIVE DATE: 3/25/2022

3.15: PUBLIC RECORDS REQUEST POLICY AND PROCEDURES

([ORC 149.43](#); [ORC 149.45](#))

The Scioto County Health Department shall ensure that all public records requests are promptly prepared and made available for the inspection to any person at all reasonable times during regularly business hours. Any questions regarding requests, including what can and cannot be released or redacted, shall be directed to the Department Head or Administrator who may seek assistance from the Scioto County Prosecutor's Office. Each department will be responsible for the following:

- Each employee responding to a request shall document the request on the Records Request Log Sheet. Located at the Front Desk. This includes requests by Mail, Phone, Email or in Person.
- Maintain a copy of the Scioto County Health Department's Records Retention Schedule and a copy of this policy and procedure for public access and review.

While it is not required that public records requests be submitted in writing, the requestors are encouraged to submit the requests in writing (using the Public Records Request Form), in an effort to prevent any misunderstanding as to the records the requestor is seeking. Individuals requesting a public record cannot be forced to provide identification or a reason for the request, and cannot be charged for time and labor spent for fulfilling the request. If a requestor makes an overly broad request, or has difficulty in specifying the request, the department employee (point-of-contact) shall provide the requestor with reasonable assistance to facilitate their request, such as providing a copy of the retention schedule and policy and the opportunity to revise the request.

Note: If a request is made in writing, the response must also be in writing.

- If a request is denied in whole or in part, the requestor shall be provided, in writing an explanation including the legal authority setting forth why the request was denied. The requestor will be notified (using the Public Record Form), if the request is for a record that was never maintained or is no longer maintained (for example record met retention period and was destroyed.)
- If request includes information that is "exempted" from disclosure, that information must be redacted. The requestor must be notified in writing of what information was redacted and the specific section of the Ohio Revised Code granting legal authority for redaction. ([ORC Section 149.45](#))
- (Normally this notification will be made right on the document itself).
- In response to a public records request, a maximum of 10 public records per month will be sent by mail unless the requester certifies in writing that such records are not being requested for any commercial purpose as provided in the Ohio Public Records Act.

- Payment for the cost of copies may be requested in advance. Payment may be made by cash or check written out to the Scioto County Health Department.

Copies will be double-sided as cost saving measure. The charge for copies of public records is as follows:

- Any requested records 10 or more pages will be charged twenty-five cents (\$.25) per page.

All instances when assistance is offered to facilitate a request, even if such assistance does not result in the release of records, must also be documented on the Public Record Request Form. The original record request and a copy of the corresponding invoice shall be kept on file by the Scioto County Health Department for two years.

3.16: Public Records Request Form

Complete this form and return it to the Scioto County Health Department, either in person, mail, email or fax. Be sure to obtain a written acknowledgement that this document was received by the Health Department to ensure that your public records request is processed in a timely manner.

Date of request: _____

Record(s) requested:

Requested format of records (paper, electronic, etc.):

Delivery Method: ____ in-person ____ e-mail ____ mail

Contact Information:

Name: _____ **Phone**

No. _____

Mailing address or email address:

Health Department Signature of Receipt:

Name

Date and Time

3.17: Receiving and Deposits of Money

REASON FOR POLICY:

The purpose of this policy is to ensure compliance with Ohio Revised Code Section 9.38 for accounting and depositing of any cash received by the Health Department

APPLIES TO:

This policy applies to any department or organization receiving funds on behalf of the Health Department.

DEFINITIONS:

The term cash includes currency, checks, money orders, negotiable instruments, and charge card transactions. Health Department funds are monies received from clients, contracts and grants, insurance payments, state and federal appropriations, and all other sources of revenue or expense reimbursements, whether restricted or unrestricted as to purpose or use.

POLICY STATEMENT:

Any department of the Health Department receiving cash must assure all money is turned into Fiscal Officer daily. The Fiscal Officer shall make deposits in a timely manner. If the total amount of monies exceeds one thousand dollars (\$1,000.00) the deposit of these monies shall be no later than the next business day following receipt of the monies.

If the total amount of the monies received **does not exceed one thousand dollars (\$1,000.00)**, the deposit of these monies shall be no later than 3 business days from receipt.

PROCEDURES:

Receipting and Depositing Funds

All departments and offices receiving money must receipt the money when it is received, give the payer a copy of the receipt, and turn in all money received to the Health Department Fiscal Officer daily.

2. Receipting of money can be accomplished with handwritten receipts from the specified Fund receipt book.

- a. Use receipts in strict numerical order.
- b. When money is received, complete a cash receipt indicating the following information in the applicable labeled blanks:
- c. **Date:** The date money is received.
- d. **Received From:** The name of the person making payment.
- e. **Address:** The address of the person making payment, if needed for later reference.

- f. **Dollars \$:** The amount of money received.
 - g. **For:** The purpose for the payment.
 - h. **Account, Amount of Account, Amount Paid, Balance Due:** These blocks are used only if payment is being received on an outstanding account. List the appropriate amounts in the respective blocks.
 - i. **How Paid, Cash, Check, Money Order:** List the amount paid by each medium of exchange.
 - j. **By:** The signature or initials of the person receiving the payment.
 - k. Remove the original or top copy of the receipt and give it to the payer.
 - l. If payment has been made by check, endorse the check with the receiving department's name as soon as it is received.
3. At the end of the business day, return all cash boxes and receipt books to the Fiscal Officer. The Fiscal Officer shall prepare a deposit according to the Policy Statement.
- 1. Prepare any required cash report, reconciling any cash shortage or overage.
 - 2. Prepare deposit and take it Scioto County Auditor's Office, then after they process it take the Treasurer's Copy and monies to the Treasurer's Office.
 - 3. If the funds must be stored overnight. All money and receipt books shall be stored in designated fund bank deposit bags, in the locked metal cabinet which is located in the Environmental Health/Administrative Offices.
 - 4. All cash or deposit discrepancies must be reported. Any discrepancies \$50 and under are to be reported to supervisor/administrator. For losses greater than \$50, this must be reported to the health commissioner and to the Board of Health.

BOARD APPROVAL EFFECTIVE DATE: 1/14/2022

3.18: PROCEDURE FOR HANDLING ISSUES WITH PAYROLL DEPARTMENT

The Payroll Department has informed this office that any questions or concerns about recorded Vacation, Sick or Accrued time must be conducted through our Fiscal officer. They will correspond with one person within our department on the above related items.

Time Sheets – Payroll Issues

The Fiscal Officer will be the contact person in the Health Department for the Payroll Department.

The Fiscal Officer is responsible for reporting time for each employee to the Payroll Department. Whether time was taken or any amount of Sick and Vacation that was taken within a pay period.

Procedures for Time Sheets:

- The Fiscal Officer will notify everyone when Time Sheets are due. It is the employee's responsibility to assure that a complete and approved time sheet is provided to the Fiscal Officer.
- Time Sheets are to be completed, signed, dated, reviewed and approved by section Director. Once approved by the Director, Time Sheets are to be submitted to the Fiscal Officer.
- The Fiscal Officer is responsible for keeping the Time Sheets on file and reporting time to the Payroll Department.
- Any questions or concerns about Vacation, Sick or Accrued time must first be presented to the Fiscal Officer who will contact the Payroll Department.

Auditor's Office

The Fiscal Officer will be the contact for the Auditor's Office also. Any questions or concerns about funds will be first presented to the Fiscal Officer who will then contact the Auditor concerning the issue.

EFFECTIVE DATE: 6/17/2021

3.19: PROTOCOL FOR DISTRIBUTING BOARD MEETING AND ENFORCEMENT DOCUMENTS

PURPOSE:

The intent of this document is to define the steps necessary distribution of documents related to the Scioto County Board of Health Meeting, Enforcement Hearings and/or information to be released and accessed by the general public on the Scioto County Health Department's website.

POLICY:

The Scioto County Health Department (SCHD) fulfills the requirements of The Ohio Open Meetings Act (OOMA) by providing approved meeting dates to the public via distribution on the department website, social media and/or local newspapers. The exact date and time of each regular meeting is also announced at the end of the previous meeting and recorded in the minutes of that meeting. As required by the Ohio Revised Code Section 121.22(F).

SCHD also follows OOMA by making the meeting minutes available via public records request and by making them freely available on the department's website.

SCHD notifies the public of Board of Health enforcement actions by making hearing results publicly available on the department's website.

BACKGROUND:

The Ohio Revised Code Section 121.22 and the OOMA requires that public bodies meeting at monthly intervals must establish, by rule, a reasonable method that allows the public to determine the time and place of these regular meetings.

Additional, OOMA requires that meeting minutes are “promptly” prepared and made available for public inspection after the final version is approved.

GLOSSARY OF TERMS:

Department Website - The Scioto County Health Department’s website
www.sciotocountyhealth.com.

Devices – Personal computers, mobile phones, tablet computers or other electronic computing equipment.

Ohio Open Meetings Act (OOMA) – The Open Meetings Act requires public bodies in Ohio to conduct all public business in open meetings that the public may attend and observe.

PDF – Portable Document Format, a file format that provides an electronic image of text or text and graphics that looks like a printed document and can be viewed, printed and electronically transmitted. PDF viewing software is freely available for most computing devices.

Promptly – “Promptly” is not defined by OOMA but has been defined by court decision as “without delay and with reasonable speed.”

PROCEDURES & STANDARD OPERATING GUIDELINES:

1. SCHED created meeting agendas, reports, minutes and hearing results using word processing software, typically Microsoft Word. These documents can sometimes be difficult to view on devices that do not have this software installed. To make these documents more accessible to the public they are saved as a PDF file.
2. SCHED makes board meeting agendas, reports, minutes and hearing results available to the public, on the department website:
 - a. Board meeting agendas, minutes, reports and enforcement hearing results are made available after approval by the Board of Health.
 - b. SCHED ~~is in contract with a website developer who will update website when provided information~~ is responsible for promptly updating and posting to the website using on-site administrators for the website.

BOARD APPROVAL: 1/1/2019

REVISION DATE: 3/11/2022

SECTION 3.20 REIMBURSEMENT OF EXPENSES.

A. Travel/Mileage Reimbursement.

1. Employees who are required to use their own private vehicles in the performance of their job for official Board business will be reimbursed at the rate presently approved by the Board.
2. The mileage reimbursement will be deemed to cover all expenses incurred by use of the privately-owned vehicle including oil, gasoline, tires, depreciation, insurance and all other expenses of operation. No reimbursement for mileage will be made unless an employee carries automobile/liability insurance on his/her vehicle and maintains a copy of current coverage in his/her personnel file.
3. When two (2) or more employees are traveling to the same destination, they should travel together and only one may claim mileage reimbursement.
4. No reimbursement will be made for travel between the employee's home and the Board's office or other work location designated by Board of Health or Department Head.
5. Parking tolls, ferry charges, bridge, highway and tunnel tolls will be reimbursed if the employee lists them separately on his/her travel report, attaching receipts for all expenses incurred over one dollar (\$1.00).

B. Lodging Expenses.

Expenses covering the actual cost of a hotel or motel room will be reimbursed in full when an employee travels out of the County or State on official Board business and such travel requires an overnight stay. Prior approval of the Board is required for reimbursement of lodging expenses.

1. When possible, employees of the same sex attending a meeting or conference should share a room.
2. Only business telephone calls will be reimbursed.

C. Meal Expenses.

1. Upon submission of itemized receipts, employees who must travel out of the County or State on Board business will be reimbursed for no more than three (3) meals per twelve (12) hour day, including beverages, for the actual cost of the meals up to the Board-adopted rate.
2. Reimbursement for partial days, when travel extends through the normal meal period, will be according to the Board adopted rate.
3. No reimbursement will be made for meals within the County unless the meal is an integral part of an approved meeting or conference.
4. Tips, alcoholic beverages and entertainment are not reimbursable.

D. Damage Reimbursement. (Developmental Disabilities)

Employees are to be aware of possible damage to personal apparel or effects in the course of employment and, accordingly, are expected not to attire themselves of unusually high value for the work required. An employee's personal property used in the course of employment which is damaged by an enrollee in the program while the employee is performing normal job duties shall be replaced or repaired by the

Board without cost to the employee. Employees are advised that full reimbursement will not be made for unusually expensive clothing or jewelry. The incident involving damage must be reported and documented. If the damage to an employee's property is the result

of an action which is considered deliberate, the employee or the parent/guardian of the enrollee will be billed for damages. The functioning level of the enrollee shall be considered before deliberate intent is attributed to the action. -Payment or restitution for damages to the property if more than \$100.00 is to be reviewed by the behavior management committee.

The Board of Health will decide on amounts of reimbursement whenever a question rises.

3.21: Employee Expense Reimbursement Procedure:

1. Expense needs approval from the Fiscal Officer, prior to purchase.
 - a. This assures funds are available and a Purchase Order is in place.
2. Once approved the employee may purchase the item or service.
3. Employee must provide receipt of purchase with the following information:
 - a. Name of business item/service was purchased
 - b. Date of purchase
 - c. Itemized list of what was purchased
 - d. Total amount of purchase
 - e. Type of payment rendered
4. Employee must submit a signed -
Employee Expense Reporting Form - Appendix D – page 157
along with a copy of bank statement if credit/debit card was used to purchase item/service to Fiscal Officer.
5. Once the Fiscal Officer has all required information listed above an invoice may be submitted through VIP to the Auditor's Office for payment.
6. Once the Auditor's Office has verified and approved the invoice they will issue a check for reimbursement. The Auditor's Office will notify SCHED Fiscal Officer when check is ready.

SCIOTO COUNTY COMMISSIONERS MISSION STATEMENT ON SAFETY & HEALTH and the Scioto County Board of Health

It is the policy of the Scioto County Commissioners and the Board of Health that every employee is entitled to work under the safest possible conditions, every reasonable effort will be made in this effort, it is the Scioto County Commissioners and the Board of Health belief that accidents which injure people, damage equipment, and destroy materials cause needless personal suffering, inconvenience and expense. Most accidents can be prevented by management and employee continual interaction, and by taking common sense precautions, the safety committee will have major responsibility in aggressively pursuing with management and co-worker's accident prevention programs and training.

The Scioto County Commissioners and the Board of Health will maintain a safe and healthful workplace. It will provide safe equipment and personal protection, and in the case of injury, the best first aid and medical care available.

