



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
October 5, 2020**

*This meeting is to be held during the unprecedented event of the COVID-19 pandemic.
Because the State and the County remain under a State of Emergency, the meeting will be conducted
via Zoom and broadcast via YouTube.*

- | | | |
|----------------|--|------------------|
| 6:00 pm | Convene Regular Meeting (County Auditorium) – Notice Attached | 1 |
| | Invocation and Pledge of Allegiance | |
| | Approve Agenda as Published | |
| Item 1 | Public Hearings | |
| | a. Public Hearing Regarding Proposed FY22 Community Transportation Program Application | 2 - 12 |
| Item 2 | Action Items | |
| | a. Consideration of Request from Piney Grove Fire Department to Establish Substation | 13 - 17 |
| | b. Consideration of Request for Extension of County Water Service on Greenpath Road | 18 - 19 |
| Item 3 | Consent Agenda – Board of Commissioners | 20 |
| | a. Approve the minutes of the September 14, 2020 and September 18, 2020 meetings | 21 - 35 |
| | b. Adopt the Resolution Authorizing the Execution of License Agreement between Sampson County and Black River Landowners Association, Inc. | 36 - 47 |
| | c. Approve the execution of contracts between Sampson County (DSS) and Candii Homes for Non-Emergency Medical Transportation | 48 - 77 |
| | d. Accept and authorize execution of task order to proceed with Clinton-Sampson Airport Layout Plan Update | 78 - 119 |
| | e. Declare a decommissioned 2013 Chevrolet Tahoe (VIN 1GNLC2E05DR160327) as surplus and authorize transfer to the Town of Roland, NC | 120 - 121 |
| | f. Approve late applications for disabled veterans tax exclusion for Edward Keith Marable, Donald E. Pearson, and Benjamin J. Coleman | 122 - 130 |

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	g. Approve the tax refunds and releases as submitted	131 - 146
	h. Approve budget amendments as submitted	147 - 153
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	i. Approve laboratory fee revisions as recommended	156
	j. Authorize execution of the contract between Sampson County (Health Department) and Carolina Breast Imaging Specialist, PLLC	157 - 160
	k. Approve revisions to the Information Security Policy as recommended	161 - 278
	l. Approve revisions to the Administrative Policy Manual as recommended	279 - 526
Item 4	Board Information	527
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	b. COVID 19 Support Services Program	534 - 536
	c. Letter of Commendation for Census Complete Count Committee	537
Item 5	Public Comment Period	538
	<i>As publicly advertised, written comments will be accepted until 5 pm on the date of the meeting via mail or email. Comments received by the deadline will be read aloud by the Clerk and included in the official minutes of the meeting (unless they violate the Board's Rules of Procedure and Conduct or Public Comment Policy).</i>	
	Recess to Reconvene – October 8, 2020 (6 pm)	

NOTICE OF REGULAR MEETING
Meeting Date/Time: October 5, 2020 at 6:00 p.m.

The Sampson County Board of Commissioners will hold its October regular meeting on Monday, October 5, 2020 at 6:00 p.m. In the event the State of North Carolina is still under a COVID-19 State of Emergency at that time, the meeting will be held virtually by video conference, and the Board of Commissioners' Auditorium will not be open to the public. In the event the State of North Carolina is no longer under a COVID-19 State of Emergency at that time, the meeting and any recessed and reconvened meetings will be held in the County Auditorium, located at 435 Rowan Road, Building A, Clinton, NC 28328.

October 5th Remote Meeting Information

If the meeting is held remotely, the meeting will be broadcast live on the Sampson County YouTube channel beginning at 6:00 p.m. Members of the public who wish to listen to the meeting but do not have internet access may do so by dialing the following telephone number and entering the meeting ID number and password listed below:

Telephone number: (646) 558-8656
Meeting ID number: 865 2794 0106
Password: 429351000

If the meeting is held remotely, members of the public who wish to address the Board of Commissioners regarding the public hearing may do so by submitting written comments by one of the following means:

- First class mail addressed as follows: Clerk to the Board
406 County Complex Rd., Bldg. C
Clinton, NC 28328
- Email addressed as follows: susanh@sampsonnc.com

Please note that written comments must include the commenter's name and address. Comments intended for the meeting's general public comment period and for the public hearings must be received by 5:00 p.m. on Monday, October 5, 2020.

Written comments submitted by members of the public will be read aloud by the Clerk and provided as part of the meeting minutes at the October 5th meeting or the October 8th meeting, depending on the time of receipt. However, written comments that violate the Board of Commissioners Rules of Procedure and Conduct or Public Comment Policies and Procedures will not be read aloud by the Clerk.

October 8th Remote Meeting Information

In the event that the Board of Commissioners recesses the meeting to reconvene on October 8, 2020 and the State of North Carolina is still under a COVID-19 State of Emergency at that time, the reconvened meeting will be broadcast on the Sampson County YouTube channel beginning at 6:00 p.m. Members of the public who wish to listen to any such reconvened meeting but do not have internet access may do so by dialing the following telephone number and entering the following meeting ID number and password:

Telephone number: (646) 558-8656
Meeting ID number: 829 5235 0806
Password: 574942505

Date Posted: September 24, 2020

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1 (a)

Meeting Date: October 5, 2020	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input type="checkbox"/> Action Item <input type="checkbox"/> Consent Agenda	<input checked="" type="checkbox"/> Public Comment <input type="checkbox"/> Closed Session <input type="checkbox"/> Planning/ Zoning <input type="checkbox"/> Water District Issue
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SUBJECT: Public Hearing - Proposed FY22 Community Transportation Program (CTP) Grant Funding Application

DEPARTMENT: Sampson Area Transportation

PUBLIC HEARING: Yes

CONTACT PERSON(S): Ro Oates-Mobley, Department of Aging Director

PURPOSE: To consider public comment with regard to the submission of the application for CTP transportation grant funding for the period July 1, 2021 - June 30, 2022

ATTACHMENTS: Public Hearing Notice; Grant Documents, including Certifying Resolutions for both Admin/Operations and Capital Grant Portions

BACKGROUND:

Each year the County applies to the North Carolina Department of Transportation for Community Transportation Funding, which is used by our Sampson Area Transportation program to coordinate existing transportation programs operating in Sampson County and to provide transportation services within our communities. Sampson Area Transportation has proposed the following grant request:

Administrative	\$240,833	Requires 20% local match of \$48,166.60
Capital (Vehicles and Other)	\$200,000	Requires 20% local match of \$40,000
5310 Operating	\$100,000	Requires 50% local match of \$50,000
Other Non-STI Rural Expansion	\$358,100	Requires 20% local match of \$71,620
 Total Grant Requests	 \$898,933	 Total Local Share \$209,786.60

The grant match amounts will be budgeted in the Sampson Area Transportation FY21-22 budget. We are required to provide the public the opportunity to comment on the application prior to submission.

RECOMMENDED ACTION OR MOTION:

Action should be deferred until the October 8, 2020 recessed meeting given legislative restrictions on public hearings held during remote meetings



SAMPSON AREA TRANSPORTATION
311 COUNTY COMPLEX RD.
BUILDING H
CLINTON, NC 28328
PHONE: (910) 299-0127

ROSEMARIE OATES, DIRECTOR
Email: roates@sampsonnc.com

Memorandum:

TO: Mr. Ed Causey, County Manager
FROM: Rosemarie Oates-Mobley, Director, Sampson Area Transportation
DATE: August 28, 2020
RE: FY22 CTP Grant, 5310 Grant, Capital Grant, Rural Expansion Grant

I am requesting approval from the Board of Commissioners to allow Sampson Area Transportation to apply for the following grants from the NC Department of Transportation for FY22: CTP/5311 (Administrative expenses), 5310 Elderly/Disabled (to provide transp. services), Capital (replace 2 transit vans and camera system), and a Rural Expansion Vehicle grant (replace five transit vehicles that were originally purchased with county funds).

The grants that I will be applying for will be for the following amounts: CTP/5311-\$240,833 with a 20% local match of \$48,166.60, 5310 Elderly/Disabled-\$100,000 with a 50% local **in-kind** match of \$50,000, Capital-\$200,000 with a 20% local match of \$40,000, and Rural Expansion-\$358,100 with 20% local match of \$71,620.

I am also requesting that a public hearing pertaining to these grants be held on October 5, 2020.

Please let me know if you have any questions.

Thank you,

Rosemarie Oates-Mobley
Director, Sampson Area Transportation

PUBLIC HEARING NOTICE

Section 5311 (ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

This is to inform the public that a public hearing will be held on the proposed FY22 Community Transportation Program Application to be submitted to the North Carolina Department of Transportation no later than December 1, 2020. The public hearing will be held on October 5, 2020 at 6:00 pm before the Sampson County Board of Commissioners. In the event the State of North Carolina is still under a COVID-19 State of Emergency at that time, the meeting will be held virtually by video conference, and the Board of Commissioners' Auditorium will not be open to the public. In the event the State of North Carolina is no longer under a COVID-19 State of Emergency at that time, the meeting and any recessed and reconvened meetings will be held in the County Auditorium, located at 435 Rowan Road, Building A, Clinton, NC 28328.

If the meeting is held remotely, the meeting will be broadcast live on the Sampson County YouTube channel beginning at 6:00 p.m. Members of the public who wish to listen to the meeting but do not have internet access may do so by dialing the following telephone number and entering the meeting ID number and password listed below:

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- First class mail addressed as follows: Clerk to the Board
406 County Complex Rd., Bldg. C
Clinton, NC 28328
- Email addressed as follows: susanh@sampsonnc.com

Please note that written comments must include the commenter's name and address and must be received by 5:00 p.m. on Monday, October 5, 2020.

Written comments submitted by members of the public will be read aloud by the Clerk and provided as part of the meeting minutes.

Those interested in attending/viewing the public hearing and needing either auxiliary aids and services under the Americans with Disabilities Act (ADA) or a language translator should contact Rosemarie Oates on or before September 25, 2020, at telephone number 910-299-0127 or via email at roates@sampsonnc.com.

The Community Transportation Program provides assistance to coordinate existing transportation programs operating in Sampson County as well as provides transportation options and services for the communities within this service area. These services are currently provided using public transportation vehicles. Services are rendered by Sampson Area Transportation.

The total estimated amount requested for the period **July 1, 2021 through June 30, 2022**

<u>Project</u>	<u>Total Amount</u>	<u>Local Share</u>	
Administrative	\$240,833	\$48,166.60	(20%)
Operating (5311)	\$0	\$0	(50%)
Capital (Vehicles & Other)	\$200,000	\$40,000	(20%)
5310 Operating	\$100,000	\$50,000	(50%)
Other: Non-STI Rural	\$358,100	\$71,620	(20 %)
Expansion			
TOTAL PROJECT	\$898,933	\$209,786.60	
	Total Funding Request	Total Local Share	

This application may be inspected at Sampson Area Transportation, 311 County Complex Rd Clinton NC 28328 from 8:00 am-5:00 pm. Questions should be directed to Rosemarie Oates before October 1, 2020.

AVISO DE AUDIENCIA PÚBLICA

Sección 5311 (ADTAP), 5310, 5339, 5307 y fondos estatales aplicables, o una combinación de los mismos.

Esto es para informar al público que se llevará a cabo una audiencia pública sobre la Solicitud del Programa de Transporte Comunitario propuesto para el año fiscal (FY22) que se presentará al Departamento de Transporte de Carolina del Norte a más tardar el 1 de diciembre del 2020. La audiencia pública se llevará a cabo el 5 de octubre de 2020 a las 6:00 pm ante la Junta de Comisionados del Condado de Sampson. En caso de que el estado de Carolina del Norte todavía se encuentre bajo un estado de emergencia COVID-19 en ese momento, la reunión se llevará a cabo virtualmente por videoconferencia, y el Auditorio de la Junta de Comisionados no estará abierto al público. En caso de que el estado de Carolina del Norte ya no se encuentre bajo un estado de emergencia COVID-19 en ese momento, la reunión y cualquier reunión en receso y reanudada se llevará a cabo en el Auditorio del Condado, ubicado en 435 Rowan Road, Edificio A, Clinton, NC 28328.

Si la reunión se lleva a cabo de forma remota, la reunión se transmitirá en vivo en el canal de YouTube del condado de Sampson a partir de las 6:00 p.m. Los miembros del público que deseen escuchar la reunión pero no tengan acceso a Internet pueden hacerlo marcando el siguiente número de teléfono e ingresando el número de identificación de la reunión y la contraseña que se enumeran a continuación:

Número de teléfono: (646) 558-8656

Número de identificación de la reunión: 865 2794 0106

Contraseña: 429351000

Si la reunión se lleva a cabo de forma remota, los miembros del público que deseen dirigirse a la Junta de Comisionados con respecto a la audiencia pública pueden hacerlo mediante la presentación de comentarios por escrito por uno de los siguientes medios:

- Correo de primera clase con la siguiente dirección: Clerk to the Board
406 County Complex Rd., Bldg. C
Clinton, NC 28328
- Correo electrónico con la siguiente dirección: susanh@sampsonnc.com

Tenga en cuenta que los comentarios escritos deben incluir el nombre y la dirección del comentarista y deben recibirse antes de las 5:00 p.m. del lunes 5 de octubre del 2020. Los comentarios escritos presentados por miembros del público serán leídos en voz alta por el Secretario y proporcionados como parte de las minutas de la reunión.

Aquellos interesados en asistir / ver la audiencia pública y necesitar ayudas y servicios auxiliares bajo la Ley de Estadounidenses con Discapacidades (ADA) o un traductor de idiomas debe comunicarse con Rosemarie Oates antes o para el 25 de septiembre del 2020, al número de teléfono 910-299-0127 o por correo electrónico a roates@sampsonnc.com.

El Programa de transporte comunitario brinda asistencia para coordinar los programas de transporte existentes que operan en el condado de Sampson, así como también brinda opciones y servicios de transporte para las comunidades dentro de esta área de servicio. Estos servicios se brindan actualmente mediante vehículos de transporte público. Los servicios son prestados por Sampson Area Transportation.

El monto total estimado solicitado para el período del **1 de julio del 2021 al 30 de junio del 2022.**

<u>Proyecto</u>	<u>Monto Total</u>	<u>Contribución local</u>
Administrativo	\$ 240,833	\$ 48,166.60 (20%)
En funcionamiento (5311)	\$0	\$0 (50%)
Capital (Vehiculos & Otros)	\$ 200,000	\$ 40,000 (20%)
5310 En funcionamiento	\$ 100,000	\$ 50,000 (50%)
Otros: Expansión Rural sin ITS	\$ 358,100	\$ 71,620 (20%)
PROYECTO TOTAL	\$ 898,933	\$ 209,786.60

Solicitud de financiamiento total

Contribución local total

Esta aplicación puede ser inspeccionado en Sampson Area Transportation, 311 County Complex Rd, Clinton 28328 de 8:00 am-5: 00 pm. Las preguntas deben dirigirse a Rosemarie Oates antes del 1 de octubre del 2020.

PUBLIC TRANSPORTATION PROGRAM RESOLUTION

FY 2022 RESOLUTION

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

Applicant seeking permission to apply for Public Transportation Program funding, enter into agreement with the North Carolina Department of Transportation, provide the necessary assurances and the required local match.

A motion was made by (*Board Member's Name*) _____ and seconded by (*Board Member's Name or N/A, if not required*) _____ for the adoption of the following resolution, and upon being put to a vote was duly adopted.

WHEREAS, Article 2B of Chapter 136 of the North Carolina General Statutes and the Governor of North Carolina have designated the North Carolina Department of Transportation (NCDOT) as the agency responsible for administering federal and state public transportation funds; and

WHEREAS, the North Carolina Department of Transportation will apply for a grant from the US Department of Transportation, Federal Transit Administration and receives funds from the North Carolina General Assembly to provide assistance for rural public transportation projects; and

WHEREAS, the purpose of these transportation funds is to provide grant monies to local agencies for the provision of rural, small urban, and urban public transportation services consistent with the policy requirements of each funding source for planning, community and agency involvement, service design, service alternatives, training and conference participation, reporting and other requirements (drug and alcohol testing policy and program, disadvantaged business enterprise program, and fully allocated costs analysis); and

WHEREAS, the funds applied for may be Administrative, Operating, Planning, or Capital funds and will have different percentages of federal, state, and local funds.

WHEREAS, non-Community Transportation applicants may apply for funding for “purchase-of-service” projects under the Capital budget Section 5310 program.

WHEREAS, Sampson County hereby assures and certifies that it will provide the required local matching funds; that its staff has the technical capacity to implement and manage the project(s), prepare required reports, obtain required training, attend meetings and conferences; and agrees to comply with the federal and state statutes, regulations, executive orders, Section 5333 (b) Warranty, and all administrative requirements related to the applications made to and grants received from the Federal Transit Administration, as well as the provisions of Section 1001 of Title 18, U. S. C.

WHEREAS, the applicant has or will provide all annual certifications and assurances to the State of North Carolina required for the project;

NOW, THEREFORE, be it resolved that the (*Authorized Official's Title*)* County Manager of (*Name of Applicant's Governing Body*) Sampson County is hereby authorized to submit grant application (s) for federal and state funding in response to NCDOT's calls for projects, make the necessary assurances and certifications and be empowered to enter into an agreement with the NCDOT to provide rural, small urban, and urban public transportation services.

I (*Certifying Official's Name*)* _____ (*Certifying Official's Title*) _____ do hereby certify that the above is a true and correct copy of an excerpt from the minutes of a meeting of the (*Name of Applicant's Governing Board*) Sampson County Board of Commissioner's duly held on the ____ day of _____, _____.

Signature of Certifying Official

****Note that the authorized official, certifying official, and notary public should be three separate individuals.***

Seal Subscribed and sworn to me
(*date*) _____

*Notary Public **

Printed Name and Address

My commission expires
(*date*) _____



NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
INTEGRATED MOBILITY DIVISION

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2022

APPLICANT'S NAME: SAMPSON COUNTY **PERIOD COVERED**
MAILING ADDRESS: 405 COUNTY COMPLEX RD SUITE 140 CLINTON NC 28328 **From:** JULY 1, 2021
VENDOR NUMBER: 7666 **To:** JUNE 30, 2022

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2022:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
				TOTAL

- The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY 2022.
 The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY 2022.

Signature of Authorized Official

Date

DBE GOOD FAITH EFFORTS CERTIFICATION

This is to certify that in all purchase and contract selections (*Legal Name of Applicant*) SAMPSON COUNTY is committed to and shall make good faith efforts to purchase from, and award contracts to, Disadvantaged Business Enterprises (DBEs).

DBE good faith efforts will include the following items that are indicated by check mark(s) or narrative:

Required by IMD	Check all that apply	Description
*	<input checked="" type="checkbox"/>	Write a letter/email to Certified DBEs in the service area to inform them of purchase or contract opportunities;
*	<input checked="" type="checkbox"/>	Document telephone calls, emails and correspondence with or on behalf of DBEs;
	<input type="checkbox"/>	Advertise purchase and contract opportunities on local TV Community Cable Network:
*	<input checked="" type="checkbox"/>	Request purchase/contract price quotes/bids from DBEs;
	<input checked="" type="checkbox"/>	Monitor newspapers for new businesses that are DBE eligible
*	<input checked="" type="checkbox"/>	Encourage interested eligible firms to become NCDOT certified. Interested firms should contact the office of contractual services at (919) 707-4800 for more information
*	<input checked="" type="checkbox"/>	Encourage interested firms to contact the Office of Historically Underutilized Businesses at (919) 807-2330 for more information
*	<input checked="" type="checkbox"/>	Consult NCDOT Certified DBE Directory. A DBE company will be listed in the DBE Directory for each work type or area of specialization that it performs. You may obtain a copy of this directory at https://www.ebs.nc.gov/VendorDirectory/default.html
	<input type="checkbox"/>	Other efforts: Describe:
	<input type="checkbox"/>	Other efforts: Describe:

You may obtain a copy of the USDOT Disadvantaged Business Enterprise Program Title 49 Part 26 at <https://www.ebs.nc.gov/VendorDirectory/default.html>

Reminder: Documentation of all good faith efforts shall be retained for a period of five (5) years following the end of the fiscal year.

I certify that, to the best of my knowledge, the above information describes the DBE good faith efforts.

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

FY 2022 LOCAL SHARE CERTIFICATION FOR FUNDING

Sampson County
(Legal Name of Applicant)

Requested Funding Amounts

<u>Project</u>	<u>Total Amount</u>	<u>Local Share**</u>
Administrative	\$ <u>240,833</u>	\$ <u>48,166.60</u> (20%)
5311 Operating (No State Match)	\$ _____	\$ _____ (50%)
5310 Operating (No State Match)	\$ <u>100,000</u>	\$ <u>50,000</u> (50%)
5307 Operating	\$ _____	\$ _____ (50%)
5307 Planning	\$ _____	\$ _____ (20%)
Combined Capital	\$ <u>200,000</u>	\$ <u>40,000</u> (20%)
Mobility Management	\$ _____	\$ _____ (50%)
5310 Capital Purchase of Service	\$ _____	\$ _____ (20%)
Non-STI Rural Expansion	\$ <u>358,100</u>	\$ <u>71,620</u> (20%)
_____	\$ _____	\$ _____ (___%)
_____	\$ _____	\$ _____ (___%)

Funding programs covered are 5311, 5310, 5339 Bus and Bus Facilities, 5307 (Small fixed route, regional, and consolidated urban-rural systems)

TOTAL	\$ <u>898,933</u>	\$ <u>209,786.60</u>
	Total Funding Requests	Total Local Share

****NOTE: Applicants should be prepared for the entire Local Share amount in the event State funding is not available.**

The Local Share is available from the following sources:

<u>Source of Funds</u>	<u>Apply to Grant</u>	<u>Amount</u>
<u>Local Funds</u>	<u>Admin</u>	\$ <u>48,166.60</u>
<u>Local Funds</u>	<u>5310 Operating</u>	\$ <u>50,000</u>
<u>Local Funds</u>	<u>Combined Capital</u>	\$ <u>40,000</u>
<u>Local Funds</u>	<u>Non STI Rural Expansion</u>	\$ <u>71,620</u>
_____	_____	\$ _____
_____	_____	\$ _____

FY 2022 Local Share Certificate (page 2)

_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

**** Fare box revenue is not an applicable source for local share funding**

I, the undersigned representing (*Legal Name of Applicant*) **SAMPSON COUNTY** do hereby certify to the North Carolina Department of Transportation, that the required local funds for the FY2022 Community Transportation Program and 5307 Governors Apportionment will be available as of **July 1, 2021**, which has a period of performance of July 1, 2021 – June 30, 2022.

Signature of Authorized Official

Type Name and Title of Authorized Official

Date

SECTION 5311, 5310, 5339, Combined Capital, 5307 or State Funds Call for Projects
TITLE VI PROGRAM REPORT

Legal Name of Applicant: SAMPSON COUNTY
(Complete either Part A or Part B; and Part C)

Part A – No complaints or Lawsuits Filed

I certify that to the best of my knowledge, **No complaints or lawsuits** alleging discrimination have been filed against **SAMPSON AREA TRANSPORTATION** (*Transit System Name*) during the period **July 1, 2019 through June 30, 2020**.

Signature of Authorized Official

Date

Edwin Causey, Sampson County Manager

Type Name and Title of Authorized Official

Part B – Complaints or Lawsuits Filed

I certify that to the best of my knowledge, the below described complaints or lawsuits alleging discrimination have been filed against _____ (*Transit System Name*) during the period **July 1, 2019 through June 30, 2020**.

Complainant Name/Address/Telephone Number	Date	Description	Status/Outcome

(Attach an additional page if required.)

Signature of Authorized Official

Date

Type Name and Title of Authorized Official

Part C - Title VI Plan

Do you currently have a Title VI Plan: Yes

Date of last plan update: 2020

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2 (a)

Meeting Date: October 5, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consideration of Request from Piney Grove Fire Department to Establish Substation

DEPARTMENT: Emergency Services

PUBLIC HEARING: No

CONTACT PERSON(S): Ronald Bass, Emergency Services Director

PURPOSE: To consider request by Piney Grove FD to establish a substation at the Suttontown Rescue Building

ATTACHMENTS: Memo

BACKGROUND:

The Piney Grove Fire Department is requesting to establish a substation at the Suttontown Rescue building where they currently have an engine housed. This would place all residents of the Piney Grove service district in a five-mile insurance district, improving the cost of their insurance premiums. The cost to the County would be the annual \$6,900 supplement paid.

This request was approved by the Sampson County Fire Commission and is recommended to the Board of Commissioners.

RECOMMENDED ACTION OR MOTION:

Motion to approve the Piney Grove Fire Department request to establish a substation at the Suttontown Rescue building

NORTH CAROLINA'S
SAMPSON COUNTY
OFFICE OF EMERGENCY SERVICES

MEMORANDUM:

TO: Susan Holder, Assistant County Manager
FROM: ^{RB}Ronald Bass, Emergency Management
DATE: September 21, 2020
SUBJECT: **Piney Grove Fire Department Sub-Station**

Piney Grove Fire Department is requesting to establish a sub-station at the Suttontown Rescue building - they currently have an engine housed at that location. The sub-station would place all residents in the Piney Grove service district into a five-mile insurance district, resulting in lower insurance premiums to property owners. The only cost to the county would be the annual \$6,900.00 supplement that is paid to all other departments. Their request was approved by the Sampson County Fire Commission on September 8, 2020 (minutes attached). If approved by the Board of Commissioners, this will not affect any other fire district in the county.

RB/klc

Attachments:

Fire Commission minutes:

Map of proposed district:



107 Underwood Street | Clinton, NC 28328

OFFICE: (910) 592-8996 | FAX: (910) 592-5383

Sampson County Fire Commission

Minutes

September 08, 2020

Committee members in attendance:

Ronald Bass
Clark Wooten
Jerry Cashwell
Ken Jackson
George McGill
Billy Lockamy
Anthony Troublefield

Guests in attendance:

Joel Starling

Meeting Called to order at 18:00 by Chairman Clark Wooten.

The meeting was conducted by conference call due to the ongoing pandemic. Minutes from the January 27, 2020 and the April 8, 2020 meeting were sent via email to the commission members earlier in the day.

Chairman Wooten presented the minutes for both meetings to the commission for approval. Motion was offered by Ronald Bass and a second was received by Billy Lockamy to approve the minutes as presented. The motion carried.

Ronald Bass discussed the map that had been presented by Piney Grove Fire Department. Piney Grove Fire Department was requesting approval to formally have a substation and subsequent insurance district around that substation as well as the \$6,900.00 supplement to aid in operating the substation. The insurance district as presented would not extend beyond the current response district boundaries for Piney Grove. The map also indicated an area around the proposed insurance district that would allow Newton Grove Fire Department and Halls Fire Department, if they so elected to enter into a separate automatic aid agreement with Piney Grove for the area shaded on the map. By entering the separate automatic aid agreement Piney Grove would commit to be dispatched along with the respective fire department, Newton Grove or Halls for every call in that area. The areas shaded within Halls and Newton Groves district are outside the current 5-mile insurance district for both departments. This separate aid agreement would permit those living in the shaded area to receive the same insurance rating that those living within the five-mile insurance district of Halls or Newton Grove respectfully. Some discussion ensued from the committee members and ultimately the separate aid agreement was to be discussed at a later time. Jerry Cashwell indicated this had been indicated on the map for information only. All agreed that the creation of a substation and insurance district as wells as the opportunities for a separate automatic aid agreement were a positive move.

Ronald Bass offered the motion to approve the map as presented with the insurance district around the proposed substation which is collocated with Suttontown Rescue, approve the substation and

recommend to the Sampson County Board of Commissioners the approval of the new insurance district map, substation and \$6,900.00 supplemental payment to Piney Grove Fire Department. Anthony Troublefield offered a second and the motion passed unanimously.

Ronald Bass asked the question if every substation would receive the \$6,900.00 supplement such as the substations that were now being constructed in Harrells and Taylors Bridge. Joel Starling indicated that the supplement should be provided for any substation as we have in the past however ultimately this decision is made by the Board of Commissioners. The Piney Grove substation and insurance district would be presented at the October Sampson County Board of Commissioners meeting.

Ronald Bass presented a motion to adjourn, second offered by Billy Lockamy and the motion passed.

Meeting was adjourned at 18:19.

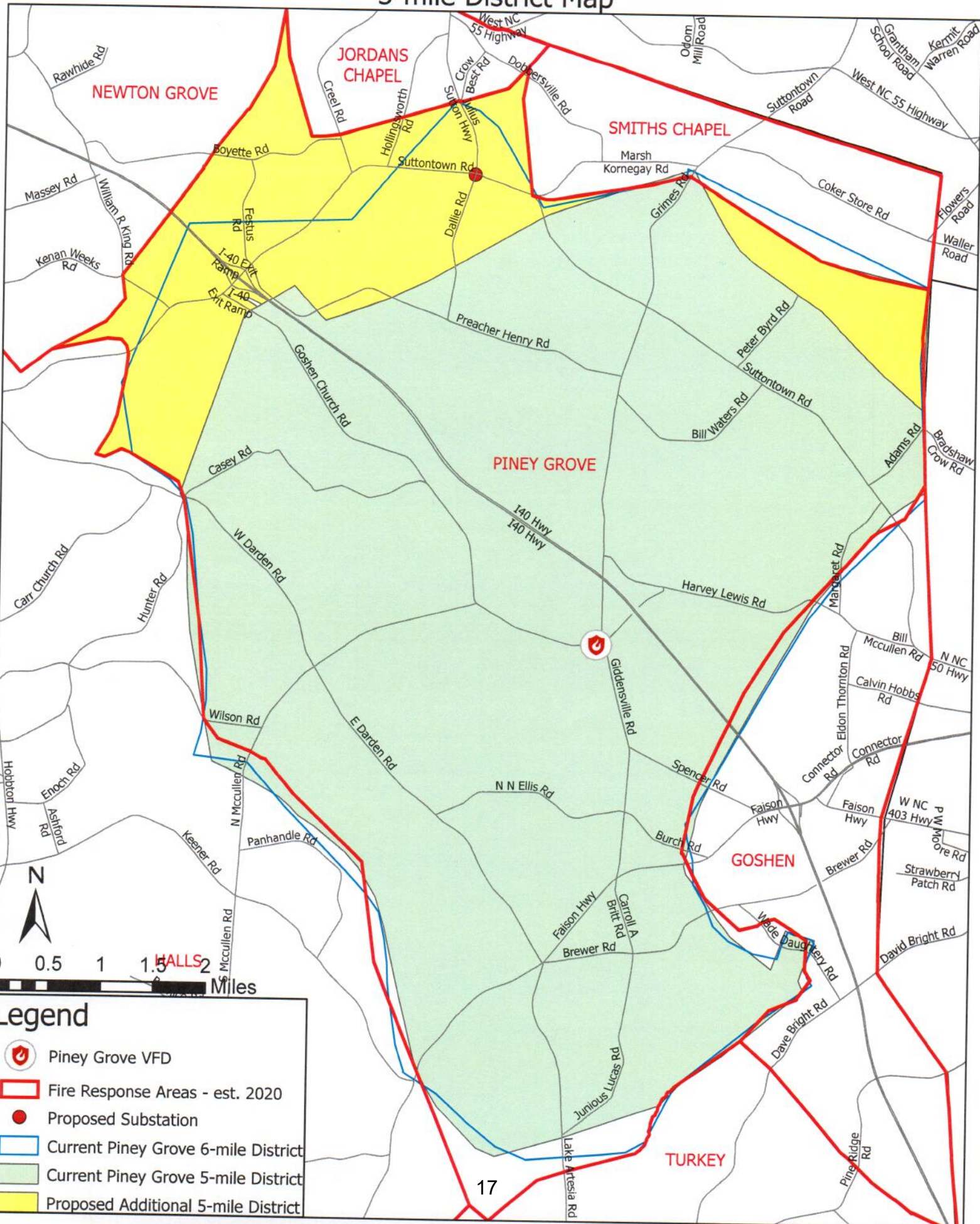
Respectively,

Jerry Cashwell

Secretary

Sampson County Fire Commission

Piney Grove VFD Proposed Substation 5-mile District Map



**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2 (b)

Meeting Date: October 5, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consideration of Request for Extension of County Water Service on Greenpath Road

DEPARTMENT: Public Works

PUBLIC HEARING: No

CONTACT PERSON(S): Linwood Reynolds, Public Works Director

PURPOSE: To consider authorization for the design, permitting and installation of 2,500 linear feet of water lines on Greenpath Road

ATTACHMENTS: Memo

BACKGROUND:

Public Works is requesting authorization to pursue design, permitting and installation of 2,500 linear feet of water lines on Greenpath Road, north of NC 55. Because this would equate to 57.4 customers per mile, the submitted petition for service exceeds the benefit/cost ratio of 10 customers per mile. The extension itself represents 27 new water taps/customers. Public Works Director Lin Reynolds will review the proposed project and the requirements which would be placed upon the petitioner.

RECOMMENDED ACTION OR MOTION:

Motion to authorize the design, permitting and installation of 2,500 linear feet of water lines on Greenpath Road, north of NC 55, utilizing water reserve funds, contingent upon petitioner agreeing to stated requirements

COUNTY OF SAMPSON

DEPARTMENT OF PUBLIC WORKS
827 S.E. Blvd. • P.O. Box 1280 • Clinton, North Carolina 28328
(910) 592-0188 • Fax No. (910) 592-7242

L.E. Reynolds, P.E.
Public Works Director

TO: SUSAN HOLDER, ASSISTANT COUNTY MANAGER
FROM: LINWOOD REYNOLDS, PE, PUBLIC WORKS DIRECTOR
SUBJECT: GREEN PATH ROAD PETITION
DATE: 9/28/2020
CC: EDWIN W. CAUSEY, COUNTY MANAGER

Public Works has received a petition for addition to add 2500 Linear feet of 6-inch water line extension on Green Path Road north of NC 55 which represents 27 new water taps and would yield 27 new water customers. The petition was initiated by Mrs. Dale Phillips. The benefit cost scores a 57.4 which represents 57.4 customers per mile, which is well above our minimum of 10 customers per mile. The total costs of construction would be \$100K with a payback of 7 years.

Public Works requests permission from the board to pursue the design, permitting and installation of this water line using \$100K from the water reserves contingent on the petitioner agreeing to the following:

- 1) The petitioner agrees to pay 50% (\$6750) of the tap fee for each tap to initiate the process of design by the engineer and installation. The balance (\$6750) would be paid within 90 days after construction and water service is available or prior to a meter is installed, whichever comes first.
- 2) The petitioner agrees to pay for each rental home water bill until the renter applies for a service. Each renter can apply for a service change after the water line is placed in service. Two forms of ID, a rental contract and \$50 is required to change the service in their name.
- 3) The petitioner would be responsible for the water bill if renter moves out and discontinues service.
- 4) The petitioner will be required to obtain a plumbing permit from inspections to install the new line from the home to the meter box. A meter will be installed after the inspection passes and the tap fee is paid in full.
- 5) The existing well must be disconnected from the county supplied water system to prevent cross contamination or a back-flow device will be required.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3

Meeting Date: October 5, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input checked="" type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consent Agenda

DEPARTMENT: Administration/Multiple Departments

ITEM DESCRIPTIONS/ATTACHMENTS:

Consent Agenda Items as Board of Commissioners

- a. Approve the minutes of the September 14, 2020 and September 18, 2020 meetings
- b. Adopt the Resolution Authorizing the Execution of License Agreement between Sampson County and Black River Landowners Association, Inc.
- c. Approve the execution of contracts between Sampson County (DSS) and Candii Homes for Non-Emergency Medical Transportation
- d. Accept and authorize execution of task order to proceed with Clinton-Sampson Airport Layout Plan Update
- e. Declare a decommissioned 2013 Chevrolet Tahoe (VIN 1GNLC2E05DR160327) as surplus and authorize transfer to the Town of Roland, NC
- f. Approve late applications for disabled veterans tax exclusion for Edward Keith Marable, Donald E. Pearson, and Benjamin J. Coleman
- g. Approve the tax refunds and releases as submitted
- h. Approve budget amendments as submitted

Consent Agenda Items as Board of Health

- i. Approve laboratory fee revisions as recommended by the Health Advisory Board
- j. Authorize the execution of the contract between Sampson County (Health Department) and Carolina Breast Imaging Specialist, PLLC
- k. Approve revisions to the Information Security Policy as recommended
- l. Approve revisions to the Administrative Policy Manual as recommended

RECOMMENDED ACTION OR MOTION:

Motion to approve Consent Agenda as presented

The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, September 14, 2020. Because the State and the County were under a State of Emergency during the COVID-19 pandemic, the meeting was conducted virtually via Zoom and broadcast via YouTube, proper notice of the virtual environment and broadcast information having been duly posted. Members present via virtual means, as verified by the Clerk’s roll call were: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Harry Parker, Jerol Kivett and Thaddeus Godwin.

Chairman Wooten called the meeting to order and acknowledged Vice Chairperson Lee who then led the invocation and the Pledge.

Approval of Agenda

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously to approve the agenda with the following additions: Item 4 (m) Sheriff’s Office Budget Amendment for the purchase of a new canine and associated costs, and the shelter for the MRAP vehicle; and request to declare the canine “surplus” and authorize its retirement and transfer of ownership to handler Timothy Bass, effective December 1, 2020. Such votes confirmed by Clerk’s roll call.

Item 1: Planning and Zoning Items

Approval of Final Plat for Goose Creek Subdivision (17 lots, Plainview Township) Senior Planner Anita Lane reviewed the request for approval of the final plat for the 17-lot Goose Creek Subdivision. The preliminary plat was reviewed and approved by the Planning Board and the Board of Commissioners on July 15, 2019 and August 5, 2019, respectively, contingent upon the completion and receipt of NCDOT Driveway Permit, Erosion Control Plan, Encroachment Permit-Piedmont Natural Gas, and a permit from Sampson County Public Works. Ms. Lane reported that the subdivision had met all requirements listed in the Subdivision Ordinance. Upon a motion made by Commissioner Godwin and seconded by Commissioner Parker, the Board voted unanimously to approve the final plat for Goose Creek Subdivision (17 lots, Plainview Township), such votes confirmed by Clerk’s roll call.

Approval of Final Plat for Timberlake Subdivision Section Twenty (13 lots, North Clinton Township) Senior Planner Anita Lane reviewed the request for approval of the final plat for the 13-lot Timberlake Subdivision Section

Twenty. The preliminary plat was reviewed and approved by the Planning Board and the Board of Commissioners on May 18, 2020 and June 1, 2020, respectively, contingent upon a subgrade compaction test and an asphalt thickness verification prepared by a third-party soils testing engineering firm, which was provided by Senior Engineer David T. Cunningham of S&ME, Inc. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Godwin, the Board voted unanimously to approve the final plat for the Timberlake Subdivision Section Twenty (13 lots, North Clinton Township), such votes confirmed by Clerk's roll call.

Item 2: Public Hearings

Public Hearing Regarding Proposed Expenditure for Economic Development Purposes (Acquisition of Berry Property) The Chairman opened the hearing and acknowledged County Attorney Joel Starling who reviewed the details of the proposed expenditures pertaining to Sampson County Parcel No. 12-0265560-02, a 62.736-acre property located in the Sampson Southeast Business Center in Clinton. He also noted the proposed purchase price of \$1,097,880, with closing costs not to exceed \$7,500, which will be funded from the Economic Development Reserve Fund and the General Fund. The Chairman asked the Clerk to read public comments received, and the Clerk reported none had been received. The Chairman closed the public hearing. In compliance with the public hearing requirement set forth in G.S. 158-7.1(c) the Board deferred action to the September 17, 2020 recessed meeting.

Public Hearing Regarding Proposed Expenditure for Economic Development Purposes (Acquisition of Carr/Gearing Property) The Chairman opened the hearing and acknowledged County Attorney Joel Starling who reviewed the details of the proposed expenditures pertaining to Sampson County Parcel No. 12-0192880-05, a 59.588-acre property located in the Sampson Southeast Business Center in Clinton. The proposed purchase price is \$1,042,790, with closing costs not to exceed \$7,500, which will be funded from the Economic Development Reserve Fund and the General Fund. The Chairman asked the Clerk to read public comments received, and the Clerk reported none had been received. The Chairman closed the public hearing. In compliance with the public hearing requirement set forth in G.S. 158-7.1(c) the Board deferred action to the September 17, 2020 recessed meeting.

Public Hearing Regarding Naming of Private Roads The Chairman opened the hearing and called upon Assistant County Manager Susan Holder who reviewed the recommendations for naming certain private roads as follows:

PVT 1254 1487
PVT 1615 1088

Honeybee Lane
Goose Creek Circle

The Chairman asked the Clerk to read public comments received, and the Clerk reported none had been received. The hearing was closed. In compliance with the public hearing requirement set forth in G.S. 158-7.1(c) the Board deferred action to the September 17, 2020 recessed meeting.

Item 3: Action Items

911 and Emergency Services Facilities Project - Grant Acceptance and Supplemental Funding Financing County Manager Ed Causey announced that the County has been awarded grant funding in the amounts of \$1,000,000 from Golden Leaf and \$5,571,543 from the 911 Board, giving a grant funding total to date of \$10,071,543, including the \$3,500,00 grant previously awarded by OSBM. He noted that the latest project estimate was \$18,500,000, and staff hoped the Board would authorize the pursuit of loan funding to finance the remainder of the estimated cost, which would be finalized by March 2021. Finance Officer David Clack noted that the Local Government Commission would require the adoption of a resolution regarding financing or refinancing projects that include improvement or construction affecting real property, and which sets forth certain findings and determinations the Board has authorized staff to file an application. Mr. Clack advised the Board that the process would include soliciting bids from local banks, and that staff had received quotes, one of which was a 20-year term at 2.5% or 15-year term at 1.5%, (the Board would determine which term). He noted that the estimated yearly cost of the 15-year loan is not significantly higher than the 20-year term loan, and the 15-year loan would provide a \$1,200,000 savings over the life of the loan. He noted that rates will likely change prior to the finalization of the loan agreement, which is expected to be processed in December 2020 or January 2021, to be completed near March 2021. Commissioner Kivett noted his observations of the conditions under which emergency services personnel and county employees had to work serving the citizens of the County during a disaster and the impact that made on his consideration of the matter, in addition to the available \$10 million grant resources that are so hard to come by. Thus, he was in favor of the needed facility. Upon a motion made by Commissioner Kivett and seconded by Commissioner Godwin, the Board voted unanimously to adopt the resolution authorizing the Board Chairman, County Manager, Clerk to the Board, and County Finance Officer to execute any and all documents necessary for the proper effectuation of the Golden LEAF and 911 Board grants upon review of and concurrence with any such documents by the County Attorney, such votes confirmed by Clerk's roll call. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Godwin, the Board voted unanimously to adopt the resolution approving the financing of an amount not to exceed \$8.5 million for the construction of the emergency services facilities, such votes confirmed by Clerk's roll call. (Copy of the resolution filed in Inc. Minute Book _____, Page _____).

Water District – Authorize Submission of Funding Applications Public Works Director Lin Reynolds presented three separate resolutions for the Keener Well and Water Main Extension (Project Cost: \$2,000,000), South Eldridge and Governor Moore Road Water Main Extensions (Project Cost: \$987,000), and the Harrells Interconnection project (\$3,321,000). Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to adopt the enclosed resolutions authorizing the submission of funding applications, authorizing the County Manager to sign the application and fund transfer certifications and the Finance Officer to sign the financial information forms, such votes confirmed by Clerk’s roll call. (Copies filed in Inc. Minute Book ____ Page ____).

Clement FD – Firefighter’s Relief Fund Trustees Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Kivett, the Board voted unanimously to appoint Kendall Marley to the Clement Fire Department Firefighter’s Relief Fund Trustees, such votes confirmed by Clerk’s roll call.

Item 4: Consent Agenda

Upon a motion made by Commissioner Kivett and seconded by Commissioner Godwin, the Board voted unanimously to approve the Consent Agenda as amended, such votes confirmed by Clerk’s roll call:

- a. Approved the minutes of the August 18, 2020 and August 20, 2020 meetings
- b. Adopted the Capital Project Ordinance Concerning Airport Construction (State Aid to Airports Grant – Airport Layout Plan) (Copy filed in Inc. Minute Book ____ Page ____.)
- c. Approved the execution of contracts between Sampson County (DSS) and service providers: Drake Maynard/DBA DMHR Services, LLC; Sampson Area Transportation; Carolina Care & Counseling, Inc.; Vanguard Professional Staffing, Inc.; The Gardens of Roseboro; The Magnolia; and Sampson Home Health (Copies filed in Inc. Minute Book ____ Page ____.)
- d. Accepted and authorized execution of task order to proceed with Clinton-Sampson Airport FBO Apron Rehabilitation Project (Copy filed in Inc. Minute Book ____ Page ____.)
- e. Adopted a resolution authorizing Chairman to execute Satisfaction of Security Instrument – Bobby & Barbara Webb (Copy filed in Inc. Minute Book ____ Page ____.)
- f. Authorized submission of the application for Evidence Based Health Promotion Funding in the amount of \$3,000 (Copy filed in Inc. Minute Book ____ Page ____.)

- g. Scheduled a public hearing regarding the County's intent to apply for grants from the NC Department of Transportation for FY22: CTP/5311 (Administrative expenses), 5310 Elderly/Disabled (to provide transp. services), Capital (replace 2 transit vans and camera system), and a Rural Expansion
- h. Authorized the execution of Memorandum of Understanding between Sampson County and the Sampson County History Museum (Copy filed in Inc. Minute Book ____ Page ____.)
- i. Adopted the resolution supporting allocation of State funding for planning for Spring Lane in the Ivanhoe community (Copy filed in Inc. Minute Book ____ Page ____.)
- j. Approved late applications for disabled veterans tax exclusion for Tommy E. Ammons and Robert L. Rich
- k. Approved tax refunds and releases as submitted:

#9365	Donna Bass	\$193.28
#9334	Casey Rogers	\$145.48
#9348	Sandra Autry	\$127.71
#9359	Leila Schreiber	\$212.61
#9338	Hannah Bryant	\$360.17
#9343	Barbara Hope	\$105.61
#9350	Toni White	\$229.17
#9353	Larry and Mary Harrington	\$443.54
Tax Release	Ronald Pleasant	\$279.84
Tax Release	Michael and Deborah Sutton	\$771.84
Tax Release	Michael and Deborah Sutton	\$194.59
Tax Release	Betty Holland	\$446.02
Tax Release	Howard Faircloth, Jr.	\$231.25
Tax Release	Fausto Vera	\$254.69
Tax Release	Freddie Williford	\$367.20
Tax Release	Green on the Go Vending	\$351.12
Tax Release	Rommie A. Melvin	\$1,560.73
Tax Release	Sue Smith	\$1,091.95
Tax Release	Ronald Pleasant	\$1,383.82

- l. Approved budget amendments as submitted:

<u>EXPENDITURE</u>		Transportation		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
16145000	525100	Gas, oil, Tires	\$180,000.00	
16145000	512100	Salaries	\$139,303.00	
16145000	512600	Part Time Salaries	\$93,600.00	
16145000	535300	Maint/Repair Vehicles	\$70,000.00	

16145000	526200	Dept Supplies	\$4,500.00	
16145000	519100	Professional Services	\$1,953.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
16134500	403611	Cares Act	\$489,356.00	
<u>EXPENDITURE</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
05558310	561008	JUV Treatment Intervention	\$1,000.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
05435831	303615	JCPC Juvenile Psychological	\$1,000.00	
<u>EXPENDITURE</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
12551630	526200	Department Supplies	\$1,200.00	
12551630	526201	Department Supplies Equipment	\$5,904.00	
12551630	538100	Data Processing	\$396.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535163	404000	State Assistance	\$7,500.00	
<u>EXPENDITURE</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
05558320	518200	Retirement	\$396.00	
05558320	521100	Janitorial Supplies	\$150.00	
05558320	522100	Food & Provisions	\$985.00	
05558320	526200	Departmental Supplies	\$751.00	
05558320	544000	Contracted Supplies	\$1986.00	
05558320	519900	Other Professional Supplies		\$8.00
05558320	525100	Gas, Oil, and Tires		\$138.00
05558320	531100	Travel		\$18.00
05558320	535300	Maintenance/Repair Vehicles		\$200.00
05558320	539500	Employee Training		\$286.00
05558320	539900	Restitution Bank		\$760.00
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
05035832	303612	DIV human RES	\$2,858.00	
<u>EXPENDITURE</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
05558330	512600	Part Time Salaries	\$260.00	

05558330	518100	FICA	\$16.00
05558330	518120	Medicare FICA	\$3.00
05558330	518200	Retirement	\$54.00
05558330	518300	Group Insurance	\$23.00
05558330	522100	Food and Provisions	\$576.00
05558330	525100	Gas, oil, and Tires	\$455.00
05558330	526200	Department Supplies	\$852.00
05558330	531100	Travel	\$1,344.00
05558330	54400	Contracted Services	\$1,990.00

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
05035833	303612	Rev-Juvenile Innovations	\$5,573.00	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
		Aging		
02558790	526200	Info/Case Asst – Dept Supplies	\$100.00	
02558790	526201	Info/Case Asst – Dept Supplies - Equi	\$1,300.00	
02558790	544000	Info/Case Asst – Contracted Services	\$1,600.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
02035879	403602	Info/Case Asst – Health Promotion	\$3,000.00	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
		Aging		
12551230	512100	Salaries	\$20,000.00	
12551230	518100	FICA	\$1,240.00	
12551230	518100	Medicare FICA	\$290.00	
12551230	518200	Retirement	\$1,512.00	
12551230	518300	Group Insurance	\$805.00	
12551230	518400	Dental Insurance	\$30.00	
12551230	518901	401K	\$1,500.00	
12551230	526200	Department Supplies	\$1,018.00	
12551230	532100	Telephone & Postage	\$1,000.00	
12551230	529702	Lab Services	\$4,000.00	
12551230	531100	Travel	\$1,000.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535192	404000	State Assistance	\$32,395.00	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
		Various Appointments		
11243200	535100	Maint Repair Bldgs and grounds	\$26,046.00	

11243100	554000	Capital Outlay Vehicles	\$64,868.00
11142600	535123	Maint Repair Special Projects	\$92,425.00

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11039999	409800	Fund Balance Approp Encumbrances	\$183,339.00	

m. (WALK ON) Declared canine “Bink” as “surplus”, authorizing his retirement and transfer of ownership to handler Timothy Bass, effective December 1, 2020. Approved the budget amendment request allocating funds for the purchase of a replacement canine and the associated training and equipment costs; and the costs for sheltering for the current MRAP vehicle.

<u>EXPENDITURE</u>		Sheriff		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100	555000	Capital outlay Other	\$16,5000.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	402603	Federal Asset Funds	\$16,500.00	

Item 5: County Manager’ Report

Mr. Causey lauded the work and partnership of the many employees, board members, and architects who have worked hard on the 911 building project.

Item 6: Public Comments

Assistant County Manager Susan Holder read the following written public comments:

Michael J. White: Please hear my words, because it took me five days to make this letter. Because I wanted to use the right words to express the emotion and feelings a lot of the people including I felt on August 20th, 2020 when the Board voted to remove the monument and the pedestal that is structurally sound at the courthouse in Clinton, Sampson County. Let me start with this, I counted the number of people who wrote a letter and talked for and against the removal of the monument that was read out and them who spoke and it was 8 for the removal and 8 x 2 for it to stay. Congratulations for y’all are the example of why Pres. Donald J. Trump was elected in to office. Y’all are not our leaders of our community, y’all are our representatives of the community and to represent our feelings and to go about helping our community in that way. But with this, y’all turned a deaf ear to them who y’all are supposed to be representing. The majority of the community of Sampson County wanted that memorial/monument to stay where it was at. I ask this, how would y’all feel if I wnet to the graveyard and kicked over and destroyed y’all family headstones going all the way back. I would

guess y'all would not be happy, but guess what? That is what y'all are doing by removing that memorial/monument. Because it was against the law for the people of Sampson County to removal their family remains of their love ones who died and fell in combat in another state. That's why that memorial/monument went up because you won't find their names in a graveyard!!! Whatever happened to "Love your neighbor as yourself"? That pedestal is structurally sound by law, it is safe and not a danger to anyone, so by removing it y'all are breaking the law. Y'all should be ashamed of yourselves!! And I hope God would forgive you when it's your time to see him, and He ask you why you did not love your neighbor? Y'all can stop this! By the powers we the people of Sampson County of North Carolina and the state delegated to you has the Sampson County Board of Commissioners body. May God forgive y'all if y'all don't stop and reverse y'all decision. Sincerely, Michael J. White.

Donald Herndon: My name is Donald Herndon. My address is 5061 Cornwallis Road, Turkey, NC 28393. Because of the Chinese virus pandemic, the Sampson County Board of Commissioners continues to hold 'virtual' monthly meetings rather than their regular publicly attended meetings. Due to this, public comments must be submitted prior to the 'virtual' meeting and are read into the record at the end of that meeting. The following are comments/questions, and answers, I am requesting be read into the record near the end of the September 8, 2020 meeting: At your August 3, 2020 meeting I provided public comments to the Sampson County Board of Commissioners requesting the Commissioners adopt and pass 'A Resolution Recognizing and Supporting the Sampson County Sheriff's Department and the County Criminal Justice System'. I provided adequate background and reasoning as to why I felt this was appropriate and, needed at this time, considering both State and Nationwide calls for De-Funding the Police amid riots, looting and violence by domestic terror groups such as Black Lives Matter and Antifa, among others. Our Law Enforcement and Criminal Justice System must know that their elected Leaders will not waver in their support for them and will ensure adequate funding remains available in order for them to provide the level of Protection and Safety & Security to all people of/in Sampson County. That there will NO De-funding of the Sheriff's Department or Criminal Justice System. Included in my comments was a request for a response regarding your consideration for adoption and passage of my proposed resolution, within 2 weeks. I have not received my requested response. I again ask for you to pass a resolution in Support of Law Enforcement and the Criminal Justice System, whether mine or one of your own making. A second copy is attached which I would like to be read into the record. It is needed now more than ever. I look forward to your response. In addition, to allay concerns of the people of Sampson County regarding the safety of themselves and their property, I am requesting Chairman Wooten, on behalf of the Board of Commissioners, and please others weigh in as well, answer the following 2 questions during tonight's meeting: Do you/will you reject any proposal or discussion regarding De-funding the Sheriff's Department or Criminal Justice System? Do you fully and completely support the Sampson County

Sheriff's Department and the Criminal Justice System? Again, I look forward to your prompt response. Thank you for your time.

(The sample resolution Mr. Herndon provided is transcribed below.)

A RESOLUTION RECOGNIZING AND SUPPORTING THE SAMPSON COUNTY SHERIFF'S DEPARTMENT AND THE COUNTY CRIMINAL JUSTICE SYSTEM

Whereas, Federal, State, and local police officers, sheriffs, and other law enforcement officers across the United States serve with valor, dignity, and integrity; and

Whereas, law enforcement officers and Criminal Justice System are charged with pursuing justice for all individuals, while performing their duties with fidelity to the constitutional and civil rights of the public they serve; and

Whereas, law enforcement officers swear an oath to uphold the public trust even though, through the performance of the duties of a law enforcement officer, the officers may become targets for acts of violence; and

Whereas, law enforcement officers have bravely continued to meet the call of duty to ensure the security of their neighborhoods and communities at the risk of their own personal safety in the time of a viral pandemic and racial unrest; and

Whereas, the resolve to service is clearly demonstrated by law enforcement officers across the country who have tragically fallen ill or passed away in the line of duty; and

Whereas, officers who behave in ways contrary to their oaths or betray the public trust should be held fully accountable and face the consequences therefore; but at the same time, the overwhelming majority of decent, honorable and selfless law enforcement officers should not be judged by the actions of a few; and

Whereas, the Sampson County Sheriff's Department recognize the worth and diversity of individuals and cultures, showing neither undue favor or bias; exercising just practices in all they do; and

Whereas, the Sampson County Sheriff's Department has an outstanding and recognized record of police service and being on the front lines of crime prevention, investigations, and arrests; and

Whereas, law and order in any community must be a collaboration between the citizens of that community, the police and elected officials; and

Whereas, recent experience has shown that crime will begin to rise as officers become less willing to initiate contacts with the public due to lack of community and official support; and

Whereas, Sheriff & Sheriff's Deputies must have the backing of their community and elected leaders to do their job effectively;

Now therefore;

Be It Resolved, by the Board of Commissioners of Sampson County of North Carolina as follows:

This Board, on behalf of the County of Sampson:

- 1) expresses unwavering support for law enforcement officers of the Sampson County Sheriff's Department & the Criminal Justice System and across the United States who act ethically and with integrity in the pursuit of preserving safe and secure communities; and
- 2) recognizes the need to provide adequate funding of the Sampson County Sheriff's Department to ensure that law enforcement officers have the equipment, training, and resources that are necessary in order to provide for the Safety and Security of people and their property and to protect the health and safety of the officers; and
- 3) recognizes the law enforcement community for continual unseen acts of sacrifice and heroism, especially in the midst of current issues faced by the United States; and
- 4) acknowledges that the Sheriff & Sheriff's Deputies and other law enforcement personnel, especially those who have made the ultimate sacrifice, should be remembered and honored; and
- 5) expresses condolences and solemn appreciation to the loved ones of each law enforcement officer who has made the ultimate sacrifice in the line of duty; and
- 6) expresses its strong support for the dedication of the Sampson County Sheriff's Department to respect all individuals regardless of race or culture, and to adopt and emphasize constitutional, ethical, and unbiased law enforcement practices; and
- 7) encourages the citizens of Sampson County and people of the United States to remain aware of the essential mission that law enforcement personnel undertake in service to their communities and to honor and respect the ongoing efforts of the overwhelmingly decent and honorable members of the law enforcement community in furtherance of that mission, even at risk of their own personal safety.

Recess to Reconvene

Upon a motion made by Chairman Wooten and seconded by Commissioner Godwin, the Board voted unanimously to recess to reconvene on September 17, 2020, at 6:00 p.m., such votes confirmed by Clerk's roll call.

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board

The Sampson County Board of Commissioners reconvened at 6:00 p.m. on Thursday, September 17, 2020. Because the State and the County were under a State of Emergency during the COVID-19 pandemic, the meeting was conducted virtually via Zoom and broadcast via YouTube, proper notice of the virtual environment and broadcast information having been duly posted. Members present via virtual means, as verified by the Clerk's roll call were: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Harry Parker and Jerol Kivett. Absent: Commissioner Thaddeus Godwin.

Chairman Wooten called the meeting to order and acknowledged Vice Chairperson Lee who called on Commissioner Parker to provide the invocation. She then called upon Anita Lane to lead the pledge.

Item 1: Actions Related to Public Hearings Held on September 14, 2020

Proposed Expenditure for Economic Development Purposes (Acquisition of Berry Property) The Chairman noted that a duly advertised public hearing regarding the County's proposed expenditure for economic development purposes (the acquisition of a fee simple interest in a 62.736 ± acre property owned by Summer B. Berry and husband Jeffrey Scott Berry) was held on September 14, 2020. The Chairman questioned if any additional comments had been received, and the Clerk stated that none had been received. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to adopt the Resolution Approving the Economic Development Expenditure (Berry Property), such votes confirmed by Clerk's roll call. (Copy of resolution and agreement for sale and purchase filed in Inc. Minute Book _____, Page _____.)

Proposed Expenditure for Economic Development Purposes (Acquisition of Carr/Gearing Property) The Chairman noted that a duly advertised public hearing regarding the County's proposed expenditure for economic development purposes (the acquisition of a fee simple interest in a 59.588 ± acre property owned by Lynn S. Carr and wife, Jacqueline R. Carr, and Karen Carr Gearing and husband, John S. Gearing) was held on September 14, 2020. The Chairman questioned if any additional comments had been received, and the Clerk stated that none had been received. Upon a motion made by Commissioner Kivett and seconded by Commissioner Parker, the Board voted unanimously to adopt the Resolution Approving the Economic Development Expenditure (Carr/Gearing Property), such votes confirmed by Clerk's roll call. (Copy of resolution and agreement for sale and purchase filed in Inc. Minute Book _____, Page _____.)

Naming of Private Roads The Chairman noted that a duly advertised public hearing regarding the naming of certain private roads was held on September 14, 2020. The Chairman questioned if any additional comments had been received, and the Clerk stated that none had been received. Upon a motion made by Commissioner Parker and seconded by Commissioner Kivett, the Board voted unanimously to approve the naming of certain private roads as follows:

PVT 1254 1487
PVT 1615 1088

Honeybee Lane
Goose Creek Circle

Item 2: Sampson Regional Medical Center - Annual Budget Presentation

Sampson Regional Medical Center CEO, Dr. Shawn Howerton, and Chief Financial Officer Jerry Heinzman made the annual budget presentation. Mr. Heinzman noted that the Covid pandemic had affected the 2019-2020 volumes and statistics, particularly in areas such as surgical procedures, emergency room visits, acute care admissions, and outpatient and diagnostics procedures, some having decreases up to 40%. Dr. Howerton noted that this was industry wide. Due to the decreases, it was noted that the proposed budget for 2021 uses statistics from FY2019 for comparisons, projections, and a basis for moving forward. Mr. Heinzman noted that the revenues were affected by the statistics and reflected the volumes projected by SRMC directors, including a 3% charge increase for patients. These increases are necessary for insurance companies to provide contractual charge increases. SRMC's revenue by payer percentages were not significantly impacted, with Medicare still accounting for approximately 49% of the revenue. The income statement revealed a projected net patient revenue increase of \$4,241,271 as a result of rebuilding the volumes from the current year. There was a reduction in Non-Operating Revenue of \$2,150,731, non-recurring CARES Act revenues, so the total projected increase in revenues was projected at \$2,090,540. Mr. Heinzman reviewed upcoming capital project requests totaling approximately \$3,000,000, including projects such as repairs to the main elevators, drainage system, MRI chiller, Microsoft server, anesthesia equipment, and other essential equipment. In summation, Mr. Heinzman listed the management recommendations, which included approval of operating budget with a \$369,000 gain, patient charge increase of 3%, an annual merit based on performance, a capital budget of \$3,000,000 that includes \$503,000 in contingency, and to end the year with 110 days cash on hand. The Chairman expressed appreciation for the services provided to citizens by the hospital and its staff. Upon a motion made by Commissioner Kivett and seconded by Vice Chairperson Lee, the Board voted unanimously to approve the budget as recommended by the Sampson Regional Medical Center Board of Trustees and staff.

Adjournment

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to adjourn.

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board

NORTH CAROLINA'S
SAMPSON COUNTY
OFFICE *of the* COUNTY ATTORNEY

MEMORANDUM

TO: Susan J. Holder
FROM: Joel Starling
DATE: September 23, 2020
RE: License Agreement with Black River Landowners Association, Inc.

The County intends to acquire three parcels in Franklin Township as part of FEMA's Hazard Mitigation Grant Program. All three properties are subject to certain declarations, conditions, and covenants that allow the Black River Landowners Association to charge property owners assessments for the maintenance of roads and certain common areas. The Landowners Association has agreed to relieve the County of any responsibility for payment of these assessments in exchange for the County's grant of a non-exclusive license to use the property as permanent open space, in accordance with FEMA rules and regulations.

Materials:

1. Resolution Authorizing Execution of the License Agreement; and
2. License Agreement

This instrument was prepared by:
W. Joel Starling, Jr.
Sampson County Attorney
406 County Complex Rd., Bld. C
Clinton, NC 28328

STATE OF NORTH CAROLINA

LICENSE AGREEMENT

COUNTY OF SAMPSON

THIS LICENSE AGREEMENT (this “License”) is made this ___ day of October, 2020, by and between **SAMPSON COUNTY**, a body corporate and politic and a political subdivision of the State of North Carolina (“Licensor”); and **BLACK RIVER LANDOWNERS ASSOCIATION, INC.**, a North Carolina non-profit corporation (“Licensee”).

WITNESSETH:

WHEREAS, Licensor is the owner of three (3) parcels of real property located in Franklin Township, Sampson County, North Carolina, which are more particularly described on Exhibit “A” attached hereto and incorporated herein by reference (the “Property”); and

WHEREAS, Licensee wishes to use the Property, once all structures located thereon have been demolished and removed by Licensor, for the purpose of maintaining the Property as permanent open space in order to protect and preserve natural floodplain values, subject to the Deed Restrictions and Covenants set forth in the deeds by which Licensor took title to the Property, said Deed Restrictions and Covenants being incorporated herein by reference, (collectively the “Purpose”), and Licensor is agreeable to the Purpose as set forth in more detail below:

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows;

1. **License.** Subject to the terms and conditions set forth herein, Licensor hereby grants Licensee, and Licensee hereby accepts from Licensor, a non-exclusive license for use of the Property for the Purpose. Licensee shall not use the Property for any other purpose or use except

the Purpose, nor permit the Property to be used for any other use or purpose other than as set forth herein. Licensee finds the Property in its “AS IS, WHERE IS” condition (after the demolition and removal of all structures located on the Property) without any warranties (expressed or implied) or representations as to the Property’s condition. Upon the termination of this License, Licensee shall return the Property to Licensors in as good condition as the same existed on the Commencement Date (defined below), except for ordinary wear and tear for the permitted Purpose.

2. **Term of License.** This License must be approved by the Federal Emergency Management Agency (“FEMA”) before it becomes effective. The License granted herein shall commence on the date that Licensors notifies Licensee in writing that all required demolition and removal of structures located on the Property has been completed or on the date on which FEMA approves this License, whichever is later, (the “Commencement Date”), and shall continue until such time as the License is terminated as provided herein (the “License Term”). Upon the termination of the License, the Licensee shall vacate the Property in accordance with the terms expressed herein. Notwithstanding anything contained herein to the contrary, if at any time during the License Term, Licensee uses the Property for any purpose or use except the Purpose or in a way that violates the Declaration of Covenants, Conditions, and Restrictions recorded in Deed Book 1238, Page 688 of the Sampson County Registry or the Deed Restrictions and Covenants set forth in the deeds by which Licensors took title to the Property, this License shall automatically terminate. Furthermore, in the event that Licensee shall cease to exist as a non-profit corporation in good standing with the North Carolina Secretary of State, this License shall automatically terminate. In the event that this License automatically terminates as provided herein, Licensors may immediately record an instrument of termination with the Sampson County Register of Deeds.

3. **Assessments and Road Maintenance Obligations.** Licensee shall assume sole responsibility for any past, present, or future assessments, special assessments for capital improvements, road maintenance obligations, or other obligations imposed by the Declaration of Covenants, Conditions, and Restrictions recorded in Deed Book 1238, Page 688 of the Sampson County Registry and/or the Bylaws and Rules of Licensee.

4. **Utilities and Other Maintenance.** To the extent that connection of utility services is permitted under this License, Licensee shall be solely responsible for: (i) making arrangements for any utility services Licensee requires at the Property; and (ii) paying all charges or bills incurred for and pertaining to utility service at the Property. Licensors shall not be responsible for any repairs or maintenance to the Property or any easement, right-of-way, or other appurtenance, unless caused by the negligence or willful misconduct of the Licensors and/or any of its employees, contractors, or agents.

5. **Covenants, Conditions, and Restrictions.** Licensee and its members shall comply with all those covenants, conditions, and restrictions set forth in the Declaration of Covenants, Conditions, and Restrictions recorded in Deed Book 1238, Page 688 of the Sampson County Registry as well as the Bylaws and Rules of Licensee, said Declaration, Bylaws, and Rules being incorporated herein by reference.

6. **FEMA Restrictions and Covenants.** Licensee and its members shall maintain the Property as permanent open space in accordance with FEMA rules and regulations, including the

Deed Restrictions and Covenants set forth in the deeds by which Licensor took title to the Property, which are incorporated herein by reference. Licensee and its members shall permit no structures or improvements to be erected upon the Property, except as may be permitted by FEMA rules and regulations. Any improvements or repairs made to the Property shall first be approved by the Licensor, which approval Licensor may withhold in its sole and absolute discretion. FEMA and its representatives and assigns, including the State of North Carolina, shall have the right to enter upon the Property at reasonable times and with reasonable notice for the purpose of inspecting the Property to ensure compliance with FEMA rules and regulations, including the Deed Restrictions and Covenants referenced herein.

7. **Disaster Assistance and Flood Insurance.** The parties acknowledge that no entity or source affiliated with the federal government may provide disaster assistance for any purpose with respect to the Property, nor may any application for such assistance be made to any federal entity or source. The Property is not eligible for coverage under the National Flood Insurance Program for damage to structures on the property, except for pre-existing structures being relocated off the property in connection with FEMA rules and regulations.

8. **Indemnity.** Licensor and its elected officials, officers, employees, and agents shall not be liable to Licensee for any loss, death, damage, or injury to persons and property of Licensee, its members, employees, servants, and agents, for any loss, death, damage, or injury to any persons and property resulting from or arising out of any claim for negligence, breach of warranty, or strict tort liability, or any claim whatsoever of any nature, either in connection with or incident to the performance of this License or as a result of Licensee's members, employees, agents, representatives, or any other third parties' presence on the Property or any easement, right-of-way or other appurtenance. Licensee further agrees to indemnify, defend, and save harmless Licensor, and its elected officials, officers, employees, servants, and agents, from any and all claims, suits, expenses, liabilities, payments, loss, and costs (including attorney's fees) for any loss, death, damage, or injury to any and all persons and property, including without limitation Licensor and third parties and damages to the Property, resulting from or arising out of any claim for negligence, breach of warranty or strict tort liability, or otherwise, either in connection with or incident to the performance of this License or as a result of Licensee's members, employees', agents', representatives', contractors', or other third parties' acts or presence on the Property or any easement, right-of-way, or other appurtenance or in any way connected with the performance of the duties required by this License; and this indemnification shall include the instances of loss, death, damage, or injury to persons and property of Licensee, its members, employees, servants, and agents, provided for above in the exculpatory provisions of this paragraph. This Section 8 shall survive the termination of this License.

9. **Environmental Laws.** Licensee covenants that no Hazardous Materials (defined below) shall be stored or placed on, under, or about the Property or the Property's soil or ground water or be allowed to escape, seep, leak, spill, discharge, emit, or release on, under, or about the property. Licensee hereby agrees to indemnify, defend, and save harmless Licensor and its elected officials, officers, employees, servants, agents, successors, and assigns from and against any and all losses, liabilities, damages, injuries, penalties, fines, costs, expenses, and claims of any and every kind whatsoever (including attorney's fees) paid, incurred, or suffered by, or asserted against, Licensor as a result of any claim, demand, or judicial or administrative action by any

person or entity (including governmental or private entities) for, with respect to, or as a direct or indirect result of, the presence on or under or the escape, seepage, leakage, spillage, discharge, emission, or release from the Property of any Hazardous Materials caused by Licensee or Licensee's members, employees, agents, invitees, or contractors. This indemnity shall also apply to any release of Hazardous Materials caused by fire or other casualty to the Property if such Hazardous Materials were stored on the Property by Licensee, its members, employees, agents, invitees, or successors in interest.

For purposes of this License, "Hazardous Materials" means any chemical, compound, material, substance, or other matter that (i) is defined as a hazardous substance, hazardous material or waste, or toxic substance pursuant to any Hazardous Material Requirements (defined below); (ii) is regulated, controlled, or governed by any Hazardous Materials Requirements; (iii) is petroleum or a petroleum product; or (iv) is asbestos, formaldehyde, a radioactive material, drug, bacteria, virus, or other injurious or potentially injurious material (by itself or in combination with other materials).

For purposes of this License, "Hazardous Material Requirements" means any and all federal, state, or local laws, ordinances, rules, decrees, orders, regulations, or court decisions relating to hazardous substances, hazardous materials, hazardous waste, toxic substances, environmental conditions on, under, or about the Property or soil and ground water conditions, including, but not limited to, the Comprehensive Environmental Response, Compensation and Liability Act of 1980, the Resource Conservation and Recovery Act, the Hazardous Materials Transportation Act, and any other legal requirement concerning hazardous or toxic substances, and any amendments to the foregoing.

This Section 9 shall survive the termination of this License.

10. **Liability Insurance.** Throughout the License Term, the Licensee shall obtain and keep in effect general liability insurance insuring against liabilities hereunder in amounts and under policies that are commercially reasonable, and from insurers licensed to do business in the State of North Carolina. The Licensee's certificate of such insurance shall be delivered to Licensor promptly following the Commencement Date, and Licensor shall be named as an additional insured on such insurance policy.

11. **Property Damage and Insurance.** Licensee shall bear all risk of loss, damage, theft, misappropriation, or other casualty to all or any portion of Licensee's personal property located at or about the Property or any easement, right-of-way, or other appurtenance or damages to the Property or any easement, right-of-way, or other appurtenance arising from the Licensee's use thereof. Licensee shall procure appropriate property/casualty insurance for the Property and its contents.

12. **Casualty/Condemnation.** Licensor shall have no obligation at any time during the License Term to make any changes, repairs, or improvements to the Property or any easement, right-of-way, or other appurtenance. If the Property or any easement, right-of-way, or other appurtenance shall be damaged or destroyed by fire or other casualty, or shall be subject to full or

partial condemnation, Licensor shall have no obligation to repair or restore the same unless it shall so elect in its sole and absolute discretion.

13. **No Assignment.** Licensee shall not assign this License without the prior written consent of Licensor, which consent Licensor may withhold in its sole and absolute discretion. The consent by Licensor to any assignment shall not constitute a waiver of the necessity for such consent to any subsequent assignment.

14. **Termination.** Either party may unilaterally terminate this License for any reason, provided that it has first given thirty (30) days written notice of its intent to terminate to the non-terminating party, by recording an instrument of termination with the Sampson County Register of Deeds.

15. **Not a Lease.** It is hereby declared by and between the parties that it is not the intention of either Licensor or Licensee to create between them the relationship of Landlord and Tenant. Rather, this License is intended solely to create a bare privilege on the part of the Licensee, personal to Licensee, to use the Property in the manner described herein. This License does not in any way imply any affiliation of Licensor with Licensee, or establish or memorialize any partnership, joint venture, or other such relationship between Licensor and Licensee.

16. **Notices.** Any notice required or permitted herein shall be made in writing, and shall be sent (i) by registered or certified U.S. mail, return receipt requested; (ii) by nationally recognized courier service; (iii) or by hand delivery to the address for the respective party set forth below, or any other address designated by the respective party in writing from time to time:

If to Licensor: Sampson County
 Attn: County Manager
 406 County Complex Rd., Bldg. C
 Clinton, NC 28328

If to Licensee: Black River Landowners Association, Inc.
 Attn: President
 2003 S. NC Hwy. 50
 Rose Hill, NC 28458

Written notice to any party shall be deemed to have been given upon being mailed to the proper address provided above, with proper postage prepaid, or upon actual delivery if hand delivered or sent by overnight courier.

17. **Miscellaneous.** All provisions herein shall be binding upon and shall inure to the benefit of the parties hereto, and to their respective legal representatives, successors and permitted assigns. Each provision to be performed by Licensee shall be construed to be both a covenant and a condition, and if there shall be more than one Licensee, they shall all be bound, jointly and severally. The provisions of this License shall be severable, and shall be construed pursuant to the laws of the State of North Carolina. Time is of the essence for all purposes herein. This License, and any exhibits and/or addendum attached hereto, set forth the entire agreement between the

parties hereto relating to the subject matter hereof. Any prior conversation or writing are merged herein and extinguished. No subsequent amendment to this License shall be binding upon Licensor or Licensee unless reduced to writing and signed by both parties hereto, except as otherwise provided herein. This License shall have no binding effect on either party unless and until executed by both Licensor and Licensee. The parties each represent and warrant to the other that they have full power and authority to enter into this License and to satisfy their respective obligations hereunder.

IN WITNESS WHEREOF, Licensor and Licensee have caused this License to be executed and delivered, being first duly authorized so to do, on the date first above written.

LICENSOR:

SAMPSON COUNTY

By: _____
Clark H. Wooten, Chairman,
Sampson County Board of Commissioners

ATTEST:

SUSAN J. HOLDER, Clerk,
Sampson County Board of Commissioners

LICENSEE:

BLACK RIVER LANDOWNERS ASSOCIATION, INC.

By: _____
David B. Jenkins, Jr., President

STATE OF NORTH CAROLINA

COUNTY OF SAMPSON

I, _____, a Notary Public of Sampson County, North Carolina, certify that Susan J. Holder personally came before me this day and acknowledged that she is the Clerk to the Board of Commissioners of Sampson County, and that by authority duly given and as the act of Sampson County, the foregoing License Agreement was signed in its name by the Chairman of its Board of Commissioners, sealed with its official seal, and attested by herself as the Clerk to the Board of Commissioners.

Witness my hand and official seal, this the _____ day of October, 2020.

NOTARY PUBLIC
My Commission Expires: _____

STATE OF NORTH CAROLINA

COUNTY OF SAMPSON

I, _____, a Notary Public of _____ County, North Carolina, certify that David B. Jenkins, Jr. personally came before me this day and acknowledged that he is President of Black River Landowners Association, Inc., a North Carolina non-profit corporation, and that he, as President, being authorized to do so, executed the foregoing License Agreement on behalf of the corporation.

Witness my hand and official seal, this the _____ day of October, 2020.

NOTARY PUBLIC
My Commission Expires: _____

EXHIBIT "A"

PARCEL 1

Sampson County Parcel # 03-0123909-59

BEGINNING at an iron pipe in the centerline of Black River Lane (60' private soil right of way easement). The point of the beginning has NC Grid Coordinates (NAD 83/2011) of N = 354373.39', E = 22218013.20', CF = 0.999919534 and is also the northeast corner of Lot No 59 shown on a plat entitled "Survey for Fred L. Pait and Stella D. Pait" and recorded in the Sampson County Registry in Map Book 29 at Pages 73 & 74. Running thence, from the point of beginning and with the northern line of Lot 59 and the centerline of Black River Lane, South 55 degrees 36 minutes 55 seconds East – 100 feet to an iron pipe; thence, with the eastern line of Lot 59, South 01 degrees 20 minutes 23 seconds East – 297.72 feet to an iron pipe; thence with the southern line of Lot 59, South 86 degrees 56 minutes 38 seconds West – 134.99 feet to a concrete monument; thence with western line of Lot 59, North 07 degrees 08 minutes 53 seconds East – 364.14 feet to the point of beginning, containing 0.83 acres more or less as computed by the coordinate method and being all of Lot 59, Map Book 29, Pages 73 & 74. All bearings are in angular relation to NC Grid North and all distances are horizontal field measurements.

Together with a non-exclusive road easement for ingress, egress, regress and access over and upon those certain roads described as "Proposed 60' Wide Right-of-Way (Private Road)" and "Private Access #1" and "Private Access #2" as shown on the above referenced map; and that certain 60' roadway easement described in Deed Book 1208, at Page 110, Sampson County Registry. Said road easements have not been constructed to minimum standards sufficient for inclusion on the State Highway System for Maintenance. Said road easements and access lots shall be maintained by Black River Landowners Association, Inc. to the extent that said road easements and river access lots are needed by Grantee for access purposes and shall not be maintained by Grantor for Grantee's benefit. This notice is given pursuant to N.C. Gen. Stat. § 136-102.6(f).

Use of said road easements and river access lots are subject to assessments and liens as established by Black River Landowners Association, Inc.

This conveyance is made subject to that certain Declaration of Covenants, Conditions, and Restrictions recorded in Deed Book 1238, at Page 688, Sampson County Registry, and the By-Laws of Black River Landowners Association, Inc.

The description of the tract of land herein conveyed is according to a survey and map thereof by Elizabeth F. Smith, PLS, dated April 17, 2020, and entitled "Map of Survey for the Sampson County HMGP – Acquisitions of the Property Owned by Daniel Baldwin".

PARCEL 2

Sampson County Parcel # 03-0182131-01

BEGINNING at an iron pipe in the southern line of Ride Safe Lane (19.1' private soil joint right of way easement recorded in Deed Book 1350, Page 880, Sampson County Registry). The point of beginning has NC Grid Coordinates (NAD 83/2011) of: N = 356777.81', E = 2215882.21', CF = 0.999918468 and is also the northeast corner of Lot No. 75D shown on a plat entitled "Survey for Mary A. Perry" and recorded in the Sampson County Registry in Map Book 34 at Page 72 and is also located North 40 degrees 45 minutes 09 seconds West – 22.45 feet and South 46 degrees 58 minutes 32 seconds West 497.23' from the centerline intersection of Black River Lane and River Haven Lane. Running thence, from the point of beginning and with the eastern line of Lot 75D, South 40 degrees 45 minutes 09 seconds East – 186.00 feet to an iron pipe; thence, with the southern line of Lot No. 75D, South 46 degrees 58 minutes 32 seconds West – 197.23 feet to an iron pipe; thence, with the western line of Lot 75D, North 40 degrees 45 minutes 09 seconds West – 186.00 feet to a point in the southern line of Ride Safe Lane; thence with the southern line of Ride Safe Lane, North 46 degrees 58 minutes 32 seconds East – 197.23 feet to the point of beginning, containing 0.84 acre more or less as computed by the coordinate method and being all of Lot No. 75D, Map Book 34, Page 72. All bearings are in angular relation to NC Grid North and all distances are horizontal field measurements.

Together with a non-exclusive road easement for ingress, egress, regress and access over and upon those certain roads described as "Proposed 60' Wide Right-of-Way (Private Road)" and "Private Access #1" and "Private Access #2" as shown on the above referenced map; and that certain 60' roadway easement described in Deed Book 1208, at Page 110, Sampson County Registry. Said road easements have not been constructed to minimum standards sufficient for inclusion on the State Highway System for Maintenance. Said road easements and access lots shall be maintained by Black River Landowners Association, Inc. to the extent that said road easements and river access lots are needed by Grantee for access purposes and shall not be maintained by Grantor for Grantee's benefit. This notice is given pursuant to N.C. Gen. Stat. § 136-102.6(f).

Also together with a non-exclusive road easement (Joint Right of Way Agreement) for ingress, egress and regress described and shown on that certain map entitled "Survey for Mary A. Perry" dated August 24, 1999, recorded in Plat Book 34, Page 72 in the Office of the Sampson County Register of Deeds and the Joint Right-of-Way Agreement is recorded in Book 1350, Page 880, Sampson County Registry. All of which reference is hereby made and are incorporated into this Instrument by reference as though the same was fully set out herein and are made part hereof.

The description of the tract of land herein conveyed is according to a survey and map thereof by Manley D. Carr, PLS, dated April 3, 2020, and entitled "Map of Survey for the Sampson County HMGP – Acquisitions of the Property Owned by Robert Bradsher".

Use of said road easements and river access lots are subject to assessments and liens as established by Black River Landowners Association, Inc.

This conveyance is made subject to that certain Declaration of Covenants, Conditions, and Restrictions recorded in Deed Book 1238, at Page 688, Sampson County Registry, and the By-Laws of Black River Landowners Association, Inc.

PARCEL 3

Sampson County Parcel # 03-0123909-16

BEGINNING at an iron pipe in the centerline of River Haven Lane (60' private soil right of way easement recorded in Map Book 29, Pages 73 & 74, Sampson County Registry). The point of beginning has NC Grid Coordinates (NAD 83/2011) of: N = 357173.64', E = 2216816.54', CF = 0.999918300 and is also the northwest corner of Lot No 16 shown on a plat entitled "Survey for Fred L. Pait and Stella D. Pait" and recorded in the Sampson County Registry in Map Book 29 at Pages 73 & 74. Running thence, from the point of beginning and with the northern line of Lot 16, South 37 degrees 00 minutes 20 seconds East – 612.57 feet to an iron pipe; thence, with the eastern line of Lot No. 16, South 68 degrees 35 minutes 25 seconds West – 120.00 feet to an iron pipe; thence, with the southern line of Lot 16, North 37 degrees 46 minutes 53 seconds West – 619.50 feet to a iron pipe in the centerline of River Haven Lane (60' private right of way easement); thence, with the centerline of River Haven Lane, North 70 degrees 30 minutes 52 seconds East – 130.00 feet to the point of beginning, containing 1.69 acres more or less as computed by the coordinate method and being all of Lot No. 16, Map Book 29, Pages 73 & 74. All bearings are in angular relation to NC Grid North and all distances are horizontal field measurements.

Together with a non-exclusive road easement for ingress, egress, regress and access over and upon those certain roads described as "Proposed 60' Wide Right-of-Way (Private Road)" and "Private Access #1" and "Private Access #2" as shown on the above referenced map; and that certain 60' roadway easement described in Deed Book 1208, at Page 110, Sampson County Registry. Said road easements have not been constructed to minimum standards sufficient for inclusion on the State Highway System for Maintenance. Said road easements and access lots shall be maintained by Black River Landowners Association, Inc. to the extent that said road easements and river access lots are needed by Grantee for access purposes and shall not be maintained by Grantor for Grantee's benefit. This notice is given pursuant to N.C. Gen. Stat. § 136-102.6(f).

Use of said road easements and river access lots are subject to assessments and liens as established by Black River Landowners Association, Inc.

This conveyance is made subject to that certain Declaration of Covenants, Conditions, and Restrictions recorded in Deed Book 1238, at Page 688, Sampson County Registry, and the By-Laws of Black River Landowners Association, Inc.

The description of the tract of land herein conveyed is according to a survey and map thereof by Manley D. Carr, PLS, dated April 3, 2020, and entitled “Map of Survey for the Sampson County HMGP – Acquisitions of the Property Owned by Edward D. Summer”.

**Contract # 52 Fiscal Year Begins July 1, 2020 Ends June 30, 2021
Non-Emergency Medical Transportation**

This contract is hereby entered into by and between the Sampson County Department of Social Services (the "County") and Candii Homes (the "Contractor") (referred to collectively as the "Parties"). The Contractor's federal tax identification number or is 83-0409225 and DUNS Number _____ (required if funding from a federal funding source).

- 1. Contract Documents:** This Contract consists of the following documents:
- (1) This contract
 - (2) The General Terms and Conditions (Attachment A)
 - (3) The Scope of Work, description of services, and rate (Attachment B)
 - (4) Federal Certification Regarding Drug-Free Workplace & Certification Regarding Nondiscrimination (Attachment C)
 - (5) Conflict of Interest (Attachment D)
 - (6) No Overdue Taxes (Attachment E)
 - (7) Federal Certification Regarding Environmental Tobacco Smoke (Attachment F)
 - (8) Federal Certification Regarding Lobbying (Attachment G)
 - (9) Federal Certification Regarding Debarment (Attachment H)
 - (10) HIPAA Business Associate Addendum (Attachment I)
 - (11) Certification of Transportation (Attachment J)
 - (12) State Certification (Attachment M)
 - (13) Certification - Non-Discrimination, Clean Air, Clean Water (Attachment N)
 - (14) Contract Determination Questionnaire (required)

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

- 2. Precedence among Contract Documents:** In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.
- 3. Effective Period:** This contract shall be effective on July 1, 2020 and shall terminate on June 30, 2021. This contract must be twelve months or less.
- 4. Contractor's Duties:** The Contractor shall provide the services and in accordance with the approved rate as described in Attachment B, Scope of Work.
- 5. County's Duties:** The County shall pay the Contractor in the manner and in the amounts specified in the Contract Documents. The total amount paid by the County to the Contractor under this contract shall not exceed \$10,725.00 for the fiscal year. This amount consists of \$10,725.00 in Federal funds (CFDA #93.645), \$ 0. in State Funds, \$0. in County funds
- a. There are no matching requirements from the Contractor.
- b. The Contractor's matching requirement is \$ _____, which shall consist of:
- | | |
|---|--|
| <input type="checkbox"/> In-kind | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Cash and In-kind | <input type="checkbox"/> Cash and/or In-kind |

The contributions from the Contractor shall be sourced from non-federal funds.

- 6. Reversion of Funds:**
Any unexpended grant funds shall revert to the County Department of Social Services/Human Services upon termination of this contract.

7. Reporting Requirements:

Contractor shall comply with audit requirements as described in N.C.G.S. § 143C-6-22 & 23 and OMB Circular- CFR Title 2 Grants and Agreements, Part 200, and shall disclose all information required by 42 USC 455.104, or 42 USC 455.105, or 42 USC 455.106.

8. Payment Provisions:

Payment shall be made in accordance with the Contract Documents as described in the Scope of Work, Attachment B.

9. Contract Administrators: All notices permitted or required to be given by one Party to the other and all questions about the contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

For the County:

IF DELIVERED BY US POSTAL SERVICE		IF DELIVERED BY ANY OTHER MEANS	
Name & Title	Sarah W. Bradshaw, Director	Name & Title	Sarah W. Bradshaw, Director
County	Sampson	County	Sampson
Mailing Address	360 County Complex Rd, Suite 100	Street Address	360 County Complex Rd, Suite 100
City, State, Zip	Clinton, NC 28328	City, State, Zip	Clinton, NC 28328
Telephone	910-592-7131		
Fax	910-592-4297		
Email	sarah.bradshaw@sampsondss.net		

For the Contractor:

IF DELIVERED BY US POSTAL SERVICE		IF DELIVERED BY ANY OTHER MEANS	
Name & Title	Rosalina Teel, Owner.	Name & Title	Rosalina Teel, Owner.
Company Name	Candii Homes	Company Name	Candii Homes
Street Address	404 East Powell Street	Street Address	404 East Powell Street
City State Zip	Clinton, NC 28328	City State Zip	Clinton, NC 28328
Telephone	910-592-4397		
Fax	910-592-4397		
Email	candiihomes@embarqmail.com		

10. Supplementation of Expenditure of Public Funds:

The Contractor assures that funds received pursuant to this contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Contractor otherwise expends for contract services and related programs. Funds received under this contract shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

11. Disbursements:

As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:

- (a) Implement adequate internal controls over disbursements;
- (b) Pre-audit all vouchers presented for payment to determine:
 - Validity and accuracy of payment
 - Payment due date
 - Adequacy of documentation supporting payment
 - Legality of disbursement
- (c) Assure adequate control of signature stamps/plates;
- (d) Assure adequate control of negotiable instruments; and
- (e) Implement procedures to insure that account balance is solvent and reconcile the account monthly.

12. Outsourcing to Other Countries:

The Contractor certifies that it has identified to the County all jobs related to the contract that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this contract without providing notice to the County.

13. Federal Certifications:

Individuals and Organizations receiving federal funds must ensure compliance with certain certifications required by federal laws and regulations. The contractor is hereby complying with Certifications regarding Nondiscrimination, Drug-Free Workplace Requirements, Environmental Tobacco Smoke, Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions, and Lobbying. These assurances and certifications are to be signed by the contractor's authorized representative.

14. Specific Language Not Previously Addressed:

This contract is conditioned upon DSS verifying that the Contractor meets all Contract requirements. No units will be referred to the Contractor until DSS has verified all Contract requirements are met. After the initial verification, if it becomes apparent the requirements are no longer being met, the Contract will be suspended until such time that the requirements are met.

15. Signature Warranty: The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement.

Contractor and the County have executed this contract in triplicate originals, with one original being retained by Contractor one being retained by County and one being retained by the County Finance Officer.

Rosalina Teel
Signature _____ Date _____
Rosalina Teel _____ Owner
Printed Name _____ Title

COUNTY

Sarah W. Bradshaw
Signature (must be legally authorized to sign contracts for DSS) _____ Date 7-10-2020
Sarah W. Bradshaw _____ DSS Director
Printed Name _____ Title

Signature (must be legally authorized to sign contracts for County) _____ Date _____
Edwin W. Causey _____ County Manager
Printed Name _____ Title

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

Signature of County Finance Director _____ Date _____

**Attachment A
General Terms and Conditions**

Relationships of the Parties

Independent Contractor: The Contractor is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible, for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with the County.

Subcontracting: The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the County. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contract documents are to be considered approved upon award of the contract. The County shall not be obligated to pay for any work performed by any unapproved subcontractor. The Contractor shall be responsible for the performance of all of its subcontractors.

Assignment: No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the County may:

- (a) Forward the Contractor's payment check(s) directly to any person or entity designated by the Contractor, or
- (b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check(s).

In no event shall such approval and action obligate the County to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.

Beneficiaries: Except as herein specifically provided otherwise, this contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this contract, and all rights of action relating to such enforcement, shall be strictly reserved to the County and the named Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the County and Contractor that any such person or entity, other than the County or the Contractor, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

Indemnity and Insurance

Indemnification: The Contractor agrees to indemnify and hold harmless the County and any of their officers, agents and employees, from any claims of third parties arising out or any act or omission of the Contractor in connection with the performance of this contract.

Insurance: During the term of the contract, the Contractor at its sole cost and expense shall provide commercial insurance of such type and with such terms and limits as may be reasonably associated with the contract. As a minimum, the Contractor shall provide and maintain the following coverage and limits:

- (a) **Worker's Compensation** - The contractor shall provide and maintain Worker's Compensation Insurance as required by the laws of North Carolina, as well as employer's liability coverage with minimum limits of \$500,000.00, covering all of Contractor's employees who are engaged in any work under the contract. If any work is sublet, the Contractor shall require the subcontractor to provide the same coverage for any of his employees engaged in any work under the contract.
- (b) **Commercial General Liability** - General Liability Coverage on a Comprehensive Broad Form on an occurrence basis in the minimum amount of \$1,000,000.00 Combined Single Limit. (Defense cost shall be in excess of the limit of liability.)
- (c) **Automobile Liability Insurance:** The Contractor shall provide automobile liability insurance with a combined single limit of \$500,000.00 for bodily injury and property damage; a limit of \$500,000.00 for uninsured/under insured motorist coverage; and a limit of \$2,000.00 for medical payment coverage. The Contractor shall provide this insurance for all automobiles that are:
 - (a) owned by the Contractor and used in the performance of this contract;
 - (b) hired by the Contractor and used in the performance of this contract; and
 - (c) Owned by Contractor's employees and used in performance of this contract ("non-owned vehicle insurance"). Non-owned vehicle insurance protects employers when employees use their personal vehicles for work purposes. Non-owned vehicle insurance supplements, but does not replace, the car-owner's liability insurance.

The Contractor is not required to provide and maintain automobile liability insurance on any vehicle – owned, hired, or non-owned -- unless the vehicle is used in the performance of this contract.

- (d) The insurance coverage minimums specified in subparagraph (a) are exclusive of defense costs.
- (e) The Contractor understands and agrees that the insurance coverage minimums specified in subparagraph (a) are not limits, or caps, on the Contractor's liability or obligations under this contract.
- (f) The Contractor may obtain a waiver of any one or more of the requirements in subparagraph (a) by demonstrating that it has insurance that provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The County shall be the sole judge of whether such a waiver should be granted.
- (g) The Contractor may obtain a waiver of any one or more of the requirements in paragraph (a) by demonstrating that it is self-insured and that its self-insurance provides protection that is equal to or greater than the coverage and limits specified in subparagraph (a). The County shall be the sole judge of whether such a waiver should be granted.
- (h) Providing and maintaining the types and amounts of insurance or self-insurance specified in this paragraph is a material obligation of the Contractor and is of the essence of this contract.
- (i) The Contractor shall only obtain insurance from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in the State of North Carolina. All such insurance shall meet all laws of the State of North Carolina.
- (j) The Contractor shall comply at all times with all lawful terms and conditions of its insurance policies and all lawful requirements of its insurer.
- (k) The Contractor shall require its subcontractors to comply with the requirements of this paragraph.
- (l) The Contractor shall demonstrate its compliance with the requirements of this paragraph by submitting certificates of insurance to the County before the Contractor begins work under this contract.

