



SNOHOMISH HEALTH DISTRICT  
RESOLUTION OF THE BOARD OF HEALTH

RESOLUTION NUMBER: 18-03

RESOLUTION SUBJECT: RESCIND RESOLUTION 17-24 AND ADOPT THE BOARD OF HEALTH  
AMENDED RULES OF PROCEDURE

WHEREAS, in the September 2016 Ruckelshaus Center Situation Assessment, a key issue brought forward was Board of Health governance, including roles, responsibilities, and accountability; and

WHEREAS, subsequently, the Executive Committee developed a comprehensive procedure for Board of Health meetings that provides the most expedient means of conducting business, and the Board of Health adopted its rules of procedure through Resolution 17-24; and

WHEREAS, at its January 9, 2018, meeting, the Board of Health agreed to amend its rules of procedure to include telephonic appearances of Board members at committee meetings in order to ensure efficient and timely execution of Board business; and

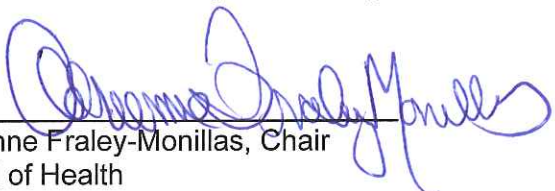
WHEREAS, amended wording states that the rules contained in the Board's adopted rules of procedure for full Board of Health meetings will also apply to and allow telephonic appearance for the members of committees; and

WHEREAS, RCW 70.46.060 and RCW 70.05.060 grant the Board of Health authority to establish rules of conduct for their meetings, and the Board determined that periodic review and updates to these procedures are appropriate;

NOW, THEREFORE, the Board of Health takes the following action:

1. Resolution 17-24 is hereby rescinded
2. The Board's rules of procedure for the conduct of business is updated and adopted with amended wording (II,E,3, new subsection e) to include telephonic appearance at committee meetings, as shown in attached Exhibit A.

ADOPTED this 13<sup>th</sup> day of February 2018.

  
Adrienne Fraley-Monillas, Chair  
Board of Health

ATTEST:

  
Jefferson Ketchel, MA RS  
Administrator

## RESOLUTION 18-03

### EXHIBIT A

#### Board of Health Rules of Procedure (amended)

The following Rules of Procedure for the conduct of Board members and for Board of Health meetings is hereby adopted, which shall read as follows:

- I. **General:** These rules constitute the official rules for the conduct of business by the Snohomish Health District Board of Health. In any instance where these rules do not address an issue or point of order, the Board of Health shall be guided by Robert's Rules of Order Newly Revised, a copy of which is maintained in the office of the Administrator of the Health District. In cases where a point of order or procedure cannot be resolved through Board consensus, Robert's Rules will be followed prescriptively, per Article VI Section 3 of the Charter.
- II. **Organization:**
  - A. **Board Membership.** The membership of the Board of Health shall be as set forth in the Charter, per Article III, as it now reads or is hereafter amended.
  - B. **Swearing-in of New Board Members.** Newly elected or appointed Board members shall be sworn in at the first Board of Health meeting the new member attends. In the case of an appointment to fill a vacancy, the Board member shall be sworn in at the same meeting as the appointment or the next regular meeting, at the option of the new Board member.
  - C. **Election of Chair and Vice Chair.** The Board will elect a Chair and a Vice Chair by a majority of the voting members in January of each year. The Chair and Vice Chair will serve for a period of one year. Provided, however, if the Chair and/or Vice Chair are willing to continue to serve in such capacity, they may be elected to a second consecutive one-year term. In the temporary absence of the Chair, the Vice Chair will perform the duties and responsibilities of the Chair. The Chair serves as the presiding officer at all Board meetings.
  - D. **Quorum.** At all Board meetings, a majority of the Board (eight of 15 members) shall constitute a quorum for the transaction of business, but a lesser number may call to order, recess, or adjourn.
  - E. **Attendance and Excused Absences.**
    1. **Board Members.** Members accumulating two or more consecutive unexcused absences from regular meetings of the Board, or four or more unexcused absences in a calendar year from regular meetings of the Board, may be contacted for consultation by the Chair. In the event of three or