Because of the varied nature of the work and the widespread locations of the jobs, we must formalize our safety program, utilizing written reports and records, to achieve the maximum use and effectiveness of accident prevention information and to lessen or eliminate the direct or indirect costs associated with accidents/injuries on the job.

The responsibility for safety in each individual job in each department remains with the individual employees and the supervisors. The Supervisors will investigate all incidents/accidents with members of the safety committee and maintain an accident log to assist in identifying accident trends and problem areas. Workers are required to report all incidents/accidents to their supervisor. All work-related accidents require professional medical treatment. All accidents requiring first aid, where conditions were such that a more serious injury could have resulted, will be investigated. Such investigations will be a part of the formal safety committee. The Supervisors will be active participants in safety committee meetings and will ensure new workers have the proper safety training for their job.

The Loss Control officer duties include the review and analysis of accident information, safety meeting reports and the communication of pertinent information to all departments conduct safety committee meetings and ensure written records are taken. Reducing accidents and related insurance costs will permit us to be more competitive and cost effective in our scope of service. [Journal 74, page 87, September 13, 2001]

3.22: SAFETY AND HEALTH PROGRAM.

(Occupational Safety and Health Act of 1970; Public Employment Risk Reduction Act; O.R.C. 4167)

A. Work safety and health are primary concerns of the County. The safe and healthful performance of all work assignments is the responsibility of both supervisory and non-supervisory personnel. It is the employee's responsibility to ensure that all equipment is used safely and all safety procedures and/or practices are utilized and/or observed. Employees shall also abide by all public employment risk reduction standards and any other safety rules promulgated by the Scioto County Board of Commissioners and/or Scioto County Board of Health.

B. Any employee found to be negligent in equipment operation, resulting either in damage to the equipment or an accident, shall be disciplined according to Section 5.00 of the Employee Human Resources Manual..

C. Any employee found to be deliberately negligent in equipment operation, resulting in either damage to the equipment or an accident, shall be subject to immediate termination.

D. All employees are charged with the responsibility of reporting the existence of any hazardous condition or practice in the work place to their supervisor.

E. The Board of Health will advise employees through correspondence, postings, meetings and material safety data sheets of any hazardous chemicals or materials that employees may use or contact in the performance of their jobs. Further, the Board of Health will cause educational dissemination of materials to employees to update and advise them of changes.

F. Employees who believe they are in imminent danger due to an unsafe working condition(s) are to advise the Board of Health immediately.

1. The Board of Health will immediately cause the job to be inspected to determine if danger is imminent and how it may be corrected.

2. The employee may be reassigned to another position if the Board of Health determines there is a safety hazard that might cause injury, or sent home until the appropriate actions can be taken to make the job safe. Employees shall not suffer any loss of pay during this period

3.23: EMERGENCY AND FIRE PREVENTION PLAN.

A. When an emergency situation exists

1. Each department supervisor or administrator is responsible for determining that an emergency situation exists.

2. An emergency is defined as an accident or injury that, at the judgment of the supervisor or administrator, requires immediate first aid or professional help. Psychiatric and psychological crisis intervention is considered an emergency if the employee might harm himself or another

- employee or client/enrollee.
3. Once the determination has been made regarding the emergency, the appropriate agencies are to be telephoned (i.e., emergency squad, community mental health, parents or guardian).
 4. An incident report will be written within twenty-four (24) hours of the emergency.

APPENDIX E - Scioto County Health Department – Emergency Escape Plan Drawing

B. Emergency Action Plan

1. Scope and Application

It is the intention of the Scioto County Commissioners and the Scioto County Board of Health to provide a safe working environment for all of its employees and to provide procedures for the safe and orderly evacuation of said employees in the event of an emergency.

2. Elements.

- a. Each work section shall maintain a current copy of emergency escape route assignments and emergency escape procedures. Predetermined workplace layouts with marked escape routes will be posted at each entrance and exit. Maps will be color-coded to aid employees in determining their route assignments.
- b. A number of employees may be selected or may volunteer to act as evacuation wardens to assure that all employees are swiftly moved to a safe area. Those employees selected as wardens will receive training in the complete workplace layout and various alternative escape routes from the workplace. All wardens and fellow employees shall be made aware of handicapped employees who may need assistance, such as using the buddy system, and of hazardous areas to be avoided during emergencies. Before leaving, wardens should check rooms and other enclosed spaces in the workplace for employees who may be trapped or otherwise unable to evacuate the area. A designated safe area or refuge for evacuation has been determined and identified on the evacuation maps. In partial evacuation or building divided into fire zones by fire walls, the refuge area may still be within the same building but in a different zone from where the emergency occurs. After the desired degree of evacuation is completed, the wardens or supervisors will report to area warden to verify that all their employees are safe and accounted for.
- c. All employees shall practice buddy care while leaving the emergency

area. Any person needing assistance should be assisted to the safe area. Employees should not place themselves or other employees in danger trying to save a trapped person. Any information of trapped or unaccounted for persons should be brought to the attention of the Emergency Services upon their arrival. Employees trained in providing medical attention will assist injured persons until relieved by other medical personnel.

- d. Any employee discovering a fire or life hazard shall immediately sound the alarm and dial "911" reporting the emergency. The employee will provide as much information to the dispatcher as to the type and size of the emergency.

3. Training

All employees will receive training in the emergency action plan prior to the implementation of the plan. Supervisors will review with each employee those parts of the plan which he/she must know to protect the employees in the event of an emergency. This will be done initially when the plan is developed, whenever the employee's responsibilities or designated actions under the plan change, or whenever the plan is changed.

C. Fire Prevention Plan

1. Scope and Application

It is the responsibility of all County employees to practice safe and careful Fire Prevention practices at all times.

2. Elements

- a. A list of all major workplace fire hazards and their proper handling and storage procedures, potential ignition sources (such as welding, smoking, and others) and their control procedures, and the type of fire protection equipment or systems which can control a fire involving them will be provided to employees for review. This list will be established in each work area.
- b. Names or regular job titles of those personnel in each work area responsible for maintenance of equipment and systems installed to prevent or control ignitions or fires. Names and regular job titles will also be provided of those personnel responsible for control of fuel source hazards.

3. Housekeeping

- a. Supervisors of each work area shall see that accumulations of flammable and combustible waste materials and residues are kept to a minimum so that they do not contribute to a fire emergency. Each work area will establish a housekeeping policy. It is also the responsibility of each employee to practice good housekeeping practices.

4. Training

- a. All employees will be apprised of the fire hazards of the materials and processes to which they are exposed.
- b. Supervisors will review with each employee upon initial assignment those parts of the fire prevention plan which the employee must know to protect the employee in the event of an emergency. The written plan shall be kept in the workplace and made available for employee review.
- c. Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

3.24: Tornado

When a warning is issued by sirens or other means, seek inside shelter. Consider the following:

- Small interior rooms on the lowest floor and without windows,
- Hallways on the lowest floor away from doors and windows, and
- Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

3.25: Active Shooter

Active shooter and other dangerous intruder situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation. Evacuation or “shelter in place” are options during an active shooter situation. If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind

- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police or law enforcement officer
- Do not attempt to move wounded people
- Call 9-1-1 when you are safe

Safety and building security are shared responsibilities between employees and the employer.

BOARD APPROVAL:

3.26: N95 Respirator Mask Use Protocol – Our Policy

Purpose: Public health nurses may need to use N95 respirators when working with clients who may have communicable diseases transmitted through the airborne route. This protocol outlines necessary procedures for safe and appropriate use of N95 respirators.

1. N95 respirators are only to be used in situations when they are necessary, as determined by the Health Commissioner or Director of Nursing, according to U.S. Centers for Disease Control and Prevention (CDC) and/or Ohio Department of Health (OOH) recommendations.
2. Employees must undergo a respirator fit test, including evaluation of a Medical Questionnaire completed by each employee, to determine the employee's ability to use a N95 respirator. Employees must pass a respirator fit test before they are authorized to use an N95 respirator. The Director of Nursing will make arrangements for the fit testing and training, at no expense to the employee.
3. Employees must also receive training in the appropriate use of the N95 Respirator and other personal protective equipment (PPE) appropriate for airborne precautions before they are authorized to use an N95 respirator. At the conclusion of the training and before use of the respirator, each employee must demonstrate
 - When and why the use of the respirator is required.
 - How improper fit, usage, or maintenance can compromise the respirator's effectiveness.
 - The limitations and capabilities of the respirator.
 - How to use the respirator.
 - How to properly don, doff, use, and check the seals of the respirator.
 - The proper care, maintenance, useful life and disposal of the respirator.
 - How do properly don, doff, use, and dispose of other PPE.
4. Subsequent respirator fit testing and training must be repeated annually, unless that requirement has been waived by CDC, Ohio Department of Health, or OSHA due to a public health emergency.
5. NIOSH certified respirators will be selected and provided to employees

who may be exposed to respiratory hazards. The N95 respirator may be medical or industrial. Use of additional PPE may be required, such as isolation gowns, face masks, goggles, bonnets, shoe covers, gloves, etc., as directed by the Health Commissioner and/or Director of Nursing, according to CDC and/or ODH recommendations.

6. The N95 respirators must be discarded after the expiration date, or 5 years after the manufacture date if an expiration date is not provided.
7. N95 respirators are not permitted to be worn by employees who have (1) facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function, or (2) any condition that interferes with face-to-facepiece seal or valve function.
8. Respirators will be stored in an area that will protect them from damage, contamination, dust, sunlight, extreme temperatures, excess moisture, and damaging chemicals.
9. All respirators will be inspected before each use.
10. If any employees have questions or concerns about using an N95 respirator, they should contact their supervisor.

3.27: BLOODBORNE PATHOGEN PLAN/EXPOSURE CONTROL PLAN.

A. The Scioto County Health Department (SCHD) recognizes Department of Labor OSHA 29 CFR 1910.1030 relating to Bloodborne Pathogens. The primary intent of this standard is to eliminate, or minimize, occupational exposures to Hepatitis B, Hepatitis C, HIV and other bloodborne pathogens.

B. SCHD realizes that employees face a significant risk as a result of occupational exposure to blood and other potentially infectious materials because they contain bloodborne pathogens which cause Hepatitis B, Hepatitis C, HIV. The exposure can be minimized or eliminated by using a combination of engineering and work practice controls, personal protective clothing and equipment, training, Hepatitis B vaccinations, signs, labels, and other provisions.

C. In compliance with this standard, SCHD is required to:

Adopt an exposure control plan; Provide information and training to employees; and Comply with recordkeeping requirements.

D. The Infection Control Program (ICP) or Exposure Control Plan (ECP) of the health department is the core element used to reduce worker risk by minimizing to eliminating employee exposure incidents to bloodborne pathogens. It is the health department's written policy to aid in the control of infectious disease hazards. This policy will be reviewed annually or whenever job descriptions and/or duties change.

E. Exposure Determination.

1. The Employer shall identify all employees who are directly exposed or whose

jobs have the likelihood of exposure to blood or other potentially infectious materials.

2. Employees working with equipment, tools and materials and all workers who engage in job duties with other employees relating to lifting, holding and jobs that cause employees to work jointly and/or beside or contact each other in accomplishing job duties and tasks, are considered to be directly exposed to potentially infectious materials.
3. Fluids recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of Hepatitis B, Hepatitis C and HIV are:
 - Blood
 - blood products
 - semen
 - vaginal secretions
 - cerebrospinal fluid
 - synovial fluid
 - pleural fluid
 - peritoneal fluid
 - peri cranial fluid
 - amniotic fluid
 - saliva in dental settings.

F. Engineering Controls.

SCHD will adopt controls to isolate or remove hazards from the worker and minimize worker exposure to blood or other potentially infectious materials.

G. Work Practice Controls.

1. Work Practice Controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or other potentially infectious materials. SCHD's policy regarding Work Practice Controls is as follows:
 - a. If an employee has a known or open wound and is working with other employees in performing job duties, that wound should have proper medical attention (bandage/wrap) that will localize distribution of body fluids.
 - b. Hands, or other body parts, shall be washed as soon as possible after contact with body fluids and after removing gloves if they are worn performing job duties.
 - c. All personal protective equipment should be removed immediately, or as soon as possible, upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
 - d. Used needles and other sharps shall not be sheared, bent, broken, recapped or resheathed by hand.

e. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing or spraying.

H. Personal Protective Clothing and Equipment.

1. Personal protective equipment is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials.

2. Personal protective equipment should be utilized when job duties entail personal contact or working in close proximity with other employees. All personal protective equipment should be removed as soon as possible upon leaving the work area and placed in an appropriately designated area or container for

storage, washing, decontamination or disposal.

3. SCHED shall provide and assure employee use of appropriate personal protective equipment. Examples of personal protective equipment include gloves, gowns, laboratory coats, fluid-resistant aprons, head and foot coverings, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, and other ventilation devices when there is potential for exposure to blood or other potentially infectious materials.

4. SCHED will repair and dispose all personal protective equipment on an as needed basis. Utility gloves may be cleaned and disinfected for reuse if they show no signs of deterioration.

I. HBV Vaccination.

The Hepatitis B Virus vaccination shall be offered, at no cost, to any employee whose job involves the risk of directly contacting blood or other potentially infectious materials.

The HBV vaccination will be offered within ten (10) days after assignment to such a position. All employees whose positions present risk of exposure will be provided training on HBV Vaccinations before an employee signs a statement requesting or declining the vaccination. An employee may wish to have the series of three inoculations at a later date.

J. Post-Exposure Evaluation and Follow-Up.

1. Following a report of an exposure incident, SCHED shall make available to the employee a confidential medical evaluation and follow-up of the incident.
2. SCHED must document the route of exposure, Hepatitis B, Hepatitis C, HIV status of the source patient(s), if known, and the circumstances under which the exposure occurred.
3. SCHED shall attempt to notify the source patient(s) of the incident and attempt to

encourage the source patient to go to a local hospital or lab for testing. SCHED's health commissioner may write an order for testing. If the source patient goes for testing and has insurance, costs will be billed to insurance company. The Board of Health will agree to pay the co-pay, co-insurance and deductible. If the source patient does not have insurance the Board of Health will agree to cover the cost of a onetime hepatitis panel and HIV testing.