Transportation of Clients by Contractor:
The contractor will maintain Insurance requirements if required as noted under Article 7 Rule R2-36 of the North Carolina Utilities Commission.

Default and Termination

Termination Without Cause: The County or the Contractor may terminate this contract without cause by giving 30 days written notice to the other party.

Termination for Cause: If, through any cause, the Contractor shall fail to fulfill its obligations under this

contract in a timely and proper manner, the County shall have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the Contractor under this contract shall, at the option of the County, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of the Contractor's breach of this agreement, and the County may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the County from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to it, the County may procure the contract services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the Contractor shall be an act of default under this contract.

Waiver of Default: Waiver by the County of any default or breach in compliance with the terms of this contract by the Provider shall not be deemed a waiver of any subsequent default or breach and shall not be construed to be modification of the terms of this contract unless stated to be such in writing, signed by an authorized representative of the County and the Contractor and attached to the contract.

Availability of Funds: The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the County.

Force Majeure: Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

Survival of Promises: All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

Intellectual Property Rights Copyrights and Ownership of Deliverables: All deliverable items produced pursuant to this contract are the exclusive property of the County. The Contractor shall not assert

a claim of copyright or other property interest in such deliverables.

Federal Intellectual Property Bankruptcy Protection Act: The Parties agree that the County shall be entitled to all rights and benefits of the Federal Intellectual Property Bankruptcy Protection Act, Public Law 100-506, codified at 11 U.S.C. 365 (n) and any amendments thereto.

Compliance with Applicable Laws

Compliance with Laws: The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

Title VI, Civil Rights Compliance: In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

Equal Employment Opportunity: The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

Health Insurance Portability and Accountability Act (HIPAA): The Contractor agrees that, if the County determines that some or all of the activities within the scope of this contract are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the County may require to ensure compliance.

- (a) **Data Security:** The Contractor shall adopt and apply data security standards and procedures that comply with all applicable federal, state, and local laws, regulations, and rules.
- (b) **Duty to Report:** The Contractor shall report a suspected or confirmed security breach to the local Department of Social Services/Human Services Contract Administrator within twenty-four (24) hours after the breach is first discovered, provided that the Contractor shall report a breach involving Social Security Administration data or Internal Revenue Service data within one (1) hour after the breach is first discovered.
- (c) **Cost Borne by Contractor:** If any applicable federal, state, or local law, regulation, or rule

requires the Contractor to give written notice of a security breach to affected persons, the Contractor shall bear the cost of the notice.

Trafficking Victims Protection Act of 2000 :

The Contractor will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

Executive Order # 24: It is unlawful for any vendor, contractor, subcontractor or supplier of the state to make gifts or to give favors to any state employee. For additional information regarding the specific requirements and exemptions, contractors are encouraged to review Executive Order 24 and G.S. Sec. 133-32.

Confidentiality

Confidentiality: Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the County. The Contractor acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this contract.

Oversight

Access to Persons and Records: The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. Additionally, as the State funding authority, the Department of Health and Human Services shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

Record Retention: Records shall not be destroyed, purged or disposed of without the express written consent of the Division. State basic records retention policy requires all grant records to be retained for a minimum of five years or until all audit exceptions have been resolved, whichever is longer. If the contract is subject to federal policy and regulations, record retention may be longer than five years since records must be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this Contract has been started before expiration of the five-year retention period described above, the records must be retained until completion of the action and resolution of all issues which arise from it,

or until the end of the regular five-year period described above, whichever is later. The record retention period for Temporary Assistance for Needy Families (TANF) and MEDICAID and Medical Assistance grants and programs must be retained for a minimum of ten years.

Warranties and Certifications

Date and Time Warranty: The Contractor warrants that the product(s) and service(s) furnished pursuant to this contract ("product" includes, without limitation, any piece of equipment, hardware, firmware, middleware, custom or commercial software, or internal components, subroutines, and interfaces therein) that perform any date and/or time data recognition function, calculation, or sequencing will support a four digit year format and will provide accurate date/time data and leap year calculations. This warranty shall survive the termination or expiration of this contract.

Certification Regarding Collection of Taxes: G.S. 143-59.1 bars the Secretary of Administration from entering into contracts with vendors that meet one of the conditions of G.S. 105-164.8(b) and yet refuse to collect use taxes on sales of tangible personal property to purchasers in North Carolina. The conditions include: (a) maintenance of a retail establishment or office; (b) presence of representatives in the State that solicit sales or transact business on behalf of the vendor; and (c) systematic exploitation of the market by media-assisted, media-facilitated, or media-solicited means. The Contractor certifies that it and all of its affiliates (if any) collect all required taxes.

E-Verify

Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov

Miscellaneous

Choice of Law: The validity of this contract and any of its terms or provisions, as well as the rights and duties of the parties to this contract, are governed by the laws of North Carolina. The Contractor, by signing this contract, agrees and submits, solely for matters concerning this Contract, to the exclusive jurisdiction of the courts of North Carolina and agrees, solely for such purpose, that the exclusive venue for any legal proceedings shall be the county in which the contract originated. The place of this contract and all transactions and agreements relating

to it, and their situs and forum, shall be the county where the contract originated, where all matters, whether sounding in contract or tort, relating to the validity, construction, interpretation, and enforcement shall be determined.

Amendment: This contract may not be amended orally or by performance. Any amendment must be made in written form and executed by duly authorized representatives of the County and the Contractor.

Severability: In the event that a court of competent jurisdiction holds that a provision or requirement of this contract violates any applicable law, each such provision or requirement shall continue to be enforced to the extent it is not in violation of law or is not otherwise unenforceable and all other provisions and requirements of this contract shall remain in full force and effect.

Headings: The Section and Paragraph headings in these General Terms and Conditions are not material parts of the agreement and should not be used to construe the meaning thereof.

Time of the Essence: Time is of the essence in the performance of this contract.

Key Personnel: The Contractor shall not replace any of the key personnel assigned to the performance of this contract without the prior written approval of the County. The term "key personnel" includes any and all persons identified as such in the contract documents and any other persons subsequently identified as key personnel by the written agreement of the parties.

Care of Property: The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished to it for use in connection with the performance of this contract and will reimburse the County for loss of, or damage to, such property. At the termination of this contract, the Contractor shall contact the County for instructions as to the disposition of such property and shall comply with these instructions.

Travel Expenses: Reimbursement to the Contractor for travel mileage, meals, lodging and other travel expenses incurred in the performance of this contract shall not exceed the rates established in County policy.

Sales/Use Tax Refunds: If eligible, the Contractor and all subcontractors shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this contract, pursuant to G.S. 105-164.14; and (b) exclude all refundable sales and use taxes from all reportable expenditures before the expenses are entered in their reimbursement reports.

Advertising: The Contractor shall not use the award of this contract as a part of any news release or commercial advertising.

**ATTACHMENT B
SCOPE OF WORK**

Federal Tax Id. 83-0409225

Contract #52

A. CONTRACTOR INFORMATION

1. Contractor Agency Name: Candii Homes
2. *If different* from Contract Administrator Information in General Contract:
Address SAME
3. Name of Program (s): Medicaid Transportation
4. Status: Public Private, Not for Profit Private, For Profit
5. Contractor's Financial Reporting Year July 1 through June 30

B. Explanation of Services to be provided and to whom:

To provide appropriate Non-Emergency Medical Transportation to fully eligible clients certified for Medicaid (SIS Code 250) and per DHHS policy section 15200 at https://economicbenefits.nc.gov/FN_A/FN_A/server/general/projects/Integrated%20Eligibility%20Manual/Integrated_Eligibility_Manual.htm#IEM_Home.htm :

- Candii Homes agrees to maintain records documenting compliance with all vehicle and employee requirements as specified in manual section 15200.100 of the NC DHHS Integrated Manual;
- Candii Homes agrees to report any changes such as insurance provider, business ownership, and provider enrollment status within 10 calendar days;
- Candii Homes agrees to grant Sampson County Department of Social Services access to monitor records to ensure all contract requirements are met;
- Candii Homes agrees to report all cancellations on the appointment logs submitted to Sampson County Department of Social Services;

- Candii Homes agrees to record all beneficiary complaints which deal with matters in Candii Homes' control, including the date that the complaint was made, the nature of the complaint and what steps were taken to resolve the complaint.
- Candii Homes agrees to maintain written policies and procedures regarding how drivers handle and report incidents, including client emergencies, vehicle breakdowns, accidents and other service delays;
- Candii Homes agrees to complete an NEMT assessments on all active Medicaid recipients and forward all documentation to the Sampson County Department of Social Services for approval before requesting reimbursement.
- Candii Homes agrees to use accurate billing codes on invoices to the local agency for reimbursements or filing claims.
- Candii Homes agrees to meet all NC Tracks Provider Enrollment requirements.
- Candii Homes agrees to provide NEMT services for their eligible residents.

C. Rate per unit of Service (reimbursable mile driven):
Negotiated County Rate - **\$1.95** per reimbursable mile. Maximum reimbursement under this contract is **\$10,725.00**.

D. Number of units to be provided:
Estimated **5,500** reimbursable miles.

E. Details of Billing process and Time Frames:

Candii Homes will submit to DSS on or before the 10th day of the month after the month of service an invoice based on the rates in Section C above for the cost of the Transportation Services rendered during the month. Candii Homes will utilize all mutually agreed upon invoice documents which must include appropriate billing codes per all relevant policy. Payment will be made through NC Tracks directly to Candii Homes.

F. Area to be served/Delivery site(s):

Sampson County, Chapel Hill, Dunn, Durham, Fayetteville, Goldsboro, Raleigh, Wilmington and other service areas in North Carolina.



Rosalina Teel



Sarah W. Bradshaw

Date

7.10.2020

Date

ATTACHMENT C

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
AND CERTIFICATION REGARDING NONDISCRIMINATION**

Sampson County Department of Social Services

- I. By execution of this Agreement the Contractor certifies that it will provide a drug-free workplace by:
- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - B. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - C. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (A);
 - D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - E. Notifying the County within ten days after receiving notice under subparagraph (D)(2) from an employee or otherwise receiving actual notice of such conviction;
 - F. Taking one of the following actions, within 30 days of receiving notice under subparagraph (D)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

- II. The site(s) for the performance of work done in connection with the specific agreement are listed below:
Sampson County, Chapel Hill, Dunn, Durham, Fayetteville, Goldsboro, Raleigh, Wilmington and other service areas in North Carolina as deemed necessary.

Contractor will inform the County of any additional sites for performance of work under this agreement.

False certification or violation of the certification shall be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment
45 C.F.R. Section 82.510. Section 4 CFR Part 85, Section 85.615 and 86.620.

ATTACHMENT D

Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflict of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. **Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Candii Homes
Name of Organization

Rosalina Teel
Rosalina Teel

9/17/20
Date

NOTARIZED CONFLICT OF INTEREST POLICY

State of North Carolina

County of Sampson

I, Deborah A. Sinclair, Notary Public for said County and State, certify that Rosalina Teel personally appeared before me this day and acknowledged that he/she is Owner of Candii Homes and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the 1st day of January, 2019.

Sworn to and subscribed before me this 17th day of September, 2020.

(Official Seal)

Deborah A. Sinclair
Notary Public Signature

My Commission expires 11-10-, 2024.

**ATTACHMENT E
NO OVERDUE TAX DEBTS**

CANDII HOMES
404 East Powell Street
Clinton, NC 28328
(910) 592-4397

July 1, 2020

To: **Sampson County Department of Social Services**

Certification:

I certify that Candii Homes does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, state, or local level. I further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.

Sworn Statement:

Rosalina Teel, being duly sworn, say that I am the Owner of Candii Homes of Clinton in the State of North Carolina; and that the foregoing certification is true, accurate and complete to the best of my knowledge and was made and subscribed by me. I also acknowledge and understand that any misuse of Federal/State funds will be reported to the appropriate authorities for further action.



Signature - Rosalina Teel

Sworn to and subscribed before me on the day of the date of said certification.



Notary Public Signature

(Official Seal)

My Commission expires _____ 11-10- 2024.

¹ G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

ATTACHMENT F
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Sampson County Department of Social Services

Certification for Contracts, Grants, Loans and Cooperative Agreements

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards which contain provisions for children's services and that all subgrantees shall certify accordingly.

Rosalina Teel
Signature – Rosalina Teel

Owner
Title

Candii Homes
Agency/Organization

9/17/20
Date

Attachment G

Certification Regarding Lobbying

Sampson County Department of Social Services

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal, state or local government agency, a Member of Congress, a Member of the General Assembly, an officer or employee of Congress, an officer or employee of the General Assembly, an employee of a Member of Congress, or an employee of a Member of the General Assembly in connection with the awarding of any Federal or state contract, the making of any Federal or state grant, the making of any Federal or state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal or state contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- (4) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Notwithstanding other provisions of federal OMB Circulars-CFR Title 2, Grants and Agreements, Part 200, costs associated with the following activities are unallowable:

Paragraph A.

- (1) Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activity;
- (2) Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections;
- (3) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any Government official or employee in connection with a decision to sign or veto enrolled legislation;
- (4) Any attempt to influence: (i) The introduction of Federal or State legislation; or (ii) the enactment or modification of any pending Federal or State legislation by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign; or
- (5) Legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in unallowable lobbying.

The following activities as enumerated in Paragraph B are excepted from the coverage of Paragraph A:
Paragraph B.

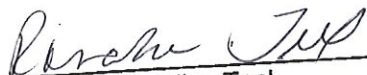
- (1) Providing a technical and factual presentation of information on a topic directly related to the performance of a grant, contract or other agreement through hearing testimony, statements or letters to the Congress or a State legislature, or subdivision, member, or cognizant staff member thereof, in response to a documented request (including a Congressional Record notice requesting testimony or statements for the record at a regularly scheduled hearing) made by the recipient member, legislative body or subdivision, or a cognizant staff member thereof; provided such information is readily obtainable and can be readily put in deliverable form; and further provided that costs under this section for travel, lodging or meals are unallowable unless incurred to offer testimony at a regularly scheduled Congressional hearing pursuant to a written request for such presentation made by the Chairman or Ranking Minority Member of the Committee or Subcommittee conducting such hearing.
- (2) Any lobbying made unallowable by subparagraph A (3) to influence State legislation in order to directly reduce the cost, or to avoid material impairment of the organization's authority to perform the grant, contract, or other agreement.
- (3) Any activity specifically authorized by statute to be undertaken with funds from the grant, contract, or other agreement.

Paragraph C.

- (1) When an organization seeks reimbursement for indirect costs, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs in accordance with the procedures of subparagraph B.(3).
- (2) Organizations shall submit, as part of the annual indirect cost rate proposal, a certification that the requirements and standards of this paragraph have been complied with.
- (3) Organizations shall maintain adequate records to demonstrate that the determination of costs as being allowable or unallowable pursuant to this section complies with the requirements of this Circular.
- (4) Time logs, calendars, or similar records shall not be required to be created for purposes of complying with this paragraph during any particular calendar month when: (1) the employee engages in lobbying (as defined in subparagraphs (a) and (b)) 25 percent or less of the employee's compensated hours of employment during that calendar month, and (2) within the preceding five-year period, the organization has not materially misstated allowable or unallowable costs of any nature, including legislative lobbying costs. When conditions (1) and (2) are met, organizations are not required to establish records to support the allowability of claimed costs in addition to records already required or maintained. Also, when conditions (1) and (2) are met, the absence of time logs, calendars, or similar records will not serve as a basis for disallowing costs by contesting estimates of lobbying time spent by employees during a calendar month.
- (5) Agencies shall establish procedures for resolving in advance, in consultation with OMB, any significant questions or disagreements concerning the interpretation or application of this section. Any such advance resolution shall be binding in any subsequent settlements, audits or investigations with respect to that grant or contract for purposes of interpretation of this Circular; provided, however, that this shall not be construed to prevent a contractor or grantee from contesting the lawfulness of such a determination.

Paragraph D.

Executive lobbying costs. Costs incurred in attempting to improperly influence either directly or indirectly, an employee or officer of the Executive Branch of the Federal Government to give consideration or to act regarding a sponsored agreement or a regulatory matter are unallowable. Improper influence means any influence that induces or tends to induce a Federal employee or officer to give consideration or to act regarding a federally sponsored agreement or regulatory matter on any basis other than the merits of the matter.



Signature – Rosalina Teel

Owner
Title

Candii Homes

Agency/Organization

Date

ATTACHMENT H

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

Sampson County Department of Social Services

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to which the proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency of which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

ATTACHMENT I

DEPARTMENT OF HEALTH AND HUMAN SERVICES BUSINESS ASSOCIATE ADDENDUM

Sampson County Department of Social Services

This Agreement is made effective the 1st day of July, 2020, by and between Sampson County Department of Social Services ("Covered Entity") and Candii Homes ("Business Associate") (collectively the "Parties").

1. BACKGROUND

- a. Covered Entity and Business Associate are parties to a contract entitled Non-Emergency Medical Transportation (the "Contract"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.
- b. Covered Entity is an organizational unit of Sampson County as the Sampson County Department of Social Services (DSS) as a health care component for purposes of the HIPAA Privacy Rule.
- c. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule.
- d. The Parties enter into this Business Associate Addendum to the Contract with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information to a business associate, and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

2. DEFINITIONS

Unless some other meaning is clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

- a. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- b. "Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- c. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- d. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- e. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR 164.103.
- f. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his designee.
- g. Unless otherwise defined in this Agreement, terms used herein shall have the same meaning as those terms have in the Privacy Rule.

3. OBLIGATIONS OF BUSINESS ASSOCIATE

- a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law.
- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. Business Associate agrees to provide access, at the request of Covered Entity, to Protected Health Information in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.
- g. Business Associate agrees, at the request of the Covered Entity, to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526.
- h. Unless otherwise prohibited by law, Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Sampson County Department of Social Services, in a time and manner designated by the Secretary, for purposes of the Sampson County Department of Social Services determining Covered Entity's compliance with the Privacy Rule.
- i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528, and to provide this information to Covered Entity or an Individual to permit such a response.

4. PERMITTED USES AND DISCLOSURES

- a. Except as otherwise limited in this Agreement or by other applicable law or agreement, if the Contract permits, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure:
 - 1) would not violate the Privacy Rule if done by Covered Entity; or
 - 2) would not violate the minimum necessary policies and procedures of the Covered Entity.
- b. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may use Protected Health Information as necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

- c. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that:
 - 1) disclosures are Required By Law; or
 - 2) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- d. Except as otherwise limited in this Agreement or by other applicable law or agreements, if the Contract permits, Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity as permitted by 45 CFR 164.504(e)(2)(i)(B).
- e. Notwithstanding the foregoing provisions, Business Associate may not use or disclose Protected Health Information if the use or disclosure would violate any term of the Contract or other applicable law or agreements.

5. TERM AND TERMINATION

- a. **Term.** This Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.
- b. **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:
 - 1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement and services provided by Business Associate, to the extent permissible by law, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
 - 2) Immediately terminate this Agreement and services provided by Business Associate, to the extent permissible by law; or
 - 3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.
- c. **Effect of Termination.**
 - 1) Except as provided in paragraph (2) of this section or in the Contract or by other applicable law or agreements, upon termination of this Agreement and services provided by Business Associate, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
 - 2) In the event that Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

6. GENERAL TERMS AND CONDITIONS

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the Privacy Rule shall prevail. In the event that a conflict then remains, the Contract terms shall prevail so long as they are in accordance with the Privacy Rule.
- d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.

SIGNATURE: Rosalina Teel
Rosalina Teel
Candii Homes

Date: 9/17/20


ATTACHMENT J

CERTIFICATION REGARDING TRANSPORTATION

Sampson County Department of Social Services

By execution of this Agreement the Contractor certifies that it will provide safe client transportation by:

1. Insuring that all drivers (including employees, contractors, contractor's employees, and volunteers) shall be at least 18 years of age;
2. Insuring that all drivers (including employees, contractors, contractor's employees, and volunteers) shall be licensed to operate the specific vehicle used in transporting clients in accordance with Chapter 20-7 of the General Statutes of North Carolina and the Division of Motor Vehicle requirements;
3. Insuring that all vehicles transporting clients shall have at least the minimum level of liability insurance appropriate for the type of vehicle as defined by Article 7, Rule R2-36 of the North Carolina Utilities Commission;
4. Insuring that the contractor shall have written policies and procedures regarding how drivers handle and report client emergencies and/or vehicle crashes involving clients to contractor and how contractor notifies the Sampson County Department of Social Services;
5. Insuring that no more than one quarter of one percent of all trips be missed by the contractor during the course of the contract period; *(Medicaid only)*
6. Insuring that that no more than five percent (5%) of trips should be late for recipient drop off to their appointment per month; *(Medicaid only)*
7. Contractor will maintain records documenting the following *(County may require contractor to provide)*:
 - a. Valid current copies of Driver's License for all drivers;
 - b. Current valid Vehicle Registration, for all vehicles transporting clients;
 - c. Driving records for all drivers for the past three years and with annual updates;
 - d. Criminal Background checks through North Carolina Law Enforcement or NCIC prior to employment and every three years thereafter;
 - e. Alcohol and Drug Testing policy to meet the Federal Transit Authority guidelines.
8. Disclosing, at the outset of the contract, upon renewal and upon request, any criminal convictions or other reasons for disqualifications from participation in Medicare, Medicaid or Title XX programs *(signature on this form confirms this statement)*.



Signature – Rosalina Teel

Candii Homes

Agency/Organization

Owner _____
Title _____

9/17/20

Date

Attachment M

State Certification

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

(1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.

(2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
Local government is specifically exempt from Article 2 of Chapter 64 of the North Carolina General Statutes. However, local government is subject to and must comply with North Carolina General Statute 153A-99.1, which states in part as follows:
Counties Must Use E-Verify - Each county shall register and participate in E-Verify to verify the work authorization of new employees hired to work in the United States.

(3) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:

(a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and

(b) [Check one of the following boxes]

Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or

The Contractor or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.

(4) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

(5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.

(6) The undersigned hereby certifies further that:

(a) He or she is a duly authorized representative of the Contractor named below;

(b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and

(c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: Candii Homes

Contractor's Authorized Agent: Signature *Rosalina Teel* Date 9/07/20

Printed Name Rosalina Teel Title Owner

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

Contractor Certifications Required by North Carolina Law (Rev. 8/2016)

Attachment N

Sampson County Department of Social Services/Human Services

CERTIFICATION REGARDING NONDISCRIMINATION, CLEAN AIR ACT, CLEAN WATER ACT

Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

The Contractor must comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented by the Department of Labor Regulations (41 CFR Part 60): The Executive Order prohibits federal contractors and federally-assisted construction contractors and subcontractors who do over \$10,000 in Government business in one year from discriminating in employment decisions on the basis of race, color, religion, sex, or national origin. The Executive Order also requires Government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment.

Meaningful Access for LEP Individuals: **The Contractor** that participate in the SNAP must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single language minorities in certain project areas. SNAP Contractors that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI) and SNAP program regulations at 7 CFR 272A(b). They also risk noncompliance with the USDA policy guidance titled, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons", published in 79 FR 70771 - 70784 (November 28, 2014).

The Contractor should develop an implementing plan to address the language assistance needs of the LEP population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing budgets and front line staff should understand how to obtain language assistance services. For additional assistance and information regarding LEP matters, please also visit <http://www.lep.gov>.

Ensuring Equal Opportunity Access for Persons with Disabilities: **The Contractor** must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. Contractors that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the American with Disabilities Act (ADA) of 1990, as amended, and SNAP program regulations. DOJ published revised final regulations implementing Title II and Title III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government

Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities". In accordance with the implementing regulations, Contractors must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a Contractor may not require an individual with a disability to bring another individual to interpret, and may rely on a person accompanying a disabled individual only in limited circumstances. When a Contractor communicates with applicants and beneficiaries by telephone, it must provide text telephone services (ITY) or have access to an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. Contractors must also ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

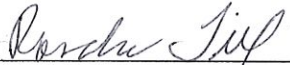
IV. The Clean Air Act, Section 306; 42 U.S.C. §7401 et seq. (1970)

- a. No Federal agency may enter into any contract with any person who is convicted of any offense under section 113(c) for the procurement of goods, materials, and services to perform such contract at any facility at which the violation which gave rise to such conviction occurred if such facility is owned, leased, or supervised by such person. The prohibition in the preceding sentence shall continue until the Administrator certifies that the condition giving rise to such a conviction has been corrected. For convictions arising under section 113(c)(2), the condition giving rise to the conviction also shall be considered to include any substantive violation of this Act associated with the violation of 113(c)(2). The Administrator may extend this prohibition to other facilities owned or operated by the convicted person.
- b. The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a).
- c. In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's air, the President shall, not more than 180 days after enactment of the Clean Air Amendments of 1970 cause to be issued an order (1) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and (2) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.
- d. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
- e. The President shall annually report to the Congress on measures taken toward implementing the purpose and intent of this section, including but not limited to the progress and problems associated with implementation of this section. [42 U.S.C. 7606]

V. The Clean Water Act; 33 U.S.C. §1251 et seq. (1972)

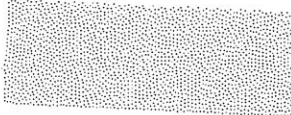
- a. No Federal agency may enter into any contract with any person who has been convicted of any offense under Section 309(c) of this Act for the procurement of goods, materials, and services if such contract is to be performed at any facility at which the violation which gave rise to such conviction occurred, and if such facility is owned, leased, or supervised by such person. The prohibition in preceding sentence shall continue until the Administrator certifies that the condition giving rise to such conviction has been corrected.
- b. The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a) of this section.
- c. In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's water, the President shall, not more than 180 days after ~~75~~ enactment of this Act, cause to be issued an order:

- (i) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and
- (ii) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.
- d. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
- e. The President shall annually report to the Congress on measures taken in compliance with the purpose and intent of this section, including, but not limited to, the progress and problems associated with such compliance.
- f. No certification by a contractor, and no contract clause, may be required in the case of a contract for the acquisition of commercial items in order to implement a prohibition or requirement of this section or a prohibition or requirement issued in the implementation of this section.
- g. In paragraph (1), the term "commercial item" has the meaning given such term in section 4(12) of the Office of Federal Procurement Policy Act (41 U.S.C. 403(12)).



Signature - Rosalina Teel

Owner
Title



Candii Homes

Agency/Organization

Date

CONTRACT PROVIDER NAME: Candii Homes

CONTRACT NUMBER: 52

CONTRACT PERIOD: July 1, 2020 - June 30, 2021

PROVIDER'S FISCAL YEAR: July - June

CONTRACT DETERMINATION QUESTIONNAIRE (PURCHASE OF SERVICE VS. FINANCIAL ASSISTANCE)

Instructions: Enter 5 points for each factor in either the yes or no column. Once the entire list has been completed tally the points in each column. The column with the most points should be a good indicator of the designation of the organization--either Financial Assistance (Grant) or Vendor (Purchase of Service).

Table with 3 columns: Determination Factors, 5 points Financial Assistance YES, 5 points Purchase of Service NO. Rows 1-14 list various factors, and a TOTAL row shows 0 for Financial Assistance and 70 for Purchase of Service.

Note: The authorized individual(s) must place an X in one of the boxes below to indicate the type of contractual arrangement for this contract, then sign and date where indicated.

[] FINANCIAL ASSISTANCE

[X] PURCHASE SERVICE

Signature of County Authorized Person

7-10-2020 DATE

Signature of Authorized Administrative Individual

July 9, 2020 DATE

COUNTY OF SAMPSON

DEPARTMENT OF PUBLIC WORKS
827 S.E. Blvd. • P.O. Box 1280 • Clinton, North Carolina 28328
(910) 592-0188 • Fax No. (910) 592-7242

L.E. Reynolds, P.E.
Public Works Director

TO: SAMPSON COUNTY BOARD OF COMMISSIONERS
FROM: LINWOOD REYNOLDS, PE, PUBLIC WORKS DIRECTOR
SUBJECT: AIRPORT LAYOUT PLAN
DATE: 9/21/2020
CC: EDWIN W. CAUSEY, COUNTY MANAGER

At their regularly scheduled meeting on August 12, 2020, the Sampson County Airport Authority voted unanimously to recommend that the Board of Commissioners proceed with the Airport Layout Plan, which is described below.

IDENTIFICATION OF PROJECT:

This project involves preparation of an Airport Layout Plan Update (ALPU) with Narrative Report for the Clinton-Sampson Airport (AIRPORT) located in Clinton, North Carolina. In accordance with the requirements of the Federal Aviation Administration (FAA), and the North Carolina Department of Transportation (NCDOT) Division of Aviation (NCDOA). The services described in this scope of work will be conducted by AVCON, Inc. (AVCON) and their sub-consultants (the AVCON Team).

**TASK ORDER No. 2019-02
AIRPORT LAYOUT PLAN UPDATE
AT
Clinton-Sampson County Airport
Clinton, North Carolina**

Scope of Services for Professional Consulting Services, as referenced in the Basic Services Agreement between Sampson County, The City of Clinton (CLIENT) and AVCON Engineers & Planners, Inc. (CONSULTANT), dated June 25, 2019.

PROJECT BACKGROUND

Introduction

This project involves preparation of an Airport Layout Plan Update (ALPU) with Narrative Report for the Clinton-Sampson Airport (AIRPORT) located in Clinton, North Carolina, in accordance with the requirements of the Federal Aviation Administration (FAA), and the North Carolina Department of Transportation (NCDOT) Division of Aviation (NCDOA). The services described in this scope of work will be conducted by AVCON, Inc. (AVCON) and their sub-consultants (the AVCON Team). Specifically, the ALPU will be conducted in accordance with, and utilize the following:

- FAA Advisory Circular (AC) 150/5070-6B, *Airport Master Plans*
- FAA AC 150/5325-4B, *Runway Length Analysis*
- FAA AC 150/5342-4C, *DRAFT Runway Length Recommendations for Airport Design*
- FAA AC 150/5300-13A, *Airport Design*
- FAA ARP Standard Operating Procedure No. 2, *ALP Review Checklist*
- FAA ARP Standard Operating Procedure No. 3, *Exhibit 'A' Review Checklist*
- *NCDOA Master Plan/ALP Scoping Meeting Agenda Guidance*
- North Carolina Airport System Plan Update, December 2015
- FAA September 27, 2012 Memo, *Interim Guidance on Land Uses Within a Runway Protection Zone*
- FAA August 18, 2015, *Reminder of Responsibilities of FAA Personnel and Airport Sponsors for Protecting Approach and Departure Surfaces*

The Airport is a general aviation (GA) airport, owned and operated by Sampson County, North Carolina (COUNTY) and the City of Clinton (CITY) and governed through the auspices of the Clinton-Sampson Airport Authority (AUTHORITY). The AIRPORT supports a variety of GA aeronautical operations and is home to approximately 19 based aircraft. The AIRPORT is located approximately two miles southwest of the City of Clinton and is served by one runway, Runway 6/24, which has dimensions of 5,002 feet in length by 75 feet wide. Runway 6/24 is

equipped with a two-light box Precision Approach Path Indicator (PAPIs) system. It has Runway End Identifier Lights (REILs) and global positioning system (GPS) approaches on both ends and a localizer approach on the 6 end. The Runway has Medium Intensity Runway Lights (MIRL). The AIRPORT serves single and multi-engine aircraft operations. Annual operations, according to the FAA's January 2019 Terminal Area Forecast were 5,200 annual operations in 2017 divided 23 percent to 77 percent between itinerant and local operations respectively. Of the 5,200 annual operations, about 12 percent are military operations and about 2 percent are air taxi and commuter operations. The AIRPORT does not have an air traffic control tower.

An FAA-required Airport Layout Plan set presents both short- and long-term development and graphically displays any proposed growth, while the Narrative Report provides the data, justification, and logic associated with the proposed changes. This planning effort will result in the development of an updated Airport Layout Plan drawing set, which meets both FAA and NCDOA criteria, as well as an associated Narrative Report.

Some specific goals and objectives to be considered in this ALPU in no specific order include:

- Evaluate the AIRPORT facility layout for conformance with FAA AC 150/5300-13A, *Airport Design*.
- Evaluate the known obstructions to the airspace of the AIRPORT to determine the current impact to the AIRPORT.
- Determine the current and future critical aircraft for the AIRPORT
- Through the identification of the aviation demand and the required facilities required to meet that demand, assist the AIRPORT in supporting aviation demand within the region.
- Evaluate the airfield development options that address critical aircraft and runway length requirements, runway safety area standards, and future airfield capacity.
- Accomplish an FAA Airport Airspace Analysis Survey for all surfaces defined in FAA Circular 150/5300-18B: Section 2.7.1.1 Runways with vertical guidance. This is inclusive of 2.7.1.1.1 through 2.7.1.1.7. This will include adhering to the detailed data collection requirements and accuracies for the project and the verification process by FAA and the National Geodetic Survey (NGS).
- Determine the highest and best use for parcels of land recently purchased by the AUTHORITY.

The preceding list is not intended to be an exhaustive list of issues, but it presents an overview of the number of key considerations that need to be addressed in this ALPU. The Narrative Report for this ALPU will provide a summary of the recommendations and findings of the ALPU. These will include aeronautical forecasts, the justification for the proposed items of work, explanations, and justifications for any proposed modifications to standards (if any), and

a list of identified projects to include a brief description of the project, a project timeline, potential funding sources, enabling projects and follow-on projects, triggering events, and development sketches. Aeronautical forecasts will include, in five-year increments, the total annual operations, annual itinerant operations, by all aircraft groups, annual operations by the current critical aircraft, and number of based aircraft. Previous forecasts produced by others, including the FAA Terminal Area Forecast and the North Carolina Aviation System Plan Forecast, will be reviewed and if appropriate may be adopted as the preferred forecast for this study. This is not, however, the entire list of items and issues to be presented in the Narrative Report.

TASK 1 PROJECT INITIATION AND SCOPING

The project initiation task includes the development and revision of the scope and associate fee (see Exhibit A) and consists of necessary meeting participation along with other coordination relevant to the scoping effort.

A scope of work and man-hour estimate for the project will be developed in accordance with the current version of FAA AC 150/5070-6B, *Airport Master Plans*. This scope will identify major tasks, as well as delineate general elements of work to be conducted under each of the project activities. The man-hour estimate will define the estimated labor hours and associated costs that may include, but not be limited to travel, presentation materials, printing, and graphics, and coordination costs for the scoping process, which is anticipated to include a coordination meeting with the representatives of the NCDOA, the AUTHORITY, and the Fixed Based Operator (FBO). This task will also involve the development of a project timeline for each of the tasks delineated in the scope.

It is important to note that a notice to proceed cannot be issued until concurrence of this scope and fee are received from the AUTHORITY and the NCDOA.

TASK 2 INVENTORY OF EXISTING CONDITIONS

Task 2.1 Review and Evaluate Existing Documents

Existing documents including previous planning studies, design drawings, inspection reports, airfield pavement data, airfield pavement evaluation reports, leases, obstruction charts, approach plates, and as-built drawings of structures on the AIRPORT will be obtained and analyzed for their content. Documents to be obtained and reviewed include, but may not be limited to:

- The most recent Master Plan Update
- The most recent ALP Update
- The most recent ALP Update Narrative Report (if available)

- Current FAA Terminal Area Forecasts
- Current North Carolina Airport System Plan Reports
- Current FAA 5010 Form (Airport Master Records)
- Weather Data to Update the Wind Rose and Mean Maximum temperature
- Obstructions Listed in the OE/AAA for a radius of 2.5 miles of the AIRPORT
- Area Land Use and Zoning Information
- Airfield Pavement Condition Index (PCI) Study
- Historic Fuel Capacity and Demand Data
- Current Capital Improvement Program
- Current Airport Property Map/Exhibit "A"
- All previous and recent National Environmental Policy Act (NEPA) documentation, permits and any other pertinent environmental documentation

This task will also include a site visit to take photographs and to become more closely familiarized with the Airport.

Task 2.2 Vicinity Land Use/ Existing Land Use Controls

An evaluation, review, and documentation will be conducted of existing land use mapping, AUTHORITY ownership (i.e. fee simple or easement), existing aerial photography, zoning controls, and other documentation pertaining to current and future land use near the AIRPORT. Existing land development code and zoning overlay districts will be reviewed and documented to determine locations for potential incompatible land uses. Attention will be paid and documented as to those requirements including height restrictions and building/zoning codes that could affect the future development of the AIRPORT or adjacent parcels of land.

TASK 3 AVIATION ACTIVITY FORECASTS

The Aviation Activity Forecasts task includes the review, sorting, documentation, and development of future forecasts of enplanements, based aircraft, and operational activity. This task will focus on reviewing previously developed forecasts prepared for the AIRPORT by the FAA and the NCDOA. After review, one of these may be adopted as the preferred forecast for this study. Once accepted by the AUTHORITY, this forecast will be submitted to the NCDOA for their review and approval. Approval of this task is required prior to completion of subsequent tasks of the ALPU.

Task 3.1 Historical and Current Aviation Activity

Data on historical and current aviation activity at the AIRPORT will be assembled and organized. Information concerning the level of activity associated with general aviation operations by local and itinerant categories, training operations including touch and go operations, fuel sales (in gallons), and based aircraft by aircraft type will be sought. Information concerning annual activity will be based upon historical data, FAA's Traffic Flow Management System Counts (TFMSC), the Air Traffic Activity Data System (ATADS), the

previous Master Plan, the North Carolina Airport System Plan, and the FAA Terminal Area Forecast (TAF), and the FAA's National Based Aircraft Inventory Program from www.basedaircraft.com website. If the COUNTY/CITY has not yet input the existing based aircraft into www.basedaircraft.com AVCON will assist the staff in doing so. Existing records of general aviation activity at the AIRPORT to be compiled include:

- Annual operations (general aviation, military, local, and transient)
- Operations by category of aircraft (single engine, multi-engine, rotorcraft, etc.)
- Number of based aircraft by type (single-engine, multi-engine, rotorcraft, etc.)
- Critical Aircraft, Future Critical Aircraft and associated operations
- Operational Fleet Mix

Task 3.2 Aviation Activity Forecasts

The APLU will develop aviation activity forecasts based upon the federal and state forecasts in addition to existing activity levels. Additional forecasts will be developed using market share analysis, trend analysis, and where viable regression analysis forecasting methodologies. This analysis will result in either the re-validation of a past forecast or the establishment of a newer forecast as the preferred forecast. Forecasts of aviation activity will be prepared for the 5-, 10-, 15-, and 20-year planning horizons and will provide individual projections of the following:

- Annual operations (general aviation, military, local, and transient)
- Operations by category of aircraft (single engine, multi-engine, rotorcraft, etc.)
- Number of based aircraft by type (single-engine, multi-engine, rotorcraft, etc.)
- Critical Aircraft, Future Aircraft, and associated operations
- Operational Fleet Mix

After the AUTHORITY has reviewed and concurred with the developed forecasts, the forecasts will be forwarded to NCDOA for review and approval. Once the forecasts have been approved, Task 5 will be initiated.

Task 3.3 Design Aircraft Identification

Using information generated in Task 3.2, the critical aircraft or design aircraft will be determined. The design aircraft represents either a single aircraft or family of aircraft that equals or exceeds 500 annual operations. This information will be used to determine existing and future airfield facility requirements and will dictate the sizing of taxiways/taxilanes, runway length and pavement strength criteria. The existing and future Design Aircraft will be forwarded to the AUTHORITY and the NCDOA for approval with the Aviation Activity Forecasts.

TASK 4 ENVIRONMENTAL CONSIDERATIONS

This task will provide a preliminary environmental review of the AIRPORT property and some adjacent parcels. The following will be provided:

- Approximately 178 acres of the AIRPORT property will be evaluated for relevant environmental issues.
- AIRPORT files and relevant information pertaining to environmental issues will be reviewed and documented
- Relevant databases pertaining to the AIRPORT property will be reviewed and documented focusing on “red flag” environmental regulatory concerns including, but not limited to wetlands, streams, floodplains, federally protected species, cultural resources, and contaminated properties.
- Graphics on aerial photography and/or base mapping of information collected
- Summary report of all data retrieved and reviewed and analyzed.

TASK 5 AIRPORT LAYOUT PLAN UPDATE NARRATIVE REPORT

The Narrative Report will contain the results of analyses that are conducted during the development of the Airport Layout Plan Update and Exhibit “A” Airport Property Inventory Map. The Aviation Activity Forecasts, Design Aircraft, and the Exhibit “A” Property Inventory Map information will be included in the Narrative Report. Additional items that will be included in the Narrative Report will also include the results of the following tasks.

Task 5.1 Runway Length Analysis

To determine the runway length requirements at the AIRPORT, both takeoff and landing runway length requirements will be established as prescribed in FAA AC 150/5325-4B, *Runway Length Requirements for Airport Design*. A separate runway length analysis will be done as prescribed in DRAFT FAA AC 150/5325-4C, *Runway Length Recommendations for Airport Design*, as AVCON’s recent experience is that the FAA wishes to see both prior to making a runway length decision. In order to determine the runway length necessary to accommodate the critical design aircraft, the following subtasks will be completed as follows:

- Data Analysis: Research conducted into historic, current, and forecast aircraft activity will be used to identify the types of aircraft and associated operational regarding the current and future Design Aircraft activity that exists or that are expected to exist at the AIRPORT within the next five years. The fleet mix and frequency established earlier will be projected outward utilizing growth rates established from the selected and approved forecast as developed in Task 3. Based upon the results of the analyzed data, a critical aircraft activity forecast will be produced that reflects recent and anticipated short term activity trends, as part of Task 3.3.
- Runway Length Analysis: Applying the design aircraft and operational data to the methodology outlined in FAA AC 150/5325-4B and DRAFT FAA AC 150/5325-4C, will

result in recommended takeoff and landing length requirements. This data will be used to support a recommended overall runway length at the AIRPORT.

Task 5.2 Facility Requirements

Using relevant information and airfield planning criteria, a preliminary listing of airfield facility requirements will be determined and prepared. These facility requirements will be based upon FAA airport planning criteria, and the FAA and NCDOA approved Aviation Activity Forecasts for the AIRPORT, as well as the knowledge and expertise of the AVCON Team and the AUTHORITY staff. Airfield facility needs to be assessed include:

- Runways, taxiways/taxilanes, and aprons (length, width, size and/or strength)
- Lighting and marking
- Aircraft parking aprons (size and strength)
- Navigational aids (electronic and visual)
- Security requirements and wildlife fencing
- Aircraft apron and parking areas
- Aircraft storage hangars
 - T-hangars
 - Conventional hangars
- Terminal facilities
- FBO facilities
- Access and vehicle parking areas
- Other aviation related development and facilities

Facility requirements will be identified in terms of linear feet, strength, etc. and will be compared to existing facilities to identify excess or deficient facility capacity or capability. The output of the aviation forecasts will be accounted for in the analysis of airfield facility needs, particularly as it relates to runway length and dimensional layout requirements, taxiway development needs and overall airfield lighting needs. Where appropriate, the airfield facilities will be linked to activity demand thresholds or triggers as a means of determining the point at which demand is enough to warrant the improvement.

Task 5.3 Land Area and Landside Requirements

During this task, the AVCON Team will consider the highest and best use of AIRPORT property needed to accommodate the future development of the AIRPORT. An overview of adjacent parcels will also be undertaken to identify property that might be required for inclusion into the AIRPORT property envelope, should some aspect of the ALPU require additional land area for development or to meet FAA and NCDOA design criteria.

This task will focus on verifying baseline data and identifying any recent landside improvement projects since the last ALPU. The AVCON Team will also assess any new data on the

AIRPORT property.

Task 5.4 Airport Alternatives Analysis

This task includes the development of graphical alternatives, which depict methods to either resolve deficiencies and/or to construct new facilities necessary to accommodate future expectations of demand. The alternatives include potential improvements to airside, landside, and associated support facilities and will also include a review of land utilization and overall compatibility. It is anticipated that up to two alternatives will be developed depending on the results of the Facility Requirements identified as part of Task 5.2. The alternatives will be developed in CADD and will have accompanying explanatory narrative for each alternative. The up to two alternatives will be presented to the COUNTY/CITY staff for their input to identify a "selected or preferred" AIRPORT alternative development.

Task 5.5 Identify Potential Airport Land Use

As part of the alternative's analysis, after the "preferred alternative" has been selected, the AVCON Team will evaluate the highest and best use of existing AIRPORT property with respect to the "preferred alternative." Further, an overview of adjacent parcels will be reviewed to identify property that might be required as a result of potential future development, FAA requirements and/or compatible land use. On-AIRPORT property will further be segregated into aviation or non-aviation land uses to provide a base for airside and landside development options.

Task 5.6 Identify Capital Improvements

Based upon the findings identified earlier in this Task, a list of capital improvements including environmental, design, land acquisition, mitigation, support facilities, etc. will be identified. This will allow the AVCON Team, the AUTHORITY, and the NCDOA to obtain a "snapshot" of all proposed projects in conjunction with the "preferred alternative" and anticipated order of magnitude costs in 2020 dollars for each identified project within the "preferred alternative." Each project will be assigned and scheduled to a 5-year planning period. Greater detail, including individual project sketches, narrative and cost estimates will be provided for projects proposed in the first and 5-year planning period and potential funding sources will be identified. Those projects scheduled for the remaining 5-year planning periods will have order of magnitude cost estimates and narrative descriptions but will not have as much detail as those in the first 5-year planning period. Neither will they be assigned to specific planning years.

TASK 6 AIRPORT LAYOUT PLAN DRAWING SET

An approved Airport Layout Plan serves as the blueprint for future airport development and is legally required for the AUTHORITY to receive financial assistance under the terms of the Airport and Airway Improvement Act of 1982 (AIP), as amended. The most recent ALP drawing set will be updated using the recommended development options and the standards

outlined in FAA AC 150/5300-13A, *Airport Design*. Development of ultimate airfield facilities will be based on short, intermediate, and long-term requirements, which incorporate both airside and landside improvements. To provide an accurate base for the development of the ALPU, available rectified aerial photography and digital mapping information will be used. All components of the ALPU drawing set described herein will be developed in accordance with the provisions of AC 150/5070-6B, *Airport Master Plans*, and the FAA ARP SOP 2.00, *Review and Approval of Airport Layout Plans (ALPs)*.

The Airport Layout Plan Narrative Report developed as a result of Tasks 2 through 5 will be included with each submittal of the Airport Layout Plan Drawing Set. The Narrative Report documents and justifies the development shown on the Airport Layout Plan Drawing Set.

Task 6.1 Development of Draft Airport Layout Plan Update Drawing Set

Drawings within the current ALP Drawing set will be updated to include current information, such as the wind rose and the mean maximum temperature. Information that may not have been required on the current ALP drawing set will be included to comply with FAA ARP Standard Operating Procedure No. 3, *Exhibit 'A' Review Checklist*. Drawings to be included in the ALPU drawing set are as follows:

1. Title Sheet
2. Airport Data Sheet
3. Airport Layout Plan
4. Airport Airspace Drawing
5. Inner Portion of the Approach Surface to Runway 6 Drawing
6. Inner Portion of the Approach Surface to Runway 24 Drawing
7. Runway Departure Surfaces Drawing
8. General Aviation Terminal Area Drawing
9. Exhibit "A" Property Inventory Map
10. Property Tables – Exhibit B
11. Existing Airport Property Acquisition History – Exhibit C

A detailed description of each sheet follows.

Title Sheet - The title sheet will be updated, and information concerning the AIRPORT including project number, client name, approval blocks, revision blocks, location maps, and other pertinent information will be included on this sheet.

Airport Data Sheet – The Airport Data Sheet contains data specific to the Airport Layout Plan. This data includes the wind roses for the AIRPORT runways using National Climate Data Center (NCDC) information available through the FAA Airports Global Information System (AGIS), runway data, safety separation distances, declared distance charts, elevations of specific AIRPORT, runway, and taxiway points, etc. Existing and proposed modifications to

FAA design standards (MOS), if any, will be identified and delineated in table format along with either the waiver allowing the modification or the proposed method of addressing the modification.

Airport Layout Plan (ALP) - The ALP will be updated to reflect development that has occurred on the AIRPORT since the last ALP, as well as the recommended development of future needs as identified in this study. Information on this portion of the ALPU set will include, but not be limited to the physical layout of the AIRPORT and of the physical facilities developed thereon. Also, to be incorporated on the ALP sheet will be the building and facilities data, runway protection zones, taxiway systems, navigational aid critical areas, building elevations, topography, roads, and parking areas, and the AIRPORT boundary.

Airport Airspace Drawing - The Airport Airspace Drawing will depict all obstacle clearance surfaces associated with the ultimate AIRPORT configuration, and approaches will be generated and superimposed on mapping or aerial. Fifty (50) foot contour intervals will be shown for all sloping imaginary surfaces. This sheet will depict objects that violate the obstacle clearance surfaces that have not been identified on the ALP or the inner approach sheets. The dimensions of the approach surfaces and transitional surfaces will be charted. The Airport Airspace Drawing will depict the full length of all approach surfaces. All known obstructions to navigable airspace off-AIRPORT will be identified using the current FAA Digital Obstacle File and the FAA OE/AAA.

Inner Portion of the Approach Surface Drawings - An Inner Portion of the Approach Surface Drawing will be prepared for each runway end (two runway ends) depicting the area out to where the approach surface reaches a 100-foot height above the runway end. Each drawing will include the existing runway end and the ultimate runway end to correspond to any future configuration. The drawings will depict the AIRPORT property, location of roadways, structures, natural ground elevations, and other man-made or natural features within the limits of the inner portion of the approach surface. Additionally, the drawings will depict the configuration of required safety areas off each runway end. Plan views will be superimposed on aerial photos or a detailed line drawing.

Runway Departure Surface Drawing – The Runway Departure Surface drawing will be developed to show the departure surface for each runway end that is designated for instrument departure; Runways 6 and 24. This drawing will show the applicable departure surface as defined in Paragraph 303 of AC 150/5300-13A, *Airport Design*. Each drawing will include the existing runway end and the ultimate runway end to correspond to the future configuration. The base for the drawings will be a current digital aerial. The drawings will include both plan and profile views and obstruction data tables. If the obstruction tables contain a large amount of obstructions, such as trees, the obstruction tables may be located on a separate sheet(s).

General Aviation Terminal Area Plan - The General Aviation Terminal Area Plan for the AIRPORT will be updated to reflect the existing terminal area and any recommended development of future terminal area needs.

Exhibit "A" Property Inventory Map - This drawing will be prepared in accordance with FAA ARP Standard Operating Procedure No. 3.00, *FAA Review of Exhibit "A" Airport Property Inventory Maps*, and will depict the existing AIRPORT property boundary, recently acquired parcels, as well as any future acquisition areas proposed as part of this ALPU. The previously approved Airport Property Inventory Map will be used as the starting point for this effort. This sheet will also be updated to include information for any new parcels that may have been acquired since the approval of the previous ALPU.

Property Tables – Exhibit B – The Property Tables – Exhibit B are associated with the Exhibit "A" Airport Property Inventory Map. This drawing has two tables. The first table is the Existing Airport Property (Un-used) Land Development Table, which shows parcels of land currently owned by the AUTHORITY, estimated acreage, and the land use designation. The second table is the Land Acquisition Table and it shows specific parcels of land to be acquired, their current owners and tax map parcel numbers.

Existing Airport Property Acquisition History – Exhibit C – Exhibit C is also associated with the Exhibit "A" Airport Property Inventory Map. This drawing shows the acquisition history of the parcels that make up the current AIRPORT, including a map showing the location of each parcel and a table showing the parcel number, number of acquired acres, the tax parcel identification number, the Record number, and other acquisition information, per SOP 3.0. This task will include a title search of newly acquired properties and a verification of properties previously owned.

Task 6.2 FAA ARP SOP Checklists

The FAA ARP SOP No. 2, *ALP Review Checklist*, and FAA ARP SOP No. 3, *Exhibit 'A' Review Checklist*, will be reviewed against the ALPU drawing set and the Exhibit "A" Airport Property Inventory Map, as well as Exhibits B and C, and completed prior to the initial review of the drawings by the AUTHORITY, and NCDOA and will be submitted with the ALPU drawing set and Exhibit "A" Airport Property Inventory Maps respectively.

TASK 7 PUBLIC INVOLVEMENT/MEETINGS

The following approach facilitates a process of public input with minimum public conflict. The public involvement components will provide an opportunity for input and to provide participants with valuable insight into the ALPU process.

Task 7.1 Authority Board Briefings

A maximum of two (2) briefings to the AUTHORITY Board will be given by representative team members during this project at regularly scheduled and noticed meetings of the Authority Board. These briefings allow for interaction between the officials, the AVCON Team, the Authority, the NCDOA, tenants and the public and will occur at key milestones in the project. Typical milestones could include:

- After the development of the Aviation Activity; current and future Design Aircraft Forecasts; Facility Requirements Forecast, alternatives to provide input on the selection of alternatives and prior to the submittal to the FAA.
- After the development of the Capital Improvements package for concurrence.

AVCON will work with the AUTHORITY to determine the appropriate timing of the two briefings.

Task 7.2 Authority Board Briefings Preparation

This task will involve preparing for the AUTHORITY Board briefings. It is anticipated that each of the two meetings will include a PowerPoint presentation and perhaps hand-out materials, where warranted. This task will include the preparation of the PowerPoint presentations and any handout materials.

Task 7.3 Coordination Meetings

To respond to issues that will arise over the course of the planning study, as well as to brief the AUTHORITY and the NCDOA, two (2) project coordination meetings (outside of other meetings, sessions, or briefings already covered within this document) have been budgeted. Coordination meetings are key opportunities to allow for the discussion between the AUTHORITY, NCDOA, and the AVCON Team at one of several key milestones in the project. These meetings will also provide for site visits.

Typically, the coordination meeting can be conducted during such milestones as the preparation of the aviation activity, design aircraft forecasts and the alternatives analysis process. However, these coordination meetings can be changed at any time or during any portion of the project.

Task 7.4 Coordination Meetings Preparation

This task involves the preparation of materials required for each of the coordination meetings. It is unknown at this time when each of these meetings might occur and what subjects might be discussed. However, preparation might include the preparation of draft materials to be discussed prior to their inclusion in a working paper.

TASK 8 AGIS SURVEY AND COORDINATION

The project will be done in compliance with AGIS policies and will include an airport airspace analysis for vertically guided operations for Existing Runway 6/24. The Advisory Circulars identified below detail the data collection requirements and accuracies for the project and the verification process by the FAA and the National Geodetic Survey (NGS).

- AC 150/5300-16B, *General Guidance and Specifications for Aeronautical Surveys: Establishment of Geodetic Control and Submission to the National Geodetic Survey*
- AC 150/5300-17C, Change 1, *Standards for Using Remote Sensing Technologies in Airport Surveys*
- AC 150/5300-18B, Change 1, *Survey and Data Standards for Submission of Aeronautical Data Using Airports GIS*

It is understood that the purpose of this project is to accomplish an FAA Airport Airspace Analysis Survey for all surfaces defined in FAA Advisory Circular 150/5300 - 18B: Section 2.7.1.1, *Runways with vertical guidance*.

For this project, a new vertical stereo digital imagery at a physical image scale of 1" = 4,018' of the obstruction surface areas and 1" = 1,042' of the Airport property will be acquired. The aerial imagery will cover all the Vertical Guidance (VG) Airspace Analysis surfaces using a Zeiss Z/I Digital Mapping Camera II (DMC II), or comparable, during leaf-on conditions.

From the 1" = 4,018' imagery, we will produce the following:

- Limited landmark feature planimetric mapping
- Color digital orthophotos with a 1.0' pixel resolution
- Identification and mapping of obstruction obstacles for all the VG surfaces

From the 1" = 1,042' imagery, we will produce the following:

- 100 scale mapping with 2' contours of the existing airport property (140 acres)
- 100 scale mapping with 2' contours of the surrounding airport area (38 acres)
- Identification and mapping of obstruction obstacles for the Vertically Guided Runway Primary Surface (VGRPS), Vertically Guided Primary Connection Surface (VGPCS), and Vertically Guided Protection Surface (VGPS) surfaces

The AVCON Team will be responsible for preparation and submittal of the Statement of Work (SOW), Survey and Quality Control Plan, Imagery Acquisition Plan, Imagery Acquisition Report, Final Project Report and all associated data files as required for submission to the FAA AGIS online database.

The project has been designed to conform to the National Map Accuracy Standards for 1" =100' scale planimetric feature collection, two-foot contours and six and twelve-inch

orthophoto production. In addition, it is insured that the photogrammetric mapping will meet all FAA and NGS standards. Reasonable care will be exercised, and the mapping will conform to the standards of practice ordinarily used by the photogrammetric profession.

The project area encompasses all the AIRPORT (CTZ) inclusive of the obstruction surfaces as defined in AC 150/5300-18B.

The aerial photography will be completed with Airborne Global Positioning System (ABGPS) control which will be used for the base control for the geo-referencing of the aerial imagery. The AVCON Team will process the ABGPS data using Continuously Operating Response (COR) stations and reference it to the project control datums:

Horizontal: North American Datum of 1983/2011 (NAD 83(2011)), in the NC State Plane Coordinate System, in US survey feet. Vertical: North American Vertical Datum of 1988 (NAVD 88).

All the remaining on-site ground control surveys will be completed including:

- Geodetic control validation of the existing airport PACS and SACS stations or establish temporary airport control according to the guidelines established in AC 150/5300-16B
- Establishing all necessary photo-identifiable ground control and FAA mandated check-points required to validate the ABGPS and Inertial Measurement Unit (IMU) control. Information on the specific locations of the required control and check points will be provided.
- Collection of all the airport runway end positions
- Collection of vertical profiles for all runways
- Collection of the position, elevation, and where required the appropriate navigational aid perpendicular point of all electronic and visual navigational aids (NAVAIDS) located on the Airport and associated with any current instrument approach servicing the Airport
- Full field-collected attribution of all airport features
- All other tasks, not specifically listed above, as outlined in FAA AC-18B, Table 2-1, *Survey Requirements Matrix for Airport Layout Plan*

The map contents will include the following, where applicable:

Airfield Lights	Docks/Piers	Flagpoles
Airfield Signs	Drainage (major)	Guard Rails
Billboards	Driveways	Head Wall (large)
Brush Lines	Excavation Areas	Markings (runways and taxiways)
Cemetery Outlines	(outlines)	Mobile Homes
Dams	Fences/Gates	

Nav aids	Recreation Areas	Swamps
Parking Lots	Roads	Tanks
Pipelines (above ground)	Rock/Dirt Piles	Towers
Poles	Ruins	Traffic Signals
Ponds/Lakes	Sheds	Trees
Railroad Tracks	Silos	Walls
Ramps (vehicular)	Streams/Rivers	Windsocks
	Streetlights	

A digital terrain model (DTM) will be built by collecting masspoints and breaklines. These DTM elements will be used to construct a triangulated irregular network (TIN) surface from which 2' contours will be interpolated. Contours will be dashed in areas where the ground is obscured by trees, dense brush, deep shadows or other obstructing features. Dashed contours indicate a lower level of accuracy. Additional field surveys should be performed in areas of dashed contours prior to design. All contours will be continuous polylines. The final data will be delivered in ESRI Shapefile format.

The control solution and imagery will be used to generate a Digital Elevation Model (DEM) of the VG surfaces. The imagery will be processed into color digital orthophotos using the aforementioned DEM to rectify the images. Orthophotos for the entire project area will be developed with a 1.0' pixel resolution and for the airport property, with a 0.5' pixel resolution. Orthos will be delivered in a GeoTIFF file format.

The Obstructions Surfaces to be uploaded to the AGIS database will satisfy the requirements of AC 150/5300-18B:

- 2.7.1.2 Analysis of Existing Runway 6/24 with Vertically Guided Operations (Surfaces include the VGRPS, VGPCS, Vertically Guided Approach Surface (VGAS), VGPS, Vertically Guided Approach Transitional Surface (VGATS), Vertically Guided Horizontal Surface (VGHS), and Vertically Guided Conical Surface (VGCS))

The specific types and quantities of obstructions for each surface are outlined and clearly defined for the particular surface in each Advisory Circular section. Any obstructions that meet the requirement of the Advisory Circular but are of a nature that elevations at the highest point of the obstruction are virtually impossible to read through photogrammetric methods (cell tower, electrical tower, etc.), will be identified and relayed to the surveyor to initiate field surveyed elevations for the obstruction.

The obstruction delivery will include the limited landmark planimetric feature collection. The final data will be uploaded in AGIS in ESRI Shapefile format.

The AVCON Team work to finalize a mutually agreeable schedule for the project after FAA Control Plan approvals. A reasonable effort will be made to maintain the agreed-upon schedule. However, should the project be interrupted by technical problems beyond the AVCON Team's control, including control deficiencies or map file re-deliveries, rescheduling may become necessary.

The AVCON Team will submit all data collected and associated required deliverable in the formats specified in the appropriate advisory circulars to the FAA Office of Airports, Airports Surveying-GIS Program. All data submissions to the FAA will be through the program's web site at <http://airports-gis.faa.gov>.

The AC 150/5300-17C project data deliveries that will not be submitted through the website will be delivered on external hard drives or DVDs.

The 18B deliverables that will be uploaded to the AGIS website include:

- Statement of Work, Imagery Plan and Survey and Quality Control Plan
- Image Delivery
- Color digital orthophotos
- Digital limited landmark detail outside the airport
- Obstruction survey data for Existing Runways 3/21
- Planimetric data and two-foot contours to 18B specs (Shapefile format)
- Photogrammetrically derived and surveyed attributes in defined format
- Surveyed ends and profile for each runway
NAVAID data
- Federal Geographic Data Committee (FGDC) compliant metadata
- Final Report

The following items will be delivered to the AIRPORT:

- Topologically structured Planimetric data and two-foot contours in Civil 3D format
- Future Relocated Runway VG data
- Color digital orthophotos with a 1.0' pixel resolution in GeoTIFF (project area)
- Color digital orthophotos with a 0.5' pixel resolution in GeoTIFF (Airport property)
- 2 color enlargements (30" x 40") covering the Airport and surrounding area (mounted/laminated/framed)

All digital files will be delivered on external hard drive or CD/DVD.

Task 8.1 Subconsultant Coordination

AVCON will coordinate the tasks of the AGIS Subconsultant with the AUTHORITY. It will be necessary for the AUTHORITY to set up the AGIS Project on-line, before the AGIS Subconsultant can begin uploading the proposed Scope of Work to the website. AVCON will assist the AUTHORITY with this procedure. Further, AVCON will keep the AUTHORITY

appraised as to when the ground surveyor will be on the Airport to set the ground points, as well as to collect specific ground data such as the determination of NAVAIDS, location and type of lights, and certain points along the length of the existing runway.

TASK 9 ALPU Documentation and Deliverables

Project documentation/deliverables will consist of both the ALPU Narrative Report and the ALPU drawing set. Both of which will be produced in a draft and final report format. A maximum of four copies of each report deliverable will be prepared with supporting graphic exhibits and tables for distribution to the appropriate representatives for their review. Each report deliverable will be prepared in black and white text with supporting graphics, where applicable. This task includes the effort to print and copy reports as well as assemble and distribute each report deliverable. Reports will be distributed to allow a minimum of 14 (14) calendar days or additional time as agreed by the AVCON Team, the AUTHORITY, and the NCDOA for review. Planned submittals associated with this project are shown as follows:

Task 9.1 Aviation Activity and Current and Future Design Aircraft Forecasts Report

Task 3 will collect and review the TFMSC data for the Airport and will develop a current and future design aircraft for the Airport, as well as previously prepared forecasts of aviation activity, as well as the results of the inventory of current annual operations and aircraft report. This analysis will result in either re-validation of a past forecast or the establishment of newer aviation activity forecasts, which will be presented in a report to be submitted electronically to the AUTHORITY for review. After review and approval by the AUTHORITY, the current and future design aircraft report and the report of aviation activity forecasts will be submitted to the NCDOA electronically for their review and approval as Working Paper Number 1.

Task 9.2 Facility Requirements Report

The Facility Requirements Report will document the information and evaluations of the capacity assessment process and the facility requirements. This working paper, Working Paper No. 2, will present, in narrative and graphic format, information regarding existing airport capacity, runway length needs, and required facilities necessary to meet future levels of activity. This report will be submitted electronically.

Task 9.3 Development and Evaluation of Alternatives Report

The Development and Evaluation of Alternatives Report will document the analyses and findings of the alternatives' analysis. This working paper will focus on the alternatives developed to address the development options associated with the airfield, landside, and all other AIRPORT facilities and uses as well as considering the interrelationships between AIRPORT uses and the impacts that development of individual facilities have on the other facilities and alternatives for other AIRPORT uses. As such, this working paper, Working Paper Number 3, will present, in narrative and graphic format, a document that compares the various development alternatives explored for the AIRPORT. This report will be submitted electronically.

Task 9.4 Development of the ALP Set, Exhibit "A", and Capital Improvement Program

The development of the ALP Set, the Exhibit "A", and the Capital Improvement Program will develop the Preferred Alternative into specific engineering drawings, an inventory of Airport properties and the list of Capital Improvement Projects. These will make up Working Paper No. 4. This report will be submitted to the Airport and NCDOA electronically, and in hard copy. One full-sized set of the ALP drawing set and Exhibit "A" will be sent to the Airport and two full-sized sets will be sent to the NCDOA.

Task 9.5 Preliminary Draft ALP Drawing Set and Narrative Report

After all Working Papers have been submitted and reviewed, they will be compiled into the Narrative Report. The Narrative Report, the ALP set, Exhibit "A", and the FAA Review Checklists (S.O.P Nos. 2.0 and 3.0) will be submitted to the AUTHORITY and NCDOA electronically. One (1) hardcopy full-size set of the draft ALP Set and the Exhibit "A" will be submitted to the AUTHORITY and two sets of both documents will be submitted to the NCDOA for initial review. These documents will also be sent to the NCDOA electronically. Comments received will be incorporated, where appropriate.

Task 9.6 Final Draft ALP Drawing Set and Narrative Report

After addressing the AUTHORITY and NCDOA comments, the Final Draft will be resubmitted as follows:

- One hard copy each of the Final Draft Narrative Report will be sent to the AUTHORITY and to the NCDOA
- One hard copy each of the Final Draft ALP Drawing Set will be sent to the AUTHORITY, the NCDOA, and the FAA
- One electronic copy in PDF format of the Final Draft ALP Drawing Set, the Final Draft Narrative Report, the FAA ALP Review Check Lists (SOPs 2:00 and 3:00), and a copy of the NCDOA comments, will be uploaded to the FAA Obstruction Evaluation/Airport Airspace Analysis (OE/AAA) website.

Task 9.7 Submittal of FAA Comments to NCDOA

After addressing comments from the AUTHORITY, the NCDOA, and the FAA, the revised Final Draft ALP Drawing Set and Narrative Report will be re-submitted to the NCDOA along with the comments made by the FAA. This submission will consist of one electronic copy (PDF) to the NCDOA.

Task 9.8 Final ALP Drawing Set and Narrative Report

After receiving authorization from the NCDOA that the FAA comments and the associated revisions are acceptable to NCDOA, the Final ALP Drawing Set and Narrative Report will be submitted to NCDOA as follows:

- Two (2) hard copies of the Final Narrative Report
- Six (6) copies of the Final ALP Drawing Set, with the ALP drawing signed by the

AUTHORITY

- One Flash Drive containing:
 - One (1) electronic copy of the Narrative Report in PDF format
 - One (1) electronic copy of the ALP Drawing Set in PDF format
 - One (1) electronic copy of the ALP Drawing Set in CADD format

The following documents will be sent to the AUTHORITY:

- Six (6) hard copies of the Final Narrative Report
- One Flash Drive containing:
 - One (1) electronic copy of the Narrative Report in PDF format
 - One (1) electronic copy of the ALP Drawing Set in PDF format
 - One (1) electronic copy of the ALP Drawing Set in CADD format

TASK 10 GRANT ADMINISTRATION SUPPORT

AVCON will assist and support the AUTHORITY in the preparation of NCDOA grant related applications, progress reports, requests for interim payments and other related documents, submissions, and grant processes required for AUTHORITY compliance with project grants.

ASSUMPTIONS

This Scope of Work is developed with the assumption that it does not include the following items:

- Land Surveys such as boundary surveys, except for ground control surveys done in conjunction with the AGIS Survey as described in Task 8.
- Noise modeling/contours

METHOD OF COMPENSATION

For the Airport Layout Plan Update and Narrative Report Project at the Clinton-Sampson County Airport consisting of as previously described, a total project fee of \$281,979.00 as shown and distributed below:

Basic Services

- TASK 1 – Initiation and Scoping– a Lump Sum fee of \$10,383.00.
- TASK 2 – Inventory of Existing Conditions – a Lump Sum fee of \$24,455.00.
- TASK 3 – Forecasts of Aviation Activity – a Lump Sum fee of \$16,206.00.
- TASK 4 – Environmental Conditions – a Lump Sum fee of \$5,968.00.
- TASK 5 – ALP Narrative Report – a Lump Sum fee of \$46,830.00.
- TASK 6 – ALP Drawing Set– a Lump Sum fee of \$64,598.00.
- TASK 7 – Public Involvement/Meetings – a Lump Sum fee of \$24,703.00.
- TASK 8 – AGIS Survey and Coordination – a Lump Sum fee of \$65,222.00.

**Clinton-Sampson County Airport
Airport Layout Plan Update
Scope of Work**

- TASK 9 – ALPU Documentation and Deliverables – a Lump Sum fee of \$15,265.00.
 - TASK 10 – Grant Administration – a Lump Sum fee of \$48,349.00.
-

Executed this _____ day of _____, 2020.

CLIENT

CONSULTANT

CITY OF CLINTON

AVCON, INC.

By: _____
Title: _____
Date: _____

By: _____
Sandeep Singh, P.E.; President
Date: _____

SAMPSON COUNTY

By: _____
Title: _____
Date: _____

**PROFESSIONAL FEE SUMMARY
DESIGN, BIDDING, AND GRANT ADMINISTRATION
FOR THE
ALP UPDATE
CLINTON-SAMPSON COUNTY AIRPORT
CLINTON, NORTH CAROLINA**

AVCON Project No. 2019.0290.02

DATE: 8/23/2020

<u>Item Description</u>	<u>Fees</u>	<u>Method</u>	<u>NCDOA Code</u>
TASK 1 <u>Initiation and Scoping</u>			
Direct Labor Costs	\$10,210.02	LS	A102
Direct Expenses	\$172.50	LS	A102
Initiation and Scoping Subtotal	\$10,382.52		
USE	\$10,383.00	LS	
TASK 2 <u>Inventory of Existing Conditions</u>			
Direct Labor Costs	\$23,261.65	LS	A102
Direct Expenses	\$1,193.25	LS	A102
Inventory of Existing Conditions Subtotal	\$24,454.90		
USE	\$24,455.00	LS	
TASK 3 <u>Forecasts of Aviation Activity</u>			
Direct Labor Costs	\$16,205.57	LS	A102
Direct Expenses	\$0.00	LS	A102
Forecasts of Aviation Activity Subtotal	\$16,205.57		
USE	\$16,206.00	LS	
TASK 4 <u>Environmental Conditions</u>			
Direct Labor Costs	\$5,967.36	LS	A102
Direct Expenses	\$0.00	LS	A102
Grant Administration Subtotal	\$5,967.36		
USE	\$5,968.00	LS	
Task 5 <u>ALP Narrative Report</u>			
Direct Labor Costs	\$46,404.64	LS	A102
Direct Expenses	\$425.09	LS	A102
ALP Narrative Report Subtotal	\$46,829.73		
USE	\$46,830.00	LS	
Task 6 <u>ALP Drawing Set</u>			
Direct Labor Costs	\$63,745.40	LS	A102
Direct Expenses	\$851.90	LS	A102
ALP Drawing Set Subtotal	\$64,597.30		
USE	\$64,598.00	LS	
Task 7 <u>Public Involvement/Meetings</u>			
Direct Labor Costs	\$23,974.21	LS	A102
Direct Expenses	\$727.95	LS	A102
Public Involvement Meetings Subtotal	\$24,702.16		
USE	\$24,703.00	LS	
Task 8 <u>AGIS Survey and Coordination</u>			
Direct Labor Costs	\$2,418.12	LS	A102
Direct Expenses	\$0.00	LS	A102
Quantum Spatial AGIS	\$57,103.00	LS	A102
AVCON Subcontractor Admin Fee	\$5,700.00	LS	A102
AGIS Survey and Coordination Subtotal	\$65,221.12		
USE	\$65,222.00	LS	
Task 9 <u>ALPU Documentation and Deliverables</u>			
Direct Labor Costs	\$13,503.66	LS	A102
Direct Expenses	\$1,760.93	LS	A102
ALPU Documentation and Deliverables Subtotal	\$15,264.59		
USE	\$15,265.00	LS	
Task 10 <u>Grant Administration</u>			
Direct Labor Costs	\$8,348.54	LS	A104
Direct Expenses	\$0.00	LS	A104
Grant Administration Subtotal	\$8,348.54		
USE	\$8,349.00	LS	
TOTAL: \$281,979.00 LS			

PROJECT: ALP Update
TASK: Project Initiation and Scoping

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO office	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
TASK 1 - Project Initiation and Scoping													
Project Initiation and Scoping		1			6	6							12
Scoping Meeting with NCDOA		1		1	4	4	1						10
Finalize Scope					12		16						28
Develop Fee					4		8						12
Total Trips	0	2	0										
Total Manhours Category				1	26	10	25	0	0	0	0	0	62
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden													
Total Payroll Burden					\$67.31	\$1,750.06	\$528.90	\$1,178.00	\$0.00	\$0.00	\$0.00	\$0.00	
General Overhead		163.58%				\$3,524.27							
Subtotal						\$5,765.00							
Fixed Fee		9.00%				\$9,289.27							
Facilities Cost of Capital		2.4038%				\$836.03							
Total						\$84.72							
						\$10,210.02							
Direct Expenses (see below)						\$172.50							
Grand Total - Initiation and Scoping						\$10,382.52							

TASK: Project Initiation and Scoping

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0	370	0	\$0.575	\$0.00
Miles	2	150	300	\$0.575	\$172.50
Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
Lunch
Dinner

Each	0			\$8.60	\$0.00
Each	0			\$11.30	\$0.00
Each	0			\$19.50	\$0.00

TRAVEL - LODGING

Each	0			\$80.00	\$0.00
SUBTOTAL TRAVEL					\$172.50

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
Plans (22" x 34")
Engineer's Report (8.5" x 11")
Project Manual (Specifications)
Covers
Binders
POSTAGE/OVERNIGHT DELIVERIES
PERMITS

UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	0	0	0	\$0.15	\$0.00
Page	0	0	0	\$0.35	\$0.00
Page	0	0	0	\$0.09	\$0.00
Page	0	0	0	\$0.09	\$0.00
Each	0			\$0.50	\$0.00
Each	0			\$0.50	\$0.00
LS	0			\$0.00	\$0.00
				ALLOW	\$0.00
SUBTOTAL REPRODUCTION AND PERMITS					\$0.00

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$172.50

PROJECT: ALP Update
 TASK: Inventory of Existing Conditions

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
Task 2 Inventory of Existing Conditions													
Review and Evaluate Existing Documents					12		28		48	74		2	164
Vicinity Land Use/Existing Land Use Controls					2		4		6	12			24
QA/QC					8		8						16
Total Trips	0	1	2										
Total Manhours Category				0	22	0	40	0	54	86	0	2	204
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$1,480.82	\$0.00	\$1,884.80	\$0.00	\$2,212.38	\$2,412.30	\$0.00	\$39.10	
Total Payroll Burden					\$8,029.40								
General Overhead		163.58%			\$13,134.49								
Subtotal					\$21,163.89								
Fixed Fee		9.00%			\$1,904.75								
Facilities Cost of Capital		2.4038%			\$193.01								
Total					\$23,261.65								
Direct Expenses (see below)					\$1,193.25								
Grand Total - Inventory of Existing Conditions					\$24,454.90								

Task Inventory of Existing Conditions

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
 TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
 TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

	UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
	Miles	0	370	0	\$0.575	\$0.00
	Miles	1	150	150	\$0.575	\$86.25
	Miles	2	20	40	\$0.575	\$23.00

TRAVEL - MEALS

Breakfast
 Lunch
 Dinner

	UNIT	TRIPS		UNIT COST	TOTAL
	Each	2		\$8.60	\$17.20
	Each	2		\$11.30	\$22.60
	Each	2		\$19.50	\$39.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE
 TRAVEL - LODGING

	UNIT	TRIPS		UNIT COST	TOTAL
	Each	4		\$45.00	\$180.00
	Miles	2	143	\$0.20	\$57.20
	Each	2		\$304.00	\$608.00
	Each	2		\$80.00	\$160.00
SUBTOTAL TRAVEL					\$1,193.25

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
 Plans (22" x 34")
 Engineer's Report (8.5" x 11")
 Project Manual (Specifications)
 Covers
 Binders
 POSTAGE/OVERNIGHT DELIVERIES
 PERMITS

	UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
	Page	0	0	0	\$0.15	\$0.00
	Page	0	0	0	\$0.35	\$0.00
	Page	0	0	0	\$0.09	\$0.00
	Page	0	0	0	\$0.09	\$0.00
	Each	0			\$0.50	\$0.00
	Each	0			\$0.50	\$0.00
	LS	0			\$0.00	\$0.00
SUBTOTAL REPRODUCTION AND PERMITS					\$0.00	

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$1,193.25

PROJECT: ALP Update
 TASK: Forecasts of Aviation Activity

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
TASK 3: Forecasts of Aviation Activity													
Historical and Current Aviation Activity							6		16	12			34
Aviation Activity Forecasts							6		16	6		2	30
Design Aircraft Identification							6		16	6			28
Working Paper No. 1					6		6		12	12			36
QA/QC					4		6						10
Total Trips	0	0											
Total Manhours Category				0	10	0	30	0	60	36	0	2	138
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$673.10	\$0.00	\$1,413.60	\$0.00	\$2,458.20	\$1,009.80	\$0.00	\$39.10	
Total Payroll Burden													\$5,593.80
General Overhead		163.58%											\$9,150.34
Subtotal													\$14,744.14
Fixed Fee		9.00%											\$1,326.97
Facilities Cost of Capital		2.4038%											\$134.46
Total													\$16,205.57
Direct Expenses (from below)													\$0.00
Grand Total - Forecasts of Aviation Activity													\$16,205.57

TASK: Forecasts of Aviation Activity

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
 TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
 TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0	370	0	\$0.575	\$0.00
Miles	0	150	0	\$0.575	\$0.00
Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
 Lunch
 Dinner

UNIT	QUANTITY	UNIT COST	TOTAL
Each	0	\$8.60	\$0.00
Each	0	\$11.30	\$0.00
Each	0	\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILMto Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE
 TRAVEL - LODGING

UNIT	QUANTITY	UNIT COST	TOTAL
Each	0	\$45.00	\$0.00
Miles	0	\$0.20	\$0.00
Each	0	\$304.00	\$0.00
Each	0	\$80.00	\$0.00

SUBTOTAL TRAVEL \$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
 Plans (22" x 34")
 Report (8.5" x 11")
 Project Manual (Specifications)
 Covers
 Binders
 POSTAGE/OVERNIGHT DELIVERIES
 PERMITS

UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	0	0	0	\$0.15	\$0.00
Page	0	0	15	\$0.35	\$0.00
Page	0	0	50	\$0.09	\$0.00
Page	0	0	0	\$0.09	\$0.00
Each	0			\$0.50	\$0.00
Each	0			\$0.50	\$0.00
LS	0			\$50.00	\$0.00

ALLOW \$0.00

SUBTOTAL REPRODUCTION AND PERMITS \$0.00

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$0.00

PROJECT: ALP Update
TASK: Environmental Considerations

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
Task 4: Environmental Considerations													
Environmental Considerations					2		36						38
QA/QC					2		2						4
Total Trips	0	0	0										
Total Manhours Category				0	4	0	38	0	0	0	0	0	42
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$269.24	\$0.00	\$1,790.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Payroll Burden			\$2,059.80										
General Overhead		163.58%	\$3,369.42										
Subtotal			\$5,429.22										
Fixed Fee		9.00%	\$488.63										
Facilities Cost of Capital		2.4038%	\$49.51										
Total			\$5,967.36										
Direct Expenses (see below)			\$0.00										
Grand Total - Environmental Considerations			\$5,967.36										

TASK: Environmental Considerations

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0	370	0	\$0.575	\$0.00
Miles	0	150	0	\$0.575	\$0.00
Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
Lunch
Dinner

UNIT	QUANTITY	UNIT COST	TOTAL
Each	0	\$8.60	\$0.00
Each	0	\$11.30	\$0.00
Each	0	\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE

TRAVEL - LODGING

UNIT	QUANTITY	UNIT COST	TOTAL
Each	0	\$45.00	\$0.00
Miles	0	\$0.20	\$0.00
Each	0	\$304.00	\$0.00
Each	0	\$80.00	\$0.00
SUBTOTAL TRAVEL			\$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
Plans (22" x 34")
Report (8.5" x 11")
Project Manual (Specifications)
Covers
Binders

UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	0	0	0	\$0.15	\$0.00
Page	0	0	15	\$0.35	\$0.00
Page	0	0	50	\$0.09	\$0.00
Page	0	0	0	\$0.09	\$0.00
Each	0			\$0.50	\$0.00
Each	0			\$0.50	\$0.00
LS	0			\$50.00	\$0.00
ALLOW					\$0.00
SUBTOTAL REPRODUCTION AND PERMITS					\$0.00

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$0.00

ALP UPDATE

PROJECT: ALP Update
 TASK: ALP Narrative Report

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
Task 5: ALP Narrative Report													
Runway Length Analysis									6	2			8
Facility Requirements									16	12			28
Land Area and Landside Requirements					2				4	16			22
Airport Alternative Analysis					16		16		32	64			128
Identify Potential Airport Land Use					4				10	12			26
Identify Capital Improvements					16				32	48			96
Working Papers 2, 3, and 4					16				32	24		16	88
QA/QC					8		8						16
Total Trips	0	0	0										0
Total Manhours Category				0	62	0	24	0	132	178	0	16	412
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$4,173.22	\$0.00	\$1,130.88	\$0.00	\$5,408.04	\$4,992.90	\$0.00	\$312.80	
Total Payroll Burden						\$16,017.84							
General Overhead		163.58%				\$26,201.98							
Subtotal						\$42,219.82							
Fixed Fee		9.00%				\$3,799.78							
Facilities Cost of Capital		2.4038%				\$385.04							
Total						\$46,404.64							
Direct Expenses (see below)						\$425.09							
Grand Total - ALP Narrative Report						\$46,829.73							

TASK: ALP Narrative Report

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
 TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
 TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0	370	0	\$0.575	\$0.00
Miles	0	150	0	\$0.575	\$0.00
Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
 Lunch
 Dinner

Each	0			\$8.60	\$0.00
Each	0			\$11.30	\$0.00
Each	0			\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE

TRAVEL - LODGING

Each	0			\$45.00	\$0.00
Miles	0	143	0	\$0.20	\$0.00
Each	0			\$304.00	\$0.00
Each	0			\$80.00	\$0.00

SUBTOTAL TRAVEL \$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
 Plans (22" x 34")
 Narrative Report (8.5" x 11")
 Project Manual (Specifications)
 Covers
 Binders
 POSTAGE/OVERNIGHT DELIVERIES
 PERMITS

UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	0	0	15	\$0.15	\$0.00
Page	13	3	13	\$8.51	\$331.89
Page	480	3	160	\$0.09	\$43.20
Page	0	0	0	\$0.09	\$0.00
Each	0			\$0.50	\$0.00
Each	0			\$0.50	\$0.00
LS	1			\$50.00	\$50.00

ALLOW \$0.00
 SUBTOTAL REPRODUCTION AND PERMITS \$425.09

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$425.09

ALP UPDATE

PROJECT: ALP Update

TASK: Airport Layout Plan Drawing Set

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
TASK 6: ALP Set													
Development of ALP Drawing Set							24		56	360			440
Title Search of New Properties and Verification of Old Properties					4		40		32	24			100
FAA ARP SOP Checklists							2		12	36			50
QA/QC						24	24						48
Total Trips	0	0	0										0
Total Manhours Category				0	28	0	90	0	100	420	0	0	638
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$1,884.68	\$0.00	\$4,240.80	\$0.00	\$4,097.00	\$11,781.00	\$0.00	\$0.00	
Total Payroll Burden					\$22,003.48								
General Overhead		163.58%			\$35,993.29								
Subtotal					\$57,996.77								
Fixed Fee		9.00%			\$5,219.71								
Facilities Cost of Capital		2.4038%			\$528.92								
Total					\$63,745.40								
Direct Expenses (see below)					\$851.90								
Grand Total - Airport Layout Plan Drawing Set					\$64,597.30								

TASK: Airport Layout Plan Drawing Set

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
 TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
 TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

	UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)	Miles	0	370	0	\$0.575	\$0.00
TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)	Miles	0	150	0	\$0.575	\$0.00
TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)	Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
Lunch
Dinner

	UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Breakfast	Each	0			\$8.60	\$0.00
Lunch	Each	0			\$11.30	\$0.00
Dinner	Each	0			\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE
TRAVEL - LODGING

	UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
TRAVEL - RENTAL CAR	Each	0			\$45.00	\$0.00
TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)	Miles	0	143	0	\$0.20	\$0.00
TRAVEL - AIRFARE	Each	0			\$304.00	\$0.00
TRAVEL - LODGING	Each	0			\$80.00	\$0.00

SUBTOTAL TRAVEL \$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
Plans (22" x 34")
Narrative Report (8.5" x 11")
Project Manual (Specifications)
Covers
Binders

	UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Plans (11" x 17")	Page	0	0	15	\$0.15	\$0.00
Plans (22" x 34")	Page	90	6	15	\$8.51	\$765.90
Narrative Report (8.5" x 11")	Page	300	6	50	\$0.09	\$27.00
Project Manual (Specifications)	Page	0	0	0	\$0.09	\$0.00
Covers	Each	12			\$0.50	\$6.00
Binders	Each	6			\$0.50	\$3.00
	LS	1			\$50.00	\$50.00

POSTAGE/OVERNIGHT DELIVERIES

PERMITS

ALLOW \$0.00

SUBTOTAL REPRODUCTION AND PERMITS \$851.90

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$851.90

ALP UPDATE

PROJECT: ALP Update
 TASK: Public Involvement/Meetings

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
Task 7: Public Involvement/Meetings													
Authority Board Meetings (2)		2	2		8		8		16				32
Authority Board Briefings Preparations					4		16		16	24			60
Coordination Meetings (2)		2	2		12		18		18				48
Coordination Meetings Preparations					4		16		16	10			46
Total Trips	0	4	4										
Total Manhours Category				0	28	0	58	0	66	34	0	0	186
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.97	\$28.05	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$1,884.68	\$0.00	\$2,732.96	\$0.00	\$2,704.02	\$953.70	\$0.00	\$0.00	
Total Payroll Burden													\$8,275.36
General Overhead		163.58%											\$13,536.83
Subtotal													\$21,812.19
Fixed Fee		9.00%											\$1,963.10
Facilities Cost of Capital		2.4038%											\$198.92
Total													\$23,974.21
Direct Expenses (see below)													\$727.95
Grand Total - Public Involvement/Meetings													\$24,702.16

TASK: Public Involvement/Meetings

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
 TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
 TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

	UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
	Miles	0	370	0	\$0.575	\$0.00
	Miles	4	150	600	\$0.575	\$345.00
	Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
 Lunch
 Dinner

	UNIT	QUANTITY	UNIT COST	TOTAL
	Each	0	\$8.60	\$0.00
	Each	0	\$11.30	\$0.00
	Each	0	\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE
 TRAVEL - LODGING

	UNIT	QUANTITY	UNIT COST	TOTAL
	Each	0	\$45.00	\$0.00
	Miles	0	\$0.20	\$0.00
	Each	0	\$304.00	\$0.00
	Each	0	\$80.00	\$0.00

SUBTOTAL TRAVEL \$345.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
 Plans (22" x 34")
 Narrative Report (8.5" x 11")
 Project Manual (Specifications)
 Covers
 Binders
 POSTAGE/OVERNIGHT DELIVERIES
 PERMITS

	UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
	Page	0	0	15	\$0.15	\$0.00
	Page	45	3	15	\$8.51	\$382.95
	Page	0	0	0	\$0.09	\$0.00
	Page	0	0	120	\$0.09	\$0.00
	Each	0			\$0.50	\$0.00
	Each	0			\$0.50	\$0.00
	LS	0			\$50.00	\$0.00

SUBTOTAL REPRODUCTION AND PERMITS \$382.95

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$727.95

PROJECT: ALP Update
TASK: AGIS Survey and Coordination

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
Task 8: AGIS Survey Coordination													
AGIS Survey Processing					4		12						16
Total Trips	0	0	0										
Total Manhours Category				0	4	0	12	0	0	0	0	0	16
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.58	\$35.19	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$269.24	\$0.00	\$565.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Payroll Burden													
General Overhead		163.58%											
Subtotal													
Fixed Fee		9.00%											
Facilities Cost of Capital		2.4038%											
Total													
Direct Expenses (see below)													
Quantum Spatial AGIS													
AVCON Subcontractor Admin Fee													
Grand Total - AGIS Survey and Coordination													

TASK: AGIS Survey and Coordination

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0	370	0	\$0.575	\$0.00
Miles	0	150	0	\$0.575	\$0.00
Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
Lunch
Dinner

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Each	0			\$8.60	\$0.00
Each	0			\$11.30	\$0.00
Each	0			\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE

TRAVEL - LODGING

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Each	0			\$45.00	\$0.00
Miles	0	177	0	\$0.20	\$0.00
Each	0			\$304.00	\$0.00
Each	0			\$80.00	\$0.00

SUBTOTAL TRAVEL \$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
Plans (22" x 34")
Narrative Report (8.5" x 11")
Project Manual (Specifications)
Covers
Binders

POSTAGE/OVERNIGHT DELIVERIES

PERMITS

UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	0	0	15	\$0.15	\$0.00
Page	0	0	15	\$0.35	\$0.00
Page	0	0	0	\$0.09	\$0.00
Page	0	0	120	\$0.09	\$0.00
Each	0			\$0.50	\$0.00
Each	0			\$0.50	\$0.00
LS	0			\$50.00	\$0.00

ALLOW \$0.00

SUBTOTAL REPRODUCTION AND PERMITS \$0.00

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$0.00

PROJECT: ALP Update
TASK: ALPU Documentation and Deliverables

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
TASK 9: ALPU Documentation and Deliverables													
Aviation Activity Forecasts Report	0	0	0		1		12						13
Facility Requirements Report	0	0	0		1		12						13
Development and Evaluation of Activities Report	0	0	0		2		8						10
Development of the ALP Set, Exhibit "A" and Capital Improvement program	0	0	0		2		12						14
Preliminary Draft ALP Drawing Set and Narrative Report	0	0	0		2		16						18
Final Draft ALP Drawing Set and Narrative Report	0	0	0		2		8						10
Submittal of FAA Comments to NCDCA	0	0	0						8				8
Final ALP Drawing Set and Narrative Report	0	0	0		2				8				10
Total Trips	0	0	0										
Total Manhours Category				0	12	0	68	0	16	0	0	0	96
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.58	\$35.19	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$807.72	\$0.00	\$3,204.16	\$0.00	\$649.28	\$0.00	\$0.00	\$0.00	
Total Payroll Burden													\$4,661.16
General Overhead		163.58%											\$7,624.73
Subtotal													\$12,285.89
Fixed Fee		9.00%											\$1,105.73
Facilities Cost of Capital		2.4038%											\$112.04
Total													\$13,503.66
Direct Expenses (from below)													\$1,760.93
Grand Total - ALPU Documentation and Deliverables													\$15,264.59

TASK: ALPU Documentation and Deliverables

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

	UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0		370	0	\$0.575	\$0.00
Miles	0		150	0	\$0.575	\$0.00
Miles	0		20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
Lunch
Dinner

Each	0				\$8.60	\$0.00
Each	0				\$11.30	\$0.00
Each	0				\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)
TRAVEL - AIRFARE
TRAVEL - LODGING

Each	0				\$45.00	\$0.00
Miles	0		143	0	\$0.20	\$0.00
Each	0				\$304.00	\$0.00
Each	0				\$80.00	\$0.00

SUBTOTAL TRAVEL \$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
Plans (22" x 34")
Report (8.5" x 11")
Project Manual (Specifications)
Covers
Binders
POSTAGE/OVERNIGHT DELIVERIES
PERMITS

	UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	400		10	40	\$0.15	\$60.00
Page	143		11	13	\$8.51	\$1,216.93
Page	480		10	480	\$0.09	\$432.00
Page	0		0	0	\$0.09	\$0.00
Each	2		10	2	\$0.50	\$1.00
Each	2		10	2	\$0.50	\$1.00
LS	1		0	0	\$50.00	\$50.00
					ALLOW	\$0.00

SUBTOTAL REPRODUCTION AND PERMITS \$1,760.93

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$1,760.93

PROJECT: ALP Update
TASK: Grant Administration

ITEMS OF WORK	trips from CLT off.	trips from ILM off.	trips from MCO off.	REGIONAL MANAGER	SR. PROJECT MANAGER	PROJECT MANAGER	SR. ENGR. / SR. PLANNER	PROJ. ENGR. PROJ. PLANNER	ENGINEER / PLANNER	JR. AIRPORT PLANNER	CADD TECH	ADMIN. / SUPPORT	TOTAL HOURS
Task 10 Grant Administration													
Assist Client with Funding Agency Request for Aid, Requests for Reimbursements and Grant Administration/Compliance Including:													
Grant Applications, Forms and Support Documents					4							8	12
Project Schedule and Cash Flow					2							1	3
QSR Progress Reports (2)					2							2	4
Interim Reimbursements (6)					12							24	36
Grant Closeout					4							8	12
Coordination with NCDQA and Client on Grant and Partner Connect					4							8	12
Total Trips	0	0	0										
Total Manhours Category				0	28	0	0	0	0	0	0	51	79
Hour Salary Rate				\$67.31	\$67.31	\$52.89	\$47.12	\$43.51	\$40.58	\$35.19	\$22.12	\$19.55	
Payroll Burden				\$0.00	\$1,884.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$997.05	
Total Payroll Burden													\$2,881.73
General Overhead		163.58%											\$4,713.93
Subtotal													\$7,595.66
Fixed Fee		9.00%											\$683.61
Facilities Cost of Capital		2.4038%											\$69.27
Total													\$8,348.54
Direct Expenses (see below)													\$0.00
Grand Total - Grant Administration													\$8,348.54

TASK: Grant Administration

DIRECT COSTS

TRAVEL - MILEAGE

TRIPS/TRAVEL (round trip: Charlotte to Clinton, NC)
TRIPS/TRAVEL (round trip: Wilmington to Clinton, NC)
TRIPS/TRAVEL (round trip: AVCON Orlando, FL office to MCO Airport)

UNIT	TRIPS	MILES/TRIP	MILES	UNIT COST	TOTAL
Miles	0	370	0	\$0.575	\$0.00
Miles	0	150	0	\$0.575	\$0.00
Miles	0	20	0	\$0.575	\$0.00

TRAVEL - MEALS

Breakfast
Lunch
Dinner

Each	0			\$8.60	\$0.00
Each	0			\$11.30	\$0.00
Each	0			\$19.50	\$0.00

TRAVEL - RENTAL CAR

TRAVEL - RENTAL CAR GAS (round trip: ILM to Clinton, NC + 10% to hotel)

TRAVEL - AIRFARE
TRAVEL - LODGING

Each	0			\$45.00	\$0.00
Miles	0	143	0	\$0.20	\$0.00
Each	0			\$304.00	\$0.00
Each	0			\$80.00	\$0.00
SUBTOTAL TRAVEL					\$0.00

REPRODUCTIONS AND PERMITS

Plans (11" x 17")
Plans (22" x 34")
Grant Paperwork
POSTAGE/OVERNIGHT DELIVERIES
PERMITS

UNIT	QUANTITY	SETS	PAGE/SET	UNIT COST	TOTAL
Page	0	0	15	\$0.15	\$0.00
Page	0	0	15	\$0.35	\$0.00
Page	0	0	0	\$0.09	\$0.00
LS	0			\$50.00	\$0.00
ALLOW					\$0.00
SUBTOTAL REPRODUCTION AND PERMITS					\$0.00

SUBTOTAL TRAVEL, REPRODUCTIONS, AND PERMITS: \$0.00



September 24, 2019

Chris Birkmeyer, PE
AVCON
6230 Carolina Beach Road
Wilmington, NC 28412

Project: Aeronautical Obstruction Survey – Clinton-Sampson County Airport (CTZ)

Dear Mr. Birkmeyer,

This summary of work describes our understanding of the scope of work and services required for an Airport Layout Plan and aeronautical obstruction survey at the Clinton-Sampson County Airport (CTZ) located in Clinton, NC. The project will be done in compliance with AGIS policies and will include an airport airspace analysis for vertically-guided operations for EXISTING Runway 6/24. The Advisory Circulars identified below detail the data collection requirements and accuracies for the project and the verification process by the Federal Aviation Administration (FAA) and the National Geodetic Survey (NGS).

