

Welcome to the North Central District Health Department. The policies contained in this manual are consistent with the Department for Public Health service delivery, administrative and management standards.

## **MISSION STATEMENT**

The mission of North Central District Health Department is caring for our communities by protecting the public's health by ensuring adherence to regulation, promoting and providing quality preventive health care and educating the public.

### **North Central District Health Department Public Health Policy**

The North Central District Health Department (purpose) is to provide professional and ancillary services, MD and APRN/CNM services, social worker, nutrition, HANDS, school health services, health education services to individuals, and Title VI (regardless of sex, age, color race, creed or disabilities) in the clinic setting, community setting and in the home. The services are designed as preventive services to promote the understanding of good health practices and promotion of physical, emotional and psychosocial care as well as providing guidance to other personal and community resources.

All care is provided according to federal, state and local protocol. We follow the guidance of the Administrative Reference and the Core Clinical Service Guide.

### **100.0 GOVERNANCE - District Board of Health**

North Central District Health Department is governed by a District Board of Health which:

- A) Appoints a qualified person to serve as Administrator/Director of the agency
- B) Arranges for professional advice
- C) Adopts and periodically reviews policies and/or by-laws
- D) Oversees the management and fiscal affairs of the agency

An updated clinical and environmental report will be provided by a member of the District Office staff at each quarterly district board meeting.

Board meetings are open to the public.

## **AVAILABILITY OF SERVICES**

Services shall be available to any resident of North Central District (Henry, Shelby, Spencer, and Trimble Counties) and other counties according to program guidelines.

### **Administration of Agency**

The Public Health Director of North Central District Health Department is responsible for overall administration of the agency.

The District Supervisors are responsible for overseeing protocols and supervision for their individual programs and will offer assistance and advice related to their programs to all clinical and environmental staff. The District Supervisors report to the Public Health Director.

Designated County Coordinators are responsible for overall operations at each local site and shall report to the Public Health Director.

A lead nurse is designated at each local site for immediate supervision of clinical activities and shall report to their District Nursing Supervisor.

The qualifications and job descriptions for each of these positions are on file at the District Office.

### **Planning/Budgeting**

Plans are developed annually for the clinical services as well as community and environmental services to include:

- A) Annual program plan and budget to establish the number of services by program.
- B) Resource Based relative Values (RBRV's) are used as a way to monitor clinic production. Each county is given a daily goal and a monthly average.
- C) Goals and objectives are established according to budget projections and each county is given a monthly goal.
- D) Contracts with outside agencies are established for referral and payment sources for program eligible patients.

It is the policy of North Central District Health Department clinical department that patients will not be turned away due to inability to pay. Patient shall be advised of service charge and pay full amount or amount they can pay.

The North Central District Health Department will maintain a policy for the sharing of staff. Staff may be asked to work in other counties when deemed necessary by their supervisor. This could be due to decrease in number of patients scheduled for the day or a need due to inadequate staff because of illness, trainings, etc. When staff is not needed at another site, and patient caseload is not adequate, we will follow the flex schedule guidelines in the North Central District Health Department Policy Manual.

### **Performance Appraisals and Competency Evaluations**

Performance Appraisals – All new employees of North Central District Health Department shall have a 6 month probationary evaluation, then if continues employment, shall have an annual evaluation. All employees of North Central District Health Department with permanent status shall have an annual performance appraisal completed by their supervisor. All performance appraisals will be placed in the employees personnel record/file.

Each practitioner ,and nurse working in a clinical setting, or outreach setting, will have an annual performance and competency evaluation. All employees, including support staff, health and nutritional educators and environmentalists will also have annual competency and performance evaluation.

All items of the competency evaluation must be met. If any item is failed cessation of performance of that task begins immediately. A verbal conference will take place. Appropriate training will be provided without cost to the employee and re-evaluated within the stated time frame. The supervisor will develop and implement the training and determine the appropriate time frame for re-evaluation. Upon re-evaluation, if the employee fails to demonstrate competency at the skill a second plan and retraining will be developed and a second evaluation performed. If still unsuccessful at demonstrating competency continued employment status or reassignment of duties will be considered.

## **North Central District Health Department: Board of Health Internal Controls and Code of Ethics**

**Purpose:** To identify the functions and responsibilities of the North Central District Board of Health.

**Policy:**

The North Central District Board of Health oversees the operations of the North Central District Health Department. Specific responsibilities are identified in Kentucky Revised Statutes, Chapter 212 and the Administrative and Policy Manual for Local Health Department (Department for Public Health).

