

Board of Health
Public Health Program Policy Committee

Meeting Minutes
September 16, 2021
Regular Meeting

The meeting was held via Zoom conference call/video.

Committee members present via Zoom

Elisabeth Crawford

Dan Rankin

Linda Redmon

Jeff Vaughan

Committee members absent

Jared Mead

Comings and goings

Mr. Dan Rankin arrived at 3:41 pm

Staff present

Shawn Frederick, Chris Spitters, Nicole Thomsen, Ragina Gray, Heather Thomas, Katie Curtis, Carrie Parker, Pam Aguilar, Tracey Kellogg, Sara Centanni, Sarah de Jong

Call to Order

The regular meeting of the Program Policy Committee was called to order by Committee Chair Ms. Linda Redmon at 3:32 p.m. via Zoom video conference.

Roll Call

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

Approval of Minutes

It was moved by Ms. Elisabeth Crawford and seconded by Mr. Jeff Vaughan to approve the minutes of the regular meeting of June 17, 2021, and the regular meeting of July 15, 2021. The motion passed unanimously.

Briefings

Employee handbook (SR 21-088; P. Aguilar)

This handbook was last presented to the Board in 2018. Ms. Pamela Aguilar walked through the proposed changes to the handbook. Ms. Aguilar also shared that the Trauma Informed Leadership Team (TILT) and the Equity Committees merged at the beginning of this year to form the E-TILT Committee. Ms. Crawford requested this information be shared with the other two Board Committees. One change to the handbook is in regard to language regarding bereavement leave. One day of paid time off is changed to eight hours. Ms. Redmon asked if this change would potentially affect staff who work a non-conventional (8 hour, five day work week) schedule. Ms. Aguilar shared that this was actually the reason for the change in language because the old language was causing confusion for staff who worked an alternate work schedule. Also, one other thing that was changed in the bereavement section was to broaden the language regarding additional bereavement time off.

Formerly, the three additional days could be awarded if the family member lived 500 or more miles away. That language has now been changed to be on a case-by-case basis to allow for additional time based on circumstances.

Policy POL 120.003 concerning telecommuting (SR 21-089; P. Aguilar)

This item is very similar to the interim telecommuting policy approved by the Board at the beginning of the pandemic. A supplemental document in the form of a checklist has also been created for supervisors to gauge the ability for an employee to work remotely.

POL 130.007 concerning electronic funds transfer (SR 21-070; N. Thomsen, T. Kellogg)

This policy is the result of a request made during the audit process last year. This is the first policy of its kind and speaks very broadly about the Health District's work and also creates checks and balances. Almost every jurisdiction received this request from auditors last year because of continued fraud in this area.

2022 Legislative agenda planning (SR 21-092; H. Thomas, N. Thomsen)

The 2022 Legislative session will begin with a short (60-day) session in January. The Health District aims to have the legislative agenda out for consideration and potential approval at the October meeting. This is done for two reasons – the first, to give Board members enough time to review and provide feedback, and the second, to share with other community partners for their consideration and potential integration into their own legislative agendas. It's anticipated there will also be conversations about the bill that passed last year that affects the structure and duties of Boards of Health at the local and state level. Ms. Crawford has noticed that mental health is spoken of as a priority within communities in the County and would like to explore how it could be incorporated as a public health priority. Ms. Redmon requested that the effects of climate change, such as the heat wave experienced at the beginning of summer, be included to explore if it should be addressed as a public health issue. Ms. Nicole Thomsen asked Board members to send any additional priorities to Health District staff to add to the list for further consideration.

Proposed Environmental Health food safety program fee schedule (SR 21-094; R. Gray)

In order to make January invoice billing, which is the largest to be captured by the new changes, this item includes only the food safety program fee schedule. The other Environmental Health (EH) fee schedules will be presented to this Committee next month. These proposed changes have been presented for feedback to the Health District's equity team and the Food Advisory Committee. Ms. Ragina Gray outlined proposed changes in the fee schedule. Ms. Crawford asked what requirements Washington Administrative Code (WAC) has regarding Hazard Analysis Critical Control Point (HACCP) and if there is a standardized way to perform these inspections. Ms. Ragina Gray answered that HACCP is a review process EH staff perform when people want to handle food differently than what is outlined in the WAC to ensure appropriate food safety measures are still being met and includes a series of laboratory tests. Because of how intensive the work is, the proposed fee for a HACCP review is much higher to help close the gap between cost and return. Ms. Crawford also suggested adding in the links to the WACs in the fee schedule may be helpful for the end users.

Action

Approve Policy POL 130.006 concerning capital and attractive theft sensitive asset and forward to the full Board on consent (SR 21-068; N. Thomsen, T. Kellogg)

Ms. Nicole Thomsen walked through additional redlines from the last time this item was brought as a briefing to the Committee.

It was moved by Ms. Crawford and seconded by Mr. Dan Rankin to approve Policy POL 130.006 concerning capital and attractive theft sensitive asset and forward to the full Board on consent. The motion passed unanimously.