more consecutive unexcused absences or six unexcused absences in a calendar year, the Board Chair will issue a letter to the Board member's appointing jurisdiction(s) inquiring about appointment of a new board member. Members of the Board may be so excused by complying with this section. The member shall contact the Chair, or, if the Chair is not available, the Administrator or Board Clerk who shall convey the message to the Chair. Following roll call, the Chair shall inform the Board of the member's absence, state the reason for such absence, and inquire if there is a motion to excuse the member. This motion shall be non-debatable. Upon passage of such motion by a majority of members present, the absent member shall be considered excused, and the Board Clerk will make an appropriate notation in the minutes.

2. Administrator. The Administrator or an authorized designee Administrator shall attend all Board meetings.
3. Telephonic Appearance. Board members may appear at a Board meeting via telephone under limited circumstances.
  - a. A Board member may appear and attend a Board meeting telephonically not more than three times per calendar year with Board Chair or Vice Chair approval. In extraordinary circumstances, the Board Chair may allow more than three telephonic appearances. Whenever reasonably possible, the Board member will provide at least 24 hours' notice of intent to appear telephonically. A Board member attending telephonically shall have full authority to participate in discussion and may vote on any matter that comes before the Board. In the event the Board Chair must attend telephonically, he/she may do so, but the conduct of the Board meeting shall be transferred to the Vice Chair or such other Board member who is in attendance in person. Telephonic attendance by Board members may also be authorized by the Board Chair where it is necessary to achieve a quorum of eight members. Participation telephonically shall also include any reasonable means of electronic communication by a device where the voices of all persons on each end of the call can be heard with clarity.
  - b. In no event shall the Board Chair or Vice Chair approve a Board member's telephonic appearance unless satisfactory equipment is available. Satisfactory equipment shall mean any telephone or other electronic device equipped with a speakerphone function capable of broadcasting the Board member's voice clearly and sufficiently enough to be heard by those in attendance at the meeting. The telephone or other device must allow the Board member to ask and answer questions as posed from time to time.

- c. During any meeting that a Board member is attending via telephone, the Board Chair or Vice Chair shall state for the record that a particular Board member is attending via telephone and the reason for such attendance.
- d. Board members appearing via telephone shall comply with all rules and procedures as if they were physically present at the meeting.
- e. Committee Telephonic Appearance. The rules and procedures contained in this Section 3 for full Board of Health meetings shall also apply to and allow telephonic appearance for the members of the standing committees of the Health District. Whenever the term "Board Chair" or "Vice Chair" is used in Section 3, the words "Committee Chair" or "Vice Chair" shall apply in this section 3(e). The number of allowed telephonic appearances allowed will be counted separately for each committee that the Board of Health member is assigned to and shall not count toward the number of telephonic appearances allowed for full Board of Health meetings

F. Decorum.

- 1. Forms of Address. All Board members shall address each other in a respectful and professional manner.
- 2. Board Member Communications Protocols During Meetings:
  - a. No Board member comments are to be personal in nature or otherwise disruptive. All Board member comments are to be addressed to the Chair.
  - b. All Board member comments during meetings shall be germane to the business of the Health District and tempered to advance the item of business before the Board.
  - c. Board member comments during meetings shall be concise and respectful of the time available to complete actions on the agenda and the desire to provide ample opportunities for citizens and other Board members to comment.
  - d. Board members may take action in person or by phone via electronic device while in an open public meeting of the governing body. "Action," as defined under RCW 42.30.020, means the transaction of the official business of a public agency by a governing body, including but not limited to receipt of public

testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions. "Final action" means a collective positive or negative decision, or an actual vote by a majority of the members of a governing body when sitting as a body or entity, upon a motion, proposal, resolution, order, or ordinance.