- AC 150/5300-16A “General Guidance and Specifications for Aeronautical Surveys: Establishment of Geodetic Control and Submission to the National Geodetic Survey”
- AC 150/5300-17C “Standards for Using Remote Sensing Technologies in Airport Surveys”
- AC 150/5300-18B Survey and Data Standards for Submission of Aeronautical Data using Airports GIS

Summary of Work

We understand that the purpose of this project is to accomplish an FAA Airport Airspace Analysis Survey for all surfaces defined in FAA Advisory Circular 150/5300 - 18B: Section 2.7.1.1 Runways with vertical guidance.

For this project, we will acquire new vertical stereo digital imagery at a physical image scale of 1"= 4,018' of the obstruction surface areas and 1"= 1,042' of the airport property. The aerial imagery will cover all of the VG Airspace Analysis surfaces using a Zeiss Z/I Digital Mapping Camera II (DMC II), or comparable, during leaf-on conditions.

From the 1"= 4,018' imagery, we will produce the following:

- Limited landmark feature planimetric mapping
- Color digital orthophotos with a 1.0' pixel resolution
- Identification and mapping of obstruction obstacles for all of the VG surfaces

From the 1"= 1,042' imagery, we will produce the following:

- 100 scale mapping with 2' contours of the existing airport property (139 acres)
- Raw obstruction files, planimetrics, and topo for each runway end out to 4,000 ft. off each runway end and 2,500 ft. laterally parallel to the single runway (Approximately 1465 acres)
- Color digital orthophotos with a 0.5' pixel resolution
- Identification and mapping of obstruction obstacles for the VGRPS, VGPCS & VGPS surfaces

Quantum Spatial will be responsible for preparation and submittal of the Statement of Work (SOW), Survey and Quality Control Plan, Imagery Acquisition Plan, and Imagery Acquisition Report and all associated data files as required for submission to the FAA AGIS online database.



Quality Standards

The project has been designed to conform to the National Map Accuracy Standards for 1"=100' scale planimetric feature collection, two foot contours and six and twelve inch orthophoto production. In addition, we insure that the photogrammetric mapping will meet all FAA and NGS standards. We will exercise reasonable care and will conform to the standards of practice ordinarily used by the photogrammetric profession.

Project Area

The project area encompasses all of Clinton-Sampson County Airport (CTZ) inclusive of the obstruction surfaces as defined in AC 150/5300-18B.

Control Surveying

The aerial photography will be completed with ABGPS control which will be used for the base control for the geo-referencing of the aerial imagery. Quantum Spatial will process the ABGPS data using COR stations and reference it to the project control datums:

Horizontal: North American Datum of 1983/2011 (NAD 83(2011)), in the NC State Plane Coordinate System, in US survey feet.

Vertical: North American Vertical Datum of 1988 (NAVD 88)

Quantum Spatial will complete all of the remaining on-site ground control surveys, including:

- Geodetic control validation of the existing airport PACS and SACS stations or establish temporary airport control according to the guidelines established in AC 150/5300-16A
- Establishing all necessary photo-identifiable ground control and FAA mandated check-points required to validate the ABGPS and IMU control. Quantum Spatial will provide information on the specific locations of the required control and check points.
- Collection of all the airport runway end positions
- Collection of vertical profiles for all runways
- Collection of the position, elevation, and where required the appropriate navigational aid perpendicular point of all electronic and visual navigational aids (NAVAIDS) located on the airport and associated with any current instrument approach servicing the airport
- **Full field-collected attribution of all airport features**
- All other tasks, not specifically listed above, as outlined in FAA AC-18B, Table 2-1 "Survey Requirements Matrix for Airport Layout Plan."

Photogrammetric Mapping

We will collect the features normally shown on 1"=100' scale mapping within the mapping limits identified in the RFP (see exhibit).

We will build a digital terrain model (DTM) by collecting masspoints and breaklines. These DTM elements will be used to construct a triangulated irregular network (TIN) surface from which 2' contours will be interpolated. Contours will be dashed in areas where the ground is obscured by trees, dense brush, deep shadows or other obstructing features. Dashed contours indicate a lower level of accuracy. Additional field surveys should be performed in areas of dashed contours prior to design. All contours will be continuous polylines. The final data will be delivered in ESRI Shapefile format (FAA).



Orthophoto Mapping

We will use the control solution and imagery to generate a Digital Elevation Model (DEM) of the VG surfaces. The imagery will be processed into color digital orthophotos using the aforementioned DEM to rectify the images. Orthophotos for the entire project area will be developed with a 1.0' pixel resolution and for the airport property, with a 0.5' pixel resolution. Orthos will be delivered in a GeoTIFF file format.

18B Obstruction Surveys

The Obstructions Surfaces to be uploaded to the AGIS database will satisfy the requirements of AC 150/5300-18B:

- 2.7.1.2 Analysis of EXISTING Runways 6/24 with Vertically Guided Operations (Surfaces include the VGRPS, VGPCS, VGAS, VGPS, VGATS, VGHS and VGCS)

The specific types and quantities of obstructions for each surface are outlined and clearly defined for the particular surface in each circular section. Any obstructions that meet the requirement of the circular, but are of a nature that elevations at the highest point of the obstruction are virtually impossible to read through photogrammetric methods (cell tower, electrical tower, etc.), will be identified and relayed to the surveyor to initiate field surveyed elevations for the obstruction.

The obstruction delivery will include the limited landmark planimetric feature collection. The final data will be uploaded in AGIS in ESRI Shapefile format.

Production Schedule

We will work with you to finalize a mutually agreeable schedule for the project after FAA Control Plan approvals. We will make a reasonable effort to maintain the agreed-upon schedule. However, should the project be interrupted by technical problems beyond our control, including control deficiencies or map file re-deliveries rescheduling may become necessary.

Deliverables

Quantum Spatial will submit all data collected and associated required deliverable in the formats specified in the appropriate advisory circulars to the FAA Office of Airports, Airports Surveying-GIS Program. All data submissions to the FAA will be through the program's web site at <http://airports-gis.faa.gov>.

The AC 150/5300-17C project data deliveries that will not be submitted through the web site will be delivered on external hard drives or DVDs.

The 18B deliverables that will be uploaded to the AGIS website include:

- Statement of Work, Imagery Plan and Survey and Quality Control Plan
- Image Delivery
- Color digital orthophotos
- Digital limited landmark detail outside the airport
- Obstruction survey data for EXISTING Runways 6/24
- Planimetric data and two foot contours to 18B specs (Shapefile format)
- Photogrammetrically derived and surveyed attributes in defined format
- Surveyed ends and profile for each runway
- NAVAID data
- FGDC compliant metadata
- Final Report



We will deliver the following items to AVCON:

- Topologically structured Planimetric data, two foot contours and raw obstruction files in Civil 3D format for the project boundary (4,000' off each runway end x 5,000' swath centered on the runway centerline)
- Color digital orthophotos with a 1.0' pixel resolution in GeoTIFF (project area)
- Color digital orthophotos with a 0.5' pixel resolution in GeoTIFF (airport property)
- 2 color enlargements (30"x40") covering the airport and surrounding area (mounted/laminated/framed)

All digital files will be delivered on external hard drive or CD/DVD.

Cost and Payment Terms

Compensation for the base proposed services to be provided as a lump sum cost of U.S. \$57,103.00

Proposed services inclusive of full Survey, Field Attribution and Reporting

Client Responsibilities

The successful and timely completion of this project is dependent upon a number of elements and work tasks, some of which involve participation by AVCON. You will be responsible for designating a representative for the project who will have the authority to transmit instructions, receive information, and make timely decisions with respect to the services provided by Quantum Spatial.

Quantum Spatial Representative

Jill Mahoney, Project Manager and Marlin Zook, Technical Manager, will represent us during the performance of the services to be provided under this agreement. Each has the authority to transmit and receive instructions and make decisions with respect to the services. Each is authorized to commit the necessary resources towards completing the services described herein.

Quantum Spatial carries the required Insurance and will provide the required Insurance Certificate prior to the project work beginning.

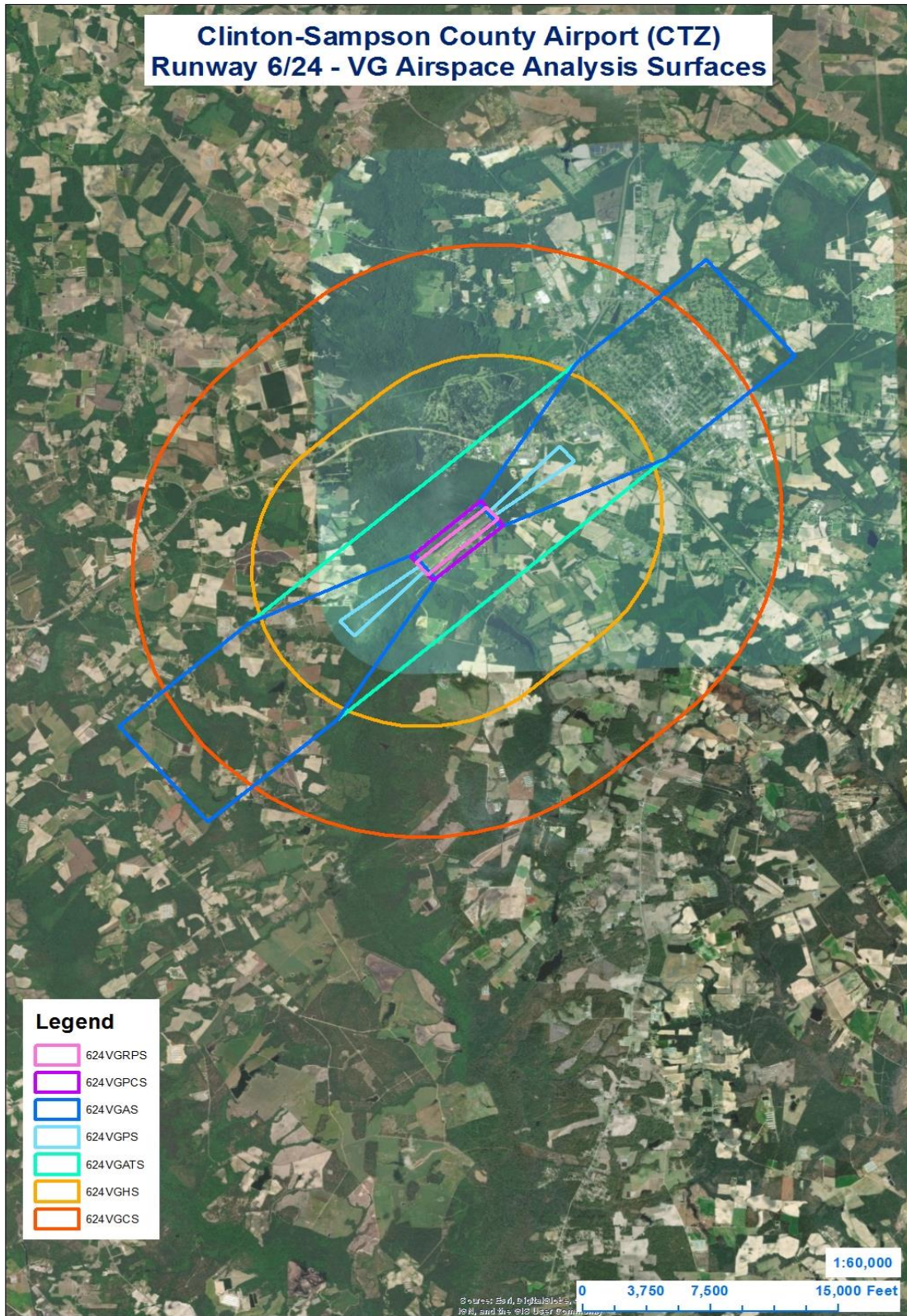
We look forward to working with you and your staff to complete this project in a timely and cost-effective manner. Should you have any questions, please call me at (910) 899-7837 or email me at the address shown below.

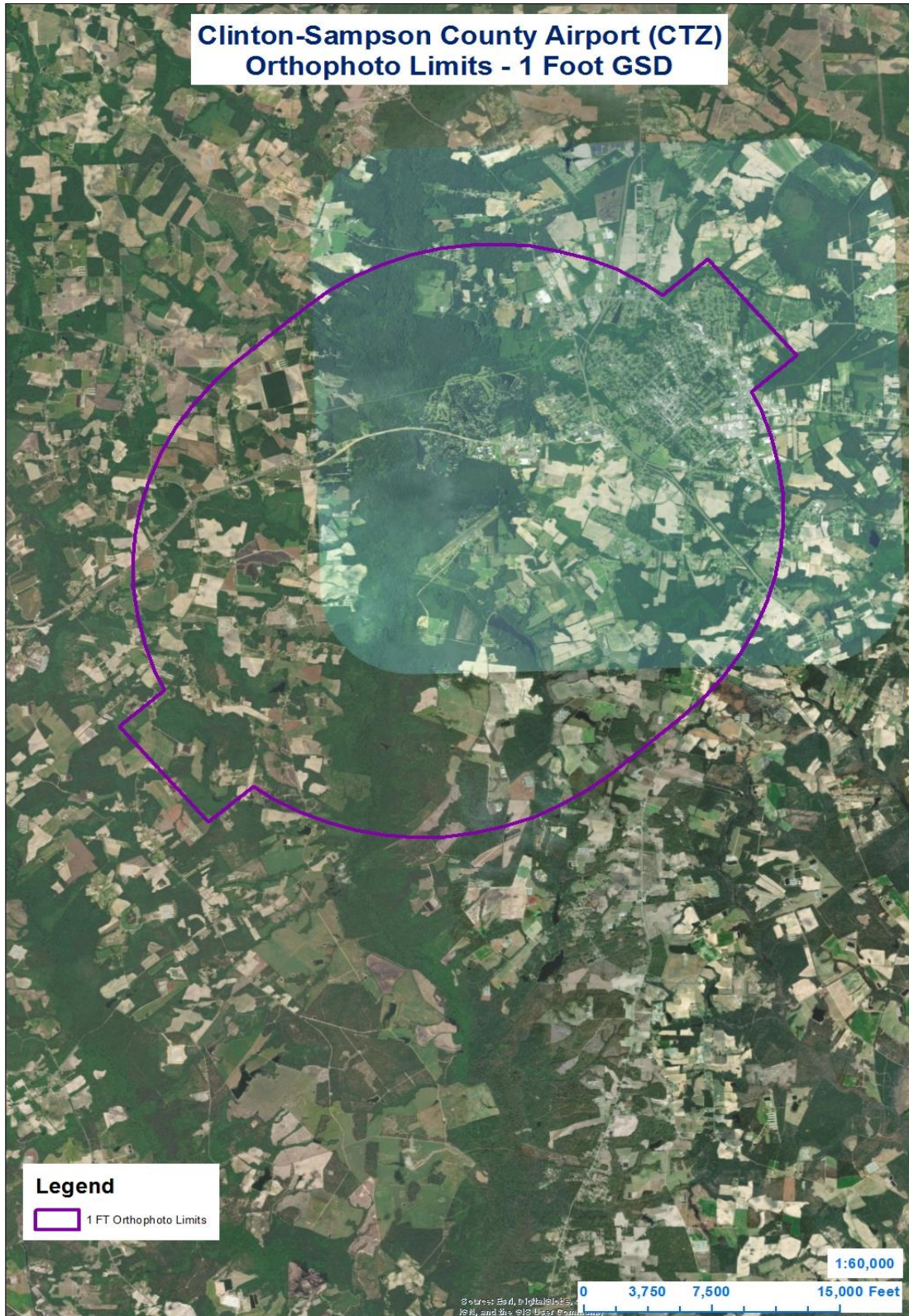
Sincerely,
Quantum Spatial, Inc.

Rick Wallace
Southeast Region Manager
rwallace@quantumspatial.com



Exhibits



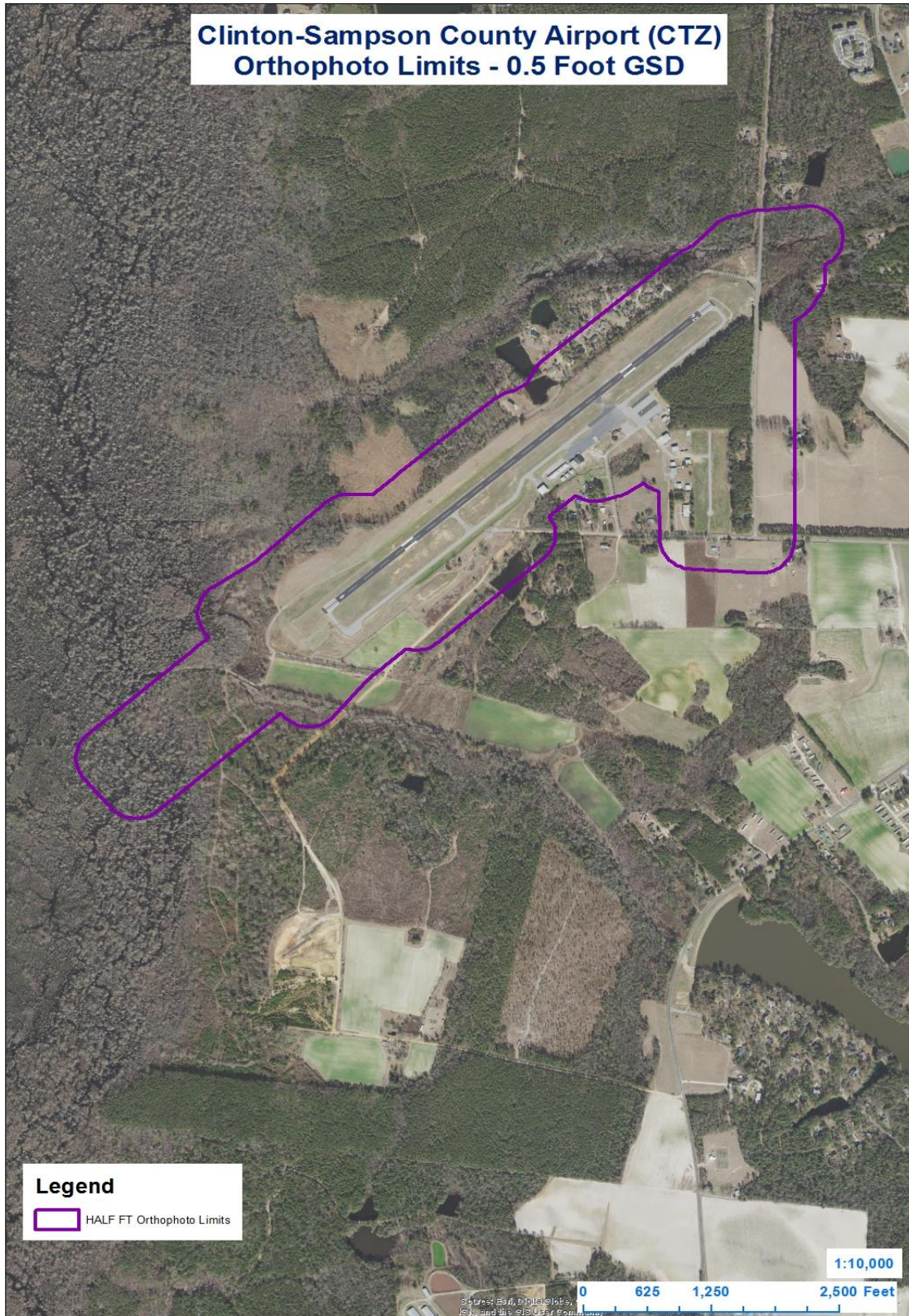




**Clinton-Sampson County Airport (CTZ)
Mapping Limits - 1"=100' Plan with 2 Foot Contours**







NORTH CAROLINA'S
SAMPSON COUNTY

FINANCE DEPARTMENT
David K. Clack, Finance Officer

TO: Board of Commissioners

FROM: David K. Clack, Finance Officer

DATE: September 23, 2020

SUBJECT: Transfer of Surplus Vehicle to Town of Roland North Carolina

The Sheriff's Department has decommissioned a 2013 Chevrolet Tahoe. They have requested that the vehicle be transferred to the Town of Roland (see attached memo).

We respectfully request that the Board declare the property surplus and authorize staff to transfer this vehicle to the Town of Roland.



OFFICE OF THE SHERIFF

County of Sampson, NC

112 Fontana Street, Clinton, NC 28328

SHERIFF JIMMY THORNTON



September 8, 2020

Memorandum

To: Board of Commissioners

From: Jimmy Thornton 
Sheriff

Subject: Donation of Decommissioned Vehicle

On August 31, 2020 Roland Police Officer Rico Rivera was returning back to his jurisdiction from canine training when he stopped on Highway 64 to check on the welfare of a North Carolina State Trooper who was out with a stopped motorist. During the encounter, the driver of another vehicle traveling on the highway fell asleep, ran off of the highway and struck the Roland Police Officers SUV at over 80 mph; resulting in the total loss of the departments vehicle. Thankfully, Officer Rivera only received minor injuries as a result of the collision. Had the Roland Police Officers SUV not been positioned behind the Troopers sedan, it is believed the Trooper would have been seriously injured or even killed.

Unfortunately, the city of Roland is not in a position financially to purchase a replacement vehicle for their agency and insurance monies are not enough to cover a replacement. The Police Department has respectfully sought donations from other agencies. I would request the county to donate the following scheduled decommissioned vehicle effective October 1, 2020:

2013 Chevrolet Tahoe
Vin# 1GNLC2E05DR160327

Your thoughtful consideration in this request is greatly appreciated.

cc:

files

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: September 22, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Edward Keith Marable

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on September 2, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

September 2, 2020

Sampson County Board of Commissioners
Rowan Road
Clinton, North Carolina 28328


RE: Edward Keith Marable

Dear Commissioners:

I am a Total and Permanently Disabled Honorably Discharged Veteran that served in the Military. I am receiving Veterans Compensation from the Department of Veterans Affairs for disabilities that occurred while in service. I was awarded benefits from the VA because of my disabilities that occurred during my service. I became aware of the Application for the Property Tax Exclusion for Disabled Veteran's through the Sampson County Veterans Office in Clinton recently. I submitted my application through the Regional Office in Winston-Salem, NC. I am requesting the Sampson County Commissioners to please accept this application and grant me the Tax Exclusion on my County Property Tax for the year 2020.

Thank you for your consideration and I wait anxiously for your decision.

Sincerely,


Edward Keith Marable
503 Byrd Street
Clinton, North Carolina 28328

783

NCDVA-9
(Rev. 08-09)

For best delivery to USDVA, filling this form with your local veteran's service office is recommended. PMA=BR9

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 106-277.1C)	Sampson County Veterans Service Office COUNTY
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SECTION 1 TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED

Edward Keith Marable
NAME (Print or Type)

Edward Keith Marable
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

503 Byrd Street
STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)
(If Applicable)

Clinton NC 28328
CITY STATE ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS
NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2 Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.
Edward Keith Marable
DISABLED VETERAN'S SIGNATURE DATE 08-17-2020

SECTION 3 Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.
SURVIVING SPOUSE'S SIGNATURE DATE

SECTION 4 To be completed by the U.S. Department of Veterans Affairs

- Please check all that apply:
- A. Veteran does not meet either B, C, D, or E of the below criteria.
 - B. Veteran has a service-connected permanent and total disability that existed as of 03/08/19
 - C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
 - D. Veteran died on _____ and had a service-connected permanent and total disability at death.
 - E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214) Honorable Under Other than Honorable Conditions Under Honorable Conditions

Christopher Warguez
SIGNATURE OF USDVA CERTIFYING OFFICIAL DATE 08/20/2020

Christopher Warguez
PRINTED NAME OF USDVA CERTIFYING OFFICIAL
Assistant Veterans Service Center Manager
TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:
Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: September 22, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Donald E. Pearson

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on September 2, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

September 2, 2020

Sampson County Board of Commissioners
Rowan Road
Clinton, North Carolina 28328

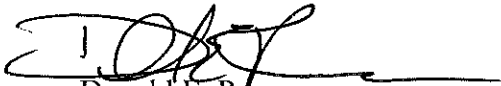
RE: Donald E. Pearson

Dear Commissioners:

I am a Total and Permanently Disabled Honorably Discharged Veteran that served in the Military. I am receiving Veterans Compensation from the Department of Veterans Affairs for disabilities that occurred while in service. I was awarded benefits from the VA because of my disabilities that occurred during my service in Vietnam. I became aware of the Application for the Property Tax Exclusion for Disabled Veteran's through the Sampson County Veterans Office in Clinton recently. I submitted my application through the Regional Office in Winston-Salem, NC. I am requesting the Sampson County Commissioners to please accept this application and grant me the Tax Exclusion on my County Property Tax for the year 2020.

Thank you for your consideration and I wait anxiously for your decision.

Sincerely,



Donald E. Pearson
4131 High House Road
Salemberg, NC 28385

723

NCDVA-9 (Rev. 08-08)

For best delivery to USDVA, filling this form with your local veteran's service office is recommended.

018

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	<u>Samoson</u> COUNTY
--	--	---------------------------------

SECTION 1	TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED
------------------	---

Donald E Pearson
NAME (Print or Type)

Donald Edward Pearson
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

4131 High House Rd
STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

Salemburg, NC 28385
CITY STATE ZIP CODE

U.S. DEPARTMENT OF VETERANS AFFAIRS
VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2	Disabled Veteran's Signature.
------------------	--------------------------------------

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

[Signature]
DISABLED VETERAN'S SIGNATURE

8/17/2020
DATE

SECTION 3	Surviving Spouse's (who has not remarried) Signature
------------------	---

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

SECTION 4	To be completed by the U.S. Department of Veterans Affairs
------------------	---

- Please check all that apply:
- A. Veteran does not meet either B, C, D, or E of the below criteria.
 - B. Veteran has a service-connected permanent and total disability that existed as of 9/27/2018.
 - C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
 - D. Veteran died on _____ and had a service-connected permanent and total disability at death.
 - E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214) Honorable Under Other than Honorable Conditions
 Under Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL

8/20/2020
DATE

PRINTED NAME OF USDVA CERTIFYING OFFICIAL
Assistant Veterans Service Center Manager

TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:
Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

01-35-09/27/2018

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: September 22, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Benjamin J Coleman

A letter is submitted requesting approval of the late application.

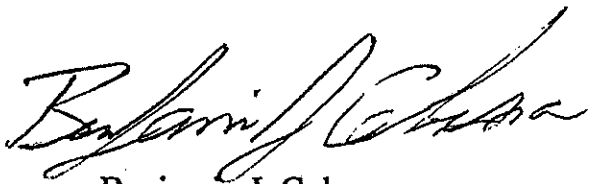
The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on August 5, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

August 5, 2020

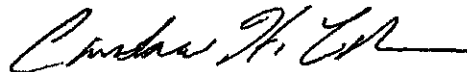
To Whom It May Concern:

This letter is to explain why the application for property tax exemption was not submitted in a timely fashion. When we inquired into the process at the beginning of January, we were given false information. We obtained the correct forms, but submitted them to the wrong place. We are assuming that due to COVID-19 and so much being shut down, we slipped through the cracks and were never notified of the mishap. When we received our property tax bill in the mail last week, we then began to inquire into the process again and realized our error. Please use the most recent application and NCDAV9 form. Thank you for your time and assistance with this matter. We do apologize for the delay.



Benjamin J. Coleman

Aug 5 2020



Candace H. Coleman

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9372

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Deborah Schroeder in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>119.80</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>119.80</u>

These taxes were assessed through clerical error as follows.

Bill # 0046319301
Plate # PLS 7104
Plate Turn in
2017 RAM TR
Total loss

602 County Tax 72.14
501 School Tax 12.68
Fire Tax _____
C02 City Tax 34.98
TOTAL \$ 119.80

Mailing Address.

X 3002 MARTA CIRCLE
APT 102
KISSIMMEE FL 34741

Yours very truly

X DEBORAH SCHROEDER
Taxpayer

X Social Security #: _____
RECOMMEND APPROVAL:

[Signature]
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9377

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Betty Lockamy in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2019	\$ 101.16
	\$
	\$
	\$
	\$

TOTAL REFUND \$ 101.16

These taxes were assessed through clerical error as follows.

Bill # 0041869409
Plate # QKB1980
Plate Surv. Vehicle
2016 Nissan Truck

302 County Tax 91.21
School Tax _____
720 Fire Tax 9.95
City Tax _____
TOTAL \$ 101.16

Mailing Address.

Betty Lockamy
1164 Alvin Rd
Godwin NC 28344

Yours very truly

X Betty Lockamy & Henry Lockamy
Taxpayer

X Social Security _____
RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9378

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Old Mill Stream Nursery + Landscaping in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>144.45</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>144.45</u>

These taxes were assessed through clerical error as follows.

Bill # 0046133570
Acct # HR3843
Tag Surr.
2015 Dodge Ram Truck
Vehicle Roll

GO2 County Tax 132.45
School Tax _____
Fire Tax 12.04
City Tax _____
TOTAL \$ 144.45

Mailing Address. (Scott Makey)

Old Mill Stream Nursery + Landscaping
3224 Oak Grove Church Rd
Newton Grove NC 28366

Yours very truly

X RS Makey Old Mill Stream, Inc
Taxpayer

X Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____ Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9376

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Joan Gerencser Tsao in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>307.50</u>
TOTAL REFUND	\$ <u>307.50</u>

Bill # 0055590592
Plate # TAT3387
Tag Surr.
2018 Toyota Van

These taxes were assessed through clerical error as follows.

302	County Tax	<u>185.18</u>
501	School Tax	<u>32.54</u>
	Fire Tax	_____
002	City Tax	<u>89.78</u>
TOTAL \$		<u>307.50</u>

Mailing Address.

Joan Tsao
410 Inverness Road
Clinton NC 28328

Yours very truly

X Joan G. Tsao
Taxpayer

X Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9368

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Richard Thomas Kaleel Jr.
2019 in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>272.99</u>
<u>2019</u>	\$ <u>156.89</u>

Bill# TOTAL REFUND \$ 429.88

0047402913
0046167346
Plate 1 - BLZ6613
Plate 2 - HAH3168
2011 Lexus
2017 Chevy Silverado
Tags Surr.

These taxes were assessed through clerical error as follows.

602 County Tax 258.87
501 School Tax 45.49
Fire Tax _____
C02 City Tax 125.52
TOTAL \$ 429.88

Total loss
Total loss

Mailing Address.

Richard Kaleel Jr.
405 Walking Stick Trail
Clinton NC 28328

Yours very truly

X [Signature]
Taxpayer

Board Approved _____
Date _____ Initials _____

X Social Security # _____
RECOMMEND APPROVAL:
[Signature]
Sampson County Tax Administrator

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9383

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Wesley Purcell
2019 in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	\$
<u>2019</u>	<u>391.44</u>

TOTAL REFUND \$ 391.44

Bill # 0051843138 These taxes were assessed through clerical error as follows.

Plate # HER9357
Vehicle Sold
Plate Surr.
2020 Chevy Tahoe

602	County Tax	<u>235.72</u>
501	School Tax	<u>41.43</u>
	Fire Tax	_____
002	City Tax	<u>114.29</u>
TOTAL \$		<u>391.44</u>

Mailing Address.

Wesley Purcell
102 Barrus Ave
Clinton NC 28328

Yours very truly

X Wesley Purcell
Taxpayer

X Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9391

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Tommy Ammons in SC Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>416.25</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REFUND \$ 416.25

These taxes were assessed through clerical error as follows.

BOC Approved DV

15-6117241-01

Late DV App, Approved

<i>Co1</i>	County Tax	<u>321.25</u>
	School Tax	_____
<i>F23</i>	Fire Tax	<u>45.00</u>
	City Tax	_____
	TOTAL \$	<u>416.25</u>

Mailing Address.

Tommy Ammons
1889 Taylors Bridge Hwy
Clinton NC 28328

Yours very truly

Tommy Ammons
Taxpayer

Social Security # _____
RECOMMEND APPROVAL

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9385

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Margirie Foster in N Clinton Township, Sampson County, for the year(s) and in the amount(s) of: Parcel 12113652004

YEAR	
<u>2020</u>	\$ <u>851.32</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>851.32</u>

These taxes were assessed through clerical error as follows.

house was billed twice in error during transfer
Clerical Error
713 Borden St. Clinton

60/County Tax	<u>512.66</u>
50/School Tax	<u>90.10</u>
Fire Tax	_____
City Tax	<u>248.56</u>
TOTAL \$	<u>851.32</u>

Mailing Address.

Margirie Foster
3929 Tasha Dr
Hope Mills NC 28348

Yours very truly

* Margirie W. Foster
Taxpayer

* Social Security # _____

RECOMMEND APPROVAL

Jim Johnson
Sampson County Tax Administrator

Board Approved _____

Date

Initials

TE

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9366

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Rommie Melvin in South River Township, Sampson County, for the year(s) and in the amount(s) of: Parcel 16034220001

YEAR	
<u>2014</u>	\$ <u>1560.73</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>1560.73</u>

These taxes were assessed through clerical error as follows.

** Reval 2014 changed dwelling to 1.5 story house + home is only 1 story*

601 - County Tax 833.40
 School Tax _____
 Fire Tax _____
604 - City Tax 727.33
 TOTAL \$ 1560.73

Mailing Address.

Rommie Melvin
P O Box 432
Garland, NC 28441

Yours very truly

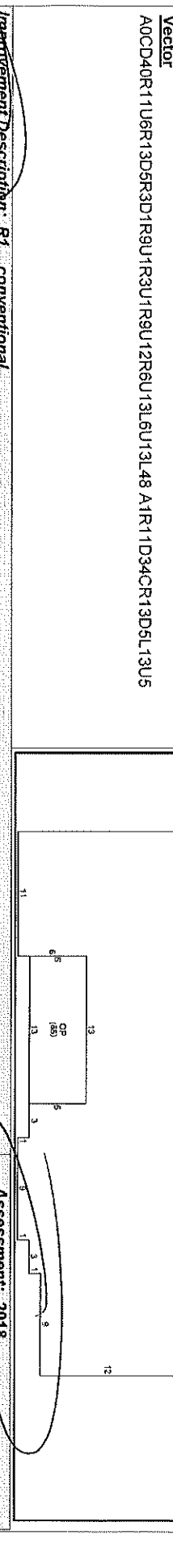
* Rommie Melvin
Taxpayer

* Social Security # _____
 RECOMMEND APPROVAL:
Jim Johnson
 Sampson County Tax Administrator

Board Approved _____
 Date _____ Initials _____

PIN #: 1388-17-20-1267 SAMPSON CO, NC - Property Card Printed: 09/22/20 Card: 1 of 1 Appraiser: BB
 Ownership: 186987 SITUS: 32 CENTER ST Deeded Acres: .7576
 MELVIN, ROMMIE ALEXANDER Legal Description: 32 Center St
 GARLAND NC 28441

Subd: Nbnhd: P Paved Road
 Parcel/Fair: Sale Dt: 01/09/14 S Price: 1879/368 RELATED
 Fronting: 07/30/08 D 13,000 1715/17
 Location: 12/30/05 D 7,000 1612/050
 Parking: No Valid Sale
 Utility: A all available;
 Zoning: No Valid Sale



Improvement Description: R1 conventional
 Story: 1
 Class: single family
 Ext Wall: alum/winy/steel
 Yr Blt: 2014
 Heating: heat pump
 Fuel: elec
 System: heat and a/c
 FP Stacks:
 Openings:
 Prefab FP:
 Rooms: 6
 Bedrooms: 3
 Half:
 Extra Fixt:
 Fin Bsmt Area:
 Rec Room Area:
 Bsmt: crawl
 BSMT Gar:
 Attic: no attic/unfinis
 Baths: 2
 Phys Cond: G
 CDU: GD
 % Complete: B-2
 Grade:
 C&D Fact:
 C&D Desc:
 TV/SF
 SP/SF
 RCN/SF
 RCNLD/SF
 Over Depr Tb:
 Fndt Dep %:
 Econ Dep %:
 Econ Desc:
 N-Fact: 82.51

D	W	E	L	A	D	D	N	S							
#	Low	1st	2nd	3rd	Description	Area	Value(RCN)	Yr Bt	ENTY Bt	Grd	CDU	%Gd	Table	%Cmp	RCNLD
0					Conventional	1,896	154,270	2014		B-2	GD	100			154,270
1		OP			Open Porch	65	2,163	2014		B-2	GD	100			2,163
Total: 156,433															

Assessment: 2018
 Method: COST APPROACH
 Land: \$11,000 Excluded:
 BLDG: \$156,433 Ag Use:
 Market: \$167,433 SWF:
 Deferred: \$0
 Exempt: \$0
 Taxable: \$167,433

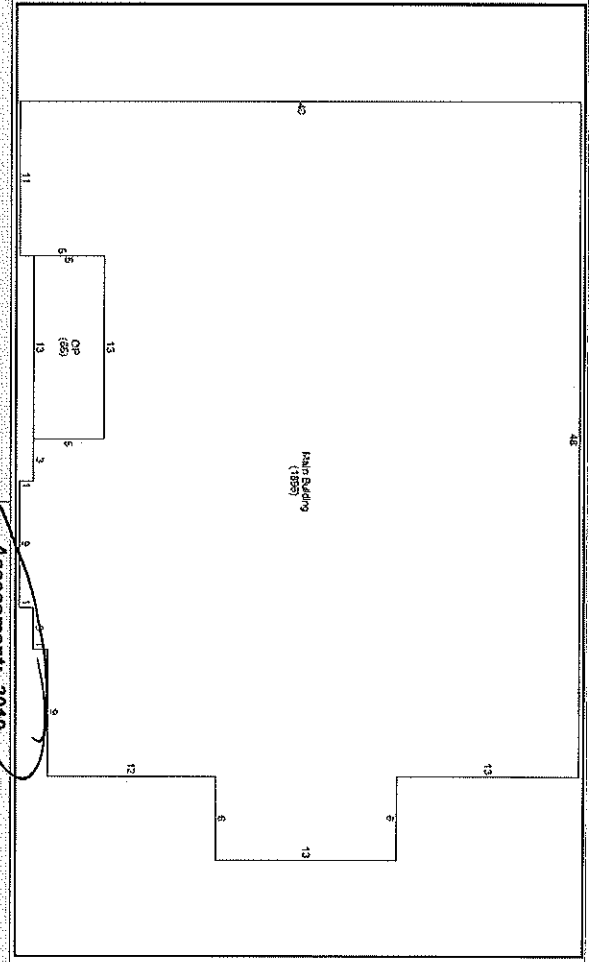
Entrances
 Revisit:
 Reason:
 Appr Date Code Rev2
 Building Permit
 Date Permit # Permit \$ CO Date Fig
 11/27/2013 B13-00065
 MODULAR HOME

Ownership: 186887
 MELVIN, ROMMIE ALEXANDER
 PO BOX 432
 GARLAND NC 28441

SUBJ:
 Nhd: P Paved Road

Fronting: 07/09/14 G/D 1
Location: 07/30/08 D 13,000 1715/17
Parking: 12/30/05 D 7,000 1612/050
Utility: A all available;
Zoning: No Valid Sale

Parcel: Fair
Sale Dt: 07/09/14 G/D 1
Price: 1879368 RELATED
Db/Pr Valid: Code
Vector: A00CD40R11U6R13D5R3D1R9U1R3U1R9U12R6U13L6U13L48 A1R11D34CR13D5L13U5



Improvement Description: RA conventional
 Story: 1.5
 Class: single family
 Ext Wall: aluminum/steel
 Yr Blt: 2014
 Heating: heat pump
 Fuel: elec
 System: heat and a/c

Assessment: 2019
 Method: COST APPROACH
 Land: \$13,200 Excluded:
 BLDG: \$264,183 Ag Use:
 Market: \$277,383 SVF:
 Deferred: \$0
 Exempt: \$0
 Taxable: \$277,383

D	#	Low	1st	2nd	3rd	Description	Area	Value(RCN)	Yr Bt	EFYr	Bt	Grd	CDU	%Gd	Table	% Cmp	RCNLD
W	0					Conventional	1,896	275,567	2014	A	AV	AV		95			261,789
E	1					Open Porch	65	2,520	2014	A	AV	AV		95			2,394
L																	
L																	
A																	
D																	
D																	
N																	
S																	
<p>Entrances</p> <p>Revisit: _____ Reason: _____ Appr Date _____ Code _____ Rev2 _____</p> <p>Building Permit Date _____ Permit # _____ Permit \$ _____ CO Date _____ 11/27/2013 B13-00066 MODULAR HOME</p>																	
HSP:		2,654				TSF:		2,909									264,183
<p>Total: 278,087</p>																	

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Jerry Butler + others in Herring Township, Sampson County, for the year(s) and in the amount(s) of: Parcel 05015809701

Year	<u>2020</u>	\$	<u>297.51</u>
		\$	
		\$	
		\$	
		\$	

Total Release/Adjustment		\$	<u>297.51</u>
<u>601 /</u> County Tax		\$	<u>269.72</u>
School Tax		\$	
<u>F15 /</u> Fire Tax		\$	<u>27.79</u>
City Tax		\$	
Total		\$	<u>297.51</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Doublewide sold 12/2019 - Dwide is now being billed on 12017198434 -

Taxpayer: Jerry Butler

Tax Administrator: [Signature]

Board Approved: _____
Date Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed

by Sampson County against the property owned by Mary Williams Hill + James C. Barefoot
in Little Coharie Township, Sampson County, for the year(s) and in the
amount(s) of: 0800359401

Year		\$	
<u>2020</u>		\$	<u>306.51</u>
		\$	
		\$	
		\$	
		\$	
Total Release/Adjustment		\$	<u>306.51</u>

County Tax	\$	<u>277.88</u>
School Tax	\$	
^{FI4} Fire Tax	\$	<u>28.63</u>
City Tax	\$	
Total	\$	<u>306.51</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Double listed to 08009310605 per GIS.

Taxpayer: Mary Hill, James Barefoot
Tax Administrator: Jai Johnson
Board Approved: _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Ronnie + Anita Carter in Franklin Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2020</u>	\$ <u>1,012.60</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Total Release/Adjustment		\$ <u>1,012.60</u>
<u>601</u> - County Tax		\$ <u>923.09</u>
	School Tax	\$ _____
<u>F09</u> - Fire Tax		\$ <u>89.51</u>
	City Tax	\$ _____
	Total	\$ <u>1,012.60</u>

The taxes were assessed through clerical error or an illegal tax as follows:

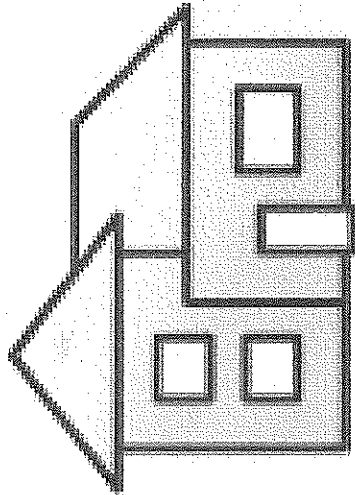
Parcel 03020574001 - Turkey + swine house destroyed in 2019 by hurricane - release per J. Johnson -

Taxpayer: Ronnie Carter
 Tax Administrator: J. Johnson
 Board Approved: _____
 Date: _____ Initials: _____

Land Description	LUC: F	NBHD: P Paved Road	Ag Use	LN	Soil	Acres	Rate	Value
N-Fact: Zoning:	Topo1: level	Topo3: Road 1:	C	n/a	GO	1.575	1,185.00	1,866
	Topo2: rolling	Traffic: Road 2:	C	n/a	LY	14.804	40.00	592
L#	IYP Code Desc	Size BaseRate Adj	C	n/a	M-W	.003	40.00	0
1	A 2CF Cropland	27.3170 2100	C	n/a	RA	.609	1,185.00	722
4	A 3CF Pasture	4.6040 1600	C	n/a	TO	7.316	40.00	293
5	A 4CF Woodland	24.9360 1188	C	n/a	TR	3.009	860.00	2,588
			N	n/a	TO	.001	40.00	0
			P	n/a	GO	1.698	1,185.00	2,012
			P	n/a	LY	.31	40.00	12
			P	n/a	M-W	1.429	40.00	57
			P	n/a	TO	1.122	40.00	45
			P	n/a	TR	.045	860.00	39
			W	n/a	GO	.042	310.00	13
Total Parcel Size: AC 56.8570 Rate/AC 1,659.53 Value 94,356								14,032

Comments:

- 1 Nash Johnson Turkey'S - Ronnie & John Carter Fammurphy Farms - Hogs From
- 2 Ronnie Ferderick Carter 1484/320 4-28-03
- 3 Lost Nash Contract-Depreciated 90% 2014 (1 House)
- 4 From Ronnie Frederick Carter Dec'd 6/07/2014 Per Scanned Documents (5/22/2017)
- 5



Sorry, no photo available for this record

OB&Y	L#	Code	Yr Bilt	Eff Yr	W x L	Area	Grd	Units	Mod Cd	Rate	Ovrd Rte	RCN	Cnd	Fnc't	%Cmp	%Gd	RCNLD
	1	24	Storage Garage	1987	x	340	D	1		16.88	16.88	5,739	G				2,870
	2	75	Turkey Finishing H	1987	x	15,600	E	1		2.91		45,396	-			10	4,540
	3	68	Swine Finishing Hc	1987	50 x 226	11,300	C	1		19.00		214,700	G				107,350
	4	68	Swine Finishing Hc	2011	50 x 177	8,850	C	1		19.00		168,150	G				147,972
	5	68	Swine Finishing Hc	2011	50 x 177	8,850	C	1		19.00		168,150	G				147,972
	6	33	Lean To Or Attach	1987	x	200	D	1		3.12	3.12	624	G				312
	7	32	Implement Shed	1987	x	705	D	1		7.88	7.88	5,555	G				2,778
	8	45	Pole Shed	1950	x		C	1		.00			G				300
	9	93	Pump House	1987	x	64	C	1		12.00	12.00	768	G				384

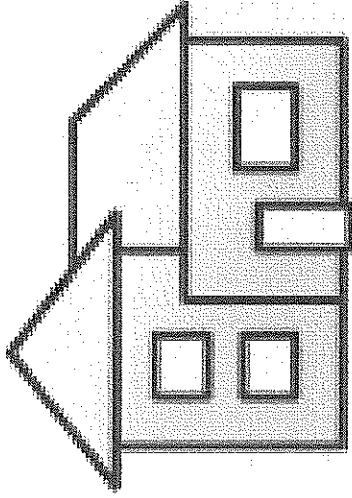
Ag Use	LN	Soil	Acres	Rate	Value
C	n/a	GO	1.575	1,185.00	1,866
C	n/a	LY	14.804	40.00	592
C	n/a	M-W	.003	40.00	0
C	n/a	RA	.609	1,185.00	722
C	n/a	TO	7.316	40.00	293
C	n/a	TR	3.009	860.00	2,588
N	n/a	TO	.001	40.00	0
P	n/a	GO	1.698	1,185.00	2,012
P	n/a	LY	.31	40.00	12
P	n/a	M-W	1.429	40.00	57
P	n/a	TO	1.122	40.00	45
P	n/a	TR	.045	860.00	39
W	n/a	GO	.042	310.00	13
Total Parcel Size: AC 56.8570 Rate/AC 1,659.53 Value 94,356					Value
					14,032

L#	IYp	Code	Desc	Size	BaseRate	Adj	Value
1	A	2CF	Cropland	27.3170	2100		57,366
4	A	3CF	Pasture	4.6040	1600		7,366
5	A	4CF	Woodland	24.9360	1188		29,624

Topo1:	level	Road 1:
Topo2:	rolling	Road 2:
Topo3:		AdjRate
Traffic:		2100

Comments:

- 1 Nash Johnson Turkey'S - Ronnie & John Carter Fammurphy Farms - Hogs From
- 2 Ronnie Frederick Carter 1484/320 4-28-03
- 3 Lost Nash Contract-Depreciated 90% 2014 (1 House)
- 4 From Ronnie Frederick Carter DecD 6/07/2014 Per Scanned Documents (5/22/2017)
- 5



2081

Sorry, no photo available for this record

OB&Y	L#	Code	Yr Bilt	Eff Yr	W x L	Area	Grd	Units	Mod Cd	Rate	Ovrd Rte	RCN	Cnd	Funct	%Cmp	%Gd	RCNLD
	1	24	Storage-Garage	1987	x	340	D	1		16.88	16.88	5,739	G				2,870
	3	68	Swine Finishing Hc	1987	50 x 226	11,300	C	1		19.00		214,700	G				147,972
	4	68	Swine Finishing Hc	2011	50 x 177	8,850	C	1		19.00		168,150	G				147,972
	5	68	Swine Finishing Hc	2011	50 x 177	8,850	C	1		19.00		168,150	G				147,972
	6	33	Lean To Or Attach	1987	x	200	D	1		3.12	3.12	624	G				312
	7	32	Implement Shed	1987	x	705	D	1		7.88	7.88	5,555	G				2,778
	8	45	Pole Shed	1950	x		C	1		.00			G				300
	9	93	Pump House	1987	x	64	C	1		12.00	12.00	768	G				384
Total:																	302,588

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

8/17/2020

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the AA-543 Enhancing Detection-COVID Response Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
0-512100	SALARIES	52,860.00	
0-518100	FICA	3,278.00	
0-518120	MEDICARE FICA	767.00	
0-518200	RETIREMENT	3,997.00	
0-518300	GROUP INSURANCE	9,660.00	
0-518400	DENTAL INSURANCE	350.00	
0-518901	401k	3,965.00	
0-526200	DEPARTMENT SUPPLIES	1,229.00	
0-532100	TELEPHONE & POSTAGE	1,500.00	
0-529702	LAB SERVICES	3,000.00	
0-531100	TRAVEL	1,000.00	
0-544000	CONTRACT SERVICES	76,249.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535192-404000	STATE ASSISTANCE	157,855.00	

2. Reason(s) for the above request is/are as follows:

TO ALLOCATE NEW STATE FUNDING FOR COVID ENHANCING DETECTION ACTIVITIES

Wanda Felton

(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020

Paul K. Clark

(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20

Sam W. G.

(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

9/22/2020

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the WIC Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551670-512100	SALARIES	9,580.00	
12551670-518100	FICA	594.00	
12551670-518120	MEDICARE FICA	139.00	
12551670-518200	RETIREMENT	725.00	
12551670-518300	GROUP INSURANCE	4,830.00	
12551670-518400	DENTAL INSURANCE	175.00	
12551670-518901	401 K	721.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535167-404000	STATE ASSISTANCE	16,764.00	

2. Reason(s) for the above request is/are as follows:

TO ALLOCATE ADDITIONAL WIC FUNDING DUE TO INCREASED CASE LOAD

Wanda R. Lewis
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020
Dal K. Clark
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____
Sam W. G.
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

9/22/2020

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the INFANT MORTALITY REDUCTION Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551620-523900	MEDICAL SUPPLIES	2,406.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535162-404000	STATE FUNDING	2,406.00	

2. Reason(s) for the above request is/are as follows:

ALLOCATE ADDITIONAL IMR STATE FUNDING

Wanda Feltus
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020
Dal H. [Signature]
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

Date of approval/disapproval by B.O.C.

_____, 20____
Sam W. [Signature]
(County Manager & Budget Officer)

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

9/18/2020

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the AA-115 CARES ACT - Infection Prevention Supp Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551230-512100	SALARIES	82,745.00	
12551230-518100	FICA	5,130.00	
12551230-518120	MEDICARE FICA	1,200.00	
12551230-518200	RETIREMENT	594.00	
12551230-518300	GROUP INSURANCE	-	
12551230-518400	DENTAL INSURANCE	-	
12551230-518901	401k	271.00	
12551230-526200	DEPARTMENT SUPPLIES	-	
12551230-532100	TELEPHONE & POSTAGE	-	
12551230-529702	LAB SERVICES	-	
12551230-531100	TRAVEL	-	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535123-404000	STATE ASSISTANCE	89,940.00	

2. Reason(s) for the above request is/are as follows:

TO ALLOCATE NEW STATE FUNDING FOR COVID RESPONSE

Wanda Polun
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020
Paul A. Cliff
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

Date of approval/disapproval by B.O.C.

_____, 20____
Sam W. C.
(County Manager & Budget Officer)

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

09/18/20

FROM: Eileen Coite

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for Fiscal Year 2020-2021

1. It is requested that the budget for the Cooperative Extension Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11449500-535200	MAINTENANCE/REPAIR EQUIPMENT	1500.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034950-408900	MISCELLANEOUS REVENUE	1,500.00	

2. Reason(s) for the above request is/are as follows:

INCREASED REVENUE AND EXPENDITURES ASSOCIATED WITH MANAGEMENT OF LIVESTOCK FACILITY

Eileen A. Coite

(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020

Paul W. Coite

(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

, 20

Sam W. Coite

(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

August 17, 2020

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year ²⁰²⁰⁻²⁰²¹ 2019-2020

1. It is requested that the budget for the AGING Department
be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558800-526200	NUTRITION - DEPT SUPPLIES	\$ 300.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035880-408401	NUTRITION - DONATIONS	\$ 300.00	

2. Reason(s) for the above request is/are as follows:
TO BUDGET DONATION FROM TOWN OF TURKEY TO THE TURKEY NUTRITION SITE FOR SUPPLIES.

Lorie B Sutton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020
Paul D. Hill
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____
Sam W. G.
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

September 15, 2020

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the Aging Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558670-525000	HR-Construction/Repairs- United Way	\$ 1,956.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035867-409900	Fund Balance Appropriated	\$ 1,956.00	

2. Reason(s) for the above request is/are as follows:

To bring forward unexpended grant funds to continue providing services required by the grant.

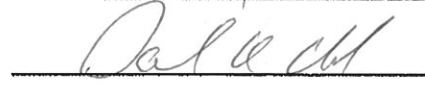


(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

9/24, 2020



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____



(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson
Health Director

360 County Complex Road, Suite 200
Clinton, NC 28328



To: Mr. Edwin Causey
County Manager

Susan Holder
Assistant County Manager

From: Wanda Robinson
Health Director

Subject: Health Department Consent Agenda Items

Date: September 22nd, 2020

Attached are items approved by the Health Advisory Committee on September 21, 2020, and is being submitted for approval by the county commissioners.

- I. Laboratory Fee Revision: See attachment
- II. Carolina Breast Imaging Contract:
Contract for Carolina Breast Imaging Specialist, PLLC to provide evaluation of abnormal breast referrals. Services will be provided using the fee schedule adopted by the North Carolina Breast and Cervical Cancer Control Program.
- III. Information Security Policy Review/Approval:
This policy update defines common security requirements for all personnel and systems that create, maintain, store, access, process or transmit information. Requesting approval for annual policy update.
- IV. Administrative Policy Review/Approval:
The administrative policy manual contains multiple policies/guidance documents that provide clear directives to all personnel, regardless of their respective departments, programs, responsibilities and or job duties. Requesting approval of the updated sections in the policy that are attached.
- V. Agreement Addenda Allocations:
 - a. AA 168 Maternal Health Innovation- \$7500
Provides one-time funds to health departments to strengthen existing efforts and program activities supporting women of reproductive age, including pregnant and postpartum women who are enrolled in maternal health services, by providing staff

- training and/or purchasing programmatic equipment associated with telehealth services.
- b. AA 539 COVID-19 CARES Activities- \$32,395
Provides funding for the Local Health Department to work to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19) by carrying out surveillance, epidemiology, laboratory capacity, infections control, mitigation, communications and other preparedness and response activities.
 - c. AA 543 ELC Enhancing Detection Activities-\$157,855
Provides funding to carry out the surveillance, epidemiology, laboratory capacity, infection control mitigation, communications, and other preparedness and response activities. These funds can be carried over to the next fiscal year if not used.
 - d. AA 115 COVID-19 infection prevention Support-\$89,940
Funds will be used to support COVID-19 infection prevention. Funds must be spent by 12/31/20.
 - e. WIC-\$16,764
Funding will be used to restore funding to the WIC budget due to increase caseload.
 - f. AA 165 Infant mortality Reduction-\$2406
This is additional funding to provide items for clients participating in the Maternal Health Program.

Attachments:

Laboratory Fee Revision (Attachment Email only)
Carolina Breast Imaging Contract (Attachment Email only)
Information Security Policy (Paper copy requires Chair signature-2 signature forms included)
Administrative Policy Review (Paper copy requires Chair signature-2 signature forms included)

Labcorp Fee and Code Additions

CPT Code	Lab Corp Test Name	Lab Corp Test Number	Price	Date Added
OL017	PT ptt	020321	\$41.25	7/23/2020
80053	CMP	322000	\$15.75	7/23/2020
85240	Factor VIII	086264	\$219.00	8/14/2020
OL018	A ptt	117199	\$277.00	8/14/2020
84305	Assay of Somatometin	010363	\$295.00	8/14/2020
84146	Assay of Prolactin	004465	\$166.25	8/14/2020

BREAST AND CERVICAL CANCER CONTROL PROGRAM AGREEMENT

BETWEEN

**SAMPSON COUNTY HEALTH DEPARTMENT
(Hereinafter Called the Department)**

AND

**CAROLINA BREAST IMAGING SPECIALIST, PLLC
(Hereinafter Called the Contractor)**

**THIS AGREEMENT SHALL COVER A PERIOD FROM
July 1, 2020 to June 30, 2021**

NOWHEREFORE, the Department and the Contractor agree that the provisions and clauses herein set forth shall be incorporated in and constitute the terms and conditions applicable to the activities involving the two agencies.

**SAMPSON COUNTY BREAST BIOPSY AGREEMENT
BETWEEN
SAMPSON COUNTY HEALTH DEPARTMENT
AND
CAROLINA BREAST IMAGING SPECIALIST, PLLC**

This Breast Biopsy Agreement is entered into on the 1st day of July 2020 between Carolina Breast Imaging Specialist, PLLC referred to as the **Contractor**, and the Sampson County Health Department referred to as the **Department**. This contract agrees that, based on this contract, the **Department** can refer Breast and Cervical Cancer Control Program patients with abnormal breast examinations to the **Contractor** for evaluation of these abnormal breast examinations. Should evaluation of the patient and her breast exam show that breast biopsies are needed, then the **Contractor** will discuss these issues of treatment with the patient. The exact details of the treatment will depend upon the patient's preferences and also upon the details of how reimbursement for the treatment is arranged. It is the general policy of the **Contractor** that the **Contractor** does not provide services for which the **Contractor** is not reimbursed.

The **Contractor** will submit a claim for the patient evaluation and breast biopsy (if needed) to the **Department**. The **Department** will, in return, reimburse the **Contractor** at Medicare rates for these services. This agreement will not exceed \$1500.00 from account 12551560-519300 per quarter (Sept, Dec, March, June).

Under this agreement, in the event that a breast biopsy is needed from the evaluation of the abnormal breast exam, the following will be done:

- A. The **Contractor** will provide the patient evaluation, and breast biopsies (if needed). The reimbursement for these services will be from the **Department** at Medicare rates. These rates refer to both provider's fee and the cost of performing the breast biopsies when indicated. These rates include the fee for pathology evaluation of the specimen(s) by _____.
Fee schedule attached.
- B. Invoices will need to be submitted to the Sampson County Health Department by the 1st day of each month. Invoices will be paid on the 10th of the month after services are rendered.
- C. Clients will be given an authorization form for services. Client is not to be seen unless authorization is presented. Fee Schedule and sample authorization form attached.
- D. The **Contractor**, upon receipt of results, will in as much as is reasonably possible, interpret and notify the **Department** of the results of the breast evaluation biopsies.
- E. The **Contractor** will provide recommendations to the **Department** concerning

the need for further care based on the diagnostic results.

- F. The **Contractor**, in general and in as much as reasonably possible, shall agree to see the patients referred by the **Department** for evaluation of the abnormal examinations within a three (3) week time frame.
- G. At present, the Contractor plans to use _____ for surgical pathology evaluation of their specimens.
- H. All parties to the contract agree to abide by laws and regulations governing the confidentiality of patient information and further agree, in as much as is reasonable, to safeguard privileged information.
- I. The **Contractor** agrees that no patient, solely because of race, color, age, religion, sex, or national origin, shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity covered by this agreement.
- J. The **Contractor** shall assure that no otherwise qualified handicapped individual, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity covered by this agreement.
- K. This contract specifically includes the following provision: that the **Contractor** will not care for patients that **Contractor** feels cannot adequately be cared for by Carolina Breast Imaging Specialist.
- L. Patient is responsible for charges beyond program approved charges.

This agreement shall be effective July 1, 2020 and shall terminate June 30, 2021. This agreement may be renewed by written agreement of both parties. Either party with sixty (60) days' notice to the other party may terminate this agreement. This agreement may be immediately terminated by the written consent of all parties and shall be automatically terminated if funds are not authorized by the Sampson County Board of Commissioners and the State of North Carolina.

Sharon Mangan, MD CEO
Carolina Breast Imaging Specialists

Date

Wanda Robinson
Health Director

Date

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

David Clack
Sampson County Finance Officer

Date

Edwin Causey
County Manager

Date

Sampson County Health Department

Information Security Policy

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1. **INTRODUCTION:**

A. **PURPOSE:**

This policy defines the technical controls and security configurations users and Information Technology (IT) administrators are required to implement in order to ensure the integrity and availability of the data environment at Sampson County Health Department hereinafter, referred to as SCHD. It serves as a central policy document with which all employees and contractors must be familiar, and defines actions and prohibitions that all users must follow. Provides all employees policies and guidelines concerning the acceptable use of Sampson County technology equipment, e-mail, Internet connections, voice-mail, facsimile, future technology resources and information processing.

The policy requirements and restrictions defined in this document shall apply to network infrastructures, databases, external media, encryption, hardcopy reports, films, slides, models, wireless, telecommunication, conversations, and any other methods used to convey knowledge and ideas across all hardware, software, and data transmission mechanisms. This policy must be adhered to by all SCHD employees or temporary workers at all locations and by contractors working with the SCHD as subcontractors.

B. **SCOPE:**

This policy document defines common security requirements for all SCHD personnel and systems that create, maintain, store, access, process or transmit information. This policy also applies to information resources owned by others, such as contractors of the SCHD, entities in the private sector, in cases where SCHD has a legal, contractual or fiduciary duty to protect said resources while in SCHD custody. In the event of a conflict, the more restrictive measures apply. This policy covers the SCHD network system which is comprised of various hardware, software, communication equipment and other devices designed to assist the SCHD in the creation, receipt, storage, processing, and transmission of information. This definition includes equipment connected to any SCHD domain or VLAN, either hardwired or wirelessly, and includes all stand-alone equipment that is deployed by the SCHD at its office locations or at remote locales.

C. **ACRONYMS/DEFINITIONS:**

1. HD – The Health Director is responsible for the overall privacy and security practices of the company.
2. DOD – Department of Defense
3. Encryption – The process of transforming information, using an algorithm, to make it unreadable to anyone other than those who have a specific ‘need to know.’
4. External Media –i.e. CD-ROMs, DVDs, floppy disks, flash drives, USB keys, thumb drives, tapes
5. FAT – File Allocation Table - The FAT file system is relatively uncomplicated and an ideal format for floppy disks and solid-state memory cards. The most common

- implementations have a serious drawback in that when files are deleted, and new files written to the media, their fragments tend to become scattered over the entire media, making reading and writing a slow process.
6. Firewall – a dedicated piece of hardware or software running on a computer which allows or denies traffic passing through it, based on a set of rules.
 7. FTP – File Transfer Protocol
 8. HIPAA - Health Insurance Portability and Accountability Act
 9. IT - Information Technology
 10. LAN – Local Area Network – a computer network that covers a small geographic area, i.e. a group of buildings, an office.
 11. NTFS – New Technology File Systems – NTFS has improved support for metadata and the use of advanced data structures to improve performance, reliability, and disk space utilization plus additional extensions such as security access control lists and file system journaling. The exact specification is a trade secret of Microsoft.
 12. SOW - Statement of Work - An agreement between two or more parties that details the working relationship between the parties and lists a body of work to be completed.
 13. User - Any person authorized to access an information resource.
 14. Privileged Users – system administrators and others specifically identified and authorized by SCHED management.
 15. TAC- Technology Assessment Committee
 16. Users with edit/update capabilities – individuals who are permitted, based on job assignment, to add, delete, or change records in a database.
 17. Users with inquiry (read only) capabilities – individuals who are prevented, based on job assignment, from adding, deleting, or changing records in a database. Their system access is limited to reading information only.
 18. VLAN – Virtual Local Area Network – A logical network, typically created within a network device, usually used to segment network traffic for administrative, performance and/or security purposes.
 19. VPN – Virtual Private Network – Provides a secure passage through the public Internet.
 20. WAN – Wide Area Network – A computer network that enables communication across a broad area, i.e. regional, national.
 21. Virus - a software program capable of reproducing itself and usually capable of causing great harm to files or other programs on the computer it attacks. A true virus cannot spread to another computer without human assistance.

D. APPLICABLE SATUTES/REGULATIONS:

The following is a list of the various agencies/organizations whose laws, mandates, and regulations were incorporated into the various policy statements included in this document.

1. US DHHS Department of Health & Human Services
2. US Centers for Medicare & Medicaid Services
3. HIPAA (Health Insurance Portability and Accountability Act) of 1996
4. Each of the policies defined in this document is applicable to the task being performed – not just too specific departments or job titles.

E. PRIVACY OFFICER:

The Agency has established a Privacy Officer (PO) as required by HIPAA. This Privacy Officer will oversee all ongoing activities related to the development, implementation, and maintenance of the Agency privacy policies in accordance with applicable federal and state laws. The current Privacy Officer for the Agency is:

Wanda Robinson, Health Director: 910-592-1131 ext. 4971

F. TECHNOLOGY ASSESSMENT COMMITTEE (TAC):

The Agency has established a Technology Assessment Committee (TAC) made up of key personnel whose responsibility it is to identify areas of concern within the Agency and act as the first line of defense in enhancing the appropriate security posture.

All members identified within this policy are assigned to their positions by the Health Director. The term of each member assigned is at the discretion of the Health Director. This committee will consist of the positions within the Agency most responsible for the overall security policy planning of the organization- the Health Director, Director of Nursing, Accounting Specialist, WIC Director and Environmental Health Supervisor and designated program coordinators. (Where applicable). The current members of the TAC are:

1. Medical Records Asst. V- Martina Copeland
2. Accounting Specialist – Tamra Jones
3. PHN Supervisor I- Patricia Canady
4. Laboratory Manager- Tracy Alston
5. Administrative Assistant - Sally DeMay
6. Health Director- Wanda Robinson
7. Accounting Technician- Sandra Armwood-Morrisey
8. PHN Supervisor I- Emily Spell

9. PHN II Janice Edwards
10. IT Director- Chris Rayner
11. IT Support Staff- Jamaal Hayes
12. WIC Director- Erin Ellis (Alternate)
13. WIC- Ernestine Williams
14. Environmental Health Supervisor- Perry Solice (Alternate)
15. Environmental Health-Mark Osborne
16. Director of Nursing- Kelly Parrish

The TAC meets monthly to discuss security issues and to review concerns that arose during the month. The TAC will identify areas that should be addressed during annual training and reviewed/updated security policies as necessary.

The TAC will address security issues as they arise and recommend and approve immediate security actions to be undertaken. It is the responsibility of the TAC to identify areas of concern within the SCHD and act as the first line of defense in enhancing the security posture of the SCHD.

The TAC is responsible for maintaining a log of security concerns or confidentiality issues. This log must be maintained on a routine basis, and must include the dates of an event, the actions taken to address the event, and recommendations for personnel actions, if appropriate. This log will be reviewed during monthly meetings.

The Privacy Officer (PO) or other assigned personnel is responsible for maintaining a log of security enhancements and features that have been implemented to further protect all sensitive information and assets held by the SCHD. This log will also be reviewed during the monthly meetings.

2. EMPLOYEE RESPONSIBILITIES:

A. EMPLOYEE REQUIREMENTS:

The first line of defense in data security is the individual SCHD user. SCHD users are responsible for the security of all data which may come to them in whatever format. The SCHD is responsible for maintaining ongoing training programs to inform all users of these requirements.

1. Wear Identifying Badge so that it may be easily viewed by others - In order to help maintain building security, all employees should prominently display their employee identification badge. Contractors who may be in SCHD facilities are provided with visitor identification badges. Other people who may be within SCHD facilities should be wearing visitor badges and will be chaperoned.
2. Challenge Unrecognized Personnel - It is the responsibility of all SCHD personnel to take positive action to provide physical security. If you see an unrecognized person in a restricted SCHD office location, you should challenge them as to their right to be there. All visitors to SCHD offices must sign in at the clinic front desk, WIC front desk or Environmental Health front desk, depending on the section of SCHD being entered. In addition, all visitors, excluding patients, must wear a visitor badge. All other personnel must be employees of the SCHD. Any challenged person who does not respond appropriately should be immediately reported to supervisory staff.
3. Unattended Computers - Unattended computers should be locked by the user when leaving the work area. This feature is discussed with all employees during yearly security training. SCHD policy states that all computers will have the automatic screen lock function set to automatically activate five (5) minutes of inactivity. Employees are not allowed to take any action which would override this setting. All employees are to implement the "Flag-L" lock mode each time they leave their computer station.
4. Computer Locations: computer screens are to be placed in an area that is not accessible to the public or others that do not need access to the information on the screen. Computers that must be placed in a position where they may be viewed by the public will be: 1) turned in a position to prevent the public from viewing the screen; and/or 2) have a screen-darkening cover to prevent side views of the computer.
5. Home Use of Agency Corporate Assets - Only computer hardware and software owned by and installed by the Sampson County IT Department is permitted to be connected to or installed on SCHD equipment. Only software that has been approved by the SCHD may be installed on SCHD equipment. Personal computers supplied by the SCHD are to be used solely for business purposes. All employees and contractors must read and understand the list of prohibited activities that are outlined below. Modifications or configuration changes are not permitted on computers supplied by the SCHD for home use.
6. Retention of Ownership - All software programs and documentation generated or provided by employees, consultants, or contractors for the benefit of the SCHD are the property of the SCHD unless covered by a contractual agreement. Nothing

contained herein applies to software purchased by SCHD employees at their own expense.

B. PROHIBITED ACTIVITIES:

Personnel are prohibited from the following activities. The list is not inclusive. Other prohibited activities are referenced elsewhere in this document.

1. Crashing an information system. Deliberately crashing an information system is strictly prohibited. Users may not realize that they caused a system crash, but if it is shown that the crash occurred as a result of user action, a repetition of the action by that user may be viewed as a deliberate act.
2. Attempting to break into an information resource or to bypass a security feature. This includes running password-cracking programs or sniffer programs and attempting to circumvent file or other resource permissions.
3. Introducing, or attempting to introduce, computer viruses, Trojan horses, peer-to-peer ("P2P") or other malicious code into an information system.
4. Exception: County IT staff may test the resiliency of a system. Such personnel may test for susceptibility to hardware or software failure, security against hacker attacks, and system infection.
5. Browsing. The willful, unauthorized access or inspection of confidential or sensitive information to which you have not been approved on a "need to know" basis is prohibited. The SCHD has access to patient level health information which is protected by HIPAA regulations which stipulate a "need to know" before approval is granted to view the information. The purposeful attempt to look at or access information to which you have not been granted access by the appropriate approval procedure is strictly prohibited.
6. Personal or Unauthorized Software. Use of personal software is prohibited. All software installed on SCHD computers must be approved by the SCHD.
7. Software Use. Violating or attempting to violate the terms of use or license agreement of any software product used by the SCHD is strictly prohibited.
8. System Use. Engaging in any activity for any purpose that is illegal or contrary to the policies, procedures or business interests of the SCHD is strictly prohibited.

C. ELECTRONIC COMMUNICATION, E-MAIL, INTERNET USAGE:

As a productivity enhancement tool, The Agency encourages the business use of electronic communications. However, all electronic communication systems and all messages generated on or handled by SCHD owned equipment are considered the property of the SCHD – not the property of individual users. Consequently, this policy applies to all SCHD employees, and covers all electronic communications including, but not limited to, telephones, e-mail, voice mail, instant messaging, Internet, fax, personal computers, and servers.

SCHD-provided resources, such as individual computer workstations or laptops, computer systems, networks, e-mail, and Internet software and services are intended for business purposes. However, incidental personal use is permissible as long as:

1. it does not consume more than a trivial amount of employee time or resources,
2. it does not interfere with staff productivity,
3. it does not preempt any business activity,
4. it does not violate any of the following:
 - a. Copyright violations – This includes the act of pirating software, music, books and/or videos or the use of pirated software, music, books and/or videos and the illegal duplication and/or distribution of information and other intellectual property that is under copyright.
 - b. Illegal activities – Use of SCHD information resources for or in support of illegal purposes as defined by federal, state or local law is strictly prohibited.
 - c. Commercial use – Use of SCHD information resources for personal or commercial profit is strictly prohibited.
 - d. Political Activities – All political activities are strictly prohibited on SCHD premises. The SCHD encourages all of its employees to vote and to participate in the election process, but these activities must not be performed using SCHD assets or resources.
 - e. Harassment – The SCHD strives to maintain a workplace free of harassment and that is sensitive to the diversity of its employees. Therefore, the SCHD prohibits the use of computers, e-mail, voice mail, instant messaging, texting and the Internet in ways that are disruptive, offensive to others, or harmful to morale. For example, the display or transmission of sexually explicit images, messages, and cartoons is strictly prohibited. Other examples of misuse include, but is not limited to, ethnic slurs, racial comments, off-color jokes, or anything that may be construed as harassing, discriminatory, derogatory, defamatory, threatening or showing disrespect for others.
 - f. Junk E-mail - All communications using IT resources shall be purposeful and appropriate. Distributing “junk” mail, such as chain letters, advertisements, or unauthorized solicitations is prohibited. A chain letter is defined as a letter sent to several persons with a request that each send copies of the letter to an equal number of persons. Advertisements offer services from someone else to you. Solicitations are when someone asks you for something. If you receive any of the above, delete the e-mail message immediately. Do not forward the e-mail message to anyone.

Generally, while it is **NOT** the policy of the SCHD to monitor the content of any electronic communication, the SCHD is responsible for servicing and protecting the SCHD equipment, networks, data, and resource availability and therefore may be required to access and/or monitor electronic communications from time to time. Several different methods are employed to accomplish these goals. For example, an audit or cost analysis may require reports that monitor phone numbers dialed, length of calls, number of calls to / from a specific handset, the time of day, etc. Other examples where electronic communications may be monitored include, but are not limited to, research and testing to optimize IT resources, troubleshooting technical problems and detecting patterns of abuse or illegal activity.

SCHD reserves the right, at its discretion, to review any employee's files or electronic communications to the extent necessary to ensure all electronic media and services are used in compliance with all applicable laws and regulations as well as SCHD policies.

All electronic communication is to be conducted in a way that recognizes all of the content could be monitored and that any electronic communication could be forwarded, intercepted, printed or stored by others.

D. INTERNET ACCESS:

Internet access is provided for SCHD users and is considered a great resource for the organization. This resource is costly to operate and maintain, and must be allocated primarily to those with business, administrative or contract needs. The Internet access provided by the SCHD should not be used for personal use, such as entertainment, listening to music, viewing the sports highlight of the day, games, movies, etc. Do not use the Internet as a radio or to constantly monitor the weather or stock market results. While seemingly trivial to a single user, the company wide use of these non-business sites consumes a huge amount of Internet bandwidth, which is therefore not available to responsible users.

Users must understand that individual Internet usage is monitored, and if an employee is found to be spending an excessive amount of time or consuming large amounts of bandwidth for personal use, disciplinary action will be taken.

Many Internet sites, such as games, peer-to-peer file sharing applications, chat rooms, and on-line music sharing applications, have already been blocked by SCHD routers and firewalls. This list is constantly monitored and updated as necessary. Any employee intentionally viewing, downloading, saving, or forwarding pornographic or sexually offensive materials on any Sampson County computer equipment will be disciplined and may be terminated.

E. REPORTING OF SOFTWARE MALFUNCTIONS:

Users should immediately inform the appropriate SCHD personnel when the user's software does not appear to be functioning correctly. This will be done through the submission of a work order. The malfunction - whether accidental or deliberate - may pose an information security risk. If the user, or the user's manager or supervisor, suspects a computer virus infection, the SCHD computer virus policy should be followed, and these steps should be taken immediately:

1. Stop using the computer
2. Do not carry out any commands, including commands to <Save> data.
3. Do not close any of the computer's windows or programs.
4. Do not turn off the computer or peripheral devices.
5. If possible, physically disconnect the computer from networks to which it is attached.

6. Inform County IT through the submission of a work order as soon as possible. Write down any unusual behavior of the computer (screen messages, unexpected disk access, unusual responses to commands) and the time when they were first noticed.
7. Write down any changes in hardware, software, or software use that preceded the malfunction.
8. Do not attempt to remove a suspected virus!

The IT Department should monitor the resolution of the malfunction or incident, and report to the TAC the result of the action with recommendations on action steps to avert future similar occurrences.

F. REPORT SECURITY INCIDENTS:

It is the responsibility of each employee to report perceived security incidents on a continuous basis to the appropriate supervisor or security person. A User is any person authorized to access an information resource. Users are responsible for the day-to-day, hands-on security of that resource. Users are to formally report all security incidents or violations of the security policy immediately to the Privacy Officer. Users should report any perceived security incident to either their immediate supervisor, or their department head.

Reports of security incidents shall be escalated as quickly as possible. Each incident will be analyzed to determine if changes in the existing security structure are necessary. All reported incidents are logged and the remedial action indicated. It is the responsibility of the TAC to provide training on any procedural changes that may be required as a result of the investigation of an incident.

Security breaches shall be promptly investigated. If criminal action is suspected, the Privacy Officer shall contact the appropriate law enforcement and investigative authorities immediately, which may include but is not limited to the police or the FBI.

G. TRANSFER OF SENSITIVE/CONFIDENTIAL INFORMATION:

When confidential or sensitive information from one individual is received by another individual while conducting official business, the receiving individual shall maintain the confidentiality or sensitivity of the information in accordance with the conditions imposed by the providing individual. All employees must recognize the sensitive nature of data maintained by the SCHD and hold all data in the strictest confidence. Any purposeful release of data to which an employee may have access is a violation of SCHD policy and will result in personnel action and may result in legal action.

H. TRANSFERRING SOFTWARE AND FILES BETWEEN HOME AND WORK:

Personal software shall not be used on SCHD computers or networks. If a need for specific software exists, submit a request to your supervisor or department head. Users shall not use SCHD purchased software on home or on non-SCHD computers or equipment.

SCHD proprietary data, including but not limited to patient information, IT Systems information, financial information or human resource data, shall not be placed on any computer that is not the property of the SCHD without written consent of the respective department supervisor or department head. It is crucial to the SCHD to protect all data and, in order to do that effectively, we must control the systems in which it is contained. In the event that a supervisor or department head receives a request to transfer SCHD data to a non-SCHD Computer System, the supervisor or department head should notify the Privacy Officer or appropriate personnel of the intentions and the need for such a transfer of data.

The SCHD Wide Area Network (“WAN”) is maintained with a wide range of security protections in place, which include features such as virus protection, e-mail file type restrictions, firewalls, anti-hacking hardware and software, etc. Since SCHD does not control non-SCHD personal computers, SCHD cannot be sure of the methods that may or may not be in place to protect SCHD sensitive information, hence the need for this restriction.

I. INTERNET CONSIDERATIONS:

Special precautions are required to block Internet (public) access to SCHD information resources not intended for public access, and to protect confidential SCHD information when it is to be transmitted over the Internet.

The following security and administration issues shall govern Internet usage. Prior approval of the SCHD Privacy Officer or appropriate personnel authorized by the SCHD shall be obtained before:

1. An Internet, or other external network connection, is established;
2. SCHD information (including notices, memoranda, documentation and software) is made available on any Internet-accessible computer (e.g. web or ftp server) or device;
3. Users may not install or download any software (applications, screen savers, etc.). If users have a need for additional software, the user is to contact their supervisor;
4. Use shall be consistent with the goals of the SCHD. The network can be used to market services related to the SCHD, however use of the network for personal profit or gain is prohibited.
5. Confidential or sensitive data - including credit card numbers, telephone calling card numbers, logon passwords, and other parameters that can be used to access goods or services - shall be encrypted before being transmitted through the Internet.
6. The encryption software used, and the specific encryption keys (e.g. passwords, pass phrases), shall be escrowed with the Privacy Officer or appropriate personnel-IT Department to ensure they are safely maintained/stored. The use of encryption software, which have not been escrowed as prescribed above, is prohibited, and may make the user subject to disciplinary action.

J. USE OF WINZIP ENCRYPTED AND ZIPPED E-MAIL:

This software allows SCHD personnel to exchange e-mail with remote users who have the appropriate encryption software on their system. Any SCHD staff member who desires to utilize this technology may request this software from the approval of the Privacy Officer to be installed by IT.

K. DE-IDENTIFICATION/RE-IDENTIFICATION OF PERSONAL HEALTH INFORMATION (PHI):

As directed by HIPAA, all personal identifying information is removed from all data that falls within the definition of PHI before it is stored or exchanged.

De-identification is defined as the removal of any information that may be used to identify an individual or of relatives, employers, or household members.

PHI includes:

1. Names
2. Addresses
3. Geographic subdivisions smaller than a state
4. All elements of dates directly related to the individual (Dates of birth, marriage, death, etc.)
5. Telephone numbers
6. Facsimile numbers
7. Driver's license numbers
8. Electronic mail addresses
9. Social security numbers
10. Medical record numbers
11. Health plan beneficiary numbers
12. Account numbers, certificate/license numbers
13. Vehicle identifiers and serial numbers
14. Device identifiers and serial numbers
15. Web Universal Resource Locators (URLs)
16. Internet Protocol (IP) address numbers
17. Biometric identifiers
18. Full face photographic images and any comparable images

3. **IDENTIFICATION AND AUTHENTICATION:**

A. **USER LOGON IDS:**

Individual users shall have unique logon IDs and passwords. An access control system shall identify each user and prevent unauthorized users from entering or using information resources. Security requirements for user identification include:

1. Each user shall be assigned a unique identifier.
2. Users shall be responsible for the use and misuse of their individual logon ID.

All user login IDs are audited at least annually and all inactive logon IDs are revoked. The Security Officer notifies IT and the county office upon the departure of all employees, at which time login IDs are revoked.

The logon ID is locked or revoked after a maximum of three (3) unsuccessful logon attempts which then require the passwords to be reset by the appropriate Administrator.

Users who desire to obtain access to SCHD systems or networks must have a completed and signed Network Access Form (Appendix A). This form must be signed by the Privacy Officer and Security Officer of each user requesting access.

B. **PASSWORDS:**

1. **User Account Passwords:**

User IDs and passwords are required in order to gain access to all SCHD networks and workstations. All passwords are restricted by a SCHD password policy to be of a "Strong" nature. This means that all passwords must conform to restrictions and limitations that are designed to make the password difficult to guess. Users are required to select a password in order to obtain access to any electronic information both at the server level and at the workstation level. When passwords are reset, the user will be automatically prompted to manually change that assigned password.

- a. **Password Length** – Passwords are required to be a minimum of eight characters.
- b. **Content Requirements** - Passwords must contain a combination of one upper case alphabetic character, lower case alphabetic characters, and one numeric characters or special characters.
- c. **Change Frequency** – Passwords must be changed every 90 days. Compromised passwords shall be changed immediately.
- d. **Reuse** - The previous twelve passwords cannot be reused.
- e. **Restrictions on Sharing Passwords** - Passwords shall not be shared, written down on paper, or stored within a file or database on a workstation and must be kept confidential.

- f. Restrictions on Recording Passwords - Passwords are masked or suppressed on all online screens, and are never printed or included in reports or logs. Passwords are stored in an encrypted format.

C. CONFIDENTIALITY AGREEMENT:

Users of SCHD information resources shall sign, as a condition for employment, the Sampson County Health Department Security Confidentiality agreement (Appendix B). The agreement shall include the following statement:

I understand that any unauthorized use or disclosure of information residing on the -SCHD information resource systems may result in disciplinary action consistent with the policies and procedures of Sampson County Health Department and other federal, state, and local agencies.

Temporary workers and third-party employees not already covered by a confidentiality agreement shall sign the confidentiality agreement prior to accessing SCHD information resources.

Confidentiality agreements shall be reviewed annually and when there are changes to contracts or other terms of employment, particularly when contracts are ending or employees are leaving an organization.

D. ACCESS CONTROL:

Information resources are protected by the use of access control systems. Access control systems include both internal (i.e. passwords, encryption, access control lists, constrained user interfaces, etc.) and external (i.e. port protection devices, firewalls, host-based authentication, etc.).

Rules for access to resources (including internal and external telecommunications and networks) have been established by the information/application owner or manager responsible for the resources. Access is granted only by the completion of a Network Access Request Form (Appendix A). This form can only be initiated by the Security Officer upon request of the department supervisor and must be signed by the Privacy Officer and the Security Officer.

This guideline satisfies the "need to know" requirement of the HIPAA regulation, since the department supervisor-is the person who most closely recognizes an employee's need to access data. Users may be added to the information system, network, or EHR **only** upon the signature of the Privacy and Security Officer or appropriate personnel who is responsible for adding the employee to the network in a manner and fashion that ensures the employee is granted access to data only as specifically requested.

1. Identification and Authentication Requirements

The host security management program shall maintain current user application activity authorizations. Each initial request for a connection or a session is subject to the authorization process previously addressed.

E. USER LOGIN ENTITLEMENT REVIEWS:

If an employee changes positions at the SCHD, the employee's new department supervisor or department head shall promptly notify the Information Technology ("IT") Department of the change of roles by indicating on the Network Access Request Form (Appendix A) both the roles or access that need to be added and the roles or access that need to be removed so that employee has access to the minimum necessary data to effectively perform their new job functions. The effective date of the position change should also be noted on the Form so that the IT Department can ensure that the employee will have appropriate roles, access, and applications for their new job responsibilities. For a limited training period, it may be necessary for the employee who is changing positions to maintain their previous access as well as adding the roles and access necessary for their new job responsibilities.

No less than annually, the IT Manager shall facilitate entitlement reviews with the department supervisors and department head to ensure that all employees have the appropriate roles, access, and software necessary to perform their job functions effectively while being limited to the minimum necessary data to facilitate HIPAA compliance and protect patient data.

F. TERMINATION OF USER LOGON ACCOUNT:

Upon termination of an employee, whether voluntary or involuntary, the security officer shall promptly notify the IT Department by submitting a work order. The employee's department head shall be responsible for insuring that all keys, ID badges, and other access devices as well as SCHD equipment and property is returned to the SCHD prior to the employee leaving on their final day of employment.

No less than quarterly, the Security Officer /IT Manager shall provide a list of active user accounts for both network and application access, including access to the clinical electronic health record ("EHR") and the SCHD management system ("PMS"), to department head for review. The IT department will maintain a list of all software and IT will maintain the server software list. Department head shall review the employee access lists within five (5) business days of receipt. If any of the employees on the list are no longer employed by the SCHD, the administrative assistant will immediately notify the IT Department of the employee's termination status by work order.

4. NETWORK CONNECTIVITY:

A. TELECOMMUNICATION EQUIPMENT:

Certain direct link connections may require a dedicated or leased phone line. These facilities are authorized only by the Privacy Officer or appropriate personnel and ordered by the appropriate personnel. Telecommunication equipment and services include but are not limited to the following:

1. phone lines
2. fax lines
3. phone head sets
4. software type phones installed on workstations
5. cell phones
6. call routing software
7. call reporting software
8. phone system administration equipment
9. T1/Network lines
10. long distance lines
11. local phone lines
12. telephone equipment
13. Cameras (external and internal laptop)

B. PERMANENT CONNECTIONS:

The security of SCHD systems can be jeopardized from third party locations if security practices and resources are inadequate. When there is a need to connect to a third party location, a risk analysis should be conducted. The risk analysis should consider the type of access required, the value of the information, the security measures employed by the third party, and the implications for the security of SCHD systems. The Privacy Officer or appropriate personnel should be involved in the process, design and approval.

C. EMPHASIS ON SECURITY IN THIRD PARTY CONTRACTS:

Access to SCHD computer systems or corporate networks shall not be granted until a review of the following concerns have been made, and appropriate restrictions or covenants included in a statement of work (“SOW”) with the party requesting access.

1. Applicable sections of the SCHD Information Security Policy have been reviewed and considered.
2. Policies and standards established in the SCHD information security program have been enforced.
3. A risk assessment of the additional liabilities that will attach to each of the parties to the agreement.
4. The right to audit contractual responsibilities should be included in the agreement or SOW.

5. Arrangements for reporting and investigating security incidents must be included in the agreement in order to meet the covenants of the HIPAA Business Associate Agreement.
6. A description of each service to be made available.
7. Each service, access, account, and/or permission made available should only be the minimum necessary for the third party to perform their contractual obligations.
8. A detailed list of users that have access to SCHD computer systems must be maintained and auditable.
9. If required under the contract, permission should be sought to screen authorized users.
10. Dates and times when the service is to be available should be agreed upon in advance.
11. Procedures regarding protection of information resources should be agreed upon in advance and a method of audit and enforcement implemented and approved by both parties.
12. The right to monitor and revoke user activity should be included in each agreement.
13. Language on restrictions on copying and disclosing information should be included in all agreements.
14. Responsibilities regarding hardware and software installation and maintenance should be understood and agreement upon in advance.
15. Measures to ensure the return or destruction of programs and information at the end of the contract should be written into the agreement.
16. If physical protection measures are necessary because of contract stipulations, these should be included in the agreement.
17. A formal method to grant and authorized users who will access to the data collected under the agreement should be formally established before any users are granted access.
18. Mechanisms should be in place to ensure that security measures are being followed by all parties to the agreement.
19. Because annual confidentiality training is required under the HIPAA regulation, a formal procedure should be established to ensure that the training takes place, that there is a method to determine who must take the training, who will administer the training, and the process to determine the content of the training established.
20. A detailed list of the security measures which will be undertaken by all parties to the agreement should be published in advance of the agreement.

D. FIREWALLS:

Authority from the IT Director or Privacy Officer must be received before any employee or contractor is granted access to SCHD router or firewall.

5. MALICIOUS CODE:

A. ANTIVIRUS SOFTWARE INSTALLATION:

Antivirus software is installed on all SCHD personal computers and servers. Virus update patterns are updated daily on the servers and workstations. Virus update engines and data files are monitored by appropriate IT staff that is responsible for keeping all virus patterns up to date.

Configuration - The antivirus software currently implemented by the SCHD is TRAPS-made by Paloalto. Antivirus software is purchased and updated as needed.

Remote Deployment Configuration - Through an automated procedure, updates and virus patches may be pushed out to the individual workstations and servers on an as needed basis.

Monitoring/Reporting – A record of virus patterns for all workstations and servers on the SCHD network may be maintained. IT Director or department is responsible for providing reports for auditing and emergency situations as requested by the Privacy Officer.

B. NEW SOFTWARE DISTRIBUTION:

Only software created by SCHD application staff, if applicable, or software approved by the Privacy Officer or appropriate personnel will be used on internal computers and networks. A list of approved software is maintained in Appendix C. All new software will be tested by appropriate personnel in order to ensure compatibility with currently installed software and network configuration. In addition, IT staff will scan all software for viruses before installation. This includes shrink-wrapped software procured directly from commercial sources.

All data and program files that have been electronically transmitted to an SCHD computer or network from another location must be scanned for viruses immediately after being received. Contact the IT staff who will scan files for viruses.

Every diskette, CD-ROM, DVD and USB device is a potential source for a computer virus. Therefore, every diskette, CD-ROM, DVD and USB device must be scanned for virus infection prior to copying information to an SCHD computer or network.

Computers shall never be “booted” from a diskette, CD-ROM, DVD or USB device received from an outside source. Users shall always remove any diskette, CD-ROM, DVD or USB device from the computer when not in use. This is to ensure that the diskette, CD-ROM, DVD or USB device is not in the computer when the machine is powered on. A diskette, CD-ROM, DVD or USB device infected with a boot virus may infect a computer in that manner, even if the diskette, CD_ROM, DVD or USB device is not “bootable”.