4. SCHED shall encourage the employee to go to a local urgent care or hospital as soon as possible for medical evaluation and testing. If the employee has insurance the cost of testing will be billed to the insurance company. This is only for an exposure that occurred during work hours/activates. The Board of Health will cover any co-pay, co-insurance and deductible for the initial evaluation.
5. SCHED shall recommend repeat Hepatitis B, Hepatitis C, HIV testing to exposed employees according to current post exposure protocols.

K. Infectious Waste Disposal.

1. All infectious waste shall be placed in closable, leakproof containers or bags that are appropriately tagged to comply with 29 CFR 1910.145(f) with the word "BIOHAZARD" or biological hazard symbol on the tag.
2. All employees should notify their immediate supervisor before discarding infectious waste in a container or trash can so appropriate labeling can be administered.
3. Disposable syringes, needles, and other sharp items shall be placed in puncture resistant containers for disposal.
4. Double-bagging prior to handling, storing and/or transporting infectious waste is necessary if the outside of a bag is contaminated with blood or other potentially infectious materials.
5. Lab specimens of body fluids shall be transported in a container that will prevent leaking and disposed of in accordance with institutional policies and regulatory requirements.

L. Housekeeping Practices.

1. The County will assure that the workplace is maintained in a clean and sanitary condition.
2. Housekeeping workers, or any other personal assisting, are required to wear appropriate personal protective equipment including general purpose utility gloves during all cleaning of blood or other potentially infectious materials and during decontamination procedures.
3. Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

M. Training and Education of employees.

1. The County will ensure that all employees with exposure to blood or other potentially infectious materials participate in a training and education program.

2. The training program shall contain the following minimum elements:
 - a. a general explanation of the epidemiology and symptoms of HBV and HIV;
 - b. an explanation of the modes of transmission of HBV and HIV;
 - c. an explanation of SCHED's infection control program;
 - d. an explanation of the use and limitations of methods of control that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment;
 - e. an explanation of the basis for selection of personal protective equipment;
 - f. information on the HBV vaccine, including its efficacy, safety and the benefits of being vaccinated;
 - g. an explanation of the procedure to follow if an exposure incident occurs, method of reporting the incident, and medical follow-up that will be made available; and
 - h. an explanation of the signs, labels, tags and/or color-coding used to denote biohazards.

N. Recordkeeping.

1. SCHED will be in compliance with the recordkeeping requirements by tracking each worker's reported exposure incident to blood or other potentially infectious materials.
2. Training records shall be kept for a period of three (3) years from the date of which the training occurred.
3. Medical records of occupational exposure will be retained for the duration of employment plus thirty (30) years.
4. Any illnesses or injuries resulting from exposure to blood or other potentially infectious materials shall be recorded on the annual OSHA 300 log.

3.28: COMMUNICABLE DISEASES AND INFECTION CONTROL POLICY
(O.R.C. 149.43, 1347)

A. It is the policy of the Scioto County Board of Health that in providing the necessary services to the public, together with working in harmony with one another, all employees are to be educated and thus knowledgeable in dealing with infectious diseases and the issues surrounding them. The Appointing Authority will endeavor to conduct initial orientation and periodic training and review in providing information as to the appropriate response, precautions and preventions of communicable diseases and dealing with Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B Virus (HBV), Tuberculosis (TB), and other infectious diseases.

B. SCHED recognizes that control of the spread of diseases and infections of all kinds is essential to the well-being of all participants and staff in SCHED's programs. To help with controlling the spread of infections, SCHED will follow the rules and guidelines of the Ohio Department of Health. Any suspected cases of communicable disease that might pose a direct threat to health and safety in the workplace will be reported immediately to supervisor, administrator or health commissioner. If the informed authority suspects that an employee

has a communicable disease, he/she may request the employee to be examined by a physician.

C. The Board of Health may remove or reassign an infected or contagious employee. The Board of Health may remove or reassign a co-worker, if a secondary infection would pose a higher than usual risk to himself/herself or others.

D. Employees who are at risk or exposure to bloodborne pathogens or contagious diseases will follow a system of “universal precautions” to limit the spread of infection in the workplace. Supervisors will instruct employees about any special precautions necessary in individual work areas.

E. Communicable Diseases include those infections caused by various organisms (i.e., bacteria, viruses, fungus, parasites, and sexually transmitted diseases). Some of these are:

1. Bacterial diseases, i.e., staphylococcal (boils), streptococcal (strep throat), and tuberculosis.
2. Viral diseases, i.e., COVID-19, chickenpox, measles, influenza, herpes, CMV, hepatitis
3. Fungal diseases, i.e., histoplasmosis, ringworm, athletes feet.
4. Parasitic diseases, i.e., lice, pinworm, scabies, malaria.
5. Sexually transmitted diseases, i.e., syphilis, AIDS, gonorrhea, chlamydia, and genital warts.

F. Employees coming into contact with other staff, enrollees, or members of the public who are known to have any serious infectious diseases should immediately notify their supervisor. Employees are hereby admonished, however, of the confidentiality surrounding the service rendered to the public and should act in accordance therewith.

Information relating to a contagious disease in the workplace will be disclosed to employees when the information is necessary to protect the health and safety of employees or others. The necessity of disclosure will be determined by the Board of Health.

G. An employee concerned about being infected with a contagious disease while in the workplace should convey this concern to his/her supervisor. Any employee who refuses to work with or perform services for a person known or suspected to have a contagious disease is subject to discipline, up to and including discharge.

H. The Ohio Civil Rights Commission’s policy statement of October 5, 1987 and the Americans with Disabilities Act of 1990 recognizes AIDS victims as being a protected disability. Therefore, neither the program, nor any of its staff, may lawfully discriminate against a person suffering from AIDS whether that person is a member of the public or another employee.

I. Provisions dealing with sick leave under the Ohio Revised Code and Ohio Administrative Code are applicable to employees suffering from infectious diseases, providing for sick leave and disability leave. The Health Commissioner has a statutory right

to require the employee to submit to a medical examination in order to determine the employee's capability to perform the essential functions of his/her position when requested under reasonable circumstances.

J. In the case of accidents at the work setting, equipment that is contaminated with blood or other body fluids from any person, whether known to be infected or not, should be cleaned with soap and water or a detergent. A disinfectant or fresh solution of household bleach should be used to wipe the area after cleaning.

3.29: WORKPLACE VIOLENCE POLICY.

A. Policy Statement.

All forms of workplace violence including, but not limited to, harassment, intimidation, threats and assaults will not be tolerated by the Scioto County Board of Health. Workplace Violence is defined as physical or verbal assaults upon a co-worker, supervisor, or member of the public. In addition, horseplay will also not be tolerated.

B. Workplace Violence.

1. The Board of Health is responsible for handling all complaints of workplace violence and or ensuring that all complaints are fully and fairly investigated, regardless of the manner in which they are made or the individual involved for the Scioto County Health Department.
2. The Board of Health will review every case and ensure that each complaint has been fully and impartially investigated. The Board of Health shall take appropriate disciplinary action against the offending employee, up to and including discharge.
3. Employees are strongly encouraged to report all forms of workplace violence, physical and verbal. No employee shall be the focus of retaliation or reprisal for filing a workplace violence complaint.
4. In further support of this serious workplace issue and in providing a safe workplace, employees are prohibited from possessing or using any weapons on County property. Violation of this policy will result in immediate discipline.
5. Employees who need help or who have been victims of workplace violence are encouraged to seek assistance through outside counseling or services. The Board of Health will make every effort to ensure reasonable accommodations are provided.

C. Workplace Emergencies Program.

An Emergency Action Plan will be developed under the guidelines of OSHA regulations 29 CFR 1910.38.

1. The Emergency Action Plan will include emergency escape procedure and emergency route assignments in case of workplace assaults. This plan will include rescue and medical duties for identified personnel. This plan will also

include an alert system for violent assaults which is identifiable and distinctive from other alarms.

2. An Emergency Response Team will be formed as a first line of defense in assault emergencies. Team members will be physically capable of performing the duties assigned. The Team will be trained in all aspects of the emergency response including evacuation procedures, and procedures for contacting outside emergency agencies.
3. Employees will be trained and become knowledgeable in protective measures in case of violent behavior, such as:
 - What triggers violent behavior?
 - What are the warning signs?
 - How should I react in violent situations?
 - How do I protect myself?
 - Evacuation procedure.
4. The County and the Board of Health will attempt to prevent violent activities by:
 - Using a strong pre-employment process.
 - Training and educating employees.
 - Providing sound security measures such as improved external lighting, security cameras and/or alarms.
 - Documenting employee behavior.
 - Controlling access and entry to the workplace.
 - Requiring visitors to sign in, wear identification and obtain permission to visit employees.

D. When An Emergency Situation Exists.

1. Each department supervisor or administrator responsible for determining that an emergency situation exists.
2. An emergency is defined as an accident or injury that, at the judgment of the supervisor or administrator, requires immediate first aid or professional help. Psychiatric and psychological crisis intervention is considered an emergency if the employee might harm himself or another employee or client/enrollee.
3. Once the determination has been made regarding the emergency, the appropriate agencies are to be telephoned (i.e., emergency squad, community mental health, parents or guardian).
4. An incident report will be written within twenty-four (24) hours of the emergency.

BOARD APPROVAL:

3.30: REPORT OF ON-THE JOB INJURIES AND ACCIDENTS

- A. It is the responsibility of the employee to report immediately to his/her supervisor or the Health Commissioner any injury to the employee incurred on the job, no matter how minor the injury may seem to the employee. All accidents, regardless of whether or not an injury is incurred, shall be reported immediately by the employee(s) involved to the employee's supervisor and/or the Health Commissioner. If it is determined that immediate treatment or examination is needed, the supervisor or the Health Commissioner shall arrange transportation to the hospital or physician's office and shall make any other necessary arrangements.
- B. It is the responsibility of the injured employee's supervisor and /or Health Commissioner to initiate and oversee the completion of an accident report within 24 hours after the injury was incurred (i.e., the employee shall complete and accident report form by the end of the workday) and submit the completed report promptly, but no later than 48 hours of the occurrence, to the Health Commissioner. If an employee or the supervisor is uncertain as to whether or not an injury is considered to be job-related, an injury report shall be submitted to the Health Commissioner for review and determination. The Health Commissioner shall then forward the report to the County Commissioners within 2 working days.
- C. In the event of serious injury, the injured employee's supervisor is to notify the Health Commissioner immediately so that an investigation may be initiated.
- D. An employee who is injured in the line and duty and must leave work before completing the work day will be paid at his/her regular rate for the balance of time left in the scheduled work day. An injured employee may elect to use sick leave and vacation leave prior to receiving payments from Workers Compensation. Employees are prohibited, however, from receiving payment for sick leave while simultaneously receiving payment from Workers Compensation.
- E. All leaves required by an at-work injury that result in Workers Compensation benefits, will be designated as family and medical leave (See Section 3.9 Family and Medical Leave).
- F. The form used for reporting accidents and injuries is available in the files maintained by the clerk/secretary of the board of health.
- G. The Health Commissioner may order an alcohol and drug test for any and all employees that are involved in an injury and/or accident. Any employee who tests positive or refuses to submit to a chemical test may be disqualified for compensation and benefits under the Worker's Compensation Act.

BOARD RESOLUTION 01-2010

DATE EFFECTIVE- December 17, 2010

3.31: VANDALISM

Every employee must report immediately any incidence of vandalism or improper conduct to his/her immediate supervisor. Vandalism is defined as deliberate and malicious destruction of Board of Health buildings, surroundings, landscaping, equipment, parking lots, and personal vehicles.

3.32: TOBACCO POLICY.

A. In the interest of promoting the wellness of employees as well as enjoying a smoke-free environment, the use of legalized tobacco products is limited to designated areas and times as established by the Board of Commissioners and the Board of Health, knowledge of which is the responsibility of each employee

and his/her supervisor. Each designated area must be at least twenty-five (25) feet from any public entrance. The County prohibits the sale of any tobacco products on its grounds, unless permission is received by the Board of Commissioners.

- B. Smoking is prohibited in all meetings and in all enclosed buildings. Breaks may occur in meetings exceeding one (1) hour in length. Courtesy and health of fellow employees should be considered since side stream smoke has been proven by the Surgeon General to be hazardous to the health of employees. Smoking includes the use of e-cigarettes or similar type products which include Vaping electronic cigarettes. Employees are to refrain from use of snuff, chewing tobacco, and all kinds of cigarettes including but not limited to e-cigarettes, cigars, and pipes in all county vehicles.
- C. Compliance with the tobacco use policies and procedures is the responsibility of each employee. Violations are subject to progressive corrective action as outlined in Section 5.00 of the Employee Human Resources Manual.

BOARD APPROVAL:

3.33: CONTACT WITH NEWS MEDIA AND GENERAL PUBLIC

- A. Any employee contacted by the news media or as a citizen on a matter related to Health Department operations should direct the caller to contact the Health Commissioner or Administrator. This policy is designed to avoid duplication, assure accuracy, and protect employees and the Health Department from the dissemination or misstatements and misinformation.
- B. This policy does not prohibit employees from making a public statement, in their off-duty hours, on matters of public concern. However, this policy does prohibit employees from making unauthorized public statements during their working hours and from making public statements about matters of private concern that negatively impact the County Health Department.

BOARD APPROVAL:12/14/2020

3.34: TRAVEL POLICY AND PROCEDURE

I. TYPE OF TRAVEL

A. Duty Related, In-State Travel: Board Approval Required For Out-of-County Travel

1. **Definition:**
Travel within the State of Ohio which is required in the performance of an employee's duties.
2. **Example:**
 - a. A nurse travels to a site within Scioto County to conduct an immunization clinic. (*Board approval not required*).
 - b. A sanitarian travels to Columbus to attend a seminar.
(*Board approval required*)

B. Duty Related, Out-of-State Travel: Board Approval Required

1. **Definition:**
Travel outside the State of Ohio which is required in the performance employee's duties.
2. **Example:**
 - a. The Health Commissioner meets with a Congressman in Washington, D. C.
 - b. The Health Commissioner travels out of state to meet with federal officials regarding a grant.

C. Conventions: Board Approval Required

1. **Definition:**
Attendance at a convention sponsored by an association in county, out of county, or out of state.
2. **Example:**
 - a. Staff members attend the Assoc. of Ohio Health Commissioners Fall Conference in Columbus.

D. Staff Development: Board Approval Required.

1. A workshop, seminar, conference, or training program sponsored by an agency, institution, or association either in county, out of county, or out of state.
2. **Examples:**
 - a. An employee of the Division of Nursing attends a seminar at the local

Scioto County Joint Vocational School.