- e. Board members are responsible for complying with the communication guidelines contained in this policy. Sanctions for violation of Board member communications protocols as described in this section may include the following, although the Board may decide, based on the severity of the violation, to begin with steps other than the first step as listed here:
    - i. On the first violation, the Chair may issue a warning orally to the Board member who has violated these protocols.
    - ii. On the second violation, the Chair, upon a motion passed by the Board, may issue a written reprimand to the Board member who has violated these protocols.
    - iii. On the third violation, the Chair, upon a motion passed by the Board, may issue a formal resolution of censure to the Board member who has violated these protocols.
    - iv. On the fourth violation, the Chair, upon a motion passed by the Board, may remove the committee and liaison assignments of the Board member who has violated these protocols.
3. Right to Eject. While the Board of Health is in session, Board members and the public must preserve order and decorum, and neither shall, by conversation or otherwise, delay or interrupt the meeting or the peace of the Board, disrupt any member while speaking, or refuse to obey the orders of the Chair, except as otherwise provided in these Rules. Any person who becomes boisterous, unruly, or who physically or verbally threatens any other person while addressing the Board or while attending a Board meeting may be asked to leave by the Chair. The Chair may also call for a recess so that measures may be taken to restore order to the meeting. The Open Public Meetings Act (OPMA) also provides for alternatives to restore order to a meeting.
4. Conflict of Interest. Board members will not participate in any matter that may be a violation of the appearance of fairness doctrine or a conflict of interest and shall leave the meeting room during Board consideration of such a matter.

G. Voting.

1. Method. Unless otherwise provided for by statute, ordinance, or resolution, all votes shall be taken by voice; except that at the request of any Board member, a roll call vote shall be taken by the Chair.
2. Tie Vote. In case of a tie vote on any proposal, the proposal shall be considered lost.
3. General. Each Board member shall vote on all questions put to the Board, unless a conflict of interest or an appearance of fairness question under state law is present. All abstentions shall not be considered votes in favor of passage or against passage of any formal resolution or motion presented for vote.

H. Adjournment. Unless a different time is previously posted per OPMA requirements, Board of Health regular meetings shall adjourn at or before 5:00 p.m.; except the time may be extended in half-hour increments up to 7:00 p.m. upon approval of a formal motion. At 7:00 p.m. the meeting shall be continued to a date and time certain upon approval of a formal motion. The date and time will be announced by the Chair at the meeting.

III. Officers: Selection, criteria and duties, process.

A. Chair and Vice Chair. The selection, duties, and powers of the Chair and Vice Chair shall be:

1. Chair Responsibilities. The Chair is responsible for the management, Development, and effective performance of the Board of Health, and provides leadership to the Board for all aspects of the Board's work. Specific responsibilities include:
  - Chair all meetings, unless unavailable, and then coordinate with Vice Chair
  - Work with Administrator to set agenda for meetings
  - Conduct the meetings in an orderly, fair, open and efficient manner
  - Guide and mediate Board actions and integrity of deliberations
  - Facilitate discussion and decision-making
  - Call special meetings if necessary
  - Ensure committee reports are made to the full Board
  - The Chair of the Board may appoint other committees of the Board from time to time as deemed necessary
  - Counsel and consult with the Health Officer
  - Speak for the Board as delegated by the Board
  - Represent the Board to other groups

- Participate in new Board member orientation
- Consult with Board members who are not fulfilling their responsibilities or who are violating law, policy, or practice or who are unable to regularly attend Board meetings
- Initiate annual evaluation of the Health Officer
- Oversee searches for a new Health Officer and/or Administrator
- Initiate annual evaluation of the Administrator.

2. Vice Chair Responsibilities. The Vice Chair supports the Chair in the management, development, and effective performance of the Board of Health, and participates in the leadership of the Board for all aspects of the Board's work. Specific responsibilities include:

- Serve on the executive committee
- Carry out special assignments as requested by the Chair
- Understand the responsibilities of the Chair and be able to perform these duties in the Chair's absence
- Provide consultation to the Chair in the performance of his/her duties
- Assist the Chair with his/her duties, as requested
- Perform other governance and management duties as may be necessary for effective Board leadership.

