Regular Meeting of the Health and Human Services Board

DATE:          Monday, May 11, 2015
TIME:          8:30 a.m.
PLACE:         Room – 017 Courthouse Basement

AGENDA

1. Was the meeting properly announced?
2. Roll Call and Introductions
3. Pledge of Allegiance
4. Approval of May 11, 2015, Health & Human Services Board Agenda and April 13, 2015, Health and Human Services Board Minutes
5. Public Participation
6. Report of Committee Members
   a. Reports of Official Meetings Held in Past Month
   b. Upcoming Events
      i. WCHSA Spring Conference-May 13-15, 2015, Registration due April 20, 2015
      ii. WALHDAB Northeast Region Meeting-May 14, 2015
      iii. WPHA-WALHDAB Annual Conference-May 19-21, 2015, Registration due April 19, 2015
7. Communication
8. Report of the Health and Human Services Department
   a. Introductions and Hiring/Staffing Updates
   b. Home Health Care State and Federal Survey
9. Items for Action or Discussion from Health and Human Services Department
   a. PUBLIC HEALTH: Approval/Affirmation of Public Health Policies
   b. HOME HEALTH CARE: Medical Supervision and Physician Orders
   c. HOME HEALTH CARE: Wound Care Policy and Procedure
10. Set next meeting date
11. Adjournment

So as not to disturb the meeting, all cell phones must be placed on vibrate and all calls taken outside the meeting room.

Any person wishing to attend who, because of a disability, requires special accommodation, should contact the (name of Department and phone number where they may call) at least twenty-four (24) hours before the scheduled meeting time so appropriate arrangements can be made.

This is a public meeting. As such, all members or a majority of the members of the County Board may be in attendance. While a majority of the County Board members, or the majority of any given County Board Committee may be present, only the above committee will take official action based on the above agenda.
TITLE: Prenatal Care Coordination (PNCC)

PURPOSE STATEMENT:
To assure women enrolled in the PNCC program receive adequate and appropriate services to improve birth outcomes.

POLICY:
The goal of PNCC is to improve birth outcomes. The main objectives for obtaining this goal include ensuring that women: are identified as early as possible in their pregnancy (especially if high risk), receive individual psychosocial support and services, receive early and continuous prenatal care services, receive necessary health and nutrition education, are referred to available community services, as appropriate, and receive assistance in accessing and obtaining needed health and social services. PNCC will help a recipient and the recipient’s family (when appropriate) gain access to medical, social, educational, and other services related to the recipient’s pregnancy. PNCC services are available to any pregnant woman through the first 60 days following delivery of the infant. PNCC services include all of the following:

- Outreach
- Initial Assessment
- Care Plan Development
- Ongoing care coordination and monitoring
- Health education and nutrition counseling

PERSONS AFFECTED:
PNCC Clients
Public Health Nurses

REFERENCES:

LEGAL AUTHORITY:

PUBLIC HEALTH ESSENTIAL SERVICE:
Monitor the health status of populations to identify and solve community health problems.
Inform and educate individuals about health issues.
Develop policies and plans that support individual and community health efforts.
Link individuals to needed personal health services.
Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
PROCEDURE TITLE: Prenatal Care Coordination (PNCC)

TITLE: Prenatal Care Coordination

PURPOSE STATEMENT:
To assure women enrolled in the PNCC program receive adequate and appropriate services to improve birth outcomes.

WHO PERFORMS ACTIVITIES:
PNCC Clients
Public Health Nurses

PROCEDURE:

Referral
- Referrals will be accepted from a variety of community health care/service providers, such as clinics, human services, WIC, clergy, family or client.
- Clients may refer themselves for PNCC services.
  - A public health nurse (PHN) will contact the individual within 10 working days of receipt of a referral for PNCC services.
  - Attempt to contact potential client in WIC clinic or by phone to schedule first appointment.
  - If the client does not respond after two phone calls, send letter offering PNCC information and services.

Assessment/Enrollment
- Make a face-to-face contact with the client. If possible, schedule the initial assessment within 10 working days after the request for service by a pregnant woman, or after receiving a referral.
- The PNCC RN and client will determine the appropriate site for visitation: telephone, text message, email, office, home, school, or other site where PNCC services are to be rendered.
- Administer the pregnancy questionnaire to determine the needs and strengths of the potential client, unless the client objects to a particular section or question.
- Screen all clients for alcohol, tobacco, and/or drug use at initial contact.
  - Complete First Breath enrollment if PNCC client is a smoker
  - Complete My Baby and Me questionnaire and enroll in program if client has recently stopped drinking, wants to stop drinking, or wants to significantly reduce her alcohol consumption.
• Assess for depression at initial contact, using a standardized depression screening tool-Edinburgh Postnatal Depression Scale (EPDS).
• Schedule an in person visit with client in 30 days or less after initial pregnancy questionnaire has been completed.
  o Review and finalize the risk assessment in a face-to-face contact with the potential client.
  o If the potential client is not interested in receiving services, try to determine the reason, document that services were declined, and inform the client that she may resume PNCC during her pregnancy if she desires. Also, document that the client received a written copy of the health department’s address and phone number, and encourage calling if she changes her mind about receiving services.
• The client will be asked to sign an Informed Consent for Disclosure of Patient Health Care Information for the health care provider. This form is combined with a letter to the health care provider to notify him or her that the client will be receiving PNCC services from Calumet County Public Health.
• Provide the client with a copy of the Notice of Privacy Practices and have client sign the Notice of Privacy Practices Form.
• Client contact visits (face-to-face or collateral) will be made on an as needed basis. Documentation of all visits should be completed. Such visits include:
  o Face-to-face and telephone contacts with the client
  o Face-to-face and telephone contacts with collaterals

Care Plan
• The PHN will complete an individualized care plan with the client. Clients are expected to participate in the development of the care plans. The care plan will include:
  o Identification and prioritization of all risks found during the assessment;
  o Identification and prioritization of all services to be arranged for the client;
  o A description of the recipient’s informal support system, including collaterals and any activities planned to strengthen it;
  o Identification of individuals who participated in the development of the care plan;
  o Arrangements for, referrals for, and frequency of various services available to the recipient and the expected outcome for each service component;
  o Documentation of unmet needs and gaps in service (for example, indicate that the service need is not available in the area); and
  o The recipient’s responsibilities in the plan’s implementation.
• Once the care plan is developed, the client will sign and date it.