- b. I.B.M. Corp, presents a series of in-house training sessions on I.B.M software at the Shawnee State University for various employees.
- c. A sanitarian of the Health Department attends a seminar on environmental law at Ohio University.

II. AUTHORIZED EXPENSES FOR DUTY-RELATED, IN-STATE TRAVEL:

Approval Required

A. Transportation

1. Employees use their personal vehicles for all work travel. Daily mileage records are kept by the employee and turned in to the Fiscal Officer once a month.
2. Mileage is reimbursed current rate per mile set by the Board of Health.
3. Cost of parking, highway tolls, etc. Receipt required.
4. Employees may not include mileage for travel to their place of work and vice-versa other than when making the trip for the benefit of the Health Department.

B. Hotel

1. Actual expense not to exceed the lowest available room rate. Receipt required.

C. Meals

1. When employees are out of county for meetings meals will be reimbursed. Receipts are required. Each meal must be itemized separately when reimbursement is requested. Alcoholic beverages are not reimbursed
2. Employees are requested to exercise conservative judgment when requesting expenses for breakfast or dinner if leaving or arriving home at or near the time for a meal.

III. APPROVAL REQUIREMENTS AND PROCEDURES

A. Prior Approval by Health Commissioner Required for All Travel/Staff Development.

B. Prior Approval by Health Commissioner and By the Board of Health Is Required Before Conference and Staff Development Costs are Incurred.

1. Health Commissioner/employees must submit or request Board action indicating location, reason, dates, names of:
 - Employees
 - itemized expenses per employee
 - type of travel/staff development.
2. Request will be checked by the Business/Fiscal Director for available funding.
3. Request will be presented at the Board of Health meeting by the Health

Commissioner.

VI. REIMBURSEMENT PROCEDURES

A. Employee Reimbursement

1. Employee reimbursement receipts must be attached to Mileage Sheets and returned to the Fiscal Officer.

GENERAL TERMS:

A. Expenses Not Requiring Board of Health Approval

1. Emergency Authority
 - a. When an emergency arises and time does not permit, the Health Commissioner may give approval for expenses prior to approval of the Board of Health.
 - b. Nonetheless, such emergencies must be submitted by the Health Commissioner to the Board at the earliest possible date so that reimbursement may be made.

BOARD APPROVAL:
1/1/2019

3.35: RECORDS RETENTION POLICY AND PROCEDURE

POLICY:

The purpose of this policy and procedure is to establish an internal guideline for the RETENTION and DESTRUCTION of documents generated by employees as a result of business operations. This policy is meant as an internal guide to the Scioto County Health Department's employees and is not meant to convey any substantive rights to any person.

The following schedule is a guideline for employees for records retention periods within the Scioto County Health Department. The information identifies how long a historical record must be archived. The Scioto County Records Commission and the Ohio Historical Connection have approved these retention periods. This schedule also incorporates the records retention schedule set by the Scioto County Prosecutor's Office.

PROCEDURE:

The chart on the following pages identifies documents and the associated retention periods. These files will be stored as identified.

On an annual basis, documents in our archives will rotate. For example, the documents from the year that has just concluded will be stored and to be accessed as needed. The

oldest year stored will be removed for processing to be shredded. This will be in accordance with the schedule (RC-2) on the following pages.

The records listed on the RC-2 form may be disposed without submitting a Certificate of Records Disposal (RC-3) to the State Archives unless the State Archives has indicated on the RC-2 form that an RC-3 form should be submitted for that particular record. The State Archives will be noting on the RC-2 form which record series will need to be included on Certificates of Records Disposal and submitted to the State Archives.

The documents to be shredded must be identified and forwarded to the State Records Custodian. A RC-3 form must be completed documenting the records being destroyed and maintained in the file of the local Records Custodian designee.

The Records Custodian or designee will make arrangements with a shredding company to have empty bins delivered. Once these bins are full, they will be picked up by the shredding company. A certificate is received from the shredding company that they have shredded these records.

3.36: DEPARTMENTAL RECORDS RETENTION SCHEDULES

All departments are responsible for maintaining and disposing of their records according to the Scioto County Health Department's Records Retention Schedule. Each department head must designate an employee as the Records Management Coordinator.

The Records Management Coordinator must adhere to the appropriate standard operating procedures when disposing of records that have met their retention period.

The Records Management Coordinator shall attend the Scioto County Records Commission which are held annually.

The Scioto County Health Department's Records Retention Schedule is located on the department's website, www.sciotocountyhealth.com, on the shared network server and in hard copy in the Administrator's Office.

3.37: SECURING THE FACILITY

- Back door should remain locked at all times.
- Front doors should remain locked outside of business hours, unless there is a special event such as a late vaccine clinic.
- It is the responsibility of the last person out on each side (Nursing, Environmental/Administration) to ensure that both front and back doors are locked before leaving the building.
- Outside light in back should be left on at all times.

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June 2014

Core Competencies for Public Health Professionals

Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice:
June 26, 2014

Available from: phf.org/corecompetencies

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations that aims to improve public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum regarding increasing the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission

The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

Membership

Twenty national organizations are members of the Council on Linkages:

- American Association of Colleges of Nursing
- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

The Council on Linkages is funded by the Centers for Disease Control and Prevention. Staff support is provided by the Public Health Foundation.

For More Information

Additional information about the Council on Linkages can be found at phf.org/councilonlinkages. Questions or requests for information may be sent to councilonlinkages@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health.

The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies.

The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs.

Development of the Core Competencies

The Core Competencies grew from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of more than two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Transitioning from a general set of Universal Competencies to a more specific set of Core Competencies began in 1998 and involved public health professionals from across the country through Council on Linkages member organizations, the Council on Linkages' Core Competencies Workgroup, and a public comment period that resulted in over 1,000 comments. This extensive development process was designed to produce a set of foundational competencies that truly reflected the practice of public health. These competencies were organized into eight skill areas or "domains" that cut across public health disciplines. The first version of the Core Competencies was adopted by the Council on Linkages in April 2001, and the Council on Linkages committed to revisiting the Core Competencies every three years to determine if revisions were needed to ensure the continued relevance of the competency set.

The Core Competencies were reviewed in 2004, with the Council on Linkages concluding that there was inadequate evidence about use of the Core Competencies to support a significant revision. At the second review in 2007, the Council on Linkages decided that revision was warranted based on usage data, changes in the practice of public health, and requests to make the Core Competencies more measurable.

Similar to the development process, the revision process begun in 2007 was led by the Core Competencies Workgroup and involved the consideration of more than 800 comments from public health professionals. A major focus of the revision process was on improving measurability of the competencies, and the revisions both updated the content of the competencies within the eight domains and added three "tiers" representing stages of career development for public health professionals. The Council on Linkages adopted a revised version of the Core Competencies in May 2010.

Review of the May 2010 Core Competencies began in early 2013, and the Council on Linkages again decided to undertake revisions. In addition to updating the content of the competencies, this revision process was aimed at simplifying and clarifying the wording of competencies and improving the order and grouping of competencies to make the competency set easier to use. This revision process was guided by the Core Competencies Workgroup and over 1,000 comments from the public health community, and culminated in the adoption by the Council on Linkages of the current set of Core Competencies in June 2014.

Key Dates

Since development began in 1998, the Core Competencies have gone through three versions:

- 2001 version - Adopted April 11, 2001 (*original version*)
- 2010 version - Adopted May 3, 2010
- 2014 version - Adopted June 26, 2014 (*current version*)

Currently, the Core Competencies are on a three year review cycle and will next be considered for revision in 2017. This timing may change as a result of feedback that this can be too frequent for disciplines that base competency sets on the Core Competencies.

Organization of the Core Competencies

The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

These eight domains have remained consistent in all versions of the Core Competencies.

Tiers

- **Tier 1- Front Line Staff/Entry Level.** Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- **Tier 2- Program Management/Supervisory Level.** Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- **Tier 3- Senior Management/Executive Level.** Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

During the 2014 revision of the Core Competencies, minor changes were made to clarify these tier definitions. In general, competencies progress from lower to higher levels of skill complexity both within each domain in a given tier and across the tiers. Similar competencies within Tiers 1, 2, and 3 are presented next to each other to show connections between tiers. In some cases, a single competency appears in multiple tiers; however, the way competence in that area is demonstrated may vary from one tier to another.

Core Competencies Resources and Tools

A variety of resources and tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. These include crosswalks of different versions of the Core Competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies resources and tools can be found online at phf.org/corecompetenciestools. Examples of how organizations have used the Core Competencies are available at phf.org/corecompetenciesexamples.

Feedback on the Core Competencies

The Council on Linkages thanks the public health community for its tremendous contributions to the Core Competencies and welcomes feedback about the Core Competencies. Examples illustrating how public health professionals and organizations are using the Core Competencies and tools that facilitate Core Competencies use are also appreciated. Feedback, suggestions, and resources can be shared by emailing competencies@phf.org.

For More Information

Additional information about the Core Competencies, including background on development and revisions, resources and tools to facilitate use, and current activities and events, can be found at phf.org/aboutcorecompetencies. Questions or requests for information may be sent to competencies@phf.org.

Analytical/Assessment Skills		
Tier 1	Tier2	Tier3
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

Analytical/Assessment Skills		
Tier 1	Tier 2	Tier3
1A8. Collects valid and reliable quantitative and qualitative data	1B8. Collects valid and reliable quantitative and qualitative data	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1A9. Describes public health applications of quantitative and qualitative data	1B9. Analyzes quantitative and qualitative data	1C9. Determines trends from quantitative and qualitative data
1A10. Uses quantitative and qualitative data	1B10. Interprets quantitative and qualitative data	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Analytical/Assessment Skills		
Tier1	Tier 2	Tier 3
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from <i>The Guide to Community Preventive Services</i> in planning population health services)	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from <i>The Guide to Community Preventive Services</i> in planning population health services)
	1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)	1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)

Polley Development/Program Planning Skills		
Tier 1	Tier 2	Tier 3
2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)	2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)	2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)
2A2. Contributes to development of program goals and objectives	2B2. Develops program goals and objectives	2C2. Develops organizational goals and objectives
2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization
2A4. Contributes to implementation of organizational strategic plan	2B4. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

Polley Development/Program Planning Skills		
Tier 1	Tier2	Tier3
2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
2A7. Describes implications of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2B8. Recommends policies, programs, and services for implementation	2C8. Selects policies, programs, and services for implementation
2A8. Implements policies, programs, and services	2B9. Implements policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
2A9. Explains the importance of evaluations for improving policies, programs, and services	2B10. Explains the importance of evaluations for improving policies, programs, and services	2C11. Explains the importance of evaluations for improving policies, programs, and services
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

Polley Development/Program Planning Skills		
Tier1	Tier2	Tier3
2A11. Applies strategies for continuous quality improvement	2B12. Implements strategies for continuous quality improvement	2C13. Develops strategies for continuous quality improvement
2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)

Communication Skills		
Tier 1	Tier2	Tier3
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information: social media literacy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services
3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)

Communication Skills		
Tier 1	Tier2	Tier3
3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)	385. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)	3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
3A7. Facilitates communication among individuals, groups, and organizations	3B7. Facilitates communication among individuals, groups, and organizations	3C7. Facilitates communication among individuals, groups, and organizations
3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community	388. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community

Cultural Competency Skills		
Tier 1	Tier 2	Tier 3
4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4B1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities. historical experiences)	4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
4A2. Describes the diversity of individuals and populations in a community	4B2. Describes the diversity of individuals and populations in a community	4C2. Describes the diversity of individuals and populations in a community
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community

Cultural Competency Skills		
Tier 1	Tier2	Tier3
4A6. Describes the effects of policies, programs, and services on different populations in a community	4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
4A7. Describes the value of a diverse public health workforce	4B7. Describes the value of a diverse public health workforce	4C7. Demonstrates the value of a diverse public health workforce
	4B8. Advocates for a diverse public health workforce	4C8. Takes measures to support a diverse public health workforce

Community Dimensions of Practice Skills		
Tier 1	Tier 2	Tier3
5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community	581. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	582. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
5A3. Suggests relationships that may be needed to improve health in a community	583. Suggests relationships that may be needed to improve health in a community	5C3. Suggests relationships that may be needed to improve health in a community
	584. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5A4. Supports relationships that improve health in a community	5B5. Maintains relationships that improve health in a community	5C5. Maintains relationships that improve health in a community
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	586. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships

Community Dimensions of Practice Skills		
Tier1	Tier 2	Tier3
SAS. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services	588. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services
5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	589. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
5A9. Informs the public about policies, programs, and resources that improve health in a community	5810. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
5A10. Describes the importance of community-based participatory research	5B11. Collaborates in community-based participatory research	5C11. Engages the organization in community-based participatory research

Public Health Sciences Skills		
Tier 1	Tier 2	Tier 3
6A1. Describes the scientific foundation of the field of public health	691. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6B2. Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services	683. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services	6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services
	684. Applies public health sciences in the administration and management of programs	6C4. Applies public health sciences in the administration and management of the organization
6A4. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <i>Journal of Public Health Management and Practice</i> , <i>Morbidity and Mortality Weekly Report</i> , <i>The World Health Report</i>) to support decision making	685. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <i>Journal of Public Health Management and Practice</i> , <i>Morbidity and Mortality Weekly Report</i> , <i>The World Health Report</i>) to support decision making	6C5. Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, <i>Journal of Public Health Management and Practice</i> , <i>Morbidity and Mortality Weekly Report</i> , <i>The World Health Report</i>) to support decision making

Public Health Sciences Skills		
Tier 1	Tier2	Tier3
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services	6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6B8. Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6B9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
7A2. Describes government agencies with authority to impact the health of a community	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
7A3. Adheres to organizational policies and procedures	7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)	7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services
	7B5. Justifies programs for inclusion in organizational budgets	7C5. Determines priorities for organizational budgets
7A5. Contributes to development of program budgets	7B6. Develops program budgets	7C6. Develops organizational budgets
	7B7. Defends program budgets	7C7. Defends organizational budgets♦

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
7A7. Provides information for development of contracts and other agreements for programs and services	7B9. Negotiates contracts and other agreements for programs and services	7C9. Approves contracts and other agreements for programs and services
7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
7A9. Operates programs within budget	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)	7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)	7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier3
7A12. Uses evaluation results to improve program and organizational performance	7B14. Uses evaluation results to improve program and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
7A13. Describes program performance standards and measures	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation)	7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation)	7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation)