The North Central District Health Department Board of Health requires honesty and integrity from every member of the Board of Health in all dealings with the business community, the public and North Central District Health Department staff and fellow board members.

**Internal Control Policy:** The Board of Health is the overall authority of any well-controlled entity. The Board provides leadership and direction for management. The composition of the North Central District Board of Health contains a mix of professionals who can provide vision and oversee management activities. Board of Health oversight controls ensure:

- Board Composition – the board has the appropriate mix of members according to KRS 212.855
- Board Meeting Frequency –
  - Governing Board: meets at least quarterly; must meet regularly enough to carry out its oversight responsibilities.
  - Non-Governing Board: meets at least once per year; must meet regularly enough to carry out its oversight responsibilities.
- Management Reporting to the Board – regularly reports pertinent information to the board.
- Board Responsibility & Activity – the board sets the tone of the organization and acts accordingly.

**Procedures:**

**Composition of the Board of Health**

The North Central District Health Department shall comply with Kentucky Revised Statute; Chapter 212.855 stating the Board has the appropriate mix of members. The District Board of Health is comprised of each of the counties' judge executive (or designee) as an ex-officio voting member and one additional resident member per county per fifteen thousand population or fraction thereof, based on the current official U.S. Census.

All members except the county judge executive shall be appointed by the County Boards of Health. The District Board of Health shall consist of: at least 25% of the appointed members of this board will be physicians or doctors of osteopathy, licensed and practicing in the state; 1 licensed and practicing registered nurse; one licensed and practicing dentist; one engineer engaged in the practice of civil or sanitary engineering; one licensed and practicing optometrist; and one licensed and practicing veterinarian when available. The remaining members of this board shall be community leaders residing within the county from which they are to be a representative.

The appointed members of the District board of Health shall hold office for a term of two (2) years ending on December 31 or until their successors is appointed.

By notification of the District Board Secretary, the Cabinet Secretary may remove any member, other than the county judge/executive or fiscal court appointee, who fails to attend three (3) consecutive scheduled meetings, and may remove any board member, except the county judge/executive or fiscal court appointee, as provided by KRS 65.007.

## **Functions of the Board of Health**

Protecting the Interests of citizens of Shelby, Spencer, Henry and Trimble Counties. The Board of Health shall assure that the services provided by the health department best meet the needs of the local citizenry and protect and promote public health.

**Establishing Objectives:** The Board of Health shall establish priorities and objectives for service delivery which shall reflect federal and state disease prevention and health promotion objectives and which take into account the specific health and safety needs of the community and the resources of the local health department. This function includes: approval of annual plans and operating budget of the department.

**Evaluating North Central District Health Department Operations:** The Board of Health shall assure that adequate controls and evaluation measures are on-going to facilitate effective and efficient Local Health Department services and operations. This includes review and analysis of financial status at all routine board meetings.

**Appointment of Public Health Director:** The board of health shall be responsible for interviewing and hiring of the district health department's public health director in accordance with applicable health department merit system regulations (902 KAR 8:040, 8:060-8:140).

**Assessing the Public Health Director:** The Board of Health shall communicate their policies and priorities to the Director; evaluate the performance of the Director, and request information and data from the Director in order to assess the effectiveness and efficiency of the department in complying with public health laws, regulations and board policies.

## **General Guidelines**

1. Every board member has an individual responsibility to deal ethically in all aspects of North Central District Health Department Board of Health business and to comply fully with all laws, regulations, and policies.

Board Members are expected to assume the responsibility for applying these standards of ethical conduct and for acquainting themselves with the various laws, regulations, and policies applicable to their role on the Board of Health.

The following provisions provide general statements of required behavior of all board members:

- a. Board members must be independent and impartial.
- b. Board members shall not use their position to obtain personal benefits or items of value.
- c. Board members' actions shall promote public confidence in the department.
- d. Board members shall not engage or be involved in any activity which has the potential to become a conflict of interest with their role on the Board of Health.

## **Honesty and Fairness**

1. Board members must be committed to honest, accurate and timely professional and organizational communication and avoid misleading or deceptive information.  
Board members have a responsibility to set examples of honesty and fairness in their relationships with the business community, the public, North Central District Health Department staff, North Central District Health Department Board of Health and fellow board members.

### **Health Department Records**

1. The North Central District Health Department Board of Health understands health department medical records and sections of the personnel records containing personal information are confidential and in many cases considered privileged information protected by agency policy and applicable to state and federal law. Therefore, no North Central District Health Department Board of Health member shall have open access to these records. They shall be disclosed only to authorized personnel having a “need to know” or pursuant to lawful process as authorized by department policy and state and federal laws and regulations. A board member must not disclose or use confidential information acquired in the course of his/her official duties to further his/her own economic interest or the interests of another person.

