Monroe County Health Department
Serving the Community since 1921
14301 Co. Hwy. B, A18 · Sparta, WI 54656 · (608) 269-8666 · Fax (608) 269-8872

NOTICE OF MEETING

COMMITTEE: Monroe County Board of Health

TIME: 9:00 a.m.

PLACE: Community Services Building, **Room 443-444**

DATE: September 14, 2015

SUBJECT MATTER TO BE CONSIDERED:

A. Call to Order

B. Approval of August 10 Board of Health Minutes - Action

C. 2015 Budget Reports – Discussion

- Public Health
- WIC
- Loan Closet

D. Program Reports - Discussion

- Public Health
- WIC

E. Staff Comp Time and Mileage Report -Discussion

F. WIC Line Item Transfer – Discussion and Action

G. Immunization Policy & Procedure – Discussion and Action

H. Vaccine Storage and Handling Policy & Procedure – Discussion and Action

I. Meeting Date and Time

J. Adjournment

Mary Cook, Chairperson
DATE NOTICES MAILED: 9/4/15

"The mission of the Monroe County Health Department is to protect, promote, and improve the health of county residents".

PLEASE NOTE: A quorum of the Monroe County Board or other committees may be present at this meeting. No business of the County Board or other committees will be conducted at this meeting, only the business noted above.

August 10, 2015

TIME AND PLACE: The regular meeting of the Monroe County Board of Health was called to order by Mary Cook at 9:03 a.m. Monday, August 10, 2015 in Room 443 of the Community Services Center, Bldg A, 14301 County Hwy B, Sparta.

ROLL CALL:

Present:
Mary Cook
Dean Peterson
Jim Rice
Gene Treu
Dr. Emma Ledbetter
Kristy Brown
Marlene Sund

Absent: Wade Blackdeer

Staff:
Sharon Nelson
Pam Rainwater

REVIEW OF MINUTES: Minutes of the July 13, 2015 meeting were reviewed. Motion by Dean Peterson, seconded by Jim Rice to approve minutes as presented; motion carried.

BUDGET REPORTS: Sharon Nelson presented the budget reports for Public Health, WIC, and Loan Closet to the Board.

PROGRAM REPORTS: Pam Rainwater presented the program reports.

STAFF COMP TIME & MILEAGE REPORT: Pam Rainwater presented the staff comp time and mileage report.

REQUEST FOR LINE ITEM TRANSFER: Secondary to an increase in the amount of influenza vaccine ordered for the upcoming flu clinics, Sharon requested a public health expenditure line item transfers as follows: $3808.00 from Salaries 24110000 511000 and $3192.00 from Health Insurance 24110000 515020 to Prevention Programs 24110000 521520. Motion made by Kristy Brown, seconded by Dean Peterson to approve line item transfer; motion carried.

2015 FLU CHARGES: Sharon informed board members that vaccine for the 2015-16 influenza season has been ordered. In an effort to recoup the cost for supplies and staff time, the increased cost of vaccine, and to be comparable with fees charged by other providers, Sharon proposed that the board consider an increase in charges for influenza vaccinations from $25.00 to $30.00 per dose.

Fees for the vaccine are reimbursable through Medicare, Medical Assistance and most third party private insurances. Motion made by Emma Ledbetter, seconded by Marlene Sund to increase influenza vaccination charges to $30.00; motion carried.

2016 BUDGET REVIEW: Sharon distributed copies of the health department's proposed 2016 budget to Board members. Revenues and expenditures for Public Health, WIC and the Loan Closet were reviewed and discussed. Sharon noted that salaries and fringes are not yet calculated as this will be completed by the Finance department. Sharon will forward the 2016 budget to Cathy Schmit, County Administrator, prior to the end August.

SOCIAL MEDIA POLICY & PROCEDURE: Pam summarized the Social Media policy and procedure. Motion made by Dean Peterson, seconded by Kristy Brown to approve the Social Media policy as written; motion carried.

ADJOURNMENT: The next Board of Health meeting will be held on September 14, 2015 at 9:00 a.m. in Room 443 of the Community Services Building. Motion to adjourn the meeting at 10:00 a.m. made by Dean Peterson, seconded by Kristy Brown; motion carried.

Respectfully submitted by,

Sharon L. Nelson, RN
Director/Health Officer

Pamela J. Rainwater, RN
Recording Secretary

sln/pjr/ld

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TITLE: Immunization

POLICY: Monroe County Health Department staff will administer immunizations in order to protect the public against vaccine preventable diseases.

DOMAIN/STANDARD/MEASURE: 11.1.1

RELATED DOCUMENTS: WI Immunization Program Policy and Procedure Manual https://share.health.wisconsin.gov/ph/pca/default.aspx. Click on Immunization on right hand side of screen. This screen will provide the links to the policy and procedure along with the appendices.