3. Chair and Vice Chair Selection Guidelines:

The Chair of the Board must exhibit leadership ability and provide direction to the Health Officer and Health District staff. When selecting a Chair, the Board should identify someone who is actively engaged and concerned with the issues of the Health District. The Chair may be called on to go to county and city governing bodies to support Health District concerns and issues. The person selected for this leadership position should be someone who has the time, energy, and savvy to work throughout the county to represent the concerns of the Board and the Health District. Given the responsibilities of the Vice Chair to perform the responsibilities of the Chair in his/her absence and otherwise support the Chair, the Board should consider similar qualities in selecting a Vice Chair.

In selecting members for the Chair and Vice Chair positions, the Board will consider the mix of representation from member jurisdictions in its leadership positions and will consider rotating the positions among the member jurisdictions. While not required, the Chair is encouraged to serve two consecutive terms and the Vice Chair is encouraged to seek the Chair position.

B. Selection. The Chair shall be elected from the members of the Board by a majority of the voting members in January of each year. The Chair shall serve for a period of one year. No Chair shall succeed himself/herself for more than two

consecutive terms. There shall be elected from the members of the Board in January of each year a Vice Chair who shall serve for the period of one year. In the event of a vacancy occurring, a new Vice Chair shall be elected from the same group to fill the unexpired term of office. The Vice Chair shall assume the office of Chair for the unexpired term in the event of a vacancy in that office.

IV. **Committees.** The Chair appoints members of standing committees as described in the Charter as he/she deems necessary, ensuring the duties and functions don't overlap with duties and functions of any other standing committee.

V. **Board of Health Meetings.**

A. **Open to the Public.** Meetings of the Board of Health and, when required, committees, shall comply with the requirements of the OPMA (RCW 42.30). Unless otherwise provided by law, all meetings of the Board are open to the public. The Health District shall comply with the provisions of RCW 35A.12.160 regarding notice of public meetings. (*See also Section VII Electronic Media and Technology, Councilmember Communications Outside of Meetings, Open Public Meetings (OPMA) and Public Records Act (PRA).*)

B. **Type of Meetings.**

1. **Regular Meetings.** The Board shall meet monthly at a regular meeting. The date, time, and place of the regular monthly meeting is determined by Resolution of the Board 17-02. The meeting in January of each year is designated as the annual meeting at which the Board elects officers for the ensuing year.
2. **Workshops.** The Board may hold a workshop one hour before any regular meeting of the month or at other times as determined by the Board. Additional workshop sessions may be scheduled as needed. These meetings will be informal meetings for the purpose of more prolonged discussion of issues and topics selected by the Administrator or Board. Workshops may be held jointly with advisory boards and committees to the Board.
3. **Special Meetings.** Special meetings may be called by the Chair or by a majority of the members of the Board by delivering written notice to each member of the Board, the Health Officer, and the Administrator. Written notice may include but is not limited to email. Special meetings shall be called in accordance with the OPMA, Chapter 42.30, RCW.

C. **Executive Sessions.**

1. **General.** The Board may hold Executive Sessions from which the public may be excluded for the purposes set forth in RCW 42.30.110 and RCW



42.30.140. Before convening an Executive Session, the Chair will announce the purpose of the session, the anticipated time when the session will be concluded, and state whether action by the Board is expected following the Executive Session. Should the session require more time, a public announcement shall be made that the session is being extended.

2. Confidentiality. Board members must keep confidential all written materials and verbal information provided to them during Executive Sessions unless otherwise agreed by a majority of Board. Confidentiality also includes information provided to Board members outside of Executive Sessions when the information is considered to be exempt from disclosure by State law or is subject to attorney-client privilege.
3. Ex parte Contact. If the Board, after Executive Session, has provided direction to Health District staff on proposed terms and conditions for Health District business, all contacts with any other party should be done by the designated Health District staff representative handling the issue. Board members should obtain the permission of the Administrator prior to discussing the information with anyone other than other Board members, the Health District Attorney, or Health District staff designated by the Administrator. Any Board member having any such contact or discussion needs to make full disclosure to the Administrator and/or Board Chair in a timely manner.

D. Meeting Place. Regular Board of Health meetings will be held at a location set by Resolution 17-02 or another public meeting facility as advertised. Workshops and Special Meetings will usually be held at the same location, but may be held at other appropriate locations with proper notice.