Approve Policy POL 130.002 concerning purchasing and forward to the full Board on consent (SR 21-057; N. Thomsen, T. Kellogg)

This policy was last presented to Committees last June and there have been no additional changes to it since then. Since adoption of this policy by the Board last year, the auditor, after reviewing, found a couple additional areas to strengthen and improve, which are included in the redlined version presented today.

It was moved by Ms. Crawford and seconded by Mr. Vaughan to approve Policy POL 130.002 concerning purchasing and forward to the full Board on consent.

Adopt letter requesting the Department of Health revise Chapter 2460272A WAC section -0280(1) consistent with the intent of SB 5503, and forward to the full Board for action (SR 21-096; S. Frederick)

This item was brought to staff's attention last week by Councilmember Nehring and Councilmember Low. This legislation deals with failures and repairs of onsite sewage systems. DOH has proposed some rule changes that suggests new septic repairs will need to be brought to current standards. Councilmember Nehring and Councilmember Low have drafted a letter that states why they believe that is not consistent with what was actually adopted in senate bill 5503 which is primarily focused on the repair itself. They are requesting to have this letter signed by Board members and brought before the State Board of Health at their next meeting on October 13. Senate bill 5503 was signed into law in 2019, with the exception of section three, which was vetoed by the Governor. The supervisor for the land use program and the former Environmental Health assistant director submitted public comment that included concerns to this bill as passed because of the requirement to bring failed systems up to compliance with current WAC that may drive some people to make unpermitted repairs to septic systems, thereby falling even further out of compliance. Ms. Crawford stated that it would have been helpful to have had Councilmember Nehring and Councilmember Low attend this meeting to present their stance and reasons for drafting this letter. Committee members requested this item be brought back to the Committee for further discussion with a subject matter expert present to explain more fully the impact and pros and cons of this bill. If this item is on the agenda for the State Board of Health meeting in October, Committee members expressed willingness for a special meeting of the Program Policy Committee before then to further discuss. However, if it's not on the October State Board of Health meeting agenda, this item will be placed on the agenda of the next Program Policy Committee meeting in November for further discussion.

No motion was entertained on this item. This item will be brought for further discussion to the October Program Policy Committee meeting.

Approve Resolution 21-18 rescinding Resolution 18-04 and authorizing the appointment of a new Auditing Officer, and forward to the full Board on consent (SR 21-093; S. Frederick)

As part of the RCW, the Health District needs to have an auditing officer for claims that are presented for payment. Historically, this role has been filled by the finance manager. With the impending departure of the current finance manager, Tracey Kellogg, staff are requesting the appointment of Sara Centanni, incoming finance manager for the Health District, to fill this role.

It was moved by Mr. Rankin and seconded by Ms. Crawford to approve Resolution 21-18 rescinding Resolution 18-04 and authorizing the appointment of a new Auditing Officer, and forward to the full Board on consent. The motion passed unanimously.

Approve proposed Environmental Health food safety program fee schedule and forward to the full Board on consent (SR 21-094; R. Gray)

Mr. Shawn Frederick requested this item be moved from an action to a briefing item.

It was moved by Ms. Crawford and seconded by Mr. Dan Rankin to move item 5e from action to a briefing. The motion passed unanimously.

Health Officer update (no staff report; C. Spitters)

Afghan Parolees – The Health District continues to work with County Human Services and their partners in trying to address and triage the imminent disease control challenges and need for connection to primary care among future arriving immigrants from Afghanistan. Most of these immigrants are entering into the country as parolees, a status that doesn't qualify for many of the healthcare, funding, and social services afforded to other refugees that immigrate to America. Dr. Spitters has had preliminary discussions with the federally qualified health care centers in the community, who have indicated their willingness and ability to accept referrals for primary care for this group. The first step is to interrupt any disease control risk, primarily measles and polio, then an evaluation of vaccinations, and afterward referrals for ongoing primary care.

Proof of Vaccination Status – While these recommendations appear attractive, there are pros and cons to requiring proof of vaccination for entrance to some public venues and this requirement may cause unintended consequences that are detrimental to the community.

Holiday Gatherings – Although case rates are high, the community is able to remain open due to current prevention measures such as vaccination and masking requirements. While this allows the ability to attend necessary activities, such as schools and work, caution should be taken when considering any elective activities, such as holiday gatherings, at least until the transmission level lowers.

Close Contact Quarantine Guidelines – Fully vaccinated individuals that are identified as being a close contact to a confirmed case do not need to quarantine but can continue to go about their regular daily activities, subject to their employer's requirements. It's recommended that they mask everywhere they go for 14 days, and--if they do develop symptoms--to seek testing. WA State DOH is developing an enhanced recommendation for testing at day three to five for those individuals, due to the increase in breakthrough infections. Dr. Spitters also recommends that vaccinated close contacts to avoid close contact with anyone you know that is immunosuppressed or medically fragile. Everyone else who is not vaccinated or only partially vaccinated will have a 14-day quarantine with testing ideally immediately upon being notified and again roughly five to seven days after their last exposure.

Informational Items

Ms. Redmon reviewed the upcoming meetings.

Next Meeting Date

Full Board of Health: Tuesday, October 12, at 3:00 p.m.

Program Policy Committee: Thursday, October 21, at 3:30 p.m.

Adjournment

The meeting was adjourned at 5:02 p.m.