Ongoing Care Coordination and Monitoring
• Education and ongoing monitoring will be provided as identified on pregnancy questionnaire and/or care plan.
• Client visits will be made every 30 days or more frequently based on individual need. Visits can be completed in office or in client’s home.
• Provide clients with information on community resources and programs, and help them gain access to needed services.
• Make referrals as needed.
• Review and update the care plan every 60 days or sooner if the client’s needs change.
  o Determine which services identified in the care plan have been or are being delivered.
  o Determine if the services are adequate for the recipient’s needs
- Provide supportive contact to ensure that the client is able to access services, is receiving services, or is engaging in activities specified in care plan
- Identify changes in the client’s circumstances that would require an adjustment in the care plan

Prenatal Services

- Psychosocial Services
  - Psychosocial refers to those concerns about relationships and support systems, fears about personal safety of other family members, fears about past or current physical or substance abuse, depression or other mental health problems, worries about ability to meet basic needs for food and shelter, and significant stress about ability to cope with current pregnancy.
  - Reassess client’s psychosocial risk status at least once each trimester and update care plan as necessary.
  - Services are provided to assist the pregnant women in:
    - Resolving relationship problems that may adversely affect her health and outcome of her pregnancy
    - Identifying and accessing other services that will support her efforts to maintain a healthy pregnancy, continue positive health behaviors, and provide a safe home for herself and her children
    - Understanding and dealing with the social-emotional aspects of pregnancy and parenting
    - Evaluating behaviors that may interfere with having a healthy pregnancy and infant, such as substance abuse, poor nutrition, and high-risk sexual behavior
  - Assist client in accessing and appropriately using the health care delivery system. Ensure client can:
    - Identify her primary/ob/gyn provider and has their phone number and address
    - Knows proper procedure for obtaining medical information or care after hours
    - Knows when to use hospital ER
    - Knows how to schedule, reschedule, and cancel appointments
  - Refer client for counseling and support in the grief process when there is an early pregnancy loss (before 20 weeks)
  - If client desires to have an elective abortion, refer to appropriate medical provider counseling
  - Refer clients with complex psychosocial needs to additional community or mental health services

- Health Education
  - Health education and nutrition counseling is provided in a face-to-face setting with the client.
  - Provide basic and in-depth (if necessary) health education and nutrition information
    - Ensure information is easy to understand
    - Culturally appropriate
    - Shared in a non-judgmental/non-threatening manner
    - Intent of providing basic information about pregnancy is to help client positively adjust to her new condition
  - Assess knowledge and understanding of basic nutrition and dietary practices and how these factors could affect the pregnancy outcome for both the mother and the baby.
  - Refer those with more intensive nutritional-related needs to a dietitian if necessary.
  - Assess client’s knowledge and understanding of medical status and health practices and the impact on pregnancy outcome. Reassess the client periodically and provide ongoing education as necessary.
  - Provide or refer clients for in-depth health education services if necessary
Ensure that the interventions address those high risk medical conditions and behaviors that can be alleviated or improved through education

Assess clients for tobacco, alcohol, and/or drug use at every visit.

- All clients who report use during pregnancy will receive education, referral, and follow-up services.
- Women who use tobacco during pregnancy should be offered and enrolled in the First Breath program for education, assistance, and support to stop tobacco use.
- Women who report alcohol use during pregnancy should be offered and enrolled in My Baby and Me for education, assistance, and support to stop alcohol use.

Monitor to ensure client has a primary medical provider in the first trimester, and is taking prenatal vitamins

Assess for depression at initial contact, once a trimester thereafter, and once during the postpartum period (after two weeks postpartum) at a minimum, using a standardized depression screening tool-Edinburgh Postnatal Depression Scale (EPDS).

- Make a referral to a medical provider for all clients identified as at high risk for depression, and follow-up on that referral within 2 weeks.

Reproduction life plans will be discussions will be initiated in the third trimester or prior.

- Ensure client has chosen her primary method of birth control and has a plan for continuation of those services.

Assess client’s plans regarding feeding of infant.

- Provide breastfeeding education if necessary.

Postpartum Services

- PNCC services can continue during the first 60 days postpartum. At least one contact with the client will be made during the 60-day postpartum period.

- Encourage the client to choose a primary care provider for the baby
  - Assist in obtaining information about providers if necessary
  - Inform the client of the importance of immunizations and well-child checkups for the baby
  - Assist with making appointments, if needed

- If client has a stillbirth or there is a sudden, unexpected infant death, refer the client to counseling and support.

- Refer the client for additional support and assistance in learning how to care for her child if the child is identified as having a special health care need, or a medical risk condition (prematurity, low birth weight).

- Assess client’s knowledge and understanding of basic postpartum care. Provide information as necessary. Include the following topics:
  - Personal hygiene
  - Nutrition during breastfeeding, including the influence of tobacco, alcohol, and other drugs or nutrition if formula feeding
  - Guides to successful breastfeeding, breast care, and routine self-breast checks
  - Physical activity
  - Recognition of minor gynecologic problems
  - Family planning
  - Prevention of sexually transmitted infections
  - Continuity of basic primary and reproductive care

- Assess mother’s interpersonal relationship with the infant, including strengths, weaknesses, support system, social environment, stresses, and attitude toward infant and past experiences with parenting.

- Assess knowledge and understanding of appropriate newborn care and feeding practices and how these factors affect growth and development. Provide information and make referrals as appropriate.
- Infant’s hunger and fullness cues
- Infant nutrition and appropriate feeding practices
- Successful breastfeeding
- Food and/or formula preparation and storage
- Bathing, skin and cord care, diaper rash prevention
- Normal growth and development
- Taking infant’s temperature, treatment of nausea, vomiting, dehydration, and fever
- Infant nurturing and stimulation
- Effect of secondhand smoke on infant
- Injury prevention and safety, including car seats, falls, poisoning, choking and safe sleep
- Appropriate use of infant’s primary health care providers versus the emergency room

- Assess knowledge of steps involved in obtaining appropriate and reliable child care
  - Provide information or refer the client for assistance if deficiencies are found in the following areas:
    - Knowledge regarding available resources for checking provider references
    - Evaluating child care settings for safety
    - Appropriate monitoring of the child care provider
    - Reporting suspected child abuse or neglect by the child care provider

- Provide breastfeeding information and access to local support during early postpartum.
- Assess for depression during the postpartum period (after two weeks postpartum), using a standardized depression screening tool - Edinburgh Postnatal Depression Scale (EPDS).
- Refer women who require services beyond the 60 day postpartum period to other community resources before discharge from the PNCC program.
  - PHN may complete home visits to implement Bright Futures and Ages and Stages to monitor the child.

RELATED POLICY
Prenatal Care Coordination (PNCC)
POLICY TITLE: Policy and Procedure Development and Review

PURPOSE STATEMENT:
Policies and procedures are reviewed and updated annually, to remain appropriate and applicable. New evidence-based practices can be considered, with assurance that all staff has ready access to the most current version of policies and procedures.

POLICY:
Calumet County Public Health will assure that all policies and procedures are readily accessible to all staff and that each is reviewed annually.

PERSONS AFFECTED:
Public Health Staff

REFERENCES:

LEGAL AUTHORITY:

PUBLIC HEALTH ESSENTIAL SERVICE:
Develop policies, plans, and programs that support individual and community health efforts.
Assure a competent public health workforce.
Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
PROCEDURE TITLE: Policy and Procedure Development and Review

TITLE: Policy and Procedure Development and Review

PURPOSE STATEMENT:
Policies and procedures are reviewed and updated annually, to remain appropriate and applicable. New evidence-based practices can be considered, with assurance that all staff has ready access to the most current version of policies and procedures.

WHO PERFORMS ACTIVITIES:
Public Health Staff

PROCEDURE:
1. New policies and procedures will be developed by the staff assigned to the program.
2. New policies and procedures will be presented to the Health and Human Services Board. The Health and Human Services Board Chair shall sign each policy and procedure upon approval.
3. Existing policies and procedures will be reviewed annually by the public health nurses.
   a. Policies and procedures A-F will be reviewed in the first quarter of the year.
   b. Policies and procedures G-K will be reviewed in the second quarter of the year.
   c. Policies and procedures L-Q will be reviewed in the third quarter of the year.
   d. Policies and procedures R-Z will be reviewed in the fourth quarter of the year.
4. Substantive changes to the policies would need to be approved by the Health and Human Services Board.
5. All policies and procedures will be accessible to all staff on the agency shared drive. This method will facilitate rapid access to the most current policies, without the risk of staff referring to an outdated hard copy policy that was inadvertently kept.
6. Public health nursing staff will sign Policy and Procedure Review Tracking Form (Attachment A), upon review of all policies and procedures.
7. Policies and procedures removed from use will be stored for 7 years from date of removal.