EVIDENTIARY REFERENCES:

1. United States Public Health Service (USPHS) http://www.usphs.gov/
2. Advisory Committee on Immunization Practices (ACIP) http://www.cdc.gov/vaccines/acip/index.html
3. American Academy of Pediatrics (AAP) https://www.aap.org/en-us/Pages/Default.aspx
4. Center for Disease Control (CDC) www.cdc.gov/vaccines.
5. WI Department of Health Services (DHS) https://www.dhs.wisconsin.gov/immunization/index.htm
6. Immunization Action Coalition (IAC) http://www.immunize.org/

PROCEDURE:

1. Monroe County Health Department (MCHD) will adhere to the State of Wisconsin Policy and Procedure on Immunizations. To access this document, log into Partner and Communication Alerting (PCA) Portal at https://share.health.wisconsin.gov/ph/pca/default.aspx , click on Immunization on right hand side of screen. This screen will provide the links to the policy and procedure along with the appendices.
2. Refer to Vaccine Consent for Immunization of Minors (Attachment A) for such circumstances/scenarios.
3. Utilize Reference Materials Hyperlinks (Attachment B) including vaccine information sheets (VIS), screening questionnaires, vaccine administration records, etc. as indicated.
4. Assure adherence to universal precautions. Reference..\..\BOH Approved\PPE\Atachment 1. BBP P&P Monroe Co..pdf
5. Whenever possible, observe clients for an allergic reaction for 5-10 minutes after receiving immunization(s). If a significant vaccine adverse event occurs, this must be reported utilizing the Vaccine Adverse Event Reporting System (VAERS) https://vaers.hhs.gov/esub/index. In addition, submit a copy of report to Director/Health Officer.
6. Reference supplies needed for IZ clinics (Attachment C)
7. Refer to internal procedures, in addition to the state policy and procedures, for details on the following:
    a. Tracking and Recall (Attachment D)
    b. School/ Daycare Based Clinics (Attachment E)
    c. Flu & Pneumonia Clinic (Attachment F)
    d. Emergency Treatment (Attachment G)

8. Assure proper vaccine storage and handling. Reference..\..\Ready for Review
9. Standing Orders. All standing orders requiring signatures can be found in the Standing Orders section of the health department's IZ P&P manual and include the following:
    a. Immunization Program Orders (Medical Authorization), Policy and Procedure Approval and Indemnification Health department shall maintain a medical advisor signed Immunization Program Orders (Medical Authorization), Policy and Procedure Approval and Indemnification. Annual re-approval is not required. However, this form must be submitted when a new physician signs the immunization program orders or when a physician requests modifications to the existing policy and procedure manual. Original template can be found in Appendix A of the State of Wisconsin Policy and Procedure on Immunizations.
    b. Physician Standing Orders Medical Authorization (Attachment H), must be updated on an annual basis.
    c. Medical Standing Order (Attachment I) as referenced in the Emergency Treatment procedure, must be updated on an annual basis.
    d. Annual Provider Enrollment-Vaccines for Children Program (Attachment J), must be updated on an annual basis.
10. Refer to http://wwwnc.cdc.gov/travel and http://www.cdc.gov/vaccines/pubs/downloads/f_imz_travelers.pdf for recommendations on international travel and immunizations.

Date	Approved	Reviewed	Revised	SIGNATURE (NAME/TITLE)
Historical				
08/26/2015			X	Jennifer Pederson, RN Pamela J. Turnwater, RN

Attachments:

A. Vaccine Consent for Immunization of Minors
B. Reference Materials Hyperlinks
C. Vaccine Clinic Checklist
D. Tracking and Recall
E. School/Daycare-Based Clinics
F. Flu and Pneumonia
G. Emergency Treatment
H. Physician Standing Orders Medical Authorization
I. Medical Standing Order
J. Annual Provider Enrollment-Vaccines for Children Program

Author/Date: Barb Wolf/unknown

Review Frequency: Annually

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TITLE: Vaccine Storage and Handling Policy and Procedure

POLICY: Monroe County Health Department is to assure vaccine is stored and handled properly immediately upon arrival based on manufactured recommendations

DOMAIN/STANDARD/MEASURE: 11.1.1 **RELATED DOCUMENTS:** 7.2.2

EVIDENTIARY REFERENCES:

1. United States Public Health Service (USPHS) www.usphs.gov
2. Advisory Committee on Immunization Practices (ACIP) www.immunize.org
3. American Academy of Pediatrics (AAP) www.aap.org
4. Center for Disease Control (CDC) www.cdc.gov/vaccines.
5. WI Immunization Program Policy and Procedure Manual

   https://share.health.wisconsin.gov/ph/pca/default.aspx Click on Immunization on right hand side of screen.

   This screen will provide the links to the policy and procedure along with the appendices.
6. WI Department of Health Services (DHS) https://www.dhs.wisconsin.gov/immunization/index.htm

PROCEDURE:

1. Refrigerated and frozen vaccines will be stored in one of the following units:
   a. Stand-alone freezer.
   b. Stand-alone refrigerator.
   c. Combined refrigerator/freezer with separate doors and temperature controls.
      NOTE: Dormitory style refrigerators **"ARE NOT ALLOWED"**
      No food or substances other than vaccines/medication will be kept in the vaccine/medication refrigerator.