C. RETENTION OF OWNERSHIP:

All software programs, documents and documentation generated or provided by employees, consultants, or contractors for the benefit of the SCHD are the property of the SCHD unless covered by a contractual agreement. Employees receive training on acknowledging SCHD ownership during orientation and on annual basis. Nothing contained herein applies to software purchased by SCHD employees at their own expense.

6. ENCRYPTION:

A. DEFINITION:

Encryption is the translation of data into a secret code. Encryption is the most effective way to achieve data security. To read an encrypted file, you must have access to a password that enables you to decrypt it. Unencrypted data is called plain text; encrypted data is referred to as cipher text.

B. ENCRYPTION:

An encryption specifies the particular transformation of plain text into cipher text, or vice versa during decryption.

If justified by risk analysis, sensitive data and files shall be encrypted before being transmitted through networks. When encrypted data are transferred between agencies, the agencies shall devise a mutually agreeable procedure for secure management. In the case of conflict, the SCHD shall establish the criteria in conjunction with the Privacy Officer or appropriate personnel. The SCHD employs several methods of secure data transmission.

C. INSTALLATION OF AUTHENTICATION AND ENCRYPTION SOFTWARE -ON THE E-MAIL SYSTEM:

Any user desiring to transfer secure e-mail with a specific identified external user may request access to Encrypted email by contacting the Privacy Officer or IT department. Once verified, the software is installed on each recipient workstation, and the two may safely exchange secure e-mail.

D. USE OF WINZIP ENCRYPTED AND ZIPPED E-MAIL:

This software allows SCHD personnel to exchange e-mail with remote users who have the appropriate encryption software on their system. Any SCHD staff member who desires to utilize this technology may request this software from the Privacy Officer or Security Officer.

E. FILE TRANSFER PROTOCOL (FTP):

Files may be transferred to secure FTP sites through the use of appropriate security precautions. Requests for any FTP transfers should be directed to the Privacy Officer or appropriate personnel.

F. SECURE SOCKET LAYER (SSL) WEB INTERFACE:

Any EHR hosted (ASP) system, if applicable, will require access to a secure SSL website. Any such access must be requested using the Network Access Request Form (found in Appendix A) and have appropriate approval from the supervisor or department head as well as the Privacy Officer or Security Officer before any access is granted.

7. BUILDING SECURITY:

It is the policy of the SCHD to provide building access in a secure manner. The site building is County property and all lease contracts, entrance way access, fire escape requirements, and server room control are the responsibility of the County. However, the SCHD strives to continuously upgrade and expand its security and to enhance protection of its assets and medical information that has been entrusted to it. The following list identifies measures that are in effect at the SCHD.

Description of building, location, square footage, and the use of any generator.

1. Entrance to the building during non-working hours is controlled by a security code system.
2. The door to the reception area is locked at all times and requires appropriate credentials or escort past the reception or waiting area door(s).
3. The reception area is staffed at all times during the working hours of 8:00 AM to 5:00 PM.
4. Any unrecognized person in a restricted office/department location should be challenged as to their right to be there. All visitors must sign in at the front desk, wear a visitor badge (excluding patients), and be accompanied by SCHD staff member. In some situations, non-SCHD personnel, who have signed the confidentiality agreement, do not need to be accompanied at all times.
5. Swipe cards control access to all other doors. Each card is coded to allow admission to specific areas based on each individual's job function or need to know.
6. The building is equipped with security cameras to record activities in the parking lot and within the area encompassing the main entrances to the SCHD. All activities in these areas are recorded on a 24 hour a day 365 day per year basis.
7. Fire Protection: Use of local building codes will be observed. Manufacturer's recommendations on the fire protection of individual hardware will be followed.

8. TELECOMMUTING:

With the increased availability of broadband access and VPNs, telecommuting has become more viable for many organizations. The SCHD considers telecommuting to be an acceptable work arrangement in certain circumstances. This policy is applicable to all employees and contractors who work occasionally outside of the SCHD office environment. It applies to users who may work from their home, to employees on temporary travel, to users who work from a remote location, and to any user who connects to the SCHD network and/or hosted EHR, if applicable, from a remote location.

While telecommuting can be an advantage for users and for the organization in general, it presents new risks in the areas of confidentiality and security of data. Workers linked to the SCHD network become an extension of the wide area network and present additional environments that must be protected against the danger of spreading Trojans, viruses, or other malware. This arrangement also exposes the SCHD as well as patient data to risks not present in the traditional work environment.

A. GENERAL REQUIREMENTS:

Telecommuting workers are required to follow all SCHD, security, confidentiality, HR, or Code of Conduct policies that are applicable to other employees.

1. Need to Know: Telecommuting Users will have the access based on the same 'need to know' as they have when in the office.
2. Password Use: The use of a strong password, changed at least every 90 days, is even more critical in the telecommuting environment. Do not share your password or write it down where a family member or visitor can see it.
3. Training: Personnel who telecommute must complete the same annual privacy training as all other employees.
4. Contract Specific: There may be additional requirements specific to the individual contracts to which an employee is assigned.

B. EMPLOYEE RULES:

Remote data entry devices, such as laptop computers, which are used for client information, pose a unique privacy risk with the potential of the devices being misplaced, lost, stolen or accessed by unauthorized persons. The following guidelines will be used for remote devices.

1. The installation and use of any software used on a remote device must be approved by Privacy Officer.
2. Remote devices will not be purchased or used without prior County approval.
3. Remote devices that contain confidential and/or client information will not be left unattended in the field.
4. Remote devices that contain confidential and/or client information will not be left unattended for more than five (5) minutes when in the SCHD.

5. Remote devices will automatically be configured to automatically power off after five (5) minutes of inactivity.
6. Remote device users will not share passwords or permit unauthorized use of County remote devices for any purpose.
7. Remote devices that store client information will have individual passwords to prevent unauthorized access.
8. Remote device users will immediately report the loss or unauthorized use of any remote device to the Privacy Officer or Security Officer.

C. REQUIRED EQUIPMENT:

Employees approved for telecommuting must understand that the SCHD will not provide all equipment necessary to ensure proper protection of information to which the employee has access; however, the following lists define the equipment and environment required:

1. SCHD Provided:
 - a. MiFi
 - b. Cell Phone with Hotspot access
 - c. Laptop
2. Virus Protection: Employees must never stop the update process for Virus Protection. Virus Protection software is installed on all SCHD computers and is set to update the virus pattern on a daily basis. This update is critical to the security of all data, and must be allowed to complete.
3. VPN and Firewall Use: Established procedures must be rigidly followed when accessing SCHD information of any type. The SCHD requires the use of VPN software and a firewall device. Disabling a virus scanner or firewall is reason for termination.
4. Lock Screens: Regardless of the computer location, always use “Flag-L” to lock the screen before walking away from the workstation. The data on the screen may be protected by HIPAA or may contain confidential information. The automatic lock feature with a password protected screen saver has been set to automatically turn on after five (5) minutes of inactivity.

D. DATA SECURITY PROTECTION:

1. Data Backup: Backup procedures have been established that encrypt the data being moved to an external media. Employees will only use that procedure and will not create a personal procedure. Employees that have external media that is not encrypted will contact the appropriate SCHD personnel for assistance. Employees will keep external media in their possession at all times when out of the SCHD to ensure it is protected at all times.

2. Transferring Data to the Agency: Transferring of data to the SCHD requires the use of an approved VPN connection to ensure the confidentiality and integrity of the data being transmitted. Employees will not circumvent established procedures nor create a personal method when transferring data to the SCHD.
3. External System Access: Employees that require access to an external system will contact the department supervisor or department head. The Privacy Officer or appropriate personnel will assist in establishing a secure method of access to the external system.
4. E-mail: Do not send any individual-identifiable information (PHI or PII) via e-mail unless it is encrypted. Employees that need assistance will contact the Privacy Officer or appropriate personnel to ensure an approved encryption mechanism is used for transmission through e-mail.
5. Non-Agency Networks: Extreme care must be taken when connecting SCHD equipment to a home, hotel or other network. Although the SCHD actively monitors its security status and maintains organization wide protection policies to protect the data within all contracts, the SCHD has no ability to monitor or control the security procedures on non-SCHD networks.
6. Protect Data in Employee's Possession: Employees will view or access only the information required to complete work assignments. Employees will regularly review the stored data to ensure that the amount of patient level data is kept at a minimum and that old data is eliminated as soon as possible. Store electronic data only in encrypted workspaces. If an employee's laptop has not been set up with an encrypted workspace, he/she will contact the Privacy Officer or appropriate personnel for assistance.
7. Hard Copy Reports or Work Papers: Employees will never leave paper records around the work area. All paper records will be in a locked area at night or when employees leave the work area.
8. Data Entry When in a Public Location: Employees will not perform work tasks which require the use of sensitive corporate or patient level information when in a public area, i.e. airports, airplanes, restaurants, hotel lobbies, etc. Computer screens can easily be viewed from beside or behind the employee.
9. Sending Data Outside the Agency: All external transfer of data must be associated with an official contract, non-discloser agreement, or appropriate Business Associate Agreement. Do not give or transfer any patient level information to anyone outside the SCHD without the written approval of the department supervisor or department head.

E. DISPOSAL OF PAPER AND/OR EXTERNAL MEDIA:

Shredding: All paper which contains sensitive information that is no longer needed must be placed in the shred container to be shredded. All employees working from other non-SCHD work environment, MUST have direct access to a shredder or bring the paper back to the SCHD to be shredded.

Disposal of Electronic Media: All external media must be sanitized or destroyed in accordance with HIPAA compliant procedures.

1. Do not throw any media containing sensitive, protected information in the trash.
2. Return all external media to the department supervisor or department head.
3. External media must be wiped clean of all data. The Privacy Officer or appropriate personnel has very definitive procedures for performing the process; therefore, all external media must be sent to them.

IT will review all media to ensure all data has been deleted before disposal.

9. SPECIFIC PROTOCOLS AND DEVICES:

A. WIRELESS USAGE STANDARDS AND POLICY:

Due to an emergence of wireless access points in hotels, airports, other public areas and homes, it has become imperative that all employees follow all guidelines and rules set by this Wireless Usage Policy to ensure the security and functionality of such connections for SCHD employees. This policy outlines the processes and procedures for acquiring wireless access privileges, utilizing wireless access, and ensuring the security of SCHD laptops and mobile devices.

1. Approval Procedure - In order to be granted the ability to utilize the wireless network interface on your SCHD laptop or mobile device you will be required to gain the approval of the Privacy Officer or Security Officer. The Network Access Request Form (found in Appendix A) is used to approve request. Once approved administrative assistant will submit Work Order request for IT personnel to setup your laptop and schedule training.
2. Software Requirements - The following is a list of minimum software requirements for any SCHD laptop that is granted the privilege to use wireless access:
 - a. Windows 10 Professional
 - b. Antivirus software
 - c. Internet Explorer 11.0 SP2 or Greater

If the employee's laptop does not have all of these software components, he/she will notify the department supervisor or department head to have these components installed.

3. Training Requirements – Employees with approval for wireless access to SCHD computer will be required to attend a usage and security training session to be provided by the Privacy Officer. This training session will cover the basics of connecting to wireless networks, securing the computer when connected to a wireless network, and the proper method for disconnecting from wireless networks. This training will be conducted during orientation and annually thereafter.

B. USE OF TRANSPORTABLE MEDIA:

Transportable media included within the scope of this policy includes, but is not limited to, SD cards, DVDs, CD-ROMs, and USB key devices.

The purpose of this policy is to guide employees/contractors of the SCHD in the proper use of transportable media when a legitimate business requirement exists to transfer data to and from SCHD networks. Every workstation or server that has been used by either SCHD employees or contractors is presumed to have sensitive information stored on its hard drive. Therefore, procedures must be carefully followed when copying data to or from transportable media to protect sensitive SCHD data. Since transportable media, by their very design are easily lost, care and protection of these devices is essential.

The use of transportable media in various formats is common practice within the SCHD. All users must be aware that sensitive data could potentially be lost or compromised when moved outside of SCHD networks. Transportable media received from an external source could potentially pose a threat to SCHD networks. **Sensitive data** includes all human resource data, financial data, SCHD proprietary information, and personal health information (“PHI”) protected by the Health Insurance Portability and Accountability Act (“HIPAA”).

Rules governing the use of transportable media include:

1. No **sensitive data** should ever be stored on transportable media unless the data is maintained in an encrypted format.
2. All USB keys used to store SCHD data or sensitive data must be an encrypted USB key issued by the Privacy Officer or appropriate personnel. The use of a personal USB key is strictly prohibited.
3. Users must never connect their transportable media to a workstation that is not issued by the SCHD.
4. Non-SCHD workstations and laptops may not have the same security protection standards required by the SCHD, and accordingly virus patterns could potentially be transferred from the non-SCHD device to the media and then back to the SCHD workstation.

Example: Do not copy a work spreadsheet to your USB key and take it home to work on your home PC.

5. Data may be exchanged between SCHD workstations/networks and workstations used within the SCHD. The very nature of data exchange requires that under certain situations data be exchanged in this manner.

Examples of necessary data exchange include:

Data provided to auditors via USB key during the course of the audit.

6. It is permissible to connect transferable media from other businesses or individuals into SCHD workstations or servers as long as the source of the media is approved by the IT Manager.
7. Before initial use and before any **sensitive data** may be transferred to transportable media, the media must be sent to the Privacy Officer or IT Manager to ensure appropriate and approved encryption is used.
8. Report all loss of transportable media to the department supervisor or department head. It is important that the TAC team is notified either directly from the employee or contractor or by the department supervisor or department head immediately.
9. When an employee leaves the SCHD, all transportable media in their possession must be returned to the Privacy Officer.

The SCHD utilizes an approved method of encrypted data to ensure that all data is converted to a format that cannot be decrypted. The Privacy Officer or IT staff can quickly establish an encrypted partition on your transportable media.

When no longer in productive use, all SCHD laptops, workstation, or servers must be wiped of data in a manner which conforms to HIPAA regulations. All transportable media must be wiped according to the same standards. Thus all transportable media must be returned to the Security Officer for data erasure when no longer in use.

10. RETENTION/DESTRUCTION OF MEDICAL INFORMATION:

Many state and federal laws regulate the retention and destruction of medical information. The SCHD actively conforms to these laws and follows the strictest regulation if/when a conflict occurs.

1. Record Retention - Documents relating to uses and disclosures, authorization forms, business partner contracts, notices of information SCHD, responses to a patient who wants to amend or correct their information, the patient's statement of disagreement, and a complaint record are maintained per the North Carolina Record Retention Laws.
2. Record Destruction - All hardcopy medical records that require destruction are shredded using NIST 800-88 guidelines. Medical Records Policy will be used as a guide.

11. DISPOSAL OF EXTERNAL MEDIA/HARDWARE:

A. DISPOSAL OF EXTERNAL MEDIA:

It must be assumed that any external media in the possession of an employee is likely to contain either protected health information (“PHI”) or other sensitive information. Accordingly, external media (CD-ROMs, DVDs, diskettes, USB drives) should be disposed of in a method that ensures that there will be no loss of data and that the confidentiality and security of that data will not be compromised.

The following steps must be adhered to:

1. It is the responsibility of each employee to identify media which should be destroyed and to utilize this policy in its destruction.
2. External media should never be thrown in the trash.
3. When no longer needed all forms of external media are to be sent to the Privacy Officer or IT Department for proper disposal.
4. The media will be secured until appropriate destruction methods are used based on NIST 800-88 guidelines.

B. REQUIREMENTS REGARDING EQUIPMENT:

All equipment to be disposed of will be wiped of all data, and all settings and configurations will be reset to factory defaults. No other settings, configurations, software installation or options will be made. Asset tags and any other identifying logos or markings will be removed.

C. DISPOSITION OF EXCESS EQUIPMENT:

As the older SCHD computers and equipment are replaced with new systems, the older machines may be held in inventory for a wide assortment of uses:

1. Older machines are regularly utilized for spare parts.
2. Older machines are used on an emergency replacement basis.
3. Older machines are used for testing new software.
4. Older machines are used as backups for other production equipment.
5. Older machines are used when it is necessary to provide a second machine for personnel who travel on a regular basis.

12. CHANGE MANAGEMENT:

A. STATEMENT OF POLICY:

To ensure that SCHED is tracking changes to networks, systems, and workstations including software releases and software vulnerability patching in information systems that contain electronic protected health information (“ePHI”). Change tracking allows the Information Technology (“IT”) Department to efficiently troubleshoot issues that arise due to an update, new implementation, reconfiguration, or other change to the system.

B. PROCEDURE:

1. The IT staff that is updating, implementing, reconfiguring, or otherwise changing the system shall carefully log all changes made to the system.
2. When changes are tracked within a system, i.e. Windows updates in the Add or Remove Programs component or electronic health record (EHR) updates performed and logged by the vendor, they do not need to be logged on the change management tracking log; however, the employee implementing the change will ensure that the change tracking is available for review if necessary.
3. The employee implementing the change will ensure that all necessary data backups are performed prior to the change.
4. The employee implementing the change shall also be familiar with the rollback process in the event that the change causes an adverse effect within the system and needs to be removed.

13. AUDIT CONTROLS:

A. STATEMENT OF POLICY:

To ensure that SCHD implements hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain electronic protected health information (“ePHI”). Audit Controls are technical mechanisms that track and record computer activities. An audit trail determines if a security violation occurred by providing a chronological series of logged computer events that relate to an operating system, an application, or user activities.

The SCHD is committed to routinely auditing users’ activities in order to continually assess potential risks and vulnerabilities to ePHI in its possession. As such, the SCHD will continually assess potential risks and vulnerabilities to ePHI in its possession and develop, implement, and maintain appropriate administrative, physical, and technical security measures in accordance with the HIPAA Security Rule.

B. PROCEDURE:

1. See policy entitled Information System Activity Review - #14 for the administrative safeguards for auditing system activities.
2. The Information Technology Services shall enable event auditing on all computers that process, transmit, and/or store ePHI for purposes of generating audit logs. Each audit log shall include, at a minimum: user ID, login time and date, and scope of patient data being accessed for each attempted access. Audit trails shall be stored on a separate computer system to minimize the impact of such auditing on business operations and to minimize access to audit trails.
3. The SCHD shall utilize appropriate network-based and host-based intrusion detection systems. The Information Technology Services shall be responsible for installing, maintaining, and updating such systems.

14. INFORMATION SYSTEM ACTIVITY REVIEW:

A. STATEMENT OF POLICY:

To establish the process for conducting, on a periodic basis, an operational review of system activity including, but not limited to, user accounts, system access, file access, security incidents, audit logs, and access reports. SCHD shall conduct on a regular basis an internal review of records of system activity to minimize security violations

B. PROCEDURE:

1. See policy entitled Audit Controls – see #13 above – for a description of the technical mechanisms that track and record activities on SCHD information systems that contain or use ePHI.
2. The Information Technology Services shall be responsible for conducting reviews of SCHD information systems' activities. Such person(s) shall have the appropriate technical skills with respect to the operating system and applications to access and interpret audit logs and related information appropriately.
3. The Security Officer shall develop a report format to capture the review findings. Such report shall include the reviewer's name, date and time of performance, and significant findings describing events requiring additional action (e.g., additional investigation, employee training and/or discipline, program adjustments, modifications to safeguards). To the extent possible, such report shall be in a checklist format.
4. Such reviews shall be conducted annually. Audits also shall be conducted if SCHD has reason to suspect wrongdoing. In conducting these reviews, the Information Technology Services shall examine audit logs for security-significant events including, but not limited to, the following:
 - a. Logins – Scan successful and unsuccessful login attempts. Identify multiple failed login attempts, account lockouts, and unauthorized access.
 - b. File accesses – Scan successful and unsuccessful file access attempts. Identify multiple failed access attempts, unauthorized access, and unauthorized file creation, modification, or deletion.
 - c. Security incidents – Examine records from security devices or system audit logs for events that constitute system compromises, unsuccessful compromise attempts, malicious logic (e.g., viruses, worms), denial of service, or scanning/probing incidents.
 - d. User Accounts – Review of user accounts within all systems to ensure users that no longer have a business need for information systems no longer have such access to the information and/or system.

All significant findings shall be recorded using the report format referred to in Section 2 of this policy and procedure.

1. The Information Technology Services shall forward all completed reports, as well as recommended actions to be taken in response to findings, to the Security Officer for review.
2. The Security Officer shall be responsible for maintaining such reports. The Security Officer shall consider such reports and recommendations in determining whether to make changes to SCHD administrative, physical, and technical safeguards.
3. In the event a security incident is detected through such auditing, such matter shall be addressed pursuant to the policy entitled Employee Responsibilities (Report Security Incidents).

15. DATA INTEGRITY:

A. STATEMENT OF POLICY:

SCHD shall implement and maintain appropriate electronic mechanisms to corroborate that ePHI has not been altered or destroyed in an unauthorized manner.

The purpose of this policy is to protect SCHD's ePHI from improper alteration or destruction.

B. PROCEDURE:

To the fullest extent possible, SCHD shall utilize applications with built-in intelligence that automatically checks for human errors.

SCHD shall acquire appropriate network-based and host-based intrusion detection systems. The IT Officer shall be responsible for installing, maintaining, and updating such systems.

To prevent transmission errors as data passes from one computer to another, SCHD will use encryption, as determined to be appropriate, to preserve the integrity of data.

SCHD will check for possible duplication of data in its computer systems to prevent poor data integration between different computer systems.

To prevent programming or software bugs, SCHD will test its information systems for accuracy and functionality before it starts to use them. SCHD will update its systems when IT vendors release fixes to address known bugs or problems.

1. SCHD will install and regularly update antivirus software on all workstations to detect and prevent malicious code from altering or destroying data.
2. To prevent exposing magnetic media to a strong magnetic field, workforce members shall keep magnetic media away from strong magnetic fields and heat. For example, computers should not be left in automobiles during the summer months.

16. CONTINGENCY PLAN:

A. STATEMENT OF POLICY:

To establish and implement policies and procedures for responding to an emergency or other occurrence (e.g., fire, vandalism, system failure, natural disaster) that damages systems that contain ePHI.

SCHD is committed to maintaining formal practices for responding to an emergency or other occurrence that damages systems containing ePHI. SCHD shall continually assess potential risks and vulnerabilities to protect health information in its possession, and develop, implement, and maintain appropriate administrative, physical, and technical security measures in accordance with the HIPAA Security Rule.

B. PROCEDURE:

1. Data Backup Plan

- a. SCHD, under the direction of the Security Officer, shall implement a data backup plan to create and maintain retrievable exact copies of ePHI.
- b. ePHI is backed up on a daily basis by CureMD. CureMD is responsible for the back-up of all servers
- c. CureMD will monitor storage and all back-ups to ensure all applicable access controls are enforced.
- d. CureMD and the Security Officer will perform test back-up procedures at least annually to ensure that exact copies of ePHI can be retrieved and made available. If such testing indicates need for improvement in backup procedures, CureMD will identify and implement such improvements in a timely manner.
- e. All T-Drive information is backed-up using industry standards with off-site storage to three different locations.

2. Disaster Recovery and Emergency Mode Operations Plan

- a. The Security Officer shall be responsible for implementing procedures to restore lost data from exact copies created and stored per Data Backup Plan.
- b. The IT Director or designee and Security Officer shall be responsible for putting into place procedures designed to ensure the continuing operations of those business processes that are critical to protecting the security of ePHI information during and immediately after a crisis.

17. SECURITY AWARENESS AND TRAINING:

A. STATEMENT OF POLICY:

To establish a security awareness and training program for all members of SCHD's workforce, including management.

All workforce members shall receive appropriate training concerning SCHD's security policies and procedures. Such training shall be provided prior to the effective date of the HIPAA Security Rule and on an ongoing basis to all new employees. Such training shall be repeated annually for all employees.

B. PROCEDURE:

1. Security Training Program

- a. The Privacy Officer shall have responsibility for the development and delivery of initial security training. All workforce members shall receive such initial training addressing the requirements of the HIPAA Security Rule including the updates to HIPAA regulations found in the Health Information Technology for Economic and Clinical Health (HITECH) Act. Security training shall be provided to all new workforce members as part of the orientation process. Attendance and/or participation in such training shall be mandatory for all workforce members. The Security Officer shall be responsible for maintaining appropriate documentation of all training activities.
- b. The Privacy Officer shall have responsibility for the development and delivery of ongoing security training provided to workforce members annually and in response to environmental and operational changes impacting the security of ePHI, e.g., addition of new hardware or software, and increased threats. PHI will be secured at all times to ensure privacy with all applicable laws.

2. Security Reminders

- a. The Privacy Officer shall will train upon hire, annually and as needed for workforce members.
- b. The IT Director shall generate and distribute special notices to all workforce members providing urgent updates, such as new threats, hazards, vulnerabilities, and/or countermeasures.
- c. Protection from Malicious Software
 - i. As part of the aforementioned Security Training Program and Security Reminders, Privacy Officer shall provide training concerning the prevention, detection, containment, and eradication of malicious software. Such training shall include the following:

- a. Guidance on using extreme caution when opening email and suspicious e-mail attachments, e-mail from unfamiliar senders, and hoax e-mail,
 - b. The importance of updating anti-virus software and how to check a workstation or other device to determine if virus protection is current,
 - c. Instructions to never download files from unknown or suspicious sources,
 - d. Recognizing signs of a potential virus that could sneak past antivirus software or could arrive prior to an update to anti-virus software,
 - e. The importance of backing up critical data on a regular basis and storing the data in a safe place,
 - f. Damage caused by viruses and worms, and
 - g. What to do if a virus or worm is detected.
- d. Password Management
- i. As part of the aforementioned Security Training Program and Security Reminders, the Privacy Officer shall provide training concerning password management. Such training shall address the importance of confidential passwords in maintaining computer security, as well as the following requirements relating to passwords:
 - a. Passwords must be changed every 90 days.
 - b. A user cannot reuse the last 12 passwords.
 - c. Passwords must be at least eight characters and contain upper case letters, lower case letters, numbers, and special characters.
 - d. Commonly used words, names, initials, birthdays, or phone numbers should not be used as passwords.
 - e. A password must be promptly changed if it is suspected of being disclosed or known to have been disclosed.
 - f. Passwords must not be disclosed to other workforce members (including anyone claiming to need a password to “fix” a computer or handle an emergency situation) or individuals, including family members.
 - g. Passwords must not be written down, posted, or exposed in an insecure manner such as on a notepad, on the computer or posted on the workstation.
 - h. Employees should refuse all offers by software and/or Internet sites to automatically login the next time that they access those resources.
 - i. Any employee who is directed by the Security Officer and/or IT staff to change his/her password to conform to the aforementioned standards shall do so immediately.

18. SECURITY MANAGEMENT PROCESS:

A. STATEMENT OF POLICY:

To ensure SCHD conducts an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held by SCHD.

SCHD shall conduct an accurate and thorough risk analysis to serve as the basis for SCHD's HIPAA Security Rule compliance efforts. SCHD shall re-assess the security risks to its ePHI and evaluate the effectiveness of its security measures and safeguards as necessary in light of changes to business agencies and technological advancements.

B. PROCEDURE:

The Security Officer and IT Director shall be responsible for coordinating SCHD's risk analysis. The Security Officer shall identify appropriate persons within the organization to assist with the risk analysis.

The risk analysis shall proceed in the following manner:

1. Document SCHD's current information systems.
 - a. Update information systems inventory annually and as new inventory is incorporated by the SCHD. List information for all hardware (i.e., network devices, workstations, printers, scanners, and mobile devices) and software (i.e., operating system, various applications, interfaces) that includes: date acquired, location, vendor, licenses, and function.
 - b. Update/develop facility layout showing location of all information systems equipment, power sources, telephone jacks, and other telecommunications equipment, network access points, fire and burglary alarm equipment, and storage for hazardous materials
 - c. Identify and document threats to the confidentiality, integrity, and availability (referred to as "threat agents") of ePHI created, received, maintained, or transmitted by SCHD. Consider the following:
 - i. Natural threats, e.g., earthquakes, storm damage.
 - ii. Environmental threats, e.g., fire and smoke damage, power outage, utility problems.
 - iii. Human threats
 - d. The Security Officer or IT will identify and document appropriate security measures and safeguards to address key vulnerabilities by reviewing the vulnerabilities identified in relation to the standards and implementation specifications. The focus will be on those vulnerabilities with high risk scores, as well as specific security measures and safeguards required by the Security Rule.

- e. The Security Officer or appropriate person will develop and document an implementation strategy for critical security measures and safeguards.
 - i. Determine timeline for implementation.
 - ii. Determine costs of such measures and safeguards and secure funding.
 - iii. Assign responsibility for implementing specific measures and safeguards to appropriate person(s).
 - iv. Make necessary adjustments based on implementation experiences.
 - v. Document actual completion dates.
 - f. The Security Officer or appropriate person will evaluate effectiveness of measures and safeguards following implementation and make appropriate adjustments.
2. The Security Officer shall be responsible for identifying appropriate times to conduct follow-up evaluations and coordinating such evaluations. The Security Officer shall identify appropriate persons within the organization to assist with such evaluations. Such evaluations shall be conducted upon the occurrence of one or more of the following events: changes in the HIPAA Security Regulations; new federal, state, or local laws or regulations affecting the security of ePHI; changes in technology, environmental processes, or business processes that may affect HIPAA Security policies or procedures; or the occurrence of a serious security incident. Follow-up evaluations shall include the following:
- a. Inspections, reviews, interviews, and analysis to assess adequacy of administrative and physical safeguards. Such evaluation shall include interviews to assess employee compliance; after-hours walk-through inspections to assess physical security, password protection (i.e., not posted), and workstation sessions terminated (i.e., employees logged out); review of latest security policies and procedures for correctness and completeness; and inspection and analysis of training, incident, and media logs for compliance.

19. EMERGENCY OPERATIONS PROCEDURES:

A. PURPOSE:

To provide procedures for managing and documenting patient encounters when Electronic Health Record (EHR) and SCHD Management (PM) systems are unavailable due to planned or unexpected outages.

B. DEFINITIONS:

1. Electronic Health Record (EHR) – Electronic records of patient encounters in a healthcare delivery setting. An electronic health record typically consists of information including: patient demographics, progress notes, medication history, vital signs and laboratory results.
2. Agency Management (PM) – CureMD Management System is usually a computer based system used to manage the day-to-day operations of a healthcare agency. Tasks typically performed by a PM system include: scheduling appointments, maintaining patient and insurance information, billing functions and generating various reports.

C. PROCEDURES:

1. Notification:

CureMD and/or Information Technology staff will notify SCHD Management as soon as practicable in the event of:

- a. planned downtime of EHR systems,
- b. unexpected outage of EHR systems, and
- c. Resumption of EHR services following an outage such that normal operations may resume.

2. Scheduling:

- a. If the EHR system is not operational or otherwise unavailable, the schedule printed the previous day is retrieved. The Medical Records Supervisor is tasked with maintaining a copy of this schedule or assigning this duty as appropriate.
- b. If phones are operational, patient appointments may not be made. The operator should ask for pertinent contact information and record a message using a paper telephone encounter form.

3. Patient Encounters:

- a. Telephone encounters should be entered onto the paper telephone encounter form and transferred to a nurse for triage.

- b. Paper versions of the EHR Provider Notes will be placed in paper folders and used as temporary charts. The Medical Records Supervisor will maintain current paper forms in a Chart Manual at all times.
 - c. Paper day-bills will be used to record patient encounter for billing/tracking purposes. Check-in staff should verify patient's name, date of birth, telephone number, home address, and insurance information as available on the paper; schedule and record all changes on the day-bill. The Fiscal Supervisor will be responsible for maintaining current paper day-bills, Encounter Forms, consents, and other paper forms needed for use by fiscal staff.
 - d. If the patient is a walk-in or new patient and demographic information is not available, paper registration forms will be filled out by check-in staff and placed in the temporary chart.
 - e. If co-pay information was available on the schedule, or if the patient has a co-pay amount listed on their insurance card, intake staff will collect as appropriate.
 - f. Once the intake process is complete, intake staff will place the folder with the Encounter Form in the appropriate provider's box.
 - g. The paper versions of the EHR will be used to record all information for the client visit to include: chief complaint/reason for visit; problems/needs; assessment/history; review of systems; progress notes; physical examination; provider orders; lab orders/results; and/or any other information collected during the client visit.
 - h. When the provider/nurse is finished with the client, the provider will complete the encounter form (diagnosis, charges, and desired return appointment date/time) and have the patient go to check-out.
 - i. Encounter forms and progress notes should be kept for loading into the EHR for when the EHR operational and normal operations resume.
 - j. Telehealth services
4. System Restoration:

Patient encounters occurring during system downtime should be entered into the system via the following procedures:

- a. The chief complaint should be appended with “- downtime progress note attached.”
- b. Paper progress notes should be attached to electronic progress notes by scanning directly onto the progress note or the information entered into the EHR record with a notation of the delay in entering the information into the system.
- c. Billing/insurance information should be updated as necessary as the diagnosis and charges from the encounter form are entered.
- d. Immunizations will be entered into NCIR.
- e. Scheduling telephone calls should be returned. A telephone encounter does not need to be entered into the EHR.
- f. Telephone encounters for all other issues should be entered into the system and routed as appropriate.

5. Additional Functions:

- a. The Medical Records Supervisor is responsible for maintaining an adequate stock of paper forms in anticipation of system downtime.
- b. Faxes will be evaluated by a nurse for urgency of review by provider.
- c. Items requiring review by a provider will be placed in the Provider Folder at the Nurses' Station.
- d. All other phone/fax information will be scanned into the patient's record when the EHR system is operational and normal operations have resumed.

20. EMERGENCY ACCESS “BREAK the GLASS”

A. POLICY SUMMARY:

The SCHD has formal, documented emergency access procedure enabling authorized workforce members to obtain required EPHI during a medical emergency. The SCHD has a formal, documented emergency access procedure enabling workforce members to access the minimum EPHI necessary to effectively and efficiently treat patients in the event of a major medical emergency.

B. PURPOSE:

This policy reflects SCHD commitment to have emergency access procedure enabling authorized workforce members to obtain required EPHI during a medical emergency.

C. DEFINITIONS:

1. Medical emergency means medically necessary care which is immediately needed to preserve life, prevent serious impairment to bodily functions, organs, or parts, or prevent placing the physical or mental health of the patient in serious jeopardy.
2. Electronic protected health information (EPHI) means individually identifiable health information that is:
 - a. Transmitted by electronic media
 - b. Maintained in electronic media
3. Electronic media means:
 - a. Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or
 - b. Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet, extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.
4. Information system means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
5. Workforce member means employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

D. POLICY:

1. The SCHD has formal, documented emergency access procedures enabling authorized workforce members to obtain required EPHI during a medical emergency. The procedure includes:
 - a. Identifying and defining which SCHD workforce members are authorized to access EPHI during an emergency.
 - b. Identifying and defining manual and automated methods to be used by authorized SCHD workforce members to access EPHI during a medical emergency.
 - c. Identify and define appropriate logging and auditing that must occur when authorized SCHD workforce members access EPHI during an emergency.
2. The SCHD has a formal, documented emergency access procedure enabling SCHD workforce members to access the minimum EPHI necessary to treat patients in the event of a medical emergency. Such access must be authorized by appropriate SCHD management or designated personnel.
3. Regular training and awareness on the emergency access procedure is provided to all SCHD workforce members.
4. All appropriate SCHD workforce members have access to a current copy of the procedure and an appropriate number of current copies of the procedure should be kept off-site.

E. SCOPE/APPLICABILITY:

This policy is applicable to all divisions and workforce members that use or disclose electronic protected health information for any purposes. This policy's scope includes all electronic protected health information, as described in definitions below.

F. HIPPA SECURITY:

Regulatory Category: Technical Safeguards

Regulatory Type: REQUIRED Implementation Specification for Access Control Standard

Regulatory Reference: 45 CFR 164.312(a) (2) (ii)

Rule Language:

“Establish (and implement as needed) procedures for obtaining necessary electronic protected health information (EPHI) during a medical emergency.”

Scenario

“Break the Glass” refers to the SCHD of enabling a licensed practitioner to view a patient’s medical record, or a portion thereof, under emergency circumstances, when that practitioner does not have the necessary system access privileges.

G. POLICY AUTHORITY/ENFORCEMENT:

The Security Officer is responsible for monitoring and enforcement of this policy.

H. PROCEDURES:

Mechanism to Provide Emergency Access to EPHI:

- i. This process will bypass formal access procedures and is limited to medical emergencies.
- ii. The Medical Director, or Department Head³¹ may make requests for emergency access in writing.
- iii. The request should contain:
 - a. The individual being granted the emergency access,
 - b. Job title
 - c. Reason for emergency access
 - d. Date and time granted access
 - e. The name of the individual granting access.
- iv. The Security Officer, or designated person, records information about emergency users and the emergency access rights assigned to them.
- v. The System Administrator and Security Officer have created 2 administrator accounts solely for the purpose of emergency access. These accounts should be obviously named, such as breakglass01 and breakglass02 to allow for easy tracking of actions. These accounts and passwords are stored <these accounts need to be located where it would be obvious if they have been used or are missing, as though they were in a fire alarm box which required the glass to be broken to pull the alarm. A location such as in a sealed envelope taped to the side of a monitor in a very conspicuous place such as the nurses' station. Or, they can be locked in an area and require two employees, such as department supervisor and/or Program Manager to access. There are a few EHR vendors who have "break glass" access available in their software, but that is not a common ability at this time.>
- vi. The emergency access will be tracked and documented based on capabilities of the EHR. The tracking documentation will be reviewed by the Security Officer to determine that emergency access was appropriate.
- vii. At the conclusion of the event that precipitated the granting of emergency access, the Security Officer ensures the break glass accounts are disabled, and new ones created in anticipation of the next emergency.
- viii. Any inappropriate use of emergency access will be treated as a security incident, and may subject an employee to disciplinary action, up to and including termination.
- ix. Documentation concerning emergency access will be retained and maintained for at least six years from the date of creation.

Note:

When using a specific user account that provides full access to all EPHI (an administrator account) consider the following:

- a) Creating an extremely complicated password (but one an employee will be able to enter while under the stress of an emergency situation).
- b) Securing the password.
- c) Periodically changing the password.

I. ENFORCEMENT:

Refer to Section 2 for details regarding disciplinary action against employees, contractors, or any individuals who violate this policy.

21. SANCTION POLICY:

A. POLICY:

It is the policy of the SCHD that all workforce members must protect the confidentiality, integrity, and availability of sensitive information at all times. The SCHD will impose sanctions/disciplinary actions, as described below, on any individual who accesses, uses, or discloses sensitive information without proper authorization.

The SCHD will take appropriate disciplinary action against employees, contractors, or any individuals who violate the SCHD's information security and privacy policies or state, or federal confidentiality laws or regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

B. PURPOSE:

To ensure that there are appropriate sanctions that will be applied to workforce members who violate the requirements of HIPAA, the SCHD's security policies, directives, and/or any other state or federal regulatory requirements.

C. DEFINITIONS:

1. Workforce member means employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.
2. Sensitive information, includes, but not limited to, the following:
 - a. Protected Health Information (PHI) – Individually identifiable health information that is in any form or media, whether electronic, paper, or oral.
 - b. Electronic Protected Health Information (ePHI) – PHI that is in electronic format.
 - c. Personnel files – Any information related to the hiring and/or employment of any individual who is or was employed by the SCHD.
 - d. Payroll data – Any information related to the compensation of an individual during that individuals' employment with the SCHD.
 - e. Financial/accounting records – Any records related to the accounting SCHD's or financial statements of the SCHD.
 - f. Other information that is confidential – Any other information that is sensitive in nature or considered to be confidential.
3. Availability refers to data or information is accessible and useable upon demand by an authorized person.
4. Confidentiality refers to data or information is not made available or disclosed to unauthorized persons or processes.

5. Integrity refers to data or information that have not been altered or destroyed in an unauthorized manner.

D. VIOLATIONS:

Listed below are the types of violations that require sanctions to be applied. They are stated at levels 1, 2, and 3 depending on the seriousness of the violation.

1	<ul style="list-style-type: none"> • Accessing information that you do not need to know to do your job. • Sharing computer access codes (user name & password). • Leaving computer unattended while being able to access sensitive information. • Disclosing sensitive information with unauthorized persons. • Copying sensitive information without authorization. • Changing sensitive information without authorization. • Discussing sensitive information in a public area or in an area where the public could overhear the conversation. • Discussing sensitive information with an unauthorized person. • Failing/refusing to cooperate with the Information Security Officer, Privacy Officer, Chief Information Officer, and/or authorized designee.
2	<ul style="list-style-type: none"> • Second occurrence of any Level 1 offense (does not have to be the same offense). • Unauthorized use or disclosure of sensitive information. • Using another person's computer access code (user name & password). • Failing/refusing to comply with a remediation resolution or recommendation.
3	<ul style="list-style-type: none"> • Third occurrence of any Level 1 offense (does not have to be the same offense). • Second occurrence of any Level 2 offense (does not have to be the same offense). • Obtaining sensitive information under false pretenses. • Using and/or disclosing sensitive information for commercial advantage, personal gain, or malicious harm.

E. RECOMMENDED DISCIPLINARY ACTIONS:

In the event that a workforce member violates the SCHD's privacy and security policies and/or violates the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or related state laws governing the protection of sensitive and patient identifiable information, the following recommended disciplinary actions will apply.

Violation Level	Recommended Disciplinary Action
1	<ul style="list-style-type: none"> • Verbal or written reprimand • Retraining on privacy/security awareness • Retraining on the SCHD's privacy and security policies

Violation Level	Recommended Disciplinary Action
	<ul style="list-style-type: none"> • Retraining on the proper use of internal or required forms
2	<ul style="list-style-type: none"> • Written Warning and/or suspension • Retraining on privacy/security awareness • Retraining on the SCHD’s privacy and security policies • Retraining on the proper use of internal or required forms
3	<ul style="list-style-type: none"> • Termination of employment or contract • Civil penalties as provided under HIPAA or other applicable Federal/State/Local law • Criminal penalties as provided under HIPAA or other applicable Federal/State/Local law

Important Note: The recommended disciplinary actions are identified in order to provide guidance in policy enforcement and are not meant to be all-inclusive. If formal discipline is deemed necessary, the Health Director will consult with Human Resources prior to taking action. When appropriate, progressive disciplinary action steps shall be followed allowing the employee to correct the behavior which caused the disciplinary action.

Exceptions
 Depending on the severity of the violation, any single act may result in disciplinary action up to and including termination of employment or contract with the SCHD.

References
 U.S. Department of Health and Human Services
 Health Information Privacy. Retrieved April 24, 2009, from
<http://www.hhs.gov/ocr/privacy/index.html>

F. RELATED POLICIES:

Information Security Policy

G. ACKNOWLEDGEMENT:

I, the undersigned employee or contractor, hereby acknowledges receipt of a copy of the Sanction Policy for Sampson County Health Department¹.

Dated this _____ day of _____, 20____.

 Signature of Employee

 Supervisor

22. DISCOVERY POLICY: PRODUCTION AND DISCLOSURE:

b) POLICY:

It is the policy of the SCHD to produce and disclose relevant information and records in compliance with applicable laws, court procedures, and agreements made during the litigation process.

c) PURPOSE:

The purpose of this policy is to outline the steps in the production and disclosure process for health information and records related to e-discovery for pending litigation.

d) SCOPE:

This policy addresses e-discovery production and disclosure procedures related to the Federal Rules of Civil Procedures. Health information and records include both paper and electronic data related to relevant patient medical records and enterprise sources. The Health Director is responsible for the response to requests for disclosure of information.

e) PROCEDURE:

1. Accurate Patient Identification:

Responsible	Action
Admin Supervisor & Health Director	For litigation involving an individual’s medical records, verify the patient’s identity in the master patient index, including demographic information and identifiers including the medical record number. <i>[Note: When conducting searches, it is critical to accurately identify the correct patient and relevant information.]</i>
Admin Supervisor & Health Director	Note multiple medical record numbers, identifiers, aliases, etc., that will be used during the search process to find relevant information. Contact the County Attorney for further guidance. <u>No information will be released until reviewed by and under the direction of the County Attorney.</u>

2. Subpoena Receipt and Response:

Responsible	Action
County Attorney	Upon receipt, subpoenas should be reviewed to determine that all elements are contained, the parties and the purpose are clearly identified, and the scope of information requested is clear. <ul style="list-style-type: none"> • Validate the served subpoenas before official acceptance. The validation process includes at a minimum: • Verification of appropriate service of the subpoena and that

Responsible	Action
	<p>the organization is under legal obligation to comply with it, and</p> <ul style="list-style-type: none"> • Verification that the seal and clerk of the court signature are present and valid <p>Review of the venue and jurisdiction of the court for the case and verification that the court is located within legal distance/mileage requirements.</p> <p>If the subpoena requests “any and all records,” the Health Director and County Attorney will work together to clarify the scope and type of information being requested.</p> <p><u>No information will be reviewed or released except under the direction of the county attorney.</u></p>

23. e-DISCOVERY POLICY: RETENTION:

A. POLICY:

It is the policy of the SCHD to maintain and retain electronic health information and records in compliance with applicable governmental and regulatory requirements. This organization will adhere to retention schedules and destruction procedures in compliance with regulatory, business, and legal requirements. Refer to Section 10.

B. PURPOSE:

The purpose of this policy is to achieve a complete and accurate accounting of all relevant records within the organization; to establish the conditions and time periods for which paper based and electronic health information and records will be stored, retained, and destroyed after they are no longer active for patient care or business purposes; and to ensure appropriate availability of inactive records.

C. SCOPE:

This policy applies to all enterprise health information and records whether the information is paper based or electronic. It applies to any health record, regardless of whether it is maintained by the Health Information Management Department or by the clinical or ancillary department that created it.

D. DEFINITIONS:

1. Data Owners: Each department or unit that maintains patient health records, either in electronic or paper form, is required to designate a records management coordinator who will ensure that records in his or her area are preserved, maintained, and retained in compliance with records management policies and retention schedules established by the Health Information Management Department [*or other designated authority*].
2. Property Rights: All enterprise health information and records generated and received are the property of the organization. No employee, by virtue of his or her position, has any personal or property right to such records even though he or she may have developed or compiled them.
3. Workforce Responsibility: All employees and agents are responsible for ensuring that enterprise health information and records are created, used, maintained, preserved, and destroyed in accordance with this policy.
4. Destruction of Electronic Health Information and Records: At the end of the designated retention period for each type of health information and record, it will be destroyed in accordance with the procedures in this policy unless a legal hold/preservation order exists or is anticipated.
5. Unauthorized Destruction: The unauthorized destruction, removal, alteration, or use of health information and records is prohibited. Persons who destroy, remove, alter or use health information and records in an unauthorized manner will be disciplined in accordance with the organization's Sanction Policy.

E. PROCEDURE:

Responsible	Action
Medical Records Supervisor	The Medical Records Supervisor is the designated records coordinator for the health department.
Medical Records Supervisor	The Medical Records Supervisor’s role is to authorize any changes to the Retention, Storage, and Destruction policies and procedures; review and approve retention schedules and revisions to current retention schedules; address compliance audit findings; and review and approve control forms relating to business records. Will ensure that electronic storage of enterprise health information and records is carried out in conjunction with archiving and retention policies.
Medical Records Supervisor And Staff	<p>Are responsible for the following:</p> <ul style="list-style-type: none"> Review, maintain, publish, and distribute retention schedules and records management policies. Audit compliance with records management (both electronic and paper) policies and retention schedules and report findings to TAC Committee. Serve as point of contact for medical staff. Provide training for health department staff. Training will be provided on an individual basis to staff and any individual or department that needs assistance. Oversee operation of designated for archival storage of paper health information and records or serve as administrator for such services. Contract for destruction of paper and electronic records and certification thereof.

<p>Medical Records Supervisors and Coordinators</p>	<p>Records coordinators are responsible for implementing and maintaining records management programs for their designated areas. They will organize and manage online records management control forms relating to records and information in their areas of responsibility to accomplish the following: Transfer records Identify, control, and maintain records Retrieve and/or return records Document the destruction of records and the deletion of records from the records inventory Monitor the records management process Medical Records Supervisor will obtain (if not already trained) and maintain records management skills.</p>
<p>County Attorney</p>	<p>The County Attorney serves as subject matter expert and provides counsel regarding records designations and legal and statutory requirements for records retention and pending legal matters. It ensures that access to or ownership of records is appropriately protected in all divestitures of property or lines of business or facility closures.</p>

F. GUIDELINES FOR RETENTION OF RECORDS/INFORMATION AND SCHEDULES:

<p>Record Retention</p>	<p>Unless otherwise stipulated, retention schedules apply to all records. Records will only be discarded when the maximum specified retention period has expired.</p>
<p>Development of Records Retention Schedules</p>	<p><u>Retention Schedule Determined by Law:</u> All records will be maintained and retained in accordance with Federal and state laws and regulations that includes the North Carolina Records Retention Laws & Rules – refer to the SCHD Electronic Records and Imaging Policy. Electronic records must follow the same retention schedule as physical records, acknowledging the format and consolidated nature of records within an application or database.</p>

G. STORAGE AND DESTRUCTION GUIDELINES:

Records Destruction	General Rule: Records that have satisfied their legal, fiscal, administrative, and archival requirements may be destroyed in accordance with the Records Retention Schedules from the North Carolina Department of Archives and approved by the Board of Commissioners.
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24. BREACH NOTIFICATIONS PROCEDURES:

A. PURPOSE:

To outline the process for notifying affected individuals of a breach of protected information under the Privacy Act, unsecured protected health information (PHI) for the purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), and/or state breach notification purposes.

B. SCOPE:

This applies to all employees, volunteers, and other individuals working under contractual agreements with the SCHD.

C. DEFINITIONS:

1. State Breach – Unauthorized acquisition or reasonable belief of unauthorized acquisition of Personal Information that compromises the security, confidentiality, or integrity of the Personal Information.
2. Personal Information – Personal Information has many definitions including definitions by statute which may vary from state to state. Most generally, Personal Information is a combination of data elements which could uniquely identify an individual. Please review applicable state data breach statutes to determine what definition of Personal Information is applicable for purposes of the document.
3. HIPAA Breach – Unauthorized acquisition, access, use, or disclosure of unsecured PHI.
4. Personally Identifiable Information (PII) – Information in any form that consists of a combination of an individual’s name and one or more of the following: Social Security Number, driver’s license or state ID, account numbers, credit card numbers, debit card numbers, personal code, security code, password, personal ID number, photograph, fingerprint, or other information which could be used to identify an individual.
5. Individually Identifiable Health Information (IIHI) – PII which includes information related to the past, present or future condition, treatment, payment or provision of health care to the identified individual.
6. Privacy Act Breach – Unauthorized acquisition or reasonable belief of unauthorized acquisition of personal information protected by the Privacy Act. This information includes, but is not limited to Social Security Number, government issued ID numbers, financial account numbers or other information posing a risk of identity theft.
7. Private Information – Information protected by the Privacy Act, Personally Identifiable Information, Personal Information and Protected Health Information collectively.
8. Protected Health Information (PHI) – Individually identifiable health information except for education records covered by FERPA and employment records.

D. PROCEDURE:

1. Reporting a Possible Breach
 - a. Any employee who becomes aware of a possible breach of privacy involving Private Information in the custody or control of the SCHD will immediately inform their supervisor/manager, and the Privacy Officer.
 - b. Notification should occur immediately upon discovery of a possible breach or before the end of your shift if other duties interfere, however, in no case should notification occur later than twenty-four (24) hours after discovery.
 - c. . The supervisor/manager will verify the circumstances of the possible breach and inform the Privacy Officer and the division Administrator/Director within twenty-four (24) hours of the initial report.
 - d. You may call the Privacy Officer directly at 910-592-1131, ext. 4971.
 - i. Provide the Privacy Officer with as much detail as possible.
 - ii. Be responsive to requests for additional information from the Privacy Officer.
 - iii. Be aware that the Privacy Officer has an obligation to follow up on any reasonable belief that Private Information has been compromised.
 - e. The Privacy Officer, in conjunction with the Security Officer, will decide whether or not to take into consideration the seriousness and scope of the breach.

2. Containing the Breach:
 - a. The Privacy Officer will take the following steps to limit the scope and effect of the breach.
 - i. Work with department(s) to immediately contain the breach. Examples include, but are not limited to:
 - a. Stopping the unauthorized SCHD
 - b. Recovering the records, if possible
 - c. Shutting down the system that was breached
 - d. Mitigating the breach, if possible
 - e. Correcting weaknesses in security practices
 - f. Notifying the appropriate authorities including the local Police Department if the breach involves, or may involve, any criminal activity

3. Investigating and Evaluating the Risks Associated with the Breach
 - a. To determine what other steps are immediately necessary, the Privacy Officer in collaboration with the Security Officer and affected department(s) and administration, will investigate the circumstances of the breach.
 - b. The management team will review the results of the investigation to determine root cause(s), evaluate risks, and develop a resolution plan.
 - c. The Privacy Breach Assessment tool will help aid the investigation.
 - d. The Privacy Officer, in collaboration with the Security Officer, will consider several factors in determining whether to notify individuals affected by the breach including, but not limited to:
 - i. Contractual obligations

- ii. Legal obligations – the SCHD’s Legal Counsel should complete a separate legal assessment of the potential breach and provide the results of the assessment to the Privacy Officer and the rest of the breach response team
- iii. Risk of identity theft or fraud because of the type of information lost such as social security number, banking information, identification numbers
- iv. Risk of physical harm if the loss puts an individual at risk of stalking or harassment
- v. Risk of hurt, humiliation, or damage to reputation when the information includes medical or disciplinary records
- vi. Number of individuals affected

4. Notification:

- a. The Privacy Officer will work with the department(s) involved, IT and the county attorney if necessary and appropriate leadership to decide the best approach for notification and to determine what may be required by law.
- b. If required by law, notification of individuals affected by the breach will occur as soon as possible following the breach.
 - i. Affected individuals must be notified without reasonable delay, but in no case later than sixty (60) calendar days after discovery, unless instructed otherwise by law enforcement or other applicable state or local laws.
 - ii. Notices must be in plain language and include basic information, including:
 - A. What happened
 - B. Types of PHI involved
 - C. Steps individuals should take
 - D. Steps covered entity is taking
 - E. Contact Information
 - iii. Notices should be sent by first-class mail or if individual agrees electronic mail. If insufficient or out-of-date contact information is available, then a substitute notice is required as specified below.
 - iv. If law enforcement authorities have been contacted, those authorities will assist in determining whether notification may be delayed in order not to impede a criminal investigation.
- c. The required elements of notification vary depending on the type of breach and which law is implicated. As a result, the SCHD’s Privacy Officer and County Attorney should work closely to draft any notification that is distributed.
- d. Indirect notification such as website information, posted notices, media will generally occur only where direct notification could cause further harm, or contact information is lacking.
 - i. If a breach affects five-hundred (500) or more individuals, or contact information is insufficient, the SCHD will notify a prominent media outlet that is appropriate for the size of the location with affected individuals, and notice will be provided in the form of a press release.

- e. Using multiple methods of notification in certain cases may be the most effective approach.
 - f. Business associates must notify the SCHD if they incur or discover a breach of unsecured PHI.
 - i. Notices must be provided without reasonable delay and in no case later than sixty (60) days after discovery of the breach.
 - ii. Business associates must cooperate with the SCHD in investigating and mitigating the breach
 - g. Notice to Health and Human Services (HHS) as required by HIPAA – If the County Attorney determines that HIPAA notification is not required; this notice is also not required.
 - i. Information regarding breaches involving five hundred (500) or more individuals, regardless of location, must be submitted to HHS at the same time that notices to individuals are issued.
 - ii. If a breach involves fewer than five hundred (500) individuals, the SCHD will be required to keep track of all breaches and to notify HHS within sixty (60) days after the end of the calendar year.
- iii. Prevention:
- a. Once immediate steps are taken to mitigate the risks associated with the breach, the Privacy Officer will investigate the cause of the breach.
 - i. If necessary, this will include a security audit of physical, organizational, and technological measures.
 - ii. This may also include a review of any mitigating steps taken.
 - b. The Privacy Officer will assist the responsible department to put into effect adequate safeguards against further breaches.
 - c. Procedures will be reviewed and updated to reflect the lessons learned from the investigation and regularly thereafter.
 - d. The resulting plan will also include audit recommendations, if appropriate.

E. COMPLIANCE AND ENFORCEMENT:

All managers and supervisors are responsible for enforcing these procedures. Employees who violate these procedures are subject to discipline up to and including termination in accordance with the SCHD's Sanction Policy.

F. ATTACHEMENTS:

Appendix E: Privacy Breach Assessment

G. RELATED POLICES:

Section 2: Sanction Policy

APPENDIX

Appendix A – Network Access Request Form
Employee or Contractor Request for Network Access

EMPLOYEE/CONTRACTOR INFORMATION																																																																																																	
<input type="checkbox"/> New Employee <input type="checkbox"/> New Contractor <input type="checkbox"/> Existing User Today's Date: <input type="checkbox"/> Temporary <input type="checkbox"/> Business User																																																																																																	
First Name: _____ *MI: _____ Last Name: _____																																																																																																	
Position:	Department: Supervisor:																																																																																																
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Business User	Start date or Requested due date: Temporary/Business User or Contractor end date, if known:																																																																																																
ID BADGE WITH BUILDING ACCESS:																																																																																																	
<input type="checkbox"/> ID Badge Access Requested for the following location(s): <input type="checkbox"/> Medical Records Room <input type="checkbox"/> Cubicle/Admin <input type="checkbox"/> Pharmacy <input type="checkbox"/> Lobby <input type="checkbox"/> WIC Department <input type="checkbox"/> Other, <i>Specify</i> : _____ Additional Access Restriction: <input type="checkbox"/> After-Hours Access, <i>Specify Hours</i> : _____ Other Restrictions (be specific): _____																																																																																																	
SECURITY & EMAIL																																																																																																	
New Account: <input type="checkbox"/> Network Access <input type="checkbox"/> Wireless Access <input type="checkbox"/> Email <input type="checkbox"/> Needs Auto access to Encrypted Email <input type="checkbox"/> Permit access to the following network location(s): <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">T-Drive</td> <td style="width: 20%;">Path</td> <td style="width: 10%;">Access:</td> <td><input type="checkbox"/> Read-only</td> <td><input type="checkbox"/> Read/write</td> <td><input type="checkbox"/> Full Access</td> <td><input type="checkbox"/> Remove Access</td> </tr> <tr> <td>Drive</td> <td>Path</td> <td>Access:</td> <td><input type="checkbox"/> Read-only</td> <td><input type="checkbox"/> Read/write</td> <td><input type="checkbox"/> Full Access</td> <td><input type="checkbox"/> Remove Access</td> </tr> <tr> <td>Drive</td> <td>Path</td> <td>Access:</td> <td><input type="checkbox"/> Read-only</td> <td><input type="checkbox"/> Read/write</td> <td><input type="checkbox"/> Full Access</td> <td><input type="checkbox"/> Remove Access</td> </tr> </table> <input type="checkbox"/> Miscellaneous Needs (<i>Enter any other requests</i>): _____		T-Drive	Path	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	Drive	Path	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	Drive	Path	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																											
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EHR ACCESS																																																																																																	
<input type="checkbox"/> EHR Account Roles & Access: <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Attending Physician</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Health Educator</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Hospital Nurse</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Intake & Eligibility</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Lab Tech</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Medical Assistant</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Nurse</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Nurse Practitioner</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Nutritionist</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Office Manager</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Pharmacists</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Physician</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Reception</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Security Administrator</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Social Worker</td><td>Access:</td><td><input type="checkbox"/> Read-only</td><td><input type="checkbox"/> Read/write</td><td><input type="checkbox"/> Full Access</td><td><input type="checkbox"/> Remove Access</td></tr> <tr><td><input type="checkbox"/> Other: 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Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Hospital Nurse	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Intake & Eligibility	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Lab Tech	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Medical Assistant	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Nurse	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Nurse Practitioner	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Nutritionist	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Office Manager	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Pharmacists	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Physician	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Reception	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Security Administrator	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Social Worker	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access	<input type="checkbox"/> Other: Specify	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access
<input type="checkbox"/> Attending Physician	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																																												
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<input type="checkbox"/> Office Manager	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																																												
<input type="checkbox"/> Pharmacists	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																																												
<input type="checkbox"/> Physician	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																																												
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<input type="checkbox"/> Social Worker	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																																												
<input type="checkbox"/> Other: Specify	Access:	<input type="checkbox"/> Read-only	<input type="checkbox"/> Read/write	<input type="checkbox"/> Full Access	<input type="checkbox"/> Remove Access																																																																																												

HARDWARE & SOFTWARE

Hardware:
 Laptop Desktop Clinical Laptops Clinical Desktop Outreach travel Laptop Screen protector Dual monitors
 Dymo Label Printer Signature Pad Scanner

Copier Access:
 Admin Workroom: (Copy, Print, Scan) Environmental Health (Scan, Print)
 Mailroom Lanier Medical Records
 (Copy, Print (2-sided), Punch, Scan, Staple) WIC

Printer Access:
 Cubicle Nurse's Station Outreach Cubicle Office Printer (Staff Name: _____)
 WIC Color

Software and Icons (I) access:
 Adobe Acrobat (Basic Purchased version) Java (Version needed per software/Program)
 Adobe Reader MediTechi (Clinic)
 BETS (EH) (I) Microsoft Office Professional Plus Version _____
 BB& T Bank-Credit Card (Fiscal) MUNIS (Billing)
 Chronicles (Diabetes RN; HE) NCEEDS (I) (STD/CD RN, DON)
 Citizen's Serve (EH) (I) NC Tracks (CD-RN)
 CMIS (Outreach) NCIR (I)
 Crossroads (WIC; Outreach) (I) Paper Stream (for Scanning)
 CSDW (Fiscal) Scan Snap (for Scanning)
 CureMD (All except EH) (I) VRAS (Vital Rec) (I)
 Email (Icon) WIRM Portal (Acct Spec I; HD)
 Facebook (HD & Hlth Educator Only)
 Filezilla (Acct. Spec I/Acct. Tec II)
 HAN-Health Alert Network(CD & PHPR)
 Health Department SharePoints
 InOut Board (Icon)
 Internet Browsers:
 FireFox
 Google Chrome
 Internet Explorer
 Miscellaneous Needs (Enter any other requests):

TELEPHONE

Telephone: Desk phone currently exist at location. Current extension is:

 Accessories:
 Wireless headset Wired headset

CELL PHONE / AIR CARD

Cell phone with Hotspot access MiFi

 Accessories:
 Car Charger
 Miscellaneous Needs (Enter any other requests):

NAME	SIGNATURE	DATE
Department Head (Print Name)		
Security Officer / (Print Name) Appropriate Authority		

Appendix B – Confidentiality Form

**Sampson County Health Department
Confidentiality Agreement**

I agree to hold confidential any and all information that I may gain by access to client clinical record.

I agree that I will only seek client information for the express purpose of providing services to or for clients.

I agree to hold confidential any and all information that I may gain by contact with any client or authorized representative of any client.

I agree to protect any and all client information from becoming public knowledge through any actions either written or verbally expressed by me.

I agree not to discuss any client information with others in private or in public, except as shared with another provider for the express purpose of providing services to or for the client.

I agree to limit documentation to factual data and only that which is appropriate for diagnosis, treatment and/or payment purposes.

I agree not to use any information gained by access to client information for any purpose other than the one for which I have a lawful and dutiful right.

I agree to remove all Protected Health Information (PHI) from any client information that may be used for research or other purposes before the client information is removed from the facility to ensure client confidentiality.

I understand that any unauthorized use or disclosure of information residing on the SCHD information resource system may result in disciplinary action consistent with the policies and procedures of the Sampson County Health Department and other federal, state, and local agencies.

Printed Name

Position/Department/Facility

Signature

Date

Appendix C – Approved Software

The following list has been approved for use by the SCHD. All software must be installed and maintained by the appropriate SCHD personnel.

Inventory of Software for Health Department

July 2020

IT Program/Software	Department	Forman-Web based Program	Function	Training	Who Uses	NCID Required
Adobe	All Departments			N/A	All Staff	N
Adobe Editors	Various	Computer		N/A	Mgmt. Team Health Ed. Cindi-Fiscal	
Avatar/HIS	Clinic Management Support	Web-Raleigh	Patient Mngt-Billing	State/HD Admin.	BCCCP Coordinator Mngt Spt Fiscal	Y
BETS	EH	Web-Raleigh	Data Entry	State Env. Hlth	EH Staff	Y
BB&T Bank-Credit Card	Billing	Web	Credit Card Payments	Finance Office	Billing Staff	N
Chronicles	Diabetes	Web-Raleigh	Data Base Patient Info	Self-Trained	Diabetes Staff	N
Citizen Serve	EH	Web	Access Planning Dept.	Planning Staff	EH Staff	N
Crossroads	WIC/Outreach	Web-Raleigh	WIC Services	State	WIC Staff	Y
CureMD	Registration Fiscal Clinic/Outreach WIC	Web	Electronic Health Rec	Carolinas IT/Super Users	Registration Fiscal Clinic	N
Filezilla	Fiscal	Web	Batch Reporting	State	Acct. Specialist I Acct. Tech II	N
Firefox	All Departments as needed	Web	Internet Browser	Self	All Staff	N
Google Chrome	All Departments	Web	Internet Browser	Self	All Staff	N

IT Program/Software	Department	Forman-Web based Program	Function	Training	Who Uses	NCID Required
HAN-HealthAlertNetwork	CD-Prep	Web-Raleigh	Alert HD of outbreaks		PHPR Staff CD	
Internet Explorer	All Departments	Web	Internet Browser	Self	All Staff	N
Java	All Departments	Web	Support Platform different software	N/A	All Staff	N
MediTechi	Clinic	Web-SRMC	Patient Database	SRMC	Clinic Staff	N
Microsoft Office Prof	All Departments	Computer-based	Excel, Wor,Access, Publ.	Self-Trained	All Staff	N
MUNIS	Billing	Web based	AR/AP through Finance	Self-Trained	Acct. Spec I Acct. Tech II	N
NC Tracks	Billing	Web-based	Medicaid Management	Online	Billing Staff WIC	Y
NC EDSS	CD	Web-Raleigh	Reporting CD	State Admin	CD Staff	Y
NC Lead	EH Child Health	Web-Raleigh	Reporting	State Admin	EH Supervisor CH	Y
NCID	All Departments	Web-Raleigh	Applications Gateway		All Staff	Y
Paper Stream	Management Support, Fiscal, Lab , WIC	Web	Scanning Platform software	N/A	Management Support Staff, Fiscal, Lab Staff and WIC staff	N
Scan	Management Support, Fiscal, Lab , WIC	Web	Scanning Platform software	N/A	Management Support Staff, Fiscal, Lab Staff and WIC staff	N

IT Program/Software	Department	Forman-Web based Program	Function	Training	Who Uses	NCID Required
Virtual Health	Outreach	Web	CCrC/OBCM	State	Outreach Staff	N
WIRM Portal	Fiscal	Web	State Funding Report	State Consultant	Acct. Spec. I Health Director Finance Officer	Y
ZOOM	Admin, Clinical, OR, WIC	WEB	Meeting Platform used for Web meetings & Telehealth	Self-Trained	Admin Staff Clinical Outreach WIC	N

Appendix D – Incident Response Tools

SECURITY INCIDENT REPORT
Sampson County Health Department

Directions: The reporting employee or witness needs to complete Section 1 and Section 2. If needed, the employee or witness can consult with the IT Department to complete Section 2. **Please Note:** All persons who contribute information to the report should be recorded in the "Report Augmented By" field. In the electronic version, clicking on any blue link in the form will move you to the applicable instructions. When completed, the form should be **submitted to the Security Officer or Risk Manager** with a copy to be retained by the reporting employee or witness and, if applicable, to be provided to the employee's Supervisor. The completed form should be submitted **within 24 hours of discovery of the incident or event.** Please print clearly or type.

Section 1: Incident Reporter			
Name:		Report Number:	
Title:		Department:	
Email Address:			
Phone Number and, If Applicable, Extension:			
(If Available) Alternate Phone Number:			
Report Submitted To – Indicate name and title:			
Section 2: Incident Details			
Date and Time of Discovery of Incident:		Estimated Date and Time Incident Started:	
Description of Incident – Be Specific:			
PHI Compromise Suspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of Incident:			
Current Status of Incident:			
Source or Cause of Incident:			
Employees, Contractors or Others with Incident Knowledge – List all known potential witnesses:			
Operating System , version, and patch level:			
Antivirus Software Installed, Enabled and Updated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
Description of Affected Resources :			
Mitigating Factors:			
Estimated Technical Impact of Incident:			
Response Actions Performed:			
Other Organizations Contacted :			
Report Augmented By:			
Additional Comments:			

I understand that by submitting this Incident Report in good faith, I cannot be subject to retaliation. I attest that the information contained in this Incident Report is true and accurate to the best of my knowledge on the date indicated below. If I obtain any additional information regarding this incident, I agree to provide said supplementary information to the person specified above in "Report Submitted To" and/or the designated Incident Handler. I agree to cooperate fully with all investigators of this incident until the incident is closed.

SECURITY INCIDENT INVESTIGATION REPORT

Sampson County Health Department

Directions: Upon receipt of a Security Incident Report, an investigation into the incident shall be initiated. The Security Incident Investigation Report should be completed as thoroughly as possible by the Incident Handler and Investigators. Since investigations vary, some sections may not be applicable to every investigation. In the electronic version, clicking on any blue link in the form will move you to the applicable instructions. Please print clearly or type.

Section 1: Incident Handler			
Date Report Received:		Date Report Processing Began:	
Name:		Report Number:	
Title:		Department:	
Email Address:			
Phone Number and, If Applicable, Extension:			

Section 2: Incident Update	
Current Status of Incident Response:	
Summary of Incident:	

Section 3: Investigators				
Name	Title	Organization	Phone	Email

Section 4: Log of Actions Taken			
Date	Incident Handler/ Investigator	Action	Results

Section 5: Evidence Found		
Date	Incident Handler/ Investigator	Evidence

Section 6: Parties Involved in Incident				
Name	Title	Organization	Phone	Email

Section 7: Incident Handler and Investigator Comments		
Date	Incident Handler/ Investigator	Comments

Section 8: Findings	
Type of Incident:	<input type="checkbox"/> Unauthorized Access <input type="checkbox"/> Inappropriate Usage <input type="checkbox"/> Malicious Code <input type="checkbox"/> Denial of Service <input type="checkbox"/> Multiple Component
<u>Cause</u> of Incident:	
<u>Cost</u> of Incident:	
<u>Business Impact</u> of Incident:	
PHI Compromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Estimated Number of Compromised PHI Accounts: _____ - or - (If known) Actual Number of Compromised PHI Accounts: _____. <u>PHI Breach Impact:</u> <input type="checkbox"/> High (≥ 500 PHI Accounts) <input type="checkbox"/> Medium (< 500 PHI Accounts) <input type="checkbox"/> Unknown
Data Encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <u>description of encryption:</u> _____.
<p>Important Note: If PHI accounts may have been compromised and data was not encrypted, please follow breach evaluation procedures and, if necessary, breach notification procedures.</p> <p>Was the breach evaluation processes initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date of breach evaluation initiation: _____.</p>	

Section 9: <u>Recommended Corrective Actions</u>		
Recommended By	Date	Recommended Corrective Action

Section 10: Actions Taken		
Performed By	Date	Action Taken

Section 11: Notifications Made			
Organization	Point of Contact	Date of Notification	Summary of Information Provided

I attest that the information contained in this Investigation Report is true and accurate to the best of my knowledge and the knowledge of all contributors. I further attest that all parties who participated in the investigation, all findings of the investigation, and all recommended corrective actions as well as all actions taken by any parties to this investigation are clearly documented. This Investigation Report has been provided to the HIPAA Committee for review in both its final form and, as appropriate, throughout the term of the investigation. Effective on the date indicated below, this incident investigation is considered closed.

 Incident Handler's Signature

 Date

SECURITY INCIDENT INVESTIGATION REPORT INSTRUCTIONS

- **Date Report Received** is the date that the Security Officer or Risk Manager first viewed the Incident Report.
- **Date Report Processing Began** is the date that the assigned Incident Handler began reviewing and investigating the Incident Report.
- **Report Number** should be assigned by the Security Officer. This Report Number should be noted on both the Security Incident Investigation Report and the Security Incident Report. If more than one Security Incident Report was filed for the same security incident/event, all of the applicable Report Numbers should be listed on the Security Incident Investigation Report.
- **Current Status of Incident** may be an ongoing attack, one time occurrence, resolved issue, etc.
- **Summary of Incident** is the summary of all information known about the security incident/event at the beginning of the investigation process.
- **Parties Involved in Incident** should include all persons who were interviewed and all persons who were found to be involved in the incident/event.
- **Cause of Incident** may include misconfigured application, unpatched host, compromised user account, inappropriate user permissions, etc.
- **Cost of Incident** should include both the cost of the investigation including the time spent investigating and the cost of any actions necessary to mitigate the security breach including initial and ongoing costs.
- **Business Impact of Incident** could either be a description of the incident's effect (i.e. the accounting department was unable to perform tasks for two days) or an impact category based on the cost (i.e. a "major" incident has a cost of over \$100,000) as defined in the practice's Security Incident Policy.
- **PHI Breach Impact** is based on either the estimated number of compromised PHI records or, if known, the actual number of compromised PHI records.
- **Description of Encryption** should include the encryption type (i.e. DES, 3DES, AES, etc.); the encryption level (i.e. 128-bit, 192-bit, 256-bit); compliance with the FIPS 140-2 standard; whether data was encrypted at rest, in transit, or both; and any other pertinent information.
- **Recommended Corrective Actions** includes ALL recommended corrective actions even if they were not acted upon. This will create a clear record of all corrective actions considered.
- **Actions Taken** should include, of course, only the recommended corrective actions that were acted upon.
- **Notifications Made** may include the CEO, the Board of Directors/Trustees, legal counsel, law enforcement, and employees. However, any breach notification as required in HIPAA regulations, including the American Recovery and Reinvestment Act's (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act, should be documented within the breach evaluation and notification procedure.

This Report is based on the guidelines found in Appendix 3 of NIST SP 800-61 Rev. 1: *Computer Security Incident Handling Guide*. A list of all NIST 800 publications can be found at <http://csrc.nist.gov/publications/PubsSPs.html>.

Security Incident Report Log
Sampson County Health Department
Maintained by: [_____], Security Officer

Report Number	Date of Incident Report	Incident Reporter	Reported To	Incident Handler	Brief Report Description	Date Report Was Closed

PRIVACY BREACH ASSESSMENT

1. Was Private Information Involved? Yes No

2. Was the Private Information encrypted? Yes No

3. Description of breach:

a) What data elements have been breached? Health information, social insurance numbers and financial information that could be used for identity theft are examples of sensitive personal information.

b) What possible use is there for the private information? For instance, can the information be used for fraudulent or otherwise harmful purposes?

c) What was the date that the breach was discovered? _____

d) What is believed to be the date that the breach occurred? _____

4. Cause and Extent of the Breach

a) What is the cause of the breach?

b) Is there a risk of ongoing or further exposure of the information? Yes No

c) What was the extent of the unauthorized collection, use or disclosure, including the number of likely recipients and the risk of further access, use or disclosure, including in mass media or online?

d) Is the information encrypted or otherwise not readily accessible? Yes No

e) What steps have already been taken to minimize the harm?

5. Individuals Affected by the Breach

a) How many individuals are affected by the breach?

1. Who was affected by the breach:

- Employees
- Customer-owners
- Volunteers
- Contractors
- Service providers
- Other individuals/organizations

6. Foreseeable Harm from the Breach

a) Is there any relationship between the unauthorized recipients and the data subject?

- Yes No

b) Is any of the information or the individual whose information was compromised subject to additional protections, such as court orders, temporary restraining orders, protections from harm, etc.?

2. What harm to the individuals will result from the breach? Harm that may occur includes:

- Security risk (e.g., physical safety)
- Identity theft or fraud

- Loss of business or employment opportunities
- Hurt, humiliation, damage to reputation or relationships
- Other (please specify):

d) What harm could result to the organization as a result of the breach?

- Loss of trust in the organization
- Loss of assets
- Financial exposure
- Other (please specify):

e) What harm could result to the public as a result of the breach?

- Risk to public health
- Risk to public safety
- Other (please specify):

1. Privacy Act Analysis

- a. Determine whether the breached information was in the control and possession of a Federal agency. If not, the Privacy Act does not apply and the analysis below is not necessary.
- b. Determine if the incident poses a risk to individuals. The following factors shall be considered when assessing the likely risk of harm and level of impact for a potential or confirmed privacy breach:
 - i. Nature of the data elements breached in light of their context and the broad range of potential harms that may result from their disclosure to unauthorized individuals;
 - ii. Potential harm to reputation of individuals;

- iii. Potential for harassment or prejudice;
 - iv. Potential for identity theft, including any evidence that breached information is actually being used;
 - v. Number of individuals affected;
 - vi. Likelihood that breach was the result of a criminal act or will result in criminal activity;
 - vii. Likelihood the information is accessible and usable by unauthorized individuals;
 - viii. Likelihood the breach may lead to harm; and
 - ix. Ability to mitigate the risk of harm.
- c. If an identity theft risk is present, tailor the response to the nature and scope of the risk presented. Notice may not be required in all circumstances, so the response team should assess the situation and determine if notification to individuals is necessary. In some cases, notification may actually increase a risk of harm, in which case <Practice> should delay notification until proper safeguards can be instituted. The analysis of whether notification is necessary should be based on the following factors:
- i. Number of individuals affected;
 - ii. Urgency with which individuals need to receive notice;
 - iii. Whether other public and private sector agencies need notification, particularly those that may be affected or may play a role in mitigating the breach;
 - iv. Contact information available for affected individuals (first-class mail shall be the primary means for providing notification, but telephone or email may be appropriate when there is an urgent need); and
 - v. Whether media outlets may be the best way to alert affected individuals and mitigate any risk.
- d. Written notification should include the following elements:
- i. Brief description of what happened, including the date of the breach and its discovery;
 - ii. Description of the types of information involved in the breach;
 - iii. Statement whether the information was protected, if such information would be beneficial and would not compromise security;
 - iv. Steps individuals should take to protect themselves from harm;
 - v. What <Practice> is doing to investigate and mitigate the breach; and
 - vi. Who affected individuals should contact for more information, including a toll-free telephone number, e-mail address and postal address.
- e. If the <Practice> response team determines that public notification through the media is necessary, it should also post notification of the breach on its website, with the same information required for written notification to the individual. The posting should provide answers to frequently asked questions and other talking points.
2. State Data Breach Analysis
- a. Identify the state of residence of all individuals affected by the breach.

- b. Consult individual state data breach statutes to determine if a state's particular data breach statute is applicable to <Practice>.
 - c. Consult individual state data breach statutes to determine if a breach has occurred under a state's particular data breach statute.
 - d. Consult individual state data breach statutes to determine breach notification steps to take in accordance with a state's particular data breach statute.
3. HIPAA/HITECH Analysis
- a. Determine whether the breached information was Protected Health Information (individually identifiable health information as defined by HIPAA). If not, HIPAA/HITECH breach reporting requirements do not apply and the analysis below is not necessary.
 - b. If breached information was PHI, determine whether the PHI was secured or unsecured. Unsecured PHI is defined as PHI that is not secured through a means that HHS has approved as rendering the PHI unusable or unreadable to unauthorized persons.¹ If PHI was secured, no reporting is necessary under HIPAA and you can proceed to Step 2.

¹ As of the date of drafting, the following guidance was provided – COVERED ENTITY should review published guidance periodically to see if additional guidance was issued:

1) Electronic PHI has been encrypted as specified in the HIPAA Security Rule by "the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key" and such confidential process or key that might enable decryption has not been breached. The encryption processes identified below have been tested by the National Institute of Standards and Technology (NIST) and are judged by HHS to meet this standard.

- i) Valid encryption processes for data at rest are consistent with NIST Special Publication 800-111, *Guide to Storage Encryption Technologies for End User Devices*.
 - ii) Valid encryption processes for data in motion are those that comply with the requirements of Federal Information Processing Standards (FIPS) 140-2. These include, as appropriate, standards described in NIST Special Publications 800-52, *Guidelines for the Selection and Use of Transport Layer Security (TLS) Implementations*; 800-77, *Guide to IPsec VPNs*; or 800-113, *Guide to SSL VPNs*, and may include others which are FIPS 140-2 validated.
- 2) The media on which the PHI is stored or recorded has been destroyed in one of the following ways:
- i) Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed.
 - ii) Electronic media have been cleared, purged, or destroyed consistent with NIST Special Publication 800-88, *Guidelines for Media Sanitization*, such that the PHI cannot be retrieved.

- c. If PHI was unsecured, it constitutes an official breach under HIPAA if it “compromises the security or privacy of the PHI” and does not meet one of the exceptions to breach.
 - i. Compromises the security or privacy – this means that it poses a significant risk of financial, reputational or other harm to the individual. Sections 2 and 4 of the Privacy Breach Questionnaire should assist with this analysis. Key factors to consider:
 - 1. To whom was the information disclosed?
 - 2. What type of information was breached?
 - 3. How easily can the information be redistributed?
 - ii. Exceptions to breach (these factors are fairly subjective and any analysis resulting in the conclusion that a disclosure meets one of these exceptions should be documented and retained for seven years):
 - 1. Good faith and unintentional acquisition, access or use by a person working under the authority of a covered entity or business associate, which is within the scope of authority and does not result in further use or disclosure.
 - 2. Disclosures between persons at the same covered entity, business associate or organized health care arrangement if persons are authorized and information will not be further used or disclosed.

¹ As of the date of drafting, the following guidance was provided – COVERED ENTITY should review published guidance periodically to see if additional guidance was issued:

1) Electronic PHI has been encrypted as specified in the HIPAA Security Rule by "the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key" and such confidential process or key that might enable decryption has not been breached. The encryption processes identified below have been tested by the National Institute of Standards and Technology (NIST) and are judged by HHS to meet this standard.

- i) Valid encryption processes for data at rest are consistent with NIST Special Publication 800-111, *Guide to Storage Encryption Technologies for End User Devices*.
 - ii) Valid encryption processes for data in motion are those that comply with the requirements of Federal Information Processing Standards (FIPS) 140-2. These include, as appropriate, standards described in NIST Special Publications 800-52, *Guidelines for the Selection and Use of Transport Layer Security (TLS) Implementations*; 800-77, *Guide to IPsec VPNs*; or 800-113, *Guide to SSL VPNs*, and may include others which are FIPS 140-2 validated.
- 2) The media on which the PHI is stored or recorded has been destroyed in one of the following ways:
- i) Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed.

- ii) Electronic media have been cleared, purged, or destroyed consistent with NIST Special Publication 800-88, *Guidelines for Media Sanitization*, such that the PHI cannot be retrieved.

- 3. Disclosure where the covered entity or business associate has the good faith belief that the information could not have been retained (for example, a person drops their jump drive overboard on a moving cruise ship).
- d. If the disclosure is found to meet one of these exceptions, or is not found to compromise the security or privacy of the PHI, proceed to Step 2. If the disclosure does not meet one of the exceptions to breach, and it is found to compromise the security or privacy of the PHI, the next step is to determine how to mitigate the breach and protect the individual. Part of the mitigation and protection efforts would include notification, but they may also include instituting additional security measures, changing a person's account number, notifying police of the breach and other appropriate measures.
- e. After determining and instituting mitigation and protection efforts, <Practice> must fulfill its obligations to notify the affected individuals of the breach. Notice must be provided within 60 days of discovery², unless authorized to delay by law enforcement personnel. First, <Practice> should determine how notice should be sent to the individual. The following rules apply:
 - i. If contact information is sufficient and no more than 500 residents in the state are affected, written notification should be sent by first class mail.
 - ii. If contact information is not sufficient for more than 10 individuals, notification must also be on the <Practice> home page and in major media (print or broadcast).
 - iii. If more than 500 residents are affected, notification must also be made to major media, even if contact information is sufficient for all affected persons.
- f. Notice should be carefully drafted to include the following required information, without any unnecessary information that may result in additional questions or concerns from affected individuals:
 - i. Brief description of the breach, including the date of the breach and date of discovery.
 - ii. Description of the types of PHI involved.
 - iii. Steps the individual should take to protect themselves.
 - iv. Brief description of steps <Practice> is taking to mitigate, investigate and protect (careful not to disclose information that could hamper any ongoing investigation).
 - v. Contact procedures for questions or additional information, including a toll-free telephone number, email, Web site or address.

² Discovery is defined as when the breach is known or should reasonably have been known.

- g. If more than 500 persons are affected, notice must also be provided to the U.S. Department of Health and Human Services. If 500 or less are affected, the notice should be kept in an annual log of breaches.
- 4. Breach Analysis Follow-Up: Once the breach analysis is complete and notice is provided, <Practice> should review policies, procedures and security measures to incorporate any necessary updates or changes.

Appendix E – County of Sampson Separation of Employee Checklist

**COUNTY OF SAMPSON
SEPARATION OF EMPLOYEE CHECKLIST**

Employee: _____

Department: _____

To Be Discussed with Employee Prior to Separation:

- Continuation of insurance benefits
- Withdrawal or roll-over of retirement contributions
- 401 K and/or 456 termination
- Life Insurance policy continuation
- Payment of unused vacation leave; sick leave attributable to retirement system
- Status of tuition repayment, 401k loan, etc.
- Verify forwarding address for W-2 or final check

Collect from Employee Prior to or On Separation Date:

- | | |
|--|--|
| <input type="checkbox"/> Id Badge | <input type="checkbox"/> County uniforms |
| <input type="checkbox"/> Gas Card | <input type="checkbox"/> Cell phone and/or pager |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Mobile radio |
| <input type="checkbox"/> Keys (Bldg, Desk, Cabinet, Vehicle) | <input type="checkbox"/> Laptop Computer |
| <input type="checkbox"/> Final timesheet | <input type="checkbox"/> Passwords to computer/voicemail |

Actions Taken After Employee Separation

- | | |
|--|---|
| <input type="checkbox"/> Complete Personnel Action Form and return to Finance office: submit final timesheet | <input type="checkbox"/> Return keys to appropriate body, i.e. Public Works |
| <input type="checkbox"/> Cancel applicable credit, gas card | <input type="checkbox"/> Delete or reassign email address |
| <input type="checkbox"/> Delete ID badge from security system | <input type="checkbox"/> Clean laptop/computer of employee's data; change passwords |
| <input type="checkbox"/> Cancel cell phone contract or reassign | |

Notes: _____

Reviewer: _____

Date: _____

Appendix F – Security Standards Matrix



1 Security 101 for Covered Entities

Security Standards Matrix (Appendix A of the Security Rule)

ADMINISTRATIVE SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Security Management Process	164.308(a)(1)	Risk Analysis	(R)
		Risk Management	(R)
		Sanction Policy	(R)
		Information System Activity Review	(R)
Assigned Security Responsibility	164.308(a)(2)		(R)
Workforce Security	164.308(a)(3)	Authorization and/or Supervision	(A)
		Workforce Clearance Procedure	(A)
		Termination Procedures	(A)
Information Access Management	164.308(a)(4)	Isolating Health Care Clearinghouse Functions	(R)
		Access Authorization	(A)
		Access Establishment and Modification	(A)
Security Awareness and Training	164.308(a)(5)	Security Reminders	(A)
		Protection from Malicious Software	(A)
		Log-in Monitoring	(A)
		Password Management	(A)
Security Incident Procedures	164.308(a)(6)	Response and Reporting	(R)
Contingency Plan	164.308(a)(7)	Data Backup Plan	(R)
		Disaster Recovery Plan	(R)
		Emergency Mode Operation Plan	(R)
		Testing and Revision Procedures	(A)
		Applications and Data Criticality Analysis	(A)
Evaluation	164.308(a)(8)		(R)
Business Associate Contracts and Other Arrangements	164.308(b)(1)	Written Contract or Other Arrangement	(R)





1 Security 101 for Covered Entities

PHYSICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Facility Access Controls	164.310(a)(1)	Contingency Operations	(A)
		Facility Security Plan	(A)
		Access Control and Validation Procedures	(A)
		Maintenance Records	(A)
Workstation Use	164.310(b)	(R)	
Workstation Security	164.310(c)	(R)	
Device and Media Controls	164.310(d)(1)	Disposal	(R)
		Media Re-use	(R)
		Accountability	(A)
		Data Backup and Storage	(A)
TECHNICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Access Control	164.312(a)(1)	Unique User Identification	(R)
		Emergency Access Procedure	(R)
		Automatic Logoff	(A)
		Encryption and Decryption	(A)
Audit Controls	164.312(b)	(R)	
Integrity	164.312(c)(1)	Mechanism to Authenticate Electronic Protected Health Information	(A)
Person or Entity Authentication	164.312(d)	(R)	
Transmission Security	164.312(e)(1)	Integrity Controls	(A)
		Encryption	(A)



2 Security Standards: Administrative Safeguards



Security Standards Matrix (Appendix A of the Security Rule)

ADMINISTRATIVE SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Security Management Process	§ 164.308(a)(1)	Risk Analysis	(R)
		Risk Management	(R)
		Sanction Policy	(R)
		Information System Activity Review	(R)
Assigned Security Responsibility	§ 164.308(a)(2)		
Workforce Security	§ 164.308(a)(3)	Authorization and/or Supervision	(A)
		Workforce Clearance Procedure	(A)
		Termination Procedures	(A)
Information Access Management	§ 164.308(a)(4)	Isolating Health Care Clearinghouse Functions	(R)
		Access Authorization	(A)
		Access Establishment and Modification	(A)
Security Awareness and Training	§ 164.308(a)(5)	Security Reminders	(A)
		Protection from Malicious Software	(A)
		Log-in Monitoring	(A)
		Password Management	(A)
Security Incident Procedures	§ 164.308(a)(6)	Response and Reporting	(R)
Contingency Plan	§ 164.308(a)(7)	Data Backup Plan	(R)
		Disaster Recovery Plan	(R)
		Emergency Mode Operation Plan	(R)
		Testing and Revision Procedures	(A)
		Applications and Data Criticality Analysis	(A)
Evaluation	§ 164.308(a)(8)		
Business Associate Contracts and Other Arrangements	§ 164.308(b)(1)	Written Contract or Other Arrangement	(R)



2 Security Standards: Administrative Safeguards

POLICIES AND PROCEDURES AND DOCUMENTATION REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Policies and Procedures	§ 164.316(a)		
Documentation	§ 164.316(b)(1)	Time Limit	(R)
		Availability	(R)
		Updates	(R)



3 Security Standards: Physical Safeguards

Security Standards Matrix

ADMINISTRATIVE SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Security Management Process	164.308(a)(1)	Risk Analysis	(R)
		Risk Management	(R)
		Sanction Policy	(R)
		Information System Activity Review	(R)
Assigned Security Responsibility	164.308(a)(2)		
Workforce Security	164.308(a)(3)	Authorization and/or Supervision	(A)
		Workforce Clearance Procedures	(A)
		Termination Procedures	(A)
Information Access Management	164.308(a)(4)	Isolating Health Care Clearinghouse Functions	(R)
		Access Authorization	(A)
		Access Establishment and Modification	(A)
Security Awareness and Training	164.308(a)(5)	Security Reminders	(A)
		Protection from Malicious Software	(A)
		Log-in Monitoring	(A)
		Password Management	(A)
Security Incident Procedures	164.308(a)(6)	Response and Reporting	(R)
Contingency Plan	164.308(a)(7)	Data Backup Plan	(R)
		Disaster Recovery Plan	(R)
		Emergency Mode Operation Plan	(R)
		Testing and Revision Procedure	(A)
		Applications and Data Criticality Analysis	(A)
Evaluation	164.308(a)(8)		
Business Associate Contracts and Other Arrangements	164.308(b)(1)	Written Contract or Other Arrangement	(R)



3 Security Standards: Physical Safeguards

PHYSICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Facility Access Controls	164.310(a)(1)	Contingency Operations	(A)
		Facility Security Plan	(A)
		Access Control and Validation Procedures	(A)
		Maintenance Records	(A)
Workstation Use	164.310(b)		
Workstation Security	164.310(c)		
Device and Media Controls	164.310(d)(1)	Disposal	(R)
		Media Re-use	(R)
		Accountability	(A)
		Data Backup and Storage	(A)
TECHNICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Access Control	164.312(a)(1)	Unique User Identification	(R)
		Emergency Access Procedure	(R)
		Automatic Logoff	(A)
		Encryption and Decryption	(A)
Audit Controls	164.312(b)		
Integrity	164.312(c)(1)	Mechanism to Authenticate Electronic Protected Health Information	(A)
Person or Entity Authentication	164.312(d)		
Transmission Security	164.312(e)(1)	Integrity Controls	(A)
		Encryption	(A)
ORGANIZATIONAL REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Business associate contracts or other arrangements	164.314(a)(1)	Business Associate Contracts	(R)
		Other Arrangements	(R)
Requirements for Group Health Plans	164.314(b)(1)	Implementation Specifications	(R)
POLICIES AND PROCEDURES AND DOCUMENTATION REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	





3 Security Standards: Physical Safeguards

Policies and Procedures	164.316(a)		
Documentation	164.316(b)(1)	Time Limit	(R)
		Availability	(R)
		Updates	(R)



4 Security Standards: Technical Safeguards

Security Standards Matrix (Appendix A of the Security Rule)

ADMINISTRATIVE SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Security Management Process	§ 164.308(a)(1)	Risk Analysis	(R)
		Risk Management	(R)
		Sanction Policy	(R)
		Information System Activity Review	(R)
Assigned Security Responsibility	§ 164.308(a)(2)		
Workforce Security	§ 164.308(a)(3)	Authorization and/or Supervision	(A)
		Workforce Clearance Procedure	(A)
		Termination Procedures	(A)
Information Access Management	§ 164.308(a)(4)	Isolating Health Care Clearinghouse Functions	(R)
		Access Authorization	(A)
		Access Establishment and Modification	(A)
Security Awareness and Training	§ 164.308(a)(5)	Security Reminders	(A)
		Protection from Malicious Software	(A)
		Log-in Monitoring	(A)
		Password Management	(A)
Security Incident Procedures	§ 164.308(a)(6)	Response and Reporting	(R)
Contingency Plan	§ 164.308(a)(7)	Data Backup Plan	(R)
		Disaster Recovery Plan	(R)
		Emergency Mode Operation Plan	(R)
		Testing and Revision Procedures	(A)
		Applications and Data Criticality Analysis	(A)
Evaluation	§ 164.308(a)(8)		
Business Associate Contracts and Other Arrangements	§ 164.308(b)(1)	Written Contract or Other Arrangement	(R)



4 Security Standards: Technical Safeguards

PHYSICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Facility Access Controls	§ 164.310(a)(1)	Contingency Operations	(A)
		Facility Security Plan	(A)
		Access Control and Validation Procedures	(A)
		Maintenance Records	(A)
Workstation Use	§ 164.310(b)		
Workstation Security	§ 164.310(c)		
Device and Media Controls	§ 164.310(d)(1)	Disposal	(R)
		Media Re-use	(R)
		Accountability	(A)
		Data Backup and Storage	(A)
TECHNICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Access Control	§ 164.312(a)(1)	Unique User Identification	(R)
		Emergency Access Procedure	(R)
		Automatic Logoff	(A)
		Encryption and Decryption	(A)
Audit Controls	§ 164.312(b)		
Integrity	§ 164.312(c)(1)	Mechanism to Authenticate Electronic Protected Health Information	(A)
Person or Entity Authentication	§ 164.312(d)		
Transmission Security	§ 164.312(e)(1)	Integrity Controls	(A)
		Encryption	(A)
ORGANIZATIONAL REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Business associate contracts or other arrangements	§ 164.314(a)(1)	Business Associate Contracts	(R)
		Other Arrangements	(R)
Requirements for Group Health Plans	§ 164.314(b)(1)	Implementation Specifications	(R)



4 Security Standards: Technical Safeguards

POLICIES AND PROCEDURES AND DOCUMENTATION REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Policies and Procedures	§ 164.316(a)		
Documentation	§ 164.316(b)(1)	Time Limit	(R)
		Availability	(R)
		Updates	(R)



5 Security Standards: Organizational, Policies and Procedures and Documentation Requirements

Security Standards Matrix (Appendix A of the Security Rule)

ADMINISTRATIVE SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Security Management Process	§ 164.308(a)(1)	Risk Analysis	(R)
		Risk Management	(R)
		Sanction Policy	(R)
		Information System Activity Review	(R)
Assigned Security Responsibility	§ 164.308(a)(2)		
Workforce Security	§ 164.308(a)(3)	Authorization and/or Supervision	(A)
		Workforce Clearance Procedure	(A)
		Termination Procedures	(A)
Information Access Management	§ 164.308(a)(4)	Isolating Health Care Clearinghouse Functions	(R)
		Access Authorization	(A)
		Access Establishment and Modification	(A)
Security Awareness and Training	§ 164.308(a)(5)	Security Reminders	(A)
		Protection from Malicious Software	(A)
		Log-in Monitoring	(A)
		Password Management	(A)
Security Incident Procedures	§ 164.308(a)(6)	Response and Reporting	(R)
Contingency Plan	§ 164.308(a)(7)	Data Backup Plan	(R)
		Disaster Recovery Plan	(R)
		Emergency Mode Operation Plan	(R)
		Testing and Revision Procedures	(A)
		Applications and Data Criticality Analysis	(A)
Evaluation	§ 164.308(a)(8)		
Business Associate Contracts and Other Arrangements	§ 164.308(b)(1)	Written Contract or Other Arrangement	(R)

5 Security Standards: Organizational, Policies and Procedures and Documentation Requirements



PHYSICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Facility Access Controls	§ 164.310(a)(1)	Contingency Operations	(A)
		Facility Security Plan	(A)
		Access Control and Validation Procedures	(A)
		Maintenance Records	(A)
Workstation Use	§ 164.310(b)		
Workstation Security	§ 164.310(c)		
Device and Media Controls	§ 164.310(d)(1)	Disposal	(R)
		Media Re-use	(R)
		Accountability	(A)
		Data Backup and Storage	(A)
TECHNICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Access Control	§ 164.312(a)(1)	Unique User Identification	(R)
		Emergency Access Procedure	(R)
		Automatic Logoff	(A)
		Encryption and Decryption	(A)
Audit Controls	§ 164.312(b)		
Integrity	§ 164.312(c)(1)	Mechanism to Authenticate Electronic Protected Health Information	(A)
Person or Entity Authentication	§ 164.312(d)		
Transmission Security	§ 164.312(e)(1)	Integrity Controls	(A)
		Encryption	(A)
ORGANIZATIONAL REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Business associate contracts or other arrangements	§ 164.314(a)(1)	Business Associate Contracts	(R)
		Other Arrangements	(R)
Requirements for Group Health Plans	§ 164.314(b)(1)	Implementation Specifications	(R)

5 Security Standards: Organizational, Policies and
 Procedures and Documentation Requirements



POLICIES AND PROCEDURES AND DOCUMENTATION REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Policies and Procedures	§ 164.316(a)		
Documentation	§ 164.316(b)(1)	Time Limit	(R)
		Availability	(R)
		Updates	(R)



6 Basics of Risk Analysis and Risk Management

Security Standards Matrix (Appendix A of the Security Rule)

ADMINISTRATIVE SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Security Management Process	§ 164.308(a)(1)	Risk Analysis	(R)
		Risk Management	(R)
		Sanction Policy	(R)
		Information System Activity Review	(R)
Assigned Security Responsibility	§ 164.308(a)(2)		
Workforce Security	§ 164.308(a)(3)	Authorization and/or Supervision	(A)
		Workforce Clearance Procedure	(A)
		Termination Procedures	(A)
Information Access Management	§ 164.308(a)(4)	Isolating Health Care Clearinghouse Functions	(R)
		Access Authorization	(A)
		Access Establishment and Modification	(A)
Security Awareness and Training	§ 164.308(a)(5)	Security Reminders	(A)
		Protection from Malicious Software	(A)
		Log-in Monitoring	(A)
		Password Management	(A)
Security Incident Procedures	§ 164.308(a)(6)	Response and Reporting	(R)
Contingency Plan	§ 164.308(a)(7)	Data Backup Plan	(R)
		Disaster Recovery Plan	(R)
		Emergency Mode Operation Plan	(R)
		Testing and Revision Procedures	(A)
		Applications and Data Criticality Analysis	(A)
Evaluation	§ 164.308(a)(8)		
Business Associate Contracts and Other Arrangements	§ 164.308(b)(1)	Written Contract or Other Arrangement	(R)



6 Basics of Risk Analysis and Risk Management

PHYSICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Facility Access Controls	§ 164.310(a)(1)	Contingency Operations	(A)
		Facility Security Plan	(A)
		Access Control and Validation Procedures	(A)
		Maintenance Records	(A)
Workstation Use	§ 164.310(b)		
Workstation Security	§ 164.310(c)		
Device and Media Controls	§ 164.310(d)(1)	Disposal	(R)
		Media Re-use	(R)
		Accountability	(A)
		Data Backup and Storage	(A)
TECHNICAL SAFEGUARDS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Access Control	§ 164.312(a)(1)	Unique User Identification	(R)
		Emergency Access Procedure	(R)
		Automatic Logoff	(A)
		Encryption and Decryption	(A)
Audit Controls	§ 164.312(b)		
Integrity	§ 164.312(c)(1)	Mechanism to Authenticate Electronic Protected Health Information	(A)
Person or Entity Authentication	§ 164.312(d)		
Transmission Security	§ 164.312(e)(1)	Integrity Controls	(A)
		Encryption	(A)
ORGANIZATIONAL REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Business associate contracts or other arrangements	§ 164.314(a)(1)	Business Associate Contracts	(R)
		Other Arrangements	(R)
Requirements for Group Health Plans	§ 164.314(b)(1)	Implementation Specifications	(R)



6 Basics of Risk Analysis and Risk Management

POLICIES AND PROCEDURES AND DOCUMENTATION REQUIREMENTS			
Standards	Sections	Implementation Specifications (R)= Required, (A)=Addressable	
Policies and Procedures	§ 164.316(a)		
Documentation	§ 164.316(b)(1)	Time Limit	(R)
		Availability	(R)
		Updates	(R)

HIPAA Security Series

7 Security Standards: Implementation for the Small Provider

What is the Security Series?