RELATED POLICY:
Policy and Procedure Development and Review
# Policy and Procedure Review Tracking Form

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POLICY TITLE: Sexually Transmitted Infection (STI) Investigation Policy
EFFECTIVE DATE: 7/14/2014
DATE REVIEWED/REVISED:
AUTHORIZED BY: Calumet County Health and Human Services Board

Health and Human Services Board Chair

Date

TITLE: Sexually Transmitted Infection Investigation Policy

PURPOSE STATEMENT:

1. To assure early detection of, and effective response to, sexually transmitted infections.
2. To reduce incidence of sexually transmitted infections.
3. To provide epidemiological follow-up on all reportable sexually transmitted infections.
4. To provide education on disease prevention to individuals and the community.
5. To observe and report trends in sexually transmitted infection rates.

POLICY:

In collaboration with the communicable disease section of the Wisconsin Division of Public Health, Calumet County Health Division executes the requirements described in Chapter 252 Wisconsin statutes regarding the reporting, surveillance, and control of communicable diseases, including sexually transmitted infections. Sexually transmitted infections are considered to have a significant public health impact, and any confirmed or suspected cases of gonorrhea, chlamydia, and syphilis must be reported promptly. Gonorrhea, chlamydia, and syphilis must be reported to the local health department by either mail or fax, or the Wisconsin Electronic Disease Surveillance System (WEDSS) within 72 hours upon recognition of a case or suspected case. Follow-up is completed for all confirmed cases of gonorrhea, chlamydia, and syphilis.

PERSONS AFFECTED:
Public Health Nurses (PHN)

REFERENCES:

Wisconsin Department of Health Services

EpiNet Manual, State of Wisconsin, Department of Health Services, Communicable Disease Section:
http://www.dhs.wisconsin.gov/Communicable/index.htm

LEGAL AUTHORITY:
DHS 145.15
DHS 145.04 (3) (b)
DHS 252.05

PUBLIC HEALTH ESSENTIAL SERVICE:
Monitor the health status of populations to identify and solve community health problems
Investigate and diagnose community health problems and health hazards.
Develop policies, plans, and programs that support individual and community health efforts.
Enforce statutes and rules that protect health and ensure safety.
Inform and educate individuals about health issues.
Link individuals to needed personal health services.
PROCEDURE TITLE: Sexually Transmitted Infection (STI) Investigation Procedure  
EFFECTIVE DATE: 7/14/2014  
DATE REVIEWED/REVISED:  
AUTHORIZED BY: Calumet County Health and Human Services Board

TITLE: Sexually Transmitted Infection Investigation Procedure

PURPOSE STATEMENT:
STIs are considered to have a significant public health impact; any confirmed or suspected cases of gonorrhea, chlamydia, and syphilis must be reported promptly.

WHO PERFORMS ACTIVITIES:
Public Health Nurses (PHN)

PROCEDURE:
Calumet County Health Division encompasses both passive disease surveillance (from provider reports) and active disease surveillance (initiating contact to search for possible cases). Calumet County Health Division maintains a surveillance system, including:

- Supporting training of staff to accurately and efficiently use the Wisconsin Electronic Disease Surveillance System (WEDSS).
- Receiving, evaluating, and transmitting completed reports to the state epidemiologist.
- Investigating each sexually transmitted infection reported to gather epidemiologic and laboratory data for local, state, and national surveillance.
- Conducting a detailed follow-up as noted in the Control of Communicable Diseases Manual to prevent future cases, identify contacts, and prevent further transmission.
- Consulting with the state epidemiologist or other Division of Public Health staff whenever any unusual circumstances occur or to help answer questions.
- Implementing control measures for specific diseases consistent with measures recommended by the state epidemiologist.

1. Upon diagnosis of a sexually transmitted infection, the clinic/lab/provider will complete a DOH 44243 or 44151 form and fax or mail it to the Calumet County Health Division or submit electronically via Wisconsin Electronic Disease Surveillance System (WEDSS).
2. The DOH 44243/44151 will be given to the health supervisor for review. Case follow-up will be delegated to a public health nurse (PHN). If received electronically, the local WEDSS system administrator will assign the case to a PHN to initiate follow-up.

- Syphilis responders should be reported to the State of Wisconsin Division of Public health for follow-up to state epidemiologist assigned to syphilis cases.

3. If the lab/clinic/provider calls with a report and does not send a DOH 44243/44151, health department staff will enter the data into WEDSS.

4. The nurse will verify that the patient has been notified of the disease by calling the physician’s office or by information entered into WEDSS by the physician’s office.

5. Phone contact at home or work is attempted within the first week. Phone calls are made at different times of the day, including evening if necessary. Two attempts will be made by phone calls at different times of the day, if unable to reach with first attempt.

6. If unable to reach client by telephone, a letter should be sent asking the client to contact the PHN.
   - STI form letter 1 first notice (Appendix 1) will be mailed in a typed security envelope, address service requested specified, along with a fact sheet.
   - If client does not contact PHN within one work week, STI letter 2 (Appendix 2) will be sent in a typed security envelope.

7. Text messaging is a viable option for disseminating information or asking clients to contact the PHN. Clients between the ages of 14-24 are a demographic that uses text as a main form of communication.
   - Initially attempt to contact client (contact the school, voicemail).
   - Begin texting client if unable to contact through voicemail.
   - Before sending a text message confirm the phone is a cell phone and it belongs to the client. A method to assure it is a cell phone is by completing a reverse telephone number search online.
   - Send a text after 2 unsuccessful phone messages. If no response from texts send letters.
     - Sample first text message: “I’m [insert name] from public health. Call [insert number].”
     - Sample second text message: “[Insert name] again, really important. Call [insert number].”
   - It is likely that after a text is sent to the client they will text back wanting to know more information. At this point send another text back stressing that they call and we will give them the information.
     - Sample response text: “Public health, private health info, need to talk, call [insert number].”
   - Send a maximum of 2 text messages.

8. If no response after two weeks, consider a face to face contact/visit. Discretion and confidentiality will be used. The threat of disease communicability to the public will dictate degree of investigation. If the patient is school age, a visit will be made to the school of attendance. The guidance counselor at the school of attendance can assist with a confidential arrangement of meeting with the student.