E. Board of Health Agenda.

1. Order of Business. No legislative item shall be voted upon that is not on the agenda as approved by the Board at the meeting. The order of business for each Regular Meeting may generally be as follows:

Regular Session (3:00 p.m. - 5:00 p.m.)

1. Call to Order
2. Roll Call
3. Approval of Agenda contents and Order
4. Special Business
5. Approve the Minutes of the Previous Meeting(s)
6. Standing Reports
7. Consent Items
8. Public Comments
9. Action Items

10. Briefings
11. Chair's Report
12. Administrator's Report
13. Health Officer's Report
14. Board Member Reports
15. Executive Session
16. Reconvene Regular Session
17. Adjourn

2. Consent Items. The Administrator, in consultation with the Board Chair and Executive Committee will place matters under Consent Items that: (a) have been previously discussed by the Board; (b) based on the information delivered to members of the Board by staff, can be reviewed by a Board member without further explanation; (c) have been fully studied and reviewed by a Board committee and such committee forwards it as a consent item; or (d) are so routine or technical in nature that passage is likely. The motion to adopt Consent Items is non-debatable and has the effect of moving to adopt all items. Since adoption of any item under consent implies unanimous consent, any member of the Board has the right to remove any item. Therefore, under the item "Approve the Agenda Contents and Order," the Board Chair will inquire if any Board member wishes an item to be withdrawn from the consent agenda. If any matter is withdrawn, the Board Chair will place the item at an appropriate place on the agenda for deliberation at the current or a future Board meeting.

## VI. Public Testimony/Citizen Comments.

### A. Oral and Written Comments.

1. General. Any person may speak under "Public Comments" for no more than three minutes. At the discretion of the Board Chair, additional time for receipt of oral and written testimony may be allowed. Public comments regarding action and discussion items may be allowed following staff presentations and Board questions and prior to Board deliberations if deemed appropriate by the Chair. Generally, citizen comments are an opportunity for citizens to address the Board, and the Board is expected to listen but not use meeting time to conduct bilateral discussion or debate. When appropriate, any issue raised by public comment may be directed to staff for later response or placed on a future Board agenda for further discussion. Unless otherwise allowed by the Chair, each member of the public will be allowed to speak once on a particular subject.
2. Identification of Speakers. Persons providing public comment may be asked to identify themselves for the record as to name, city of residence, and organization.

3. Workshops. The Board of Health may take public comments at a workshop meeting, but only at the discretion of the Board Chair and with the concurrence of the Board, when appropriate and practical.
4. Written Comments. Written materials may be submitted to the Board at the Regular Meeting at which an issue is to be considered. However, the Board may not be able to consider such written comments at that time. In order for written comments to reach the Board for consideration prior to the meeting or hearing, they must be filed with the Board Clerk no later than noon of the Monday preceding the Regular Meeting for distribution to the Board at its meeting.

**VII. Electronic Media and Technology, Board Member Communications Outside of Meetings, Open Public Meetings Act (OPMA), and Public Records Act (PRA).**

- A. It is the policy of the Board of Health of the Snohomish Health District to adhere to the Revised code of Washington (RCW) 42.30 regarding open public meetings and RCW 42.56 regarding public records. Each Board member will be requested to sign a statement to abide by the terms of this Section VII.
  1. All records, regardless of format, related to the conduct of Health District business reviewed, created, or altered must be retained per the State of Washington Local Government Common Records Retention Schedule. (the CORE manual), pursuant to 42.56 RCW and 40.14 RCW, Preservation and Destruction of Public Records.
  2. Per State law, all documents, files, communications, and messages created, reviewed, or altered that are related to the conduct of Health District business, regardless of format, are property of the Health District. As a result, these documents, files, communications, and messages are not private or confidential unless otherwise noted in the Revised Code of Washington. The Health District reserves the right to request, access, monitor, and disclose the contents of electronic messages and any record, regardless of format, related to the conduct of Health District business on Health District-issued or personal devices that Board members use. Board members should have no expectation of privacy in either sending or receiving electronic messages or other information on the internet, Health District network, or other electronic media related to Health District business whether done on their own personal device or on a Health District-issued device. The Health District may review the public records for legal exemption or redaction pursuant to the Public Records Act RCW 42.56 or other applicable State or federal laws and may provide third-party notice providing affected parties the opportunity to file for a court order to prevent or limit disclosure.