Leadership and Systems Thinking Skills		
Tier 1	Tier2	Tier3
8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
8A2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
8M. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)

Leadership and Systems Thinking Skills		
Tier 1	Tier2	Tier3
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)	8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)
8A7. Participates in professional development opportunities	8B7. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices	8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)	8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)
8A9. Describes ways to improve individual and program performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	8B10. Advocates for the role of public health in providing population health services	8C10. Advocates for the role of public health in providing population health services,

Tier Definitions

Tier 1- Front Line Staff/Entry Level

Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2- Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

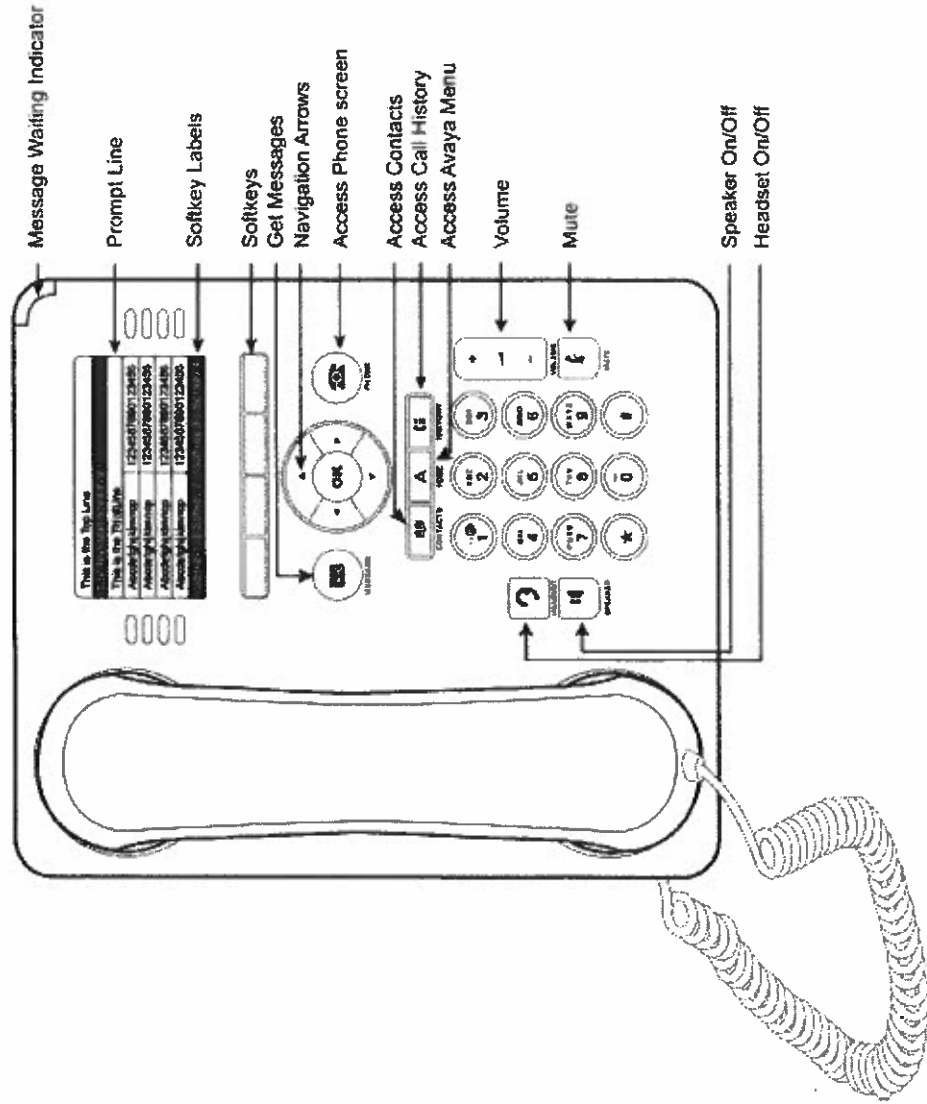
Tier 3- Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

For more information about the Core Competencies, please contact Kathleen Amos at kamos@phf.org or 202.218.4418.

APPENDIX B

AVAYA 9608 & 9611G IP DESKPHONE INSTRUCTIONS



9608 & 9611G IP PHONE OVERVIEW

MESSAGE WAITING INDICATOR	<p>If there are new messages in your Voice Mailbox, the light on the top right corner of your telephone will be lit solid red. In addition, the Message button will also be lit. The lights will turn off once you have listened to your new messages.</p>
PHONE DISPLAY	<p>The display contains the following information:</p> <ul style="list-style-type: none"> • The top line shows your extension number as well as the date and the time. • If you have missed calls, the left hand side of the top line will display the missed call icon and the number of calls you have missed. Your HISTORY button will also be lit. • The Prompt Line will display prompts to help you navigate through extra features on your telephone. • The Line button area alternates between the extension lines you use to place and receive calls and the features that are programmed on your telephone. • The line buttons include LED lights which will show a green light when a line or feature is active. • The bottom of the display screen is the softkey area. When the phone is idle, you will see at minimum a <i>Redial</i> option. While on a call, the softkey features will include: <i>Hold, Conf, Transfer, and End Call</i>
NAVIGATION ARROWS and the OK BUTTON	<p><u>Up and Down Navigation Arrows:</u> Use the Up and Down Navigation arrows to move from one line or page to another.</p> <p><u>Right and Left Navigation Arrows:</u> Use the Right and Left Navigation arrows to navigate between feature menus and screens.</p> <p><u>OK Button:</u> Press the OK button for a shortcut to an action. For example, when you select a history entry, OK will dial the number for you.</p>
PHONE BUTTON	<p>Use the Phone button to navigate back to the main phone screen. This may have been referred to as the Exit or Phone/Exit button on your previous phone.</p>
MESSAGE BUTTON	<p>Press the MESSAGE button to connect directly to the voice mail system. You will be prompted to enter your security code to access your mailbox.</p>
CONTACTS	<p>Press CONTACTS to view the entries in your Contacts list.</p>
HISTORY	<p>Press HISTORY to view the log of all your calls.</p>
HOME	<p>Press HOME to configure your phone's Options and Settings.</p>
HEADSET	<p>Press HEADSET to use the headset, if one is connected (only HIS headset cords are compatible with the 9608 and 9611G phones).</p>
SPEAKER	<p>Press SPEAKER to use the two-way speakerphone. To take a call off speakerphone, lift the handset.</p>
VOLUME BUTTON	<p>Press the VOLUME button to adjust the volume of the handset, headset, speaker, or ringer.</p>
MUTE BUTTON	<p>Press the MUTE button so the other party cannot hear you. The MUTE button will be lit when your call is muted. To reinstate two-way conversation, press the MUTE button again. The light will clear.</p>

USING YOUR PHONE

LOG IN	<p>Your phone must be logged in with a valid extension in order to receive calls. If the phone is not logged in, you will see a prompt to "Enter Username" on the display.</p> <ol style="list-style-type: none"> 1. Enter your 5-digit extension as the Username, and then press the 'OK' button. 2. The cursor will then move into the "Password" field. Enter the password and then press the 'OK' button. <p>If you need to retrieve the password, contact the UW Technology Service Center at help@uw.edu or 206.221.5000. Note, this password is not the same as the security code used to access your voice mailbox.</p>
PLACING A CALL	<p>Place a call in any of the following ways:</p> <ol style="list-style-type: none"> A. Lift the handset and dial the number B. If you are using a headset, press the HEADSET button and dial the number C. If you are using the speakerphone, press the SPEAKER button and dial the number
ANSWERING A CALL	<p>When an incoming call rings to your extension, the Bell icon will appear on the top line of your display. The call information will display on the ringing line appearance.</p> <p><u>To Answer an Incoming Call:</u></p> <ol style="list-style-type: none"> A. Lift the handset B. If you are using a headset, press the HEADSET button C. To use the speakerphone, press the SPEAKER button <p><u>To Answer an Additional Incoming Call:</u></p> <p>Press the <i>Ans Hold</i> softkey to automatically place the current call on hold when you answer the new call. Alternatively, press <i>Ans Drop</i> to automatically drop the current call when you answer the new call.</p>
ENDING A CALL	<p><u>To End a Call</u></p> <ol style="list-style-type: none"> A. Hang up the handset B. If you are using a headset, press the HEADSET button C. If you are using the speakerphone, press the SPEAKER button
REDIAL (The Redial button will display after you have made a call)	<p><u>Using Redial</u></p> <p>Press the <i>Redial</i> softkey to call the last dialed number</p>

<p>HOLD</p>	<p><u>Placing a Call on Hold</u> Press the <i>Hold</i> softkey (The green light next to the line button flashes when the call is holding and the hold icon appears on your display.)</p> <p><u>Retrieving the Held Call</u> Press the <i>Resume</i> softkey to retrieve the call</p> <p><u>To Transfer a Call</u></p> <ol style="list-style-type: none"> 1. During a call, press the <i>Transfer</i> softkey on the bottom of the display (The call is automatically put on hold and the next available line becomes active) 2. Dial the number to which you want to transfer the call 3. Press the <i>Complete</i> softkey on the bottom of the display or the <i>OK</i> button to complete the transfer (To stop the transfer and return to the caller, press the <i>Cancel</i> softkey or press the line appearance holding the original call.)
<p>TRANSFER</p> <p>Sends a call from your extension to another extension.</p>	<p><u>Setting up a Conference Call</u></p> <ol style="list-style-type: none"> 1. While on the current call, press the <i>Conf</i> softkey (The call is automatically on hold and the next available line becomes active.) 2. Dial the number of the next party 3. Once the next party answers, press the <i>Join</i> softkey or the <i>OK</i> button to add the new party to the call 4. Press the <i>Add</i> and repeat these steps to include additional parties on the conference call as needed (max. of six parties) <p><u>Using the Conference Button to Add A Held Call to An Active Call</u></p> <ol style="list-style-type: none"> 1. While on an active call, press the <i>Conf</i> softkey (or <i>Add</i> if you are already in a conference) 2. Select the call on hold that you want to add to the conference 3. Press the softkey below <i>Join</i> (You have successfully added two calls together) <p><u>Drop the Last Person Added to the Conference Call</u> Press the <i>Drop</i> softkey. The last party connected to the conference call is dropped from the call</p>
<p>CALL FORWARDING</p> <p>Forward all of your calls to another number</p>	<p><u>Activate Call Forwarding</u></p> <ol style="list-style-type: none"> 1. Dial [*][7][2] 2. When you hear dial tone, enter the 5-digit extension number where calls should be forwarded to. To forward to an off-campus number within the Greater Seattle Area, dial 9 + area code + 7-digit number <p><u>Cancel Call Forwarding</u> Dial [*][7][3]</p> <p>To have a <i>Call Forward</i> button programmed on your phone, contact the <i>UW Technology Service Center</i> at help@uw.edu</p>
<p>SEND ALL CALLS</p> <p>Immediately sends all your calls to your voice mail box</p>	<p><u>Activating and Deactivating Send All Calls</u></p> <ol style="list-style-type: none"> 1. Press the <i>Send All</i> button. A checkmark will appear next to the feature and the <i>Send Calls</i> icon will appear in the top left corner of your display 2. Press <i>Send All</i> button again to turn this feature off

CONTACTS

The telephone allows you to store up to 250 names and up to 6 different telephone numbers per name.

Adding a New Contact

1. Press the **CONTACTS** button
2. Press the **New softkey**
3. Use the down Navigation Arrows to scroll through the appropriate fields
4. Use your dial pad to enter alpha-numeric text within each field
5. When finished, press the **Save softkey** or the **OK** button

Example: Pressing the "2" on your dial pad displays the letter "A." Pressing the "2" key again replaces the "A" with a "B," pressing it again replaces the "B" with a "C" and pressing it again replaces the "C" with a "2." Pressing it again re-displays the letter "A," and so on. Pause before entering the next character if the characters are on the same key. If you want to remove a letter, number, space, or symbol that is in the middle of the text you entered, use the left and right navigation arrows to place your cursor after the character you want to remove. Once your cursor is in the correct position, press **Bksp** to remove the character to the left of the cursor.

- Press the softkeys below **More >Abc** to change between upper and lower case letters or to enter numbers
- Press the softkeys below **More >Symbols** to enter characters that are not on your dial pad

Searching for and Calling a Contact

1. Press the **CONTACTS** button to display the Contacts screen
2. Select the contact you want to view
3. Press the **Call softkey** or **OK** button to call that person or the **Details softkey** to view that contact

Editing a Contact

1. Press the **CONTACTS** button
2. Select the contact entry you wish to edit
3. Press the softkeys below **More >Edit**
4. Choose the field you want to edit
5. Use the dial pad and softkeys to make changes to the contact information
6. Press the **Save softkey** or **OK** button

Deleting a Contact

1. Press the **CONTACTS** button
2. Select the contact entry you wish to delete
3. Press the **Delete softkey**
4. Press **Delete** again or the **OK** button to confirm; press **Cancel** to retain the entry

Southern Ohio Medical Center


Very Good things are happenfng here

Main Campus
18057th Stnet
Port1mouth, Ohio 45662
740-356-5000
www.somc.org

Tracey Henderson
Scioto County Health Nurse
Scioto County Health Department
612 6th St, Suite D
Portsmouth, OH 45662

Dear Tracey,


SOMC agrees to provide backup vaccine storage in the event that the Scioto County Health Department is unable to maintain adequate temperature control of their refrigerated and/or frozen vaccines. In this event, the Scioto County Health Department is responsible to transport the vaccine in temperature-controlled containers and to bring them to the inpatient hospital pharmacy. The SOMC pharmacy will store these medications in our refrigerators/freezers/ultra-cold freezers as appropriate, until which time the Scioto County Health Department is able to provide adequate temperature control. At this time, the Scioto County Health Department will retrieve these vaccines in temperature-controlled containers from SOMC.