9. When case is reached:
   a. Public health nurse identifies self
   b. Verify client’s birthday
   c. Reinforce confidentiality and define public health role in the prevention and follow-up of STIs.
   d. Verify awareness of diagnosis and that treatment is in process or completed.
e. The public health nurse answers any questions the case may have about the disease.
f. The public health nurse completes all interview questions required on WEDSS. Refer to EpiNet for case follow-up.
g. Educate
   i. Causes and treatment of infection
   ii. Prevention of STIs
   iii. Persons diagnosed with STI should be referred for HIV testing.
   iv. Hepatitis B, hepatitis A, human papillomavirus, and tetanus immunizations are recommended for all persons diagnosed with an STI.
   v. The PHN will offer to send the client a copy of the Wisconsin DHS communicable disease fact sheet for the specific disease.
   vi. Chlamydia and gonorrhea: Clients should abstain from sexual intercourse for 7 days after single dose therapy or until completion of a 7 day regimen. To minimize the risk of infection, client should abstain from sexual intercourse until all of their sex partners are treated.
h. The public health nurse obtains sexual contacts names, addresses, and any other identifying information the patient can provide. Confidentiality of source case is assured.
i. The interview period is 60 days from onset of symptoms, or for asymptomatic cases, 60 days from date of treatment. If no partner in past 60 days, last known sex partner should be referred for evaluation and treatment.

10. The public health nurse notifies contacts of exposure to an STI.
a. Notifies contacts within Calumet County. Non-county residents, or those not residing within Calumet County Health Division jurisdiction are forwarded to the appropriate health department, electronically in WEDSS or using CDC field record form 73.2936S. A courtesy call should be provided to the appropriate health department, to notify of contact.
b. When no address or phone number is available for a contact, information may be obtained from such sources as probation and parole, county jail, family support, or the sheriff’s department.
c. Encourage contact to see a medical provider for testing.

11. If the client does not respond after two written letters (Letter 1 & Letter 2), the case will be closed in WEDSS, per PHN discretion.

12. Incident completion:
   a. Complete case investigation tab, update process status, resolution status and final disposition after follow-up completed.
   b. Area PHN will email case number to supervisor for review
   c. Supervisor will send final report to State.

RELATED POLICY:
Communicable Disease Investigation and Control
Sexually Transmitted Infection Investigation
POLICY TITLE: Community Sharps Disposal Program

TITLE: Community Sharps Disposal Program

PURPOSE STATEMENT:
Safe disposal of sharps used outside of health care settings is important for many reasons. Research has documented that syringes remain infectious for prolonged periods. Safe disposal programs reduce sharing of syringes, reduce circulation time of syringes, reduce percentage of contaminated syringes in circulation, and reduce risk of exposure/needle stick injuries. Improperly disposed syringes and other sharps are hazardous; promoting safe disposal is a public health issue.

POLICY:
Calumet County Health Division will provide a community collection site for sharps in Calumet County. Sharps are medical equipment or clinical laboratory items that may cause punctures or cuts, such as syringes with attached needles, lancets, and scalpel blades. Used (contaminated) and even unused or disinfected items are “sharps.” Calumet County residents can drop off full sharps containers and receive an empty container. All disposal services are free of charge.

PERSONS AFFECTED:
Community
Health Division Staff

REFERENCES:

LEGAL AUTHORITY: Wisconsin § 287.07

PUBLIC HEALTH ESSENTIAL SERVICE:
Develop policies, plans, and programs that support individual and community health efforts.
Enforce statutes and rules that protect health and ensure safety.
Link individuals to needed personal health service.
PROCEDURE TITLE: Community Sharps Disposal Program

EFFECTIVE DATE: January 9, 2008
DATE REVIEWED/REVISED:
AUTHORIZED BY: Calumet County Health and Human Services Board

____________________________________________  ______________________________
Health and Human Services Board Chair  Date

TITLE: Community Sharps Disposal Program

PURPOSE STATEMENT:
Safe disposal of sharps used outside of health care settings is important for many reasons. Research has documented that syringes remain infectious for prolonged periods. Safe disposal programs reduce sharing of syringes, reduce circulation time of syringes, reduce percentage of contaminated syringes in circulation, and reduce risk of exposure/needle stick injuries. Improperly disposed syringes and other sharps are hazardous; promoting safe disposal is a public health issue.

WHO PERFORMS ACTIVITIES:
Community
Health Division Staff

PROCEDURE:
Containers will be accepted from any Calumet County resident during courthouse hours at the public health office. Calumet County residents can drop off full sharps containers and receive an empty container. All disposal services are free of charge.

Sharps should be put into rigid puncture-resistant containers with secure lids or caps.

Acceptable containers included commercially available sharps containers or thick-walled plastic detergent or bleach bottles with screw tops. Unacceptable containers include coffee cans (the lids are too easily punctured), plastic milk jugs, aluminum cans, soda bottles and plastic or paper bags.

The container should be visibly labeled with the words “biohazard,” “infectious waste,” or “sharps,” with the biohazard emblem. If the sharps are in a recyclable container, it could be labeled “do not recycle,” as well.

Staff collecting sharps must ensure that the sharps are safely handled. When receiving a container from the public staff should:
- Ensure containers are brought properly sealed and labeled.
- Handle containers safely and as little as possible. Never open sharps containers. Make sure container is closed securely; check for cracks in the body of the container.
- If staff is transporting sharps (i.e. from home care client), put sharps in an enclosed portion of vehicle (i.e. trunk).
- Staff must never hold a sharps container while a participant is placing used syringes and/or associated sharps into it.
- If a participant has sharps in an inappropriate container (plastic bags, boxes, etc), give participant a clean sharps container in which to place the sharps.
- Carry container to the storage area and place in pick-up box.

When distributing a container to general public instruct on the following:
- For hazardous sharps only.
- Return when ¾ full.
- Do not attempt to open container.
- Store out of sight of children.
- Close lid completely when returning container.
- Return in a plastic bag during courthouse hours.

RELATED POLICY:
Community Sharps Disposal Program
POLICY TITLE: Communicable Disease Investigation and Control
EFFECTIVE DATE: 06/13/2011
DATE REVIEWED/REVISED: 7/14/2014
AUTHORIZED BY: Calumet County Health and Human Services Board

TITLE:
Communicable Disease Investigation and Control

PURPOSE STATEMENT:
To guide staff in timely reporting of suspect and confirmed cases of communicable disease by accessing various services and resources that are available for persons with suspect or active disease; assure detection of, and effective response to communicable disease; reduce incidence of communicable diseases including foodborne, waterborne, and vaccine preventable diseases; to observe and report trends on communicable disease; and to recognize when a communicable disease event rises to the level of a public health emergency and triggers the Public Health Emergency Plan (PHEP).

POLICY:
In collaboration with the communicable disease section of the Wisconsin Division of Public Health, Calumet County Health Division executes the requirements described in Wisconsin statutes Chapter 252 regarding the reporting, surveillance, and control of communicable diseases. These responsibilities are accomplished through the cooperative efforts of hospital infection control personnel, health care providers, local health departments and the Wisconsin State Laboratory of Hygiene.

PERSONS AFFECTED:
All public health staff and designated Wisconsin Electronic Disease Surveillance System (WEDSS) trained office staff.