3. Email Accounts:

- a. For ease of public records retention and for ease of document search, Board members are strongly encouraged to utilize the Health District's assigned email account, if made available, and information system for all Health District-related business.
- b. Subject to limited exceptions set forth in State law, email accounts established through the Health District's information system for individual Board members are considered public and subject to public disclosure laws.
- c. Emails that are public records will be retained and archived according to Health District and State retention schedules.
- d. Non-Health District-provided email accounts used by individual Board members for the conduct of communicating Health District business are subject to public disclosure laws. Board members are responsible for preserving all Health District business records on their personal devices, systems, and servers.

4. Text Messages:

Text messages generated or received by individual Board members for conducting Health District business on any personal device, whether issued by the Health District or not, are subject to public disclosure laws and records retention schedules. Text messages must be retained and archived according to Health District and State retention schedules. Board members are responsible for preserving all Health District business records on their personal devices, systems, and servers.

5. Social Media:

The Health District utilizes social media sites to bring attention to current public health issues, topics, initiatives, services, and/or operations within or affecting the community. Health District social media sites and all content therein are subject to the State of Washington's public records laws. Health District and State records retention schedules apply to all social media content. Guidelines for Board member use of social media sites is as follows:

- a. All social media site entries should clearly indicate that any content posted is subject to public disclosure laws and records retention schedules.
- b. Unless the content is preauthorized by the Board, Board members posting to any social media site, whether owned by the Health

District or a private individual or organization, should make clear that the individual Board member is speaking for themselves and not on behalf of the Health District or the Board.

- c. Information that has the potential to compromise the safety or security of the public or public systems or which may disclose protected healthcare information should not be posted to social media sites.
  - d. Anything that may be construed as harassment or disparagement of others, including comments based on race, national origin, sex, sexual orientation, age, disability, or religious or political beliefs will not be tolerated. This includes, but is not limited to, sending threatening messages, slurs, obscenities, or sexually explicit images, cartoons, or messages.
  - e. Violations of this section may include removal of the Health District-issued device, a warning to the Board member from the Board Chair, and/or other action deemed appropriate by the Board.
6. Health District-issued cell phones and other devices.  
In the event cell phones and other devices are issued by the Health District to individual Board members, the Health District will archive all text messages and retain the records according to records retention schedules. All texting of matters relating to Health District business will be done on Health District-issued devices.
7. Non-Health District-issued cell phones and other devices.  
Non-Health District-issued cell phones and other devices used by individual Board members for texting or receiving texts relating to Health District business will require archiving of text messages and retention of records according to records retention schedules.
8. Records Requests/Inspection/Monitoring.
- a. All Board members are required to work collaboratively with Health District staff for access to a personal or Health District-issued electronic device when responding to a public records request.
  - b. The Health District needs to be able to respond to proper requests resulting from public records request and legal proceedings that call for electronically-stored evidence. Therefore, the Health District maintains the right and the ability to access Health District-provided electronics and Health District email accounts, and to inspect and review any and all data recorded in those

applications and files. Because the Health District reserves the right to obtain access to all electronic messages left on or transmitted over these applications, Board members should not assume that such messages are private and confidential or that the Health District or its designated representatives will not have a need to access and review this information.

- c. The Health District reserves the right to regularly monitor electronic messages, information, and all documents relating to Health District business. The Health District will inspect the contents of computers or electronic mail in the course of an investigation.

9. Executive Session.

It is recommended that Board members turn off all electronic devices during executive sessions.