2. Storage is monitored for controlled temperatures
   a. Temperatures are taken twice a day (am/pm) and recorded on the Temperature Log for Freezer-Fahrenheit and Temperature Log for Refrigerator-Fahrenheit http://www.immunize.org/clinic/storage-handling.asp by PHNs.
   b. Vaccines are kept to the center of the refrigerator and stored with air space between the boxes.
   c. No vaccines are to be stored in the doors of the refrigerator or freezer.
   d. Certified and calibrated Traceable Memory Monitoring Thermometers with Alarm are placed in the central areas of the refrigerator and freezer.
   e. Ice packs are stored in the freezer to help maintain temperature.
   f. Outlet and refrigerator, and circuit breaker are tagged with **DO NOT DISCONNECT** signs.
   g. No vaccine shall be administered beyond the expiration date. Vaccine is good until the last day of the month listed on the expiration label (when expiration date only includes month/year). Return any expired or spoiled state-supplied vaccine to McKesson to obtain the excise tax credit, which can be applied to the purchase of

vaccines. Please complete a McKesson Vaccine Return form and fax it to the Immunization Program at 608-267-9493. Vaccines can be returned without ice via UPS.

3. Ordering Vaccines
   a. Vaccine orders should be placed for no more than a 5-week supply.
   b. Complete orders via the Wisconsin Immunization Registry (WIR). All questions regarding shipments, returns, etc., should be directed to Lynette Hanson Provider Point of Contact (PPOC) at (608) 267-5148 or lynette.hanson@wisconsin.gov Vaccines will be shipped to the health department directly via McKesson Specialty Distribution Co.
   c. When vaccines are received, immediately:
      1. Check temperature, shelf life, and condition of each package.
      2. Check quantities, lot numbers, and expiration dates against invoice.
      3. Place varicella and zostavax vaccines in freezer and all other vaccines in refrigerator.
      4. Assure that vaccines with the earliest expiration dates are stored in front and used first.
      5. Accept VFC vaccine on WIR; clerical staff will be responsible.
      6. Designated office or PHN staff will be responsible when new vaccine shipments arrive.
      7. If there are any discrepancies between the invoice and what was actually received, call the Wisconsin Immunization Program immediately at (608) 267-5148. **The Immunization Program Must Report To McKesson, Within 1 Hour Of Receipt, Any Discrepancies.**

4. Procedures for vaccine relocation in the event of a power failure or mechanical difficulty
   a. Vaccines will be moved to an alternative site, designated as Rolling Hills Nursing Home, 14345 Co. Hwy B, Sparta, WI 54656

   b. Contact person at this site is: Mary Beth Hanson, Director of Nursing, (608) 269-8822.

   c. Vaccines will be packed by Pam Rainwater, RN, or designated PHN, according to set standards as follows:
      1. Styrofoam carrier or hard sided insulated transport container with cold packs with a Traceable Memory Monitoring Thermometers with Alarm included to monitor temperatures.

      2. Vaccines that must remain frozen should be heavily packed with ice packs along with a Traceable Memory Monitoring Thermometers with Alarm to monitor temperatures. Track the time this vaccine was out of the freezer.

      3. Vaccines may also be transported in commercial transport carriers that maintain recommended storage temperatures (e.g. VAXI-COOL).

      4. Vaccines will be transported by Pam Rainwater, RN, or designated PHN, for delivery to the location listed above if equipment fails or if power outage occurs.

5. Required Training
   Designated public health nurse (PHN) will attend required annual VFC training. Secondary to training, designated PHN will provide clerical staff and other PHNs with updates (from annual training) on vaccine management including storage and handling. Training must be documented in ..\..\..\..\..\0 D8 Competent Workforce\8.2 Assess staff competencies & address needs\8.2.1 Workforce dev plan & competency activities\Training Documentation\staff development log book.xls

6. Policy Review

   This vaccine management plan must be reviewed annually. If changes occur i.e., staff changes or program updates, the plan will be reviewed accordingly regardless of the previous review date.

Date	Approved	Reviewed	Revised	SIGNATURE (NAME/TITLE)
5/9/14			X	Ann Anderson, RN
5/22/14			X	Ann Anderson, RN
5/27/14		X		Sharon L Nelson
3/13/15			X	Ann Anderson, RN
5/1/15			X	Ann Anderson, RN
8/12/15			X	Pamela J. Kuiswater, RN, Jennifer Pederson, RN

Author/Date: Ann Anderson/5-1-15

Review Frequency: Annually

\\MCIS-IS-SAN\Health\Data\HS-ACCREDIT\0 D11 Admin-Mgt Capacity\11.1 Operational infrastructure\11.1.1 Policies & Procedures - operations\PH Policies\BOH Revd-Approved\Creating P & P