REFERENCES:
Acute and Communicable Disease Case Report Form F-44151 or STD Case Report Form F-44243


State epidemiologist and/or regional consultants as necessary

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Wisconsin DHS Administrative Code Chapter 145

Wisconsin § Chapter 252

Wisconsin Electronic Disease Surveillance System (WEDSS) at [https://wedss.wisconsin.gov/webvcmr](https://wedss.wisconsin.gov/webvcmr)

**LEGAL AUTHORITY:**
Wisconsin DHS Administrative Code Chapter 145
Wisconsin § Chapter 252

**PUBLIC HEALTH ESSENTIAL SERVICE:**
Monitor the health status of populations to identify and solve community health problems.
Investigate and diagnose community health problems and health hazards.
Inform and educate individuals about health issues.
Enforce statutes and rules that protect health and ensure safety.
Link individuals to needed personal health services.
PROCEDURE TITLE: Communicable Disease Investigation and Control
EFFECTIVE DATE: 06/13/2011
DATE REVIEWED/REVISED:
AUTHORIZED BY: Calumet County Health and Human Services Board

Title:
Communicable Disease Investigation and Control

PURPOSE STATEMENT:
To guide staff in timely reporting of suspect and confirmed cases of communicable disease by accessing various services and resources that are available for persons with suspect or active disease; assure detection of, and effective response to communicable disease; reduce incidence of communicable diseases including foodborne, waterborne, and vaccine preventable diseases; to observe and report trends on communicable disease; and to recognize when a communicable disease event rises to the level of a public health emergency and triggers the Public Health Emergency Plan (PHEP).

WHO PERFORMS ACTIVITIES:
All public health staff and designated Wisconsin Electronic Disease Surveillance System (WEDSS) trained office staff.

PROCEDURE:

**Reporting, Investigation, and Follow-up**

1. Upon diagnosis of a reportable communicable category 1 or 2 disease, the clinic/lab/provider (reporter) will complete the information in WEDSS and submit it electronically to the Calumet County Health Division, or complete the DOH 44151 form and fax or mail it.
   a) Category 1 suspect or confirmed diseases must be reported immediately by telephone or fax to the local health department. In addition to the immediate report, within 24 hours, complete and submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax, using an Acute and Communicable Disease Case Report (F-44151).
   b) Category 2 diseases must be reported to the local health department (LHD) within 72 hours.

2. Per telephone call: office staff will refer to area public health nurse (PHN) or any public health nurse available.
   a) Paper report is entered into WEDSS data system by WEDSS trained designated office staff (DOS) or PHN.
   b) If the report arrives by fax or U.S. mail, the support staff with deliver it to the assigned PHN.
   c) If a reporter calls with a report, the call will be given to a PHN. The report will be entered into WEDSS by DOS or PHN.

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3. The PHNs or DOS will review the staging area of WEDSS at least twice daily (AM and PM), and accept cases based on the jurisdiction of the PHN.

4. Category 1 disease investigation should start immediately as the report is received.

5. Category 2 disease investigation should begin on the day it is received or as soon as possible, dependent on agency circumstances, but should begin within 72 hours.

6. Staging notes:
   a) Import web report first, then attach the electronic lab report to incident. For hard copy 44151/44243, if lab is in staging, either enter as new person/incident in search or import as a new person/incident from lab in staging.
   b) Always check for prior incident or middle initial, phone number or other matching demographic information. Call ordering MD office if needed. Check date of previous incident to determine if same disease or new, especially with STIs.
   c) The supervisor or assigned PHN can/will assign case to area PHN.

7. Jurisdiction Review - Incidents that are imported from staging, sent by other LHD, or entered by DHS:
   a) Set filter to “Calumet” jurisdiction and status “new”
   b) To change jurisdiction from Calumet-update address if appropriate, change the process status to “new”, and then change from Calumet to the name of the new jurisdiction.

8. Investigation and follow-up of incidents will be completed utilizing the most current resources, including EpiNet, Control of Communicable Disease Manual or telephone call to DHS epidemiologist assigned to disease. Required forms for each disease incident are formatted into WEDSS and can be filled out electronically. A detailed follow-up will be conducted to prevent future cases, identify the etiologic agent, and identify the mode of transmission. Control measures will be implemented for specific diseases as recommended by the state epidemiologist.

9. The Calumet County Health Division may submit specimens to the Wisconsin State Laboratory of Hygiene (WSLH) for analysis in the epidemiological investigation accordance with the guidelines established by the WSLH. A stock of appropriate lab supplies will be kept on hand and rotated as needed.

10. The PHN will generally attempt to contact the client or parent/guardian via telephone.
    - Any information needed to still complete required WEDSS forms will be obtained at this time.
    - The individual will be instructed regarding treatment, prevention, and the potential source of the infection.
    - Any questions the individual may have will be addressed.
    - The PHN will offer to send the client a copy of the Wisconsin DHS communicable disease fact sheet for the specific disease.
    - Refer contacts for medical care as needed.

11. The PHN will attempt to contact the client by phone. Two attempts will be made by phone calls at different times of the day, if unable to reach with first attempt.
    a) If unable to reach client by telephone, a letter should be sent asking the client to contact the PHN.
• Form letter 1 first notice (Appendix 1) will be mailed in a typed security envelope, address service requested specified, along with a fact sheet.
• If client does not contact PHN within one work week, letter 2 (Appendix 2) will be sent in a typed security envelope.

b) Schools can be utilized to follow-up on disease incidents with students, while maintaining patient confidentiality.

c) Text messaging is a viable option for disseminating information or asking clients to contact the PHN. Clients between the ages of 14-24 are a demographic that uses text as a main form of communication.
• Initially attempt to contact client (contact the school, voicemail).
• Begin texting client if unable to contact through voicemail.
• Before sending a text message confirm the phone is a cell phone and it belongs to the client. A method to assure it is a cell phone is by completing a reverse telephone number search online.
• Send a text after 2 unsuccessful phone messages. If no response from texts send letters.
  o Sample first text message: “I’m [insert name] from public health. Call [insert number].”
  o Sample second text message: “[Insert name] again, really important. Call [insert number].”
• It is likely that after a text is sent to the client they will text back wanting to know more information. At this point send another text back stressing that they call and we will give them the information.
  o Sample response text: “Public health, private health info, need to talk, call [insert number].”
• Send a maximum of 2 text messages.

d) If no response after two weeks, consider face to face contact/visit. Discretion and confidentiality will be used. The threat of disease communicability to the public will dictate degree of investigation.

e) If the client does not respond after two written letters (Appendix 1 & Appendix 2), the case will be closed in WEDSS, per PHN discretion.

f) Issues letter of exclusion as appropriate (Appendix 3).

12. Incident completion:
  a) Complete case investigation tab, update process status, resolution status and final disposition after follow-up completed.
  b) Area PHN will email case number to supervisor for review
  c) Supervisor will send final report to State.
Help Desk: DHSWEDSS@wisconsin.gov
1-866-335-2180

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6 of 8
**Disease Surveillance**

**Active**
1. If Calumet County Health Division receives a higher than usual number of reports for a given disease, enhanced surveillance will be initiated to determine if the cases are related.

2. Consult with the state epidemiologist or other division of public health staff whenever any unusual circumstances occur or to help answer questions.

**Passive**
1. Calumet County Health Division will do the following activities to maintain a passive disease surveillance system:
   - Maintain electronic access to communicable disease report forms
   - Support training of staff to accurately and efficiently use WEDSS
   - Consulting with the health officer to determine when an outbreak rises to the level of a public health emergency requiring activation of the public health emergency plan (PHEP).

2. Activation of the PHEP should be considered when:
   - The situation is urgent in nature
   - The daily work of staff must be redirected to address the situation
   - The response will last more than one day.

**Disease Outbreaks**
1. Alert will be by fax or email if statewide; alert will be by telephone call, email, fax, actual (MD) office, laboratory, parent or infected person if regional or local.

2. Alert
   a) Fax information with a cover letter to local health care providers.
   b) Forward a copy of the alert to all public health nurses.