### **Use of Health Department Resources**

1. Board members have a responsibility to use North Central District Health Department Board of Health resources for North Central District Health Department Board of Health business purposes only.  
North Central District Health Department property (such as grounds, building or office equipment, tools, materials, assets, and facilities) shall not be used by board members for other than North Central District Health Department Board of Health business purposes.

### **Health Department Funds**

1. Every board member who has control over North Central District Health Department Board of Health funds is accountable for such funds. Anyone approving or certifying the correctness of any vouchers, purchase requisition, or bill shall have reasonable knowledge that the expense and amounts involved are justifiable and correct. All expenditure of funds shall follow appropriate procurement processes, including the expense report process.

### **Exercise of Powers**

1. North Central District Health Department Board of Health business decisions shall be made impartially and fairly, and not on the basis of gratuities, gifts, favors, personal associations or private interest.  
Exercise of powers must be impartial and in the best interest of the populations and individuals served. Support of programs and priorities should ensure an opportunity for all individuals in a community to have a voice and articulate the implications of policies. Advocacy should be focused on vulnerable populations, respect the diverse values and beliefs and cultures in a community, and provide a fair distribution of public health resources.

### **Conflicts of Interest and Financial Disclosure**

1. A conflict of interest arises when a member, his/her immediate family, or his/her business knowingly engages in any activity, enterprise, or association for personal or financial gain, which is averse to the members’ obligations to North Central District Health Department Board of Health.

2. A board member must not knowingly:
  - a. Use or attempt to use his/her influence in a matter which involves a substantial conflict between the board members' personal or private interest and duties in the public interest;
  - b. Use or attempt to use any means to influence a public agency in disregard of the public interest at large;
  - c. Use his/her official position or office to obtain financial gain for himself/herself or any immediate family member;
  - d. Use or attempt to use his/her official position for personal privilege or advantages in disregard of the public interest at large.
  
3. All members must disclose any financial interests of the member, his/her immediate family, or his/her business in a contract or business matter with North Central District Health Department, North Central District Health Department staff or Board of Health. No person may serve on the Board of Health and receive in excess of \$10,000 per year in contract payments unless approved in writing by the Commissioner of the Kentucky Department of Public Health. This practice may be necessary when alternative medical providers are unavailable in a given area or county.
  - a. Any member who has a private interest in any matter pending before North Central District Health Department Board of Health shall disclose such interest to the Board of Health and shall disqualify him/herself from participating in any decision or vote relating thereto.
  - b. All board members must complete the Conflict of Interest Statement annually. Any board member who wishes to abstain from involvement in an official decision because of a personal or private interest must disclose that fact to the Board of Health.

**County Public Health Taxing Board:** Members of the district board are also members of the county public health taxing board. These members have oversight responsibility for the preparation of the annual public health tax resolution and for trusteeship of the county public health taxing district account.

The Local Boards of Health are responsible for assuring the maintenance and repair of the health department building and property.

## **Orientation**

A new member appointed to the board must receive training from the agency director or other appropriate agency representative. Ideally the training should occur prior to the new member's first board meeting.

The training must include discussion or written materials on the following topics:

- Statutory responsibilities and functions of the cabinet, agency, and the board;
- Board laws, regulations, and local ordinances; and
- Board members' responsibilities and functions.
- Agency service sites and the services provided at these sites:
- Agency staff by discipline or profession;
- Review of agency medical and environmental services, budget and annual report;
- Board minutes for the last calendar year; and
- Tour of the agency's main facility, or if feasible, a tour of satellite or remote site.

## **Board Committees**

The Board of Health is a statutory entity composed of public officials and shall not cede nor abdicate its governmental authority to any other agency nor to a committee of its own members.

While a board of health may establish an executive committee for the execution of specific tasks, the executive committee is at all times subordinate to the Board of Health and shall not be established for the purpose of acting in lieu of the board. All matters that are delegated to an executive committee shall be specifically set forth in the minutes of the board meeting and shall be limited in scope. All standing committees including the executive committee will record meeting minutes and report its activities/actions at the next regular meeting of the Board of Health and all actions of the committee shall be confirmed by the board of health and reflected in its minutes.

**Quorum:** It is necessary for a simple majority of the members of the board to be present in order to conduct the business of the board.