Rory Phillips, BSPH, MBA, RPh
Director of Pharmacies and Respiratory Therapy

3/28/22

Date



Tracey Henderson, BSN, RN
Director of Nursing
Scioto County Health Department

3/28/2022

Date



SCIOTO COUNTY HEALTH DEPARTMENT

ON-SITE EMERGENCY ACTION PLAN



612 6TH STREET, SUITE D
PORTSMOUTH, OH 45662
P: 740.355.8358
F: 740.354.8623
SCHD@SCIOTOCOUNTY.NET
SCIOTOCOUNTYHEALTH.COM

EMERGENCY ACTION PLAN

for

Facility Name: SCIOTO COUNTY HEALTH DEPARTMENT

Facility Address: 612 – 6TH ST., SUITE D (BASEMENT)
PORTSMOUTH, OH 45662

DATE PREPARED: 5 / 13 / 2022



612 6TH STREET, SUITE D
PORTSMOUTH, OH 45662
P: 740.355.8358
F: 740.354.8623
SCHD@SCIOTOCOUNTY.NET
SCIOTOCOUNTYHEALTH.COM

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL:

Dr. Michael Martin, Health Commissioner

Name: Phone: (740-821-4145)

EMERGENCY COORDINATOR:

Name: Melissa Spears, Administrator Phone: (740-352-9505)

AREA/FLOOR MONITORS (If applicable):

Area/Floor: Nursing Division

Name: Tracey Henderson, Nursing Director

Phone: (740-876-2300)

Area/Floor: Environmental/Vital Statistics

Name: Garet Bennett, Environmental Health Director

Phone: (740-285-0850)

ASSISTANTS TO PHYSICALLY CHALLENGE

Name: Vickie Patrick

Phone: (740-727-1558)

Name: Leah Terry

Phone: (740-352-7858)

Date 5 / 13 / 22

EVACUATION ROUTES

• Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

1. Emergency exits
 2. Primary and secondary evacuation routes: Noted below
 3. Locations of fire extinguishers: Located on wall in kitchen area, across from refrigerator.
 4. Fire alarm pull stations' location
 - a. Assembly points
- Site personnel should know at least two evacuation routes.

Primary Escape Route: Calmly, but quickly, exit building out the back doors. Provide assistance to anyone needing assistance with the back steps.

Assemble in the back parking lot.

Secondary: Take stairs and exit building through the double glass doors at the 1st Floor Lobby. Provide assistance to anyone needing assistance with the stairs.

Assemble across street in front of Courthouse.



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EMERGENCY PHONE NUMBERS

911

Direct Non-Emergency Numbers

FIRE DEPARTMENT: 740-354-1200

AMBULANCE: 740-354-3122
Portsmouth Ambulance

POLICE: 740-353-4101

SECURITY (If applicable):



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UTILITY COMPANY EMERGENCY CONTACTS

(Specify name of the company, phone number and point of contact)

ELECTRIC: AEP – Contact County Commissioner’s 740-355-8313

WATER: Contact County Commissioner’s 740-355-8313

GAS: Columbia Gas - Generator 740-354-4761

TELEPHONE COMPANY: Frontier -

Date: 5/13/2022

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- STRUCTURE CLIMBING/DESCENDING
- EXTENDED POWER LOSS
- OTHER (specify) _____
(e.g., terrorist attack/hostage taking)

MEDICAL EMERGENCY

- Call medical emergency phone number - **911**

MEDICAL EMERGENCY

- Call medical emergency phone number (check applicable):
 - Paramedics
 - Ambulance
 - Fire Department
 - Other

Provide the following information:



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PORTSMOUTH, OH 45662
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F: 740.354.8623
SCHD@SCIOTOCOUNTY.NET
SCIOTOCOUNTYHEALTH.COM

a. Nature of medical emergency,

b. Location of the emergency:

**Scioto County Health Department
612 – 6th St., Suite D (Basement of Courthouse Annex Building
Portsmouth, OH 45662**

c. Your name: _____

Phone number from which you are calling.

Health Department Phone Number: 740-355-8358

- Do not move victim unless absolutely necessary.
- Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Name: Tracey Henderson, RN

Phone: 740-876-2300

Name: Vickie Patrick, RN

Phone: 740-727-1558

If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

1. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
2. Clear the air passages using the Heimlich Maneuver in case of choking.

- In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

Date: 5/13/2022

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local Fire Department by calling – **911**
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means (check applicable):

Voice Communication

X - Phone - Building Maintenance – Phil LaJoye – 740-352-9919

Chuck Whisman – 740-250-3162

County Commissioner’s Office – 740-355-8313

X - Other: If possible, physically walk/run across 6th Street to Courthouse

Courthouse Security across street in front lobby.

Fight the fire ONLY if.

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area (specify location):
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
- Coordinate an orderly evacuation of personnel.

- Perform an accurate head count of personnel reported to the designated area.
- Determine a rescue method to locate missing personnel.
- Provide the Fire Department personnel with the necessary information about the facility.
- Perform assessment and coordinate weather forecast office emergency closing procedures

Area/Floor Monitors must:

- Ensure that all employees have evacuated the area/floor.
- Report any problems to the Emergency Coordinator at the assembly area.

Assistants to Physically Challenged should:

- Assist all physically challenged employees in emergency evacuation.

Date: 5/13/2022

EXTENDED POWER LOSS

In the event of extended power loss to facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- Assure that back-up generator, located at the back of the building is working. Generator runs test circuits throughout the day and night.
- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- Contact Tracey Henderson, Nursing Director so that she may inspect the vaccine refrigeration/freezer units.

Tracey Henderson – 740-876-2300 or 740-285-1317

Date: 5/13/2022_

TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: _____ TIME: _____ DATE: _____

CALLER'S IDENTITY SEX: Male _____ Female _____ Adult _____ Juvenile _____

APPROXIMATE AGE: _____

ORIGIN OF CALL: Local _____ Long Distance _____

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated _____ Other	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred _____ Other	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Foul _____ Other
ACCENT	MANNER	BACKGROUND NOISES
<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Foreign <input type="checkbox"/> Region <input type="checkbox"/> Race	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing	<input type="checkbox"/> Factory <input type="checkbox"/> Trains <input type="checkbox"/> Machines <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Quiet <input type="checkbox"/> Office <input type="checkbox"/> Voices <input type="checkbox"/> Machines <input type="checkbox"/> Airplanes <input type="checkbox"/> Street <input type="checkbox"/> Party <input type="checkbox"/> Traffic <input type="checkbox"/> Atmosphere

BOMB FACTS

PRETEND DIFFICULTY HEARING - KEEP CALLER TALKING - IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour _____ Time Remaining: _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____

How do you know so much about the bomb? _____

What is your name and address? _____

If building is occupied, inform caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Notify Security/County Commissioner's Office at _____ and relay information about call.

Did the caller appear familiar with building (by his/her description of the bomb location)? Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

Notify your supervisor immediately.

SEVERE WEATHER AND NATURAL DISASTERS

Tornado:

- When a warning is issued by sirens or other means, seek inside shelter. Consider the following:
 - Small interior rooms on the lowest floor and without windows,
 - Hallways on the lowest floor away from doors and windows, and
 - Rooms constructed with reinforced concrete, brick, or block with no windows.
- Stay away from outside walls and windows.
- Use arms to protect head and neck.
- Remain sheltered until the tornado threat is announced to be over.

Earthquake:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

If indoors:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

Blizzard:

If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Stay indoors!
- If there is no heat:
 - Close off unneeded rooms or areas.
 - Stuff towels or rags in cracks under doors.
 - Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, light-weight, warm clothing, if available.

If outdoors:

- Find a dry shelter. Cover all exposed parts of the body.

- If shelter is not available:
 - Prepare a lean-to, wind break, or snow cave for protection from the wind.
 - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
 - Do not eat snow. It will lower your body temperature. Melt it first.

If stranded in a car or truck:

- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
 - Turn on the dome light at night when running the engine.
 - Tie a colored cloth to your antenna or door.
 - Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.



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CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Should this department be involved with Critical Operations the Scioto County Emergency Operations/Management will be notified. We will respond according to that agencies instructions:

Review: ** Scioto County All Hazards Manual – Located on server.

Assignments:

<u>Work Area</u>	<u>Name</u>	<u>Job Title</u>	<u>Description of Assignment</u>

The following offices should be contacted:

Name: Larry Mullins, Scioto County Emergency Management Operations
Telephone Number: 740-285-6336

Name: Dr. Michael Martin, Health Commissioner
Telephone Number: 740-821-4145



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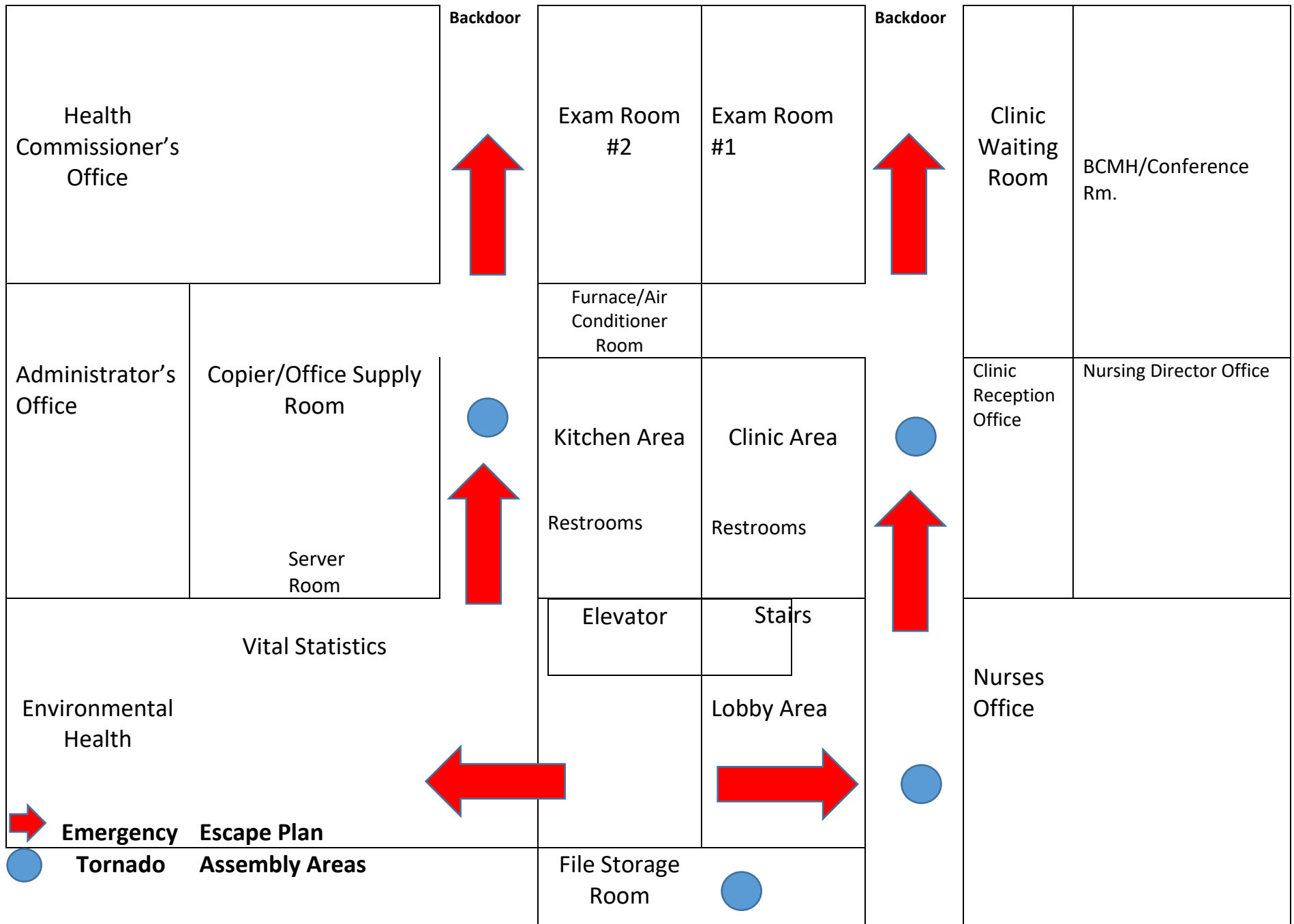
TRAINING

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Facility: Scioto County Health Department

Name	Title	Responsibility	Date

APPENDIX E - EMERGENCY ESCAPE/SHELTER PLAN – COURTHOUSE ANNEX



Primary Escape Route: Calmly, but quickly, exit building out the back doors. Provide assistance to anyone needing assistance with the back steps.

Assemble in the back parking lot.

Secondary: Take stairs and exit building through the double glass doors at the 1st Floor Lobby. Provide assistance to anyone needing assistance with the stairs.

Assemble across street in front of Courthouse.

Interior Shelter: Tornado

Seek shelter in the lowest central location of the building.

Turn away from windows and doors in a sitting crouched position.

Obtain a count of people in your location and establish a leader if possible

Remain calm and assess available communications

Monitor conditions and return to normal activities as conditions warrant.

Performance Management Plan

Scioto County Health Department

Addendum to Operations Plan

7/8/2022

PART TWO: SCHD Performance Management Plan

Performance Management Purpose

It is the goal of SCHD to develop and maintain a performance management system that includes the four components of the model below.



Figure 1: Public Health Performance Management Framework (adapted from the Turning Point Model)

In order to achieve this goal, SCHD will:

- Set specific performance management objectives for each of these core programs and include benchmarking (when possible) against similar agency, national, state, or scientific guidelines.
- Measure capacity, process, or outcomes of performance objectives.
- Report progress to local and district boards of health and other stakeholders on a regular basis.
- Incorporate performance management objectives with the agency's current Quality Improvement Plan to continuously monitor and improve of the agency's operations.

According to the Public Health Foundation, performance management practices have been shown to measurably improve public health outcomes, create efficiencies working with partners, and help public health workers solve complex problems. Other benefits of adopting a performance management system include better allocation of resources, prioritization of programs, changes of policies to meet current agency goals, and improve the overall quality of public health practice.

By adopting a Performance Management System, SCHD hopes to improve health, increase efficiency, and create other benefits for our community including:

- Better use of the dollars invested in public health.
- More accountability by funding agencies and the taxpayer's dollar.
- Reduce duplication of services.
- Obtain a better understanding of the agency's accomplishments.
- More of an emphasis on quality of services vs. quantity of services.
- Become more effective at problem solving.

Performance Management Plan

1. Identification of Performance Management (PM) Coordinator

The Health Commissioner will appoint a PM Coordinator either from existing staff or through the agency recruitment process. The PM Coordinator will lead the agency's efforts in its performance management plan.