3. Actual-to declare an outbreak laboratory confirmation is needed. If a parent or infected person calls, find out where they were diagnosed and trace the case until a confirming laboratory test is found.
   a) Notify area public health nurse
   b) Pull information from Epinet and disease fact sheet.
   c) Contact the state epidemiologist
   d) State epidemiologist will determine process for investigation. Based on that information:
      1. Notify appropriate school if it is a school aged child, and appropriate for disease.
      2. Determine media contacts
      3. Notify local healthcare providers to inform them of the outbreak situation; be sure to include lab tests needed.
      4. Follow the instructions of the division of public health in implementing control measures. Submit specimens to the Wisconsin State Lab of Hygiene (WSLH) using the fee exempt status
      5. Prepare and submit an outbreak investigation report in collaboration with the division of public health.
   e) Prepare public education material
      1. Prep support staff to answer curiosity type questions
      2. Notify media as recommended by epidemiologist
   f) As information or reports are received, relay to state ASAP and follow their direction.
g) Notify the health officer, medical advisors, department head, and county administrator. Update the Northeast Regional office.

h) Determine whether the public health emergency plan (PHEP) should be activated.

i) Activate the public health emergency plan when instructed by the health officer.

**Record Retention**

1. Paper documentation will be stored for seven years, in a locked cabinet, following date of report, after which records will be destroyed by shredding.

2. Reports received and completed electronically by WEDSS will be stored through the Public Health Information Network (PHIN) and their policies. If paper documentation is electronically scanned into WEDSS, it does not need to be stored at the department.

**Quality Improvement and Evaluation**

1. Quarterly and annual statistics of reported diseases will be reviewed and analyzed.

2. The nursing supervisor will review WEDSS cases for returns and missing information needed and direct to delegated PHN

3. The Calumet County Health Division will report to the Board of Health at a yearly basis regarding communicable disease investigation, follow-up, control, and surveillance.

4. Program will be assessed annually for necessary procedural changes.

**RELATED POLICY:**

Communicable Disease Investigation and Control

STI Investigation
POLICY TITLE: Emergency Policy for Immunization Administration

EFFECTIVE DATE: 04/14/2014
DATE REVIEWED/REVISED:
AUTHORIZED BY: Calumet Health and Human Services Board

Health and Human Services Board Chair __________________________ Date __________________________

TITLE: Emergency Policy for Immunization Administration

PURPOSE STATEMENT: This policy is designed to provide guidance to Calumet County Public Health and Home Health Care/Hospice providers in the development of procedures regarding emergency medical protocol for management of adverse reactions following immunizations.

POLICY: Emergency Policy for Immunization Administration

PERSONS AFFECTED:
All public health and home health care/hospice staff

REFERENCES:
Policy and Procedure Manual-Immunization Program, Bureau of Communicable Diseases and Emergency Response, Division of Public Health, WI Department of Health Services P-07136 (December 2013)


LEGAL AUTHORITY:
Wisconsin Statutes Chapter 251.05, 252.04
Wisconsin Administrative Code and Regulation, Department of Health Services Chapter 146-Vaccine-Preventable Diseases

PUBLIC HEALTH ESSENTIAL SERVICE:
Develop policies, plans, and programs that support individual and community health efforts.
Assure a competent public health workforce.
PROCEDURE TITLE: Emergency Procedure for Immunization Administration
EFFECTIVE DATE: 04/14/2014
DATE REVIEWED/REVISED: 
AUTHORIZED BY: Calumet Health and Human Services Board

TITLE: Emergency Procedure for Immunization Administration

PURPOSE STATEMENT: Management of adverse reactions following immunizations.

WHO PERFORMS ACTIVITIES:
Public health and home health care nurses

PROCEDURE: All vaccines have the potential to cause an adverse reaction. To minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered. Even with careful screening, reactions can occur. These reactions can occur in varying degrees from mild to severe and life threatening. If reactions occur, staff should be prepared with procedures for their management.

1. Localized Reactions
   a. Soreness, redness, itching, or swelling at the injection site
   b. Slight Bleeding
   c. Continuous Bleeding

2. Psychological fright and syncope (fainting)
   a. Fright before injection is given
   b. Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness or visual disturbances
   c. Fall, without loss of consciousness
   d. Loss of consciousness

3. Anaphylaxis: The signs and symptoms of anaphylaxis can vary from a mild reaction involving the skin, to systemic reactions that can be fatal. Systemic anaphylaxis is the least common, most serious, and immediate reaction. The following are among the signs and symptoms that can be seen in a patient experiencing an anaphylactic reaction:
   a. Early markers of an impending anaphylactic reaction often include:
      i. A sense of restlessness and anxiety
      ii. Pounding headache
      iii. Feeling of warmth
b. Respiratory System
   i. Laryngeal edema (hoarseness, lump in throat, or a sense of swelling, tightness and a desire to scratch one’s throat)
   ii. Wheezing, coughing, sneezing and stridor
   iii. Rhinitis
   iv. Bronchospasm with wheezing
   v. Dyspnea which can lead to respiratory insufficiency and arrest
   vi. Cyanosis

c. Cardiovascular System
   i. Hypotension
   ii. Shock
   iii. Arrhythmia
   iv. Circulatory collapse
   v. Cardiac arrest

d. Skin
   i. Itching
   ii. Uticaria (hives)
   iii. Erythema (redness)
   iv. Angioedema (swelling of the lips, face, or throat)
   v. Pallor
   vi. Perspiration

e. Gastrointestinal system
   i. Nausea and vomiting
   ii. Diarrhea
   iii. Colic

Differentiating Between Anaphylaxis and Vasovagal Reaction:
The signs and symptoms of anaphylaxis that can be confused with a vasovagal reaction includes: pallor, sweating, bradycardia, nausea, and hypotension. Fainting may or may not occur. Skin changes and/or respiratory difficulty do not occur with a vasovagal reaction. It is most often evoked by emotional stress associated with fear or pain.

Management of localized reactions
1. Apply a cold compress to the injection site if soreness, redness, itching, or swelling occurs. Observe patient closely for the development of generalized symptoms.

2. If bleeding occurs, apply an adhesive compress over the injection site. For continuous bleeding place a thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient’s heart.

Management of psychological fright and syncope
Have the patient sit or lie down for the vaccination if frightened.

1. Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient’s face and neck.
2. After a fall, examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.

**Treatment of anaphylaxis**

1. If breathing difficulty is present or if anaphylaxis is occurring, the RN will stay with the patient and direct a second person to activate the emergency medical system (EMS; e.g., call 911). The second person should be instructed to state that an anaphylactic reaction is occurring, give the location of the client, and stay on the line to provide requested information. The primary nurse assesses the airway, breathing, circulation, and level of consciousness of the patient.