**Election of Chair:** The board of health shall elect one of its members as the chair for at least a one-year term. A chairperson may serve more than one consecutive term. All officers except the board secretary shall be members of the board of health. The Director may serve as the board secretary at the discretion of the board of health. If the Board Chair and Vice Chair are both absent from a board meeting, the board will elect another member to chair the meeting.

**Voting:** All members shall be present at a board meeting to vote. Telephone and/or electronic poles are not permissible for a vote on any issue.

**Meetings:** The regular meetings of the board of health will routinely be held quarterly or at times deemed appropriate. The Director will prepare for board consideration/approval a calendar with specific dates. All meetings of the board of health and any committees shall be subject to the Kentucky Open Meetings Laws, KRS 61.805 to 61.850. Special called meetings and closed session meetings shall conform to the requirements of the Kentucky Open Meetings Laws.

**Minutes:** Every official action of the board of health shall be made a part of the minutes. Official actions are those, which have been moved, seconded and approved by a majority of a full quorum present and voting. Minutes shall be signed by both the board secretary (Director) and by the Board Chairperson or Vice Chair. Minutes shall include the following:

- Name of the Board
- Date, time, and location of the board meeting
- Members present and absent and others present
- Acknowledgment of a quorum
- Review and approval or correction of the minutes of the last meeting
- Presentation of old business
- Presentation of new business

Any statement of motion, members moving and seconding each motion number voting for and against each motion

- Next meeting date
- Motion to adjourn.

A copy of the official minutes shall be kept on file at the District Health Department. A signed, copy of the minutes of each board of health meeting shall be submitted to the Division of State and Local Health Administration within two (2) weeks after the date of the board meeting. Minutes shall be permanently retained at the local health department.

If there is an apparent or implied conflict of interest involving a current board member or the member's immediate family on a particular issue, contract, lease or bid, that member shall take no part in any discussion of the issue, shall leave the board meeting, and not be allowed a vote. The board of health minutes shall reflect that the board member was absent from the discussion because of a conflict of interest and was not permitted a vote.

Employees of local health departments shall not serve as members of the Board of Health. The Director serves as Secretary to the Board of Health and shall have no voting powers.

The Board of Health may request the county attorney to assist with legal advice pertaining to the boards of health within their jurisdiction county. The board may also employ counsel to represent the board in litigation involving the board or the health department

Board Approved:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Chairman of the Board of Health

Signature: \_\_\_\_\_  
Secretary of the Board of Health

(Signed copies at the District Office)

101.1           **North Central District Health Department**  
                          **Internal Control Policy**  
                          **Local Public Health Taxing Districts**

**Purpose:** To identify the functions and responsibilities of the Local Public Health Taxing Districts.

**Internal Control Policy:** The North Central District Health Department shall have an effective Internal Control Policy in place to protect public funds, public property and to provide assurance to the Health Department and to the County citizens that operations are carried on under state and legal requirements.

The Board of Health is the authority of any well-controlled health department (providing leadership and direction for management, the composition, style and “tone” of the board of



health is of the utmost importance). In the case of the Board of Health, the composition contains the proper mix of professionals who can provide vision, oversee and scrutinize management activities, and make informed decisions on the allocation of scarce resources.

The Local Board shall oversee the taxing district funds and allowed expenditures from the taxing district. These funds shall have a separate account for the Board to maintain and monitor its deposits and expenses. All other accounts, Clinic and Environmental, are the responsibility of the Administrative Office, with oversight from the board of health.

The Local Board of Health finances shall be maintained in accordance with all appropriate KRS and KAR regulations.

North Central District Health Department shall operate under the Internal Control Policies and Procedures. Each Individual Health Department shall comply with the following policies and procedures in order to:

- Protect the Health Department's assets
- Promote operational efficiency
- Ensure that the Taxing District policies are being followed

**Policies and Procedures:**

1. Local Board of Health Responsibilities:

- Conduct Local Board of Health meetings preferably bi-annually, but at least annually. Each meeting shall have prepared written minutes.
- Approve the annual budget prior to July 1<sup>st</sup> of every year.
- Set the Public Health Tax Rate annually. The rate shall generate enough revenue to assist in meeting the budget needs as well as support the contribution to the District Office.
- Local Board of Health members shall be responsible for assisting and approving all transactions of the taxing district.
- Two board members shall be required to sign all checks.
- Designation of the reporting responsibilities to the local health department staff for the following reports:
  - a. CH-61 or CH-62: Tax Resolution Form
  - b. Budget: to include budget estimates, amendments and year end actual revenue and expense.
  - c. Financial Statement
  - d. Publication of the Annual Financial Statement
  - e. Public Health Taxing Board memberships
- Development and implementation of a written investment policy in accordance with KRS 66.480. The policy shall include at the minimum the following:
  - a. Designation of Investment Officers (usually the official signers on the accounts)
  - b. List of allowed investments
  - c. Procedure to secure the financial interest on the investment (roll interest back into investment or record interest as revenue)
  - d. Procedure for monitoring investments and retention of investments
  - e. Periodic reporting requirements to the Board