2. Identify Performance Standards for Core Programs

Staff assisted in the identification of the agency's core programs and performance standards. The core programs are identified as:

- Clinic Operations including immunizations, on and off-site vaccine clinics
- Population-Focused Health (Wellness, Diabetes Education, Tobacco Education, CHA/CHIP)
- Administration (Human Resources, Financial, Accreditation)
- Environmental Services

3. Development of Performance Management (PM) Team

The PM Coordinator along with the Health Commissioner identified existing staff members to serve on the agency's performance management team. The Performance Management Team will meet quarterly each year during the following months: July, October, January, April.

The initial PM Team members are:

Name	Title
Michael Martin, MD	Health Commissioner
Melissa Spears, REHS	Accreditation Coordinator; Dept. Administrator
Tracey Henderson, RN, BSN	Director of Nursing
Garet Bennett, R.S.	Director of Environmental Health
Amber Gustin,	Fiscal Officer/Registrar

4. Setting Performance Standards and Objectives for each Core Program

Each of the core programs identified in #2 above are required to identify at least two performance management objectives to measure for each health department fiscal year. The current performance measures are included as an appendix at the end of this document. All performance standards will use SMART objectives.

5. Data Collection, Monitoring, Measure and Tracking

The collection of data for the performance standards will vary (Excel reports, e-reports, logs, etc.). Staff/ Department are responsible for the data collection, monitoring and reporting of the performance standards. Sub-committee members are required to continuously monitor and measure progress of the performance objectives for the core program(s) in which they are assigned. Tracking of performance standards will be done using Excel.

6. Reporting and Sharing Performance Objectives

Progress on performance measures and objectives will be discussed and reported among staff at agency staff meetings, to the local board of health on an annual basis. Reports may also be shared with community members, partners, grant funders, other local public health agencies, state public health agencies, other local governmental agencies and the media. When reporting progress beyond the agency staff, the appropriate staff and managers will review performance data before it is reported out. This will allow for the most accurate, understandable performance reports. These reports may include charts, tables, and maps that are generally user- friendly and easy to understand.

7. Identification of success/improvement strategies for Performance Objectives

The subcommittee determines if additional improvement strategies are needed to increase the success of reaching the objectives. Each subcommittee should incorporate the Plan-Do-Check- Act Cycle of the Quality Improvement Plan if additional improvement strategies are needed. When goals are not achieved, the subcommittee should demonstrate that critical thinking has taken place and quality improvement steps are taken to increase performance in that area in the future.

8. Completing Agency Performance Management Self-Assessment

The agency PM Team completes a PM self-assessment every two years. The assessment tool used is the Performance Management Self-Assessment Tool by Turning Point Performance Management National Excellence Collaborative, 2004. A copy of the self-assessment template is included as an appendix to this document.

9. Review and revision of the written plan will be done on an annual basis by the PM Team Members.

SCHD staff will be provided with access to any revisions made to the plan.

END OF PERFORMANCE MANAGEMENT PLAN SECTION

Quality Improvement Plan 2019-2024

Scioto County Health Department Addendum to Operations Plan

7/8/2022

Quality Improvement Purpose

The Scioto County Health Department Quality Improvement (QI) Plan exists within the context of the mission, vision, values, and priorities of the Strategic Plan.

The strategic goals for SCHD are:

- Reduce morbidity and mortality due to disease, intentional and unintentional injuries, focusing on the reduction of incidence of opioid addiction and related poor societal outcomes
- Support staff by creating and implementing a workforce development plan and performance evaluation system
- Exceed state minimum standards for environmental service inspections
- Improve the quality of our services by creating and implementing a performance improvement plan and a quality improvement plan to guide SCHD in continuous improvement.
- Develop a branding and communication strategy that is culturally competent, timely and enables access to our services and engenders partnerships
- Ensure financial sustainability by obtaining one additional grant to support priorities in 2022.

A comprehensive performance management system involves strategic use of performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to inform managers about needed adjustments or changes in policy or program directions to meet goals, to frame reports on the success in meeting performance goals, and to improve the quality of public health practice. Development of a strategic plan was the first step in the SCHD's performance management system. The QIC will use the strategic plan to identify and prioritize issues and opportunities for improvement, as well as other priorities as determined by the Health Commissioner. These may include quality measures that the Ohio Department of Health requires local health departments to report annually:

Additionally, The Ohio Department of Health requires Scioto County Health Department to annually report progress on the following key performance indicators:

- #1) Decreasing Morbidity and Mortality due to disease
- #2) Measure and Manage Environmental Health Conditions
- #3) Increase Awareness and Adoption of Healthy Behaviors
- #4) Measure and Manage Intentional and Unintentional Injuries
- #5) Reducing Infant Mortality

Culture of Quality and Desired Future State

SCHD acknowledges the importance of quality improvement within an effective performance management system which includes a culture of quality, ongoing QI activities – both programmatic and administrative, and continued learning within the organization. Additionally, evolving environments in public health along with Public Health Accreditation Board standards and recommendations will be this plan’s focus to be an effective 21st century health department.

Continuing to strengthen SCHD quality culture includes the formation of a Quality Improvement Committee, creation of a written QI plan, implementation of QI activities, assessment of the effectiveness of the QI plan and its activities along with updating the QI plan on an as needed basis.

The future state of quality at SCHD includes the following:

- Continued growth of the QI & PM systems at SCHD, assuring participation in both systems by all employees of the department
- Demonstrated competence by all staff in a wide range of quality improvement tools
- Advanced agency QI maturity as evidenced by completed maturity assessments
- Data driven decision making to include program planning and prioritization.

Quality Improvement Structure

Quality Improvement provides ongoing operational leadership of continuous quality improvement and accreditation activities at SCHD.

The Health Commissioner has charged the QIC Team with carrying out the purpose and scope of the QI program in the department. The QIC is responsible for oversight of QI efforts and for promoting, training, challenging, and empowering staff to participate in the ongoing process of QI.

The QIC will develop the culture of quality by:

- Emphasizing QI as a way of doing work better, not as an isolated project
- Making building a culture of quality a long-term objective
- Devoting sufficient resources to QI initiatives
- Providing incentives for embedding QI into daily work and seeking continuous improvement

The SCHD QIC will guide and evaluate the QI process by:

- Identifying, monitoring, and evaluating quality improvement projects

- Providing support to QI project teams
- Encouraging and fostering a supportive QI culture
- Implementing at least one QI project within the QI Team annually

QIC will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the QI Team will make decisions by a majority vote.

The QIC will meet at least quarterly as part of the monthly staff meetings. Minutes of the meetings will be maintained and shared with all staff. At least annually, the QI Team will provide a report of the QI program to the Boards of Health.

Alignment of QI Plan with Other Department Plans

LINKAGES TO OTHER PLANS

This QI plan links directly to the

- State of Ohio Health Improvement Plan (SHIP)
- The Community Health Assessment (CHA) and the Community Health Improvement Plan of Scioto County (CHIP)
- The Scioto County Health Department Strategic Plan (SP)
- The Scioto County Health Department Workforce Development Plan (WDP)

Linkage to the SHIP

STATE OF OHIO'S HEALTH PRIORITIES - The Ohio Department of Health's State Health Improvement Plan identifies the following priority health issues for the state which link to the SCHD strategic objectives which are monitored as part of our performance indicators are:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

Linkage to the CHIP

Specific to the Community Health Improvement Plan of Scioto County's strategic priorities to:

- Decrease Adult and Youth Mental Health and Bullying
- Decrease Youth Substance Abuse

SCHD has strategic initiatives with SMART objectives that link to these CHIP areas in the SCHD 2019-2024 Strategic Plan,

CROSSWALK OF LINKAGES TO OTHER PLANS with SCHD Quality Measures

SHIP Priorities	Ohio Dept Health KPIs	SCHD Strategic Priorities 2019-2024	SCHD Strategic Plan Key Performance Indicators, that are tracked in the SCHD PM system.
Mental Health and Addiction	Decreasing Morbidity and Mortality due to disease	Reduce morbidity and mortality due to disease, intentional and unintentional injuries, focusing on the reduction of incidence of opioid addiction and related poor societal outcome.	<p>Growing enrollment and increasing the success rate of clients in the Vivitrol Program with the following steps</p> <ul style="list-style-type: none"> • Implementing a quality improvement methodology to increase retention rate by 5% by 2023 • Influencing policy to advocate for treatment for all who need it. • Working with Opioid Task Force and Quick Response Team to improve enrollment in treatment program from 3% to 7% by 2023.
Chronic Disease	Decrease Morbidity and Mortality due to disease		Increase public/social media messaging to twice per month regarding mosquitoes and ticks during high risk season, 2019-2024.
Maternal and Infant Health	Reduce Infant Mortality		Work with Bridges to Wellness pilot to open Vivitrol program services to their clients in 2019-2020.
	Measure and Manage Environmental Health Conditions	Exceed state minimum standards for environmental service inspections to protect public health	<p>Increase number inspections by one more than state standard per inspection period, 2019-2024</p> <ul style="list-style-type: none"> • For pools • For level III and IV food establishments • Tattoo establishments <p>Publish information on the correct method to conduct soil borings to enhance protection of water supply and guard against contamination, 2023-2024.</p>
	Increase Awareness and Adoption of Healthy Behaviors	Increase the awareness and adoption of healthy behaviors through community partnerships, educational programing and messaging, with culturally relevant materials created by engaging the community	<p>Work with young adult population to increase education and outreach to reduce chlamydia infections by 5% in adults 25 years and younger by 2024.</p> <p>Increase awareness of clinic increasing social media posts by 25%.</p> <p>Increase leadership and participation in community partnerships to reduce health inequities and decrease measures of health disparities in the new CHIP in 2021-2024.</p> <p>Begin engagement and outreach to Guatemalan population, 2019-2024.</p>

Scioto County Health Department QI Goals and Objectives

The most important goal of the QI Plan is to nurture and grow the culture of quality at SCHD. SCHD will use the NACCHO Culture of Quality Self-Assessment Tool (2.0). This self-assessment tool is designed for managers, front-line, and other staff to assess the degree to which QI is integrated at the work unit or team level. The assessment is based on [six foundational elements of a culture of quality](#), as defined by the National Association of County and City Health Officials (NACCHO's) [Roadmap to a Culture of Quality](#), and those elements are further divided into 14-sub-elements. Respondents will score the agency on 27 diagnostic statements using a 6-point agreement scale.

Using survey results from a baseline assessment of the six foundational areas of staff empowerment, teamwork, leadership, customer focus, QI infrastructure, continuous quality improvement, staff will learn about and select strategies to implement over the life of this plan. Staff will take the survey annually to measure progress and develop strategies for future years.

Objective*	Timeframe	Person Responsible
100% of Leadership Team will have received Performance Management and QI training	02/28/2023	Accreditation Coordinator and Leadership Team
Staff will routinely report and discuss Performance Management and Quality Improvement at each monthly staff meeting	03/01/2023	Health Commissioner and all staff
100% of Staff will have received orientation to Performance Management	05/15/2023	Accreditation Coordinator and all staff
Complete a minimum of two QI projects, (1 admin & 1 program related: Restaurant Inspections and Timekeeping	010/30/2023	QI Team Members
All job descriptions will be updated to include expectation for involvement in QI training and team participation.	7/30/2023	Health Commissioner

*All objectives listed must be SMART (Specific, Measurable, Attainable, Realistic and Timely.)

ORGANIZATIONAL STRUCTURE TO SUPPORT CONTINUOUS QUALITY IMPROVEMENT

Scioto County Health Department is committed to improving the quality of all its services, processes and programs and is seeking accreditation through the national Public Health Accreditation Board (PHAB). In order to accomplish both goals, a formal structure is necessary to lead and guide QI efforts within the agency.

The following describes the roles of SCHD's leadership and staff to provide support for QI activities.

The Board of Health provides leadership, support, and resources for QI initiatives by

1. Establishing QI as an agency-wide priority
2. Approving the QI Plan
3. Recognizing improvements made through QI projects

The Quality Improvement Committee (QIC) The QIC is a function of the SCHD Leadership Team, consisting of the Health Commissioner, the Directors and the Accreditation Coordinator. The Health Commissioner reserves the right to assign or remove staff from the QIC in accordance with the needs of the Health Department.

The QIC provides on-going leadership in monitoring performance management and the initiation and oversight of QI activities. The QIC meets monthly, on the second Thursday of every month, as necessary, and will:

1. Develop, approve, evaluate and revise the QI Plan, including establishing goals, priorities and indicators of quality.
2. Review QI Plan annually to make necessary adjustments.
3. Make recommendations for QI projects.
4. Monitor QI Projects and provide Team Facilitators with advanced training in QI techniques for QI Team projects.
5. Set yearly QI goals and objectives
6. Under direction from the Leadership Team, the Accreditation Coordinator or the Health Commissioner, assess gaps in meeting PHAB standards and help facilitate a plan for improvement.
7. A designated member of the QIC will give monthly status updates during the all staff meetings. These updates will consist of status updates on current QI projects, tracking of projects, any administrative support needed, and lessons learned for the implementation of various QI projects at the Health District.
8. Assist Directors with developing meaningful indicators and measures to monitor their operational performance and progress towards goals outlined in performance management plans.
9. Encourage, train and empower all employees to participate in QI processes.

10. Communicate to all staff the progress and success of various QI projects at all staff

- meetings, through emails, or with storyboards placed in common areas within the Health District.
11. Seek additional resources for QI training for Health District staff or conduct trainings.
 12. Participate in QI Trainings.
 13. Review all Performance Management Plans (PMPs) annually.

Quality Improvement Team is a specific group convened to initiate a performance improvement project. This is triggered when a key performance indicator is not being met, or staff bring an opportunity for improvement forward during monthly staff meetings. The QI Team can name themselves for a specific project duration and assume the following responsibilities:

1. Complete a QI Project Charter at the beginning of every QI Project.
2. Report QI project progress and remain accountable to the QIC.
3. Identify a Team Leader, Facilitator, and team members prior to beginning a project.

The Health Commissioner serves as the QI team project Champion and empowers the team to test and implement improvements in order to achieve targeted measures.

The Accreditation Coordinator can provide a project team with facilitation and documentation support, data analysis and expertise in using QI tools and LEAN processes during all phases of the project.