The security series of papers provides guidance from the Centers for Medicare & Medicaid Services (CMS) on the rule titled “Security Standards for the Protection of Electronic Protected Health Information,” found at 45 CFR Part 160 and Part 164, Subparts A and C, commonly known as the Security Rule. The Security Rule was adopted to implement a provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The series contains seven papers, each focused on a specific topic related to the Security Rule (see left panel). The papers are designed to give HIPAA covered entities insight into the Security Rule and to assist them with implementation of the standards. This series explains specific requirements (provisions of the rule), and possible ways to address those provisions.

CMS recommends that all covered entities read the first paper in this series, “Security 101 for Covered Entities” before reading the other papers. The first paper clarifies important Security Rule concepts that will help covered entities as they plan for implementation and maintain an ongoing security program. This seventh paper in the series is devoted to implementation of the Security Rule standards, implementation specifications and requirements as they relate to covered entities that are sole practitioners or otherwise considered small providers. It assumes the reader has a basic understanding of the Security Rule.

Background

Identity theft, stolen computer disks, malfunctioning computers, hackers, and other preventable losses of information - these are just a few of the hazards facing all businesses that receive, store, and transmit data in electronic form. Many health care providers too face these same hazards. Much of the electronic protected health information (EPHI) they hold is critical to their business and vital to the care of their patients. Providers face major problems if their patient’s sensitive information is stolen, misused, or unavailable.

The HIPAA Security Standards provide a structure for covered entities (health plans, clearinghouses, or covered health care providers) to develop and implement policies and procedures to guard against and react to security incidents. The Security Rule provides a flexible, scalable and technology neutral framework to allow all covered entities to comply in a manner that is consistent with the unique circumstances of their size and environment.

All covered entities must comply with the applicable standards, implementation specifications, and requirements of the Security Rule with respect to EPHI (see 45 C.F.R § 164.302.). Small providers that are covered entities have unique business and technical environments that provide both opportunities and challenges related to compliance with the Security Rule. As such, this

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paper provides general guidance to providers such as physicians and dentists in solo or small group practices, small clinics, independent pharmacies, and others who may be less likely to have IT staff and whose approach to compliance would generally be very different from that of a large health care system. It is important to note however, that this paper does not define a small provider, nor does it prescribe specific actions that small providers must take to become compliant with the Security Rule.

The objectives of this paper are to:

- Help small providers understand the Security Rule standards, implementation specifications, and requirements as they relate to their organization.
- Provide sample questions and scenarios that small providers may want to consider when addressing the Security Rule requirements.
- Reference industry resources that provide additional information regarding compliance with the Security Rule.

Security Rule Overview for Small Providers

To understand the requirements of the Security Rule, it is helpful to be familiar with the basic concepts that comprise the security standards and implementation specifications. The Security Rule is divided into six main sections – each representing a set of standards and implementation specifications that must be addressed by all covered entities. Each Security Rule *standard* is a requirement: a covered entity must comply with all of the standards of the Security Rule with respect to the EPHI it creates, transmits or maintains.

Many of the standards contain *implementation specifications*. An implementation specification is a more detailed description of the method or approach covered entities can use to meet a particular standard. Implementation specifications are either *required* or *addressable*. Regardless of whether a standard includes one or more implementation specifications, covered entities must comply with each standard. Where there is no implementation specification for a particular standard, such as the “Workstation Use” and “Person or Entity Authentication” standards, compliance with the standard itself is required.

- A **required** implementation specification is similar to a standard, in that a covered entity must comply with it. For example, all covered entities including small providers must conduct a “Risk Analysis” in accordance with Section 164.308(a)(1) of the Security Rule.
- For **addressable** implementation specifications, covered entities must perform an assessment to determine whether the specification is a reasonable and appropriate safeguard in the covered entity’s environment. After performing the assessment, a covered entity decides if it will implement the addressable implementation specification; implement an equivalent alternative measure that allows the entity to comply with the standard; or not implement the addressable specification or any alternative measures, if equivalent measures are not reasonable and appropriate within its environment. Covered entities are required to document these assessments and all decisions. For example, all covered entities including

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small providers must determine whether “Encryption and Decryption” is reasonable and appropriate for their environment in accordance with Section 164.312(a)(1) of the Security Rule.

- Factors that determine what is “reasonable” and “appropriate” include cost, size, technical infrastructure and resources. While cost is one factor entities must consider in determining whether to implement a particular security measure, some appropriate measure must be implemented. An addressable implementation specification is not optional, and the potential cost of implementing a particular security measure does not free covered entities from meeting the requirements identified in the rule.

Using This Resource

The tables and sample questions provided here relate to the Administrative, Technical and Physical Safeguard requirements from the Security Rule and are relevant for small providers seeking to evaluate and/or establish EPHI security practices. The tables and sample questions in this document do not represent a complete list of Security Rule requirements, but provide insight into the key HIPAA Security requirements applicable to a small provider.

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Administrative Safeguards – These provisions are defined in the Security Rule as the “administrative actions, policies, and procedures to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the covered entity’s workforce in relation to the protection of that information.”

SAMPLE ADMINISTRATIVE SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
SECURITY MANAGEMENT PROCESS § 164.308(a)(1) <i>“Implement policies and procedures to prevent, detect, contain and correct security violations.”</i>	RISK ANALYSIS (R) § 164.308(a)(1)(ii)(A) <i>“Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.”</i>	Have you identified the EPHI within your organization? This includes EPHI that you create, receive, maintain or transmit. Please note that EPHI may be resident on computer workstations, servers or on portable devices such as laptops, and PDAs.
	RISK MANAGEMENT (R) §164.308(a)(1)(ii)(B) <i>“Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with §164.306(a).”</i>	What security measures are already in place to protect EPHI – this can be a comprehensive view of all measures, whether administrative, physical or technical, such as an over arching security policy; door locks to rooms where EPHI is stored; or the use of password-protected files.

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SAMPLE ADMINISTRATIVE SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
	<p>SANCTION POLICY (R) § 164.308(a)(1)(ii)(C) <i>"Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity."</i></p>	<p>Have you developed, applied and implemented policies specific to violations of the security policies and procedures? If so, do they provide appropriate sanctions for workforce members who fail to comply with your security policies and procedures? (i.e., have you included your sanction policy in your workforce manual and trained your staff on the policy?)</p>
<p>WORKFORCE SECURITY § 164.308(a)(3)(i) <i>"Implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information, and to prevent those workforce members who do not have access from obtaining access to electronic protected health information."</i></p>	<p>AUTHORIZATION AND/OR SUPERVISION (A) § 164.308(a)(3)(ii)(A) <i>"Implement procedures for the authorization and/or supervision of workforce members who work with electronic protected health information or in locations where it might be accessed."</i></p>	<p>Are the procedures used by your workforce consistent with your access policies (i.e., do people who should have access actually have that access? Are people who should not have access prevented from accessing the information?)</p>

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SAMPLE ADMINISTRATIVE SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
SECURITY AWARENESS AND TRAINING § 164.308(a) (5) (i) <i>"Implement a security awareness and training program for all members of its workforce (including management)."</i>	PASSWORD MANAGEMENT (A) § 164.308(a)(5)(ii)(D) <i>"Implement procedures for creating, changing, and safeguarding passwords."</i>	Does your workforce training address topics such as not sharing passwords with other workforce members or not writing down passwords and leaving them in open areas?
CONTINGENCY PLAN § 164.308(a) (7) (i) <i>"Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain electronic protected health information."</i>	DATA BACKUP PLAN (R) § 164.308(a)(7)(ii)(A) <i>"Establish and implement procedures to create and maintain retrievable exact copies of electronic protected health information."</i>	Do your procedures identify all sources of EPHI that must be backed up such as patient accounting systems, electronic medical or health records, digital recordings of diagnostic images, electronic test results, or any other electronic documents created or used that contain EPHI?

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SAMPLE ADMINISTRATIVE SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
BUSINESS ASSOCIATE CONTRACTS AND OTHER ARRANGEMENTS § 164.308(b)(1) <i>"A covered entity may permit a business associate to create, receive, maintain, or transmit electronic protected health information on the covered entity's behalf only if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information."</i>	WRITTEN CONTRACT OR OTHER ARRANGEMENTS (R) § 164.308(b)(4) "Document the satisfactory assurances required by this section through a written contract or other arrangement with the business associate that meets the applicable requirements of §164.314(a) [(the Business Associate Contracts or Other Arrangements Standard)]."	Do you have contracts in place with outside entities entrusted with health information generated by your office? If so, do the contracts provide assurances that the information will be properly safeguarded? For example, if you contract with a software vendor for your practice management system, what assurances do you have that the vendor's products are HIPAA compliant?

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Physical Safeguards – These provisions are defined as the “physical measures, policies, and procedures to protect a covered entity’s electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.”

SAMPLE PHYSICAL SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
FACILITY ACCESS CONTROLS § 164.310(a)(1) <i>“Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.”</i>	FACILITY SECURITY PLAN (A) § 164.310(a)(2)(ii) <i>“Implement policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft.”</i>	Do your office policies and procedures identify controls to prevent unauthorized physical access, tampering, and theft of EPHI? These could include locked doors, signs warning of restricted areas, surveillance cameras, alarms, and identification numbers and security cables on computers.
	MAINTENANCE RECORDS (A) § 164.310(a)(2)(iv) <i>“Implement policies and procedures to document repairs and modifications to the physical components of a facility which are related to security (for example, hardware, walls, doors and locks).”</i>	Has your office implemented policies and procedures that specify how repairs and modifications to a building or facility will be documented to demonstrate that the EPHI is protected?

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SAMPLE PHYSICAL SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
<p>WORKSTATION USE § 164.310(b) <i>"Implement policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access electronic protected health information."</i></p>	<p><i>This standard does not have corresponding implementation specifications. However, compliance with the standard itself is required (R).</i></p>	<p>Do your office policies and procedures specify the use of additional security measures to protect workstations with EPHI, such as using privacy screens, enabling password protected screen savers or logging off the workstation?</p>
<p>DEVICE AND MEDIA CONTROLS § 164.310(d)(1) <i>"Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility."</i></p>	<p>DISPOSAL (R) § 164.310(d)(2)(i) <i>"Implement policies and procedures to address the final disposition of electronic protected health information, and/or the hardware or electronic media on which it is stored."</i></p>	<p>Does your office have a method of destroying EPHI on equipment and media you are no longer using? For example, have you considered purchasing hard drive erasure software for a planned upgrade of office computers?</p>
	<p>DATA BACKUP AND STORAGE (A) § 164.310(d)(2)(iv) <i>"Create a retrievable, exact copy of electronic protected health information, when needed, before movement of equipment."</i></p>	<p>Do you have a process in place to create a retrievable, exact copy of EPHI before the equipment on which it is stored is moved?</p>

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Technical Safeguards – These provisions are defined as the “technology and the policy and procedures that protect electronic protected health information and control access to it (the EPHI).”

SAMPLE TECHNICAL SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
ACCESS CONTROL § 164.312(a)(1) <i>“Implement technical policies and procedures for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in § 164.308(a)(4) [(Information Access Management)].”</i>	UNIQUE USER IDENTIFICATION (R) § 164.312(A)(2)(I) <i>“Assign a unique name and/or number for identifying and tracking user identity.”</i>	Do you have a process in place to assign each user of your system a unique user identifier? If so, can the identifier be used to track user activity within information systems that contain EPHI? This may or may not be reasonable or appropriate for a solo clinician where access has been granted to all office staff.

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SAMPLE TECHNICAL SAFEGUARDS FOR SMALL PROVIDERS		
Standard	Sample Implementation Specifications (R)= Required, (A)= Addressable	Sample Question
	AUTOMATIC LOGOFF (A) § 164.312(a)(2)(iii) <i>"Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity."</i>	Do your current information systems have an automatic logoff capability to ensure that unauthorized users do not access data on unattended workstations?
PERSON OR ENTITY AUTHENTICATION § 164.312(d) <i>"Implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed."</i>	<i>This standard does not have corresponding implementation specifications. However, compliance with the standard itself is required (R).</i>	Does your system require the input of something known only to the person or entity seeking access to EPHI, (such as a password or PIN) prior to granting the requested access?
TRANSMISSION SECURITY § 164.312(e)(1) <i>"Implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network."</i>	ENCRYPTION (A) § 164.312(e)(2)(ii) <i>"Implement a mechanism to encrypt electronic protected health information whenever deemed appropriate."</i>	Based on your required risk analysis, is encryption needed to protect the transmission of EPHI between your office and outside organizations? If not, what measures do you have in place to ensure the protection of this information? Some small providers might consider password protection of documents or files containing EPHI and/or prohibiting the transmission of EPHI via email.

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Additional Requirements

Please note also that the Security Rule contains organizational and documentation requirements that must be addressed by all covered entities. Organizational requirements include standards for business associate contracts and other arrangements, including memoranda of understanding between a covered entity and a business associate when both entities are government organizations; and requirements for group health plans. Policies, procedures, and documentation requirements address how each of the requirements are documented, reviewed, updated and communicated to the workforce.

In Summary

Information security is a necessity in today's world. Preventing unauthorized use of sensitive health information is a core goal of every participant in the health care industry. The Security Rule allows covered entities, including small providers, to implement reasonable and appropriate measures that enable them to comply with the Rule.

The scalable, flexible and technology neutral principles of the Rule allow covered entities to comply in a manner consistent with the complexity of their particular operations and circumstances. Small covered healthcare providers should use this paper and other applicable resources to review and maintain their Security Rule compliance efforts.

Resources

Covered entities should periodically check the CMS website at: <http://www.cms.hhs.gov/SecurityStandard/> for additional HIPAA security information and resources as they work through the security implementation process. While CMS does not endorse guidance provided by other organizations, covered entities may also want to check with other local and national professional health care organizations, such as national provider and health plan associations for additional information. Consider obtaining and reviewing the resources available through the Workgroup for Electronic Data Interchange (WEDI), at www.wedi.org. WEDI has numerous white papers and educational resources aimed at all types of covered entities, and many directed specifically to the smaller physician office. The National Institute of Standards and Technology (NIST) at www.nist.gov also has a wide range of documents and resources to assist to entities in understanding how to comply with the spirit of the regulation.

**Information Security Policy
 Annual/Review/Policy Update Review Form**

Manual: Information Security Manual	<u>Applicable Signatures/Title</u>
Title: Information Security Policy	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: N/A	Supervisor: N/A
<input type="checkbox"/> Program Procedure: N/A	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: N/A
<input type="checkbox"/> Personnel/Fiscal Policy	Health Director: Wanda Robinson
Distributed to: All Staff	Board of Health Chair: Clark Wooten
	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 09/01/20
	Supersedes: 12/30/20

Review/Revision Date: 12/30/19; 09/01/2020

Board of Health/Chair

Date

Health Advisory Board/Chair

Date

Health Director

Date

Sampson County Health Department Information Security Policy Program Policy Review & Revision Form				
Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
	04/25/2018	Change two (2) minutes to five (5) minutes on page 9	W. Robinson	
	04/25/2018	Change #4 Lock Screen from 2 minutes to 5 minutes on page 29	W. Robinson	
	04/25/2018	Add Appendix H: Security Standards Matrix	W. Robinson	
	04/25/2018	Add Appendix I: Part 164 Security and Privacy Rules	W. Robinson	
	04/25/2018	Updated Appendix A: Network Access Form	S. DeMay	
	07/06/2018	Removed: Employee Hiring and Termination Checklist. Replaced with Count of Sampson Separation of Employee Checklist page 83	S. DeMay	07/06/2018
12/30/19		Annual Review	W. Robinson and S. DeMay	
09/01/20		-Changed "Agency" &/or "corporate" to Sampson County Health Department (SCHD) -Removed word Interim and updated last name to Alston-page 7 -Removed Mary Anne Johnson & replaced with Janice Edwards-pg. 8. -Identified all front desk (Clinic, WIC & Environmental Health) pg. 9. - Agency replaced with Sampson County IT Department pg. 9. -added word Department pg. 13.	W. Robinson and Sally DeMay	09/01/20

<p>09/01/20 continued</p>		<ul style="list-style-type: none"> -add words IT Department pg. 14. -removed Agency Human Resources staff and added Security Officer pg. 16. -removed corporate-wide & replaced with SCHD pg. 16. -removed the Agency pg. 18. -removed submit the updated Network Access Request Form pg. 18. -Added Cameras (external and internal laptop) pg. 19. -removed administrative added IT pg. 21. -removed “shredded before being disposed” & “Do not place in a trash container without first shredding.” Added placed in the shred container to be shredded. Pg. 28. -removed “manager” added “staff” pg. 32. -removed “Agency” added “CureMD” pg. 45 -Updated Software Inventory pg. 69-71. -Removed Incident Response Tools table with links and inserted actual forms. Pg. 72. -Corrected numbering format. Pg. 80-81. -Updated Effective and Supersedes dates. 		

**SAMPSON COUNTY HEALTH DEPARTMENT
Facility & Equipment Cleaning Policy & Procedure**

Manual: SCHD Administrative Manual	Applicable Signatures/Title:
Title: Facility & Equipment Cleaning P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: Kelly Parrish, RN
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Board of Commissioners Chair: Clark Wooten
Distributed to: All Personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

To assure that Sampson County Health Department (SCHD) has a method to disinfect any and all medical instruments and/or medical equipment used during patient care in the effort to adhere to infection control recommendations and guidelines.

Policy:

The Sampson County Health Department (SCHD) understands the importance of infection control in the outpatient healthcare setting to reduce the risk of transmission infections and diseases to SCHD clients and personnel. Infection control involves a variety of procedures to help reduce the risk of infection transmission. This policy provides guidance to personnel regarding cleaning and disinfecting methods. SCHD follows the Federal Office Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) guidelines regarding infection control.

This policy is intended for general guidance for facility cleaning. The equipment and guidelines stated in this policy may change based on individual situations or as instructed by the CDC, OSHA and/or the North Carolina Department of Health and Human Services (NCDHHS). Additional guidance will be shared with all staff and entered as an attachment to this policy to identify and ensure adherence to the guidelines.

Definitions:

EPA: Environmental Protection Agency

Environmental Surfaces: flat surface areas that may become contaminated.

Infection Control: a means of limiting exposure to infectious organisms.

Personal Protective Equipment (PPE): protective barrier devices to protect the wearer from contamination; should be appropriate for the task and type of contamination.

Applicable Laws, Rules & Regulations:

OSHA Blood-borne Pathogen Standard – 29 CFR – 1910.1030
CDC MMWR Recommendations and Reports MMWR 52(rr10);1-42; June 6, 2003: Guidelines
for Environmental Infection Control in Health-Care Facilities
The Guideline for Disinfection and Sterilization in Healthcare Facilities, May 2019

Responsible Persons:

All Health Department Staff
Contract Cleaning Staff

Equipment Required:

Latex and/or Vinyl gloves
Face shields/goggles/gowns
Paper towels
EPA-registered, hospital-grade disinfectants that kill bacteria, viruses and/or spores.
Alcohol

NOTE: Additional equipment may be added as needed based on the situation.

Procedures:

Overview:

1. Sampson County Health Department will use EPA-registered disinfectants in accordance with the manufacturer's instructions for disinfecting surfaces, equipment and instruments.
2. Clinical staff and interpreters will be responsible for the cleaning of medical instruments and equipment after each patient use and/or as recommended by established infection control standards in the clinical area.
3. Laboratory staff will be responsible for the cleaning of medical instruments and equipment after each patient use and/or as recommended by established infection control standards in the laboratory area.
4. WIC staff will be responsible for the cleaning of medical instruments and equipment after each patient use and/or as recommended by established infection control standards in the laboratory area.
5. Environmental Health staff will be responsible for the cleaning of instruments and equipment used during the performance of job duties as indicated by NC Environmental Health Division guidance.
6. A record of cleaning is documented on various logs used throughout the agency. Refer to the Appendix, Attachment A for the logs.

Cleaning & Disinfecting Environmental Surfaces:

1. **Wear gloves to clean**

2. Use an EPA-registered, hospital-grade disinfectant and use in accordance with the disinfectant's label instructions and in accordance with the equipment's manufacturer's instructions
3. Do not use alcohol to disinfect large environmental surfaces.

Cleaning Spills of Blood & Body Substances:

1. Promptly clean and decontaminate spills of blood or other potentially infectious materials according to the health department Exposure Control Plan.
2. Use spill kits located in the Laboratory and the WIC Lab.

Cleaning Frequency of Instruments & Equipment:

1. Earpieces and bell of the stethoscope will be cleaned with alcohol after each day of patient use and as needed; otoscope/ophthalmoscope units will be cleaned at the end of each day and as needed.
2. Ear speculums will be discarded after each use.
3. Vaginal speculums will be discarded after each use.
4. Reusable ear pieces on audiometer will be cleaned with alcohol after each use- Disposable pieces will be discarded after each use.
5. Speculum light cords will be wiped after client use and as needed with an EPA-registered disinfectant.
6. Exam beds will be wiped down after each client use and as needed with an EPA-registered disinfectant.
7. Disposable exam bed covers and exam gowns/sheets will be used and will be discarded after each use by a patient.
8. Exam Room counters, sinks, chairs, door handles and scales will be wiped down after each use and at least twice each day and as needed with an EPA-registered disinfectant.
9. Vaccine refrigerators will be cleaned at least annually or when soiled per CDC, the manufacturer's and/or NC Immunization Branch guidelines with an EPA-registered disinfectant.
10. Exam Room curtains are cleaned annually and as needed when soiled.
11. The autoclave:
 - A. Instruments are soaked and cleaned per the autoclave manufacturer's instructions.
 - B. The autoclave machine is monitored and cleaned per OSHA, CDC and the manufacturer's guidelines and instructions. This includes, but is not limited to:
 1. Performing a weekly spore check
 2. Cleaning the machine at least monthly or more often depending on the number of uses based on CDC guidance and the Manufacturer's Operations Manual.
 3. Record findings and cleanings in the logs
 - C. Refer to the Appendix, Attachment B for CDC guidance.

Cleaning Schedule for Clinical, Laboratory and WIC Areas:

1. **Wear gloves to clean.**
2. Twice each workday and as needed, the contract cleaning staff will clean the countertops, sink, exam table, stools, weight scales and door handles in all exam rooms.
3. Contract Cleaning Staff will clean the phlebotomy station, countertops, sink, stools, lab chairs and door handles in all laboratory rooms twice a day or as needed. The Laboratory Staff will clean all lab equipment at the end of each day and as needed.
4. Contract Cleaning Staff will clean the WIC office countertops, sink, stools, lab chairs and door handles in all laboratory rooms and breastfeeding rooms/chairs. WIC Staff will clean the weight scales after each client use.
5. Environmental surfaces in any health department area will be cleaned as needed whenever they are contaminated.

Documentation of Cleaning Frequency:

Staff performing the required cleaning will document their performance by putting their initials on the Cleaning Schedule Log which is located: in each exam room; the laboratory central work station; and the WIC Lab room. The completed forms will be given to the Administrative Supervisor on a monthly basis. Refer to the Appendix for all forms.

Cleaning Schedule for Janitorial Contractor:

1. SCHD contracts with a cleaning company that is responsible for the routine cleaning and maintenance of SCHD and is responsible for supplying and/or using the required disinfection cleaning products.
2. The contractor is responsible for the training of contract staff regarding disinfection and cleaning practices.
3. The contractor is responsible for meeting all disinfecting and cleaning requirement as indicated by the cleaning schedule – refer to the Appendix, Attachment A for the Cleaning Schedule. Routine disinfecting and cleaning includes, but is not limited to:
 - A. Sweep/vacuum floors daily.
 - B. Empty all clinical trash cans twice daily.
 - C. Empty all biohazard receptacles twice daily.
 - D. Empty all other trash cans daily.
 - E. Disinfect/clean patient and public bathroom sinks and toilets twice daily.
 - F. Mop floors daily.

Training for Staff:

1. Each new employee will be trained on how to clean/disinfect equipment and areas related to their job duties during orientation.
2. The appropriate staff will be trained on how to clean any new equipment prior to use.
3. The following personnel are responsible for ensuring staff has been trained on the proper cleaning/disinfecting techniques for the equipment and/or areas related to their job duties:

**Sampson County Health Department
Facility & Equipment Cleaning Policy & Procedures**

- A. EH Staff – EH Supervisor
 - B. Lab Personnel – Lab Manager and/or State NCSPLH Consultant.
 - C. Clinic Staff – Clinic Supervisor
 - D. Outreach Staff – Outreach Supervisor
 - E. WIC Staff – WIC Supervisor or Lab Manager for lab equipment.
 - F. Janitorial Staff – Janitorial Contractor
4. Refer to Appendix, Attachment C.

References:

1. OSHA Blood-borne Pathogen Standard – 29 CFR – 1910.1030
2. CDC MMWR Recommendations and Reports MMWR 52(rr10);1-42; June 6, 2003:
Guidelines for Environmental Infection Control in Health-Care Facilities
3. The Guideline for Disinfection and Sterilization in Healthcare Facilities, May 2019
4. SCHD OSHA Manual
5. SCHD Laboratory Policy & Procedures Manual

APPENDIX

Attachment A: Cleaning Schedule & Logs

Sampson County Health Department Cleaning Schedule

SITE	DAY/TIME	AREAS	RESPONSIBLE STAFF
Exam Rooms-1	Twice Daily & PRN	** !!	Contractor, Clinical
Exam Rooms/WIC-2	After Each Client Use	{}	Clinical, WIC
Labs	Twice Daily & PRN	++	Contractor, Lab, WIC
Lobbies	Twice Daily & PRN	##	Contractor, Any staff prn
Bathrooms	Twice Daily & PRN	^^	Contractor, Any staff prn
Breastfeeding Area	Twice Daily & PRN	<>	Contractor, WIC

Cleaning Schedule Key:

- ** Counters; sinks; chairs; door handles; scales; floors
- { } Earpieces; bell of the stethoscope; otoscope; ophthalmoscope; audiometer ear pieces; speculum light cords; exam beds; WIC scales, infant scales
- ++ Phlebotomy station; equipment; countertops; sinks; stools; lab chairs; door handles; floors; scales in WIC
- ## Floors; chairs; tables
- ^^ Floors; commodes; sinks; counter tops; diaper stations; doors; door handles
- <> WIC breastfeeding area; breastfeeding chairs
- !! Any other areas identified as potentially contaminated or in need of cleaning

Laboratory Surface Decontamination Log - Year: _____

Department: _____ **Room:** _____ **Serial Number:** _____

Instruments: _____ **Disinfectants:** _____

Date	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1												
2												
3												
4												
5												
6												
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25												
26												
27												
28												
29												
30												
31												

Name/Initials: _____ Name/Initials: _____

Sampson County Health Department
 Facility & Equipment Cleaning Policy & Procedures

Bath Room Cleaning Log – Year: _____ Room: _____

DATE	MONTH											
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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30												
31												

Name/Initials: _____ Name/Initials: _____

Sampson County Health Department
 Facility & Equipment Cleaning Policy & Procedures

Exam Room Cleaning Log – Year: _____ Room: _____

DATE	MONTH											
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1												
2												
3												
4												
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6												
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Name/Initials: _____ Name/Initials: _____

Name/Initials: _____ Name/Initials: _____

Name/Initials: _____ Name/Initials: _____

Name/Initials: _____ Name/Initials: _____

**Sampson County Health Department
Facility & Equipment Cleaning Policy & Procedures**

JANITORIAL CHECKLIST

NAME _____ DATE _____

This list is to be completed **daily** and turned in by the end of each week to the agency Administrative Assistant.

Each category of service should be checked off as it is performed. If your answer to any item in a category of service is “NO”, **explain** why the service was not performed in the comments section of this checklist.

Daily Service

- | | |
|------------------|--|
| M T W T F Yes No | Empty all internal and external trash cans. Use plastic liners. (am & pm) |
| M T W T F Yes No | Deposit ALL trash and boxes in dumpsters or other designated container. (pm) |
| M T W T F Yes No | Sweep and wet mop all uncarpeted floors and mats (including entrance areas). (am & pm) |
| M T W T F Yes No | Vacuum Spot clean carpet all carpeted rugs and floors. (pm) |
| M T W T F Yes No | Clean and shine all chrome fixtures, including drinking fountains. (am & pm) |
| M T W T F Yes No | Clean glass surfaces, including entrance area, reception areas and glass partitions. (am & pm) |
| M T W T F Yes No | Dust desk, bookcases, cabinets and other office furniture and clean underneath desk each day. |
| M T W T F Yes No | Report burned out light bulbs and tubes – anything that you think maintenance will need to fix. |
| M T W T F Yes No | Clean all lobby tables and straighten lobby chairs, books, magazines, brochures, etc. |
| | Mop floors daily (pm) |
| M T W T F Yes No | Clean all Conference Rooms (large, WIC, admin) and Break Area tables, bookshelves, countertops, and credenzas. (am & pm) |

Clinic rooms/nurses station/ clinic & WIC laboratory/breakroom

- | | |
|------------------|---|
| M T W T F Yes No | Replenish all paper supplies in each clinic room and other areas (am & pm). |
| M T W T F Yes No | Disinfect all surface areas including the doors, walls, sinks, furniture and floors (am & pm) |
| M T W T F Yes No | Mop floors (pm) and disinfect all surface areas including walls etc.(am & pm) |
| M T W T F Yes No | Remove trash (am & pm) |

Restrooms

- | | |
|------------------|--|
| M T W T F Yes No | a. Replenish all restroom supplies in sufficient quantities to last all day. (am & /pm) |
| M T W T F Yes No | b. Clean floors by using a wet mop with disinfectant cleaner or soap and water. (as needed and pm) |
| M T W T F Yes No | c. Wash and sanitize toilet seats and urinals. (am & pm) |
| M T W T F Yes No | d. Clean sinks. (am & pm) |
| M T W T F Yes No | e. Empty all bathroom trash. (am & pm) |
| M T W T F Yes No | f. Use disinfectant on all traps, drains, toilets, and urinals. (am & pm) |
| M T W T F Yes No | g. Wipe down bathroom stalls (as needed & pm) |

BI-WEEKLY SERVICE:

- | | |
|------------------|--|
| M T W T F Yes No | Spray buff all tile, and terrazzo floors (or more frequently as needed to keep clean and shiny). |
| M T W T F Yes No | Clean & mop elevator floors (pm) and clean elevator walls, center stair, and exit stairwells (am & pm) |

MONTHLY SERVICE:

- | | |
|------------------|--|
| M T W T F Yes No | Defrost and clean the refrigerator and the microwaves in the breakroom & admin area. |
| M T W T F Yes No | Clean Venetian blinds. |
| M T W T F Yes No | Clean all air grills, diffusers, and fans. |

SEMI-ANNUALLY:

- | | |
|------------------|---|
| M T W T F Yes No | Strip, re-wax, and buff all tile and linoleum floors (more often if necessary). |
| M T W T F Yes No | Shampoo or steam-clean all carpet (more often if necessary). |
| M T W T F Yes No | Wash and dry all glass windows and doors, inside and outside (September and March). |
| M T W T F Yes No | Clean all light lens, globes, any light fixtures and diffusers. |

COMMENTS:

Revised: 05/2020

Attachment B: Autoclave Guidance

OSHA Guidance for Autoclaves:

There is no specific OSHA standard on the autoclaving of instruments. We would note that the Centers for Disease Control and Prevention (CDC) have developed guidelines and recommendations on the use and monitoring of sterilization equipment in dental & healthcare settings.

CDC Autoclave Guidance:

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

How is the sterilization process monitored?

Sterilization procedures should be monitored using biological, mechanical, and chemical indicators. Biological indicators, or spore tests, are the most accepted means of monitoring sterilization because they assess the sterilization process directly by killing known highly resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species). However, because spore tests are only done weekly and the results are usually not obtained immediately, mechanical and chemical monitoring should also be done.

Mechanical and chemical indicators do not guarantee sterilization; however, they help detect procedural errors (e.g., overloaded sterilizer, incorrect packaging) and equipment malfunctions. Mechanical and chemical monitoring should be done for every sterilizer load.

Mechanical monitoring involves checking the sterilizer gauges, computer displays, or printouts, and documenting in your sterilization records that pressure, temperature, and exposure time have reached the levels recommended by the sterilizer manufacturer. Since these parameters can be observed during the sterilization cycle, this might be the first indication of a problem.

Chemical monitoring uses sensitive chemicals that change color when exposed to high temperatures or combinations of time and temperature. Examples include chemical indicator tapes, strips, or tabs and special markings on packaging materials. Chemical indicator results are obtained immediately following the sterilization cycle and therefore can provide more timely information about the sterilization cycle than a spore test.

A chemical indicator should be used inside every package to verify that the sterilizing agent has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external indicator should also be used. Chemical indicators help to differentiate between processed and unprocessed items, eliminating the possibility of using instruments that have not been sterilized.

Do not use instrument packages if mechanical or chemical indicators indicate inadequate processing. Chemical indicators should be inspected immediately when removing packages from the sterilizer; if the appropriate color change did not occur, do not use the instruments.

How often should biological monitoring (spore testing) be done?

EQUIPMENT & CLEANING TRAINING LOG – DEPARTMENT:

A spore test should be used on each sterilizer at least weekly. Users should follow the manufacturer's directions for how to place the biological indicator in the sterilizer. A spore test should also be used for every load with an implantable device. Ideally, implantable items should not be used until they test negative.

What are the next steps if a spore test result is positive?

If the mechanical (e.g., time, temperature, pressure) and chemical (internal or external) indicators suggest that the sterilizer is functioning properly, a single positive spore test result probably does not indicate sterilizer malfunction. Items other than implantable items do not necessarily need to be recalled. However, the sterilizer should be removed from service and sterilization operating procedures reviewed to determine whether operator error could be responsible. Sterilizer operators should repeat the spore test immediately using the same cycle that produced the positive spore test.

If the result of the repeat spore test is negative and operating procedures were correct, then the sterilizer can be returned to service. If the repeat spore test result is positive, do not use the sterilizer until it has been inspected or repaired and rechallenged with spore tests in three consecutive fully loaded chamber sterilization cycles. When possible, items from suspect loads dating back to the last negative spore test should be recalled, rewrapped, and resterilized. Results of biological monitoring and sterilization monitoring reports should be documented.

See [Table 12](#) of the *Guideline for Disinfection and Sterilization in Healthcare Facilities, May 2019* for the suggested protocol to manage a positive biological indicator in a steam sterilizer. <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>

What type of information should be included in my sterilization records?

For each sterilization cycle, record the type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator's name or initials; and the results of mechanical, chemical, and biological monitoring.

How long should sterilization monitoring records be maintained?

Records of sterilization monitoring (mechanical, chemical, and biological) should be maintained long enough to comply with state and local regulations. The Centers for Disease Control and Prevention (CDC) does not maintain information on time limits for every state but provides an example of 3 years in its sterilization guidelines, which is the time frame used by the Joint Commission inspection agency.

Attachment C: Training Log

Sampson County Health Department
Facility & Equipment Cleaning Policy & Procedures

Date	Department	Employee Name	Trained By:

**SAMPSON COUNTY HEALTH DEPARTMENT
Media Policy & Procedures**

Manual: SCHD Administrative Manual	Applicable Signatures/Title:
Title: Media Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: Kelly Parrish, RN
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Board of Commissioners Chair: Clark Wooten
Distributed to: All Personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

To provide guidelines for personnel that receive requests for information from or who may provide information to: the public; media in any form; elected officials; government agencies and/or staff; community organizations; the medical community; or any other source requesting or receiving information. The guidelines will ensure that all correspondence is accurate and relevant information is provided and/or released in a timely manner.

Policy:

The Sampson County Department recognizes the importance of frequent contact with the media, the public, government officials/agencies and other organizations to provide accurate correspondence and complete public health information while at the same time protecting the rights and privacy of individuals and staff. It is the policy of the Sampson County Health Department to respond to requested information as quickly and as accurately as possible while ensuring the right and confidentiality of individuals, staff and any related health or other information.

Definitions:

Blast Fax: Written or visual communication sent specifically to pre-designated fax numbers.

E-Mail: Written or visual communication sent specifically to one or more pre-designated e-mail address or groups of addresses.

Information: the communication or receipt of knowledge; for the purposes of this policy, it is any health department-related information that may be received by health department personnel or provided to non-health department personnel.

Mass Media Communication: Verbal, electronic or written forms of communication that are mass produced or distributed such as newspapers, social media sites, cable or radio (communications can be in the form of public service announcements, radio and television commercials, news releases, personal interviews, emails, social media postings, etc.)

Media: Reporters/journalists, camera operators and/or other staff from television, radio, newspaper, social media and any other types of media outlets.

Media Contact Checklist: A form used for collecting information from a reporter in order to prepare for an interview or for information dissemination.

Media Release: Media releases through any outlet that provides health information and guidance on what to do with that information as it may relate to individuals, groups or community health.

Newsletters: Written communication distributed to a designated group or audience.

Personnel/Workforce: The words personnel/workforce is used in this policy to refer to the SCHD workforce, includes paid employees (including contract personnel), volunteers, trainees, students and other persons whose actions in the performance of work for SCHD are under direct control of SCHD, whether or not they are paid by SCHD.

Printed Media Materials: any printed material that is used in any SCHD setting that will be presented to SCHD clients and community; this includes brochures, pamphlets, leaflets, fliers, instruction sheets or any other form of printed material.

Public Health Emergency or Threat: Anything that compromises the health and well-being of the residents of Sampson County.

Public Information Officer (PIO): The person designated by a facility to be the official spokesperson for that facility. The County PIO is the Assistant County Manager. The SCHD PIOs are the Health Educator, Health Director and the Nursing Director.

Public Record: Public records include both paper and electronic documents, emails, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material, regardless of physical form or characteristics made or received in connection with the public business of a government agency. Drafts received by a government agency in the course of doing public business become public property and are considered public records. Any person has the right to inspect, examine and get copies of public records.

Routine Public Health Information: Information that is considered to be readily accessible as public record, for example; restaurant inspections, minutes of public meetings, health statistics, educational literature, etc.

Social Media Posting: Written or visual communication that is posted to any form of social media to include, but not limited to: websites; Twitter accounts; Facebook; Instagram; or any other type of social media.

Responsible Persons:

All SCHD Personnel

Applicable Laws, Rules & Guidelines:

North Carolina General Statute 132; Public Records.
N.C.G.S. 153A-98; Personnel Records.
North Carolina General Statute 122; Patient Privacy and HIPAA
North Carolina General Statute 143; Patient Confidentiality.
Health Insurance Portability & Accountability Act of 1996-HIPAA.
Civil Rights Act of 1964 - Title VI.

Procedures:

General Rules:

1. Public Record:
 - A. All forms of written communication, regardless of format, are public record.
 - B. To ensure accuracy of any form of communication, all personnel will follow the guidelines of this policy.
 - C. The employee will discuss any questions or concerns with the Health Director prior to issuing or responding to any form of communication.
 - D. This includes all emails, social media and websites. which are considered a form of public record government communication when issued from a government-owned computer.
2. Requests for all forms of media information or for any information to be provided to non-health department personnel will be forwarded to the Health Director or Nursing Director for review and approval prior to providing the information.
3. Response to requests for information by the media will be provided within 24 hours or less.
4. Response to requests for information by all others will be provided within 48 hours or less.
5. The Health Educator, under the supervision of the Health Director, is the SCHD PIO. In the absence of the Health Director, the PIO operates under the supervision of the Nursing Director.

6. The Health Director, Nursing Director and Health Educator, who are the SCHD personnel authorized to speak with reporters or others that request information, will utilize these guidelines to assist with responding to information requests.
7. Reporters are not allowed in any areas of SCHD except the main lobby unless accompanied by the Health Educator, Health Director, Nursing Director or other management personnel. Front desk personnel will call or page administration personnel to inform them of the presence of the media.
8. If the media contacts personnel, personnel is to refer the media to the Health Director. In the absence of the Health Director, personnel is to refer the media to the Nursing Director. **DO NOT** ignore the media's call.
9. The Health Educator, Health Director and the Nursing Director will change their voice mail messages if they will be out of the office due to the fact that media will leave messages on voice mail. A voice mail message informs the media of the person's absence so they will not be expecting a return call.
10. If personnel has any questions or require advice regarding the media or any other requests for information, personnel will discuss them with the Health Director or Nursing Director.

Media Response:

Personnel authorized to speak to the media will respond using the following guidelines:

1. Make sure media phone calls are returned promptly.
2. Prepare for the interview – review facts/information.
3. Avoid bureaucratic language, jargon and acronyms; explain in layman's terms.
4. Explain complex programs in simple, human terms.
5. Give facts, not opinions or speculation.
6. Don't comment about things outside of your area of expertise.
7. Stay on the record.
8. Never say "no comment." If you can't answer a question, tell the reporter why.
9. Never be condescending.
10. Be patient.
11. Never be argumentative, confrontational or lose your temper.

Inquiries Regarding Policy, Budget, Legislative Issues, Personnel Issues or Controversial Topics:

1. Refer budget questions to the Health Director's office.
2. Refer questions about division/department policy to either the Health Director or Nursing Director.
3. Refer questions about legislative issues to the Health Director's office.
4. Refer questions about legal issues to the Health Director's office.
5. Refer questions about personnel matters to the Health Director.

Request for Health Data and/or Other Information:

1. Health data and information is available in written form and on local, state and federal websites. Any requests from the public are to be referred to the Health Educator, who will be responsible for assisting in locating requested health data.
2. This includes in-house information and data, such as the Community Health Assessment, the State of the County Health Report (SOTCH), Communicable Disease Annual Report and any other program data or reports that are available.
3. A list of websites that provide health data and information will be provided upon request. These include, but are not limited to: CDC, American Diabetes Association, Healthy Carolinians, East Smart-Move More, American Cancer Society, North Carolina State Center for Health Statistics and American Heart Association.
4. All requests must be acknowledged within 48 hours.
5. Personnel that are contacted via email or phone by government personnel, program consultants or other official agencies for responses to program needs will forward the information to the Department Supervisor who will review the request and provide guidance to the employee.

Release of Information:

All releases of information must follow North Carolina General Statute 132 and SCHD HIPAA policies. Information dissemination must also be culturally and linguistically appropriate and accessible to special populations when suitable (based on Title VI of the Civil Rights Act). Examples of potentially newsworthy events that may be used for release of information may includes:

1. Updates on health status of county.
2. Current health data and trends.
3. Community events or special projects/campaigns.
4. Department/staff honors and awards.
5. New services/staff/Board of Health members.
6. Environmental/policy changes.
7. Volunteer opportunities.
8. Educational information of specific health topics.
9. Special clinic services (i.e. flu clinics, etc.)

Dissemination of Health Department Information:

1. Certain SCHD documents and information are disseminated to the public in a variety of ways. These may include, but are not limited to:
 - A. Notice of Board of Health Meetings
 - B. Notice of Special Called Public Health Meetings, such as Dangerous Dog Hearings
 - C. SCHD Annual Report
 - D. SCHD State of the County Health Report
 - E. Sampson County Community Health Assessment

- F. SCHD Resource Directory
 - G. Survey Results
 - H. Any other information as requested by the Health Director or designee.
2. Information may be disseminated in a variety of ways that may include, but not be limited to:
- A. Newspaper briefs/articles
 - B. Paper copies placed in the SCHD Lobby and in other agencies in areas that are accessed by the public
 - C. Cable channel postings
 - D. Sampson County website, Healthy Carolinians website, BCCCP website or other agencies' websites based on the information
 - E. SCHD FaceBook page and other Social Media sites
 - F. Paid advertisements
 - G. Notification/brochure posted in the Main Lobby informing the public of how to obtain a copy of documents.
 - H. By any other venue as requested by the Health Director or designee.

News Releases:

All news releases must be prepared under the direction of and approved by the Health Director or the Nursing Director if the Health Director is absent.

Articles for Publications:

The Health Director or designee must approve all articles for professional publication before being submitted.

Social Media Postings:

Postings for the Sampson County Health Department will be submitted to the Health Educator. The Health Educator will be responsible for submitting final drafts to the Health Director for final approval to ensure the contents meet all applicable agency policies and procedures. Health Department information will be posted on the social media sites, such as Sampson County website, the Healthy Carolinians website and the Health Department FaceBook page. Sites will link to each other if applicable.

Urgent/Emergency News Information:

Information of Public Health urgent and/or emergency situations and public health alerts occurring during and after hours will be disseminated via phone, email or fax transmission to the Emergency Management staff, 911 Center, Medical Professionals, Veterinarians, Pharmacists, Sampson Regional Medical Center Infection Control and

Emergency Department. Reference the Sampson County Health Department After Hours Policy for detailed instructions.

NCHAN/NCSLPH:

1. North Carolina Health Alert Network (NC HAN) is used to communicate epidemiological and emergency information between health departments and state authorities – see SCHD HAN Policy & Procedures.
2. Information provided by the North Carolina State Laboratory of Public Health (NCSLPH) will be used when deemed applicable by the Health Director and/or the Nursing Director.

Public Records:

1. Based upon NC General Statute 132.6, every person having custody of public records shall permit them to be inspected and examined at reasonable times and under supervision. Reasonable times are defined as the regular business hours of the Health Department and at the convenience of the custodian. The custodian is defined as the public official in charge of an office having public records. Public records are those as defined in NC General Statute 132.1 associated with the transaction of public business.
2. The following information contained in personnel records of county employees are considered public record: name, age, date of original employment or appointment to the county service, current position title, current salary, date of the most recent increase or decrease in salary, date of the most recent promotion, demotion, transfer, suspension, separation or other change in position classification and the office to which the employee is currently assigned.
NOTE: All information contained in a county employee's personnel file, except as noted above, is confidential and shall be open to inspection only in the instances noted in NC General Statute 153A-98.
3. A fee will be charged for copies of records.

Confidentiality:

1. Patient/client consent is required for photography, filming or interviewing by the media.
2. Consent MUST be signed prior to the client participating with the media.
3. All patient/client information is confidential and cannot be released to the media without signed consent from the patient/client.

References:

North Carolina General Statutes 132; 153; 122; & 143

Health Insurance Portability & Accountability Act of 1996-HIPAA.

Title X of the Public Health Service Act of 1944.

SCHD Civil Rights/Title VI Policy

SCHD Confidentiality Policy

SCHD After Hours Policy

SCHD SNS Risk Communication Plan

SCHD HIPAA Policy

SCHD HAN Policy

SCHD Community Health Assessment Policy

Sampson County Health Department

Orientation Policy & Procedures

**SAMPSON COUNTY HEALTH DEPARTMENT
Orientation Policy & Procedures**

Manual: SCHD Administrative Manual	Applicable Signatures/Title:
Title: Orientation P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: Kelly Parrish, RN
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Board of Health Chair: Clark Wooten
Distributed to: All Personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

To identify ways to recruit diverse, qualified employees and train them for high productivity.

Policy:

Providing quality services requires a quality workforce; therefore, the Sampson County Health Department seeks to orient staff to ensure understanding of health department policies and guidelines, department policies and program policies and guidelines. This policy shall assure Health Department compliance with county and state laws and regulations as well as the recruitment and orientation of highly qualified staff, which will enhance the provision of quality services to clients.

As a public health agency mandated to comply with relevant public health laws, the Sampson County Health Department shall orient new employees by identifying educational needs and/or training. By identifying criteria for selection of individuals for training, the agency is assured staff are adequately trained and credentialed for their positions.

Responsible Persons:

Department Supervisors
Program Supervisors/Coordinators
New Employees
Assigned Mentors & Preceptors
Health Department Staff

Procedures:

Initial Orientation:

1. The County Administration office shall provide information on all fringe benefits

- provided by the County or made available through the County during the employee's first week of employment.
2. The Department Supervisor will prepare an Orientation Packet for each new employee, which will include a schedule for the introduction to all agency services during the first weeks of employment.
 3. The Department Supervisor shall evaluate skills of the new employee and plan an orientation to meet needs relative to the specific position. The length of time for the orientation will be based on the requirements for the position and the needs of each new employee.
 4. Each employee and/or respective supervisor shall identify training needs based on job requirements and agency goals and objectives.
 5. Each new employee will receive his/her job description, the Orientation Packet and an Orientation Schedule on the first day of employment. The employee must complete the Orientation Packet by the date given by the Department Supervisor and by no later than the end of the third month of hire unless the period is extended by permission of the Health Director; the extension will apply primarily to Environmental Health personnel
 6. Each Department Supervisor and/or Program Supervisor/Coordinator will be responsible for providing training to all new employees regarding his/her respective program and responsibilities as they relate to the new employee.

Job Description:

1. Each employee will receive a copy of his/her job description on the first day of hire.
2. The Department Supervisor will review the job description with the employee to ensure understanding of job expectations.
3. The job description will provide both specific and general job expectation information.
4. The Department Supervisor will expressly discuss the statement "any other duties assigned by a supervisor" to ensure the employee understands that his/her immediate supervisor, department supervisor and/or Health Director may assign the employee additional duties. The duties may be temporary or permanent. If the duties will be permanent, they will be added to the job description by the Department Supervisor.

Policies, Procedures, Organizational Chart and Chain of Command:

1. Each new employee will read all policies and procedures related to his/her department within thirty days of hire. A Reading List Signature Sheet will be provided on the first day of orientation by the Department Supervisor.
2. The employee will review each policy/procedure and seek guidance from the Department Supervisor as needed to ensure understanding, then sign the Reading List Signature Sheet. The employee is responsible for following all policies and procedures once he/she signs the Reading List Signature Sheet.
3. Each new employee will receive the Organizational Chart on the first day of hire. Review with the employee will include:
 - A. Each department.
 - B. The Department Supervisor.

- C. The order of ranking for each staff member of a department.
4. Chain of Command: The Organizational Chart serves as the chain of command for all health department employees:
- A. The chain of command is to be followed by the employee at all times.
 - B. The employee must meet with his/her immediate supervisor for any questions related to job duties, any actions the employee may perform outside his/her specified scope of duties and any concerns the employee may have.
 - C. The employee must seek approval from his/her supervisor:
 - 1. Before changing any policies and/or procedures related to his/her job duties.
 - 2. Before performing any actions outside of his/her specified scope of duties stated in his/her job description.
 - D. The Organizational Chart begins at the bottom and ascends up to the next person in command until the top of the chain of command is reached for that department.
 - E. Each employee must follow the chain of command for any duties, responsibilities, issues or concerns beginning with the person listed immediately above him/her who is considered his/her immediate supervisor.
 - F. The employee must follow each person up the chain of command up to the Health Director to address any duty concerns, responsibility concerns or any other issues that the employee feels has not been addressed.

Precepting/Mentoring/Evaluating During Probationary Period:

- 1. Each employee must serve a minimum 6-month probationary period.
- 2. Each new employee will be assigned an experienced preceptor/ mentor for the 6-month probationary period.
- 3. During the probationary period, the preceptor/mentor will be responsible for mentoring and assisting with evaluating the employee
- 4. During the probationary period, new employee review by the preceptor/mentor will consist of:
 - A. Weekly performance review and goal setting using the New Staff Orientation Part 1 Form for the first 90 (3 months) days until the 3-month performance appraisal is completed and reviewed with the employee by the supervisor
 - B. Once the 3-month performance appraisal has been completed, the monthly New Staff Orientation Part 2 Form will be used for the next 90 (3 months) days until the 6 month is completed and reviewed with the employee by the supervisor.
- 5. The employee's supervisor will use the information from the forms when preparing the employee's 3 month and 6-month performance appraisals.

6. The employee will be given a self-appraisal form to complete prior to the 3 month and 6-month performance appraisals. The information from the forms will be used to address any needs/goals identified by the employee to complete the performance appraisal.

Orientation Process & Completion:

1. Each new employee will be assigned an experienced preceptor/ mentor for the minimum orientation period. The Department Supervisor may extend the time based on program needs, progress of the employee or any factors that may require further mentoring – see #12 below.
2. Each department supervisor/program coordinator/mentor/preceptor will prepare his/her presentation specific to his/her program/function which will address public health laws, rules, state guidelines and local policies and procedures as they pertain to their respective program(s).
3. Each new employee shall be responsible for attending the overviews at the scheduled date and time indicated on the Orientation Schedule. If the employee's schedule is interrupted for any reason, the employee is to notify the Department Supervisor of the missed overview in order to allow the Supervisor to make other arrangements to ensure the appropriate orientation is provided.
4. Each department supervisor/program coordinator/mentor/preceptor will place priority on being available for his/her respective overview appointment.
5. In the event it is necessary for a preceptor to be absent, it will be the preceptor's responsibility to reschedule the orientation appointment.
6. During each presentation, each employee shall be given an opportunity to ask questions to ensure the employee understands each program and how it relates to agency responsibilities and goals.
7. Each program/department coordinator will initial each line as the new employee completes the item. If the item is not applicable to the new employee, "N/A" will be placed in the line. Once all items have been initialed, the program/department coordinator will sign and date his/her section of the new employee's Orientation Guide to verify employee's completion of the section.
8. It will be the new employee's responsibility to ensure all tasks have been completed, all items have been initialed and the section has been signed and dated by the end of the probationary period or three months of hire, whichever is sooner. If the new employee is unable to meet the deadline, he/she will notify the Department Supervisor of the situation by no later than two weeks before the end of the probationary period.
9. The new employee must complete the Orientation Guide by the end of the 90-day orientation period or earlier as determined by the Department Supervisor.
10. Once the new employee attends all overviews, he/she will submit the Orientation Guide to the Department Supervisor for review. Once the Department Supervisor verifies the guide is complete, the new employee will provide the Orientation Guide to the Management Support Supervisor for filing in his/her respective personnel folder.
11. It will be the new employee's responsibility to ensure understanding of all policies, procedures, job duties, roles and responsibilities and to understand he/she is accountable

- for following all regulations, rules, guidelines, policies and procedures. If the employee has any questions, he/she will direct them to his/her supervisor.
12. It will be each Department Supervisor's responsibility to review the new employee's progress to determine if the orientation time period is adequate or needs to be extended. The Department Supervisor will review with the Health Director to determine the amount of time the period is to be extended.
 13. Environmental Health (EH) probationary and training needs are based on trainings provided by the North Carolina Environmental Health Branch. A new EH employee's probationary period and trainings will be based on the timing and completion of these trainings.
 14. Title X Orientation and Documentation:
 - A. Title X trainings must be completed within thirty (30) days of hire and the information documented on both the Title X and SCHD Employee Training Log for all new clinical employees (WIC and Environmental Health employees are exempt). The employee will submit copies of the certificates to the Administrative Support Supervisor to be filed in the employee's personnel folder.
 - B. All new clinical employees must complete the Title X Orientation Checklist within 30 days of hire. The Department Supervisor or designee will be responsible for ensuring completion of the checklist.
 - C. All employees with the exception of Environmental Health staff will also complete Mandatory Reporting of Child Abuse/Neglect and Human Trafficking annually and will submit certificates copies to the Administrative Supervisor to be filed in the employee's personnel folder.
 - D. All employees will sign the training rosters and the rosters will be added to the Inservice Log in the Administrative Assistant's Office.
 - E. The Family Planning Coordinator will provide annual Title X updates as needed and the training rosters will be added to the Inservice Log in the Administrative Assistant's Office.
 15. OSHA Training:
 - A. All new employees are required to complete OSHA Bloodborne Pathogens training within ten (10) days of hire.
 - B. The Department Supervisor will contact the Nursing Director to make arrangements for the training to meet the ten (10) day requirement and will include the date and time on the employee's Orientation Schedule.

Required Trainings for New Employees:

Certain trainings are required within a specific timeframe. Other trainings are required within the probationary period. These include:

1. OSHA/Bloodborne Pathogens/Needlestick Safety (within 10 days of hire)
2. Title X Trainings: Title X, Child Abuse Reporting, Human Trafficking (within 30 days of hire & annually – Environmental Health & WIC are exempt).

3. Title X Orientation Checklist (within 30 days of hire – EH & WIC are exempt)
4. ICS/IS (within 30 days of hire; position determines which trainings are required)
5. Pharmacy Training for Nurses: required prior to dispensing
6. HIPAA/Confidentiality, Information Security, Personnel Resolution Manual, Customer Service (within 30 days of hire)
7. County Personnel Resolution/Non-discrimination Policies
8. CureMD Training (prior to providing medical records services)
9. Communicable Disease Law Training, Title VI/Cultural Sensitivity & Public Health Law (within 30 days of hire)
10. Time Sheet Training (within 10 days of hire)
11. Coding and Billing for Fiscal and Nursing staff (within 10 days of hire)
12. Immunization Training for Nursing Staff (prior to providing immunizations and within 14 days of hire)
13. NCIPH “Introduction to Public Health in North Carolina” webinar series for all staff with the exception of non-BSN/MSN Public Health Nurses. Non-BSN/MSN nurses are required to attend the “Introduction to Principles & Practices of Public Health Nursing Course,” which includes the “Introduction to Public Health in North Carolina” in its curriculum. The website for the training is:

https://nciph.sph.unc.edu/tws/training_list/?mode=view_series&subcat_id=541&subcat_title=Introduction+to+Public+Health+in+North+Carolina

APPENDIX

Attachment 1: New Employee Orientation Guide:

NAME: _____

SAMPSON COUNTY HEALTH DEPARTMENT

ORIENTATION

PACKET

For

NEW EMPLOYEES

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INTRODUCTION

This orientation package is designed to assist new employees with becoming familiar with the functions of the Sampson County Health Department. New employees are encouraged to ask questions to ensure their understanding of how the public health process works and how the individual programs are inter-related and work together to provide services to the citizens of Sampson County.

INSTRUCTIONS

1. The Department Supervisor will review the orientation package and orientation schedule with the new employee and give a brief explanation of each program or service.
2. The package and orientation schedule will be given to the employee who will follow a schedule for orientation for each program or service.
3. Each program has a checklist that is specific to that program.
4. Each section of the checklist will be initialed as it is completed.
5. When the department supervisor and/or program preceptor feels the person has satisfactorily completed the checklist, the department supervisor/preceptor will sign and date the bottom of the form.
6. Some sections of the checklist may not apply to a new employee. For example, a person working in administration would not read nursing policy books or give injections. For those instances, that area of the checklist would be marked "N/A."
7. The orientation package is to be completed within 90 days of hire, then given to the Administrative Assistant for filing in the employee's personnel file.
8. The Part 2 Orientation Training Packet completion will depend on the job position and will be indicated in the packet.

NEW EMPLOYEE GENERAL REQUIREMENTS

Each department supervisor/program coordinator/mentor/preceptor is to initial all lines, sign and date when checklist is complete. N/A is used when not applicable to the employee.

NAME: _____

Orientation Task for New Employee	Approval Initials
Complete time sheet correctly	
Become acquainted with all of the program units in the Health Department, to include WIC, Environmental Health, Outreach, etc.	
Complete OSHA inservice.	
Proof of Tetanus/MMR Vaccines or given. Tetanus: Date _____ MMR: _____	
Proof of TB Skin Test or PPD given. Date: _____	
Proof of 3 Hepatitis B Vaccines or three given 1. Date: _____ 2. Date: _____ 3. Date: _____	
Provide CPR certification/complete CPR course	
Confidentiality Agreement signed	
Visit other county agencies and become familiar with their services as applicable	
Attend inservice on HIPPA, Information Security, Customer Service and County Personnel Resolution.	
Title X Orientation Packet (EH & WIC exempt)	
_____	_____
Department Supervisor's Signature	Date Completed

ADMINISTRATION/HEALTH DIRECTOR

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the administrative responsibilities, services, set-up and functions.	
Become familiar with the supervisory role of each department head, title and function.	
Know the location of information and materials, including policy and procedure manuals. See the required Policy Reading List.	
Meet with the Health Director for an overview of the Sampson County Health Department.	
_____	_____
Health Director Signature	Date

ADMINISTRATIVE SUPPORT

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the administrative support responsibilities, services, set-up and functions	
Know the location of information and materials including Sampson County Human Resources Employee Portal Link	
Become familiar with the role and functions of the Administrative Support office and personnel	
Become familiar with Time Sheet documentation	
Become familiar with the process for courier/incoming/outgoing mail	
_____	_____
Administrative Assistant Signature	Date

APPOINTMENTS/VITAL RECORDS

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the client appointment system functions and services.	
Meet appointment system personnel and become familiar with their roles and responsibilities	
Know the location of information and materials, including policy and procedure manuals.	
Become familiar with how the appointment system works and the process of scheduling appointments. (EH Staff Exempt)	
Become familiar with the roles and functions of the Vital Records responsibilities and services.	
_____ Administrative Assistant Signature	_____ Date
_____ Appointments Preceptor Signature	_____ Date
_____ Vital Records Signature	_____ Date

**CLINIC PROGRAMS
(EH, Management Support/Fiscal/WIC)**

NAME: _____	
Orientation Task for New Employee	Approval Initials
Adult Health	
Breast and Cervical Cancer Control Program/WiseWoman	
Child Health	
Care Coordination for Children-Outreach	
Communicable Disease	
Diabetes Self –Management	
Family Planning	
Immunization	
Laboratory	
Maternal Health	
PPNBHV	
Pregnancy Care Management-Outreach	
STD/HIV	
Tuberculosis	
One WIC Clinic Observation	
_____	_____
Nursing Director Signature	Date
_____	_____
WIC Nutritionist Signature	Date
_____	_____
Clinic Preceptor Signature	Date
_____	_____

ELECTRONIC RECORDS

(Detailed training will be ensured by the Department Supervisor based on the duties of the employee. The requirements below are based on the employee’s job duties and not all will apply. Place an “N/A” in the line for those that do not apply.)

Orientation Task for New Employee	Approval Initials
Clinic - Cure MD EHR:	
Introduction and understanding of the CureMD EHR system and processes.	
Understand guidelines for proper chart order, forms and documentation	
Create a EHR record for a client.	
Create a Note in EHR.	
Understand & use SOAP format in EHR Note.	
Enter/update/review demographic client information in EHR.	
Enter client financial data in EHR	
Add forms to a Client Note in EHR.	
Understand & demonstrate scanning of documents in EHR	
Demonstrate ability to perform job duties in EHR X 3.	
Understand, locate client & demonstrate data entry in NCIR.	
WIC Crossroads Electronic Record (ER)	
Introduction and understanding of the Crossroads ER.	
Create a ER record for a client.	
Create a Note in ER.	
Enter/update/review demographic client information in ER.	
Demonstrate ability to perform job duties in ER X 3.	
Environmental Health Electronic Records (ER)	
Introduction and understanding of the BETS, Citizen Serve & SharePoints ER	
Enter data/forms into ER	
Retrieve data/forms from ER	
Enter/update/review demographic customer information in ER.	
Signature Lines	
_____	_____
Department Supervisor Signature	Date
_____	_____
Electronic Record Preceptor Signature	Date

ENVIRONMENTAL HEALTH PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Environmental Health responsibilities and services, including clientele characteristics, eligibility, types of services available	
Meet Environmental Health personnel and become familiar with various roles.	
Know the location of information and materials, including policy and procedure manuals. See the required Policy Reading List. (EH Staff only)	
Become familiar with program's coordination with other agencies and programs, such as planning and zoning board, public works, etc.	
Become familiar with and receive training regarding BETS. (EH staff only)	
Become familiar with and receive training regarding CitizenServe. (EH staff only)	
_____ Environmental Health Supervisor Signature	_____ Date

FISCAL

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Fiscal program responsibilities and services, set-up and functions	
Become familiar with the Fiscal Department Supervisor and personnel	
Know the location of information and materials, including policy and procedure manual. See the required Policy Reading List.	
Become familiar with the program's coordination with other programs	
Become familiar with and observe Intake/Eligibility Staff and functions. (EH Staff Exempt)	
Become familiar with how to complete monthly travel sheet, allowable travel and travel request documentation requirements.	
Become familiar with requisition/purchase order process	
Become familiar with check requests process.	
_____ Fiscal Supervisor Signature	_____ Date

**MEDICAL RECORDS
(EH Staff Exempt 3 through 5)**

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Medical Records Program services and responsibilities.	
Become familiar with the Medical Records supervisor and staff's various roles.	
Know the location of information and materials, including policies and procedure manual. See the required Policy Reading List.	
Become familiar with the program's coordination with other agency programs.	
Observe client flow process from Front Desk through Intake/Eligibility and to the clinical area.	
Become familiar with client record and paper chart forms used for backup.	
Complete the required Electronic Records tasks.	
_____	_____
Medical Records Supervisor Signature	Date

PUBLIC HEALTH PREPAREDNESS & RESPONSE (PHPR)

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with responsibilities and services of the PHPR.	
Become familiar with the responsibilities of the PHPR Coordinator	
Become familiar with the location of the PHPR Policy and Procedure Manuals and other reference information and materials. See the required Policy Reading List.	
Complete ICS Training as related to position. Refer to Staff Qualifications PP.	
ICS/IS 100	
ICS/IS 200	
ICS/IS 700	
ICS/IS 800	
ICS/IS 300	
ICS/IS 400	
_____	_____
Health Education Signature	Date
_____	_____
Preparedness Coordinator Signature	Date

WOMAN, INFANTS & CHILDREN NUTRITION PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the WIC Nutrition Program Clinic duties and responsibilities	
Become familiar with Department Supervisor, personnel and various roles	
Know the location of information and materials, including policy and procedure manuals. See the required Policy Reading List.	
Become familiar with the WIC program's coordination with other agency programs/clinics, such as lab, appointments, etc. (EH staff exempt)	
Observe client flow. (EH staff exempt):	
Observe WIC personnel screening client X 2 (EH staff exempt):	
Become familiar with Crossroads data entry and Crossroads eWic (EH staff exempt):	
_____	_____
WIC Supervisor Signature	Date

Attachment A – Reading List:

NAME: _____								
Policy	Staff Required Reading						Date Read	Initials
	A	C/O	E	F	MS	W		
	A= All read C/O=Clinical/Outreach EH-Environmental F= Fiscal MS= Management Support W=WIC							
Administrative	X							
Adult Health		X						
All Hazards Plan/Annex (COOP, Epi Response, Risk Communication, PanFlu, SNS, Tactical Communication)	X							
BCCCP		X		X	X			
BCCCP Standing Orders		X						
Care Management For At-Risk Children (CMARC)		X						
Child Health	X							
Child Health Standing Orders								
Communicable Disease/Annex (Epi Team, Hepatitis B/C, Rabies, VPD)	X							
Community Health Assessment	X							
CPR	X							
Depression		X						
Diabetes		X		X	X			
Electronic Records & Imaging		X		X	X	X		
Environmental Health			X					
Family Planning		X						
Family Planning Standing Orders		X						
Fiscal Services	X							
Immunizations	X							
Immunizations Standing Orders		X						
Information Security	X							
Laboratory	X							
Local Health Department Health Services Analysis	X							
Maternal Health		X				X		
Maternal Health Standing Orders		X						
Medical Emergency Protocols	X							
Electronic Health Records	X							
Naloxone	X							
Naloxone Standing Orders		X						
OSHA (Infection Control)	X							

NAME: _____

Policy	Staff Exemptions							Date Read	Initials
	A	C/O	E	F	MS	W			
Pharmacy		X							
Pregnancy Testing & Counseling		X							
Pregnancy Testing & Counseling SOs		X							
Care Management for High-Risk Pregnancies (CMHRP)		X							
Quality Improvement	X								
Sampson County Public Health Mass Care Services Disaster Shelter Plan	X								
Sampson County Public Health Mass Care Services Disaster Shelter Plan Standing Orders		X							
Sexually Transmitted Disease		X							
Sexually Transmitted Disease SOs		X							
Standing Orders		X							
Tuberculosis	X								
Tuberculosis Standing Orders		X							
Vital Records					X				
WIC						X			
WISEWOMAN		X							
WISEWOMAN Standing Orders		X							

Attachment B – Packet Items List:

NAME: _____

New Employee Orientation Packet Items List

<u>Policies Handouts:</u>	<u>Received/Reviewed Signature</u>
1. Cell Phone Agreement (if applicable)	_____
2. Civil Rights Act Title VI 1964 Policy	_____
3. Client Privacy Policy & Procedures	_____
4. Confidentiality Policy	_____
5. Dress Code Policy	_____
6. Electronic Communication Security and Policy	_____
7. Personal-Cell Phone Policy	_____
8. Physically Impaired-Limited English Proficiency Services	_____
9. Title X Guidance (if applicable)	_____
10. Tobacco Free Policy	_____
11. Travel Policy	_____
12. Vehicle Policy	_____

Handouts:

1. Health Department Mission Statement
2. Inclement Weather Policy
3. Time Sheet & Work Schedule Policy
4. Telephone/Voice Mail Instructions
5. Staff Concerns By-Laws
6. Organization Chart
7. Holiday Schedule
8. Employee Phone Extension List and Email address list
9. Employee Information Sheet
10. Article VI. Leaves of Absence-Excerpt from County Handbook
11. Article VII. Separation, Disciplinary Action and Reinstatement
12. Article VIII. Grievance procedure, Discriminatory and Adverse Action Appeal

Email Items:

1. Supply Requisition Form
2. Blank PO
3. Travel Forms (Request, Travel Advance and Reimbursement)
4. Time Sheet Link
5. Employee Continuing Education Form
6. SC Human Resources Portal Link

Part 2 Orientation Packets by Departments:

1. Fiscal Staff only _____
2. Management Support Staff only _____
3. Clinical Staff only _____
4. Environmental Health Staff only _____

Part 2:

Additional Orientation Packets Attachments by Department

Fiscal

Management Support

Clinical

Environmental Health

Attachment C – Intake/Eligibility Orientation Part 2

NAME: _____

INTAKE/ELIGIBILITY

NAME: _____	
Orientation Task for New Employee	Approval Initials
Understand location of folders to scan documents & observe scanning process	
Understand computer software data entry	
Understand & observe patient flow from sign in to nurses	
Understand patient information verification	
Understand & observe eligibility interview	
Understand & observe calculation of charges – sliding fee scale	
Understand & observe patient checkout	
See Electronic Health Records (EHR) orientation list	
_____	_____
Preceptor Signature	Date

Preceptor Signature

Date Completed

Attachment D – Management Support Orientation Part 2:

MANAGEMENT SUPPORT

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with & observe Front Desk process of checking in clients and other functions.	
Become familiar with & observe the process of the switchboard, transferring calls and paging overhead.	
See Electronic Health Records (EHR) Orientation Task List	
Become familiar with appointments process including scheduling, cancelling, rescheduling and missed appointments for clinic.	
Become familiar with Medical Records process and functions including completing Authorizations for releasing and requesting medical record information.	
Perform tasks as indicated in Electronic Record Task List.	
_____	_____
Preceptor Signature	Date

Attachment D – Clinical Orientation Part 2:

NAME: _____

PART 2

ORIENTATION

CLINICAL

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ADULT HEALTH PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Adult Health Program responsibilities and services, including clientele characteristics, eligibility, types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedure manuals.	
Read and understand program policy and procedure manuals. See the required Reading List.	
Become familiar with each program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Observe client flow.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Observe nurse screening clients X 2:	
1. Date: _____ 2. Date: _____	
Screen AH Client X 3:	
1. Date: _____ 2. Date: _____ Date: _____	
_____	_____
Program Coordinator Signature	Date

BCCCP/WISEWOMAN PROGRAMS

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Breast and Cervical Cancer Program and the WiseWoman Program responsibilities and services, including clientele characteristics, eligibility, types of problems encountered, etc.	
Meet program personnel and become familiar with various roles	
Know the location of reference information and materials, including policy and procedure manuals.	
Read and understand program policy and procedure manuals. See the required Reading List.	
Become familiar with each program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Observe client flow.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Become familiar with the WiseWoman education requirements.	
Observe nurse screening client X 2:	
1. Date: _____ 2. Date: _____	
Screen BCCCP/WW Client X 3:	
1. Date: _____ 2. Date: _____ Date: _____	
_____	_____
Program Coordinator Signature	Date

NAME: _____

CHILD HEALTH PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Child Health Program Clinic responsibilities and services including clientele characteristics, eligibility, types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedure manual.	
Read and understand program policy and procedure manual. See the required Reading List.	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Observe nurse screening client X 2:	
1. Date: _____ 2. Date: _____	
Observe developmental screening X 2:	
1. Date: _____ 2. Date: _____	
Screen Child Health Client X 3:	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____ Program Coordinator Signature	_____ Date

NAME: _____

**CARE MANAGEMENT FOR AT-RISK CHILDREN (CMARC)
(CARE COORDINATION FOR CHILDREN – CC4C)**

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with responsibilities and services of the CMARC program, including clientele characteristics, types of services offered, etc.	
Become familiar with the responsibilities of the CMARC Manager	
Become familiar with the electronic documentation process	
Become familiar with the records/forms used in the CMARC Program	
Become familiar with location of CMARC Policy and Procedure Manual other reference information and materials	
Read and become familiar with CMARC Policy and Procedure Manual and other pertinent program information. See the required Reading List.	
Complete CMARC record X 3:	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____	_____
Program Coordinator Signature	Date

COMMUNICABLE DISEASE PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Communicable Disease Program responsibilities and services, clientele characteristics and types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedure manual.	
Read and understand program policy and procedure manual. See required Reading List.	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Become familiar with OSHA guidelines as applicable to the Health Department	
Become familiar with client record/chart forms and guidelines for proper documentation on forms	
Become familiar with the North Carolina Electronic Disease Surveillance System (NCEDSS) and observe data base.	
Complete NCEDSS data entry X 3 if applicable:	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____ Program Coordinator Signature	_____ Date

DIABETES SELF-MANAGEMENT PROGRAM (DSMP)

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Diabetes (DSMP) Program Clinic responsibilities and services including clientele characteristics, eligibility, types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedure manual.	
Read and understand program policy and procedure manual. See the required Reading List.	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Observe client flow.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Observe nurse screening clients X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete DSMP Client Screening X 3 if applicable.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____ Program Coordinator Signature	_____ Date

FAMILY PLANNING

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Family Planning Program Clinic responsibilities and services including clientele characteristics, eligibility, types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedure manual.	
Read and understand FP Program Policy and Procedure Manual and Standing Orders. See the required Reading List.	
Become familiar with program's coordination with other agency programs/ clinics, such as lab, appointments, etc.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Observe nurse screening clients X 2.	
1. Date: _____ 2. Date: _____	
Complete FP Flow Sheet New Client X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete FP Flow Sheet Return Client X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Provide Depo Injection X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Provide OC Refill X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Document contraceptive method X3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____	_____
Program Coordinator Signature	Date

HEALTH PROMOTION

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Health Promotion Program responsibilities and services including community involvement and community services provided.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including the CHA policy manual.	
Read and understand CHA program policy manual. See the required Reading List.	
Become familiar with program's coordination with other agency and community programs/clinics, such as health fairs, community presentations, etc.	
Receive a copy of the latest edition of the Community Health Assessment (CHA)	
Receive a copy of the latest edition of the State Of The County Health Report (SOTCH)	
_____ Health Educator Signature	_____ Date

IMMUNIZATION PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Immunization Program Clinic responsibilities and services including clientele characteristics and types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedure manual.	
Read and understand program policy and procedure manual. See the required Reading List.	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Observe client flow.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms and computer	
Understand & complete NCIR Immunization online training.	
Complete FP Flow Sheet New Client X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete Client Immunizations X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Successfully enter client immunization information into NCIR X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____ Program Coordinator Signature	_____ Date

LABORATORY

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Laboratory responsibilities and services, including clientele characteristics, eligibility, types of laboratory services available	
Meet program personnel and become familiar with various roles.	
Know the location of Laboratory information and materials, including policy and procedure manual.	
Read and understand Laboratory Policy Manual. See required Reading List.	
Become familiar with program's coordination with other agency programs, such as clinics, health fairs, screenings, etc.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms used in the Laboratory	
Observe client flow.	
Complete Venipuncture X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete Fingerstick requirements X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete all laboratory pass-off requirements for position per Lab Manager instructions.	
_____	_____
Lab Manager Signature	Date

MATERNAL HEALTH PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the Maternal Health Program Clinic responsibilities and services including clientele characteristics, eligibility, types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and procedures.	
Read and understand program policy and procedures. See the required Reading List	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Observe nurse screening new clients X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Observe nurse screening return clients X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete screening on new OB client X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete screening on return OB client X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____	_____
Program Coordinator Signature	Date

**CARE MANAGEMENT FOR HIGH-RISK PREGNANCIES (CMHRP)
(PREGNANCY CARE MANAGEMENT – OBCM)**

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with responsibilities and services of the CMHRP Program, including clientele characteristics, types of services offered, etc.	
Become familiar with the responsibilities of the CMHRP Supervisor.	
Observe the CMHRP enrollment process.	
Become familiar with the records/forms used in the CMHRP Program	
Become familiar with location of the CMHRP Policy and Procedures and other reference information and materials. Read Policy if applicable. See required Reading List.	
Become familiar with the Postpartum/Newborn Home (PPNB) Visit Program and requirements.	
Complete CMARP record X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Observe PPNB Visits X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete PPNB Visits X 3.	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____	_____
Program Coordinator Signature	Date

STD/HIV CLINIC

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with responsibilities and services of the STD/HIV Program, including clientele characteristics, types of services offered, problems encountered, etc.	
Meet program personnel and become familiar with various roles	
Know the location of reference information and materials, including policy and procedures.	
Read and understand program policy and procedure manual. See the required Reading List.	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms.	
Observe client flow.	
Observe nurse screening clients X 3	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete STD Client Screening X 3	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____	_____
Program Coordinator Signature	Date

TB PROGRAM

NAME: _____	
Orientation Task for New Employee	Approval Initials
Become familiar with the TB Program Clinic responsibilities and services including clientele characteristics and types of problems encountered, etc.	
Meet program personnel and become familiar with various roles.	
Know the location of reference information and materials, including policy and Procedures.	
Read and understand program policy and procedures. See the required Reading List.	
Become familiar with program's coordination with other agency programs/clinics, such as lab, appointments, etc.	
Become familiar with client record/chart forms and guidelines for proper documentation on forms	
Observe client flow.	
Complete Tuberculin Skin Test X 3	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete Epi Assessment of New Client X 3	
1. Date: _____ 2. Date: _____ 3. Date: _____	
Complete TB Monthly Assessment X 3	
1. Date: _____ 2. Date: _____ 3. Date: _____	
_____	_____
Program Coordinator Signature	Date

NAME: _____

PART 2

ORIENTATION

ENVIRONMENTAL HEALTH

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- Part 2A – Instructions & Guidance**
- Part 2B – Authorization Manual**
- Part 2C – Centralized Intern Training**
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- Part 2E – Childhood Lead Poisoning Prevention Orientation**
- Part 2F – Food/Lodging/Institutions Orientation**
- Part 2G – Migrant Housing Orientation**
- Part 2H – Onsite Waste Water Orientation**
- Part 2J – Public Swimming Pools Orientation**
- Part 2K – Tattoo Program Orientation**
- Part 2L – Well Water Orientation**

Attachment F – Environmental Health Orientation Part 2-A:

NAME: _____

Environmental Health Orientation Packet & Guidance

1. Each new employee will receive the Orientation Packet, Orientation Guide and an Orientation Schedule on the first day of employment.
2. Part 1 of the orientation package is to be completed within 90 days of hire then given to the Administrative Support Supervisor for filing in the employee's personnel record.
3. The employee will inform the Environmental Health Director of completion of Part 1.
4. Part 2 of the Orientation Guide contains multiple sections that will be completed based on the employee's job duties and as the employee completes training for the required sections. Part 2 must be completed by no later than three years of hire date, depending on the time frames of trainings provided by the State.
5. The employee will provide the original of each completed section of Part 2 to the Administrative Support Supervisor to be maintained in the employee's record as soon as the section is completed.
6. The employee will make a copy of the completed section and provide to the Environmental Health Supervisor.
7. The employee will also make a copy of the section for his/her personal records.
8. Part 2 Orientation Packet information may be found at:

<https://ehs.ncpublichealth.com/oet/doa.htm>

Attachment F – Environmental Health Orientation Part 2-B:

Authorization Manual

This manual is comprised of the steps required for authorization as outlined by the Environmental Health Section. The Environmental Health Section is charged with delegating authority to local environmental health specialists to enforce state sanitation rules.

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Authorization overview

Authorization is the delegation of authority granted by the Department of Health and Human Services (DHHS), Environmental Health Section (EH Section), to the Registered Environmental Health Specialist (REHS) in the Local Health Departments (LHD) to administer and enforce the NC General Statutes and the sanitation rules of the Commission of Health Services.

Environmental Health Section's Mission Statement is:

"To safeguard life, promote human health, and protect the environment through the practice of modern environmental health science, the technology, rules, public education, and above all, dedication to the public trust."

The purpose of an authorization is to ensure that the REHS of the state have the specific authority to enforce state laws and sanitation rules of the Commission for Health Services. The rules for authorization are to support the mission of DHHS/EH Section by providing a minimal set of requirements that authorized agents of the state must meet. There are currently eight authorizations:

- Child-Care Center Sanitation (CCC)
- Childhood Lead Poisoning Prevention (CLPP)
- Food Lodging and Institutions (FLI)*
- Migrant Housing (MH)
- On-Site Wastewater (OSWW)*
- Public Swimming Pools (Pools)
- Tattoo Sanitation (Tattoos)
- Private Drinking Water Wells (WELLS)

Each of these authorizations requires a specific set of practice/field experiences, along with a specific authorization test. The applicant and an authorized REHS within the county of employment conduct the initial practice/field experiences. Once the request for authorization has been forwarded to EH Section, Office of Education & Training, a regional specialist will conduct an overall assessment of the applicant's work. This assessment will include reviewing the initial practice work, administering a written examination specific to the type of authorization requested, observing fieldwork performed by the applicant and evaluating the applicant's ability to properly enforce the specific laws and rules.

Before any authorizations can be granted, the Centralized Intern Training (CIT) Program conducted by EH Section must be completed.

Centralized Intern Training completion requirements

Both the EHS and the OSWW modules must be completed before an intern begins working toward an authorization. It is the responsibility of the supervisor and intern to complete the CIT program within the designated time frame. One hundred percent (100%) attendance is required for an REHS acquiring an RS and eighty percent attendance of the specific authorization area is required for a REHS who currently holds an valid RS.

Authorization Procedure

Authorization Rule: 15A NCAC 10 .0100 determines regulation of authorizations for local REHS's serving as agents of the state. The authorization process is outlined below. When attendance at CIT is required, EH Section will pay partially for room and board, and mileage for one round trip from the LHD.

[Authorization Rules](#) can be located online.

Applicants never previously authorized are required to complete the following steps:

1. Be hired at least two weeks (10 business days) prior to CIT.
2. Register applicant with the Board of Sanitarian Examiners (REHS Board).
3. Register applicant for CIT.
4. Complete the required CIT orientation checklists.
5. Complete CIT modules.
6. Complete the Authorization Procedures checklist. Each authorization area has its own specific Authorization Procedures checklist. There are specific numbers of practice fieldwork required for each authorization, which is detailed in each of the Authorization Procedure checklists.
7. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested and submit to OET.
8. OET will notify the appropriate Regional Specialist that the REHS has applied for authorization and the Regional Specialist can begin their evaluation.
9. Applicant must submit practice fieldwork to the appropriate Regional Specialist.
10. Regional Specialist will evaluate the applicant's practice fieldwork and schedule a time to evaluate the applicant. The evaluation consists of two sections: a written exam and field evaluation.
11. A score of 70% or higher is required on the written exam before the field evaluation will be scheduled.
12. Regional Specialist will evaluate the applicant's field performance.
13. If field evaluation is satisfactory, recommendation for authorization is forwarded to the OET for processing. If field evaluation is not satisfactory, recommendation for denial with reasons and recommendations for improvement are forwarded to the OET for processing.
14. The State Health Director sends an authorization letter to the applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Comprehensive Authorization

Before March 13, 1998, an REHS was granted authorization in Child Care Center (CCC) sanitation, Public Swimming Pools (Pools), and Tattoos if the REHS agent obtained their Food, Lodging, and Institutions (FLI) or On-site wastewater (OSWW) authorization. Since March 13, 1998, CCC, Pools, and Tattoo authorizations have required training, dedicated authorization procedure checklist, and evaluations from a Regional Environmental Health Specialist.

The Section currently recognizes the comprehensive/grandfathered authorization based upon the following criteria:

- Obtained FLI or OSWW authorization prior to March 13, 1998.
- Have not transferred your comprehensive authorization after March 13, 1998.
- Have not allowed your FLI comprehensive authorization to lapse after March 13, 1998.
- Are not requesting contract work for CCC, Pools, or Tattoos.

REHS granted a comprehensive authorization before March 13, 1998 can request a formal evaluation from a Regional Specialist to obtain a specific authorization for CCC, Pools, and Tattoos. This formal evaluation includes the authorization exam and a field evaluation from the Regional Specialist.

Child Care and School Sanitation Authorization

Effective July 01, 2006, the Child Care Centers (CCC) authorization will include the .2400 rules, Sanitation of Public, Private and Religious Schools, thus will be referred to as Child Care and School Sanitation (CCSS). Previously, the delegation of authority to enforce the .2400 rules was issued with the FLI authorization.

For authorizations granted in FLI prior to July 01, 2006, the REHS will be authorized to perform school sanitation inspections as part of their authorization related duties. REHS authorized in FLI after July 01, 2006 must obtain their CCSS authorization to perform and enforce the .2400 rules, Sanitation of Public, Private and Religious Schools.

If the EHS holds a FLI comprehensive authorization and transfers or has a lapse in their comprehensive authorization, he or she will be required to apply for the child care and school sanitation authorization individually. This includes attending relevant portion of CIT, practice fieldwork, and evaluation from the Regional Specialist.

Lapsed Authorization *A lapse in delegation of authority flowchart is available on page 10 of this manual.*

The following procedure is required of all REHS that have a lapse in their authorization(s). There are no exceptions. For all comprehensive authorizations granted in FLI prior to March 13, 1998, that have lapsed, the REHS will be required to apply for child care, public swimming pools, and tattoo authorizations individually. This includes attending relevant portion of CIT, practice fieldwork, and evaluations from the Regional Specialist.

If an individual's employment status with a county is terminated after the completion of CIT, but before the individual has satisfactorily completed each requirement for an authorization, upon rehire with a LHD the individual must satisfactorily complete all authorization procedures before he or she will become eligible for an authorization. Additionally, the individual will be required to adhere to the training requirements as outlined in the lapse in delegation of authority rule (15A NCAC 01O .0104).

Applicants must apply for initial authorization within **three (3)** years of CIT completion. Failure to do so will result in the REHS having to attend CIT again for the area of authorization interest. This is in accordance with the lapsed delegation guidelines for a lapse greater than three years.

Requirements for receiving authorization in an area in which delegation of authority has lapsed are as follows:

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Lapse less than one year

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested.
2. Submit the authorization request to the OET.
3. OET will notify the Regional Specialist of the request.
4. Regional Specialist can elect to perform a field evaluation with the applicant.
5. Regional Specialist can assess training needs and recommend training if needed.
6. State EH Director sends an authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Lapse greater than one year and less than three years

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested and the corresponding checklist with a specific number of practice fieldwork.
2. Submit the authorization request and checklist to the OET.
3. OET will notify the Regional Specialist of the request.
4. The applicant must submit their practice fieldwork to the appropriate Regional Specialist.
5. Regional Specialist will evaluate the applicant's practice fieldwork and schedule a time to evaluate the applicant. The evaluation consists of two sections: a written exam and field evaluation.
6. A score of 70% or higher is required on the written exam before the field evaluation will be scheduled.
7. Regional Specialist will evaluate the applicant's field performance.
8. If field evaluation is satisfactory, recommendation for authorization is forwarded to the OET for processing. If field evaluation is not satisfactory, recommendation for denial with reasons and recommendations for improvement are forwarded to the OET for processing.
9. State EH Director sends an authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Lapse is greater than three years and less than five years

1. Register for the specific portion CIT for which the authorization is requested.
2. Complete the required CIT orientation checklists.
3. Successfully complete the specific portion of CIT for which the authorization is requested.
4. Complete steps 1-9 for a Lapse greater than one year but less than three.