B. The following is a list of prohibited uses of Health District communication applications or devices:

1. Transmitting any material or messages in violation of Federal, State, local law, ordinance, regulation or Health District policy.
2. Distributing sensitive or confidential information, per RCW 42.23.070, Code of Ethics for Municipal Officers, Prohibited Acts.
3. Distributing unauthorized broadcast messages; soliciting or proselytizing others for commercial ventures, religious, or political causes; or other non-job-related matters except as provided elsewhere in this policy.
4. Accessing or distributing offensive or pornographic materials.
5. Using Health District-provided electronic media and devices for personal use to accomplish personal gain or to manage a personal business.
6. Downloading or distributing copyrighted materials not owned by the Health District, including software, photographs, or any other media except when authorized by the Administrator or Information Services Manager as it pertains to work-related uses.
7. Developing or distributing programs that are designed to infiltrate computer systems internally or externally (viruses) or intentionally disrupting network traffic or crashing the network and connected systems.

8. Accessing or downloading any resource for which there is a fee without prior appropriate Board authorization / approval and authorized by the Administrator or Information Services Manager.
9. Representing yourself as another user or employee, forging electronic messages, unauthorized access of others' files with no substantial business purpose, or vandalizing the data of another user.
10. Attempting to access any system that the Board member is not authorized to access (hacking).
11. Giving your user name and password to anyone (except the Information Services Manager or designee to conduct Health District business) for any purpose.
12. Inappropriate use deemed by Board policy to be a violation of the intended purpose of any electronic media.

C. Board Member Communications.

1. All written communications responding to citizens, including letters and electronic messages, should be distributed to all other Board members and the Board Clerk. However, to prevent a violation of the Open Public Meetings Act and a "serial Board meeting," the Board members should not "reply all" or have communications with more than two other members of the Board.
2. The use of Health District letterhead by individual Board members for communications to constituents or to other governmental entities is not allowed unless approved by a majority of the Board.
3. Within the text of correspondence from Board members to constituents, governmental entities, and community organizations, the Board member should not characterize or attempt to describe the views and actions of other Board members so that those Board members have an opportunity to characterize their own views and actions.
4. The substance of phone calls by any Board member to citizens or to officers of other governmental entities should be shared via email or other communication method whenever these phone discussions involve issues of significance for the Board as a whole. However, to prevent a violation of the Open Public Meetings Act and a "serial Board meeting," Board members should not "reply all" or have communications with more than two other members of the Board.

5. Letters to the editor for publication in newspapers, magazines, and electronic or internet-based publications submitted by individual Board members should not imply representing the views of the Health District or the Board unless specifically directed to do so by the Board.

VIII. **Periodic Review.** It is the intent of the Board that these rules of procedure be periodically reviewed as needed, but no less than every two years. Therefore, Board procedures should be reviewed in the month of January of every odd-numbered year and may be amended at any other time that the Board deems necessary.

IX. **Effect/Waiver of Rules.** These rules of procedure are adopted for the sole benefit of the members of the Board of Health to assist in the orderly conduct of Board business. These rules of procedure do not grant rights or privileges to members of the public or third parties. Failure of the Board to adhere to these rules shall not result in any liability to the Health District, its officers, agents, and employees, nor shall failure to adhere to these rules result in invalidation of any Board act. The Board may, by a majority vote, determine to temporarily waive any of the provisions herein. These rules shall be effective upon the date of adoption as set forth below.

X. **Conflicts.** In the event of a conflict or inconsistency between the rules and procedures contained in this document and the Snohomish Health District Charter, the Charter shall control. In the event of a conflict or inconsistency with other Board resolutions or rules, this document shall control unless the Board by further action determines otherwise.

PASSED by the Board of Health and APPROVED by the Chair this 13<sup>th</sup> day of February 2018.

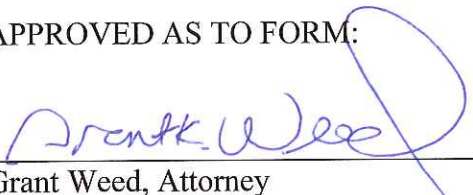
SNOHOMISH HEALTH DISTRICT

  
Adrienne Fraley-Monillas, Chair

ATTEST:

  
Jefferson Ketchel, Administrator

APPROVED AS TO FORM:

  
Grant Weed, Attorney