2. Support Service Responsibilities:

- Filing all reports mentioned above
- Deposit all receipts
- Record receipts and expenses in a log/receipt book
- Reconcile account monthly
- Prepare financial statement for all board meetings
- Record any interest on investment
- Attend all Local Board of Health meetings, as requested

3. Use of Funds

- The Local Board of Health Treasurer and the Support Service member of the local health department shall monitor the receipts and expenditures of the public health taxing district account.
- All expenditures shall be in accordance with the expenditure policies contained in the Administrative Policy Manual for Local Health Departments. Additionally, taxing district funds shall be used for the following purposes:
  - a. Appropriations to the District Office for its operation, this should be done at least on a quarterly basis.
  - b. Building maintenance and repair
  - c. Building/property insurance
  - d. Audit of the taxing district account
  - e. Legal services obtained on behalf of the taxing district
  - f. Publication of the Annual Financial Statement
  - g. Bank/deposit slip charges
  - h. Meeting expenses for Board members

Note: All expenditures listed above may be made by the local health department on behalf of the taxing district.

- Taxing District Funds shall not be paid directly by the taxing district for the following:
  - a. Employment or independent contract expenditures
  - b. Rent, utilities or Janitorial services or supplies
  - c. Bonus payments to employees shall not be allowed under any circumstances
  - d. Any other purpose not previously listed

4. Accounting and Auditing (prior to July 1, 2014 KRS 65.065 (4) (5) (6) apply, As of July 1, 2014 KRS 65A.030 shall apply)

- A public health taxing district shall be audited annually if receipts total \$750,000 or more annually. If not, the taxing district shall be audited every four (4) years.
- The taxing district shall have accounting records that are auditable under Generally Accepted Auditing Standards and shall keep all records of the taxing district for six (6) years.
- Taxing districts shall be audited according to the schedule and other requirements of KRS 65.065 (4) (5) (6).

- All funds of the county board of health shall be included in the accounting records of the taxing district and shall be reported and expended in accordance with this policy.
5. Reporting of Funds: The annual financial statement, on a cash basis, of each public health taxing district shall be published in accordance with KRS 65.070 for fiscal periods prior to July 1, 2014. After July 1, 2014, provisions of KRS 65A.010 to 65A.090 shall apply. The annual financial statement shall also be submitted to the Department of Local Government and the County Judge/County Clerk within sixty (60) days after the end of the fiscal year. All funds of the taxing district shall be included in the Financial Statement.
  6. Approval of Internal Controls: The internal control policy and procedure for public health taxing districts shall require the approval of the Department for Health Services, the Local Board of Health in each respective county, and the District Board of Health before (and annually thereafter) these policies and procedures are put into practice.

\_\_\_\_\_  
Public Health Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Local Public Health Taxing District

\_\_\_\_\_  
Date

(Signed copies at the District Office)

101.2

## **Local Public Health Taxing District Code of Ethics & Conflict of Interest Statement**

### **Code of Ethics General Guidelines:**

1. Every board member has an individual responsibility to deal ethically in all aspects of the Local Board of Health business and to comply fully with all laws, regulations and policies.
2. Board members are expected to assume the responsibility for applying these standards of ethical conduct as it pertains to their role on the Board of Health.
  - a. Board members must be independent and impartial
  - b. Board members shall not use their position to obtain personal benefits or items of value
  - c. Board members' actions shall promote public confidence in the department
  - d. Board members shall not engage or be involved in any activity which has the potential to become a conflict of interest with their role on the Board of Health.