Lapse is greater than five years

1. Register for CIT.
2. Successfully complete ALL of CIT.
3. Complete ALL of the CIT orientation checklists.
4. Complete steps 1-9 for a Lapse greater than one year but less than three.

Change of employment between health departments

See Change of employment between health departments flowchart on page 11 of this manual

All authorizations are county specific. If you move from one LHD to another LHD, the REHS agent is responsible for notifying the Section by requesting authorization(s) in the new county. Each REHS will be required to perform one of two procedures in order to obtain an authorization in the new LHD, determined by the amount of time that you have or have not worked in the authorization area.

EHS worked in the requested area of authorization within the last year:

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested.
2. Submit the authorization request to the OET, who will notify the Regional Specialist of the request.
3. Regional Specialist can elect to perform a field evaluation with the applicant.
4. Regional Specialist will assess training needs and recommend training if needed.
5. State EH Director sends authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Greater than one year (>1 yr.) since the REHS has worked in the requested area of authorization:

1. Complete the Application for Delegation of Authority (DPH-EHS 1056) specifying authorization area(s) requested.
2. Complete the Authorization Procedures checklist. Each authorization area has its own checklist with a specific number of practice fieldwork required.
3. Submit the authorization request and checklist to the OET.
4. OET will notify the Regional Specialist of the request.
5. Regional Specialist can elect to perform a field evaluation with the applicant.
6. Regional Specialist will assess training needs and recommend training if needed.
7. State EH Director sends an authorization letter to applicant, carbon copying the supervisor and Regional Specialist with approval or denial of authorization.

Contractual authorization

15A NCAC 01O .0105 allows for authorized REHS's to contract in a different LHD than the LHD in which the agent is employed. For all comprehensive authorizations granted in FLI prior to March 13, 1998, the REHS will be required to apply for child care, public swimming pools, and tattoo authorizations individually. This includes attending relevant portion of CIT, practice fieldwork, and evaluations from the Regional Specialist.

In order to qualify for contract work, the agent must satisfy the following items:

- Must be employed by a LHD.
- Must have current authorization in "home" LHD.
- Must agree that each public record created by the contracting agent shall be reviewed, dated, and initialed by an authorized agent of the contracting LHD. In addition, at least 10 percent of the activities performed by the agent shall be reviewed in the field by an authorized agent employed by the contracting LHD. If the contracting LHD has no authorized agent, the Section shall conduct a review of each public record created by the contracting agent. In addition, at least 10 percent of the activities performed by the agent shall be reviewed on-site in the field by the Section. The review shall be conducted each month and shall cover the previous month's activities conducted by the agent.
- Contract authorizations must be renewed on an annual basis.

Contract Procedure:

1. Request for contract authorization and Section approved contract must be submitted to the OET.
2. OET will notify the Regional Specialist of the applicant's request for contract work.
3. Regional Specialist may evaluate the applicant.
4. Regional Specialist's recommendation for authorization is forwarded to the OET for processing.
5. State EH Director sends a contract authorization letter to applicant; carbon copy to supervisor, and the Regional Specialist with approval or denial of authorization. If approved, a copy of the contract authorization will also be provided to the contracting LHD and the applicant's LHD of employment.

Delegation of authority for former Environmental Health Section Employees

EH Section employees whose job duties require them to perform/inspect or oversee duties/responsibilities delegated to local REHS may qualify for a delegation of authority from the Section once their employment with EH Section has concluded. Any authorization request made within 3 or less years from the employment ending date can qualify for an authorization without attending CIT. The individual is still required to be evaluated by the Regional Specialist. The Regional Specialist may require appropriate training before being eligible for an authorization based on the results of the evaluation. For periods exceeding 3 years, the former EH Section employee must attend the portion of CIT relevant to the authorization requested.

For an authorization outside of the former EH Section employee's area of expertise, the individual will be required to attend CIT regardless of the amount of time that has lapsed between employment end date and the authorization request date.

Authorization request procedure (less than or equal to 3 years):

1. Obtain employment with a LHD or Alliance.
2. Submit request for delegation of authority to the OET.
3. OET notifies appropriate Regional Specialist for approval.
4. Regional Specialist evaluates applicant and determines if further training is required for the approval of the Authorization requested.
5. Regional Specialist approves/denies request and notifies OET for processing.

Authorization request procedure (greater than 3 years):

1. Obtain employment with a LHD or Alliance.
2. Attend and successfully complete the appropriate portion of CIT.
3. Submit request for delegation of authority to the OET
4. OET notifies appropriate Regional Specialist for approval.
5. Regional Specialist approves/denies request and notifies OET for processing.

Authorization denial, suspension, and revocation

The State EH Director may deny, suspend, or revoke an authorization(s) in accordance with .0107(a) (1-6). The State EH Director may also place an individual on "conditional" status for up to six months. During this time, the State EH Director may suspend or revoke an authorization if satisfactory progress is not made. The Director of DEH may suspend or revoke after the conditional period if the individual does not demonstrate the necessary knowledge, skills and ability, to warrant an unconditional authorization.

Conditional authorization action *See the authorization action flowchart on page 12 of this manual*

The following steps serve to provide a uniform guidance for the regional specialist to follow when investigating the performance of a local authorized agent.

1. A performance problem is identified by:
 - Request from a LHD;
 - Direct observation by the Regional Specialist of substandard performance;
 - Request for assistance from a LHD, after they suspect a performance problem exists, or; a complaint from outside the Section (e.g., a citizen complaint, etc.).
2. The Regional Specialist contacts their branch head, the Section's OET, the local supervisor, and the authorized agent in question about the problem.
3. The Regional Specialist investigates the performance problem.
4. The Regional Specialist contacts the State EH Director, their branch head or the branch head's designated representative and the OET to advise them of the results of the investigation, and consults as to how to proceed.
5. The Regional Specialist contacts the local health director, local supervisor, and the authorized agent in question about the problem to discuss what further action is needed.
6. If no further action is needed, the findings of Step 3 are discussed with the local supervisor and the authorized agent in question. A letter is sent to the local health department and other involved parties of the findings.
7. If further action is needed, the Regional Specialist determines if performance can be improved through further training, education, practice, and evaluation.

If the performance cannot be improved by the items in Step 7, the Regional Specialist, their branch head, or the branch head's designated representative consults with the Attorney General's (AG) office before issuing an *Intent to Suspend* or *Intent to Revoke* authorization of the agent.

If the performance can be improved by the items in Step 7, an action plan is created with input from the local health director, local supervisor, and the branch head or the branch head's designated representative and the OET.

8. The State EH Director issues a letter that has been approved by the AG's office to the local supervisor and the authorized agent in question during a conference; including the action plan, and outlining why the agent's authorization status is changing.
9. The action plan is initiated.
10. In accordance with the action plan, the Regional Specialist writes a summary of the agent's progress and any further recommendations to the local supervisor, the branch head, and the OET.
11. If at the end of the conditional status, or at any point during the conditional period, the Regional Specialist has evidence that the performance cannot be improved by the action plan, the Section contacts the AG's office to receive input before issuing an *Intent to Suspend* or *Intent to Revoke* the authorization of the agent.
12. If the performance has been corrected at the end of the conditional status, the findings are discussed with the local health director, local supervisor, the branch head or the branch head's designated representative and the OET. A letter is sent to the local agent and other involved parties (person who lodged complaint, etc.) of the findings, and the conditional status is removed.

Appeals:

An agent may appeal a denial, suspension, and/or revocation in accordance with G.S. 150B. If an appeal is properly submitted in a timely matter they may continue to work as an authorized agent in the area in question until a final agency decision is made pursuant to G.S. 150B-36. However, all inspection forms and permits completed by the agent during that period must be countersigned by another authorized agent who concurs with the findings and conclusions reflected on the inspection forms and permits.

Reinstatement of authorization (Re-authorization):

Reinstatement of a suspended or revoked authorization requires an application by the applicant in every instance, and can occur in the following circumstances:

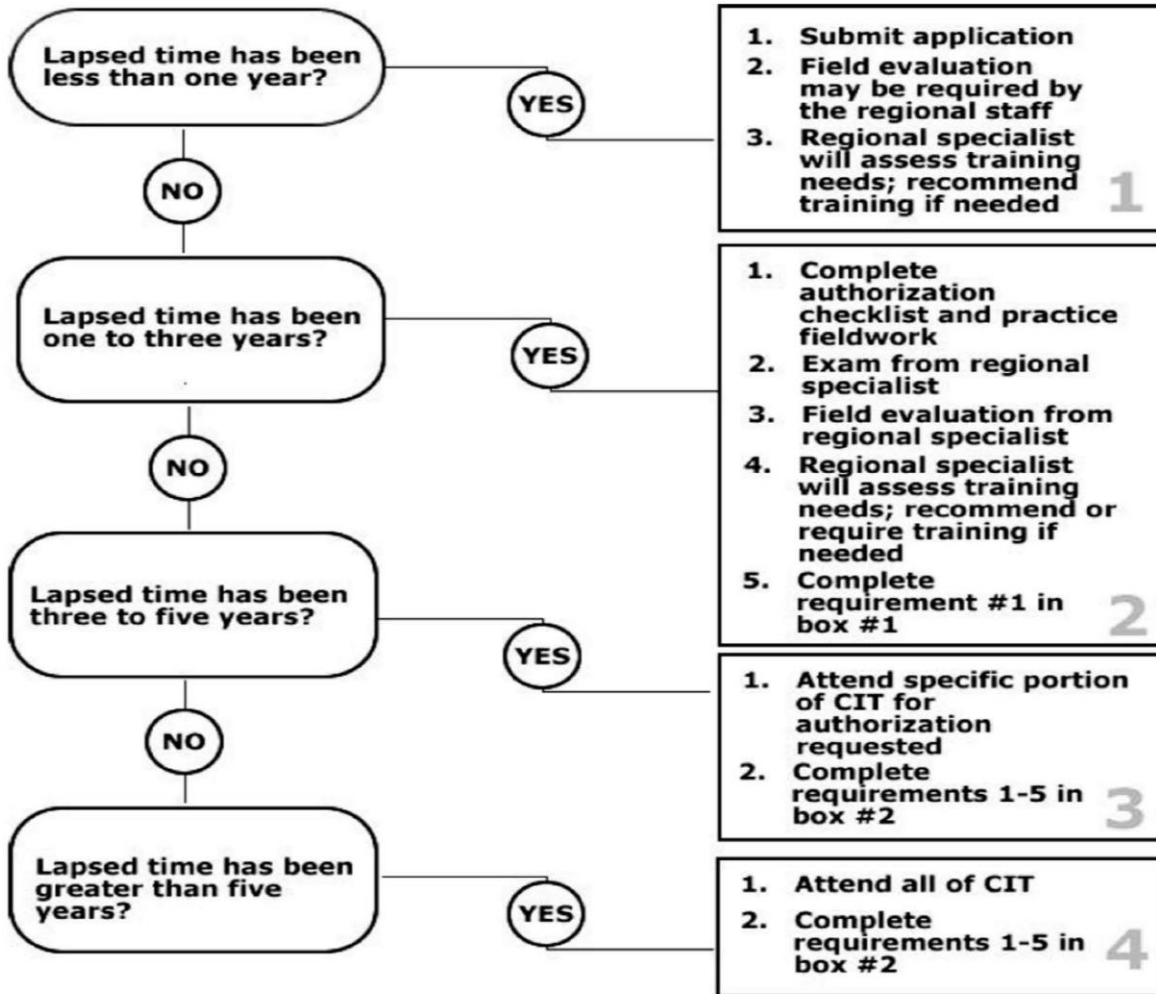
- An individual's authorization, after a suspension, can be reinstated upon determination by the Section that the reasons for suspension no longer exist.
- An authorization can be reinstated after a revocation after six months from the date the revocation became effective as long as Rule .0107(a)(2), which includes fraud, deceit, dishonesty, or perjury in obtaining authorization or in performing authorized duties was not the cause of the revocation action.
- An authorization can be reinstated after revocation if Rule .0107(a)(2) was violated after a period of five years from when the revocation became effective.

The Section may refuse to re-authorize an individual if it is determined that the actions, which were the basis for the suspension or revocation, are likely to reoccur.

Flowcharts

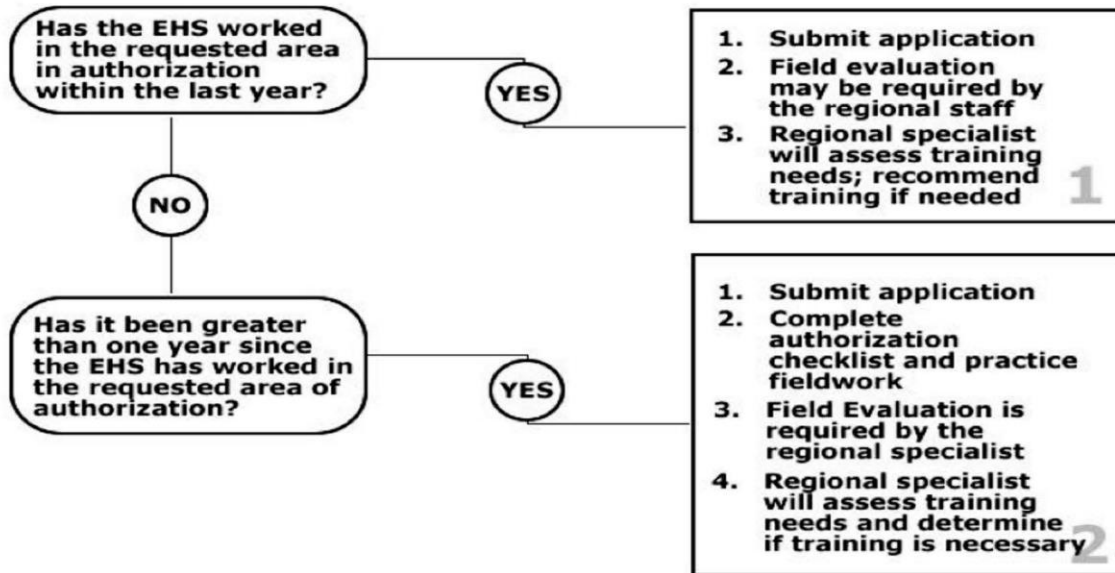
Lapsed Delegation of Authority:

Lapsed Delegation of Authority:

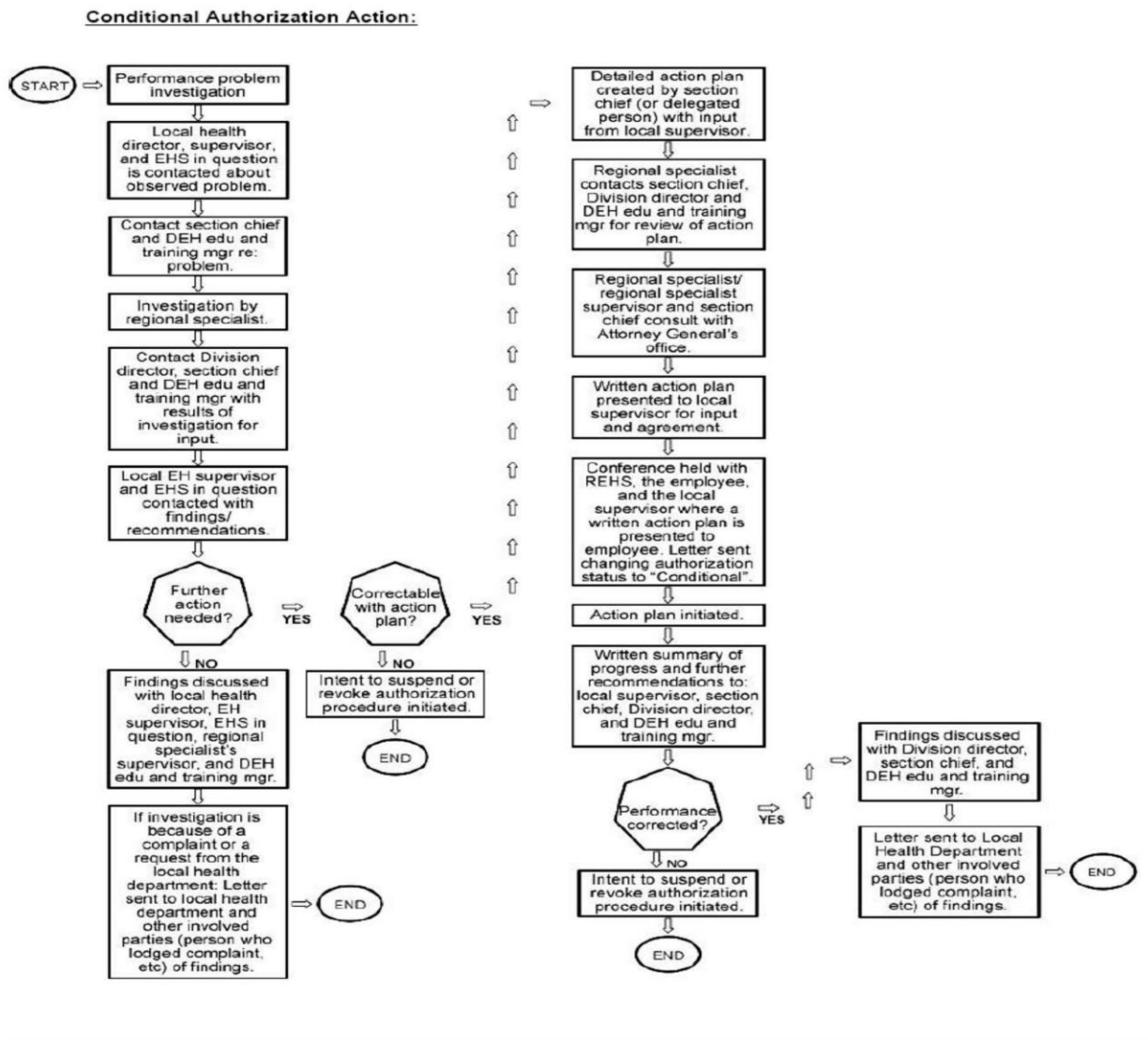


Change of employment between health departments:

Change of employment between health departments:



Conditional Authorization Action:



Attachment F – Environmental Health Orientation Part 2-C:

POLICY AND PROCEDURES
CENTRALIZED TRAINING
ENVIRONMENTAL HEALTH SPECIALIST INTERN

Environmental Health Section
Education & Training Program
NC Department of Health and Human Services

Revised January 16, 2018

Statement of Purpose
Centralized Training for
Environmental Health Specialist Interns
Environmental Health Section, Department of Health and Human Services

Centralized Training for Environmental Health Specialist Interns is required for all new environmental health specialist interns (**15A NCAC 10 .0102**).

The mission of centralized intern training is to support the goals of the Environmental Health Section, to protect the health of the public, and to preserve the environment by providing:

- **Training based on scientific knowledge of public and environmental health principles and regulations;**
- **Competency-based instruction leading to authorization to serve as an agent of the state;**
- **Training to promote consistent rule interpretation and enforcement;**
- **Skills for improving public education and communication; and**
- **Orientation to people and program resources to improve camaraderie and professionalism.**

This training program is designed to develop professionals dedicated to the mission of protecting the public health. This broad perspective requires interns to develop a basic understanding of all the topics covered in this program.

GENERAL INFORMATION

DATES:	See Annual Schedule
TRAINING SITE:	Raleigh, North Carolina
DRESS:	Professional attire is expected. Shirts and slacks/skirts. NO flip-flops. NO jeans, or T-shirts, <u>except on On-site Wastewater field trips</u> . Outdoor wear is necessary for field trips - boots or waterproof shoes, jackets, hats, etc.

INTERN REGISTRATION REQUIREMENTS

Environmental Health Section:

Complete and Return Registration Form to the Centralized Intern Training & Authorizations Programs. See posted [CIT Registration Form](#).

REGISTRATION AS RS INTERN

North Carolina Board of Sanitarian Examiners:

Prior to training, an application for registration as a Sanitarian Intern should be submitted to the Board of Sanitarian Examiners. For more information, please contact the REHS Board, Administrative Assistant at:

PO Box 238
Efland, NC 27243

Phone: 910-304-1168 Fax: 910-304-1165

Email (new): rehs.board@dhhs.nc.gov

TRAINING PROGRAM CURRICULUM

The curriculum covers six basic topics designed to provide an overview of public health and an introduction to professional skills needed for this position. In keeping with the mission for Centralized Training the main focus of the curriculum is twelve technical topics, with the greatest number of hours in those areas where the intern will be enforcing state laws and rules.

BASIC CURRICULUM TOPICS:

Overview of Public Health Mission	Regulatory Law	Ethics
Principles of Prevention	Interpersonal Skills	Program Administration

TECHNICAL TOPICS:

Each technical topic is taught using the following guidelines:

1. What public health laws apply to each technical area;
2. How to interpret the rules (primary focus);
3. How to apply the rules in each technical area;
4. How to handle technical aspects of "authorization requests for service and complaints";
5. How to correctly use forms for each technical area;
6. How public health labs relate to the technical area, if at all;
7. Who to contact (person or agency) for assistance;
8. How to plan for disasters or emergency response;
9. Specific homework and tests are given for each technical area;
10. Post test is administered to students after each section.

CLASS FORMAT

DAILY SCHEDULE: (Generally)

Mondays - Thursdays	8:00 a.m. - 5:00 p.m.
Fridays or the last day of the week	8:00 a.m. - 3:00 p.m.

CLASS ATTENDANCE:

Attendance is mandatory for all classroom lectures and field experiences. The Education & Training Coordinator must approve all absences. Any missed classes are to be made up during the next training program at the expense of the health department! The intern must inform the training staff of all absences or intended late arrivals. If 20% of contact hours or more are missed in any one area authorizations will not be granted in that area.

HOMEWORK:

The training will require homework and self-study. This work will be necessary to successfully complete exams and to obtain sufficient knowledge to perform career oriented tasks.

DISCIPLINARY ACTION:

Environmental Health Specialist Interns are professionals and represent their county government during the training program and during their stay in Raleigh. Interns are expected to attend class, having prepared for class the night before. Any disciplinary action will be taken as follows:

- 1st occurrence: Informal meeting with the intern to discuss the issues and a verbal warning will be given.
- 2nd occurrence: Written warning, with a telephone call to the interns' supervisor
- 3rd occurrence: Dismissal from training program

BREAKS:

Are worked into the daily agenda.

LUNCHES:

Are worked into the daily agenda. Lunch is not provided. Each intern is responsible for their own lunch.

PHONE:

Interns need to bring their own cell phone.

EMERGENCIES:

In case of emergencies, a message can be left for the intern with a member of the Education & Training Program at 919.624.3110 or 919.707.5857

SMOKING:

Smoking breaks must be taken in designated smoking areas.

PARKING:

Parking is available at the training site.

TRAINING MANUALS:

Below is a list of manuals needed for CIT training:

General Module:

Manual provided by CIT
Rules

FPF Track:

Manual provided by CIT
Control of Communicable Diseases in Man
Food Code
Rules

OSWP Track

Manual provided by CIT
On-Site Wastewater Management: Guidance Manual
Rules

Interns need a copy of all current rules from their supervisors. Read the rules before class.

****Always bring your copy of the rules being discussed to class with you!****

HOUSEKEEPING:

Everyone is asked to contribute to the upkeep of the room. Keep your area clean!

EXAMS

Interns will be required to take a minimum of two unit exams. Both the FPF track & OSWP track have Pre & Post-tests. The Pre-tests are administered on the first day of the FPF track and the OSWP track. The Post-tests are administered on the last day of the track. Each one of the tests will also include material from the General Module. All of the training tests are closed book/note. The passing grade for the Post-test is 80%. If an intern does not pass the unit exams, he or she will be eligible to sit for the exam for a second time by appointment only. If the Post-test(s) are not passed on the second attempt with an 80% or better, then the intern will receive a non-satisfactory grade and will have to repeat that unit of training at the counties expense. Supervisors will receive intern grades for each unit upon request.

TEST EXEMPTIONS:

There are no exam exemptions.

ORIENTATION PRIOR TO TRAINING

To prepare for the training program, the intern is to complete a Local Health Department Orientation Checklist at his/her local health department. The checklist is to be completed during the three weeks prior to training with the Environmental Health Supervisor's review. The intern and the supervisor are to initial and date each activity completed. The Checklist is to be turned on the first day of training to the Education and Training Specialist. Intern training is not completed until the checklist activities are complete and the training staff has received the paperwork. In addition to the Orientation checklist there is a checklist for each module that must be completed prior to attending CIT, and on-line training materials that will be tested on the first day of each training module.

EQUIPMENT

Interns will need the following equipment/materials during the training program. **If the intern does not have necessary equipment, participation in the activity will be denied.** The make-up work must be completed during the next training class session. The training schedule will list, when items are needed for the various sections of the training. This will be provided to you approximately one week prior to the beginning of training.

Put health department name on all equipment!

Books & Materials needed include:
See **Training Manuals** Section

FOOD, LODGING AND INSTITUTIONAL SANITATION:

(Needed for Tier 4 Regional Field training only)

- _____ Thermometer 0-220° F Dial top w/ metal stem
- _____ Thermolabels or meltstick or maximum registry thermometer
- _____ Test kit or strips for chlorine (iodine and quaternary ammonium if available)
- _____ Flashlight
- _____ 12' measuring tape

PUBLIC SWIMMING POOLS (Needed for Tier 4 Regional Field training only)

- _____ A pool test kit if available

ON-SITE WASTEWATER PROGRAM:

(Needed for the In-Class portion & the Regional Field training)

- | | |
|--|--|
| _____ Auger - Mudhead | _____ Munsell Color Chart |
| _____ Knife/rock hammer or pick | _____ Field Book for Describing and Sampling Soils |
| _____ Water bottle for wetting soil samples | _____ 12' measuring tape |
| _____ 100' measuring tape (fiberglass) | _____ 2" Ring Binder |
| _____ Engineer scale | |
| _____ Engineers level/tripod and measuring rod will be needed: | |

Please bring if available. We need about 8 total to do our field exercise.

PERSONAL EQUIPMENT

- | | |
|-----------------------------------|------------------|
| _____ Clipboard, metal with cover | _____ Calculator |
| _____ Rain gear (if needed) | |

MEAL AND MILEAGE REIMBURSEMENTS

1. The local Health Department will be reimbursed once at the completion of the general module and one full track. If the intern is going to attend both tracks consecutively, reimbursement will be processed after the completion of the entire training period. The counties will need to submit a standard DHHS form #4125 to the EH Section, DPH, DHHS. The reimbursement check will then be issued to the Health Department, if funds are available. Interns will not receive any payments directly from the EH Section.
2. It's the Health Departments' responsibility to provide monetary advance and/or reimbursement to their employees. Interns are encouraged to speak with their supervisors regarding reimbursement issues prior to training.
3. A local Health Department with an intern who does not complete training will be reimbursed for only those days that the intern was in attendance. The check will be issued as soon as possible after the course has ended if funds are available.
4. Should an intern change county of employment during training, it is the responsibility of the hiring Health Department to notify the Environmental Health Section of the date of transfer. The Section will prorate payments so that each Health Department will receive an appropriate portion of the reimbursement.
5. Health Departments with interns staying in hotels will be reimbursed for lunch and dinner for only the days the intern attended. This will account for their meals for Monday through Thursday, provided that the course starts before noon. We do not pay for lunch or dinner on the last day of training during a week, or if the course starts after the noon hour; unless the last day of the weeks' training concludes after 1PM. The lodging facility will provide breakfast. The Section will pay for dinner on Sunday night if the local Health Department is more than 150 miles from the training site, if the course starts before noon.
6. Mileage for one roundtrip from the local Health Department will be included in the reimbursement for interns who stay in Raleigh in a hotel.
7. Commuters do not get reimbursed for meals or mileage.
8. Interns who are employed in a Health Department that is more than 35 miles away but choose to commute will be reimbursed for only one roundtrip mileage from the local Health Department to Raleigh.

Please know it is best to contact the Centralized Intern Training & Authorization Programs for the latest reimbursement allowances, and or refer to the annual consolidated agreement.

HOUSING

Interns whose duty station is 35 miles or more from the training site will be eligible for lodging paid for by the Environmental Health Section.

Interns whose duty station is more than 100 miles away from the training site will be eligible to arrive the night prior to the training, if the course starts before noon.

Intern will be responsible for paying for his/her own room, and any difference in the current reimbursement rate and actual charges.

The Environmental Health Section will not pay for unoccupied rooms. The hotel requires 24-hour notice for cancellation of the room. If the intern fails to notify the hotel, the local Health Department will be expected to pay costs for nights missed.

ROOM REGISTRATION:

Each intern must register individually when checking in on Monday (or Sunday).

Incidental Hotel Room Charges:

Each intern is responsible for paying his or her own phone bills, movies, etc. All incidental charges must be paid before 9:00 P.M. on Thursdays. Interns are encouraged to have a credit card and make all calls on the credit card.

WEEKENDS:

The Environmental Health Section is not responsible for lodging on Friday and Saturday nights.

Attachment F – Environmental Health Orientation Part 2-D:

**Child Care and School Sanitation
Authorization Procedures**

Original Set

**(Please make all copies and discard all
previous forms)**

**Authorization Procedures Revised
February 23, 2012**

Child Care and School Sanitation Authorization Procedures

Environmental Health Section, Environmental Health Services Branch

PRELIMINARY ACTIVITIES

Initial/Date Completed by supervisor and applicant

- _____ 1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS.
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of field work. If no authorized environmental health specialist is available in the intern's department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- _____ 4. The supervisor and the regional specialist shall discuss and determine if the applicant will accompany the regional specialist whenever the regional specialist is doing consultation in that county.
- _____ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- _____ 6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:
 - Laws, rules, policies, and forms
 - Existing on-site wastewater system evaluation
 - Existing water supply evaluation and sampling
 - Inspections of child day care facilities

FIELD PRACTICE & REVIEW

Initial/Date Completed by supervisor and applicant

- _____ 1. The applicant shall conduct evaluations of at least **three** on-site wastewater systems and **three** on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an environmental health specialist authorized in a program other than Childhood Lead Poisoning Prevention. The evaluations may be conducted at **any location** with an on-site water supply and wastewater system. A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be collected at each of the sites.

___ Three (3) On-site Wastewater Systems
___ Three (3) On-Site Water supplies
- _____ 2. The applicant shall make a minimum of **eight** inspections of child care centers with an environmental health specialist authorized to enforce child care center rules. The applicant and the authorized environmental health specialist will complete separate inspection forms, sign and date them. The applicant and the authorized environmental health specialist will discuss both inspection forms upon completion of each inspection in the absence of the operator. The inspections shall be made at each of the following types of facilities:
 - Child care centers licensed for or serving food to less than 30 children - 4 minimum
 - Child care centers licensed for or serving food to 30 or more children - 4 minimum

Six of the eight inspections must occur at centers with on-site food preparation. If the required number of child care centers does not exist in the applicant's county, the regional specialist shall find an alternative location for these inspections. The health directors of all effected health departments shall be involved in the negotiations concerning the training times and locations.

- _____ 3. The applicant shall make a minimum of **two** inspections of a public, private, or religious school with an environmental health specialist authorized to enforce the Sanitation of Public, Private and Religious Schools rules. The applicant and the authorized environmental health specialist will complete separate inspection forms, sign and date them. The applicant and the authorized environmental health specialist will discuss both inspection forms upon completion of each inspection in the absence of the operator.
- _____ 4. As the applicant's experience and confidence increases, the applicant shall begin discussing his or her findings with the child care center operator and authorized school contact person. The applicant should be able to point out to the operator/authorized contact person what the problem or violation is, why it is a violation, and also how to correct that violation.
- _____ 5. Joint inspections shall be continued until the applicant is comfortable making inspections with the child care operator and authorized school contact person. The applicant must be able to identify violations, discuss the needed corrections with the operator, complete an inspection form, and review the inspection form with the operator. The authorized environmental health specialist will provide assistance and guidance to the applicant as needed until satisfied that the applicant is proficient in conducting inspections.
- _____ 6. The supervisor will review the inspection sheets completed by the applicant and the authorized environmental health specialist with both present and resolve any differences. The review should occur in progression with the applicant's work so that problems are corrected and learning takes place. The inspection sheets shall be signed and dated by parties present during the review.
- _____ 7. When all requirements have been met and the supervisor determines the applicant has progressed sufficiently to work independently, the applicant may apply for authorization.

For each center evaluated, the following file shall be developed for review and comments made by the supervisor. The applicant shall forward the file to the regional environmental health specialist when the request for delegation of authority is made. It shall include:

- A. Each facility inspection form completed by the applicant and the authorized agent
- B. Forms for Bacteriological Analysis of Water Samples

NOTE: If upon reviewing the file, the regional specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make best use of everyone's time, it is the supervisor/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed by supervisor and applicant

- _____ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
 - A properly completed Child Care Centers Authorization Procedures Document **AND** an Application for Authorization.
 - As of April 1999, Identification Cards will be issued in a digital format. Images can be taken at the Raleigh Environmental Health Section offices. We will also accept images sent in by the applicant via e-mail.

Send to: ENVIRONMENTAL HEALTH SECTION
EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632

- _____ 2. The applicant shall forward the files generated in FIELD PRACTICE & REVIEW to the regional specialist.

The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the division, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.
2. The regional specialist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must have taken and scored at least 70% on the written examination prior to the field evaluation by the regional specialist. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated. The regional specialist shall discuss the test results along with the incorrect answers with the applicant prior to continuing the evaluation.
3. The regional specialist shall observe the applicant's knowledge, skills, and ability to properly inspect at least four, but not more than eight child care centers. Two of the four inspections shall be completed at child care centers with on-site wastewater systems and/or on-site water supplies, *if such centers are available in the county*. If the county has fewer than four child care centers, every child care center shall be inspected.
4. The regional specialist shall observe the applicant's knowledge, skills, and ability to properly inspect at least two, but not more than five school facilities.
5. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
6. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Step 3, EVALUATION PROCEDURES, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The *authorized agent must carry the Identification Card* while on duty.
3. The *Identification Card* is the property of the Environmental Health Section and must be immediately returned by the authorized agent to the division when he/she is no longer employed with the local health department.
4. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

CHANGE OF EMPLOYMENT

1. If the agent becomes employed in another local health department, the individual must apply for authorization for the employee to enforce laws and rules. The following steps must be completed.
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 5;
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1 and Step 3.
2. When an authorized agent transfers one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending initial internship training at the expense of the employing health department.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

- Initial Authorization
 Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

- Purpose:** To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.
- Preparation:** This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.
- Distribution:** 1. Original to: Education & Training, Environmental Health Section
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.
- Disposition:** This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.
- Additional Forms:** This form may be copied as needed.
DPH-EHS 1056 (REVISED 2/23/12)
A.D.B.

Attachment F – Environmental Health Orientation Part 2-E:

**Childhood Lead Poisoning
Prevention
Authorization Procedures**

Original Set

**(Please make all copies and discard all
previous forms)**

**Authorization Procedures Revised
February 23, 2012**

Childhood Lead Poisoning Prevention Authorization Procedures

Environmental Health Section, Environmental Health Services Branch

PRELIMINARY ACTIVITIES

Initial/Date Completed

- _____1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS and the State of Practice (SOP) workshop *Lead Investigation and Abatement*. (Successful completion of SOP workshop includes making a passing score on the exam.)
- _____2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of field work. If no authorized environmental health specialist is available in the intern's department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- _____4. The supervisor and the regional specialist shall discuss and determine if the applicant will accompany the regional specialist whenever the regional specialist is doing consultation in that county.
- _____5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment. A recommended equipment list can be found in the *Lead Investigation and Remediation Manual*.
- _____6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:
 - laws, rules, policies, and forms
 - lead hazard investigation

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed

1. When the supervisor has determined that the applicant has completed the PRELIMINARY ACTIVITIES, the applicant shall provide the following to the Environmental Health Section:
 - A. A properly completed *Childhood Lead Poisoning Prevention Authorization Procedures Document* **AND** an Application for Authorization.
 - B. As of April 1999, Identification Cards will be issued in a digital format. Previously authorized agents must provide a picture of themselves. Digital images can be taken at the Raleigh Environmental Health Section offices. We will also accept images sent in by the applicant via e-mail.

Send to: ENVIRONMENTAL HEALTH SECTION
OFFICE OF EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632

2. The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the division, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.
3. If the required number of lead hazard investigation opportunities does not exist in the applicant's county, the regional specialist shall find an alternate location for these inspections. The health directors of all affected health departments shall be involved in the negotiations concerning the training times and locations.

2

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall determine that the applicant has successfully completed the *Lead Investigation and Remediation* workshop and made a score of at least 70% on the exam.
2. Evaluation activities will begin with an informal review of laws, rules, policies and procedures of the Childhood Lead Poisoning Prevention Branch. When the regional specialist determines that the applicant has a thorough understanding of the laws and rules, field authorization activities will be conducted.
3. Field authorization activities will consist of at least one of the following:
 - A. Lead poisoning hazard investigation of a child with a confirmed elevated blood lead level of 20 micrograms per deciliter or greater.
 - B. Lead poisoning hazard investigation of a child with an elevated blood lead level of 10 - 19 micrograms per deciliter.
 - C. Lead poisoning hazard investigation of an existing or proposed school or day care facility.
 - D. Lead poisoning hazard investigation (types A, B or C) in a county other than the applicant's county of employment.
4. The regional specialist shall determine if the field authorization activity is representative of an actual investigation and if the applicant's knowledge, skills and ability are effective in conducting the investigation. If deficiencies are noted, additional investigations shall be required.
5. Upon completion of one or more of the field authorization activities, the applicant shall prepare the environmental lead investigation report and the lead hazard notifications. When activity D. is used, the applicant shall prepare a mock report and notification. The regional specialist shall evaluate all reports and notifications.
6. Due to time constraints, lead hazard remediation and testing for clearance of lead from structures are not required to be completed during the authorization process. However, the applicant must prepare a mock remediation plan and lead clearance testing protocol to be evaluated by the regional specialist.
7. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
8. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Step 3 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The *authorized agent must carry the Identification Card* while on duty.
3. The *Identification Card* is the property of the Environmental Health Section and must be immediately returned by the authorized agent to the division when he/she is no longer employed with the local health department.
4. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

CHANGE OF EMPLOYMENT

1. If the applicant becomes employed in another local health department, the individual must apply authorization for the employee to enforce laws and rules. The following steps must be completed.
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 4;
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1
2. When an authorized agent moves from one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending specified lead workshops.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

- Initial Authorization
 Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

- Purpose:** To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.
- Preparation:** This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.
- Distribution:** 1. Original to: Education & Training, Environmental Health Section
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.
- Disposition:** This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 2/23/12)
A.D.B.

Attachment F – Environmental Health Orientation Part 2-F:

**Food, Lodging & Institutions
Authorization Procedures**

Original Set

**Authorization Procedures Revised
June 1, 2015**

Food, Lodging & Institutions Authorization Procedures

Division of Environmental Health
Environmental Health Services Section

PRELIMINARY ACTIVITIES

Applicant & Supervisor Initial/Date Completed

- _____ 1. The applicant shall successfully complete Centralized Intern Training by NC DHHS, Division of Public Health, Environmental Health Services Section.
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized registered environmental health specialist (REHS) in the department to learn routine procedures of field work. If no authorized environmental health specialist is available in the applicants department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning time and location for the training.
- _____ 4. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- _____ 5. The supervisor shall assign the applicant to an authorized REHS for practice of skills and knowledge in the following specific areas; inspections will be carried out at each of the following types of establishments:
 - Food Service (30)* (5-10 applicant led, co-signed inspection forms)
 - Food Service 26
 - Meat Market (no more than 6) 4
 - Lodging (3)* (1-3 applicant let, cosigned inspection forms)
 - Institutions: (6)*
 - Local Confinement 1
 - Hospital/Nursing Home 3*
 - Residential Care 2
 - Water Supply (3)* (for migrant housing)
 - On-Site Wastewater Facilities (3)* (for migrant housing if the applicant does not hold an Onsite Water Protection authorization)
 - Total of 45 Inspections

Establishment categories marked with an "*" must be inspected with these minimum numbers. The establishment types without an "*" are recommendations only.

For each establishment evaluated, the following file shall be developed for review and comments made by the supervisor. The file is to be forwarded to the regional specialist by the applicant when the request for delegation of authority is made. The file shall be organized. Inspection forms filled out by the applicant and the authorized REHS shall be together. It shall include:

- A. A copy of this document, Food, Lodging and Institutions Authorization Procedures.
- B. Each establishment inspection form as specified in PRELIMINARY ACTIVITIES #5 and FIELD PRACTICE AND REVIEW.
- C. Suspension or revocation form, and a transitional permit, completed by the applicant. (If no establishment is suspended or revoked, the file shall include at least one mock suspension or revocation form and a mock transitional permit.)
- D. Product Disposition Form.
- E. Bacteriological Analysis of Water Sample.
- F. Pre-occupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing.

FIELD PRACTICE & REVIEW

Applicant & Supervisor Initial/Date Completed

- _____ 1. The supervisor or their authorized designee will make the necessary number of inspections with the applicant. In the beginning of the practice work, the applicant and the authorized REHS shall complete independent inspection forms. The applicant and the authorized REHS will discuss both inspection forms upon completion of each inspection in the absence of the operator.
- _____ 2. After at least 15-25 inspections (filled out separately from the authorized REHS), the applicant should take the lead role in conducting the inspections, writing up the inspection and discussing the findings with the operator. The authorized REHS shall review and concur with the findings documented on the inspection form. The final score may be discussed and agreed upon by the authorized REHS and the applicant. The final determination of the score is made by the authorized REHS. The forms shall be signed by both the authorized REHS and the applicant.
The applicant should be able to discuss, explain and recommend the appropriate correction of violations.
- _____ 3. Joint inspections are continued until the applicant is comfortable conducting inspections. The applicant must be able to identify violations, discuss the needed corrections with the operator, complete an inspection form, and review the inspection form with the operator. Only one inspection form is completed at this point. The authorized REHS will provide assistance and guidance to the applicant as needed until satisfied that the applicant is proficient in conducting inspections in the various types of establishments.
- _____ 4. The supervisor will review the inspection forms completed by the applicant and the authorized REHS with both present and resolve any disagreements. The review should occur in progression with the applicants' work so that problems are corrected and learning takes place. The inspection forms shall be signed and dated by parties present during the review.
- _____ 5. During the necessary inspections, if at least one *intent to suspend* and one *transitional permit* are not issued, a mock notice of *intent to suspend* and a *mock transitional permit* shall be completed by the applicant. The mock permit action shall be done onsite at one of the 30 food service establishments or one of the three lodging establishments. If at least one Product Disposition Form is not filled out, a mock form shall be completed by the applicant.

For all Critical Violations deducted on the inspection forms there shall be documentation of the type of correction. If a CV Follow-up or Visit has taken place, it shall be documented and included with the inspection for review.

- _____ 6. Migrant Housing Delegation is required unless currently authorized in Onsite Water Protection. The applicant shall conduct evaluations of at least three existing on-site wastewater systems and three on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an REHS authorized in a program other than Childhood Lead Poisoning Prevention. The evaluations may be conducted at any location with an on-site water supply and wastewater system.

A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be collected at each of the sites visited. An inspection form for each site visited shall be completed by the applicant and reviewed and co-signed in the field by the authorized REHS. Complete three of each form: Pre-occupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing.
- _____ 7. When all requirements have been met and the supervisor determines the applicant has progressed sufficiently to work independently, the applicant may apply for authorization.

DISCLAIMER: If upon reviewing the file, the regional specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make the best use of everyone's time, it is the supervisor/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization. Inspections submitted for this review must have been completed within the last 12 months. Inspection forms beyond 12 months will not be considered by the regional specialist.

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Applicant & Supervisor Initial/Date Completed

- _____ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Division of Environmental Health:
 - A. A properly completed *Food, Lodging & Institutions Authorization Procedures* **AND** the Application for Authorization (DPH-EHS 1056)
 - B. An authorization identification card will be issued by the division with the authorization letter if an applicant's photo is on file, unless the applicant is already authorized to administer another program. If a photograph is not on file, the applicant should submit a digital photograph by e-mail to the Office of Education and Training. Hard copy photographs will not be accepted.

Send to: ENVIRONMENTAL HEALTH SERVICES SECTION
OFFICE OF EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632
- _____ 2. The applicant shall forward the practice files and copies of all corresponding official documentation generated to the regional specialist. Contact your regional specialist for current mailing information.
- _____ 3. The Environmental Health Services Section will contact the appropriate regional environmental health specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the division, the regional specialist shall contact their supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall review the documents generated in the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant. The regional specialist shall discuss the documents with the applicant prior to field work.
2. The regional specialist shall coordinate the administration of a written test. The applicant must score at least 70% on the written examination prior to the field evaluation by the regional specialist. The regional specialist shall discuss the incorrect answers on the test with the applicant prior to continuing the evaluation. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated at a later date.
3. The applicant shall complete at least four independent inspections, but no more than eight establishments selected by the regional specialist.
4. The regional specialist shall observe the applicants' knowledge, skills, and ability to properly inspect the establishments selected. The intern will conduct the inspection, complete the inspection form, discuss findings with

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the regional specialist, discuss findings with the person in charge of the establishment and post the grade. The regional specialist will evaluate the intern by using the Authorization Checklist. If the establishment warrants a notice of suspension or revocation, the regional specialist will review the notice of suspension or revocation. The regional specialist and the applicant shall jointly sign the inspection form and any suspension or revocation forms.

5. For migrant housing/family foster home delegation, the regional specialist shall observe the applicants' evaluation of at least one existing on-site sewage system and on-site water supply for compliance with 15A NCAC 18A .1700 and .1900. A water sample shall be collected for the site evaluated. The evaluation shall be conducted at a site not previously visited by the applicant.
6. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Services Section.
7. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Services Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Steps 3-5 EVALUATION PROCEDURES, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the Environmental Health Services Section Chief will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The authorized REHS shall carry the *Identification Card* while on duty.
3. The *Identification Card* is the property of the Environmental Health Services Section and must be immediately returned by the authorized agent to the division when he/she is no longer employed with the local health department.
4. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

CHANGE OF EMPLOYMENT

1. If the REHS becomes employed in another local health department, the individual must apply for authorization for the employee to enforce laws and rules. The following steps must be completed. See PRELIMINARY ACTIVITIES, Step 2 and Step 4; see SCHEDULING THE EVALUATION FOR AUTHORIZATION: Step 1 and Step 3.
2. When an authorized REHS transfers from one local health department of the state to another, the regional specialist shall assess the need for additional training. This may include discussing the applicant's abilities with their current regional specialist, reviewing inspection forms from the previous county, a field visit with the new county's regional specialist, or attending initial internship training at the expense of the employing health department. If the authorizing regional is no longer employed by the state, field work will be required.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SERVICES SECTION

APPLICATION FOR DELEGATION OF AUTHORITY

Initial Authorization Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

() CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

() CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution:
1. Original to: Education & Training, Environmental Health Services Section
1632 Mail Service Center, Raleigh, NC 27699-1632 (Courier 52-01-00)
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 11/15/12)

ADB

Attachment F – Environmental Health Orientation Part 2-G:

**Migrant Housing
Authorization Procedures**

Original Set

(Please make all copies and discard all
previous forms)

**Authorization Procedures Revised
February 23, 2012**

Migrant Housing Authorization Procedures

Environmental Health Section, On-Site Wastewater Branch

PRELIMINARY ACTIVITIES

Initial/Date Completed by supervisor and applicant

- _____ 1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS.
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of field work (if not done prior to Initial Intern Training). If no authorized environmental health specialist is available in the applicants department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning time and location for the training.
- _____ 4. The supervisor and the regional specialist shall discuss and determine if the applicant shall accompany the regional specialist whenever the regional specialist is doing consultation in that county.
- _____ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- _____ 6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:
 - laws, rules, policies, and form
 - existing OSWW system evaluation
 - existing water supply evaluation and water sampling

FIELD PRACTICE & REVIEW

Initial/Date Completed by supervisor and applicant

- _____ 1. The applicant shall conduct evaluations of at least **three** on-site wastewater systems and **three** on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an environmental health specialist authorized in a program other than Childhood Lead Poisoning Prevention. A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be collected at each of the sites. Complete three of each form: *Preoccupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing*.

For each establishment evaluated, the following file shall be developed for review and comments made by the supervisor. The file is to be forwarded to the regional specialist by the applicant when the request for delegation of authority is made. It shall include:

- A. Bacteriological Analysis of Water Sample
- B. Preoccupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing

NOTE: If upon reviewing the file, the regional specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make best use of everyone's time, it is the supervisor/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed by supervisor and applicant

- _____ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
- A. A properly completed Migrant Housing Authorization Procedures Document **AND** an Application for Authorization.
 - B. As of April 1999, Identification Cards will be issued in a digital format. Digital images can be taken at the Environmental Health Section in Raleigh. We will also accept images sent in by the applicant via e-mail.

Send to: ENVIRONMENTAL HEALTH SECTION
OFFICE OF EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632

- _____ 2. The files generated in FIELD PRACTICE & the applicant shall forward REVIEW to the regional specialist.

The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within three weeks from receipt of completed files and the referral from the division, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.
2. The regional specialist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must have taken and scored at least 70% on the written examination prior to the field evaluation by the regional specialist. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated. The regional specialist shall discuss the test results along with incorrect answers with the applicant prior to continuing the evaluation.
3. The regional specialist shall observe the applicant's knowledge, skills, and ability to properly evaluate at least three existing on-site wastewater systems and on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900. A water sample shall be collected for each site evaluated. The evaluations shall be conducted at sites not previously visited by the applicant.
4. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
5. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Step 4 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The *authorized agent shall carry the Identification Card* while on duty.
3. The *Identification Card* is the property of the Environmental Health Section and must be immediately returned by the applicant to the division when he/she is no longer employed with the local health department.
4. The agent may begin to enforce laws and rules when the local health department receives the letter of delegation.

CHANGE OF EMPLOYMENT

1. If the agent becomes employed in another local health department, the individual must apply for authorization for the employee to enforce laws and rules. The following steps must be completed.
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 5
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION Step 1 and Step 3
2. When an authorized agent transfers from one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending initial internship training at the expense of the employing health department.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR DELEGATION OF AUTHORITY

- Initial Authorization
 Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution: 1. Original to: Environmental Health Section, Office of Education & Training
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 2/23/12)

Attachment F – Environmental Health Orientation Part 2-H:

**On-Site Wastewater
Authorization Procedures**

Original Set

**(Please make all copies and discard all
previous forms)**

**Authorization Procedures Revised
February 22, 2012**

On-Site Wastewater Authorization Procedures

Environmental Health Section, On-Site Wastewater Branch

PRELIMINARY ACTIVITIES

Initial/Date Completed

- _____ 1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS.
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of fieldwork. If no authorized environmental health specialist is available in the interns' department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- _____ 4. The supervisor and the regional specialist shall discuss and determine if the applicant will accompany the regional soil specialist whenever the regional specialist is doing consultation in that county.
- _____ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- _____ 6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:

Laws, rules, policies, and forms	Final inspection of systems
Site/soil evaluation	System repair
System design	On-site wastewater system construction

FIELD PRACTICE & REVIEW

Initial/Date Completed

- _____ 1. Independently evaluate and complete at varying site conditions
 - Site Evaluation form (20), and
 - mock Improvement Permit(s) (I.P.) including Construction Authorization (C.A.) (20), or
 - mock letter(s) of denial. At least one mock letter of denial shall be written out of the 20 sites evaluated.

The mock Improvement Permits and the Authorization of Wastewater Systems Construction (C.A.) shall include a scale drawing, which depicts the property with systems' location and design. This may be accomplished by assigning the applicant to sites that have been recently evaluated by an authorized environmental health specialist.
- _____ 2. With an authorized on-site wastewater environmental health specialist present, conduct at least ten inspections of sewage system installations. One of the ten must be for the repair of an existing sewage system. The applicant must complete a mock Operation Permit for each installation evaluated. The authorized environmental health specialist shall sign the official Operation Permit for each installation. The supervisor shall review both Operation Permits from each installation and resolve any differences. A copy of these documents and the On-Site Wastewater Delegation Procedures, initialed and dated as completed, shall be forwarded to the regional specialist when the request for delegation of authority is made.
- _____ 3. For Migrant Housing, the applicant shall conduct evaluations of at least three existing on-site wastewater systems and on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an environmental health specialist authorized in a program other than Childhood Lead Poisoning Prevention. The evaluations may be conducted at any location with an on-site water supply and wastewater system.

A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be

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collected at each of the sites visited. An inspection form for each site visited shall be completed by the applicant and reviewed and co-signed in the field by the authorized agent. Complete three of each form:
Preoccupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing.

For each site evaluated, the following file shall be developed for review and comments made by the supervisor. The applicant shall forward this file to the regional specialist when the request for delegation of authority is made:

- A. Plat
- B. Application
- C. Soil/site Evaluation form completed by the applicant
- D. Mock I.P. and C.A. or denial letter completed by the applicant. (If no applications are denied the file shall include at least one mock letter of denial.)
- E. *Bacteriological Analysis of Water Sample* (DHHS 1294)
- F. *Preoccupancy Evaluation Report of Drinking Water Supply and Wastewater Facilities for Migrant Housing* (DHHS 3765)
- G. *Inspection of Residential Care Facility* (DHHS 2094)
- H. Comment sheet for each of the twenty applications reviewed by the supervisor
- I. Items A - D as completed by the authorized environmental health specialist

NOTE: If upon reviewing the file, the regional specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make best use of everyone's time, it is the supervisor/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed

- _____ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
 - A. A properly completed *On-Site Wastewater Authorization Procedures Document* **AND** the Application for Authorization.
 - B. As of April 1999, Identification Cards will be issued in a digital format Digital images can be taken at the Raleigh Environmental Health Section offices. We will also accept images sent in by the applicant via e-mail.

Send to: ENVIRONMENTAL HEALTH SECTION
OFFICE OF EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632
- _____ 2. The applicant shall forward the files generated in FIELD PRACTICE & REVIEW to the regional specialist.
- _____ 3. The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the division, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicants' knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.

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2. The regional specialist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must have taken and scored at least 70% on the written examination prior to the field evaluation by the regional specialist. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated. The regional specialist shall discuss the test results along with the incorrect answers with the applicant prior to continuing the evaluation.
3. The regional specialist shall observe the applicants' knowledge, skills, and ability to properly inspect the installation of at least one, but no more than three conventional sewage systems. The inspection shall include the issuance of Operation Permits or denials of issuance with reasons for the denials cited.
4. The regional specialist shall observe the applicants' knowledge, skills, and ability to properly evaluate at least four, but no more than eight applications for Improvement Permits, which have been previously evaluated. If an I.P. or the C.A. cannot be issued due to site suitability, the regional specialist will review the documentation involved with the denial.
5. For migrant housing/family foster home delegation, the regional specialist shall observe the applicants' evaluation of at least one existing on-site sewage system and on-site water supply for compliance with 15A NCAC 18A .1700 and .1900. A water sample shall be collected for the site evaluated. The evaluation shall be conducted at a site not previously visited by the applicant.
6. The regional specialist shall observe the applicants' evaluation of at least one lot, which has not been previously evaluated.
7. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
8. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Steps 3-6 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The authorized agent must carry the *Identification Card* while on duty.
3. The *Identification Card* is the property of the Environmental Health Section and must be immediately returned by the authorized agent to the division when he/she is no longer employed with the local health department.
4. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

CHANGE OF EMPLOYMENT

1. If the agent becomes employed in another local health department, the individual must apply for authorization to enforce laws and rules. The following steps must be completed.
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 5;
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1 and Step 3.
2. When an authorized agent transfers from one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending initial internship training at the expense of the employing health department.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

- Initial Authorization
 Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution:
1. Original to: Environmental Health Section, Office of Education & Training
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed. DPH-EHS 1056 (REVISED 2/23/12)
A.D.B.

Attachment F – Environmental Health Orientation Part 2-J:

**Public Swimming Pools
Authorization Procedures**

Original Set

**(Please make all copies and discard all
previous forms)**

**Authorization Procedures Revised
February 22, 2012**

1

Public Swimming Pools Authorization Procedures

Environmental Health Services Section, Environmental Health Services Branch

PRELIMINARY ACTIVITIES

Initial/Date Completed

- _____ 1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS.
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of field work. If no authorized environmental health specialist is available in the intern's department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- _____ 4. The supervisor and the regional specialist shall discuss and determine if the applicant will accompany the regional specialist whenever the regional specialist is doing consultation in that county.
- _____ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- _____ 6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:
 - laws, rules, policies, and forms
 - swimming pool test kit
 - existing water supply evaluation and water sampling
 - inspections of public swimming pools, spas and wading pools
 - existing on-site wastewater system evaluation

FIELD PRACTICE AND REVIEW

- _____ 1. The applicant shall conduct evaluations of at least six on-site wastewater systems and on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an environmental health specialist authorized in a program other than Childhood Lead Poisoning Prevention. The evaluations may be conducted at any location with an on-site water supply or wastewater system. A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be collected at each of the sites.
- _____ 2. The applicant shall accompany an environmental health specialist authorized to enforce the public swimming pool rules on at least two inspections during which the authorized environmental health specialist will explain inspection procedures. The applicant shall become familiar with the rules, pool operation, pool equipment, basic water chemistry and use of forms. As the applicant's experience and confidence increases, the applicant shall begin discussing his or her findings with the swimming pool operator.
- _____ 3. Once the applicant is familiar with the inspection procedures, the applicant shall conduct at least six joint inspections of public swimming pools with an environmental health specialist authorized to enforce public swimming pool rules. The applicant must show skill in evaluating the pool, using a pool water test kit, completing forms and discussing deficiencies with the pool operator. The applicant and the authorized environmental health specialist will complete separate inspection forms, sign and date them. The applicant and the authorized environmental health specialist will discuss both score sheets upon completion of each inspection in the absence of the pool operator. The inspections shall be made at public swimming pools, spas and wading pools if available.

If the number of public swimming pools does not exist in the applicant's county, the regional specialist shall find an alternative location for these inspections. The local health directors of all effected health departments shall be involved in the negotiations concerning the training times and locations.

2

- _____ 4. Joint inspections shall be continued until the applicant is comfortable making inspections with the swimming pool operator. The applicant must be able to identify violations, discuss the needed corrections with the operator, complete an inspection form, and review the inspection form with the operator. The authorized environmental health specialist will provide assistance and guidance to the applicant as needed until satisfied that the applicant is proficient in conducting inspections.
- _____ 5. If at least one permit suspension action has not been taken during the six inspections, the authorized environmental health specialist shall explain to the applicant the process. The applicant shall then write the permit suspension process and two mock permits.
- _____ 6. The supervisor will review the inspection sheets completed by the applicant and the authorized environmental health specialist with both present and resolve any differences. The review should occur in progression with the applicant's work so that problems are corrected and learning takes place. The inspection forms shall be signed and dated by parties present during the review.
- _____ 7. When all requirements have been met and the supervisor determines the applicant has progressed sufficiently to work independently, the health director may request the applicant be evaluated for delegation of authority.

For each pool evaluated, the following file shall be developed for review and comments made by the supervisor. The applicant shall forward the file to the regional environmental health specialist when the request for delegation of authority is made. It shall include each pool inspection form (DHHS 3960) completed by the applicant and the authorized agent.

- A. Each establishment inspection form completed by the applicant and the authorized agent.
- B. Suspension or revocation letter completed by the applicant. (If no establishment is suspended or revoked, the file shall include at least one mock letter of suspension or revocation.)
- C. Bacteriological Analysis of Water Sample.

NOTE: If upon reviewing the file, the regional specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make best use of everyone's time, it is the supervisor/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed

1. When the applicant has determined that the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
 - A. A properly completed *Public Swimming Pool Authorization Procedures Document* **AND** an Application for Authorization.
 - B. Identification Cards will be issued in a digital format. Previously authorized agents must provide a picture of themselves. Digital images can be taken at the Raleigh Environmental Health Section offices. We will also accept images sent in by the applicant via e-mail.

Send to: ENVIRONMENTAL HEALTH SECTION
OFFICE OF EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632
2. The files generated in FIELD PRACTICE & the applicant shall forward REVIEW to the regional specialist.
3. The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within one month from receipt of completed files and the referral from the division, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.

3

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.
2. The regional specialist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must have taken and scored at least 70% on the written examination prior to the field evaluation by the regional specialist. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated. The regional specialist shall discuss the test results along with the incorrect answers with the applicant prior to continuing the evaluation.
3. The regional specialist shall observe the applicant's knowledge, skills, and ability to properly inspect at least two public swimming pools including one spa if available. If the county has fewer than two public swimming pools, every public swimming pool shall be inspected.
4. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
5. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Step 3 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The *authorized agent must carry the Identification Card* while on duty.
3. The *Identification Card* is the property of the Environmental Health Section and must be immediately returned by the authorized agent to the division when he/she is no longer employed with the local health department.
4. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

CHANGE OF EMPLOYMENT

1. If the agent becomes employed in another local health department, the individual must apply for authorization to enforce laws and rules. The following steps must be completed:
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 5;
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1 and Step 3.
2. When an authorized agent transfers from one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending the swimming pool portion of the initial internship training or other appropriate training at the expense of the employing health department.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

- Initial Authorization
 Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution:
1. Original to: Education & Training, Environmental Health Section
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 8/21/12)
A.D.B.

Attachment F – Environmental Health Orientation Part 2-K:

**Tattoo Program
Authorization Procedures**

Original Set

**(Please make all copies and discard all
previous forms)**

**Authorization Procedures Revised
February 23, 2012**

Tattoo Program Authorization Procedures

Environmental Health Section, Environmental Health Services Branch

PRELIMINARY ACTIVITIES

Initial/Date Completed by supervisor and applicant

- _____ 1. The applicant shall successfully complete Initial Intern Training by the Environmental Health Section, DHHS.
- _____ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- _____ 3. The supervisor shall assign the applicant to an authorized environmental health specialist in the department to learn routine procedures of field work. If no authorized environmental health specialist is available in the intern's department the regional specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- _____ 4. The supervisor and the regional specialist shall discuss and determine if the applicant will accompany the regional specialist whenever the regional specialist is doing consultation in that county.
- _____ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- _____ 6. The supervisor shall assign the applicant to an authorized environmental health specialist for practice of skills and knowledge in the following specific areas:
 - laws, rules, policies, and forms
 - existing water supply evaluation and water sampling
 - inspections of tattoo establishments
 - existing on-site wastewater system evaluations

FIELD PRACTICE & REVIEW

Initial/Date Completed by supervisor and applicant

- _____ 1. The applicant shall conduct evaluations of at least **three** on-site wastewater systems and **three** on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an environmental health specialist authorized in a program other than Childhood Lead Poisoning Prevention. The evaluations may be conducted at any location with an on-site water supply and wastewater system. A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be collected at each of the sites.

___ Three (3) On-site Wastewater Systems

___ Three (3) On-Site Water supplies
- _____ 2. The applicant shall accompany an authorized environmental health specialist authorized to enforce the public tattoo rules on at least **two** inspections during which the authorized environmental health specialist will explain inspection procedures. The applicant shall become familiar with the rules, tattoo procedures, equipment, infection controls and use of forms. As the applicant's experience and confidence increases, the applicant shall begin discussing his or her findings with the tattoo artist.

The applicant must show skill in inspecting the premises, instruments, utensils, equipment and procedures, completing forms and discussing deficiencies with the tattoo artist. The applicant and the authorized environmental health specialist will complete separate inspection forms, sign and date them. The applicant and the authorized environmental health specialist will discuss both inspection forms upon completion of each inspection in the absence of the artist. The inspections shall be made at two separate establishments.

If the required number of tattoo establishments does not exist in the applicant's county, the regional specialist shall find an alternative location for these inspections. The health directors of all effected health departments shall be involved in the negotiations concerning the training times and locations.

- _____ 3. Joint inspections shall be continued until the applicant is comfortable making inspections with the tattoo artist. The applicant must be able to identify violations, discuss the needed corrections with the artist, complete an inspection form, and review the inspection form with the tattoo artist. The authorized environmental health specialist will provide assistance and guidance to the applicant as needed until satisfied that the applicant is proficient in conducting inspections.
- _____ 4. The supervisor will review the inspection sheets completed by the applicant and the authorized environmental health specialist with both present and resolve any differences. The review should occur in progression with the applicant's work so that problems are corrected and learning takes place. The inspection forms shall be signed and dated by parties present during the review.
- _____ 5. When all requirements have been met and the supervisor determines the applicant has progressed sufficiently to work independently, the health director may request the applicant be evaluated for delegation of authority.

For each tattoo establishment evaluated, the following file shall be developed for review and comments made by the supervisor. The applicant shall forward the file to the regional specialist when the request for delegation of authority is made. It shall include:

- A. Each *Inspection of Tattoo Establishment* completed by the applicant and the authorized agent
- B. Forms for *Bacteriological Analysis of Water Samples*

NOTE: If upon reviewing the file, the regional specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make best use of everyone's time, it is the supervisor/health director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

SCHEDULING THE EVALUATION FOR AUTHORIZATION

Initial/Date Completed by supervisor and applicant

- _____ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
 - A. A properly completed Tattoo Program Authorization Procedures Document. **AND** an Application for Authorization.
 - B. Identification Cards will be issued in a digital format. Previously authorized agents must provide a digital picture of themselves. Digital images can be taken at the Raleigh Environmental Health Section offices. We will also accept images sent in by the applicant via e-mail.

Send to: ENVIRONMENTAL HEALTH SECTION
Office of EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-1632

- _____ 2. The applicant shall forward the files generated in FIELD PRACTICE & REVIEW to the regional specialist.

The Environmental Health Section will contact the appropriate regional specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the section, the regional specialist shall contact his supervisor to arrange for the evaluation to be conducted by another regional specialist. The supervisor will communicate with the education and training specialist when the application has been referred to another regional specialist. Evaluations for authorizations are top priority for the regional specialist.

EVALUATION PROCEDURES

The regional specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The regional specialist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.

2. The regional specialist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must have taken and scored at least 70% on the written examination prior to the field evaluation by the regional specialist. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated. The regional specialist shall discuss the test results along with the incorrect answers with the applicant prior to continuing the evaluation.
3. The regional specialist shall observe the applicant's knowledge, skills, and ability to properly inspect at least one tattoo establishment. If the county has fewer than one tattoo establishment, the regional specialists will arrange to inspect a tattoo establishment in another county or deny the applicant's request for authorization.
4. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
5. The regional specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the regional specialist cannot recommend delegation be granted after the inspections have been conducted in Step 3 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

DELEGATION OF AUTHORITY

1. Upon receipt of the recommendation from the regional specialist, a letter from the State Environmental Health director will be sent to the applicant approving or denying the request for authorization. If approved, the *Identification Card* will be included as appropriate.
2. The *Identification Card* must be carried by the authorized agent while on duty.
3. The *Identification Card* is the property of the Environmental Health Section and must immediately returned by the authorized agent to the division when he/she is no longer employed with the local health department.
4. The applicant may begin to enforce laws and rules when the letter of authorization is received.

CHANGE OF EMPLOYMENT

1. If the agent becomes employed in another local health department, the individual must apply for authorization to enforce laws and rules. The following steps must be completed:
 - See PRELIMINARY ACTIVITIES, Step 2 and Step 5;
 - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1 and Step 3.
2. When an authorized agent transfers from one local health department of the state to another, the regional specialist shall assess the need for additional training, which may include attending the tattoo program portion of the initial internship training or other appropriate training at the expense of the employing health department.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR DELEGATION OF AUTHORITY

- Initial Authorization
 Re-authorization Previous Identification Card attached or returned to

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

- () CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution:
1. Original to: Education & Training, Environmental Health Section
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 2/23/12)
A.D.B.

Attachment F – Environmental Health Orientation Part 2-L:

Private Drinking Water Wells Authorization Procedures

Revised February 22, 2012

Environmental Health Section, On-Site Water Branch

APPLICANT INSTRUCTIONS AND INFORMATION

Preliminary Activities, Field Practice and Review, and Application (pages 4, 5, and 7)

The applicant shall complete the “Preliminary Activities” checklist, the “Field Practice and Review” checklist, and the “Application for Delegation of Authority”, and send them to EH Section’s Office of Education and Training (OET). Additionally, the applicant should submit a digital photograph for authorization identification cards to the OET, unless he or she is already authorized to administer another program. Hard copy photographs will not be accepted.

Checklists and applications may be sent by facsimile transmission to (919) 845-3972 or mailed to the below address:

ENVIRONMENTAL HEALTH SECTION
Office of EDUCATION & TRAINING
1632 MAIL SERVICE CENTER
RALEIGH NC 27699-16302

Affidavits, when applicable, must be sent to the Regional Well Specialist.

OET will notify the Regional Well Specialist after processing the “Preliminary Activities” checklist, the “Field Practice and Review” checklist, and the application. The Regional Well Specialist will coordinate with the applicant for completing the “Competency Assessment Process.”

Competency Assessment Process

I. Field Evaluation The applicant shall demonstrate competency and knowledge in these tasks to the DEH Regional Well Specialist:

- Well construction and repair permitting
- Well construction field investigations
- Well grouting inspections
- Well head completion inspections
- Well water sampling
- Maintenance of well program records

Demonstrated competency in these tasks is not necessary for an applicant who has well program experience from July 01, 2005 to January 01, 2007. In this case, the applicant’s experience must be documented with an affidavit, as included with these authorization procedures, and submitted to the Regional Well Specialist.

II. Written Examination The applicant must pass a written exam with a minimum score of 70 percent. Successful exam completion is required of all applicants.

After successful completion of the Competency Assessment Process, the Regional Well Specialist will notify OET that the applicant has satisfied all requirements for authorization.

APPLICANT INSTRUCTIONS AND INFORMATION (CONTINUED)

Delegation of Authority

After receiving the completed “Preliminary Activities” checklist, the “Field Practice and Review” checklist, the application, photograph (if needed), and the Regional Well Specialist’s recommendation, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization. An Identification Card will be

included with the letter, and must be carried by the authorized agent while on duty. Additionally, the Identification Card is the property the Environmental Health Section and must be immediately returned by the authorized agent to the Section, when he or she is no longer employed with a local health department. The applicant may begin enforcing laws and rules when the letter of authorization is received.

Change of Employment

If an authorized agent becomes employed in another county health department, he or she must complete and submit a new "Application for Delegation of Authority" to apply for authorization for that county.

PRELIMINARY ACTIVITIES (To be initialed by applicant's supervisor)
Initial/Date Completed

1. The applicant has successfully completed the Centralized Intern Training by the Environmental Health Section, DHHS. Or, the applicant has successfully completed a State of Practice well course or the Centralized Intern Training (well portion), if he or she has been involved with a well program, between January 01, 2007 and July 01, 2008.
2. The local health department has trained the applicant to keep daily records of time and activities, and to use forms properly.
3. The supervisor has assigned the applicant to an authorized environmental health specialist in the department for practice of skills and knowledge in the following specific areas:
 - Laws, rules, policies, and forms
 - Well construction and repair permits
 - Well construction and abandonment procedures
 - Well sampling procedures

If no authorized environmental health specialist is available in the intern's department, the Regional Well Specialist shall assist the county with finding an alternate location for this training. Local health directors of cross-training health departments will be involved in the coordination of training time and location.

4. The health department has supplied the applicant with the necessary equipment to enforce the laws and rules and ensure that the applicant is familiar with the use of all equipment.

Performance of "Preliminary Activities" tasks is not necessary for an applicant who is already authorized or has county well program experience from July 01, 2005 to January 01, 2007. In this case, the supervisor shall initial "Preliminary Activities" items #1 through #4 (above) and then document the applicant's experience with an affidavit, which is included with these authorization procedures. After completion, the "Preliminary Activities" checklist, along with the "Field Practice and Review" checklist should be sent to EH Section's Office of Education and Training, in accordance with the "Applicant Instructions and Information" on page 2. However, the affidavit (if applicable) should be sent to the Regional Well Specialist.

Printed name of applicant: _____

Printed name of supervisor: _____

Printed name of county: _____

FIELD PRACTICE and REVIEW
(Tasks are to be initialed by applicant and supervisor, when completed)
Initials/Date Completed

- _____1. The applicant has properly completed 10 well construction and/or repair permits, in accordance with 15A NCAC 02C .0303 and .0304.
- _____2. The applicant has properly completed 10 well construction field investigations, in accordance with 15A NCAC 02C .0303 and .0304.
- _____3. The applicant has properly completed 10 well grouting inspections, in accordance with 15A NCAC 02C .0305 and .0306.
- _____4. The applicant has properly completed 10 well head completion inspections, in accordance with 15A NCAC 02C .0306.
- _____5. The applicant has properly collected 10 well water samples, from any type of well, in accordance with 15A NCAC 18A .3802, .3803, .3804, and .3805.
- _____6. The applicant properly maintained records associated with Field Practice and Review items #1 through #5 in accordance with 15A NCAC 02C .0307 and has provided records or copies of records at the request of the supervisor or Regional Well Specialist.

If the "Field Practice and Review" items cannot be completed in the applicant's county, the Regional Well Specialist shall assist the applicant with finding an alternate location. The health directors of all involved health departments shall assist in the coordination of training times and locations.

Performance of "Field Practice and Review" tasks is not necessary for an applicant who is already authorized or has county well program experience from July 01, 2005 to January 01, 2007. In this case, the supervisor shall initial "Field Practice and Review" items #1 through #6 (above) and will also need to document the applicant's experience with an affidavit, which is included with these authorization procedures.

After completion, the "Field Practice and Review" checklist, along with the "Preliminary Activities" checklist should be sent to EH Section's Office of Education and Training, in accordance with the "Applicant Instructions and Information" on page 2. However, the affidavit (if applicable) should be sent to the Regional Well Specialist.

Printed Name of Supervisor: _____

Printed Name of County: _____

Printed Name of Applicant: _____

PRIVATE WATER SUPPLY WELL PROGRAM EXPERIENCE AFFIDAVIT

I, _____, do hereby give favorable reference for the
(Printed Name of Person Providing Reference)
below listed applicant for Private Drinking Water Wells Authorization.

My contact information is as follows:

Street _____ Address _____
_____ City _____
_____ State _____ Zip _____
Email _____ Phone (_____) _____

I hereby certify that I am qualified to give this reference based on the following (check one that applies). I:

_____ previously supervised the applicant, since July 1, 2005, at which time the applicant was actively involved in a county well program established on or before January 1, 2007.

County: _____ Dates of employment: _____

OR: _____ currently supervise the applicant who has been actively involved in a county well program on or before January 1, 2007.

Applicant: _____ (First Middle Last Names)

Applicant's Current Employer/County _____

DATE & Signature of Person Acknowledging Applicant's Experience

I certify that the following person(s) appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____.

Date: _____ Official Signature of Notary

_____ Printed Name of Notary

My Commission Expires: _____

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR DELEGATION OF AUTHORITY

Initial Authorization Re-authorization Previous Identification Card attached or returned to _____
REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

COUNTY OF EMPLOYMENT: _____

COUNTY OF PREVIOUS EMPLOYMENT: _____ DATE LEFT: _____

PREVIOUS AUTHORIZATION:

() CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

INITIAL APPLICANT TRAINING: LOCATION: _____ DATES: _____

TYPE OF AUTHORIZATION REQUESTED:

() CCC () FLI () OSW () TATTOO
() CLPP () MH () POOLS () WELLS

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: _____ SIGNATURE: _____

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization

DATE: _____ SIGNATURE: _____

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution: 1. Original to: Education & Training, Environmental Health Section
1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.
DPH-EHS 1056 (REVISED 2/22/12)
A.D.B

**Sampson County Health Department
Policy
on
Policies**

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**Sampson County Health Department
Policy on Policies Policy and Procedures**

Manual: Administrative Policy Manual	<u>Applicable Signatures/Title</u>
Title: Policy on Policies	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Commissioners Board Chair: Clark Wooten
Distributed to: All personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

To provide guidance to staff regarding the development, review and revision of policies, procedures and standing orders that address programs and procedures provided by the Sampson County Health Department (SCHD).

To provide guidance prior to beginning new programs or operations, when changes occur, and/or when required by program guidelines, laws, rules and regulations.

To provide guidance and direction governing the operations of the Sampson County Health Department (SCHD) in order to:

1. Translate each mission into practical terms
2. Provide a standard of practice with legal protection
3. Establish expectations for staff
4. Provide a framework for consistency in: methods of practice, personnel, fiscal operations, administrative, management and public health programs
5. Establish guidelines in accordance with program requirements, state and federal statutes, applicable rules and regulations
6. Establish a routine format to be used for all Health Department policies.

Policy:

It is the policy of Sampson County Board of Health and Sampson County Health Department (SCHD) administration that policies, procedures and standing orders are developed to address all programs and procedures provided by the agency. They will be developed prior to beginning new programs or operations, when changes occur, and/or when required by state and federal authority, applicable laws, rules and/or regulations. Reviews must be provided at least annually and revisions will be provided when changes occur and as required by state/federal requirements, laws, rules and regulations. Guidance will be provided to all staff responsible for the development and maintenance of policies and procedures.

Definitions:

Management/Departmental/Personnel/Fiscal/Program Policies:

1. A course of action adopted by and pursued by an agency that guides and determines present and future decisions and actions regarding administrative, management, departments, personnel, program and/or fiscal processes.
2. Guidelines/actions that indicate the general course or direction of an organization within which all personnel must operate based on activities described in policies, procedures and/or standing orders.
3. A tool that helps employees attain agency goals: the “what” and “why” of the goals and/or intent of the agency.
4. Guidelines/actions that include the objectives, rules and regulations which guide activities and direct allocation of resources.
5. Policy content is consistent with the department mission statement.

Policy Coordinator:

1. The person responsible for a policy, procedure and/or a standing order.
2. May be a Program Coordinator, Department Supervisor, Health Director or an employee designated by the Health Director or Department Supervisor.
3. Responsible for the reviews and/or revisions of a policy and/or standing order to include meeting all deadlines of the process.

Procedures:

1. The detailed and sequential actions that must be executed to ensure that a policy is implemented using the routine format.
2. The method of performing an operation or a manner of proceeding on a course of action.
3. Guidelines that direct actions required to perform a specific task within the guidelines/procedures of the policy.
4. Describes the “how, who, and/ or where” through which policies are carried out and are consistent with policy statements and standards of practice.

Program Policies and/or Procedures:

1. A policy that is specific to a particular program, procedures or process to include the objectives and rules, which direct the specific program or process focus and activities.
2. The policy or procedure follows the instructions, guidelines and regulations set forth by local, State and/or Federal agency requirements, laws, statutes and/or regulations.
3. The policy/procedure applies to personnel that provide any component of services related to the specific policy/procedure; this may include some or all of the agency’s personnel.

Standing Orders:

1. The signed instructions of a physician which outline the medical assessment, appropriate

- tests, treatment and referrals that a clinician may perform on behalf of a physician.
2. The SCHD Standing Orders template follows the NC Board of Nursing guidance is used - See Standing Orders Policy & Procedures section below.
 3. Serve to standardize the care provided by all clinicians.
 4. Provide the framework to assess and treat disease while practicing in local health departments.
 5. Allows clinicians to determine, based on parameters identified in the standing order, whether a specified condition exists, thus indicating the need to execute the order
 6. Standing orders may NOT allow for the Public Health Nurse to assess beyond the level of normal vs. abnormal or choose from among multiple intervention options.
 7. Standing orders must be separate and stand-alone from program/department policies.
 8. Each standing order MUST be signed by the Medical Director upon inception, annually and when changes occur; the Maternal Health Orders must also be signed by the contracting OB/Gyn physician(s).

Applicable Law, Rules and Regulations:

North Carolina General Statute: 130A-34.1
North Carolina General Statute: 130A-34.4
North Carolina General Statute: 132
North Carolina General Statute: 121-5
07 NCAC 04M .0510
10A NCAC 48A .0101 – .0105
10A NCAC 48B .0101 - .1308

Responsible Persons:

All staff.

Procedures:

Overview & Basic Guidelines:

1. Define the program, issue, problem or task.
2. Determine who has the responsibility for writing, reviewing and/or revising the policy/procedure:
 - A. Program staff are responsible for program policies.
 - B. Department Supervisors are responsible for department policies; this may be done by the department supervisor or by designation to another department staff member.
 - C. The Board of Health and the Health Director is responsible for administrative policies, which may be delegated to another staff member.
3. Management staff is responsible for policy oversight.

4. All disciplines of the program/department involved in carrying out or affected by the policy/procedure are to be included in policy review/revision and may be included in policy development.
5. The Medical Director will be involved when developing policies, standing orders and procedures related to clinical and emergency services.
6. The state consultants will be involved when developing policies related to state mandated programs.
7. Appropriate rules, regulations and/or standards of practice will be referred to as needed. Legal review may also be requested by the Health Director or Board of Health.
8. When policies that affect the community-at-large are developed or changed, steps will be taken to obtain community input prior to the final adoption of the policy.
9. The templates provided in the Attachment Section will be used with policies and standing orders.
10. Policies/procedures and standing orders will be organized in a formatted system – see Appendix, Attachments 1 – 4 and 7 – 9.
11. The draft of new policies/procedures/standing orders will be written, time will be allowed for review and revision as necessary prior to final review and adoption. New policies and standing orders will follow the templates in Appendix, Attachments 1 – 4 and 7 – 9.
12. Adoption of a policy and/or procedure will be done according to the level of decision-making necessary – see *Level of Decision Making & Approval Regarding Policies, Procedures and Standing Orders* section below.
13. Distribute and provide education/training regarding new and revised policies, procedures and standing orders.
14. All new staff will be provided a reading list of policies, procedures and standing orders that must be reviewed upon hire. The reading list will be based on the new hire's department – see the Orientation Policy. Staff will be trained as needed based on administrative, department and program policies, procedures and standing orders.
15. Policies, procedures and standing orders will be reviewed at least annually; revisions will be made whenever changes occur.
16. The "Policy Coordinator" will be responsible for all annual reviews and revisions as needed.
17. Administrative, personnel and departmental policies will be reviewed and/or revised by the responsible personnel.
18. All policies, procedures and standing orders will follow the review and/or revision process instructions below. Refer to the appropriate section for instructions.

Guidelines for Developing/Reviewing/Revising Policies/Procedures/Standing Orders:

1. Policy Coordinator:
 - A. Ensure each policy/procedure/standing order meets all local, State and/or Federal requirements, applicable laws, rules, regulations, policy standards, agreements and expectations.
 - B. Before developing or making any changes, thoroughly review all applicable resources and note the requirements and changes to any of the information. If

changes are noted, the policy/procedure/standing order is to be developed or revised to include the information. The resources are:

1. Information on the State Program(s) website.
2. The Agreement Addendum, if applicable
3. The DMA Clinical Coverage Policy, if applicable
4. The program audit/review tools, if applicable
5. The Federal/State/Local Program forms that apply to the program, if applicable
6. Emails sent by Federal, State or program officials that provide guidance on revisions/changes.
7. Federal and/or State laws, administrative rules and regulations

C. Consider the use of the following resources:

1. State/Program Consultants: Consultants are valuable resources – they are aware of the laws, rules, regulations and requirements needed to meet program expectations and of any changes to the program; use provides insight as to what is expected in a policy/ procedure/standing order.
2. Federal and/or State Agency recommendations.
3. Federal/State/Local manuals or guides.
4. Federal/State/Local websites.
5. Best Practice Guidance.

D. Follow the guidance for the policy review and/or revision process as described below.

2. Exceptions:

Specific policies may use a different format based on: 1) copied directly from local, state or federal documents and; 2) the need to meet informational and guidance requirements for a document as specified by another entity. These policies include, but are not limited to:

- A. SCHD Information Security Policy
- B. Sampson County Cell Phone Policy
- C. Sampson County Electronics Policy

Annual Policy Review Process:

1. The annual review process may also be a revision process that occurs when annually updating policies to meet new federal/state/local requirements. If this occurs, follow the annual review process.
2. Information Box:

Review all information in the box to ensure the following is correct:

- A. Title
- B. Names
- C. Distributed to correct staff
- D. Dates:

- 1. The Effective/Supersedes dates are always changed each time the policy is reviewed to indicate the policy has been through the review process.
- 2. The new review date is entered in the “Effective Date” section.
- 3. The old effective date is entered in the “Supersedes” section.
- 4. Example:

Effective Date: 01/01/2020

Supersedes: 01/01/2019

- 3. Any information that is being deleted from the document receives one strikethrough mark and is highlighted in light green:

Example – ~~All clients will receive testing.~~

- 4. Any new information that is being added to the document is highlighted in yellow:

Example – All clients with risk factors will be offered testing.

- 5. Once changes are made, the policy is saved with the new annual date as:

“ABC Policy and Procedures 2020-Draft” **OR** “ABC PP 2020-Draft”

- 6. The Policy Coordinator follows the guidelines as stated below.

- 7. Once all the guidelines have been followed, the policy is saved as:

“ABC Policy & Procedures 2020-Final.” **OR** “ABC PP 2020-Final.”

NOTE: Do NOT add any other symbols to the title.

- 8. Complete the Policy Review/Revision form with all changes to include the date.
- 9. Add the review date to the dates listed on the Policy Signature Page. If the policy is part of a manual that contains several sections, enter the review date to signature page at the beginning of the manual.
- 10. The Policy Coordinator is responsible for:
 - A. Reviewing the policy and meeting all deadlines in the process. See #11 below.
 - B. Saving the “Draft” and “Final” of each policy in both Word and PDF formats.
 - C. Keeping electronic versions of the policy in accordance with current North Carolina Records Retention and Disposition Schedules for Local Health Departments.

- D. Printing:
1. Print the new policy to replace the old one and place in the appropriate area of work – see Policy/Procedure/Standing Order Access & Retention. #2 below.
 2. Place the old policy in the area designated by the Department Supervisor for retention in accordance with current North Carolina Records Retention and Disposition Schedules for Local Health Departments.
11. Once the policy has been updated, it goes through the following review process.
- A. All policies have been assigned a month when they are due for review – see the Timeline Calendar on SharePoints.
 - B. The “Policy Coordinator” is to have the policy ready for review by the Health Director and Department Supervisor the first day of the month it is due for review.
 - C. Program Coordinators are to submit their policies/procedures to the Nursing Director one to two weeks in advance for review to allow the Coordinator to incorporate changes/revisions recommended by the Nursing Director prior to submitting the policy to the Health Director.
 - D. A paper version is to be printed, placed in the policy book that includes all attachments and submitted to the Health Director for review the first day of the month.
 - E. Each Policy Coordinator will ask the Department Supervisor if he/she prefers a paper or electronic version to review and provide the policy in the requested format with attachments on the first day of the month.
 - F. The Health Director and Department Supervisor will provide feedback by no later than the second Wednesday of the month. If the Health Director and/or Department Supervisor has not responded by Wednesday of that week, the Policy Coordinator will send a reminder by email, voicemail and in person.
 - G. As soon as the policy has been reviewed by the Health Director and Department Supervisor and sent back, the Policy Coordinator will make any revisions needed.
 - H. Health Educator:
 1. The Policy Coordinator will email the policy in **PDF format** to the Health Educator to post on SharePoints by Friday of the first full second week.
 2. If the policy coordinator does not have the capability to convert a document to PDF, he/she is to contact his/her supervisor.
 3. Notify the Health Educator by phone and email.
 4. Will post the policy on SharePoints within 48 hours of receiving and notify the Policy Coordinator of the posting.
 - I. The Policy Coordinator will place the paper copy any policies/procedures that require the Medical Director’s signature in the Medical Director’s tray for review and signature.

- J. The Policy Coordinator will send an email with a delivery and read receipt to all appropriate staff informing them: 1) the policy is ready for review; and 2) the 7 – 14 day deadline date for the review.
 - K. The posting will be announced in the next Huddle and/or Department meeting.
 - L. It is each employee’s job duty to review policies and meet the deadlines that are posted.
 - M. The entire review process is to be completed by the last working day of the month.
12. The annual reviews for policy and standing orders will be documented by signing the Policy Review and Policy Statement signed on/at Employment Date or Annual Evaluation – see Appendix, Attachments 6 and 10 and refer to the Staff Qualifications Policy for Policy Statement on the Annual Job Description Review Form.
13. **For ALL Policies:** Copies of the Title Page, Table of Contents, Policy Signature Page, and emails are to be made, paper clipped together and placed in the Maternal Health Coordinator’s mail box by the Policy Coordinator by no later than the Friday of the first full week of the following month.

Policy Revision Process:

- 1. Policies and procedures are to be revised as required based on changes that occur during the year and may include: program changes; technology changes; laws, rules, regulation changes; changes in standards of practice; changes in agreement addendums; etc.
- 2. Revisions will be documented and distributed to all personnel who are impacted by the policy/procedure.
- 3. The Policy Coordinator will complete the Policy Review & Revision Form located in the front of the paper policy manual – see Appendix Attachment 6. If the Policy Coordinator is responsible for Standing Orders, see Appendix, Attachment 10.
- 4. Changes will be made following the guidelines in “Policy Review” #1-#10 above.
- 5. Once the changes are made, the Policy Coordinator will:
 - A. Copy and paste the changes to an email OR send the policy with changes as an attachment to the email. If the changes are more than one page, attach the policy and list the page numbers of changes in the email.
 - B. Email the changes to the Health Director and Department Supervisor for review and feedback and notify them of the email by phone or in person. The Health Director and Department Supervisor will provide feedback within seven (7) calendar days of receipt of email.
 - C. Program Coordinators will submit their changes to the Nursing Director in advance for review to allow the Coordinator to incorporate changes/revisions recommended by the Nursing Director prior to submitting the policy to the Health Director.
 - C. Once approval received, send the email with delivery and read receipts to appropriate staff. The email date serves as the revision date and the delivery receipts serve as proof staff was notified of the revisions

- D. The policy/standing order signature review sheet does NOT have to be signed unless specifically requested by the Health Director or Medical Director.
 - E. Send the revised policy to the Health Educator in PDF to post on SharePoint
 - F. Replace the pages in the paper copy of the policy
 - G. Complete the Review/Revision Form in the front of the paper copy of the policy
 - H. Print the email with the delivery/read receipts and place behind the Review/Revision Form in the paper copy of the policy/standing order.
 - I. Review the changes at the next Huddle and/or Department Meeting.
6. This process is to be followed each time a revision is made to a policy.

Standing Orders:

- 1. Standing orders are NOT part of a policy, are dictated by the North Carolina Board of Nursing and must be kept in a separate section or manual from the corresponding policy.
- 2. Each standing order must be reviewed and signed at least every twelve (12) months by the Medical Director. See Appendix Attachments 7 – 9.
- 3. Each standing order that must be revised must be signed by the Medical Director. See Appendix Attachments 7 – 9.
- 4. Per North Carolina Board of Nursing requirements, a new or revised Standing Order MUST be signed by the physician BEFORE it can be implemented. (Scope of Practice).
- 5. Each Standing Order must ALWAYS include the following statement: “NC Board of Nursing Legal Authority: Nurse Practice Act, G. S. 90-171.20 (7) (f) & (8) (c)”
- 6. The Standing Orders review and revision procedures follow the same guidelines listed in the above “Policy Review Process” & “Policy Revision Process” with the following exceptions:
 - A. Only nurses sign the Standing Orders
 - B. A copy of the newly reviewed/revised Standing Order(s) is placed in the Standing Orders Manual located at the Nurses’ Station by the policy coordinator.
- 7. The Standing Order Review/Revision Form will be completed for all standing order annual reviews, any revisions and placed in the Standing Order Section of the paper policy. See Appendix, Attachments 1 and 10.

Order of Policies & Standing Orders:

- 1. All policies, procedures and standing orders are to follow a specific arrangement and format to ensure consistency and continuity for all programs and departments.
- 2. All policies/procedures/standing orders are to have the same appearance. This includes:
 - A. Arrangement of the pages
 - B. Formatting to include the same typeface, font size, indentions and styles.
 - C. Heading and sub-headings formatting
 - D. Header, footer and page numbering formats

3. See Appendix: Attachment 1 for the order of policies and standing orders; Attachment 2, 3 and 4 for policy/procedure formatting guidance; and Attachments 7 & 8 for Standing Order formatting guidance.

Staff Responsibilities:

1. Upon hire, all personnel will review policies/procedures/standing orders based on the department reading list and as new policies/procedures/standing orders are developed, reviewed and/or revised.
2. Staff will be trained as needed based on administrative, department and/or program policies.
3. All personnel are responsible for following the guidelines of policies that relate to their department and position, including but not limited to program, fiscal, personnel and administrative policies.
4. Staff will meet all deadlines given to review policies, procedures and/or standing orders.
5. All staff will sign the following Policy Statement at the beginning of employment and at each annual evaluation:

“By signing below, I acknowledge that I am required to read the policies/procedures and standing orders (if applicable to position) of the agency and those of the programs that I am assigned. By signing below, I acknowledge that it is my responsibility and that I have read the policies within 10 day guidelines, and understand the policies and procedures for Sampson County Health Department and any other program’s policy and procedure manual in which I am working that are in effect as of the date of my signature. I also acknowledge, I have been notified of policy updates and changes and have been given opportunities to ask questions regarding any changes. I further acknowledge my understanding that agency policies are posted on the computer network, Sharepoints, and a hard copy (paper) program policy manuals will be housed on accessible book shelves based on the appropriate department:

1. *Clinical Manuals will be placed at the Nurses’ Station*
2. *WIC Manuals will be placed in the WIC Director’s office*
3. *EH Manuals will be placed in the EH file room*
4. *Copies of the Administrative Manual will be kept in the Health Director’s Office, staff office area, Medical Records, WIC Office and EH Office.*
5. *Other manuals that pertain to all employees will be kept on the shelves in the staff office areas.*

I understand that I am expected to perform within these guidelines at all times and, further, deviations from these policies will be documented in my personnel record and disciplinary action taken accordingly.”

Policy/Procedure/Standing Order Access & Retention:

1. All policies/procedures/standing orders will be posted electronically in PDF format on SharePoints.

2. Hard copy (paper) manuals will be housed on accessible book shelves based on the appropriate department:
 - A. Clinical Manuals will be placed at the Nurses' Station
 - B. WIC Manuals will be placed in the WIC Director's office
 - C. EH Manuals will be placed in the EH file room
 - D. Copies of the Administrative Manual will be kept in the Health Director's Office, staff office area, Medical Records, WIC Office and EH Office.
 - E. Outreach Program Manuals will be kept in the staff office area.
 - F. Other manuals that pertain to all employees will be kept on the shelves in the staff office areas.