2. Drug Dosing Information:
   a. **First line treatment**: Administer epinephrine by needle and syringe. Administer epinephrine 1:1000 (aqueous): 0.01 mg (ml) per kg body weight subcutaneously or intramuscularly, up to 0.3 mg maximum single dose in children and 0.5 mg maximum in adolescents and adults. The usual dosage by weight is as follows:

   **First-Line Treatment: Epinephrine (the recommended dose for epinephrine is 0.01 mg/kg body weight)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Range of weight (pounds)</th>
<th>Range of weight (kilograms)</th>
<th>Epinephrine Dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 mg/mL injectable (1:1000 dilution)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IM Minimum dose: 0.05 mL</td>
</tr>
<tr>
<td>Infants and Children</td>
<td>1-6 months</td>
<td>9-19 lb</td>
<td>4-8.5 kg</td>
</tr>
<tr>
<td></td>
<td>7-36 months</td>
<td>20-32 lb</td>
<td>9-14.5 kg</td>
</tr>
<tr>
<td></td>
<td>37-59 months</td>
<td>33-39 lb</td>
<td>15-17.5 kg</td>
</tr>
<tr>
<td></td>
<td>5-7 years</td>
<td>40-56 lb</td>
<td>18-25.5 kg</td>
</tr>
<tr>
<td></td>
<td>8-10 years</td>
<td>57-76 lb</td>
<td>26-34.5 kg</td>
</tr>
<tr>
<td>Teens and Adults</td>
<td>11-12 years</td>
<td>77-99 lb</td>
<td>35-45 kg</td>
</tr>
<tr>
<td></td>
<td>≥13 years</td>
<td>≥100 lb</td>
<td>≥46 kg</td>
</tr>
</tbody>
</table>

   Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

   b. **Secondary treatment option**: For hives and itching, diphenhydramine may be administered either orally or by intramuscular injection; the standard dose is 1-2 mg/kg body weight, up to 30 mg maximum dose in children and 50 mg maximum dose in adolescents and adults. Diphenhydramine is supplied in either 12.5 mg/5 mL liquid, 25 and 50 mg capsule or tabs, or 50 mg/mL injectable.
**Secondary Treatment Option: Diphenhydramine (the recommended dose for diphenhydramine [Benadryl] is 1-2 mg/kg body weight)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Range of weight (pounds)</th>
<th>Range of weight (kilograms)</th>
<th>Diphenhydramine dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children</td>
<td>7-36 months</td>
<td>20-32 lb</td>
<td>9-14.5 kg</td>
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<td></td>
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<td>Teens and Adults</td>
<td>≥13 years</td>
<td>≥100 lb</td>
<td>≥46 kg</td>
</tr>
</tbody>
</table>

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

3. Maintain an unobstructed airway
   a. If the patient is an infant or small child, place flat on the back without a head support, keeping the neck straight and face looking upward. For a small infant, place a small folded towel under the infant’s shoulders. It is critical to maintain an open airway. Allow parents and other family members to remain with the patient.
   b. If the patient is an older child or adult, allow him/her to assume a position of greatest comfort. Increased agitation by forced positioning may worsen respiratory distress. Try to keep the patient in a supine position unless he or she is having breathing difficulty. If breathing is difficult, patient’s head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs.
   c. **Monitor blood pressure and pulse every 5 minutes.**
   d. Listen for air movement in lungs. If necessary, assist aspiration by mouth-to-mouth resuscitation. Monitor pulse and be prepared to perform cardiopulmonary resuscitation (CPR), if necessary.

4. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5 to 15 minutes for up to three doses, depending on patient’s response. Once the EMS arrives, the RN can offer to help and turn over care to the EMS/Paramedics team.

5. The health department’s medical advisor should be notified by the nurse of the medical emergency as soon as possible and updated as to the emergency actions taken by the RN and the EMS team.

6. Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information. The RN should complete a Vaccine Adverse Event Report form online (preferred) or complete and fax or mail the form according to the instructions at [https://vaers.hhs.gov/esub/index](https://vaers.hhs.gov/esub/index). Complete a written incident report and submit copies to the immunization program.
7. Notify the patient’s primary care physician.

8. The PHN should contact the family after the incident to determine the status of the patient, offer support, and answer any questions, and provide further follow up if needed.

9. A copy of this policy and procedure shall be kept at all clinic sites for reference purposes.

RELATED POLICY:
Emergency Immunization Administration
POLICY TITLE: Child Passenger Safety Education and Injury Prevention

EFFECTIVE DATE: December 10, 2008

DATE REVIEWED/REVISED: ____________________________

AUTHORIZED BY: ____________________________

Health and Human Services Board Chair

Date

TITLE: Child Passenger Safety Education and Injury Prevention

PURPOSE STATEMENT:
The purpose of this policy is to provide education and instruction for safe transportation of children in motor vehicles. This includes Healthy People 2020 objectives of reducing motor vehicle crash-related injuries and deaths, and increasing age-appropriate vehicle restraint system uses by children aged 0 to 12.

POLICY:
Certified Child Passenger Safety Technicians (CPSTs) will provide population-based education on child passenger safety. Child passenger safety seat checks will be performed.

PERSONS AFFECTED:
CPSTs who are certified by Safe Kids Worldwide after successfully completing a certificate course developed by the National Highway Traffic Safety Administration (NHTSA). Other non-certified staff may assist with duties as directed.

REFERENCES:


LEGAL AUTHORITY:

PUBLIC HEALTH ESSENTIAL SERVICE:
Inform, educate, and empower people about health issues.
PROCEDURE TITLE: Child Passenger Safety Education and Injury Prevention
EFFECTIVE DATE: December 10, 2008
DATE REVIEWED/REVISED: 
AUTHORIZED BY: Calumet County Health and Human Services Board

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TITLE: Child Passenger Safety Education and Injury Prevention

PURPOSE STATEMENT:
Provide education and instruction for safe transportation of children in motor vehicles. This includes Healthy People 2020 objectives of reducing motor vehicle crash-related injuries and deaths, and increasing age-appropriate vehicle restraint system uses by children aged 0 to 12.

WHO PERFORMS ACTIVITIES:
Certified Child Passenger Safety Technicians (CPSTs)
Other non-certified staff may assist with duties as directed.

PROCEDURE:
- Referrals are received from WIC, Public Health, other agencies, and self-referrals. CPSTs will schedule appointments with clients for education, instruction, and seat installation.
- CPSTs will work with Safe Kids and other organizations to develop partnerships to increase child passenger safety.
- CPSTs will offer educational presentations to public or private organizations on child passenger safety.
- CPSTs will assist clients in obtaining new child safety seats, as needed.

RELATED POLICY:
Child Passenger Safety Education and Injury Prevention Policy
POLICY TITLE: Accident/Injury (Employee or Client)
EFFECTIVE DATE: May 12, 2014
DATE REVIEWED/REVISED:
AUTHORIZED BY: Calumet County Health and Human Services Board

健康和人类服务委员会主席

Health and Human Services Board Chair

DATE

TITLE: Accident/Injury

PURPOSE STATEMENT:
To protect the safety and well-being of employees and clients while providing a means of tracking incidents and evaluating the safety of agency practices.

POLICY:
Calumet County Health Division strives to provide high quality services in a safe manner to the residents of Calumet County. The health division is committed to maintaining client and employee safety and preventing injuries. All client and employee accidents/injuries will be reviewed thoroughly to facilitate necessary changes in program policies to assure quality public health services.

PERSONS AFFECTED:
Health division employees

REFERENCES:
Calumet County Personnel Policy Manual

LEGAL AUTHORITY:

PUBLIC HEALTH ESSENTIAL SERVICE:
Enforce statutes and rules that protect health and ensure safety.
PROCEDURE TITLE: Accident/Incident (Employee or Client)

EFFECTIVE DATE: May 12, 2014

DATE REVIEWED/REVISED:

AUTHORIZED BY: Calumet County Health and Human Services Board

____________________________  ______________________________
Health and Human Services Board Chair                        Date

TITLE: Accident/Incident (Employee or Client)

PURPOSE STATEMENT:
1. To provide necessary timely intervention for patients and employees involved in accidents/incidents.
2. To facilitate timely, accurate, and complete documentation of all patient and employee accidents/incidents.
3. To implement a quality assurance monitoring system for patient and employee accidents/incidents.