### **Conflicts of Interest and Financial Disclosure**

4. A conflict of interest arises when a member, his/her immediate family, or his/her business knowingly engages in any activity, enterprise, or association for personal or financial gain, which is averse to the members' obligations to North Central District Health Department Board of Health (Local Boards of Health: Henry, Shelby, Spencer and Trimble).
5. A board member must not knowingly:
  - a. Use or attempt to use his/her influence in a matter which involves a substantial conflict between the board members' personal or private interest and duties in the public interest;
  - b. Use or attempt to use any means to influence a public agency in disregard of the public interest at large;
  - c. Use his/her official position or office to obtain financial gain for himself/herself or any immediate family member;
  - d. Use or attempt to use his/her official position for personal privilege or advantages in disregard of the public interest at large.
6. All members must disclose any financial interests of the member, his/her immediate family, or his/her business in a contract or business matter with North Central District Health Department, North Central District Health Department staff or Board of Health. No person may serve on the Board of Health and receive in excess of \$10,000 per year in contract payments unless approved in writing by the Commissioner of the Kentucky Department of Public Health. This practice may be necessary when alternative medical providers are unavailable in a given area or county.
  - c. Any member who has a private interest in any matter pending before North Central District Health Department Board of Health shall disclose such interest to the Board of Health and shall disqualify him/herself from participating in any decision or vote relating thereto.
  - d. All board members must complete this Code of Ethics & Conflict of Interest Statement annually. Any board member who wishes to abstain from involvement in an official

decision because of a personal or private interest must disclose that fact to the Board of Health.

\_\_\_\_\_  
Board of Health Member

\_\_\_\_\_  
Date

(Signed copies at the District Office)

102.0                      **Title VI Policy on Access and Communication**

A. Identifying and assessing the language need of applicants and recipients  
The Superintendent of schools in each of our counties has a great insight into the language needs of our communities. A letter is to be sent to each county Superintendent for their insight on the language needs of our district



## **200 PERSONNEL**

### 200.0 Staff Orientation and Training

The orientation of all new personnel rests with the program supervisor or designee. The actual orientation of the new employee will occur according to his/her job description and official workstation.

Orientation will include, but not be limited to the following:

- Explanation of job description/training requirements
- Review and explanation of merit system policies
- Initial and annual training (Modules completed on computer in TRAIN system)
  1. Bloodborne Pathogens I and II
  2. TB I and II
  3. HIPAA
  4. Title VI
  5. Civil Rights

6. Ergonomics
7. Abuse
8. Disaster Preparedness
9. Limited English Proficiency (LEP)
10. Hazard Communication
11. Mandatory Reporting of Abuse
12. Cultural Competency
13. State Laws regarding Mandatory reporting and Human trafficking
14. FEMA IS100 A
15. FEMA IS700 B
16. FEMA IS800 B
17. You Call the Shots Modules 10 and 16
18. Understanding GHS Safety Data Sheets
19. GHS Labeling System for Containers

Nurses will also receive training in the following areas:

- Prenatal
- Family Planning
- Cancer Screening
- Immunizations
- STI
- WIC
- Well Child and any additional programs as required.

Annual training will be done in January of each year.

(See complete list of annual and orientation trainings in the forms section)

- Review and sign confidentiality, drug free workplace, Title VI and social media forms
- Overview of North Central District Health Department's role, functions and responsibilities within the community
- Read Policies and Procedures Manual and sign signature page initially and annually
- Employee health requirements: regular physical, adult immunizations, TB skin test, and drug test. First week of work, physical and TB test will be provided at the Health Department and drug test at KentuckyOne Health/ Jewish Hospital Shelbyville
- Training: fire and emergency at worksite

County Coordinators of each health department shall provide training on where all required manuals are maintained and instructions regarding emergency procedures. This is required for review and signatures annually.

Each employee shall be made aware of the emergency and evacuation plan at their facility.

(Employee Physical Form in the Index in Forms Section)

#### 200.01 Equal Employment Opportunity

It is against the law for the recipient of Federal financial assistance to discriminate on the following bases:

- Against Title VI guidelines
- Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and



- Against any beneficiary of programs financially assisted under Title 1 of the Workforce Investment Act of 1998 (WIA), on the basis of beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA title 1-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decision in the administration of, or in connection with, such a program or activity.

What To Do If You Believe You Have Experienced Discrimination:

If you think that you have been subjected to discrimination under a WIA Title 1-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with:

Director  
Civil Rights Center  
U.S. Department of Labor  
Room N-4123  
200 Constitution Avenue,  
NW  
Washington, DC 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever comes first), before filing with the civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must

file your CRC complaint within the 30 days of the date on which you received the Notice of Final Action.

Department for Employment Services  
Equal Opportunity Officer  
275 East Main Street  
Frankfort, KY 40601  
(502) 564-5331 (phone)  
(502) 564-7452 (fax)  
(502) 564-7456 (TTY)

## 200.02 Compliance with the Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) and accompanying federal regulations mandates public agencies to develop a compliance plan to assure that the disabled have equal access to public programs/services and equal employment opportunity in public agencies.

Local health departments may use the compliance plan format developed by the Department for Health Services or one of their choosing provided it meets all federal regulatory requirements.