3. Record Retention and Disposal:
 - A. All old policies are required to be retained as stated in the records retention and disposition schedule published by the North Carolina Department of Archives and History.
 - B. The Policy Coordinator will place the old paper copy in a location designated by the Department Supervisor or Health Director.
 - C. Most policies are required to be kept either 5 or 6 years; the Policy Coordinator will review the schedule for the timeline for each specific policy.
 - D. Medical Records/EHR Policy retention requirements may be longer per State rules and regulations and the Office of Archives. Staff will review the timeline for policies and records.
 - E. Information regarding local health department record retention can be found at:

<https://archives.ncdcr.gov/documents/local-health-departments-schedule>

Department of Cultural Resources, Archives and Records Section
215 Blount Street
Raleigh, NC 27601-2823
Telephone: 919-733-3540

Levels of Decision Making & Approval Regarding Policies, Procedures and Standing Orders:

1. The level of decision making and approval is dependent on the information contained in each policy, procedure and standing order. Some only require minimal approval while others must follow a chain of decision making and approval from the Policy Coordinator to the Board of County Commissioners.
2. All new policies MUST have approval following the table below prior to being implemented.
3. Policies:
 - A. Most policies only require a one-time approval unless major changes are made.
 - B. Other policies must have annual approval, such as the Fiscal Policy.

4. The Health Director must approve all policies and approval must be given before being submitted to any further by other authorities.
5. Some policies will only need approval by the Health Director and Department Supervisor.
6. The Medical Director must approve all nursing-related policies and all standing orders.
7. Some policies require approval by the Health Advisory Board and/or Board of Health.
8. Some policies require approval by the Board of County Commissioners.
9. Refer to the Table below:

LEVEL OF AUTHORITY AND/OR DECISION MAKING

LEVEL OF AUTHORITY AND/OR DECISION-MAKING	POLICIES/PROCEDURES/ STANDING ORDERS
Sampson County Board of Commissioners	All Fees and Fee Schedule policies and/or procedures Local BOH Rules All BOH policies/procedures***
Sampson County Health Advisory Board	Personnel, Fiscal, Administrative policies/ procedures All new policies/procedures
Local Health Director	ALL policies/procedures
Director of Nursing	All Nursing program policies/procedures
Medical Director	All nursing program policies/procedures All Standing Orders
Environmental Health Supervisor	Environmental Health program policies/procedures
WIC Supervisor	All WIC program policies/procedures
Administrative Supervisor	All Medical Records program policies/ procedures All Vital Records program policies/ procedures
Fiscal Supervisor	All Fiscal/Financial program policies/ procedures
Program Coordinator	Program specific policies/procedures
Policy Coordinator	Designated policies/procedures
Contract OB/Gyn Providers	All Maternal Health program policies/procedures All Maternal Health Standing Orders

*** **Adjudication Policy & Procedures
Appeals Policy & Procedures
BOH Operating Procedures
BOH Conflict of Interest Policy & Procedures**

References:

1. North Carolina General Statute: 130A-34.1
2. North Carolina General Statute: 130A-34.4
3. 10A NCAC 48A .0101 – .0105
4. 10A NCAC 48B .0101 - .1308
5. North Carolina Institute for Public Health (NCIPH) North Carolina Local Health Department Accreditation website: <https://nciph.sph.unc.edu/accred/>
6. Accreditation Process Handbook: A Local Health Department Tool for Accreditation Review and Site Visit Preparation.
7. Health Department Self-Assessment Instrument (HDSAI), 01/01/2019.
8. HDSAI Interpretation Document, 01/01/2019.
9. Office of North Carolina Archives and History Local Health Department Record Retention and Disposition Schedule:

<https://archives.ncdcr.gov/documents/local-health-departments-schedule>
10. North Carolina Board of Nursing Standing Orders Position Statement:

<https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf>

APPENDIX

Attachment 1: Order of Policies and Standing Orders

Order of Policy/Procedures:

All policies will be arranged and formatted in the following order:

Title Page

Policy Signature Form:

NOTE: If a policy is a section of a larger policy, such as this policy is part of the Administrative Manual, a policy signature form may not be required for each individual policy/section of the larger document.

Policy Review/Revision Form:

NOTE: If a policy is a section of a larger policy, such as this policy is part of the Administrative Manual, a Policy/Standing Order Review/Revision Form may be used in the primary/first part of the larger policy/manual and not for each individual policy/section of the larger document.

Table of Contents

Policy Information Table and appropriate format headings

Policy and Procedure Contents

Appendix with Attachments

Emails: All applicable emails will be placed after the review/revision form, but are NOT part of the actual policy.

Order of Standing Orders:

All standing orders will be arranged and formatted in the following order:

Title Page

Standing Order Summary Signature Form

Standing Order Review/Revision Form

Table of Contents

Each Individual Standing Order(s) in NC Board of Nursing format

Emails: All applicable emails will be placed after the review/revision form, but are NOT part of the actual policy.

Attachment 2: Policy & Procedure Information Table & Guidance

SAMPSON COUNTY HEALTH DEPARTMENT

Policy and Procedures: Year _____

Table Information Guidance

Manual/Program: Administrative	<u>Applicable Title/Signatures</u>
Title: Sample P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
XX Management/Department-wide Policy	Medical Director: Dr Pepper
<input type="checkbox"/> Personnel Policy	Health Director: Wonder Woman
<input type="checkbox"/> Fiscal Policy	County Commissioner Chair: Mr. America
Distributed to: All Staff	Health Advisory Board Chair: Mrs. America
	Effective Date: 01/01/2020
	Supersedes: 01/01/2019

Review/Revision Date: (This is listed on the Policy Signature Sheet, NOT on the Main Page of the policy)

Information Table:

Manual/Program: Name of the manual that the policy is a part of, if applicable. If the Policy is not part of another manual, list the program to which the policy applies.

Title: The name of the specific policy; it is the same as the name of the policy in the title listed above the Information Table.

Type of Policy:

Only ONE of the following is completed:

1. Program Policy & Program Procedure: The specific program to which the policy/procedure applies. If it applies to general policies/procedures, these are left blank and one of the other boxes below apply;

OR

2. Management/department-wide/administrative Policy: Policies that apply to all staff and/or departments and are NOT program specific;

OR

3. Personnel Policy: Policies that apply as guidance to all personnel

OR

4. Fiscal Policy: Policies that apply to health department financial services.

Distributed To:

The personnel to which the policy applies in any form.

1. Program policies/procedures, such as FP or MH, usually apply to all of the clinical staff that provide services to that program's clients, such as appointments, intake, nurse or cashier and may also apply to WIC and/or EH.

Examples: Maternal Health Policy applies to WIC
Communicable Disease Policy applies to EH

2. Department policies usually applies to staff in a particular department, such as WIC or EH.
3. Management/Personnel/Fiscal/Administrative policies usually apply to all staff.

Applicable Titles/Signatures:

1. Each section is to be completed based on the type of policy. If a title/signature is NOT needed in the column, enter "N/A" in the line.
2. The Nursing Director title may be removed and appropriate supervisor title entered in the line as applicable.

Example: Remove "Director of Nursing" and enter "WIC Director" for WIC policies.

3. Program/Policy Coordinator: The person responsible for the policy review and/or revisions. This may be the Program Coordinator or any other person appointed by the Health Director or Department Supervisor. If a Department Supervisor or the Health Director are responsible for the policy, this section will be "N/A."
4. Supervisor: The Program/Policy Coordinator's immediate supervisor. For Department Supervisors that are responsible for a policy, enter the Health Director.
5. Nursing Director: Current Nursing Director; this may be deleted and the title of the Department Supervisor that is responsible for the policy entered: for example; delete Nursing Director and enter WIC Director for WIC policies or EH Supervisor for EH policies.
6. Medical Director: Current Medical Director
7. Health Director: Current Health Director
8. County Commissioner Board Chair: Current Chair of Board of County Commissioners
9. Health Advisory Board Chair: Current Chair of the SCHD Health Advisory Board
10. Effective Date: The current date that the policy is implemented, reviewed or revised. This applies to the annual review to include no changes made. It indicates the policy was reviewed for any changes.
11. Supersedes: The last date that the policy was implemented, reviewed or revised. If the policy is new, "N/A" is entered in the box.
12. Review/Revision Date: The month, date and year of all policy reviews/revisions, including the implementation date. This information is to be entered on the line on the Policy Signature Page each time a policy is implemented, reviewed or revised. The line is NOT used under the main Information Table at the beginning of the policy.

Attachment 3: Policy and Procedure Formatting Guidance

**SAMPSON COUNTY HEALTH DEPARTMENT
SAMPLE Policy and Procedures: Year 2020
Policy Formatting Guidance**

Manual/Program: Administrative	<u>Applicable Title/Signatures</u>
Title: Sample P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
XX Management/Department-wide Policy	Medical Director: Dr Pepper
<input type="checkbox"/> Personnel Policy	Health Director: Wonder Woman
<input type="checkbox"/> Fiscal Policy	County Commissioner Chair: Mr. America
Distributed to: All Staff	Health Advisory Board Chair: Mrs. America
	Effective Date: 01/01/2020
	Supersedes: 01/01/2019

Review/Revision Date: (This is listed on the Policy Signature Sheet, NOT on the Main Page of the policy)

Policy Development/Review/Revision Format: (*Use the following headings as applicable and in the order listed. Each heading is to **BOLDED and UNDERLINED***)

Purpose: (*states the “whys” for the policy and usually begins with “To”, i.e. to provide guidance for clients seen in WIC*)

Policy: (*“what” shall be done – the reason for the policy and the expectations of the policy, i.e. it is the policy of SCHD to provide WIC services to all eligible clients*)

Definitions: (*clarifies/standardizes terms for any wording that needs clarification. Note: Acronyms are to be listed in the Appendix*)

Applicable Law, Rules and Regulations: (*legal authority, if any and other sources used for development of policy, such as best practice, i.e.; NC General Statutes, Federal guidelines*)

Responsible Person(s): (*“who” is responsible for carrying out any or all of the procedures in the policy, i.e., All WIC staff*)

Equipment Required: (*Tools needed provide policy needs or procedures, if any. i.e. WIC EBT cards*)

Patient Preparation/Teaching/Documentation: (*if applicable, any program-required documents that must be used to meet program guidelines, i.e. Bright Futures for CH*)

Procedures: *(outlines the specific steps of “what” shall be done and how to do it; “what” is required to meet policy guidelines)*

References: *(on a separate page): All policies/procedures, guidelines, laws, rules, regulations, program guidelines, guidance documents, websites or any other information used to develop, review and/or revise the policy; any other policies affected by content or referred to in the content; each reference is to be numbered. If a website is included, place a space between the website and the next reference.)*

Main Headings:

1. All policies, procedures and the standing orders summary page must contain:
 - A. Purpose
 - B. Policy
 - C. Responsible Persons
 - D. Procedures
 - E. References

2. Some policies/procedures/standing orders will not need all of the other Main Headings, such as Definitions or Equipment, based on the type of policy:
 - A. Definitions: may not apply; use if needed to assist with understanding the policy or if required by AA, State, Federal or other guidelines.
 - B. Applicable Law, Rules and Regulations: will apply to most policies and procedures; applies to ALL standing orders. If the policy is based on any state or federal laws and/or regulations, they must be listed under this section, such as communicable disease laws for the CD Manual, EH laws/rules for EH policies, Title X regulations for FP, etc. (Note: the items listed in this section are to also be listed under **References**).
 - C. Equipment Required: If any equipment is needed to perform the procedures listed in the policy, they must be listed in this section, such as water bottles for EH well testing, lab equipment to perform lab testing, etc.
 - D. Preparation/Teaching/Documentation: if any program-required or educational materials are required for the program or to perform procedures, they must be listed in this section; for example – Bright Futures for CH, WIC client information sheets, etc.

Policy Headers: *(All policies are to include health department name and name of policy/guidance/file in top right corner in a **BOLD Times New Roman size 10 font.**)*

Example:

Sampson County Health Department
Epi Team Policy & Procedures

Policy Footers and Page Numbers: *(All policies are to use “Plain” headers and footers and include the Health Department and policy/manual/program name in a **BOLD Times New Roman**)*

size 10 font and the page number. The policy/manual/program listed depends on the purpose and/or use of the policy; i.e., the Dress Code Policy would have a footer of Administrative Manual; the Family Planning Policy would have a footer of Family Planning; the Epi Team Policy would have a footer of Communicable Disease). Footers are placed in the bottom left corner and the page number in the bottom right corner.

Example:

Communicable Disease Manual

4

Policy Formatting: (the standard formatting for all policies/procedures)

1. Document Format:

- A. Margins: 1-inch top, bottom and each side
- B. Font: Times New Roman, standard 12 size font
- C. Indentions: 0.5” indent spacing
- D. Style: No Spacing
- E. Section: 1 spacing between each section; heading, sub-heading, and sub-section of numbers and letters; there is no spacing between each of the parts of the sub-heading.

3. Headings:

- A. Main headings: Bolded, underlined and end with colon, i.e. **Purpose:** or **References.**
- B. Subheadings: underlined and end with colon, i.e. Overview: The sub-heading will have the same indent space as the main headings.
- C. Multiple sub-headings may be used under any Main Heading.
- D. The beginning numbers under the sub-headings will have the same indent space as the sub-heading – see the Example below.
- E. In addition, other words may be underlined to indicate special emphasis on the section.

5. Numbers and Letters:

- A. Numbers and letters are to be used under headings and sub-headings.
- B. They are to follow a specific format as additional sub-information of: number, letter, number, letter, number, letter. See example below..

6. Numbering/Lettering Formatting: The formatting numbering/lettering system may be used under the main headings and/or the sub-headings, depending on the size/length of the policy. A combination of both numbers and letters are used as follows: Numbers followed by upper case letters followed by numbers followed by lower case letters followed by roman numerals followed lower case letters.

FORMAT:

Main Heading:

Subheading:

- 1.
- 2.
- 3.

- A.
- B.
- C.

- 1.
- 2.
- 3.

- a.
- b.
- c.

- i.
- ii.
- iii.

- a.
- b.
- c.

EXAMPLE:

Procedures:

New Process:

1. New Reviews are to.....
 - A. Staff will.....
 - B. The Process Is:
 1. Staff is to.....
 2. The policy will.....

- a. The Coordinator is.....
- b. The policy will.....

EXAMPLE:

Procedures:

Old Process:

- 1. Old Forms will be.....
 - A. Revisions are.....
 - B. The old forms will.....
- 2. Old Policies:
 - A. All old policies.....
 - B. Each old policy will.....

References (on a SEPARATE page):

- 1. NC General Statute: GS 130A-41
- 2. NC Communicable Disease Manual 2016 at:
<http://epi.publichealth.nc.gov/cd/lhds/manuals/cd/toc.html>
- 3. 10.NCAC. A22. 0202

Attachment 4: Sample Policy:

**SAMPSON COUNTY HEALTH DEPARTMENT
SAMPLE Policy and Procedures: Year 2020**

Manual/Program: Administrative	<u>Applicable Title/Signatures</u>
Title: Sample P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
XX Management/Department-wide Policy	Medical Director: Dr Pepper
<input type="checkbox"/> Personnel Policy	Health Director: Wonder Woman
<input type="checkbox"/> Fiscal Policy	County Commissioner Chair: Mr. America
Distributed to: All Staff	Health Advisory Board Chair: Mrs. America
	Effective Date: 01/01/2020
	Supersedes: 01/01/2019

Purpose:

To provide guidance to staff responsible for policies.
To provide examples to ensure compliance for all policies
To meet accreditation requirements

Policy:

It is the policy of the Sampson County Health Department (SCHD) to ensure that all policies follow the guidance in the Policy on Policies. SCHD will provide guidance to each person responsible for policies to ensure they meet all requirements for accreditation standards.

Definitions:

Employees: Any hired, contracted or volunteer person working on behalf of the agency. Employee, staff, worker, personnel are interchangeable.

Applicable Law, Rules and Regulations:

North Carolina General Statute: 130A-34.1
North Carolina General Statute: 130A-34.4
Health Department Self-Assessment Instrument (HDSAI), 01/01/2017.

Responsible Person(s):

All Staff

Procedures:

Guidelines for Developing/Reviewing/Revising Policies/Procedures/Standing Orders:

1. It is the Policy Coordinator's responsibility to ensure each policy/procedure/standing order meets all requirements by State/Federal programs/agencies.
2. When developing, reviewing or revising policies, procedures and standing orders, the Policy Coordinators will use a variety of informational resources.
 - A. The Agreement Addendum if applicable
 - B. The DMA Clinical Coverage Policy if applicable
 - C. The program audit tools if applicable
 - D. The Federal/State/Program forms that apply to the program if applicable
 - E. Emails sent by Federal or State officials that provide guidance on revisions or changes.
 - F. Federal and/or State laws, administrative rules and regulations
 1. All reviews/revisions are to be completed before submitting for review.
 2. Improper formatting will be returned
 - a. Follow all formatting rules
 - b. Seek assistance as needed

Annual Review Process:

Any information that is being deleted receives one strikethrough mark and is highlighted in light green.

Policy Revision Process:

Policies and procedures are to be revised/updated as required by policy changes, program changes, changing technology, rule or law changes, change in standard of practice, changes in agreement addendums, etc.

References (SEPARATE page):

1. North Carolina General Statute: 130A-34.1
2. North Carolina General Statute: 130A-34.4
3. North Carolina Institute for Public Health Accreditation for Local Health Departments website:
<https://nciph.sph.unc.edu/accred/index.htm>
4. Health Department Self-Assessment Instrument (HDSA), 01/01/2017.

Attachment 5: Policy & Procedures Annual Review Form

**SAMPSON COUNTY HEALTH DEPARTMENT
Policy and Procedures: Year _____
Annual Review Form**

Manual/Program:	<u>Applicable Title/Signatures</u>
Title:	Program Coordinator/Specialist:
<input type="checkbox"/> Program Policy: _____ Program	Supervisor:
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing:
<input type="checkbox"/> Management/Department-wide Policy	Medical Director:
<input type="checkbox"/> Personnel Policy	Health Director:
<input type="checkbox"/> Fiscal Policy	County Commissioner Chair:
Distributed to:	Health Advisory Board Chair:
	Effective Date:
	Supersedes:

Review/Revision Date: _____

Medical Director Date

Health Director Date

Nursing Director Date

Program Coordinator Date

OB/Gyn Provider (delete if not applicable) Date

Attachment 6: Program Policy Review & Revision Form

Sampson County Health Department _____ Program Policy Review & Revision Form				
Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified

Attachment 7: Standing Orders Formatting Guidance:

Provides signed specific instructions by the physician that outline the clinician duties performed on behalf of the physician.

Standing Orders are NOT part of the policy and must be kept separate.

Standing Orders use the same formatting steps listed in Attachments 2 and 3 above in addition to the following formats and information based on the North Carolina Board of Nursing Standing Order requirements. The formatting is as follows:

SAMPSON COUNTY HEALTH DEPARTMENT
_____ Standing Orders Summary: Year _____
Formatting Guidance

Manual/Program:	<u>Applicable Title/Signatures</u>
Title:	Program Coordinator/Specialist:
<input type="checkbox"/> Program Policy: _____ Program	Supervisor:
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing:
<input type="checkbox"/> Management/Department-wide Policy	Medical Director:
<input type="checkbox"/> Personnel Policy	Health Director:
<input type="checkbox"/> Fiscal Policy	County Commissioner Chair:
Distributed to:	Health Advisory Board Chair:
	Effective Date:
	Supersedes:

Review/Revision Date: _____

Purpose: *(states the “why” for the program standing orders)*

Definitions: *(clarifies/standardizes terms for any wording that needs clarification)*

Applicable Law, Rules and Regulations: *(legal authority, if any and other sources used for development of policy such as best practice, i.e.; NC BON, NC Statutes, CD Branch, CDC guidelines)*

Responsible Person(s): *(“who” is responsible for carrying out any or all of the procedures in the standing order).*

Date Written: *(Date of original order if known or earliest known date of the standing order).*

Current Review/Revision Date: *(Date of current review or revision of standing order).*

Signature: *(line for Medical Director to sign and date the Standing Order Policy Summary Page and the date the standing order was originally written)*

Legal Authority: *(Line stating the North Carolina Board of Nursing law regarding authority for standing orders).*

Note: *Headers, footers and page numbers follow the policy formatting guidance.*

Attachment 8: Standing Order Template:

Formatting for Standing Order: The format follows the North Carolina Board of Nursing template as follows:

Standing Order Template:

Standing Order for: Title of the procedure, medication, situation or condition

Standing Order: General statement of the situation or condition for which the standing order is to be used. Include who may perform the standing order (e.g., RN, LPN) and any training required prior to utilizing the standing order.

Assessment: Criteria used to determine the situation or condition for which the standing order may be carried out.

Subjective Findings: State complaints reported by the client which are consistent with the identified health care problem. Specify as indicated the number of findings required to support the criteria for using the standing order.

Example: subjective findings to support a set of routine clinic labs or immunizations would be to state client presents for the service e.g., need for immunization, pregnant woman requesting prenatal care.

Objective Findings: State those findings noted on assessment which support the presence of the identified health care problem (e.g., lab test results, vital signs or measures, discharge etc.).

Example: objective findings to support a set of routine labs on any client for a specific clinic would be to state the clinic type, e.g., initial prenatal visit for pregnant woman or client age appropriate and has not yet received this immunization which is indicated based on ACIP guidelines.

Plan of Care:

1. **Implementation:** State the medical treatment/pharmaceutical or lab testing procedures to be carried out based on the subjective and objective findings listed above.
2. **Nursing Actions:** State interventions which focus on the client's self-care regarding response to illness, potential illness and/or treatment. Teaching may include awareness of side effects of treatment and criteria for contacting the physician.
3. **Follow up Requirements:** State any follow up testing, rescreening or referral which is routinely required.

Criteria for Notifying the Provider: Include a statement such as "if there is any question about whether to carry out any treatment, lab or other provisions of the standing order contact the

physician”. May list any known situations or conditions for which the physician should be contacted prior to carrying out the standing order.

Date Written: _____

Current Review/Revision Date: _____

Approved by: _____
Medical Director

Legal Authority: *Nurse Practice Act, G. S. 90-171.20 (7) (f) & (8) (c)*

Standing Orders must be reviewed and updated as necessary, and signed and dated at least every twelve months.

Attachment 9: Standing Order Annual Review Form

**SAMPSON COUNTY HEALTH DEPARTMENT
Standing Orders Summary: Year _____
Annual Review Form**

Manual/Program:	<u>Applicable Title/Signatures</u>
Title:	Program Coordinator/Specialist:
<input type="checkbox"/> Program Policy: _____ Program	Supervisor:
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing:
<input type="checkbox"/> Management/Department-wide Policy	Medical Director:
<input type="checkbox"/> Personnel Policy	Health Director:
<input type="checkbox"/> Fiscal Policy	County Commissioner Chair:
Distributed to:	Health Advisory Board Chair:
	Effective Date:
	Supersedes:

Review/Revision Date: _____

Medical Director

Date

OB/Gyn Provider (If applicable)

Date

Attachment 10: Program Standing Order Review & Revision Form

Sampson County Health Department _____ Program Standing Order Review & Revision Form				
Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified

**SAMPSON COUNTY HEALTH DEPARTMENT
Staff Qualifications and Development Policy & Procedures**

Manual: Administrative Policy Manual	<u>Applicable Signatures/Title</u>
Title: Staff Qualifications and Development P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Allyn Dambeck
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Commissioners Board Chair: Clark Wooten
Distributed to: All personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

- To provide quality services by training and retaining a quality workforce.
- To identify ways to recruit and retain diverse, qualified management staff and employees.
- To train employees for high productivity.
- To identify and provide required, needed or recommended trainings for staff.

Policy:

This policy shall assure Sampson County Health Department compliance with county, state and federal laws and regulations as well as the recruitment and retention of highly qualified and diversified management team and health department staff members in order to enhance the provision of high quality services to clients. As a public health agency, the Sampson County Health Department is required to comply with public health laws, rules and regulations. The health department will enhance personnel development by identifying educational requirements, needs and training to assure staff members are adequately educated, trained and credentialed for their positions.

Definitions:

- Competent: Capable, knowledgeable and qualified to perform the assigned duties and responsibilities
- Validate: To confirm or verify competency
- Employees: All hired, contracted or volunteer persons working on behalf of the agency

Laws, Rules, Regulations:

North Carolina General Statute 130A, Article 2.
10A North Carolina Administrative Code (NCAC) 46; Section .0300 – 0301.

Responsible Persons:

All Health Department Personnel

Procedures:

Orientation:

1. All staff members are required to complete an orientation program based on the position and agency departments and programs – see Orientation Policy.
2. The length of time required for orientation is based on the employee’s job position – see Orientation Policy.
3. All new employees will complete their Orientation Guide – see Orientation Policy.

Performance Review & Appraisals:

1. Employees appointed to full-time positions will serve a probationary period of a minimum of six months.
2. During the probationary period, new employee review will consist of:
 - A. Weekly performance review and goal setting using the New Staff Orientation Part 1 Form for the first 90 (3 months) days until the 90 (3 month) performance appraisal – see Orientation Policy.
 - B. Once the 90 (3 month) day performance appraisal has been completed, the monthly New Staff Orientation Part 2 Form will be used for the next 90 (3 months) days until the 180 (6 month) day performance appraisal – see Orientation Policy.
3. During the probationary period, performance appraisals will be performed after 30 (one month), 90 (three months) and 180 days (six months) of employment until the probationary period has ended to assist employees with accomplishments, strengths, weaknesses and areas identified that need improvement.
4. Initial competency will be completed at the end of one month (30 days) of hire, then annually thereafter or as needed – see General Staff Competency Requirements: below.
5. Performance appraisals may be performed more frequently based on any identified areas that need to be addressed more often.
6. The probationary period may also be extended beyond the 180 (6 months) days based on any identified areas that need additional appraisal.
7. Once the probationary period has ended, annual employee appraisals will be done during the anniversary month of hire.
8. The probationary appraisal will consist of:
 - A. The employee’s progress that includes:
 1. Accomplishments
 2. Strengths

3. Weaknesses
4. Goals/Areas needing improvement

- B. Review of satisfactory completion of job duties/work
- C. Recommendation to end or extend the probationary period

5. The annual performance appraisal will consist of:
 - A. Review of the Employee Self-Appraisal
 - B. Review of the employee's job performance during the previous year
 - C. Identification of strengths, weakness, areas needing improvement
 - D. Any extenuating factors affecting job performance
 - E. Goals and/or needed improvements for the next evaluation period
 - F. Review of the job description
 - G. Review of Title X competencies if applicable
 - H. Review of nursing competencies
 - I. Review of employee competencies.
 - J. Review of Policy Statement

Qualifications:

The Sampson County Health Department shall comply with the North Carolina Administrative Code, 10A NCAC 46.0300 – .0301 Local Health Department Staff, which identifies the “Minimum Standard Health Department: Staffing.” In compliance with this rule, the following procedures are mandated for staff.

General Staff Competency Requirements:

1. Recruitment and selection of employees will follow state and/or local personnel policies related to hiring and include verification of education, experience and training. Verification of licensure and/or certification will be conducted as appropriate to specific position requirements.
2. All positions will have a current signed and dated job description defining qualifications, knowledge, skills and abilities required for the position.
3. All new employees will receive a thorough agency general and job specific orientation which outlines specific areas of knowledge and skills required for the position. Employees changing positions or job responsibilities will receive an orientation to the new requirements of the position.
4. The Department Supervisor will be responsible for assuring the orientation process and verification of competency of the employee to include:
 - A. The established time frame of the new employee orientation period will be individualized according to the employee's job requirements and identified needs.
 - B. An initial competency assessment will be performed within 30 days of hire.
 - C. All new employees will satisfactorily demonstrate skills of the assigned job prior to being assigned independently to the job duties.

5. SCHD will ensure all staff are competent in their duties and will guide the total process and will include the following competency verification procedures:
 - A. Awareness of the core functions and essential services of public health and the core competencies for public health employees as well as any specific competencies for disciplines such as nursing, WIC and environmental health.
 - B. Utilization of job specific skills lists with designated activities and timeframes for completion and verification of competency of the assigned skills.
 - C. Designated mentor or preceptor/s to foster an environment of supported learning.
 - D. Employee, mentor/preceptor and supervisor evaluation and feedback including a plan for improvement or continued growth as indicated according to the established time frame.

6. Ongoing competency of employees will be assessed: at a minimum annually; during orientation; when new procedure and techniques are introduced; when job duties change; and by individual performance. The Department Supervisor will be responsible for assessing and assuring verification of ongoing competency and developing, along with the employee, a plan for remediation and continued improvement as indicated. Methods for verification will include:
 - A. Orientation and annual agency employee performance appraisal/work-plan utilizing required duties and responsibilities of the job description and including future goals and plans.
 - B. Annual competency assessments utilizing checklists of key job skills including self-evaluation, demonstration and supervisor observation/evaluation with improvement plans as indicated.
 - C. Interim competency assessments to assess competence as new procedures or techniques are introduced, when job duties change and as indicated by individual performance.
 - D. Verification and copies of current licensure and certifications as required. Assurance of completion of required or recommended trainings as appropriate for the assigned responsibilities.
 - E. Review and/or performance by the supervisor of record audits as applicable to the position.
 - F. Utilization of reports of incidents, accident trends, customer satisfaction feedback and staff input as indicated.

7. Competency assessment with observation and training may be utilized at any time during employment by the Department Supervisor or designee when:
 - A. The employee requests it.
 - B. The employee has rated themselves as needing improvement or lacking in knowledge and/or skill for the assigned job.
 - C. When patterns/trends are identified demonstrating an inability to perform the assigned job satisfactorily.

8. The agency will promote and encourage competency of employees by providing access to educational materials and trainings required for the position and as possible, other opportunities to enhance the growth of the employee’s skills and abilities to perform the job. The agency will assure that any on the job training is provided by qualified and/or competent trainers.

North Carolina Public Health Preparedness and Response Qualifications and Training:

1. All staff is required to meet baseline preparedness training as indicated by the matrix below.
2. The matrix is prepared by North Carolina Public Health Preparedness & Response (PHPR) and is meant as a baseline training standard to meet guidelines for public health staff .
3. Independent Study (IS) Courses can be taken online at <http://training.fema.gov/IS/NIMS.aspx>
4. ICS 300 and ICS 400 are classroom courses. To be compliant, courses should be taught by North Carolina Emergency Management approved instructors. Course offerings can be found online at: <http://terms.ncem.org/TRS/>
5. The PHP&R Agreement Addenda requires agencies to maintain documentation of their employees training for NIMS compliance purposes.

	IS-100.c	IS-200.b	IS-700.b	IS-800.c	ICS-300	ICS-400	Recommended
Public Health Staff	x		x				IS-200, IS-800
Public Health Responders (i.e. POD Staff, Communicable Disease staff, Shelter Staff etc.)	x	x	x	x			
Public Health Supervisors	x	x	x	x	x		
Public Health Department Operation Center (EOC) Staff	x	x	x	x	x	x	G-191, IS-702.a
Preparedness Coordinator(s)	x	x	x	x	x	x	G-191, IS-702.a

Health Director Qualifications & Competency:

1. The Sampson County Board of Health (Board of County Commissioners) will ensure the Health Director has and maintains the required credentials to serve in the capacity of Health Director per North Carolina General Statute 130A: 40-41.

2. The Health Director is responsible for providing the appropriate credentials to the Health Advisory Board (Board of County Commissioners).

General Nursing Department Staff Competency and Responsibilities:

1. To assure the initial and ongoing competence of employees in order to provide quality public health services to all clients of the Sampson County Health Department (SCHD), each section of the nursing department is expected to meet minimum competency standards. This includes, nurses, social workers, interpreters, lab techs and any other employee providing nursing department services.
2. Sampson County Health Department (SCHD) will ensure the assessment of the competency of nursing department employees to perform the necessary skills for their assigned duties and responsibilities initially and ongoing, at least annually. The Nursing Director will ensure the competency of staff. SCHD will provide a work environment which promotes self-development and continued learning.
3. Tools developed by the North Carolina Division of Public Health, Local Technical Assistance and Training Branch & Public Health Nursing and Professional Development Unit will be used as a basis to measure competency for all nursing department staff.
4. The competency tool will be used within 30 days of hire to measure the employee's initial competency and to set goals for the employee for the next twelve months.
5. The tool will be used to measure competency during the employee's annual performance appraisal and the information will be used to determine areas needing improvement and/or goal setting for the next performance period.
6. The competency tools may be used at any time to measure competency for any employee or for a specific competency measure. Examples may include interviewing, vital sign measurements, documentation, etc.

Nursing Licensure, Scope of Practice, Qualifications & Responsibilities:

SCHD will assure a qualified public health workforce and ensure nursing staff have and maintain appropriate licensures and credentials. All nursing staff will hold a current nursing license.

1. General Responsibilities:

The Nursing Director will be responsible for ensuring appropriate orientation for each staff member, which is usually six (6) weeks; however, this time period may be expanded based on the position and the amount of initial orientation/training needed for the position.

The Nursing Director is responsible for ensuring staff receives appropriated training for the position, which may include webinars, online courses, meetings, facility-based courses and inservices.

The Nursing Director is responsible for tracking staff certification, training and licensure and will review certification and licensure for nursing staff. She will inform staff of the following information requirements:

- A. All professional licenses shall be verified at the time of renewal. Each nurse will be responsible for providing the Nursing Director with a copy of a current nursing license before hire and when renewed.
 - B. The Nursing Director will verify licensure on the NC Board of Nursing website: www.ncbon.com
 - C. Verification of continuing educational credits shall be reported to the Nursing Director at the time credit is received. The employee will be responsible for providing the Administrative Assistant with a copy of the certification to be placed in the employee's personnel file.
 - D. The employee will notify the Nursing Director when the *Introduction to Principles and Practices of Public Health Nursing* course or expanded role trainings, such as Child Health or STD Enhanced Role Registered Nurse Courses are successfully completed. The employee will provide the Nursing Director and the Administrative Assistant a copy of the training certificate.
 - E. All SCHD licensed healthcare professionals that provide prenatal services will receive Fetal Monitoring Training every two (2) years in order to be able to perform Non-Stress Testing (NST) when indication warrants. SCHD healthcare professionals requiring the training include the Clinic Registered Nurses and Nurse Practitioners.
2. Scope of Practice:
- A. All Public Health Nurses will abide by the North Carolina Board of Nursing Practice Act.
 - B. The Nurse Practice Act provides legal parameters within which a nurse with a verified license may practice in North Carolina.
3. Category II:
- A. Certain activities are within the scope of nursing practice for Public Health Nurses provided the North Carolina Board of Nursing has been notified that there is:
 - 1. A written protocol to include standing orders as needed.
 - 2. Documentation of appropriate training and supervised clinical practice.
 - 3. Written approval by the nursing administration, agency administration and medical staff of the agency.
 - B. Category II policies, protocols/written orders and/or procedures will be updated and signed annually.
 - C. A roster of staff approved for Category II procedures will be maintained in the Nursing Director's Office.
4. Mandatory Training for Clinical Services:
- A. OSHA/Bloodborne Pathogens Training

- B. CPR
- C. HIPAA
- D. Title X Competency Trainings
- E. POHR
- F. CureMD EHR
- G. Documentation, Coding and Billing
- H. NCIR
- I. Fetal Monitoring Training

5. Mandatory Training for Outreach Services:

- A. OSHA/Bloodborne Pathogens Training
- B. CPR
- C. HIPAA
- D. Title X Competency Trainings
- E. POHR
- F. CureMD EHR
- G. Documentation, Coding and Billing
- H. NCIR
- I. Prenatal Care Management (OBCM) Training
- J. Care Coordination for Children (CC4C) Training
- K. Motivational Interviewing Training
- L. Postpartum/Newborn Home Visit Training
- M. Mental Health First Aid Training

6. Individual Nurse Responsibilities:

- A. Each nurse must hold a registered nursing license that is determined to be valid by the North Carolina Board of Nursing (NCBON) and must provide the Nursing Director a copy of the licensed upon hire and at each renewal.
- B. Any nurse without or suspected of being without a valid nursing license will be suspended immediately from nursing duties until a determination is made regarding the status of a valid nursing license that is compliant under the rules and regulations of the North Carolina Board of Nursing.
- C. Each nurse is responsible for following NCBON requirements for annual continuing educational contact hours and competencies.
- D. Possess a baccalaureate nursing degree from a National League of Nursing accredited school OR complete the North Carolina Department of Public Health's *Principles & Practices of Public Health Nursing* Course within one year of hire.
- E. Will complete formal education or training needed to perform Category II Nursing Activities within the scope of nursing practice as indicated by each nurse's job function(s). These include:
 - 1. Dispensing of Drugs by Public Health Nurses
 - 2. HIV Prevention Counseling & Testing
 - 3. Physical Assessment of Adults

4. Physical Assessment of Children
 5. STD Clinician Training
 6. Communicable Disease/TB Clinician Training
 7. Diabetes Training
 8. Title X Competency Form within 30 days of hire and then annually at performance appraisal.
 9. Job competency assessment
- F. Each nurse is responsible for obtaining and maintaining competency in his/her area of work. The competency form will be completed for each nurse during the annual performance appraisal.

Public Health Nurse I:

1. Classification salary ranges are set by the state personnel office and county commissioners.
2. Must hold a registered nursing license that is determined to be valid by the North Carolina Board of Nursing.
3. Must complete the following staff development within six months of hire unless otherwise indicated:
 - A. Dispensing of Drugs by PHNs
 - B. CPR
 - C. OSHA/Bloodborne Pathogens within 10 days of hire and annually
 - D. Principles and Practices of Public Health if does not have BSN degree within one year of hire; RNs with a BSN or higher degree will be required to take the online Introduction to Public Health Course. Refer to the Orientation Policy.
 - E. HIPAA
 - F. Program-specific training as required or indicated by state or health department guidelines:
 1. Care Coordination for Children
 2. Pregnancy Care Management
 3. Immunizations
 4. CD/TB Orientation

Public Health Nurse II and III (Program Coordinator/Enhanced Role Nurse):

1. Must meet all of the requirements of the Public Health Nurse I (PHN I).
2. Must meet all of the following requirements listed for the program before eligible for salary and fringes as indicated by the position.
3. Breast and Cervical Cancer Control/WISEWOMAN Program:
 - A. BCCCP Trainings
 - B. WISEWOMAN Trainings

4. Child Health/Immunizations:
 - A. Child Health Enhanced Role Training Course
 - B. Bright Futures Training
 - C. Testing Certification
 - D. OAE Certification
 - E. Communicable Disease Clinician Course
 - F. Immunization/NCIR Course
 - G. NC EDSS Course

5. Communicable Disease:
 - A. Communicable Disease Clinician Course
 - B. TB Orientation Course
 - C. Immunization Course
 - D. NC EDSS Course

6. Sexually Transmitted Disease
 - A. Adult Physical Assessment Course
 - B. Sexually Transmitted Disease Enhanced Role Clinician Course
 - C. Communicable Disease Clinician Course
 - D. TB Orientation Course
 - E. Immunization Course
 - F. NC EDSS Course

7. Other Program Requirements
 - A. In addition, other programs may require additional training based on the program and/or any grants received.
 - B. All program coordinators will be responsible for training and implementation of the Cervical Cytology Manual policy/procedures and any needed follow-up for their program as required by state and federal guidelines.
 - C. Thorough understanding of their program's Agreement Addendum(s) and the requirements for their program(s).
 - D. All program coordinators will be responsible for training and meeting requirements as mandated by state/federal guidelines that may not be listed in this policy.

Nurse Practitioner:

1. Classifications and salary ranges are determined by the state personnel office and the county commissioners.
2. Must hold a registered nursing license that is determined to be valid by the North Carolina Board of Nursing (NCBON) and the North Carolina Board of Medical Examiners (NCBME).

3. Must hold a valid DEA license.
4. Must ensure fifty mandatory contact hours annually as required by the NCBON and NCBME.
5. Within three (3) months of hire, all new midlevel or higher medical providers that provide assessment and/or management of STD clients will complete the Alabama/North Carolina HIV/STD Prevention Training and a one-day STD clinical practicum. SCHD will notify the DPH STD Regional Consultant to arrange the training.

Laboratory Personnel:

1. Classification and salary ranges are determined by the state personnel office and the county commissioners.
2. Training needs will be assessed during orientation period and competency testing.
3. Laboratory personnel will follow all North Carolina State Laboratory of Public Health (NCSLPH) requirements and recommendations for training and continuing education.
4. Competency testing for personnel performing laboratory procedures will be conducted by the regional NCSLPH consultant or the Health Department Laboratory Manager.
5. Laboratory personnel will ensure that they maintain a minimum of six hours of continuing education annually as required by the NCSLPH.
6. Required to attend mandatory inservices and trainings.

Social Worker:

1. Classification and salary ranges are determined by the state personnel office and the county commissioners.
2. Orientation is based on job placement and requirements.
3. Required to attend the same mandatory inservices as nursing personnel.

Environmental Health Specialists:

1. Environmental Health Specialists employed by the Department shall be delegated authority by the State to administer and enforce State environmental health rules and laws as directed by the State pursuant to G.S. 130A-4(b). This delegation shall be done according to 15A NCAC 18A .2300, as follows:
2. The Health Department is responsible for sending newly employed environmental health specialists (interns) to the State mandated centralized intern training conducted in Raleigh, North Carolina per the NC Department of Environmental Health Section.
3. Each Environmental Health Specialist will be responsible for completing all state-required orientation trainings – See Orientation Policy.

Registered Dietitians:

1. A copy of approved Learning Plan (which has been submitted to Credentialing on Dietetic Registration – CDR) must be provided to the Nutrition Director.
2. All newly hired nutritionists/RD's will attend a State approved breastfeeding training.

Breastfeeding Coordinator:

1. Successful completion of the North Carolina Lactation Educator Training Program; or
2. Other State-required breastfeeding training programs.
3. A minimum of 20 hours of continuing education in breastfeeding every 5 years.

Breastfeeding Peer Counselor:

1. Successful completion of the North Carolina Breastfeeding Peer Counselor Training Program; or
2. Attend other State-required Breastfeeding Peer Counselor training programs.
3. Attend NC Lactation Educator trainings.

WIC Vendor Coordinator:

1. Attend yearly vendor coordinator webinar trainings.
2. Attend other state-required WIC vendor trainings.

Health Educator:

1. Completion of trainings and courses required by state health education and promotion branches and requirements of any grants received.
2. Completion of trainings and courses required by the Health Director in order to provide health education and promotion services to the community.

Interpreter:

1. Completion of trainings required by state/federal authorities or guidelines.
2. Completion of Interpreter Certification Courses I & II.
3. Completion of trainings and courses required by the Health Director in order to provide interpreting services to clients and the community.

Medical Records/Intake-Eligibility/WIC Staff:

1. Completion of trainings required by state/federal authorities or guidelines.
2. Completion of trainings and courses required by the Health Director in order to provide services to clients and the community.

Training Plan:

1. Supervisors shall be responsible for ensuring appropriate training is provided for his/her staff and discussing the plan with the Health Director for approval and incorporation in the agency's total plan, including the budget.
2. Selection of offerings shall be based on: State/Agreement Addenda requirements, health department requirements, program requirements, relevance of the topic,

- availability of funds, faculty and sponsoring group, continuing education credit offered and adequate staff coverage.
3. Criteria for selection of staff training is based on need, previous contribution and potential, such as:
 - A. Required training; e.g., PHN I.
 - B. Job skills.
 - C. Demonstrated interest and potential for developing in a specific area of training.
 - D. Plan and commitment by the agency and employee to function in the area of training.
 - E. Degree of responsibility for sharing new knowledge and skills with other staff.
 - F. Demonstrated interest in professional growth.
 - G. Reasonable distribution of responsibilities.
 4. Requests for workshops, educational conferences and meetings should be to the appropriate department supervisor on the travel request form with a copy of the offered training attached.
 5. The supervisor will evaluate the request, approve or deny and route accordingly.
 6. Supervisors shall be responsible for remaining abreast of any changes in laws or policy that will necessitate additional training of staff.
 7. Supervisors and employees shall be responsible for identifying the availability of specific educational opportunities.
 8. Individual training needs shall be reviewed at least annually at the time of employee performance evaluation.

Continuing Education Requests/Documentation:

1. Each employee will maintain an annual continuing education log – see Appendix. The employee will be responsible for providing the department supervisor and the Administrative Assistant a copy of the log by January 31st for the previous calendar year.
2. Each employee will be responsible for notifying his/her department supervisor of annual educational requirements for the person's position. This includes:
 - A. The number of required educational contact hours per year.
 - B. Any required educational session(s) or workshops that are mandated for the position.
3. Each employee will notify his/her supervisor of these requirements at the beginning of each fiscal year.
4. Each employee will be responsible for notifying his/her department supervisor of the date and time of educational offerings. These may include, but not be limited to:
 - A. In-house inservices/educational sessions
 - B. Sessions that require travel
 - C. Online courses
 - D. Webinars

5. Each employee will be responsible for:
 - A. Completing any required registration forms
 - B. Completing any required travel requests, including attaching the information regarding the continuing education offering with agenda
 - C. Completing any required Purchase Orders/Check Requests

6. The department supervisor will review the request for continued education and will:
 - A. Approve the request and forward to fiscal and the health director for approval
 - OR**
 - B. Not approve the request and notify the staff member that the request has been denied.

7. Request Procedure for Out-of-House Continuing Education:
 - A. The employee will complete a travel request with an attachment describing the educational offering and place in his/her department supervisor's mailbox. The attachment must include:
 1. Location of educational offering
 2. Cost of educational offering
 3. Number of continuing educational contact hours
 4. Description of the educational offering
 5. Agenda for the educational offering
 - B. The Department Supervisor will review the request and, if approved, will forward the request to fiscal staff. If not approved, the supervisor will return the denied request to the employee's mailbox.
 - C. Fiscal staff will review the request and provide fiscal approval.
 - D. After approval by the fiscal department, the request will be forwarded to the Health Director for final approval.
 - E. When the Health Director provides final approval, copies of the approved request will be placed in the employee's and department supervisor's mailboxes, notifying them of the approved request.
 - F. Once the approved travel request has been received by the employee, he/she will then complete:
 1. Course registration as needed
 2. Hotel registration as needed
 3. Any needed check requests/purchase orders for the costs of the course/hotel/other items.
 4. All check requests must have an attachment that justifies explains the request for the check (i.e. cost of hotel room, cost of course, etc.), a copy of the agenda **and** a copy of the approved travel request.

- G. The information is sent to the Administrative Assistant who will pay Course Registrations and Hotel Registrations by Credit Card if possible. If not possible, the Administrative Assistant will do a check request.
 - H. The fiscal department will complete all other forms needed for the requests and forward to the county fiscal department for disbursal to the appropriate agency.
 - I. The employee is responsible for notifying the department supervisor and the Fiscal Account Specialist if the offering is cancelled after any payments have been made. The Fiscal Account Specialist will be responsible for requesting refunding of any monies that have already been sent to pay for the course.
 - J. The employee is responsible for cancelling any hotel accommodations made.
8. Request Procedure for In-House Continuing Education:
- A. The employee will notify his/her department supervisor in writing of the request to attend an in-house educational session. The session may be:
 - 1. Inservice
 - 2. Webinar
 - 3. Conference Call
 - 4. Online Course
 - B. The department supervisor will notify the employee in writing if the request is approved or not approved.
 - C. If approved, the department supervisor will arrange the employee's schedule to allow the employee time to complete the session and access to any equipment needed to allow participation in the session.
9. Educational/Training Certificates:
- A. Each employee will provide proof of attendance at the educational session, such as a copy of any certificate received by attending an educational course to the department supervisor and the Administrative Assistant.
 - B. The certificate or other proof provided will be used to indicate the number of educational contact hours or the type of educational course attended.
 - C. The department supervisor will review the certificate copy to ensure the course meets contact hours requirements, initial the copy, make any needed comments and place the copy back in the employee's mailbox.
 - D. The employee will place a copy of the certificate in the Administrative Assistant's mailbox. The Administrative Assistant will place the copy in the employee's personnel file.

Required Continuing Education:

Some State, health department or agency programs mandate continued education for staff to be able to deliver services and, if applicable, to maintain professional licensure. SCHD shall comply with these mandates; the following is mandated for all staff during orientation and annually as indicated. See “*Agency Annual Education Requirements*” below.

1. All staff:
 - A. Incident Command System – ICS – Training
 - B. OSHA Training
 - C. Public Health Preparedness Training
 - D. HIPAA
 - E. Public Health Law
 - F. Title VI/ADA/LEP/Discrimination/Cultural Competency/Health Disparity
 - G. Title X Trainings to include:
 1. Title X Guidelines
 2. Sex/Human Trafficking
 3. Reporting Child Abuse Requirements
 4. Any other required Title X trainings as announced by the Office of Population Affairs (OPA), the CDC or the North Carolina Department of Public Health Women’s Health Branch.

NOTE: *Environmental Health and WIC Staff are exempt from Title X Training.*

2. Public Health Nurses:

Sampson County Health Department Public Health Nurses must maintain Continuing Competence as required by the Board of Nursing effective July 1, 2006 with a minimum of 15 hours of continuing education and 640 hours of practice every two years.
3. Child Health Enhanced Role Nurse Screener:

Enhanced Role Child Health Nurse Screeners must complete 10 hours of relevant continuing education, 50 patients and 100 hours of clinical practice by December 31st of each year.
4. STD Enhanced Role Nurse Screener:

Must complete 10 hours of relevant continuing education and see 50 clients by December 31st annually.
5. Environmental Health Specialists:

All Environmental Health Specialists must complete 15 hours of continued education approved by the NC State Board of Environmental Health Specialist Examiners by December 31st annually.

6. Nutritionists:
 - A. Registered Dietitian Nutritionists must be in compliance with CDR and complete 75 CEUs associated with the Learning Plan goals and objectives; must be completed within five (5) years of plan submission.
 - B. Nutritionists that are not RDs must have a minimum of 5 CEUs in nutrition field/breastfeeding per year.

Agency Annual Education Requirements:

Annual agency educational trainings are required for all staff to comply with State and/or Federal Mandates. Other trainings are required for all staff to review/update staff on agency/program policies. These include, but are not limited to:

1. OSHA/ Bloodborne Pathogens/Respiratory Protection
2. Health Insurance Portability & Accountability Act – HIPAA
3. Title X Competency Trainings (EH & WIC Exempt)
4. CPR/AED for clinical staff and nurses
5. Customer Service/Patient Satisfaction
6. Incident Command System – ICS/NIMS Courses
7. OSHA/Violence in the Workplace (Title X may require additional training)
8. Public Health Law
9. Cultural Competency and Sensitivity
10. OSHA/Fire and Safety/Emergency Action Plan
11. American Disabilities Act
12. Title VI/Discrimination/Disabilities/Limited English Proficiency
13. Health Disparities

References:

Occupational Safety and Health Act, Effective 1972 - OSHA
Health Insurance Portability and Accountability Act, Effective 1996 - HIPAA
Clinical Laboratory Improvement Act - CLIA
Americans With Disabilities Act - ADA
Civil Rights Act, Title VI, Effective 1964
North Carolina General Statute 130A
10A NCAC 46.0300 – .0301
Office of Public Health Preparedness and Response Agreement Addendum
NC DHHS Environmental Health Section Agreement Addendum
Federal Emergency Management Agency – FEMA
National Incident Management System – NIMS
North Carolina Annual Consolidated Agreement
State of North Carolina General Statutes
Sampson County Personnel Policy
American Heart Association CPR Training
SCHD Orientation PP

APPENDIX

Employee Continuing Education/Training Record Log

Name: _____ **Department:** _____

Position: _____ **Year:** From _____ To _____

Annual Educational/Training Hours Required for Position: _____

Trainings For New Employees	Date of Training	Continuing Educational Hours
Communicable Disease Law Training, Cultural Sensitivity, Health Disparities & Public Health Law (within 30 days of hire)		
CureMD EHR Training (within 10 days of hire – EH staff exempt)		
HIPAA/Confidentiality, Personnel Resolution Manual, Customer Service (within 30 days of hire)		
ICS (within 30 days of hire; position determines trainings required)		
OSHA (within 10 days of hire)		
Pharmacy Training for Nurses: required prior to dispensing		
POHR (within 30 days of hire -EH staff exempt)		
Title X Trainings: Title X, Child Abuse Reporting, Human Trafficking (within 30 days of hire– EH & WIC staff exempt).		
Annual Trainings For All Employees	Date of Training	Continuing Educational Hours
CPR/AED (As indicated)		
Customer Service/Patient Satisfaction		
Health Disparities		
HIPAA		
OSHA		
Public Health Law		
Shelter Disaster Services		
SNS/ICS/NIMS		
Title VI/Disabilities/Limited English Proficiency		

**Sampson County Health Department
Staff Qualifications & Development Policy & Procedures**

Title X Competency (EH & WIC Exempt)		
OSHA/Violence in the Workplace (may also be an additional required Title X training)		
Annual Trainings For Clinical Services Employees	Date of Training	Continuing Educational Hours
CureMD EHR		
Documentation, Coding and Billing		
NCIR		
POHR		
Other Trainings	Date of Training	Continuing Educational Hours
Employee Signature:	Date:	

JOB DESCRIPTION REVIEW

CERTIFICATION: Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor's Certification: I certify that (a) I am the Immediate Supervisor of this position, that (b) I have provided a complete and accurate description of the responsibilities and duties and (c) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature **Date**

Employee's Certification: I certify that I have reviewed this position description and that it is a complete and accurate description of my responsibilities and duties.

Signature **Date**

Section or Division Manager's Certification: I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature **Date**

Department Head or Authorized Representative Certification: I certify that this is an authorized, official position description of the subject position.

Signature **Date**

POLICY STATEMENT

By signing below, I acknowledge that I am required to read the policies/procedures and standing orders (if applicable to position) of the agency and those of the programs that I am assigned. By signing below, I acknowledge that it is my responsibility and that I have read within 10 day guidelines, and understand the policies and procedures for Sampson County Health Department and any other program's policy and procedure manual in which I am working that are in effect as of the date of my signature. I also acknowledge, I have been notified of policy updates and changes and been given opportunities to ask questions regarding. I further acknowledge my understanding that agency policies are posted on the computer network, Sharepoints, and a hard copy (paper) program policy manuals will be housed on accessible book shelves based on the appropriate department:

- i. Clinical Manuals will be placed at the Nurses' Station
- ii. WIC Manuals will be placed in the WIC Director's office
- iii. EH Manuals will be placed in the EH file room

Copies of the Administrative Manual will be kept in the Health Director's Office, staff office area, Medical Records, WIC Office and EH Office.

Other manuals that pertain to all employees will be kept on the shelves in the staff office areas.

I understand that I am expected to perform within these guidelines at all times and, further, deviations from these policies will be documented in my personnel record and disciplinary action taken accordingly.

Employee Signature **Date**

The above expectation that policies have been reviewed was discussed with employee at this performance evaluation.

Immediate Supervisor Signature **Date**

**Sampson County Health Department
Time Sheet & Work Schedule Policy & Procedures**

Manual: Administrative Policy Manual	<u>Applicable Signatures/Title</u>
Title: Time Sheet & Work Schedule P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Allyn Dambeck
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Commissioners Board Chair: Clark Wooten
Distributed to: All personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

To provide employees of the Sampson County Health Department (SCHD) with a document that will provide a record of hours worked and leave taken.

Policy:

Full-time employees of the Sampson County Health Department (SCHD) normally work five (5) eight (8) hour days per work week and are subject to the overtime provisions per the guidelines of the Sampson County Personnel Resolution. Employees in administrative, professional or managerial positions shall work the number of hours necessary to assure the satisfactory performance of their duties.

Applicable Law, Rules and References:

Fair Labor Standards Act (FLSA) of 1938.
Chapter 153A-Article 5 and Chapter 126 of the General Statutes of North Carolina.
Sampson County Personnel Resolution June 6, 2011.

Responsible Person (s):

All Health Department Staff

Procedures:

1. The established work week (40 consecutive hours) for the county is from Friday at 5:00 p.m. to the following Friday at 5:00 p.m. Environmental Health staff' work week is from Thursday 5:30pm to the following Thursday at 5:30pm
2. Hours worked beyond the FLSA established limit will be compensated in time (or pay under certain specific circumstances) at the appropriate overtime rate. This will be at the discretion of the County Manager and the County Commissioners. (Sampson County Personnel Resolution).

**Sampson County Health Department
Time Sheet & Work Schedule Policy & Procedures**

3. Any compensatory time **must be pre-approved** by the Health Director. Any compensatory time earned must be initialed by the Department Supervisor **AND** the Health Director by no later than 8:30am on the following day after it is earned. Compensatory time that is **NOT** initialed within the allotted time frame will **NOT** be honored.
4. Compensatory time earned is to be used as soon as possible, within the week it is earned if possible. The employee is responsible for reminding the Department Supervisor of the time earned and the Department Supervisor is responsible for ensuring the time is used as soon as possible on an hour for hour basis.
5. Time sheets will be completed on a daily basis with time being documented in the program scheduled for that day.
6. The work day is from 8:00am to 5:00pm Monday - Friday with a one hour lunch period.
7. The work day for Environmental Health is 7:00am to 5:30pm Monday – Thursday with a 30-minute lunch period.
8. Staff will be allowed two fifteen minutes breaks, one in the am and one in the pm as work permits. Staff will need to notify the supervisor or charge staff before leaving the floor.
9. Annual and known Sick Leave must be pre-approved by the supervisor **PRIOR** to being taken. Each Department Supervisor will set a standard monthly deadline for their staff to request time off for the following month.
10. Time requested/taken/used must be in at no less than fifteen (15) minute increments per Sampson County Personnel Resolution Section 8.
11. **Calling In:**
 - A. Staff members that call in for any reason must have their time sheet signed by their Department Supervisor within thirty (30) minutes of returning to work.
 - B. The Department Supervisor will mark all time sheets for staff members that call in.
 - C. Time sheets for employees that call in, then report to work within 30 minutes of the beginning of the work day will be marked with a “T.”
 - D. Time sheets for employees that call in, then report to work after 30 minutes of the beginning of the work day or don’t report to work the day of calling in will be marked with a “C.”
12. Time sheets are to be completed and signed by each employee and turned in to their immediate supervisor at the beginning of the last working day of the month. Any exceptions must be pre-approved by the Department Supervisor (i.e. Employee must travel to a workshop on the last working day of the month and may have an unknown amount of comp time).
13. The immediate supervisor will review the time sheet for accuracy, sign the form indicating the information is correct, then provide the form to the Department Supervisor by no later than 10am on the last working day of the month. Department Supervisors may set other time standards for obtaining their department’s time sheets as needed.

APPENDIX

Time Sheet Training

Basic Information:

1. Time Sheet link has all 12 months on a separate tab by months (2 tabs for each month).
2. Blue tab (Standard Timesheet) is the County Timesheet (Red tab for Exempt Employees).
3. Gray tab is the SCHD timesheet.
4. Holidays are highlighted in yellow and holiday hours are already keyed on day row, weekly summary and monthly summary on all timesheets.
5. Vacation leave and Sick leave time taken is to be written on a blank timesheet and submitted to Supervisor for approval initialing. All COMP time earned must be PRE-APPROVED by Supervisor and Health Director.

Blank Time Sheet (Handout and on Sharepoints):

1. The following is to be documented on a Blank Time sheet for Supervisor/Health Director's Initials:
Vacation Requests (Prior approval required) Jury Duty (Admin Time)
Sick Leave Requests Leave without Pay
Pre-approval for appointments
Sick time when called in to Supervisor
COMP Time for Pre-approval and earned
2. Call in Sick leave and COMP time documentation needs to be submitted to Supervisor and/or Health Director the next working day for initialing.

County Time Sheet (Blue Tab (Standard Timesheet) or Red Tab (Exempt Timesheet):

1. Department: Health -5101 is already keyed
2. Employee Name: **Key your name as: Last Name, First Name**
3. Emp#: **Key in your Employee Number- Administrative Assistant will give number**
4. Month/Year: already populated
5. Worked through Total Hours auto populates from time key in the body of the time sheet:
6. HR Office Use Only: HR completes this box.

Body of County Time sheet

1. **Day and Date Columns** are pre-populated.
2. Work week **Starts on Friday at 5:01** and goes to next **Friday at 5:00 pm**.
So each week begins with a Friday (F) and Start Time of 5:01 pm and Finish Time of 5:01 pm is pre-populated. You will only change the Finish Time if approved for Comp Time and work after 5:07.
3. **Document Start and Finish Times in this formula:**
0:00 space AM 0:00 space PM
4. **Be precise in documenting your START and FINISH times:**
County wants the Actual time you start and finish working; but **REMEMBER**

Documenting **7:52 AM or 6:52 AM Start time** will cause Earned **Comp Time** (Required to be **pre-approved** by Supervisor and Health Director)

Documenting **5:08 PM or 5:38 PM Finish time** will cause Earned **Comp Time** (Required to be **pre-approved** by Supervisor and Health Director)

**Example: Use your In/Out Board Start and Finish times if occurs between:
6:53 AM and 5:37 Pm for Environmental Health
7:53 AM and 5:07 PM for Health Department**

5. **OUT Column:** Document any time taking between the "Start" and Finish" time.
Record your Lunch time: .50 for EH or 1.00 for HD

**Sampson County Health Department
Time Sheet & Work Schedule Policy & Procedures**

Example: Left work for Doctor's appointment at 10 am
Returned at 1:00 pm
OUT Time would be documented as 3 hours (2 for appt. & 1 for Lunch)

6. **Worked column** auto populates from keyed information.
7. **Comments column:** Document any Vacation; Sick or Comp leave time taken. Document in the following form:

Vacation taken 8V
Sick taken 4S
Comp taken 2C (for Comp earned in another week or Comp balance forward)
Comp taken (3) for Comp earned and taken within same week
Leave without Pay LWOP
Jury Duty Admin-Jury

Note: Any Comp balance forward from previous month is to be used before any Vacation or Sick leave.

Example for taking Vacation and Comp:

EH	12/01/19	6:55 am to 12:00 pm	3C; 2V
SCHD	12/02/19	7:56 am to 12:00 pm	2C; 2V

Example for taking Vacation:

EH	12/10/19	6:57 am to 12:30 pm	4.5V
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Example for taking Sick:

SCHD	12/11/19	7:55 am to 10:37 am	5.50S
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Example for taking Comp time the same week earned:

	Start	Finish	Out	Worked	Comments
12/16	7:55 am to 6:00 pm		1	9.00	
12/17	7:56 am to 5:38 pm		1	8.75	
12/18	7:54 am to 5:10 pm		1	8.25	
12/19	7:56 am to 5:06 pm		1	8.00	
12/20	7:58 am to 3:00 pm		1	6.00	(2C)
			40.00		total hours worked

8. **Weekly Leave Summary:** This section is where you add your times taken for each column and document totals in those columns: Vacation-V; Sick-S; Comp-C times used. **Do not use (C)** used time in this summary-this time is already counted in your week's total time block.

The amount of time in these blocks plus the total in the worked column should equal the number of work hours needed for this week.

Example:		Start	Finish	Out	Worked	Comments
	12/16	7:55 am to 6:00 pm		1	9.00	
	12/17	7:56 am to 5:38 pm		1	8.75	
	12/18	7:54 am to 5:10 pm		1	8.25	
	12/19	7:56 am to 5:06 pm		1	8.00	
	12/20					3.25V; 3S; (2C)
		Weekly Leave Summary			33.75 TOTAL	
	HOL	VAC	SICK	COMP	Used	
		3.25	3			3.25 + 3 + 33.75 = 40

9. **Comp Earned box:** This box is auto populated.

Gray Tab: SCHD Timesheet

1. The following carries over from the previous tab (County Timesheet):

Employee Name					
Employee Number					
Start	Finish	Out	Worked	Comments	
Holiday	Vacation	Sick	Comp Used	Admin	

**Sampson County Health Department
Time Sheet & Work Schedule Policy & Procedures**

Weekly Leave Summary

2. Box below the Employee# is abbreviations of programs used within Health Department.
3. Day row: Type in the initials of the program(s) that you work in.
4. Blue Line to right side with **BEG Balance**: Document any forwarding balances from previous month above the corresponding initial:

Example	Previous month had following forward balances:						
	6.67		8		1.00		comp
	N/A	6.67	8.00	1.00	N/A		
	H	V	S	C	A		

5. Time sheets will be completed daily with time being documented in the program scheduled for that day.
6. Scroll to bottom of timesheet to the Percentage % row and key percentages of time worked in each program.
7. Row 40 added across should equal the Total hours worked for the month.
8. Time Earned Row: Key in the vacation; sick and comp timed earned for the month:
Example: New Employee earns 6.67 vacation and 8 sick leave every month.

To earn Comp time-employee must physical work over 40 hours during the work week (Friday 5:01 pm to next Friday at 5:00 pm).

Example: Employee worked 1 week for 44 hours -did not take time during the week.

Worked 2nd week for 41.50 hours

Worked 3rd week for 40 hours

Worked 4th week for 40.25 hours

Total work hours needed for that month is 160 hours.

Worked total of $165.75 = 160 = 5.75$ comp hours earned.

Time + ½ is earned: 5.75 divided by $2 = 2.88$.

$5.75 + 2.88 = 8.63$ total comp time

Comp time earned would be keyed as 8.63.

9. Print this timesheet 1 to 2 pages; Print on both sides of paper.
10. Print County Timesheet "A".
11. Time sheets are to be completed and signed by employee indicating information is correct. Time sheet is due to immediate supervisor the beginning of the last working day of the month. Any exceptions must be pre-approved by the Department Supervisor (i.e. Employee must travel to a workshop on the last working day of the month and may have an unknown amount of comp time).
12. Immediate Supervisors will review time sheet for accuracy and initial on the date row for any Comp time earned and any Vacation and/or Sick leave taken during the month and sign time sheet indicating information is correct; and submit time sheets to Department Supervisor before the end of that workday.
13. Department Supervisors will review time sheets for accuracy and sign indicating the information is correct. Department Supervisors submits time sheets to Administrative Assistant by the 1st working day of the month.

Completing the Left side of SCHED Time Sheet

1. Key Program abbreviations worked on the Days row (Make sure to use correct abbreviations)
2. Key time worked in the programs

**Sampson County Health Department
Time Sheet & Work Schedule Policy & Procedures**

Time Sheet Example:

SAMPSON COUNTY FULL-TIME *STANDARD* TIMESHEET

DEPARTMENT: **Health - 5101**
 EMPLOYEE NAME: **Health Standard Example** EMP# **1000** MONTH/YEAR: **SEPT 2019**

WORKED 156.75
HOLIDAY 8.00
VACATION 2.00
SICK 1.00
COMP EARNED (1.50)
COMP USED 1.75
ADMIN 0.00
TOTAL HOURS 168.00

HR OFFICE USE ONLY:	
Beginning Comp Balance	
Comp Hrs Earned @ 1.5 x	0.00
Comp Hrs Earned @ 1.0 x	0.00
TOTAL Comp Hrs Earned	
Comp Hrs Used (-)	
Comp Balance Forward	0.00

****Each new work week starts on Friday at 5:01 PM.****

DAY	DATE	START	FINISH	OUT	WRKED	COMMENTS
F		5:01 PM	5:01 PM		0.00	
Sa					0.00	
Su	9/1				0.00	
M	9/2				0.00	HOLIDAY
T	9/3	7:56 AM	6:00 PM	1.00	9.00	
W	9/4	7:55 AM	5:02 PM	1.00	8.00	
Th	9/5	7:54 AM	5:03 PM	1.00	8.00	
F	9/6	7:56 AM	5:02 PM	1.00	8.00	
Weekly Leave Summary					33.00	TOTAL
<i>Hol</i>	<i>Vac</i>	<i>Sick</i>	<i>Comp Used</i>	<i>Admin</i>		<i>Comp Earned</i>
8.00						1.00

DAY	DATE	START	FINISH	OUT	WRKED	COMMENTS
F	9/20	5:01 PM	5:01 PM		0.00	
Sa	9/21				0.00	
Su	9/22				0.00	
M	9/23	7:56 AM	5:07 PM	2.00	7.00	.25V; .75C
T	9/24	7:59 AM	5:01 PM	1.00	8.00	
W	9/25	8:03 AM	5:08 PM	1.00	8.25	
Th	9/26	7:59 AM	5:02 PM	1.00	8.00	
F	9/27	7:55 AM	3:00 PM	1.00	6.00	1.75V; (.25C)
Weekly Leave Summary					37.25	TOTAL
<i>Hol</i>	<i>Vac</i>	<i>Sick</i>	<i>Comp Used</i>	<i>Admin</i>		<i>Comp Earned</i>
2.00			0.75			0.00

DAY	DATE	START	FINISH	OUT	WRKED	COMMENTS
F	9/6	5:01 PM	5:01 PM		0.00	
Sa	9/7				0.00	
Su	9/8				0.00	
M	9/9	10:00 AM	5:02 PM	1.00	6.00	1S; 1C
T	9/10	7:55 AM	5:01 PM	1.00	8.00	
W	9/11	7:58 AM	5:01 PM	1.00	8.00	
Th	9/12	7:57 AM	5:05 PM	1.00	8.00	
F	9/13	7:55 AM	5:06 PM	1.00	8.00	
Weekly Leave Summary					38.00	TOTAL
<i>Hol</i>	<i>Vac</i>	<i>Sick</i>	<i>Comp Used</i>	<i>Admin</i>		<i>Comp Earned</i>
		1.00	1.00			0.00

DAY	DATE	START	FINISH	OUT	WRKED	COMMENTS
F	9/13	5:01 PM	5:01 PM		0.00	
Sa	9/14				0.00	
Su	9/15				0.00	
M	9/16	7:55 AM	5:06 PM	1.00	8.00	
T	9/17	7:58 AM	5:31 PM	1.00	8.50	
W	9/18	7:57 AM	5:01 PM	1.00	8.00	
Th	9/19	7:56 AM	5:06 PM	1.00	8.00	
F	9/20	7:55 AM	5:01 PM	1.00	8.00	
Weekly Leave Summary					40.50	TOTAL
<i>Hol</i>	<i>Vac</i>	<i>Sick</i>	<i>Comp Used</i>	<i>Admin</i>		<i>Comp Earned</i>
						0.50

DAY	DATE	START	FINISH	OUT	WRKED	COMMENTS
F		5:01 PM	5:01 PM		0.00	
Sa					0.00	
Su					0.00	
M					0.00	
T					0.00	
W					0.00	
Th					0.00	
F					0.00	
Weekly Leave Summary					0.00	TOTAL
<i>Hol</i>	<i>Vac</i>	<i>Sick</i>	<i>Comp Used</i>	<i>Admin</i>		<i>Comp Earned</i>

I hereby certify that the above report is a correct statement and includes the total hours worked each day for the period indicated.

_____ SIGNATURE OF EMPLOYEE	_____ DATE	_____ SIGNATURE OF SUPERVISOR	_____ DATE
_____ SIGNATURE OF HEALTH DIRECTOR		_____ DATE	

HR Department | Last Revised: 05-21-2019

**SAMPSON COUNTY HEALTH DEPARTMENT
Vehicle Policy & Procedures**

Manual: Administrative Policy Manual	<u>Applicable Signatures/Title</u>
Title: Vehicle P&P	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Commissioners Board Chair: Clark Wooten
Distributed to: All personnel	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 05/01/2020
	Supersedes: 04/01/2019

Purpose:

The purpose of this vehicle policy is to ensure vehicles under the control of the Sampson County Health Department (SCHD) are acquired, assigned, utilized, replaced and maintained in the most efficient and effective manner to conduct county business.

Policy:

Sampson County Health Department (SCHD) provides county vehicles to personnel to allow the performance of job duties in the field. It is the policy of SCHD to ensure all personnel are aware of County regulations regarding the use of county owned vehicles and that County vehicles shall be used for official business only.

Definitions:

1. “County Vehicle” means any licensed motor vehicle owned, rented, borrowed or leased by the Sampson County Health Department and used primarily to conduct official county business for the SCHD.
2. “Official County Business” or “County Business” means any activity conducted in conformance to these rules and directed and controlled by a county agency to advance the lawful policies and purposes of the agency.
3. “Operator” means any authorized county employee, elected official, appointee or other individual as provided by law, who is in control of a county vehicle and who possess a valid driver license for the type of vehicle operated.
4. “Authorized Passenger(s)” means county employees or other individuals involved in the conduct of county business.
5. “Agency” means a county department, office, board, bureau, commission or other unit of the executive branch of county government.
6. “Specialty Use Vehicle” means county vehicles especially equipped for a specific function or purpose.

Responsible Person(s):

All Sampson County Health Department personnel

Procedures:

Guidelines:

1. Vehicle Records:
 - A. The county vehicles owned by the county must be properly titled, licensed and insured.
 - B. To the extent possible, all direct costs owning and operating county vehicles must be fully documented, including original purchase price, sale price, fuel, maintenance and other expenses.
 - C. Appropriate managerial review of vehicle cost and use information should be conducted on a regular basis.

2. Vehicle Maintenance:
 - A. At a minimum, agencies should follow the manufacturer's recommended maintenance schedule for each vehicle.
 - B. SCHD will follow the preventative maintenance schedules contained in Appendix A.
 - C. All maintenance and repairs performed on county vehicles must be documented and retained for the life of the vehicle.
 - D. The Accounting Specialist shall coordinate all repairs and maintenance on county vehicles owned by the SCHD. Subject to agency policy, emergency repairs to these vehicles may be performed by another repair facility when the breakdown occurs outside the Sampson County area.

3. Vehicle Assignment:
 - A. Permanently assigned vehicles are dedicated to a single job function or individual based on travel needs for a semi-permanent time period.
 - B. Assigned vehicles shall not be used for commuting purposes.
 - C. Pool vehicles are general use vehicles available for temporary assignment to multiple individuals.
 1. Job functions requiring frequent transportation in the performance of specific duties.
 2. A person specifically identified by a department director or agency head. The department director or agency head must determine there is a compelling benefit to the county and documents in writing that they support and approve the assignment.
 3. Priority for the vehicles will be given to out of county travel.

4. Employees will complete a daily travel sheet that shall be submitted to the Accounting Specialist by 5:00 p.m. of the work day or not later than 9:00 a.m. the next day. The exception: employee that is assigned a vehicle may submit travel sheet weekly.

4. Vehicle Usage:

- A. County vehicles shall be operated only for the performance of county business.
- B. The operator of a county vehicle must be a county employee, elected official, appointee or other individual as provided by law, who possesses a valid driver's license for the type of vehicle operated.
- C. Only authorized passengers are permitted to ride in county vehicles. Non- county individuals such as acquaintances, spouses and children should not be passengers in county vehicles unless subject individuals are involved in the conduct of county business (such as attending an out-of-town conference or meeting).
- D. County vehicles are highly visible to the public and their use is scrutinized. Thus, poor driving manners and inappropriate use reflect on all county employees. Operators must exercise the highest degree of prudence and courtesy. The following are responsibilities of the operator while driving county vehicles or private vehicles on county business:
 1. All occupants shall use safety restraints where equipped.
 2. Established speed limits and all other traffic regulations must be followed. Parking and moving violation citations are the personal responsibility of the individual operating the vehicle at the time of the violation.
 3. Consumption of alcohol or use of illegal drugs is prohibited. Further, operators must not drive while under the influence of alcohol, illegal drugs or any other substance that impairs their ability to drive.
 4. Use of tobacco products is prohibited in county vehicles.
- E. County vehicles shall be used for county business only. Examples of unauthorized use are:
 1. Travel to entertainment facilities.
 2. Sightseeing or trips for personal pleasure unless the trip is part of the official agenda for a business conference.
 3. Transporting family members, dependents or friends to school, daycare, medical appointments, social events or other personal activities.
 4. Conducting other personal business.

Note: It is permissible to use a county vehicle for travel to meals or to attend to other necessities of the operator or authorized passenger when away from their official domicile on county business.
- F. The SCHD shall investigate complains for alleged improper operation or use of a county vehicle. The operator may be subject to disciplinary action if the

complaint is verified, in accordance with Article 7, Section 8 of the Sampson County Personnel Resolution.

- G. Liability to other persons (bodily injury and property damage) due to employee negligence in the operation of a county vehicle will be covered by the county, provided the employee was operating the vehicle while conducting county business. The operator assumes full responsibility for bodily injury and damages to the vehicle and/or third party damages if an accident occurs during any unauthorized use of a county vehicle.
- H. Personal property in county vehicles is not insured for loss or damage by the county. Coverage for these items may be provided by the employee's personal insurance.
- I. Agencies should review accident investigations involving county vehicle in an effort to avoid reoccurrence. Employees found to have operated a vehicle in a careless manner or in violation of state law or departmental policy or procedures may be subject to disciplinary action, in accordance with Article 7, Section 8 of the Sampson County Personnel Resolution.
- J. County vehicles should not be used for out-of-state travel, unless specifically authorized by the Health Director or County Manager.
- K. Animals are not allowed in county vehicles unless they are transported in the conduct of county business or are required by a passenger's disability.

5. Safety:

A. Vehicle Operations:

- 1. Operators of county vehicles or private vehicles on county business must adhere to applicable traffic laws and should operate the vehicle in a safe and attentive manner.
- 2. The operator should avoid activity that may hinder safe operations such as inappropriate use of a cell phone (See Appendix, Attachment B of this policy); eating or reading while driving/and any other activity that may hinder the driver's attentiveness.

B. Motor Vehicle Safety Inspections:

At a minimum, all county vehicles owned by the county shall receive an inspection in accordance with N.C.G.S. (Chapter 20, Section 3, Motor Vehicle Act of 1937) and properly recorded on form ENF-305 of the North Carolina Division of Motor Vehicles.

C. Accident Procedures:

- 1. A form describing "What to Do In Case of an Accident" (Appendix, Attachment C) is maintained in the glove box of all county owned vehicles. Regardless of the situation, the following procedure **MUST** be followed in the event of an accident while in a County owned vehicle:

- a. Employee procedure:
 - i. Immediate notification of the proper law enforcement agency for accident investigation and report.
 - ii. Immediate notification of the employee's supervisor, director or management team member.
 - iii. Prepare the County Vehicle Accident report (Appendix, Attachment D) and submit to your Supervisor within 24 hours.
 - iv. Complete Injury Report and submitted to Supervisor as soon as possible to file a workers' compensation claim within 24 hours of the accident.

 - b. Supervisor procedure:
 - i. Immediate notification of Health Director.
 - ii. Ensure County Vehicle Accident Report completed and turned in within 24 hours.
 - iii. Ensure Injury Report (if necessary) has been completed and turned in within 24 hours.

 - c. Health Director procedure:
 - i. Immediate notification of the Risk Manager (Finance Officer) within 24 hours of the accident.
 - ii. Ensure County Vehicle Accident Report and Injury Report (if necessary) completed and submitted to the Risk Manager (Finance Officer) within 24 hours.
- D. Emergency Procedures:
- 1. A card for "What to Do In Case of an Emergency" (Appendix, Attachment E) is maintained in the Clipboard with the Mileage Sheets for all county owned vehicles.
 - a. Employee procedure:
 - i. Report incident to Supervisor immediately
 - ii. If unable to reach Supervisor, immediately use the call down list (Appendix, Attachment F).
 - iii. If unable to contact Supervisor or anyone on call down list call "911".
 - iv. Complete Vehicle Repair Request (Appendix, Attachment G) and turn into Administrative Assistant I.

 - b. Supervisor or Emergency Contact person procedure:
 - i. Ensure employee is in a safe place.
 - ii. Make arrangements for employee to be picked up
 - iii. Determine if vehicle is drivable or needs towing

- iv. Make arrangements for towing of county vehicle if needed
(Appendix, Attachment H) for towing instructions

APPENDIX

Attachment A:

Administrative Manual

7

Preventative Maintenance Schedule

Day-To-Day:

1. Walk around the vehicle each day visually checking for body damage, lost/stolen license tags, tire condition and air pressures, leaky fluids.
2. Check all under hood fluid levels at least every fuel fill up.

Service Level I (5,000 miles or 3,000 miles for heavy-use vehicles):

1. The engine oil is to be drained from the crankcase and replaced with new quality energy conserving motor oil.
2. The oil filter is to be replaced with a new one that meets or exceeds the manufacturer's recommendations.
3. The air filter is to be cleaned or replaced.
4. The upper/lower ball joints and steering linkage is to be lubricated and inspected.
5. The tires are to be checked for proper air pressure and rotated according to the pattern set forth in the vehicles owner's manual.
6. A visual inspection for leakage, deterioration or abnormal wear is to be made on the following components: drive belt(s), radiator and heater hoses, shock absorbers and/or McPherson struts, exhaust system, windshield wipers.
7. A check of all fluid levels, including but not limited to radiator, power steering, brake, transmission and windshield washer. Levels are to be topped off where necessary.
8. All running and turning lights will be checked and corrected if needed.

Service Level II (5,000 miles or 3,000 miles for heavy use vehicles):

1. The engine oil is to be drained from the crank case and replaced with new quality energy conservative motor oil.
2. The oil filter is to be replaced with a new one that meets or exceeds the manufacturer's recommendations.
3. The air filter is to be cleaned or replaced.
4. The upper/lower ball joints and steering linkage is to be lubricated and inspected.
5. The tires are to be checked for proper air pressure and rotated according to the pattern set forth in the vehicles owner's manual.
6. A visual inspection of leakage, deterioration or abnormal wear is to be the following components: drive belt(s), radiator and heater hoses, shock absorbers and/or McPherson struts, exhaust system, windshield wipers.
7. A check of all fluid levels including but not limited to radiator, power steering brake, transmission and windshield washer. Levels are to be topped off where necessary.
8. All running and turning lights will be checked and corrected if needed.

Attachment B:

Safe Driving Practices Cellular Telephone Usage Guidelines While Driving

Cellular telephone use is quickly expanding for employers during business travel. While the availability of cellular phones on the road way has benefited in emergency call, reporting congestion, etc., drive in attention and distraction has been implicated in some traffic accidents. Studies suggest that drivers who use car phones increase the risk of an accident. To improve the safety of employees, passengers and the public, driving guidelines have been developed for the use of cellular p[hones in vehicles.

- Always practice safe driving by buckling up, keeping your hands on the wheel and your eyes on the road.
- Be familiar with your cell phone features such as speed-dial and redial.
- Position your phone where it is easy to see and reach.
- Hands-free microphones are suggested while driving.
- Alert the person that you are speaking with that you are operating a vehicle.
- Use the manual dialing option only when stopped at a stop light or pull off of the road way.
- Ask the passenger to make the call for you.
- Use the speed-dialing feature for frequently called numbers.
- Allow your voice mail to pick-up your calls when it is unsafe to answer the car phone.
- Do not use the cellular phone in distracting traffic conditions.
- Cease the use of cellular phone conversations during hazardous situations such as bad weather conditions or congested traffic.
- Never take notes while driving, pull off the road if you must write.
- Do not engage in stressful or emotional conversation while driving.
- Keep conversations brief and limited to business discussion.
- End the call without warning if the traffic situation warrants it.
- Stay in the slow lane while talking and do not pass other vehicles. Keep your driving maneuvers simple.
- If you see an emergency situation, pull to the side of the road to make the call to request assistance.

Remember, safe driving is your first priority. Always assess the traffic conditions. Use the cellular phone when it is safe and convenient.

For more information on the safety of wireless communications in vehicles, visit the National Highway Traffic Safety Administration's website.

Attachment C:

**Sampson County Health Department
What to Do In Case of an Accident**

1. **Stop at Once!** Check for personal injuries and send for ambulance, if needed. Do not leave the scene, but ask for the assistance of bystanders.
2. **If Fire or Smoke Is Present**, evacuate the vehicle occupants to a safe location. If stalled on a railroad track, evacuate occupants to a safe location away and at a right angle from the tracks.
3. **IF Fire, Smoke or Spilled Fuel is Present**, send for the fire department. Do not leave the scene; ask a bystander to call the fire department. If possible, use a spill kit to absorb the spill.
4. **Protect the Scene.** Set emergency warning devices to prevent further injury or damage. Secure your vehicle and its contents from theft.
5. **Secure Assistance** of law enforcement whenever possible. Record names and badge numbers.
6. **Record Names, Addresses and Phone Numbers** of all witnesses, injured and driver(s) and their passengers. Record vehicle license numbers.
7. **Do Not Argue!** Make no statement except to the proper authorities. Sign only official law enforcement reports. Do not make statements regarding the operating condition of your vehicle and do not admit fault.
8. **Report The Incident to your Dispatcher/Supervisor IMMEDIATELY** after first aid has been given, authorities have been notified, the scene has been protected and you are able to do so.
9. **Complete the Vehicle Accident Report** at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s).
10. **If You Strike an Unattended Vehicle** and cannot locate the owner, leave a note with your name and the County's address and phone number, get the vehicle description, VIN number and license plate number.

Attachment D:

SAMPSON COUNTY
Vehicle Accident Report (Attach additional pages as necessary)

Complete those sections that only apply to you. Report should be completed and turned in same day as accident.

I. EMPLOYEE: Complete and turn in to supervisor immediately.

1. Name: _____ Department _____

2. Date & Time of Accident: _____

3. Vehicle #: _____

4. Location of Accident (Street, city): _____

5. Number of persons injured and extent of injury: _____

6. Description of accident (State in detail what occurred just before, and at the time of the accident): _____

7. Describe any unsafe conditions (faulty brakes, lights, etc.) that contributed to the accident: _____

I certify that to the best of my knowledge the information stated above is truthful.

Employee Signature

Date

II. SUPERVISOR: Complete and turn in to Risk Manager (Finance Officer). Attach a copy of Sheriff Report and/or EMS Report if Called.

Current Status of Injured: _____

Extent of damage to vehicle(s) or property: _____

Action taken to prevent future accidents: _____

Disciplinary Action (if any): _____

Signature Supervisor/Department Head

Date

Attachment E:

What to Do In Case of an Emergency

Engine Stall; Run out of Gas; Car will not start, Gotten Stuck or other issues

1. Try to stop in an area that is close to a main road; not blocking traffic if possible.
2. If in a rural area, roll up your windows and lock your doors.
3. Report the incident to your Supervisor **IMMEDIATELY**.
4. If unable to reach your Supervisor, please IMMEDIATELY use the call down list on the backside of this paper for assistance.
5. If unable to contact Supervisor or anyone on the call down list call "911".
6. Complete Vehicle Repair Request (on Clipboard and in Glove Compartment)

Attachment F:

**Sampson County Health Department
Emergency Phone Contact Numbers**

Fire, EMS, Accidents	"911"
Wanda Robinson	Office 910-592-1131 ext. 4971 Cell 910-214-5903
Sally DeMay	Office 910-592-1131 ext. 4979
Tamra Jones	Office 910-592-1131 ext. 4961
Kelly Parrish	Office 910-592-1131 ext. 4972 Cell 910-214-5894
Annie Fennell	Office 910-592-1131 ext. 4973 Cell 910-214-4250
Perry Solice	Office 910-592-4675 ext. 4906 Cell 910-214-2312
Erin Ellis	Office 910-592-1131 ext. 4965

If unable to contact any of the above by their extensions:

Call 910-592-1131- Let the operator know it is any Emergency and to page for a member of Management Team to call the switchboard.

Attachment G:

VEHICLE REPAIR REQUEST

Vehicle Number: _____

Driver: _____

Reason for Request: _____

Date: _____ **Time:** _____ **Mileage:** _____

Department Head Signature: _____

ROUTINE MAINTENANCE ITEMS REQUESTED: Check all that apply:

- Needs Oil Changed
- Inspection sticker has expired
- Tire(s) appear worn or spare tire used
- Wiper blades appear worn

Attachment H:

Supervisor or Emergency Contact Person Procedure Check-off

1. Ensure employee is in a safe place.
2. Make arrangements for employee to be picked up.
3. Determine if vehicle is drivable or needs towing:
May call Perry Solice 910-990-3119 (cell) to assist in this decision
4. Make arrangements for towing of county vehicle if needed:
 - a. Purchase order will be in place for towing, tire repair with:
B & W Tire, Inc. 910-592-7548
 - b. An Emergency Purchase order will be done for towing or other issues not requiring repair with:
Tucker/Tucker Towing 910-567-6137
Wilson's Store 910-567-6913

Vehicle Policy Signature Sheet

I have received a copy of the Sampson County Health Department Vehicle Policy.

I have read the policy.

I have had my questions and concerns addressed by my supervisor.

Employee Signature

Date

SAMPSON COUNTY HEALTH DEPARTMENT
Section 15: Mosquito Management and Abatement Policy: Year 2020

Manual: Environmental Health Manual	Applicable Signatures/Title:
Title: Section 15: Mosquito Management and Abatement Policy	Program Coordinator: N/A
XX Program Policy: EH Program	EH Supervisor: Perry Solice
XX Program Procedure: EH Program	Health Director: Wanda Robinson
<input type="checkbox"/> Management/Department-wide Policy	Board of Health Chair: Clark Wooten
<input type="checkbox"/> Personnel Policy	Health Advisory Board Chair: Jacqueline Howard
<input type="checkbox"/> Fiscal Policy	Effective Date: 07/01/2020
Distributed to: EH Personnel	Supersedes: N/A

Purpose:

To provide guidance for surveillance and control of mosquito populations in Sampson County before, during, and after an emergency or disaster.

To serve as a supplement to the Sampson County Standard Operating Guide for mosquito management and abatement.

Policy:

Each emergency event is different and the level of response is determined by state and/or federal authorities. The response is based on information gathered during assessment of a situation that is provided by local, state and/or federal agencies. Under North Carolina law, North Carolina Emergency Management (NCEM) is the lead agency during emergency events and local government follows the guidelines issued by NCEM. NCEM usually receives federal guidance from the Federal Emergency Management Agency (FEMA).

It is the policy of the Environmental Health Section (EH) of the Sampson County Health Department (SCHD) to ensure the safety of the public and staff by playing a critical role in protecting public health from mosquito-borne diseases. The Sampson County Health Department Environmental Health Section will follow the guidance of the NCEM, state and federal authorities during times of disaster as it relates to the management and abatement of mosquito and other vectorborne insects to control disease.

During an event, such as a hurricane, Sampson County Emergency Management (EM) serves as the Incident Command and assigns agencies and personnel to roles based on needs. The SCHD EH Section may serve in a variety of roles as they relate to mosquito management and abatement. This may include: 1) serving as the lead role in data collection for authorities; 2) working with the public to manage mosquito populations; 3) serving as liaison among the various agencies during an event to manage the mosquito population and 4) serving in any role assigned by local and/or state authorities for the management and abatement of mosquitos.

Definitions:

1. Adulticide: an insecticide used to kill adult insects
2. Artificial Container: any bucket, barrel, tire, bottle, tub, tank, gutter, bird bath, swimming pool, ornamental pond, flower pot, jar or, any other such manmade items capable of collecting water.
3. Breeding Source: area capable of sustaining the reproduction of mosquitoes.
4. Evidence of Mosquito Breeding: the natural presence of mosquito larva, pupa, and/or their remains.
5. Insecticide: a chemical agent which kills or prevents the reproduction of insects.
6. Larva: the immature, fully aquatic stage of mosquito development in which the insect appears as a small, wingless, worm-like form.
7. Larvicide: a chemical agent which kills or prevents the reproduction of mosquito larvae.
8. Mosquito: a small long legged, two-winged insect of the family Culicidae, in which the female of the species is distinguished by a long proboscis for sucking blood.

Acronyms:

EH: Environmental Health
EM: Emergency Management
EPA: Environmental Protection Agency
FEMA: Federal Emergency Management Agency
MOU/MOA: Memorandum of Understanding/Agreement
NC: North Carolina
NCDA&CS: North Carolina Department of Agriculture and Consumer Services
NCEM: North Carolina Emergency Management
PIO: Public Information Officer
SCHD: Sampson County Health Department
SOG: Standard Operating Guide

Responsible Personnel:

All Environmental Health Personnel

Applicable Laws, Rules & Regulations:

North Carolina General Statute: 130A; 352-358
US Title 7: Agriculture; Ch. 11: Honeybees
North Carolina Bee and Honey Act of 1977: Article 55; § 106-634 - 645

Procedures:

Overview:

1. North Carolina Emergency Management (NCEM) serves as the lead agency for all

- counties for mosquito mitigation and abatement. The SCHD EH Section will follow all guideline as directed by NCEM.
2. Section 6.4 of the Sampson County Standard Operations Guidelines (SOG) provides base guidance and may be found on the county website; however, each event may cause a change to the guidance and the SCHD EH Section will follow all new guidelines as issued by NCEM.
 3. The sections listed below serve as basic guidance for EH Section personnel.

Notification & Information:

1. Multiple agencies, businesses and interests will be notified and provided information regarding mosquito management.
 - A. Municipalities and the County will collaborate regarding spraying in municipal areas to include the specific areas to be sprayed. The County will make the final decision regarding spraying areas in the county based on information provided.
 - B. Businesses, agricultural interests and other agencies will be provided information regarding potential/planned spraying, spraying schedules and type of pesticide.
 - C. **Bees:**
 - A. Bees are an integral part of farming, the largest business in the County.
 - B. Beekeepers will be a priority for the County during any mosquito abatement plans for the County.
 - C. All Beekeepers will be given at least 24-hours notification prior to spraying to allow the moving of the hives to areas that will not be sprayed.
 - D. Maps will be provided by the NC DOA &CS identifying bee hive habitats to allow notification to beekeepers.

Media Releases/Social Media:

1. The County PIO will be responsible for providing media releases and posting the information on the County website to inform the public of plans for spraying. In addition, the EH Section and/or SCHD may post information on their websites.
2. Media information will include phone numbers and websites that will allow the public to seek additional information.

Collecting Data and Other Information:

1. Data and other information will be collected before, during and after an event, which is usually a hurricane.
2. Multiple forms, gathering techniques and types of information will be utilized during the process. These processes may change for each event depending on the type of data and/or information needed and the agencies involved.
3. The attachments located in the Appendix of this policy are the forms and information used during the Hurricane Florence event of 2018. These serve as an example of the types of information commonly needed and the forms typically used during an event.

Pre-Hurricane/Event Mosquito Information:

1. EH staff will review documentation of current data and disease information regarding mosquito-borne illnesses in humans and animals.
2. EH staff will review mosquito population density estimates pre-disaster including information about species composition from NCEM, NC Communicable Disease Branch and/or NC Department of Agriculture and Consumer Service that may include any of the following:
 - A. Infection rates in mosquitoes
 - B. Seroconversions in sentinel chickens
 - C. Equine cases
 - D. Human Cases

Post-Hurricane/Event Information:

1. Information regarding the event will be provided by local, state and federal authorities. Information will include:
 - A. The amount and type of flooding
 - B. Extent and location of damage to housing
 - C. Extent, location and anticipated duration of cleanup and recovery operations
 - D. Type of mosquito management needed to include:
 1. The duration of applications to reduce the threat or nuisance
 2. The areas where the interventions are needed.