The Directors provide leadership, support and resources for QI teams as follows:

1. Identifying and initiating problem solving processes that utilize QI tools and evidenced based practices.
2. Overseeing QI projects in their area
3. Participating in QI projects
4. Scheduling staff time for QI projects
5. Incorporating QI concepts into daily work

All Health District Staff are responsible for:

1. Working with their supervisors and QIC members to identify areas for improvement and suggest QI projects to address these areas.
2. Participating in QI projects as requested by Directors/Supervisors
3. Collecting and reporting data for QI projects
4. Developing an understanding of basic QI principles and tools by participating in QI training
5. Incorporating QI concepts into daily work.

Reporting Out on QI Projects

In order to foster a culture of QI at SCHD, we recognize the importance of communicating the successes and effects of QI projects to the staff. To this end, each QI project will create a storyboard or graphic representation of the QI Team's project to share with all staff at the monthly staff meeting. Upon request, the QI Team Leader will also present QI project results at Board of Health Meetings. Lessons learned from QI projects completed in the prior year will inform the QIC's recommendations for revision to the agency's QI Plan.

QI Training & Education

Training for New Employees

As part of the new employee orientation, all new hires will watch the one-hour webinar, "Building a Quality Improvement Culture," produced by the CDC and available through the Public Health Foundation's TRAIN National Website or at:

<https://www.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?courseId=1035229>

New employees will also review a copy of the Strategic Priorities, the Performance Management and Quality Improvement Plan.

Training for Existing Staff

Ongoing training in QI tools and concepts are described in the SCHD Workforce Development Plan, including QI education and training focused on introductory concepts for all staff. See Appendix A for the 2018-19 Training Schedule

As part of the QI Team, members are given the Public Health Foundation Public Health Quality Improvement Encyclopedia and are provided additional training on QI tools and methodologies. These include, but are not limited to: • Aim Statement • Affinity Diagrams • Brainstorming • Cause & Effect Diagrams • Data Collection & Analysis (Check Sheet, Bar Chart, Pie Chart, Run Chart) • Flowcharts • Gantt Chart • Storyboards • Quality Improvement webinars

QI Projects

The following section explains the process for QI project identification, selection, prioritization, implementation and tracking. Additional information about current or past QI projects can be obtained from the QIC Chairperson.

Project Identification & Prioritization

By monitoring our performance and listening to the voice of our customers/stakeholder and staff (feedback and suggestions for improvement) an opportunity for improvement via CQI project can be explored. Consideration will also be given to alignment of the proposed project with the Health District's mission and vision, the capacity of the agency to take on the suggested QI project, the

financial consequences (cost of staff time to complete project vs. potential financial benefit of QI project), and timeliness.

In addition, QI projects may be prioritized at the request of the Health Commissioner. To generate ideas for potential projects staff, or the QIC, may consider:

- Areas identified as needing improvement based on the Performance Management System
- After-action reports generated following outbreak investigations and emergency preparedness events and exercises
- Client or employee satisfaction surveys
- Staff suggestions
- Findings, audit or compliance issues
- Incident reports
- Performance appraisals

Implementation of a project

Any staff member can initiate a QI project request. Potential QI projects can be brought to the QIC section of the monthly staff meeting, or as warranted to the Leadership Team by any employee, the management, leadership team or intern. Requests can be triggered by review of key performance indicators, strategic plan goals and objectives, or other processes or programs that need improvement to reach targeted outcomes or be more efficient.

QI Projects are carried out following the Plan-Do-Check-Act cycle (PDCA) described below.

PLAN

To present a QI project for consideration, fill out the Project Submission Form in Appendix B. Individuals are encouraged to meet with the supervisor in the affected work area before completing the form. Necessary steps prior to filling out form may include:

- Identifying a problem or opportunity for improvement. Typical areas include time, cost or quality of work produced.
- Defining the process that needs to be improved.
- Defining the scope of the process: from the first step of the process to the last step.
- Identifying metrics that can be used to measure current state and success of quality improvement project.

A completed Project Submission Form can be presented at the next monthly staff meeting under the QIC section of the agenda, or the Health Commissioner can convene a QIC special meeting to initiate the project sooner. Once the QIC approves the project, the Health Commissioner assigns

team roles, and the team leader sets a team meeting schedule. A Project Charter Form, Appendix C, is completed at the first meeting.

Typical activities that the team completes in the Plan phase are:

- Affirm the scope of the project and redefine as needed.
- Make a flow diagram of the process
- Collect and analyze baseline data
- Utilize QI tools such as the 5 Whys, a Fishbone Diagram, a Failure Mode Effect Analysis, in order to understand the root cause of a process problem in order to formulate a hypothesis.

DO

Once the team develops the hypothesis, they report the hypothesis at the next staff meeting and discuss the change to implement in the process, in order to see if the intervention or change in the process will make a positive improvement. Unless re-directed by the Health Commissioner, the team moves on to the Do phase and implements the test or pilots a new process.

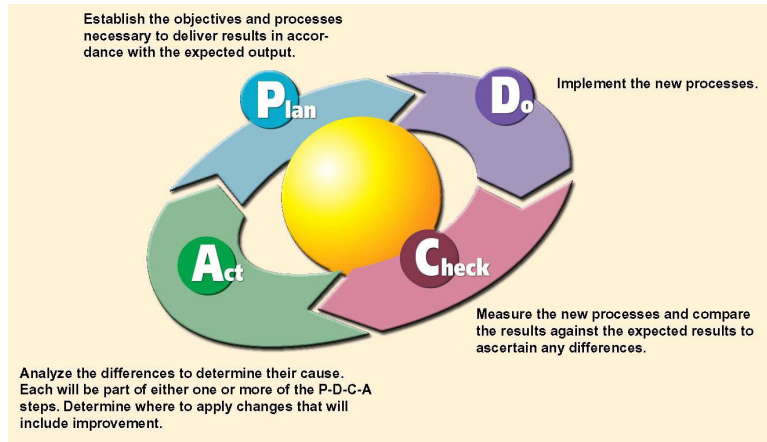
CHECK

In the check phase, the post-test data is collected to see if an improvement was made. If not, the team may perform further analysis and re-perform the Plan or Do phase with a new hypothesis. If an improvement was made, the team moves on to the Act Phase.

ACT

The project moves out of the pilot phase and the change or process intervention is enacted in order reach improvement goals. In this phase a story board is completed by the team and presented at the next staff meeting. Process data is monitored for two years to ensure that the process is in control and that quality targets are being met.

PDCA Cycle Used for QI Projects



Assessing Effectiveness: QI Plan Management and Maintenance

This QI Plan will be evaluated by the members of the QIC in February of every year. Modifications and adjustments to the plan can be made by Leadership Team as needed throughout the year. Annually, the SCHD staff will evaluate the following aspects of the QI Plan:

- Whether Plan goals and objectives were met
- The effectiveness of the QIC
- The clarity of the QI Plan and associated forms and appendices
- The effectiveness of the QI Plan for overseeing projects
- Integration with the SCHD mission, vision, Workforce Development and Strategic Plans.

Quality Improvement Project Monitoring

Data Collection and Monitoring

Data will be collected for each performance measure and each QI project. It will be the responsibility of each lead staff member as identified in the performance management plan, for collecting and monitoring data for their own measure. It will be the responsibility of each project team leader to collect and monitor data for their own QI project. Assistance and support will be provided by the Health Commissioner and/or Accreditation Coordinator as requested.

Progress reports on QI will be given by the team leader at each monthly staff meeting for each project, indicating which phase of the project is being performed and any barriers or learnings will be reviewed. of project data. This information may be presented in the form of a storyboard.

- All data reporting will be included in the project documentation and QI project outcomes will be highlighted in the SCHD Annual Report.
- To assure project outcome sustainability, data will be monitored at intervals decided by the process owner for two-years post project completion.

Actions to Make Improvements Based on Progress Reports

Based on progress reports, the Leadership Team and/or the QI Team may make recommendations or suggestions regarding implementation of QI projects and/or

determine if a performance measure issue is significant enough to warrant the implementation of a QI project.

Sustaining QI Project Outcomes

QI project outcomes data will be monitored for at least two years after the QI project has closed. This data will be reviewed bi-annually at QI Team meetings. Unfavorable outcomes will be addressed with program/process investigation and additional QI as needed.

Communication of QI

Several methods will be used to assure regular and consistent communication. These methods include, but are not limited to the following:

Key Message	Mode of Communication	Target Audience
Opportunities to apply QI tools and methods	QI Team Meetings and when applicable, All Staff/Program Meetings	Staff
QI outcomes, lessons learned, resources	QI Team Meetings, All Staff/Program Meetings, Board of Health Meetings	Staff, Board of Health
QI training opportunities	QI Team Meetings, QI Project Team Meetings, All Staff Development training	Staff
QI branding, definitions, and value	Storyboards, visuals	Staff
Progress on QI Team goals and objectives	Storyboards, visuals, QI Team meetings	Staff
QI 101	Online Training Modules	Staff
Annual QI Project Summary, contained in Annual Report	QI Team Meetings, All Staff Meetings, Board of Health Meetings	Staff, Board of Health

References

National Association of County and City Health Officials (NACCHO). Quality Improvement in Public Health. (2015). Retrieved April 8, 2015, from <http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm>

National Committee on Quality Assurance. (n.d.). Retrieved on April 8, 2015, from <http://www.ncqa.org/HomePage.aspx>

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Public Health Foundation. About Performance Management. (2011). Retrieved April 8, 2015, from, http://www.phf.org/resourcestools/Documents/About_Performance_Management.pdf

Appendices

Appendix A: QI Training Schedule 2019/2020

Appendix B: Project Submission Form

Appendix C: Project Charter Form

Appendix D: Quality Improvement Reporting Form Appendix E: Storyboard Template

Appendix F: Sample Storyboard from Delaware General Health District Appendix G: QI Projects

Appendix A

QI Training Schedule 2019-2022

Program	Source	Required Personnel	Date to Complete
Performance Management Planning	Center for Public Health Practice	Accreditation Coordinator	April 2022
Overview of PM	Center for Public Health Practice	Leadership Team	August 2022
Webinar 1 on PM	Public Health Foundation	Leadership Team	August 2022
Webinar 2 on PM	Public Health Foundation	Leadership Team	August 2022
Webinar 3 on PM	Public Health Foundation	Leadership Team	August 2022
Webinar 1 on CQI	Public Health Foundation	Leadership Team	August 2022
Webinar on CQI 101	Public Health Foundation	All staff	November 2023

Public Health Foundation

[Performance Management \(phf.org\)](http://phf.org)

OhioTrain

www.train.org

Create an account

Scioto County Health Department Quality Improvement Plan

Appendix B

Quality Improvement Project Submission Form

To initiate a quality improvement idea or project, complete this submission form, and present at monthly staff meeting.

Employee Name:		Date:			
Program:					
Idea/Project:					
What would you like to improve?					
Do you have information/evidence/data available to support the need to work on this topic?					
			Yes No		
If yes, please describe here:					
What kind of improvement will result? (Select all that apply):					
	Enhanced Employee Performance				
	Improved Teamwork and Communications				
	Improved Use of Resources				
	Improved Working Conditions and Employee Morale				
	Increased Efficiency				
	Improved Quality of Services				
	Increased Safety				
	Reduced Cost				
	Reduced Waste				
	Satisfied Customers/Stakeholders				
	Other:				
What is the desired result? (Example: Reduced Turn Around Time)					
Who will benefit? (Check all that apply)					
	Program	Public	Staff	Other:	
Which of the six areas of public health responsibility does this QI project align with? (Check all that apply)					
	Assure an adequate local public health infrastructure				
	Promote healthy communities and healthy behavior				
	Prevent the spread of infectious disease				
	Protect against environmental health hazards				
	Prepare for and respond to disasters and assist communities in recovery				
	Assure the quality and accessibility of health services				
QI Proposal Approval		Approved / Date		Declined / Date	
Scioto County Health Department					

Scioto County Health Department Quality Improvement Plan

Team Champion/Health Commissioner		
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Scioto County Health Department QI Project Charter

Project Title _____
Project Facilitator _____
Agency/Organization _____
Charter Last Updated Date: _____

Project Description/Statement of Work (What problem will we address?)

Problem Background/ Business Case (why is the project important now?)

Customers and customer needs/requirements

SCOPE (DEFINE BOUNDARIES)	First step in the process:

	Last step in the process:

Project Goals

Project Constraints

Performance Metrics: What measures will tell you if you are successful.	Performance Metrics			
	Current	Goal	Final	% Change
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Projected Benefits

Project Team

Team Lead: _____
 Team Champion/Sponsor: _____
 Process Owner: _____
 Team Members: _____
 Subject Matter Experts: _____

Project Champion/Sponsor and Process Owner Sign-Off: I am committed to supporting this project and implementing the team's improvements.

Sponsor Signature: _____
 Process Owner: _____

Scioto County Health Department Quality Improvement Plan

Appendix D

Quality Improvement Reporting Form

ACT	Agency:	Scioto County Health Department		
	Project Title:			
	Aim:			
	Impact:			
	Measures: (Include both process and outcome measures.)	Outcome Measure:		
		Process Measures:		
	Team Member:			
Month/Year:		Reported By:		

Please summarize the key action steps you have taken in the past month.	Describe the results of your action you learned from the process.
---	---

DC	1.		
	2.		
	3.		
	4.		

ACT	1.	
	2.	
	3.	
	4.	

What are you most proud of achieving?

What were the costs incurred for conducting this QI project?	
Salaries and Fringe	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing	\$
Other:	\$
TOTAL	\$

Scioto County Health Department Quality Improvement Plan

Appendix E: Story Board Template

POPULATION SERVED:

TITLE:

PLAN

Identify an opportunity and
Plan for Improvement

of the Test

1. Getting Started

Start typing here

7. Check the Results

Start typing here

5. Develop an Improvement Theory

Start typing here

ACT

Standardize the Improvement

2. Assemble the Team

Start typing here

8. Standardize the Improvement or Develop New Theory

Start typing here

DO

Test the Theory for Improvement

3. Examine the Current Approach

Start typing here

4. Identify Potential Solutions

Start typing here

6. Test the Theory

Start typing here

9. Establish Future Plans

Start typing here

CHECK
Use Data to Study Results

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Scioto County Health Department Quality Improvement Plan

Appendix G: Quality Improvement Projects

Project Title	People	Dates	Objective
Let it Flow	Melissa Spears, Garret, Leah, Kelly Friar	Initiate Project March 2019	Reduce number of broken flow meters found during pool inspections.