Local health departments' compliance plans shall consist, at a minimum, of the following documents: (1) Self-evaluation Checklist; (2) Communications Accessibility Checklist; (3) Employment Assessment Tool; (4) Transition Plan; and (5) Accessibility checklist.

The Accessibility Checklist, which identifies physical barriers by facility, shall be completed on each local health department service site, (including owned and leased facilities at which patients are served).

### General Requirements

1. Local health departments shall evaluate their services, facilities, and practices to assess conformance with the requirements of ADA no later than July 26, 1992 and to the extent feasible, modify services, policies, and practices to conform to the requirements of ADA No later than one year after the effective date of Title II of the ADA (January 26, 1993). Structural changes in local health department facilities shall be made no later than three years after the effective date of Title II (January 26, 1995).

2. Local health departments shall provide reasonable accommodation in the delivery of services and shall secure qualified interpreter services when requested by a patient or member of the public. Interpreter services shall be made available as soon as possible; by face to face and/or by phone interpretation.

3. To assure conformance with ADA, local health departments shall provide an opportunity to interested persons, including individuals with disabilities or organizations representing individuals with disabilities, to participate in the self-evaluation process.

4. Local health departments shall, for three (3) years following completion of the self-evaluation, maintain the evaluation/compliance plan on file and make it available for public inspection.

#### 200.03 Employee Confidentiality

Employee Confidentiality agreement shall be reviewed and signed annually. Copy of form can be found in the forms section.

(See Forms Section in Index)

#### 200.04 Title VI

Annual training is required. Training for Title VI is provided on the TRAIN site. Employee shall review and sign Title VI form that will be placed in their personnel file.

(See Forms Section in Index)

#### 200.05 Sexual Harassment – Right to A Harassment-Free Workplace

Sexual harassment is unlawful and unacceptable in the workplace. Unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature constitute sexual harassment.

Sexual harassment is illegal whether it is initiated by a supervisor, a manager, a co-worker, or any non-employee.

Offensive posters, pictures or language will be addressed with an employee by their supervisor when complaints are made.

Because of the importance we place on these types of issues, North Central District Health Department has instituted a procedure for investigating harassment complaints. It is our policy to investigate and resolve these issues in a prompt manner. If you have been harassed, or another's conduct creates intimidating, hostile, or offensive work environment, please notify your Supervisor and the Public Health Director, so investigating procedures can begin immediately. All complaints will be investigated by the Public Health Director or designee.

Sexual harassment poster shall be located in a visible central location for all employees to review.

#### 200.06 Drug-Free Workplace

The North Central District Health Department supports the Anti-Drug Abuse Act of 1988 (41 U.S.C.A. §§701-707).

(See Forms Section in Index)

#### 200.07 Drug / Alcohol Policy

North Central District Health Department has a drug / alcohol free workplace policy. All new hire employees will have a pre-employment drug / alcohol test. Drug / alcohol testing will also be performed post accident (vehicle while on the job), random, reasonable cause and periodic follow up. Drug testing will be at the discretion of the Public Health Director. Drug / alcohol testing will be paid for by North Central District Health Department and testing will be done at Kentucky One Health/Jewish Hospital Shelbyville. For disciplinary action refer to the Compliance with Drug Free Workplace Act.

#### 200.08 Hours of Operation

The hours of operation for the North Central District Health Department are 8:00am until 4:30pm Monday through Friday with extended hours posted with each health center. North Central District Offices have an answering service for after hours and weekend calls.

Hours of operation will be posted at each center with availability of extended hours in English and Spanish.

In the event that any health center is closed due to an emergency, the information will be posted at the center or announced through the answering service and/or the nearest local radio service.

### North Central District Health Department

#### Hours of Operation

North Central District Health Department Administrative Office  
Monday through Friday, 8am to 4:30pm

Henry County Health Department  
Monday, Tuesday, Thursday and Friday, 8am to 4:30pm, and Wednesday 8am to 5:30pm

Shelby County Health Department  
Monday through Friday 7:30am to 4:30pm

Spencer County Health Department  
Monday, Tuesday, Wednesday and Friday 8am to 4:30pm, and Thursday 8am to 5:30pm

Trimble County Health Department  
Monday, Tuesday, Wednesday and Friday 8am to 4:30pm and Thursday 8am to 5:30pm

200.09 Employee/Criminal Background Checks for New Hires and Contract Personnel

New hires including contract personnel will not be allowed to report for duty till such time North Central District Health Department is in receipt of a criminal background check. A criminal background check shall be on file in the personnel department at North Central District Health Department administrative office on or prior to new hire's or contract personnel's first day of employment.