WHO PERFORMS ACTIVITIES:
All health division employees

PROCEDURE:

Client Accidents/Incidents
1. All accidents/incidents involving clients are to be reported to the department head or supervisor immediately. An incident report form is to be completed and signed by the employee witnessing or discovering the incident. The County Injury/Accident Report Forms should be used for any non-employee injury documentation. The incident report form can be found on the Calumet County intranet.

   a) Log onto the Calumet County website: www.co.calumet.wi.us
   b) Sign in (upper right corner)
   c) Scroll down to the bottom of the page and click on “Staff”
   d) Click on “Employee Safety”. You will then find the County Injury/Accident Report Forms.

Objective descriptions of the facts are to be documented and any witnesses are to be identified. The involved employee is to notify the client’s health provider of the incident, if appropriate.

2. The department head/supervisor will review the report, investigate the circumstances, and determine any corrective action or changes in agency policies and procedures that are needed to prevent the same situation from happening in the future.
3. A patient/client injury occurring off the Calumet County owned premises, but occurring while an on duty Calumet County employee is present, will be reported to the staff’s supervisor. Documentation regarding the incident will be addressed on an individual basis.

**Employee Accidents/Incidents**

1. An employee who has sustained an injury while in the course of his employment, which requires medical care, is to seek medical attention immediately. The employee shall immediately report the injury to his/her department head or supervisor.

2. The employee is to complete an Employee Injury/Accident Report form located on the Calumet County intranet. The form is to be completed no later than 24 hours after the injury/accident.

3. Supervisors are to forward the Employee Injury form to the personnel department. Supervisors should also complete the Supervisor’s Report of an Injury/Accident form and forward to personnel department within hours of the receipt of employee’s report.

4. If an employee required medical attention, a Return to Work form should be also obtained and returned to the supervisor or department head prior to returning to work or if accommodations need to be made due to temporary work restrictions. No employee who seeks medical attention for a work related injury will be allowed to return to duty without clearance from a health care provider.

5. Under no circumstances should these forms be filed later than thirty (30) days following the date of said injury/accident.

6. The department head/supervisor will conduct an investigation into the circumstances of the accident/incident and determine if procedural changes are necessary to prevent the event from occurring again in the future.

7. Employee training will be offered as appropriate to prevent similar circumstances from happening again.

8. If the accident/incident involves exposure to blood or other potentially infectious body fluids, follow the Calumet County Bloodborne Pathogens Exposure Control Plan Policy and Procedure.

**RELATED POLICY:**

Calumet County Bloodborne Pathogens Exposure Control Plan
POLICY TITLE: Requirements for Student Clinical Placement

EFFECTIVE DATE: May 12, 2014

DATE REVIEWED/REVISED:

AUTHORIZED BY: Calumet County Health and Human Services Board

__________________  _________________________
Health and Human Services Board Chair         Date

TITLE: Requirements for Student Clinical Placement

PURPOSE STATEMENT:
The Calumet County Health Division offers clinical experiences for individuals seeking experience in a variety of community health sections (i.e. public health, WIC, home care, mental health), placing students in direct contact with patients. This contact places students at risk for both exposure and transmission of communicable diseases and blood-borne pathogens. Therefore, specific procedures are needed to decrease the health risk to students and protect patients and other health care professionals with whom students interact. The Calumet County Health Division wants to ensure that students meet the same health requirements as the professionals employed. Students need to be aware of protecting the health of themselves and others. Students must complete and provide the Calumet County Health Division with the mandatory health requirements prior to clinical placement.

POLICY:
All students must complete the mandatory health requirements, as described in the Requirements for Student Clinical Placement Procedure, prior to clinical placement.

PERSONS AFFECTED:
Students seeking clinical experiences with Calumet County Health Division.

REFERENCES:
Fox Valley Health Care Alliance   www.fvhca.org

LEGAL AUTHORITY:
Wis. Stats. HFS 12 and HFS 13

PUBLIC HEALTH ESSENTIAL SERVICE:
Develop policies, plans, and programs that support individual and community health efforts. Assure a competent public health workforce.
PROCEDURE TITLE: Requirements for Student Clinical Placement

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WHO PERFORMS ACTIVITIES:
Students seeking clinical experiences with Calumet County Health Division.

PROCEDURE:
A. Students must provide documentation of the following:

1. PPD (Mantoux) or Interferon-Gamma Release Assays (IGRA)
   - Students must have a PPD or Interferon-Gamma Release Assays test performed yearly.
   - Give the date of the last TB skin test or Interferon-Gamma Release Assays test.
   - If greater than 12 months, a two step is required, OR Interferon-Gamma Release Assays test.
   - For known positive TB skin test or Interferon-Gamma Release Assays test, evidence of a negative baseline chest x-ray at or within one year of starting clinical experience AND an annual TB questionnaire.

2. Measles, Mumps, and Rubella (MMR)
   - All students must provide two MMR vaccination dates OR
   - Immunity with proof of positive IgG titers (a laboratory test for the antibodies) against measles, mumps, and rubella. Evidence of immunity is demonstrated with the titer value and indication of positive or immune.
3. Varicella (Chicken Pox)
   - All students must provide two varicella vaccination dates OR
   - Immunity with proof of positive IgG titer (a laboratory blood test for the antibodies) against varicella. Evidence of immunity is demonstrated with the titer value and indication of positive or immune, OR
   - Reported history of chicken pox

4. Hepatitis B (HBV)
   - All students must demonstrate immunity to hepatitis B with proof of a positive HBsAg titer against hepatitis B OR provide documentation of 3-dose series of the hepatitis B vaccine
   - Evidence of immunity is demonstrated with the actual titer value and indication of positive or immune OR the exact immunization dates of three (3) doses of hepatitis B vaccine
   - Non-immune laboratory results require the student to receive three (3) doses of hepatitis B
   - If a student decides to waive the hepatitis B vaccination, the student must sign the Hepatitis B Vaccine Waiver, documenting that he/she understands the possible risks associated with acquiring hepatitis B.

5. Tetanus/Diptheria/Pertussis (Tdap) or Tetanus/Diptheria (Td) Vaccine
   - All students must present evidence of the date of vaccination for tetanus/diphtheria/pertussis (Tdap) within the last 10 years. If no documentation is presented, the student must receive a Tdap vaccine. If it has been 10 years since the student had a Tdap vaccine, the student must receive a Td vaccine.

6. Influenza Vaccine
   - It is HIGHLY recommended that all students receive a yearly flu vaccine, during flu season (October through May).

B. Students must complete the Student Health Requirements Form.

C. All students are expected to review orientation materials prior to starting the clinical rotation. This requirement is met by the student viewing the two online learning modules of Infection Control/Blood Borne Pathogens and HIPAA/Confidentiality at www.fvhca.org/Students.html/. After completing the online learning modules the student must complete the confidentiality agreement (Form A), and the general online orientation form (Form B).

RELATED POLICY:
Requirements for Student Clinical Placement