Post-Hurricane/Event Assessment of Need:

1. Hurricane/event generates rainfall and suitable for mosquito emergence
2. Food plain/salt marsh mosquitos emerge 10-14 days after the storm.
3. Documented need for mosquito control based on surveillance:
 - A. Landing rate counts
 - B. CDC Light traps
 - C. Larval dip data
 - D. Other requested surveillance measures
 - E. Increase in citizen complaints

Post-Hurricane Control Measures:

Control Measures are applied by Sampson County based on need; FEMA authorization is not required for these measures.

1. Use simple measures: public education regarding mosquito control measures; use of DEET, permethrin; eliminate standing water, etc.
2. Perform adulticiding, as deemed necessary by Sampson County or municipal officials using:
 - A. Sampson County or municipal equipment and staff
 - B. MOA or MOU municipalities and/or neighboring county/municipalities
 - C. Mosquito control contractor, acquired through:
 1. Sampson County contract
 2. A multi-county shared contract
 3. Submitting a local emergency management resources request to NCEM when local resources have been exhausted.
3. Adulticiding providers are usually locally sourced – may be ground or aerial based. The providers will provide or comply with the following:
 - A. Before spraying, contact FEMA EHP and/or NC Department of Agriculture and Consumer Services (NCDA&CS) point of contact to identify spray exclusions areas due to the presence of endangered or threatened or critical habitat to include bee habitats.
 - B. Provide a letter indicating the presence of a serious health threat or a mosquito nuisance that may hamper the recovery effort
 - C. Follow manufacturer’s label on EPA approved chemicals for mosquito abatement by certified employees. The pesticide must also be registered in NC by the NC Department of Agriculture and Consumer Services (NCDA&CS).
 - D. Must provide documentation of the chemical, application method and concentration used.
 - E. For aerial spraying, check with NCDA&CS Pesticide Section to make sure the plane and pilot are in compliance with all the applicable rules and regulations of the NC Pesticide Law.
 - F. Local authorities will provide spray or larvicide area maps detailing the zones affected/treated
 - G. Areas designated as No Spray Zones for protected wild life habitats will not be sprayed.
 - H. Local authorities will provide dates for each application and the provider will provide the dates each application was done.

Post Control Measures Requirements:

Document the effectiveness of all applied control measures to include the following surveillance:

- A. Landing Count Rates
- B. CDC light traps
- C. Larval dip data

- D. Any other data requested by state or federal authorities

Points of Contact & Additional Information:

The following information is to assist Sampson County agencies with determining the need for mosquito control management, the data needed for official requests, control measures and any other information the County may deem necessary.

1. Points of Contact:
 - A. Technical support on mosquito surveillance and control methods, call the North Carolina Communicable Disease Branch at 910-733- 3419
 - B. North Carolina Department of Agriculture and Consumer Services at 910-733-3556
 - C. North Carolina Emergency Management at 919-825-2500
 - D. Process for a county to seek/claim reimbursement from Division of Public Health (DPH) against county allocations under AA 911 Mosquito Abatement –Jeneen Preciose, DPH, jeneen.preciose@dhhs.nc.gov
 - E. Division of Public Health documentation/requirements to claim reimbursement against county allocations under AA 911 Mosquito Abatement – DPH, jeneen.preciose@dhhs.nc.gov
 - F. Where to spray, how to spray, and what product to use for spraying. These questions should be answered by the contractor hired to conduct the spraying, or the county mosquito control program.
 - G. Technical assistance regarding mosquito spraying/abatement:
Carl Williams, DPH: carl.williams@dhhs.nc.gov
Michael Doyle, DPH: michael.doyle@dhhs.nc.gov
 - H. Measuring/tracking the number of mosquito pre/post spraying Carl Williams, DPH: carl.williams@dhhs.nc.gov
Michael Doyle, DPH: michael.doyle@dhhs.nc.gov
 - I. Mosquito spraying contractors or vendors who want to let counties know of their interest/availability: County Purchasing Managers or County Health Directors
 - J. FEMA documentation/requirements regarding mosquito spraying Mary Glasscock, North Carolina Emergency Management: mary.glasscock@ncdps.gov
Chelsea Klein, FEMA: Chelsea.klein@fema.dhs.gov
2. Additional Information:
 - A. North Carolina Communicable Disease Branch: <https://epi.publichealth.nc.gov/cd/>
 - B. North Carolina Epidemiology Section Mosquito Control Guidance: <https://epi.publichealth.nc.gov/cd/vector/guidance.html>
 - C. North Carolina Department of Agriculture and Consumer Services: <https://www.ncagr.gov/>

- D. North Carolina Department of Emergency Management:
<https://www.nc.gov/emergency-management>
- E. CDC Mosquito Control and Arboviral Disease Sites:
<https://www.cdc.gov/westnile/vectorcontrol/aerial-spraying.html>
<https://www.cdc.gov/zika/vector/mosquitoes-and-hurricanes.html>
<https://www.cdc.gov/features/stopmosquitoes/index.html>
https://www.cdc.gov/zika/vector/integrated_mosquito_management.html
- F. US Environmental Protection Agency Mosquito Control Site:
<https://www.epa.gov/mosquitocontrol>
- G. FEMA Policy Assistance Program and Policy Guide, with emphasis on Appendix G: Mosquito Abatement:
https://www.fema.gov/media-library-data/1525468328389-4a038bbef9081cd7dfe7538e7751aa9c/PAPPG_3.1_508_FINAL_5-4-2018.pdf
- H. Find additional Post-Hurricane Mosquito Guidance at:
<http://www.ncalhd.org/post-hurricane-mosquito-guidance/>
- I. FEMA Schedule of Equipment Rates (2017 is latest version at time of publishing):
<https://www.fema.gov/media-library/assets/documents/136901>
- J. UNC School of Government Local Government Purchasing and Contracting:
<https://www.sog.unc.edu/resources/microsites/local-government-purchasing-and-contracting/federal-procurement-requirements>

References:

1. North Carolina Emergency Management:
<https://www.ncdps.gov/ncem>
2. US Environmental Protection Agency (EPA):
<https://www.epa.gov/mosquitocontrol>
3. Federal Emergency Management Agency (FEMA):
<https://www.fema.gov/>
4. North Carolina Epidemiology Section Mosquito Control Guidance:
<https://epi.publichealth.nc.gov/zika/toolkit.html>
5. North Carolina Department of Environmental Quality
<https://deq.nc.gov/about/divisions/waste-management/scrap-tires>
6. North Carolina Department of Agriculture & Consumer Services:
<http://www.ncagr.gov/>
7. Sampson County Emergency Operations Manual
8. Sampson County Standard Operation Guide
9. North Carolina General Statute: 130A; 352-358
10. US Title 7: Agriculture; Ch. 11: Honeybees
11. North Carolina Bee and Honey Act of 1977: Article 55; § 106-634 - 645

APPENDIX

Attachment 1 – NC DHHS Mosquito Vector Program:

**NC DHHS/DPH Vector Borne Disease Program Mosquito-Borne Disease Elements
September 2018**

Program goals

- Conduct surveillance for and investigation of human cases of reportable mosquito-borne diseases (arboviral encephalitis, malaria, chikungunya, Zika, dengue, and yellow fever).
- Provide guidance to local health departments to establish Integrated Mosquito Management (IMM) programs consistent within existing CDC guidelines
- Serve as the ArboNet and MosquitoNet points of contact for North Carolina; enter all appropriate human and veterinary case data, as well as mosquito pool surveillance data
- Provide guidance and technical support post emergency (hurricanes, tropical storms, etc.)

Program limitations

- The NC DPH vector borne disease program has an advisory/consultation role with local health departments and local vector control agencies. Staff can provide high level IMM guidance (e.g., baseline surveillance, threshold determination, larviciding, adulticiding, insecticide resistance monitoring, surveillance post control application, etc.).
- The DPH vectorborne disease program is not a resource for operational mosquito control supplies. We can assist local programs to coordinate with external resources as needed to implement various aspects of IMM.

What will the DPH program do to assist with post storm Integrated Mosquito Management?

- Collaborate with state emergency management, FEMA and other agencies to provide guidance and resources to local authorities
- Provide technical guidance and expertise as request by the State Emergency Operations Center
- Consult on specific and/or emerging issues with local programs through State Emergency Operations Center.

What are the county and municipal roles in post storm Integrated Mosquito Management?

- Perform mosquito surveillance (e.g., trapping and/or landing rate counts) and enter the data into MosquitoNet (DPH is available to assist with data submittal)
- Perform adulticiding, if deemed necessary by county or municipal officials, using:
 - County or municipal equipment and staff
 - MOA or MOU with a local city, county, or neighboring county/city
 - Mosquito control contractor, acquired through:
 - a county contract,
 - a multi-county shared contract, or
 - submitting a local emergency management resources request to State Emergency Management when local resources have been exhausted

Discriminating post hurricane mosquito control versus disease vector mosquito control

- Following a storm/rain event large populations of mosquitoes may emerge
- These mosquitos are generally salt marsh or flood plain mosquitoes and are NOT significant vectors of disease in North Carolina. (See Figure next page.)
- Increases in populations of disease vectors may occur, yet despite this, increases in human cases of endemic mosquito borne diseases (WNV, EEE, LACE) have not been typically detected in NC. However, emergence of these diseases is possible following a hurricane.
- See Figure 1

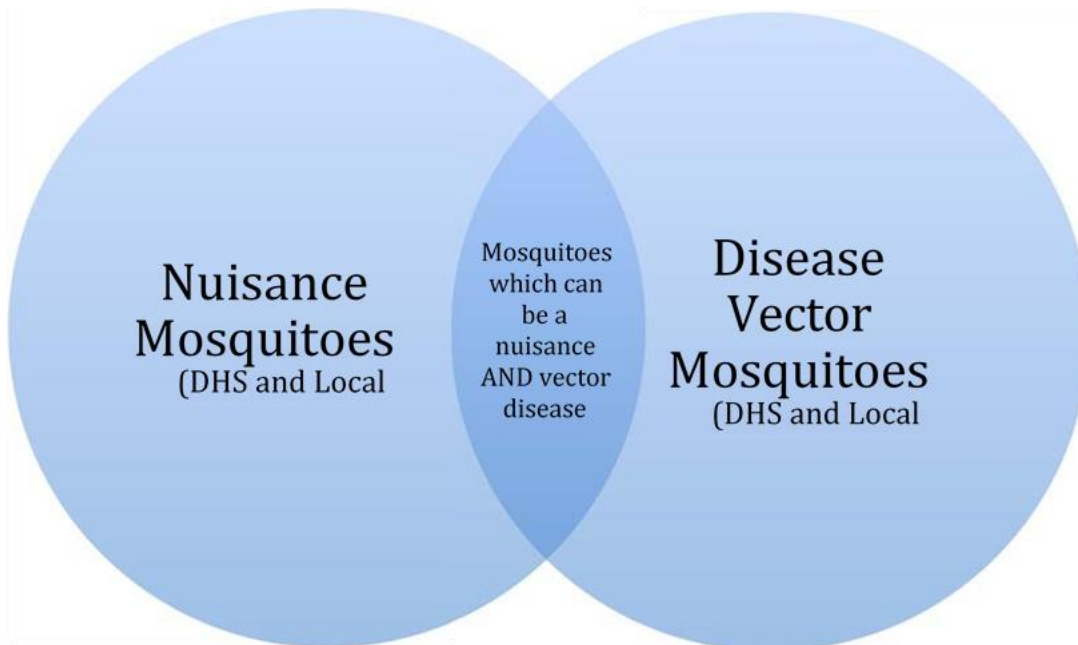
How to Contact:

- For vector control resources (once local and county-to-county resources have been exhausted) contact your local Emergency Management office to submit a resource request to the State Emergency Management office.
- For technical information on mosquito surveillance and control methods, call the Communicable Disease Branch at 919-733-3419

Additional Information

- <https://www.cdc.gov/westnile/vectorcontrol/aerial-spraying.html>
- <https://www.cdc.gov/zika/vector/mosquitoes-and-hurricanes.html>

Figure 1: Relative capacities of State and Local resources



Attachment 2 - Adulthood Information:

Pre-Treatment Checklist

Aerial Adulthood for Mosquitoes Communicable Disease

Branch - 919-733-3419 9-28-2018

Immediate Items (Needed to contract Aerial Applications)

- _____ Contact one or more aerial applicators of your choice and request bids¹
- _____ Obtain List of GIS layers useful for aerial ULV from Web EOC²
- _____ Review aerial bids to ensure that the contractor has minimum requirements for aerial ULV night spraying³
- _____ Edit Proposed spray blocks on paper or with GIS software, based on local needs⁴
- _____ Review aerial spray blocks with contractor to assure that each block is suitable for aerial spraying
- _____ Submit proposed spray maps to USFWS if any spray blocks are in or near areas of environmental concern.⁵
- _____ Submit "Public Health Emergency" letter to the FAA, signed by an elected official (e.g., Health Director)⁶
- _____ Request NC Dept. of Agric. waiver of normal aerial restrictions by submitting a letter from the County Health Director.⁷
- _____ Begin Public Notifications of the upcoming spray event. Keep in mind that wind conditions may delay the event one or more days.⁸

Pre-Spray FEMA Items (Required for reimbursement)

- _____ See FEMA documents "9 - NC Mosquito Abatement Fact Sheet - revised 9-13-18.pdf" and "10 - Public Assistance Program and Policy Guide V3.1_Mosquito Abatement.pdf" (Source: WebEOC or your FEMA representative)⁹
- _____ Perform Pre-spray Landing Rate Counts (LRCs) or collect adult mosquitoes using traps, or hire a contractor to do so¹⁰
- _____ Track as many mosquito-related items is as practical. ¹¹

Post-Spray FEMA Items (Required for reimbursement)

- _____ Perform Post-spray Landing Rate Counts (LRCs), adult Mosquito Collections using traps.
Notes on timing and locations¹²
- _____ Fill out FEMA RPA Project Worksheet (Source: FEMA)
- _____ Compile data to justify why post-Florence mosquito control exceeds normal spray operations in September – October.¹³

Other Post-Spray Items

- _____ Obtain NPDES permit or waiver; Waiver may be obtained up to 90 days after the application in a disaster situation.¹⁴
- _____ Enter LRC and/or trap data into MosquitoNet¹⁵

¹A list of aerial applicators is found in “7 - Aerial Pesticide Applicators holding NC Public Health Certification _NCD A Pesticide Section.” Bids should be based on the initial acreage estimate on the PDF map entitled “[County]SprayAreas.pdf” (Source: Web EOC)

²The following list of GIS shapefiles will assist you in editing the proposed spray block.
(Sources: County GIS office, or WebEOC).

- “18- Preliminary SprayAreas.zip” (Source: Web EOC)
- Buildings/Structures (Source: County GIS department) **NOTE: This is the most important local shapefile because it will guide counties to edit the spray block.**
- USFWS-requested exclusion areas “23-FWSprayAvoid903.kml” (Source: Web EOC)
- Beehives (for truck spraying only) <https://driftwatch.org/signup#applicator>); register for an account and request a GIS shapefile of your county; Note: Beehives cannot be avoided when using aerial spraying
- Airports
- Military property
- Aquaculture sites “24 – NCD A Aquaculture Ponds.kmz” (Source: WebEOC)
- Others listed in “Suggested GIS layers for NC counties - truck or aerial ULV adulticiding.docx” (Source: WebEOC)

³ Examples of qualified applicators include:

- A valid NC Category B Public Health license
- Nighttime vision and navigational equipment
- Equipment designed specifically for mosquito adulticides (i.e., most agricultural equipment is not appropriate for ULV adulticiding)
- The ability to name the county as “additional Named insured”

⁴ Counties are free to add or subtract area spray acreage based on local needs. For example, areas could be added where the public or recovery workers are outside due to high power outage levels, severe storm damage, etc. Alternatively, areas could be subtracted where mosquito populations are low. Each spray block should be large (approximately 5,000 acres or larger) and squared off as much as possible to allow for safer flying conditions.

⁵ See file “23 - FWSprayavoid903.kml” (Google Earth, or convertible to ArcGIS) to see locations of USFWS areas of concern. (Source: WebEOC). Submit to sara_ward@fws.gov

⁶ This will shorten the Congested Area Plan process by days to weeks. See “17 - FAA Congested Area Emergency

Exemption Letter - Template.docx “ (Source: WebEOC)

⁷ See “15 - NCDA Aerial Exemption – Example” (Source: Web EOC) Email to james.burnette@ncagr.gov

⁸ Recommendations for public information messages:

- _____ Publish map of spray date and time in local newspapers and websites
- _____ Keep in mind that winds over 10 mph may postpone the event for one or more days – publish several alternate dates, and inform the public if the spray event did not occur
- _____ Make Public Service Announcements on local radio
- _____ Inform Beekeepers associations (Source: County Extension Office)
- _____ Inform certified organic farms (Source: County Extension Office)
- _____ Spray blocks published in newspaper or county website so chemically sensitive individuals can stay inside or leave the area
- _____ Consider extra phone staff in the days immediately prior to the spray event.

⁹ FEMA has final responsibility to approve or deny reimbursement. The items on this checklist are intended solely to improve the package of information your county submits to FEMA, not supersede any FEMA requirements or decisions.

¹⁰ Notes on timing and locations of Landing Rate Counts or mosquito collections:

- _____ See “3- Hurricane Florence Landing Rate Instructions.docx”
- _____ See “4- Hurricane Florence Sample NC Mosquito LRC form.xlsx”
- _____ Do LRCs multiple times and places in the county within 14 days prior to spray event if possible – especially in the proposed treatment blocks.
- _____ Do LRCs within 24-48 hours prior to spray event to document pre-spray mosquito density.
- _____ Keep data on paper or MosquitoNet Excel spreadsheet for entry into MosquitoNet after the event. See “5 - MosquitoNET Data Form_v1.7.5.xlsx” (Source: WebEOC)

¹¹ Examples of evidence of an abnormal increase in mosquito populations:

- _____ # of citizen mosquito complaints over time
- _____ mosquito collections or landing rate counts over time
- _____ Evidence of increased ER visits due to mosquito bites (e.g., infections, allergic reactions)

¹² Suggested post-spray mosquito LRCs or mosquito collections:

- _____ within 12-24 hours after the spray event (to document post-spray mosquito density)
- _____ several times in following days/weeks to determine if small, follow-up ground or aerial treatments might be necessary. After a successful aerial treatment, this often not necessary.

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¹³ Use 2014, 2015, and 2017 because Hurricane Matthew was not a normal year. See “10 - Public Assistance Program and Policy Guide V3.1_Mosquito Abatement” (Source: WebEOC)

¹⁴ NC DWQ Pesticides General Permit Guidelines: “...Pesticide Discharge Management Plan Deadline: Permittees commencing discharge in response to a declared pest emergency situation as defined in Appendix A that will cause the applicator to exceed an annual treatment area threshold-----no later than 90 days after responding to the declared pest emergency situation after April 1, 2017....”

¹⁵ MosquitoNet is a convenient method to permanently store mosquito collection data. It is managed by CDC, and locally administered by a State Public Health Entomologist at DHHS. It is accessible by local mosquito programs, CDC, DHHS, and files can be easily exported by any of the above for FEMA reimbursement purposes.

See “5 -5 - MosquitoNET Data Form_v1.7.5.xlsx” (Source: Web EOC) to input data. NOTE: Use of MosquitoNet is not required by FEMA for reimbursement.

Attachment 3 – Fact Sheet:

**North Carolina Emergency Management Agency Federal Emergency
Management Agency Region IV Mosquito Abatement Fact Sheet**

Please review the following guidelines for reimbursement of mosquito abatement costs you may incur as a result of a disaster. The North Carolina Emergency Management Agency (NCEMA) and the Federal Emergency Management Agency (FEMA) are providing this information early in an effort to maximize applicant opportunities for federal reimbursement of eligible mosquito abatement activities following a Presidential Declaration. Take the necessary actions to prevent a health and safety threat as soon as possible, but know the rules for reimbursement.

1. The Public Assistance Program and Policy Guide, Version 3.1 (FP 104-009-2/April 2018, page 72) states:
 - a. Mosquito abatement measures may be eligible when a State, Territorial, Tribal, or local government public health official validates in writing that a mosquito population poses a specific health threat as discussed further in Appendix G: Mosquito Abatement. FEMA consults with the CDC to determine the eligibility of mosquito abatement activities. FEMA only provides PA funding for the increased cost of mosquito abatement. This is the amount that exceeds the average amount based on the last 3 years of expenses for the same period.
 - b. To be eligible for Public Assistance (PA) funding, insecticide formulations must be among those approved and registered by the U.S. Environmental Protection Agency for use in urban areas for mosquito control, and must be applied according to label directions and precautions by appropriately trained and certified applicators. Furthermore, mosquito abatement measures must comply with all Federal, State, Territorial, and local laws, ordinances, and regulations concerning vector control.
2. Eligibility Requirements
You must be an Eligible Applicant as defined in the Public Assistance Program Policy Guide (page 9) and have the legal responsibility (page 20) to perform mosquito abatement. <http://www.fema.gov/public-assistance-policy-and-guidance>. The FEMA mosquito abatement guidance may be found in Appendix G (pages 184-185).
3. Procedure and Documentation Requirements
 - a. Before spraying, collect trap data or landing rates (for adulticide use) or dip data (for larvicide use) to verify the hazard.
 - b. Before spraying, contact FEMA EHP Point of Contact (#5 below) to identify spray exclusions areas due to the presence of endangered or threatened or critical habitat.
 - c. Obtain a letter from the county health department indicating the presence of a serious health threat or a mosquito nuisance that is severely hampering the recovery effort.
 - d. Follow manufacturer's label on EPA-approved chemicals for mosquito abatement by certified employees. The pesticide also must be registered in NC by the NC Department of Agriculture & Consumer Services (NCDA&CS). Provide documentation of the chemical, application method and concentration used.
 - e. For aerial spraying, check with NCDA&CS Pesticide Section to make sure the plane and pilot are in compliance with all applicable rules and regulations of the NC Pesticide Law.
 - f. Provide spray or larvicide area maps detailing the zones affected/treated.
 - g. Provide date(s) of application.
4. Do not delay
 - a. Start collecting data as soon as a potential threat is identified to establish a baseline trap, landing rate, or dip count. Data is only valid for a period of two weeks.
 - b. Counties or communities that do not have a mosquito abatement program may request technical assistance with surveillance and personal protective measures from the North Carolina Division of Public Health by viewing https://epi.publichealth.nc.gov/cd/diseases/mosquito_spray.html or contact the Raleigh office at 919- 733-3419.
5. Point of Contact: FEMA-R4EHP@fema.dhs.gov and cc Chelsea Klein at Chelsea.Klein@fema.dhs.gov

Attachment 4: Flow of Events:

**Post Hurricane Mosquito Control General Flow of Events Prepared by NC DPH,
26 SEP 2018**

1. Hurricane generates rainfall and suitable habitat for mosquito emergence
2. Flood plain / salt marsh mosquitoes emerge 10- 14 days after storm
3. There is a documented need for mosquito control based on:
 - a. Surveillance
 - i. Landing rate counts
 - ii. CDC light traps
 - iii. Larval dip data
 - iv. Other
 - b. Increase in citizen complaints
4. Control measure is applied by local entity based on need, FEMA authorization not required to do this.
 - a. Remember simple measures: education, DEET, permethrin, eliminate standing water, etc.
 - b. Locally sourced; likely ground based
 - c. Contracted
 - i. Ground based or
 - ii. Aerial
5. Document effectiveness of applied control measure
 - a. Surveillance
 - i. Landing rate counts
 - ii. CDC light traps
 - iii. Larval dip data
 - iv. Other
 - b. Decrease in citizen complaints
6. Apply for reimbursement from FEMA
 - a. Procedure and Documentation Requirements
 - i. Before spraying, collect trap data or landing rates (for adulticide use) or dip data (for larvicide use) to verify the hazard.

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- ii. Before spraying, contact FEMA EHP Point of Contact (#5 below) to identify spray exclusions areas due to the presence of endangered or threatened or critical habitat.
- iii. Obtain a letter from the county health department indicating the presence of a serious health threat or a mosquito nuisance that is severely hampering the recovery effort.
- iv. Follow manufacturer's label on EPA- approved chemicals for mosquito abatement by certified employees. The pesticide also must be registered in NC by the NC Department of Agriculture & Consumer Services (NCDA&CS). Provide documentation of the chemical, application method and concentration used.
- v. For aerial spraying, check with NCDA&CS Pesticide Section to make sure the plane and pilot are in compliance with all applicable rules and regulations of the NC Pesticide Law.
- vi. Provide spray or larvicide area maps detailing the zones affected/treated.
- vii. Provide date(s) of application.

- 1. Exemption from NCDA requirements? Yes if #2 below is met
- 2. Any local health director or aerial applicator licensed under the subcategory of public health pest control, under supervision of such local health director when conducting a control operation for disease vectors or other pest of public health significance shall be exempted from 2 NCAC 9L .1002(i), General Requirements; .1003, Drift Control; and .1005(b) through (e), Restricted Areas, provided such local health director or his authorized designee notifies the secretary of the Board prior to initiation of subject operation and submits the following information:
 - a. name of aerial applicator or contractor,
 - b. location and general description of operation area(s),
 - c. identity of target pest(s),
 - d. brand name(s) and EPA registration number(s) of the pesticide(s) to be used,
 - e. scheduled date(s) of application(s), and
 - f. outline of nature of operation

Attachment 5: Mosquito Abatement:

APPENDIX G: MOSQUITO ABATEMENT

FEMA may provide reimbursement for mosquito abatement measures at the written request of the State, Territorial, Tribal, or local public health officials after FEMA consults with the Centers for Disease Control and Prevention (CDC), based on:

- Evidence of:
 - Higher levels of disease transmitting mosquitoes in the disaster area following the event;
 - A significant number of disease-carrying mosquitoes in the area due to the increase in event-related standing water; or
 - The potential for disease transmission and human exposure to disease carrying mosquitoes based on the detection of arboviral diseases in sentinel organisms (poultry, wild birds, mosquito pools) in the impacted area prior to the storm event, discovered during surveillance as part of mosquito abatement activities, or reported human cases in which transmission occurred prior to the storm event.
- A determination that a significant increase in the mosquito population and/or the change of biting mosquito species poses a threat to emergency workers who are required to work out-of-doors, thereby significantly hampering response and recovery efforts.

Such evidence may include an abnormal rise in landing rates or trap counts, significant changes in species composition

or estimate of infection rates, when compared to pre-disaster surveillance results.

- Verification from medical facilities within the affected area that an increase in the general public's exposure to mosquitoes has directly resulted in secondary infections, especially among those with weakened immune systems such as the elderly, the very young, or the sick.

This may occur when increased numbers of residents in disaster areas with extended power outages are forced to open buildings for air circulation.

Where possible, a determination of the need for vector control measures should be based on surveillance data provided by local agencies, or on surveillance conducted as a component of the



Terminology

An **arbovirus** is a virus utilizing arthropods as vectors and is transmitted via their feeding to a definitive host.

The **landing rate**, expressed as number of mosquitoes landing per minute, is used as an adult mosquito surveillance measure utilizing human volunteers as bait.

Methoprene Briquettes are formulated with **methoprene** (compound that mimics the action of an insect growth-regulating hormone and prevents the normal maturation of insect larvae) growth inhibitor and a timed-release carrier that resembles a charcoal briquette.

A **sentinel organism** is an organism, usually fowl, purposely exposed to mosquito bites outdoors to monitor pathogen transmission by mosquitoes.

Seroconversion is the development of detectable antibodies in the blood of a sentinel organism directed against an infectious agent.

Trap count is the number of female mosquitoes captured in a trap receptacle each night the traps are set.

emergency response. Similarly, termination of control efforts should be based on mosquito density and disease transmission monitoring, and on the degree of exposure to mosquitoes of residents and responders. Information useful in determining the need for emergency mosquito control measures includes:

- The local jurisdiction's mosquito population density estimates pre- and post-disaster, including information about species composition
- Arbovirus transmission activity indices, including information about the location of surveillance activities; indices may consist of:
 - Infection rates in mosquitoes
 - Seroconversion in sentinel chickens
 - Equine case
 - Human cases
- The amount and type of flooding (e.g., saltwater/freshwater, coastal/inland)
- The extent and location of damage to housing
- The extent, location, and anticipated duration of power interruption
- The anticipated extent and duration of cleanup and recovery operations
- A description of the type of mosquito management required (e.g., aerial or ground-based ~~adulticide~~ applications, larvicide applications), and duration of application to reduce the threat and the areas where the interventions are needed

To be eligible for Public Assistance (PA) funding, insecticide formulations must be among those approved and registered by the U.S. Environmental Protection Agency for use in urban areas for mosquito control, and must be applied according to label directions and precautions by appropriately trained and certified applicators. Furthermore, mosquito abatement measures must comply with all Federal, State, Territorial, and local laws, ordinances, and regulations concerning vector control. Mosquito abatement measures include, but are not limited to the following:

- ~~Adulticiding~~ – The ground or aerial spraying of insecticides to kill adult mosquitoes
- ~~Larviciding~~ – The application of chemicals, including ~~methoprene~~ briquettes, by ground or air to kill mosquito larvae or pupae
- Breeding habitat removal or alteration – The modification of potential breeding habitat to make it unsuitable for mosquito breeding or to facilitate larval control, including:
 - Draining or removing standing water in close proximity to homes, schools, sheltering facilities, and businesses
 - Increased dewatering through the pumping of existing drainage systems
 - Dissemination of information (e.g., inserting flyers with resident's water bills, public service announcements, newspaper campaigns) to direct residents to remove the mosquito breeding habitat |

Attachment 6: Mosquito Landing Rate Form:

Mosquito Landing Rate Form
 9-12-18 REVISION

County: _____
 Date Collected: _____
 Person(s) Collecting LRCs: _____
 Method used: Landing Count (whole body), no attractant
 File name (if a pdf map, or map file, is attached): _____

No.	Time	ID # or Collection Location Name	Address or Lat. & Long.	# sec/minutes counting	Total Mosq. Counted	Count per Minute
1	am pm					
2	am pm					
3	am pm					
4	am pm					
5	am pm					
6	am pm					
7	am pm					
8	am pm					
9	am pm					
10	am pm					
11	am pm					
12	am pm					
13	am pm					
14	am pm					
15	am pm					
16	am pm					
17	am pm					
18	am pm					
19	am pm					
20	am pm					

Attachment 7: GIS Information:

A suggested List of GIS layers to be made available to North Carolina counties when preparing for truck or aerial adulticiding against mosquitoes

Communicable Disease Branch - 919-733-3419

Suggested GIS Layers 9-13-2018

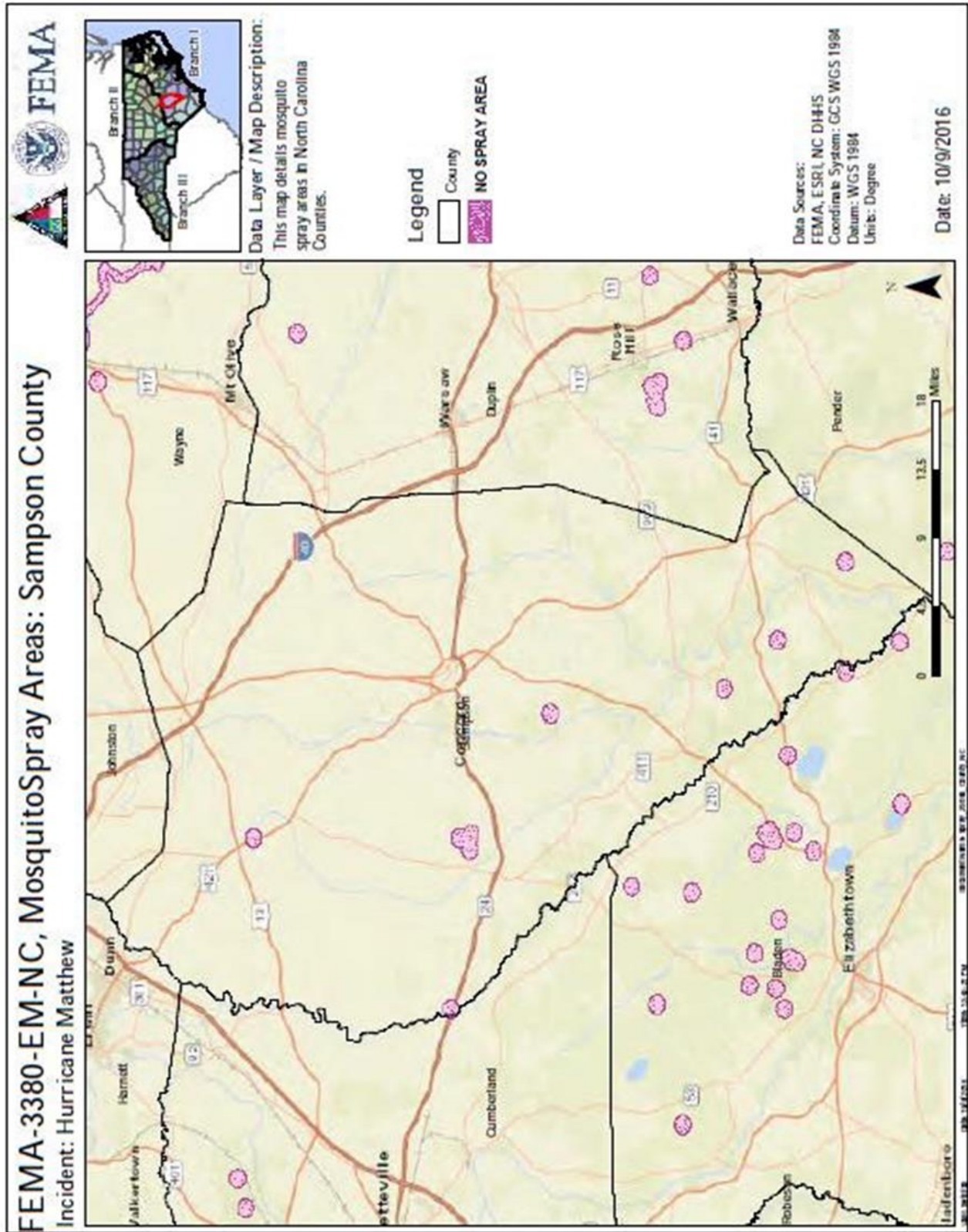
Standard GIS files available from state, federal, or county sources:

- State boundaries
- County boundaries
- Municipal boundaries
- State Park boundaries
- Federally managed areas
- USFWS endangered and threatened species boundaries
- State environmentally sensitive land boundaries
- Military bases
- Streets (all primary and secondary for Truck ULV; only main thoroughfares for Aerial ULV)
- Water bodies (all ponds, lakes)
- Major and minor hydrography (rivers, streams - as adulticide must be shut off near some of them)
- Schools
- Ag Land (Reason: some chemicals adulticides cannot drift over particular food crops)
 - Sources: Department of Ag
- Bee hives
 - Source: NC Department of Ag - Drift watch or Bee Watch database
- Organic Farms

Custom created for Mosquito ULV spraying events

- Truck Spray routes (i.e., area that can be covered in 1 hour when truck is driving 10 miles an hour = 10 linear miles of street surface per route. These are created individually by County, City, or Town GIS staff, or their mosquito control contractors)
- Aerial Spray blocks (these are created by aerial contractors or USAF, based on the geographic areas provided to them by County, State, Mosquito District, or CDC officials. In NC, likely County Health Directors or their assignees).
- Mosquito surveillance locations (traps or landing rate counts)
 - Sources: Lat. and Long. data in the MosquitoNet database, accessible by State Public Health Entomologist or CDC staff.
- Medically sensitive individuals
- Spray exclusions areas due to the presence of endangered or threatened or critical habitat.
 - Source: FEMA EHP Point of Contact

Attachment 8: GIS Map with Mosquito Spray Areas:



Attachment 9: NC Department of Agriculture Chemicals Manual:

V — INSECT CONTROL

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Relative Toxicity of Pesticides to Honey Bees

DAVID R. TARPY, Professor and Extension Apiculturist

Most pesticides are at least somewhat toxic to honey bees and other pollinators; however, the degree of toxicity varies considerably from product to product. Insecticides are generally the most likely to cause a bee kill; herbicides, fungicides, and defoliant present relatively minor danger to bees if used according to label directions. Pesticides are listed by active ingredients (AI) and common and/or brand name(s) where appropriate.

Table 5-1A. Relative Toxicity of Pesticides to Honey Bees

Group 1 — Highly Toxic. Severe bee losses may be expected **IF** the following pesticides are used when bees are present, or the product is applied near beehives, or within a day after application to foraging bees in the pesticide application area.

abemectin (Zephyr)	ethion	milbemectin (Milbemycin A4 + Milbemycin A3)
acephate (Orthene)	etofenprox	momfluorothrin
aldicarb (Temik)	famoxadone (Famoxate)	monocrotophos (Azodrin)
alpha-cypermethrin	famphur (Famophos)	naled (Dibrom)
arsenicals	fenamiphos	oxamyl
avermectin	fenazaquin	parathion
azadirachtin	fenitrothion (Sumithion)	pentachloronitrobenzene (PCNB)
azinphos-methyl (Guthion)	fenoxaprop-ethyl	permethrin (Ambush, Pounce)
bensulide	fenpropathrin (Danitol, Dasanit)	phenothrin
beta-cyfluthrin	fenthion (Baytex)	phorate
bifenthrin (Brigade, Discipline)	fenvalerate	phosmet (Imidan)
carbaryl (Sevin 80 S)	fipronil	phosphamidon
carbofuran	fluvalinate	pirimiphos-methyl
chlorethoxyfos	foramsulfuron	prallethrin (ETOC)
chlorfenapyr	fosthiazate	profenofos
chlorpyrifos (Dursban, Lorsban)	gamma-cyhalothrin (Prolex)	propoxur (Baygon)
clothianidin (Poncho 600)	imidacloprid	pyrazophos (Afugan)
cyantraniliprole	imiprothrin	pyrethrins
cyfluthrin (Baythroid)	indoxacarb (Steward, Avaunt)	pyridaben
cypermethrin (Ammo)	isofenphos	resmethrin (Synthrin)
cyphenothrin	lambda-cyhalothrin (Karate)	rotenone
deltamethrin (Decis)	lindane	spinetoram
δ-phenothrin (Sumithrin)	LPOS (Sulfotine, RAID TVK)	spinosad (XDE-105, Tracer)
diazinon (Spectracide)	malathion (Cythion)	sulfoxaflor
dichlorvos (DDVP, Vapona)	methamidophos (Monitor, Tamaron)	tefluthrin
dicrotophos (Bidrin)	methidathion (Supracide)	tetrachlorvinphos
dimethoate (Cygon, DE-FEND)	methiocarb (Mesurol)	tetramethrin
dinotefuran	methomyl (Lannate, Nudrin)	thiamethoxam
diuron	methoprene	tralomethrin
D-trans-allethrin	methyl parathion	tolfenpyrad
emamectin benzoate	mexacarbate (Zectran)	zetamethrin (Mustang max)
esfenvalerate (Asona)		zineb

Group 2 — Moderately Toxic. These pesticides can be used in the vicinity of bees if dosage, timing, and method of application are correct; but these products should never be applied directly on bees in the field or at the colony location (apiaries).

**Sampson County Health Department
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acetamiprid allethrin, D-trans arsenic acid azadirachtin benomyl bifenazate (Floramite) bromoxynil octanoate aluminum phosphide (Phostoxin) <i>Bacillus thuringiensis</i> (Di-Beta) Biothion carbophenothion coumaphos (Co-Ral) crotoxyphos crotoxyphos (Ciodrin) demeton	disulfoton demeton disulfoton endosulfan (Thiodan)endothion ethoprop (Mocap) fenarimol fluazinam fonofos (Dyfonate) formetanate (Carzol) mesosulfuron methyl oxamyl (Vydate) oxydemeton-methyl (Metasystox-R) paraquat dichloride phorate (Thimet) phosalone (Zolone)	pirimicarb (Pirimor) profenofos (Curacron) propamocarb (Carbamult) pyrethrum ronnel sethoxydim ppiroxamine sumithrin (Anvillollo) tartar emetic temephos (Abate) terbufos (Counter) thiacloprid (Calypso, YRC-2894) thiazopyr (MANDATE, VISOR) thiodicarb (Larvin)
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Table 5-1A. Relative Toxicity of Pesticides to Honey Bees

Group 3 — Relatively Non-Toxic. These pesticides can be used around bees with a minimum risk of injury.

Acaricides, Diseases, IGRs, and Insecticides

aldoxycarb (Standak)	cryolite (Kyocide)	Nosema locustae (Canning)
allethrin	cymiazole (Aptitol)	oxythioquinox (Morestan)
amitraz	cyromazine (Trigard)	polynactins
azadirachtin (Margosan-O)	dibromochloropropane (Nemagon)	propargite (Comite, Omite)
Bacillus thuringiensis (Biotrol)	dicofol (Dicofol, Griffin dicofol)	pymetrozine (Fulfill, Endeavor)
Bacillus thuringiensis (Dipel)	diflubenzuron (Dimilin)	pyrethrum
Bacillus thuringiensis (Thuricide)	dinobuton (Dessin)	pyriproxyfen
B.t. kurstaki (Dipel 4L)	dioxathion (Delnav)	rotenone
B.t. kurstaki (Javelin)	ethion (Ethiol)	ryania
B.t. tenebrionis	Heliothis virus	tetradifon (Tedion)
chlorobenzilate (Acaraben)	metaflumizone	tetraflubenzuron (CME)
chlorobenzilate (Folbex)	methoxychlor (Marlate)	trichlorfon (Dylox)
clofentazine (Apollo)	multimethylalkenols (Stirrup)	Z-11-hexadecanol (tomato pinworm pheromone)
	nicotine	

Fungicides

acibenzolar-S-methyl (Actigard)	cyclanilide (Finish)	mancozeb
anilazine (Dyrene)	cymoyanil (Curzate 60DF)	maneb (Manzate)
anilazine (Kemate)	cyprodinil (Vanguard WP)	metiram (Polyram)nabam (Parzate)
azoxystrobin (Heritage)	dazomet (Mylone)	polyphase P-100 (Troyson)
benomyl (Benlate)	dicholone	prochloraz
bordeaux mixture	dimethomorph (Acrobat MZ)	prochloraz/carbendazin (Sportac)
captafol (Difolatan)	diniconazole (Spotless)	propamocarb hydrochloride (Banol)
captan (Orthocide)	dinocap (Karathane)	sulfur
chloropicrin	dithianon (Thynon)	thiram
copper 8-quinolinate	dodine (Cyprex)	thiram/methoxychlor (Atasan)
copper hydroxide	fenaminosulf (Lesan)	trifloxystrobin (Flint, Stratego, Compass)
copper oxychloride sulfate	fenhexamid (Elevate 50 WDG)	triforine (Funginex)
copper sulfate—monohydrated	fluazinam (Omega 500F)	triphenyltin hydroxide (Du-Ter)
cuprous oxide	folpet (Phaltan)	ziram (Zerlate)
	glyodin (Glyoxide)	zoxamide (Zoxium 80W)

Herbicides, Defoliants, Desiccants, and PGRs

2,3,6-TBA (Trysben)	diquat	naptalam (Alanap)
2,4,5-T	diuron (Karmex)	nitrofen (TOK)
2,4-D (2, 4-D)	EPTC (Eptam)	norflurazon (Zorial)
2,4-DB (Butoxon)	etephon (Ethrel)	ovasyn
2,4-DB (Butyrac)	ethalfuralin (Sonalan)	paraquat
acetochlor	EXD (Herbisan)	pendimethalin
alachlor (Lasso)	flufenacet (Axiom DF)	phenmedipham (Betanal)
amitrole	fluometuron (Cotoran)	picloram (Tordon)
ammonium sulfate	flumioxazin (Valor WDG)	prohexadione calcium (Apogee PGR, Baseline)
atrazine (AAtrex)	fluridone (BRAKE, Sonar)	prometryn (Caparol)
benomyl (Benlate)	fluroxypyr (Starane EC)	pronamide (Kerb)
bensulide	fluthiacet-methyl (Action)	propanil (Stam F-34)
bentazon (Basagran)	foramsulfuron (Option)	propazine (Milogard)
bromacil (Hyvar)	glyphosate (Roundup)	propham (Ban-Hoe, IPC)
butifos (DEF)	hydrogen cyanamide (Dormex)	PT807-HCl (Ecolyst)
chlorbromuron (Maloran)	imadagylin (Arsenal)	quinchlorac (FACET)
chloroxuron (Tenoran)	imazamox (Raptor)	simazine (Princep)
clodinafop-propargyl (Discover)	isoxaflutole (Balance)	sodium chlorate (KNOCK 'UM OFF)
clofencet (Genesis)	linuron (Lorox)	terbacil (Sinbar)
cloproxydim (Select)	MCPA (Mapica)	terbutryn
cloransulam-methyl (First-Rate)	metaldehyde propazine (Milogard)	terbutryne (Igran)
cyanazine (Bladex)	methazole (Probe)	thiadiazuron (DROPP)
cyhalofop-butyl (Clincher)	metribuzin (Lexone)	tralkoxydim (Achieve 40DG)
dalapon	metribuzin (Sencor)	tribufos (DEF)
dicamba (Banvel)	mesotrione (Callisto)	tribuphos (6EC)
dichlobenil (Casoron)	metolachlor	tribuphos (Folex)
diflufenzopyr (Distinct)	monuron	tributyl phosphorotrithioite (Folex)
		trifluralin

Table 5-1B. Pesticide Use Inside and Around Honey Bee Hives — Formulations for use by the general public, unless otherwise

noted

Pests	Chemical (Brand)	Formulation	Precautions and Remarks (Always follow product label directions for handling, product application, and disposal)
Tracheal Mite	menthol (Mite-A-Thol)	Crystalline granules	Both products generate vapors that kill tracheal mites. Apply onto inner cover/top super according to label directions. Best if used when ambient temperatures are above 70 degrees F for menthol and 50 degrees F for formic acid. Use gloves when handling crystals or gel packets.
	formic acid (Mite-Away Quick Strips)	Various delivery methods	
Varroa Mite	tau-fluvalinate (Apistan)	Plastic strip; pesticide-impregnated	Strips contain contact poison to kill mites. Use protective gloves when handling strips. Hang strips in brood-chamber according to label directions. Caution should be used, as mites have evolved a resistance to this particular chemical, and it may not be effective in many instances.
	formic acid (Mite-Away Quick Strips)	Various delivery methods	Product generates vapors to kill mites. Kills mites in sealed brood cells. Treat colonies according to label directions.
	coumaphos (Check-Mite+)	Plastic strip; pesticide-impregnated	For varroa mites, product should be used only when fluvalinate-resistance has been confirmed by NCDA Bee Inspectors. Caution should be exercised, as mites have evolved a resistance to this particular chemical and may not be effective in many instances.
	amitraz (Apivar)	Plastic strip; pesticide-impregnated	Strips contain active ingredient to kill mites upon contact. Use protective gloves when handling strips.
	thymol (ApiLife VAR or Apiguard)	Pesticide-impregnated vermiculite tablets or gel	Essential oils volatilize to kill mites outside of brood cells.
	sucrose octonate (Sucrocide)	Liquid; mix with water	Spray all adult bees with fine mist; must be completely wetted to kill mites.
Small Hive Beetle (adults)	coumaphos (Check-Mite+)	Plastic strip; pesticide-impregnated	Use protective gloves when handling strips. Attach to cardboard or other material as specified on label direction and place strip-side down on bottom board to kill adult beetles. Application for varroa mites (see above) is not simultaneously effective for SHB.
	(pupae)	permethrin (GardStar)	
Wax Moth	paradichlorobenzene (Para-Moth)	Crystalline granules	Use to prevent infestation of stored hive equipment (drawn-comb) only. Do not use in hives containing honey bees. Use protective gloves when handling crystals. Store product in sealed container when not in use.

Always follow label directions, which require the removal of honey from beehives prior to most pesticide treatments.

Reducing the Risk of Pesticide Poisoning to Honey Bees

Pesticide poisoning of honey bees can usually be kept to a minimum if the pesticide applicators and the beekeepers take several precautions.

Precautions for the Pesticide Applicator

1. Always read and follow any warning statements regarding honey bees on the pesticide label.
2. If more than one product gives good control of the target pest, select a pesticide from Group 2 or 3 instead of Group 1 from the preceding "Relative Toxicity of Pesticides to Honey Bees."
3. Avoid applying any bee toxic pesticides on blooming plants that attract bees. Keep pesticide drift from nearby blooming weeds that are attracting bees.
4. Time of pesticide application is very important. Apply pesticides that are toxic to bees in the late afternoon (after 3 p.m.) or in the evening if at all possible. Most honey bees have stopped foraging and have returned to their hives by 3 p.m. This allows maximum time for the pesticide to decompose before the bees come into contact with it the next day.
5. Select the safest formulation of the pesticide that is available for the intended use. "Drifting" of the pesticide from the target pest and/ or crop to areas frequented by bees should be minimized and formulation selection is the key to this problem.
 - a. "Dusts" almost always drift more than other pesticide formulations and are generally more dangerous to bees than are sprays or granular applications.
 - b. Spray formulations are usually safer to bees than are dusts, but there are differences among the spray formulation types. Generally, water-soluble formulations are safer than are emulsifiable-formulations, and fine sprays are less dangerous than are coarse sprays. Sprays of undiluted technical pesticide (ULV) may be more dangerous than diluted sprays.
 - c. **Granular applications generally are the least likely to drift and accidentally kill bees.** Consider a granular formulation if it is suitable for destroying the target pest.
 - d. Microencapsulated pesticides present a very distinct and serious threat to honey bees. The particle size of this pesticide formulation is very similar to that of pollen, and adult honey bees may carry this pesticide back to the hive where it will be combined with stored pollen. This pesticide will not kill the adult bees that collected it, but the microencapsulated pesticide will kill the brood (immature) stages of the bees and the young adult (nurse) bees that feed the brood when it is later fed to those bees. Bees have little protection against these products.
6. The mode of pesticide application is also important, particularly from a drifting standpoint. Aerial applications are generally more dangerous than applications by ground equipment. If a pesticide application is being made by air, it is the contractor's responsibility to notify any beekeepers that have *registered* apiaries (one or more hives of bees) within 1/2 mile of the area to be aerially sprayed. These regulations are defined in the N.C. Pesticide Laws, and the person responsible for the notification is the person who contracts for the aerial application.
7. Never apply any pesticide directly over a beehive.
8. Notify beekeepers who have beehives near an area to be treated with a pesticide so that they may attempt to protect their bees.
9. Follow proper precautions in disposing of unused pesticides and pesticide containers. Be particularly careful not to contaminate water with pesticides, as the water may be collected by bees and result in bee kills.
- 10.

Precautions for the Beekeeper

1. If your bees are located in any area where pesticides are commonly used, then identify yourself as a beekeeper to your neighbors who may use pesticides.
2. Identify your apiaries with your name and address or telephone number if the apiary is not associated with your residence so that you may be notified if pesticides are to be used by a neighboring individual.
3. Explain the importance of your bees in the pollination of crops being grown on nearby fields to those growers so that they may consider the value of the bees in pollination before applying any pesticides that may kill the pollinating insects.
4. Be aware of the precautions that apply to the pesticide applicator (above) so that you can serve as a

**Sampson County Health Department
Environmental Health Section
Mosquito Management and Abatement P&P**

resource in providing solutions to reducing bee kills.

5. Do not place apiaries in areas used to grow crops that require heavy and frequent usage of pesticides.
6. Register your apiary locations with the N.C. Department of Agriculture if aerial applications of pesticides are used in your apiary locations.
7. As a very last resort, move your beehives if possible when bee-toxic pesticides are being applied near your apiary. Covering the hives (e.g., with wet burlap) is usually not possible for large apiaries and can cause bees to overheat or suffocate.

Attachment 10: Sample Safety Data Sheet for Adulticide Spraying:



SAFETY DATA SHEET



SECTION 1: IDENTIFICATION

PRODUCT NAME: AllPro Envion RTU
EPA REG. NUMBER: 769-994

MANUFACTURER: Value Garden Supply
ADDRESS: P. O. Box 585, St. Joseph, MO 64502
MANUFACTURER PHONE: (888) 603-1008
MANUFACTURER FAX PHONE: (952) 884-6149
EMERGENCY PHONE: (800) 858-7378

PRODUCT USE: For use only by federal, state, tribal, or local government officials responsible for public health or vector control, or by persons certified in the appropriate category or otherwise authorized by the state or tribal lead pesticide regulatory agency to perform adult mosquito control applications, or by persons under their direct supervision.

SECTION 2: HAZARD IDENTIFICATION

SIGNAL WORD: WARNING

HAZARD STATEMENTS: Harmful if swallowed. Harmful in contact with skin. Harmful if inhaled.

SYMBOLS: Exclamation Mark.



PRECAUTIONARY STATEMENTS:

PREVENTION: Do not breathe mists. Wash hands thoroughly after handling. Avoid breathing mist and spray. Use only outdoors in a well-ventilated area. Wear protective gloves and clothes, eye and face protection. Do not eat, drink or smoke when using this product.

RESPONSE: If swallowed: Immediately call a poison center. Rinse mouth. If inhaled: Remove person to fresh air and keep comfortable for breathing. Call a poison center, if you feel unwell. If on skin: Wash with plenty of water. Take off immediately all contaminated clothing and wash it before reuse.

STORAGE: Store locked up.

DISPOSAL: Dispose of contents at approved chemical waste disposal facility. Dispose of empty containers after triple rinsing, or according to label directions, in regular waste (see section 13 for specific instructions).

90% of this mixture consists of ingredients of unknown acute toxicity.

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

INGREDIENTS*:	CAS NO.	% WT
Permethrin	52645-53-1	4%
Piperonyl Butoxide	51-03-6	4%
Mineral Oil	64742-55-8	<5%

A trade secret under 29 CFR 1200(i) is claimed for the remaining ingredients of this product.

* All ingredients in quantities > 1.0 % (> 0.1 % for carcinogens or teratogens) that are **potentially** hazardous per OSHA definitions

SECTION 4: FIRST AID MEASURES

EYES: Hold eyes open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after 5 minutes, then continue rinsing eyes. Call a poison control center or doctor for treatment advice.

SKIN: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15 to 20 minutes. Call a poison control center or doctor for treatment advice.

INGESTION: Immediately call a Poison Control Center or doctor. Do not induce vomiting unless told to by a poison control center or doctor. Do not give any liquid to the person. Do not give anything by mouth to an unconscious person.

INHALATION: Get to fresh air. Call a poison control center or doctor for treatment advice.

IMPORTANT: Have this product label with you when calling a poison control center or doctor or when going for treatment. You may also call 1-800-858-7378 for emergency medical treatment advice.



SAFETY DATA SHEET



SECTION 5: FIRE-FIGHTING MEASURES

FLASH POINT: > 200°F

AUTOIGNITION TEMPERATURE: N/A

EXTINGUISHING MEDIA: Carbon dioxide, foam, dry chemical, or ware fog

SPECIAL FIRE FIGHTING PROCEDURES: Wear full protective clothing and self-contained breathing apparatus. Evacuate non-essential personnel from the area to prevent exposure to fire, smoke, fumes, or products of combustion. Prevent use of contaminated buildings, area and equipment until decontaminated. Smother to exclude air. Do not use water. Handle as an oil fire.

UNUSUAL FIRE AND EXPLOSION HAZARDS: None.

NFPA HAZARD CLASSIFICATION:

<u>HEALTH</u>	<u>FIRE</u>	<u>REACTIVITY</u>	<u>SPECIAL</u>
1	0	0	N/A

NFPA HAZARD RATING CODES:

<u>INSIGNIFICANT</u>	<u>SLIGHT</u>	<u>MODERATE</u>	<u>HIGH</u>	<u>EXTREME</u>
0	1	2	3	4

SPECIAL CODES: OX = oxidiser, SA = simple asphyxiant, W = reacts with water

SECTION 6: ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: In case of spill or leakage, ventilate the area, wear chemical resistant gloves, and footwear. Retrieve and filter the liquid in some manner and use as directed on this label, or "soak-up" the liquid with absorbent material such as sawdust, soil, fuller's earth or, etc. Wear goggles with splash protection or face shield, rubber gloves (nitrile, neoprene, laminated, or Viton), rubber boots, long sleeves and long pants to prevent contact with spilled product.

SMALL SPILLS: Cover spill with absorbent material, such as sand, sawdust, earth, etc.. Sweep up and place in an approved chemical waste container. Wash the spill area with water and detergent. Do not allow wash water into sewers or other bodies of water.

LARGE SPILLS: Contain spill and prevent it from reaching sewers or surface waters. Cover spill with absorbent material. Sweep up and place in an approved chemical waste container. Wash the spill area with water and detergent. Do not allow wash water into sewers or other bodies of water.

SECTION 7: HANDLING AND STORAGE

HANDLING AND STORAGE: Do not contaminate water, food or feed by storage or disposal. Store upright at room temperatures. Do not expose to extreme temperatures. Store in well-ventilated, secure area, out of reach of children and animals. Do not store near food, beverages or tobacco products. Prevent eating, drinking, tobacco use, and cosmetics application in areas where there is a potential for exposure to this product. Always wash thoroughly after handling. Do not contaminate water, food or feed by storage or handling. Store containers upright at room temperature. Avoid extreme temperatures.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

<u>INGREDIENTS*:</u>	<u>CAS NO.</u>	<u>% WT</u>	<u>OSHA TWA</u>	<u>OSHA STEL</u>	<u>ACGIH TWA</u>	<u>ACGIH STEL</u>	<u>OTHER†</u>
Permethrin	52645-53-1	4%	NE	NE	NE	NE	NE
Piperonyl Butoxide	51-03-6	4%	NE	NE	NE	NE	NE
Mineral Oil	64742-55-8	<5%	NE	NE	NE	NE	NE

* All ingredients in quantities > 1.0% (> 0.1% for carcinogens or teratogens) that are potentially hazardous per OSHA definitions
† AIHA WHEEL 8 hour TWA or NIOSH REL 8 hour TWA
N/A = not applicable NE = not established

ENGINEERING CONTROLS: Engineering Controls: Pilots must use an enclosed cockpit that meets the requirements listed in the Worker Protection Standard (WPS) for agricultural pesticides (40 CFR 170.240(d)(6)). Human flagging is prohibited. Flagging to support aerial application is limited to use of the Global Positioning System (GPS) or mechanical flaggers.

EYE PROTECTION: Goggles for splash protection, or face shield.

SKIN PROTECTION: Some Materials that are chemical-resistant to this product are nitrile and neoprene. If you want more options, follow the instructions for category E on an EPA chemical-resistance category selection chart. Mixers, applicators, and other handlers must wear: Long-sleeve shirt and long pants; shoes plus socks; chemical-resistant gloves for all handlers (except for applicators using motorized ground equipment, pilots, and flaggers); chemical-resistant apron for mixers/loaders, persons cleaning equipment, and persons exposed to the concentrate. Follow manufacturer's instructions for cleaning/maintaining PPE. If no such instructions for washables exist, use detergent and hot water. Keep and wash PPE separately from other laundry. Discard clothing and other absorbent materials that have been drenched or heavily contaminated with this product's concentrate. Do not reuse them.

WORK HYGIENIC PRACTICES: User should wash hands before eating, drinking, chewing gum, using tobacco, or using the toilet. User should remove clothing/PPE immediately if pesticide gets inside. Then wash thoroughly and put on clean clothing. Users



SAFETY DATA SHEET



should remove PPE immediately after handling this product. Wash the outside of gloves before removing. As soon as possible, wash thoroughly and change into clean clothing.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE: Clear amber liquid	VAPOR PRESSURE (mmHg at 20°C): <1
ODOR: Slight solvent and licorice	VAPOR DENSITY (AIR = 1): >1
ODOR THRESHOLD: N/A	pH: N/A
PHYSICAL STATE: Liquid	SPECIFIC GRAVITY: 0.842-0.846
BOILING POINT: NE	DENSITY: 0.842-0.846g/ml
MELTING POINT: N/A	FLASH POINT: > 200°F
FLAMMABILITY: N/A	AUTO IGNITION: N/A
VISCOCITY (cSt at 40°C): NE	LEL/UEL: N/A
WATER SOLUBILITY: will not mix with water	OTHER SOLUBILITIES: Miscible in oil
DECOMPOSITION TEMPERATURE: N/A	PARTITION COEFFICIENT (n-octanol/water): N/A
EVAPORATION RATE (BuAc = 1): NE	% VOLATILE BY VOLUME: NE

SECTION 10: STABILITY AND REACTIVITY

HAZARDOUS POLYMERIZATION: Will not occur
CONDITIONS TO AVOID: Temperatures over 120°F
INCOMPATIBLE MATERIALS: Strong oxidizers

SECTION 11: TOXICOLOGICAL INFORMATION

ACUTE ORAL EFFECTS: Oral LD50 (Rat): >500 to <5,000 mg./kg. (female) >5,000 mg./kg. (male)
ACUTE DERMAL EFFECTS: Dermal LD50 (Rat): >2,000 mg/kg. Permethrin is a skin sensitizer in some individuals.
EYE EFFECTS: Minimally irritating
CARCINOGENICITY: Permethrin: A statistically significant increase of lung and liver tumors was observed in female mice receiving diets containing 375 and 750 mg/kg/day over 85 weeks. Piperonyl Butoxide: Marginally higher incidences of benign liver tumors in mice were observed following lifetime high dose exposures. The significance of this observation is questionable and under review. The doses at which tumors were observed greatly exceeded human dietary intake. At anticipated dietary exposure levels, it is highly unlikely that piperonyl butoxide would result in carcinogenic effects. IARC has also concluded that there is no evidence for the carcinogenicity of white oils when administered by routes other than by interperitoneal injection. The solvent is not carcinogenic according to the OSHA Hazard Communication Standard.
TERATOGENICITY (birth defects): Permethrin and Piperonyl Butoxide were not teratogenic when tested in rats.
REPRODUCTIVE TOXICITY: Permethrin and Piperonyl Butoxide were not reproductive toxins when tested in rats.
MUTAGENICITY (genetic effects): Permethrin and Piperonyl Butoxide did not produce any mutagenic effects when tested in the Ames test.

SECTION 12: ECOLOGICAL INFORMATION

ENVIRONMENTAL HAZARDS

This pesticide is extremely toxic to aquatic organisms, including fish and invertebrates. Do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean water mark. Do not apply when weather conditions favor drift from treated areas. Drift and runoff from treated areas may be hazardous to aquatic organisms in neighboring areas. Do not contaminate water when disposing of equipment wash waters. Under some conditions, it may also have a potential for transport into surface water runoff (primarily adsorbed to suspended soil particles), for several months or more after application. These include poorly drained or wet soils with readily visible slopes toward



SAFETY DATA SHEET



adjacent surface waters, frequently flooded areas, and areas overlying extremely shallow groundwater, areas with in-field canals or ditches that drain to surface water, areas not separated from adjacent surface waters with vegetated filter strips, and areas overlying tile drainage systems that drain to surface waters.

Bee Warning: This product is highly toxic to bees exposed to direct treatment on blooming crops or weeds. Do not apply this product or allow it to drift on blooming crops or weeds while bees are actively visiting the treatment areas, except when applications are made to prevent or control a threat to public and/or animal health determined by a state, tribal or local health or vector control agency on the basis of documented evidence of disease causing agents in vector mosquitoes or the occurrence of mosquito-borne disease in animal or human populations, or if specifically approved by the state or tribe during a natural disaster recovery effort.

SECTION 13: DISPOSAL CONSIDERATIONS

Dispose of the resulting chemical waste as follows. Pesticide Disposal: Pesticide, spray mixture or rinsate water that cannot be used according to label instructions must be disposed of at or by an approved waste disposal facility.

Container Handling: Nonrefillable container. Do not reuse or refill this container. Triple rinse or pressure rinse container promptly after emptying. Then offer for recycling, if available, or puncture and dispose of in a sanitary landfill or by other procedures approved by state and local authorities. **Triple Rinse as Follows-Containers 5 gallons or less in capacity:** Do not reuse or refill this container. Triple rinse or pressure rinse container promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank and drain for 10 seconds after the flow begins to drip. Fill container 1/4 full with mineral oil and recap. Shake for 10 seconds. Pour rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Drain for 10 seconds after the flow begins to drip. Repeat this procedure two more times. **Containers greater than 5 gallons in capacity:** Empty the remaining contents into application equipment or a mix tank. Fill the container 1/4 full with mineral oil. Replace and tighten closures. Tip container on its side and roll it back and forth, ensuring at least one complete revolution, for 30 seconds. Stand the container on its end and tip it back and forth several times. Turn the container over onto its other end and tip it back and forth several times. Empty the rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Repeat this procedure two more times. **Pressure Rinse as Follows:** Empty the remaining contents into application equipment or a mix tank and continue to drain for 10 seconds after the flow begins to drip. Hold container upside down over application equipment or mix tank or collect rinsate for later use or disposal. Insert pressure-rinsing nozzle in the side of the container, and rinse at about 40 PSI for at least 30 seconds. Drain for 10 seconds after the flow begins to drip.

SECTION 14: TRANSPORT INFORMATION

*DOT SHIPPING NAME: N/A

* U.S. Department of Transportation

IMO: N/A

SECTION 15: REGULATORY INFORMATION

U.S. FEDERAL REGULATIONS: This chemical is a pesticide product registered by the United States Environmental Protections Agency and is subject to certain labeling requirements under federal pesticide law. The requirements differ from the classification criteria and hazard information required for safety data sheets (SDS), and for workplace labels of non-pesticide chemicals. The hazard information required on the pesticide label is reproduced below. The pesticide label also includes other important information, including directions for use.

CAUTION: Harmful if swallowed or absorbed through the skin, or inhaled. Avoid contact with skin, eyes or clothing. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals. Remove contaminated clothing and wash before reuse.

SARA TITLE III: Section 311/312: Acute Health Hazard – Yes; Chronic Health Hazard – Yes; Fire Hazard – No; Sudden release of pressure hazard – No; Reactivity hazard – No; Section 313 chemicals: Permethrin (4%) (CAS # 52645-53-1), Piperonyl Butoxide (4%) (CAS # 51-03-6)

CERCLA: N/A

INDIVIDUAL STATES: N/A

SECTION 16: OTHER INFORMATION

This information is provided in good faith, but without express or implied warranty. For additional information, refer to the current American Conference of Governmental Industrial Hygienists (ACGIH) documentation for Threshold Limit Values (TLVs) for individual components, current American Industrial Hygiene Association (AIHA) documentation for Workplace Environmental Exposure Levels (WEELs), and the current U.S. DOT Emergency Response Guidebook.

Attachment 11: NCDA&CS: Pesticide Registry:



The following selections will search the North Carolina Dept. of Agriculture & Consumer Services databases of pesticides. This information is compiled solely from pesticide registration data submitted by companies who wish their products to be sold in the state of North Carolina, combined with data from the EPA with regard to ingredients, pests and sites.

Please select from the following options

[Search by Company Name \(Registrant\)](#)

[Search by Company ID Number](#)

[Search By Product Brand Name](#)

[Search By Product EPA Registration Number](#)

[Search By Pest](#)

[Search By Site](#)

[Search By Pesticide Type](#)

[Search By Formulation Type](#)

[Search By Active Ingredient](#)

[Search By Multiple Criteria](#)

[Show All EUP Products](#)

[Show All RUP Products](#)

[Show All SLN Products](#)

[Show All 25\(b\) Products](#)

Other Useful Resources:

- [North Carolina Department of Agriculture & Consumer Services](#) web site
- [North Carolina Food & Drug Division](#) web site
- [North Carolina Pesticide Section](#) web site
- [North Carolina Cooperative Extension Service](#) web site
- [National Pesticide Information Center](#) web site
- [U.S. Environmental Protection Agency - Office of Pesticide Programs](#)

[Home](#) [KellySolutions.com](#) [Search By: Company Name](#) [Company EPA Reg. No.](#) [Product Name](#) [Product EPA Reg. No.](#) [Active Ingredient](#) [Pest Site](#) [Pesticide Type](#) [Formulation](#) [Multi-Criteria](#) [EUP](#) [RUP](#) [SLN](#) [25\(b\)](#) [Fertilizer-Combination](#) [Endangered Species](#) [WPS Requirements](#) [Groundwater Concerns](#)

Attachment 12: Sample Press Release:

. Spraying for mosquitoes to begin Monday

October 5, 2018 Sampson Independent Local, News, Top Stories 0

By Chris Berendt - cberendt@clintonnc.com

To the many itchy, involuntary blood donors visited in recent weeks by a horde of airborne pests: the cavalry is coming.

County officials announced Thursday that the county anticipates beginning its ground spraying for mosquitoes as early as this Monday, Oct. 8. Crews will spray, using a truck-mounted spray device, from 7 p.m. to 7 a.m. each night, when mosquitoes are the most active. The spraying will occur along all state-maintained roads in the unincorporated areas of the county and on as many subdivision roads as funding will allow.

Public Works director Linwood Reynolds said the county has plans to spray about 100 miles every night beginning Monday, and continue for the next three weeks, or until resources are gone.

The City of Clinton, along with Roseboro, Garland and Newton Grove have already sprayed or are in the process.

County crews will utilize maps provided by the state to identify spray-exclusion areas with endangered or threatened critical habitat and organic farms. According to Sampson officials, the foggers will use the chemical Envion, a water-based, ready-to-use mosquito adulticide containing Permethrin and Piperonyl butoxide. The mist extends about 30 feet from the foggers, or about 15 feet on each side of the road. It dissipates and does not stick to surfaces.

“There are about 1,600 miles of roadways in the unincorporated areas of Sampson County,” Reynolds said. “Our goal is to spray about 100 miles each night and to complete the process in about 20 nights, or until our supply of chemical is exhausted.”

Sampson County has not had a mosquito vector control program for many years due to the lack of state funding. As a disaster-declared county in the aftermath of Hurricane Florence, Sampson was allocated \$95,660 in funding from the Division of Public Health for mosquito abatement activities.

The mosquito issue was discussed by county officials earlier this week, with Manager Ed Causey and Health Director Wanda Robinson saying they had been inundated with calls from concerned citizens. Governor Roy Cooper last week ordered \$4 million to fund mosquito control efforts in the 27 counties placed under a major disaster declaration, including Sampson. Robinson, Causey and others were devising a plan of attack for the money.

By Thursday, some of that operating procedure was coming into focus. Part of that will include the City of Clinton loaning mosquito-spraying equipment to the county.

“We are grateful for the state funding and to the City of Clinton which will allow us to begin to provide some relief, and a critical health service, to our citizens who have been besieged by the explosion in the mosquito population in the aftermath of the storm, particularly in those areas that saw the majority of the flooding,”

Causey said in a prepared statement. “The funds are limited for a county as large as ours geographically and sparsely populated in many areas, but we are trying to use those limited resources to provide the best measure of relief possible.”

The spray that will be utilized is an adulticide and will not kill mosquito larvae, so citizens will still have to be vigilant in eliminating mosquito habitats on their properties, county officials said. The best course of action is “Tip and Toss” — tip over all containers that can hold standing water (flowerpots, gutters, buckets, pool covers, pet water dishes, discarded tires, etc.) and toss out any trash.

Citizens should also reduce their exposure to mosquitoes by wearing long-sleeved shirts and long pants while outdoors and using mosquito-repellent that contains DEET or an equivalent when outside, using caution when applying to children.

County aims for ‘100 miles each night’ effort By Chris Berendt
cberendt@clintonnc.com

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 4

Meeting Date: October 5, 2020

Information Only
 Report/Presentation
 Action Item
 Consent Agenda

Public Comment
 Closed Session
 Planning/Zoning
 Water District Issue

INFORMATION ONLY

For all Board Information items, please contact the County Manager's Office if you wish to have additional information on any of the following.

- a. Health Advisory Board Minutes - July 20, 2020
- b. COVID 19 Support Services Program
- c. Letter of Commendation for Census Complete Count Committee

SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson
Health Director

360 County Complex Road, Suite 200
Clinton, NC 28328



To: Mr. Edwin Causey
County Manager

Susan Holder
Assistant County Manager

From: Wanda Robinson
Health Director

Subject: Health Department Information items

Date: September 22, 2020

Attached are items approved by the Health Advisory Committee on September 21, 2020, and is being submitted for review by the county commissioners.

- I. Advisory Board Meeting Minutes July 20, 2020 (unsigned due to meeting via conference call, minutes to be signed at later date.
- II. COVID 19 Support Services Program:
The COVID-19 Support Services is an innovative new program to support individuals in targeted counties who need access to primary medical care and support to successfully quarantine or isolate due to COVID 19. NC DHHS is covering the cost of five categories of support services based on identified need. Sampson County is slated to receive three Community Health Workers.

Attachments via Email

Advisory Board Meeting Minutes July 20, 2020
NCDHHS Support Services Testing and Contact Tracing Fact Sheet

**SCHD Advisory Committee Conference Call Meeting Minutes
July 20, 2020**

Roll Call for Advisory Members Present: Dr. Jeffrey Bell, Dr. Elizabeth Bryan, Robert Butler, Yire Hernandez, Jacqueline Howard, Allie Ray McCullen, Commissioner Harry Parker and Linda Peterson.

Advisory Members Not Present for Roll Call: Dr. Cynthia Davis, Cassie Faircloth and Charlotte Harrell.

Sampson County Health Department and Administration Staff Present by Roll Call: Wanda Robinson, Sally DeMay, Tamra Jones, Perry Solice, Edward Causey and Joel Starling.

I. Call to Order:

Jacqueline Howard, Chair called meeting to order.

II. Invocation:

Commissioner Harry Parker gave invocation.

Wanda Robinson added an agenda item under VIII. Fiscal Report; f. Patient Account Balance Write off.

III. Approval of minutes:

a. May 18, 2020 minutes: Motion to accept the May 18, 2020 minutes as written made by Commissioner Harry Parker, seconded by Dr. Jeffrey Bell. All in favor. No opposed. Motion carried.

IV. COVID-19 Update:

a. COVID Testing Policy:

b. COVID Tracing Policy:

Wanda Robinson noted the above name policies are one policy named "Sampson County Health Department COVID-19 Policy and Procedures & COVID-19 Standing Orders." Wanda Robinson reviewed purpose of Policy to provide guidance to personnel regarding the monitoring, reporting, tracking and notification of residents for COVID-19. Policy covers testing procedures, information staff will obtain from clients and steps for clients when arriving for testing process. Clients receive "Steps for People After COVID-19 Testing" handout with information regarding what to do while waiting for test results, steps to follow if test results is negative or positive. Also giving out 4-5 masks to those tested to have and use as instructed.

Motion to accept the SCHD COVID-19 Policy and Procedures & COVID-19 Standing Orders made by Dr. Elizabeth Bryan, seconded by Dr. Jeffrey Bell. All in favor. No opposed. Motion carried. Policy will be presented to Board of Commissioners.

V. 2019 SOTCH Report:

Wanda Robinson presented the "SCHD State of the County Health Report 2019". Sampson County is a little above the state rate in Cancer, Heart Disease, Diabetes Mellitus, Chronic Lower Respiratory and Motor Vehicle Injuries. Reviewed the Teen Births (ages 15-19) county rate dropped in 2001-2005 and dropped again in 2006-2010 showing an improvement in Sampson County rates.

Wanda reviewed the selected top two health priorities of Substance Abuse and Diabetes. These health priorities will be addressed through different health department programs over the next year. Report will be submitted to County Commissioners.

Question from Jacqueline Howard asked about the number of people completing the Diabetes Program through Sampson Regional Medical Center. Wanda explained the health department has a collaboration with Sampson Regional Medical Center with the Diabetes Program. The health department completes the initial assessment and screening with the classes being held at the hospital. The numbers have dropped recently due program on hold since February with the COVID-19 response. Looking at ways to get back to full service. We do have a waiting list at this time.

Question from Jacqueline Howard regarding possibility of virtual training. Wanda replied, we have found we can do virtual trainings and get reimbursed. Working on getting this started as we progress through COVID-19.

VI. Sampson County Board of Health Operating Procedures Revision:

Wanda Robinson and Joel Starling explained the underlined portions of the policy starting with the Appeals Procedure amendment. These appeals procedures would be for any person that request an appeal hearing to contest say an imposition of administrative penalties or an enforcement action by the local health director. The Advisory Committee would not hear these appeals, the Board of Commissioners acting as the Board of Health would hear these appeals.

The amendment covers Notice of Appeal, Notice of Hearing, sets forth rules for Continuances, Discovery, being under Oath, people may have Counsel, Rule for producing Evidence at Hearing.

Date on last page will need to be changed to Amended this the 3rd day of August, 2020 for the Board of Commissioners meeting schedule that date.

Motion to accept the written changes and the date change to 3rd day of August made by Dr. Jeffrey Bell and seconded by Robert Butler. All in favor. No opposed. Motion carried. Policy revision will be presented to Board of Commissioners.

VII. Health Services Analysis Policy and Procedure Revision and Update:

Tamra Jones reviewed policy put in place in 2018 regarding process of batching over health department information over to the state. The only change may to the policy was on page 6, Distributed to section from All Staff to Intake and Fiscal Staff. Motion to accept the updated Health Services Analysis Policy and Procedure update made by Robert Butler and seconded by Linda Peterson. All in favor. No opposed. Motion carried. Policy will be presented to Board of Commissioners.

VIII. Fiscal Report:

a. AA 539 COVID-19 Cares Activities:

Tamra Jones presented new funding received \$32,395 and proposed to use funding in salary and fringe, department supplies, lab services and travel. Motion to approve new funding in

amount of \$32,395 made by Dr. Jeffrey Bell, seconded by Robert Butler. All in favor. No opposed. Motion carried. Funding will be presented to Board of Commissioners.

b. AA 403 WIC Special Funding:

Tamra Jones presented WIC Special Funding received \$5,146 with disbursement in advertising, rental equipment, departmental supplies, telephone and postage. Motion to approve new WIC Special funding made by Linda Peterson, seconded by Dr. Elizabeth Bryan. All in favor. No opposed. Motion carried. Funding will be presented to Board of Commissioners.

c. Clinton City Schools Nursing Services Contract:

Wanda Robinson presented Clinton City Schools Nursing Services Contract of \$150,000 for three nurses to work in the system. Motion made to approve Clinton City Schools Nursing Services contract made by Commissioner Harry Parker, seconded by Dr. Jeffrey Bell. All in favor. No opposed. Motion carried. Contract will be presented to Board of Commissioners.

d. Sampson County Schools Nursing Services Contract:

Wanda Robinson presented Sampson County Schools Nursing Services Contract of \$250,000 for five nurses to work in the system. Motion made to approve Sampson County Schools Nursing Services Contract made by Commissioner Harry Parker, seconded by Robert Butler. All in favor. No opposed. Motion carried. Contract will be presented to Board of Commissioners.

e. Monthly Activity Summary:

Tamra Jones reviewed Activity Summary report (see attached). Tamra reported the most clinic numbers are up over April and May numbers, but not up to pre-pandemic numbers. WIC numbers has considerably since going to mostly phone visits. Environmental Health numbers increased as well.

Tamra reviewed the Medicaid Revenues (see attached) with reminder that FY 19-20 has not been closed out, this will take place mid-September. Will still be receiving funds for dates of service in June. Tamra will update numbers at next meeting. Medicaid Revenues are consist over most of the programs and total collected is over budgeted amount for year of 6,460.

Tamra reviewed the Local Revenues (see attachments) with reminder that FY 19-20 has not closed out and expect numbers to increase through mid-September. Collected over budgeted amount by \$26,968 at this time. Wanda Robinson pointed out Environmental Health collections are up.

f. Patient Account Write Off:

Tamra Jones requested patient account write off of \$159.00. Date of service July 2017. Motion to write off patient account of \$159.00 made by Robert Butler, seconded by Dr. Jeffrey Bell. All in favor. No opposed. Motion carried. Write off requested will be presented to Board of Commissioners.

IX. Environmental Health Update:

Perry Solice reported on EH activities beginning in March of 2020 department began 2 day work week -3 staff members working 2 days and other 3-staff members working the other 2 days of week. In mid-April went to full work week (4 days) to catch up on applications. In June returned to normal work schedule. April had 51 applications, May had 53 applications and June 75 applications. Department was fully staffed until early June, when a staff member went out on sick leave. This left only two staff with On-Site certification.

The June 75 applications consisted of 21 new applications; 17 repairs; 26 existing systems; 7 Wells; 1 Migrant Labor Camp and 3 Water Analysis. Department has 10 to 12 days to assign applications, complete assessments and complete process. Perry reported as of July 15th all 75 applications had been approved and permits written.

Perry explained the increase in applications. Repairs applications are up due to schools being out, people out of work for past three months and the old (15 to 20 year old) systems are taking a beating. There is a lot of new growth in the northern end of the county from Spivey's Corner to the Cumberland County line. Receiving several applications a day for this new growth.

Currently due to the COVID-19 situation, clients may pick up and drop off applications in the foyer of the EH department, email or submit through Citizen Serve Portal. All application forms are available on the Environmental Health Website and applications have been upgraded to be a fillable form. Perry reported receiving a lot of applications through the website and a few through the Citizen Serve Portal.

Once applications are received the application is assigned to an environmental health specialist and have 10 to 12 days to complete the application process and write permits. Communications from the customers may be received through text, email and phone calls. Any communications with customers regarding the applications are documented on the back of the application. The Citizen Serve Portal has a history feature that can be reviewed to see information regarding submissions and assignments. There is also a Documents section for any supporting documents regarding the application to be scanned.

Commissioner Parker commended Perry Solice and his staff for good job under the issues that have faced them over the last few months.

Wanda Robinson spoke of working with Perry and his staff on Quality Assurance, dealing with the high volume of applications, assigning of applications, customer service and other processes.

X. Health Directors Report:

Health Department is very busy at this time in following the Executive Order from the Governor and trying to plan on how to open up to provide more services with the schools systems planning to open on time. We are having to look at how to provide services for physical exams and immunizations that children and college students will require. In the past, we have utilized our schools to do mass immunizations needed to attend school. At this time, we are not able to provide these mass immunizations, we will be planning on how to handle this as well as the new Meningococcal immunization requirement effective this school year for upcoming high school seniors. These will place additional stress on health department staff as we look as to how to provide clinical services, COVID-19 and Outreach services.

Wanda reported being contacted by the school superintendents regarding their back to school plans. Health Directors will have a meeting this coming Thursday and hopes to have an answer to their questions.

Wanda reported having an active caseload of 118 plus 80 probable cases. We are working hard with the positive cases when identified, collecting information and contacts. We have an outbreak in The Magnolia facility with 28 residents that have tested positive and 8 staff members. Working diligently with the facility to contain the situation. This is our first outbreak in a long-term care facility.

We are part of the new CHAMP Initiative. Sampson County has a high positivity rate. There were nine counties that were published as part of this initiative. Sampson County was the tenth county. Due to our county being number ten, there are certain zip codes the state is focusing on for additional testing. The zip codes are: 28393 Turkey; 28441 Garland; 28444 Harrells; 28447 Ivanhoe; 28328 Clinton; and 28366 Newton Grove. Currently, working with the state to identify sites for the additional testing. State is hoping to do about hundred plus tests per day.

Jacqueline Howard asked about the response the testing sites. Wanda Robinson replied, the response has been very good. Wanda reported working with some of the townships and churches. Information has been shared with Healthy Carolinians Task Force and BCCCP group. Have received excellent response with church sites, fire departments and schools offering use of their facilities or parking lots.

Jacqueline Howard asked if the public might be hesitant in testing if showing no symptoms. Wanda replied, we had a lot of people tested during our two mass testing, that were not symptomatic and just wanted to be tested. We are hoping to reach some of the hard to reach communities in these areas.

Wanda discussed that a COVID vaccine has not been released at this time. When the vaccine is released, we will be working hard to push out the vaccines. Jacqueline Howard asked in the testing sites would become immunization sites. Wanda replied, she was hoping they would.

XI. Public Comment:

No public comment.

XII. Adjournment:

Motion to adjourn meeting made by Robert Butler, seconded by Dr. Jeffrey Bell. All in favor. No opposed. Motion carried.

Advisory Chair

Date

Secretary

Date



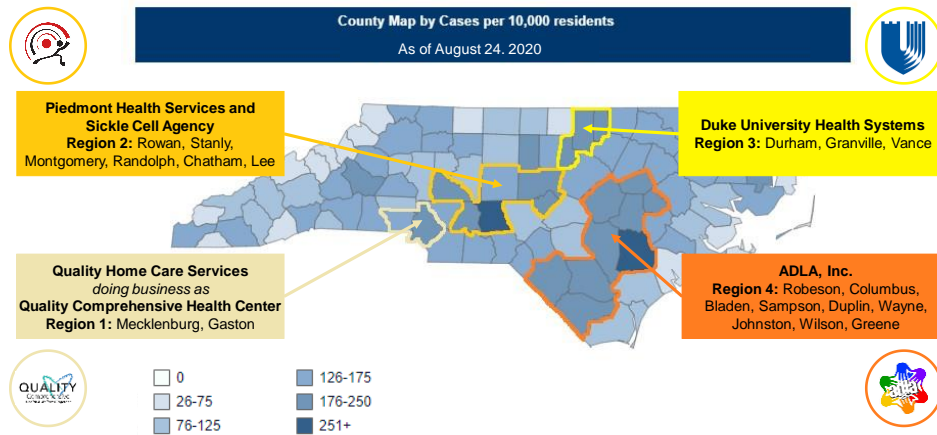
Connecting Residents to COVID-19 Isolation and Quarantine Support

Anyone who tests positive for or has been exposed to COVID-19 needs to quarantine or isolate for as long as 14 days, meaning that they need to separate themselves from others, including anyone in their household. Many North Carolinians struggle to safely quarantine or isolate and still meet basic needs. In order to help North Carolinians who need to quarantine or isolate due to COVID-19, NC DHHS is covering the cost of certain support services to allow them to do so safely and effectively.

This document outlines how COVID-19 testing staff, case investigators, contact tracers, primary care providers (PCPs), Local Health Department (LHD) staff, and other partners can connect NC residents to these covered services.

What are Support Services?

The COVID-19 Support Services Program is an innovative new program to support individuals in targeted counties who need access to primary medical care and supports to successfully quarantine or isolate due to COVID-19. Currently, four vendors are subcontracting with additional partners to deliver services to the following counties:



NC DHHS is covering the cost of five categories of support services based on identified need. Individuals will also have access to primary medical care via telehealth. These services will be provided at no cost to the resident and include:

1. Nutrition assistance (specifically, home-delivered meals and groceries)
2. A one-time COVID-19 relief payment to assist the individual and his or her family in meeting basic living expenses while in isolation or quarantine (e.g. housing, food, utilities, medical costs, childcare costs, or household bills)
3. Private transportation provided in a safe manner to/from testing sites, non-congregate shelter, or medical visits
4. Medication delivery
5. COVID-related over-the-counter supplies (i.e. face mask, hand sanitizer, thermometer, cleaning supplies)

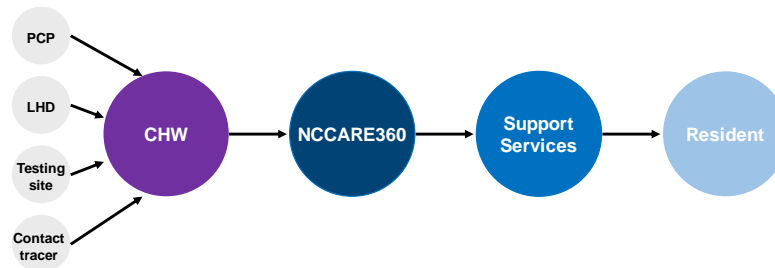
In the program, Community Health Workers (CHWs) connect individuals to organizations that can provide these services and monitor individuals' needs throughout the quarantine or isolation period. Regional partners and local community-based organizations will provide access to primary medical care and deliver social supports to individuals in isolation or quarantine and their families.

COVID-19 SUPPORT SERVICES PROGRAM

Your Role

Testing site staff, contact tracers, LHD staff, and PCPs can help residents get access to the support services they are eligible for by following the steps below:

1. Confirm the resident has been asked to quarantine or isolate by a healthcare professional
2. Confirm the resident requires support services and access to primary medical care to do so safely and effectively
3. Refer the resident to the CHW vendor that covers his or her county, as listed on page 3, through [NCCARE360](#) (if you are licensed) or share the CHW vendor's contact information with the resident. The CHW vendor will connect the resident to covered support services if the resident is eligible
4. If the resident lives in a county that is not listed on page 3 as having CHW coverage, you can refer the resident to NCCARE360 for support



Eligibility for Support Services

Residents must have been directed by a healthcare professional to quarantine or isolate due to one of the following reasons:

- Tested positive for COVID-19; or
- Taken a COVID-19 test and is waiting for the results; or
- Been exposed to someone who has tested positive for COVID-19; or
- As a precautionary measure because the individual is in a high-risk group (*per CDC guidelines available online here: [People at Increased Risk](#)*)

Once you connect the resident to a CHW, the CHW will ask the individual to attest (through the form available here: [Attestation Form](#)) to certain additional eligibility criteria, including that he or she:

- Lives in an area where support services are covered
- Has been asked by a health care professional to quarantine or isolate
- Will only be able to safely and effectively quarantine or isolate with one or more of the support services
- Does not have alternative means of accessing the support services
- Agrees to remain in quarantine or isolation for the entire length of time he or she is directed to do so.

Program Details

Community Health Workers (CHWs): A CHW is a frontline public health worker who is a trusted member of the community. CHWs are hired and trained to support individuals and families in the communities they serve. Over 300 CHWs will be contracted with the North Carolina Department of Health and Human Services (the Department) to connect residents to medical and social supports related to COVID-19, including diagnostic testing, primary care, case management, nutrition assistance, behavioral health services, and financial assistance. CHWs will leverage NCCARE360 to connect residents to support services where available. **In order for a resident to receive support services that are covered by the Department, you must refer them to one of the CHW vendors listed on page 3.**

NCCARE360: is the first statewide network that unites health care and human services organizations via a shared technology platform that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. NCCARE360 helps health and community-based organizations in all 100 North Carolina counties make electronic referrals, communicate in real time, securely share client information, and track outcomes together.

COVID-19 SUPPORT SERVICES PROGRAM

Community Health Worker Contact Information

The table below outlines the vendors providing access to CHWs in the counties eligible for support services. Please use the provided contact information to connect residents to their local CHW based on their county of residence. If a county is covered by multiple CHW vendors, either vendor may be contacted based on specific needs and preferences.

Support Services Partner	Contact	
Curamericas Global	Andrew Herrera <ul style="list-style-type: none"> (919) 801-0612 Andrew@curamericas.org 	
Keystone Peer Review Organization	Lisa Bennet <ul style="list-style-type: none"> lbennet@kepro.com 	Renee White <ul style="list-style-type: none"> (919) 523-7999 stwhite@kepro.com
Mt. Calvary Center for Leadership Development	Jimmy Tate <ul style="list-style-type: none"> (910) 284-9382 tatej99@gmail.com 	Carol Highsmith <ul style="list-style-type: none"> (910) 789-1886 ch0917@ec.rr.com
One to One with Youth	Danny King <ul style="list-style-type: none"> (919) 922-7713 dking@adlinc.org 	Inonda King <ul style="list-style-type: none"> (919) 731-2119 kone2one@aol.com
Southeastern Healthcare of NC	Joyce Harper <ul style="list-style-type: none"> (919) 987-2798 jharper@sehcnc.com 	Evelyn Sanders <ul style="list-style-type: none"> (919) 987-2791 Esanders@sehcnc.com
Vidant Health	Melissa Roupe <ul style="list-style-type: none"> (252) 847-9350 myroupe@accesseast.org 	Crystal Dempsey <ul style="list-style-type: none"> (252) 847-5162 crystal.dempsey@vidanthealth.com

County	Vendor	County	Vendor
Bladen	Mt. Calvary Center for Leadership Development	Lee	Curamericas Global
Chatham	Curamericas Global	Mecklenburg	Keystone Peer Review Organization
Columbus	Mt. Calvary Center for Leadership Development	Montgomery	Keystone Peer Review Organization
Duplin	Mt. Calvary Center for Leadership Development	Randolph	Curamericas Global
	One to One with Youth	Robeson	Mt. Calvary Center for Leadership Development
	Vidant Health	Rowan	Keystone Peer Review Organization
Durham	Curamericas Global	Sampson	Mt. Calvary Center for Leadership Development
Gaston	Curamericas Global		One to One with Youth
	Keystone Peer Review Organization	Stanly	Keystone Peer Review Organization
Granville	Curamericas Global	Vance	Curamericas Global
Greene	One to One with Youth	Wayne	Curamericas Global
Johnston	Curamericas Global		One to One with Youth
	One to One with Youth	Wilson	One to One with Youth
	Southeastern Healthcare of NC		

For more information or with questions, please contact Amanda Van Vleet at amanda.vanvleet@dhhs.nc.gov and John Resendes at john.resendes@dhhs.nc.gov.

September 22, 2020

Sampson County Board of Commissioners
406 County Complex Road
Bldg. C
Clinton, NC 28328

RE: 2020 Census – Sampson County Complete Count Committee

Dear Board of Commissioners,

I wanted to share my deepest appreciation for Sampson County's Complete Count Committee led by Mr. Richard Carr. I had the privilege of working with Mr. Carr since July 2019 as the Partnership Specialist assigned to this region of North Carolina. From the first day, Mr. Carr was engaged, enthusiastic and well-organized. He thoughtfully put together a diverse committee that represented every municipality and every hard-to-count population in Sampson County.

The Complete Count Committee took an aggressive approach at reaching the citizens of Sampson County. This group had a lot of talent and expertise which made them effective and creative at breaking down barriers. They faced the challenges head-on. The committee's mission was to make sure every person was counted, but they paid special attention to the groups most likely to be missed in the Census including children, senior citizens, minorities, migrant workers and impoverished families. They engaged the schools, community organizations, churches, local media and took advantage of community events to encourage people to respond to the Census.

Sampson County's Complete Count Committee drew the attention of our regional headquarters in Atlanta. They were featured in the regional newsletter for their "Road to 100" campaign. I have been so impressed with the hard work and commitment Sampson County has shown. It was been my pleasure to work with this fantastic group of leaders and I wish great success to you all in the future!

Best Regards,

Keela Reyes
Partnership Specialist
U.S. Census Bureau

Public Comment Period

As publicly advertised, written comments will be accepted until 5 pm on the date of the meeting via mail to 406 County Complex Road, Clinton, NC 28328 or email to susanh@sampsonnc.com.

Comments received by the deadline will be read aloud by the Clerk and included in the official minutes of the meeting, unless they violate the Board's Rules of Procedure and Conduct or Public Comment Policy.