- 1) Prior to hiring any employee, North Central District Health Department shall obtain a signed request for conviction record from all employees being considered.
- 2) The report shall be sent to the records section of the Kentucky State Police for processing.
- 3) Results obtained via said request shall be reviewed by Public Health Director or designee prior to filling any available position.
- 4) Any applicant who refuses to complete the request form will not be considered for employment with North Central District Health Department.
- 5) Conviction of any felony or violent crime shall result in said applicant not being hired.
- 6) Conviction of any other type of crime shall be considered by the Public Health Director or designee and other staff as appointed, on a case by case basis.
- 7) Applicants who complete the request form have a right to inspect the contents of their conviction record, and as they deem appropriate, request correction for any results they feel are inaccurate.
- 8) The burden of proof regarding accuracy of any conviction record shall lie with the applicant.
- 9) All data received by North Central District Health Department from an employee background check, shall be filed in the North Central district Health Department personnel office and marked "confidential".
- 10) North Central District Health Department shall verify all applicants' training, licensure, certification and other relevant data as may be appropriate to determine the applicant's qualifications for the position desired.
- 11) Other resources that may be utilized will include, but not limited to, the Internet, Published Local, State, Regional and/or National Data Banks, Indexes, etc.

(See Forms Section in Index)

**200.09A Proof of Active Driver's License**

**Jobs That Require Possession Of Valid Driver’s License**

Certain positions that local health departments have in their agency require that the employee operate a motor vehicle and possess a valid operator’s license. In those instances, it is imperative that the health departments make sure that the employee’s driver’s license be in “active status.” Per Administrative Regulation [902 KAR 8:100](#), Section 1 Item (1) “an appointing authority may discipline an employee for: (f) failure to obtain or maintain a current license or certificate or other qualifications required by law or rule as a condition of continual employment.”

**Development Of LHD Policy**

North Central District Health Department requires each employee who operates a motor vehicle as an official part of their job to report to their supervisor or appointing authority any changes that may occur regarding their license, following receipt of the initial driving record. If the LHD discovers the employee’s license has been suspended, revoked or for some reason taken away, immediate disciplinary procedures may be initiated. The employee with a suspended license may be moved to a position that does not require driving if there is a position available until the status of the license is obtained and a determination made of whether it can be reinstated within a reasonable time period.

**Verification Of Valid Driver’s License**

If an employee has had his/her license suspended, he/she may still have the license - however, it may not be valid. In order to verify that all employees, who are required to operate a motor vehicle in order to perform the duties in their job description, have a valid driver’s license, an agency may want to obtain a copy of the employee’s driving record. The cost of obtaining verification of driver’s license is \$3.00.

Driving records of LHD employees may be obtained by:

- 1. Submitting a request on LHD letterhead to:

TRANSPORTATION CABINET  
DIVISION OF DRIVER’S LICENSING  
STATE OFFICE BUILDING, 2<sup>ND</sup> FLOOR  
FRANKFORT, KY 40622  
ATT: ADM. SEC.

OR

- 2. Contacting the county circuit court clerk’s office.

**200.10 Initial Probationary Period**

An employee of North Central District Health Department shall be required to serve a probationary period upon initial employment. The initial probationary period shall be thirteen (13) pay periods. During this probationary period an employee may be dismissed without the right to appeal to the Merit System Council if their employment has proven unsatisfactory. If the employee is to be dismissed during the initial probationary period, the employee shall be notified at least fourteen (14) days prior to the effective date of the dismissal and prior to the expiration of the probationary period.

The successful completion of the probationary period will result in permanent status. Unusual circumstances may result in the extension of the probationary period as long as the total extension does not exceed twenty-six (26) full pay periods. At which time a Performance Improvement Plan (LHP-12) will be implemented. Probation extension may be utilized if medical reasons cause an employee’s absence, of twenty (20) or more days.

(See Forms Section in Index)

**200.11 Permanent Fulltime Status**

After an appropriate probationary period, an employee may be granted a fulltime position. Fulltime status requires at least 37.5 hours of work per week by the employee.

#### 200.12 Permanent Regular Part-Time Status

A regular part-time employee is one whose hours of work do not average 100 hours per month (are less than). They do not receive annual or sick leave benefits. These employees are subject to Social Security withholdings, but not Kentucky Retirement system deductions of benefits. They are not eligible for health insurance benefits or paid life insurance. Their schedule is provided by their supervisor, according to agency needs.

#### 200.13 Permanent Part-time 100 Hour Status

A part-time 100 hour employee is an employee whose hours of work average 100 hours or more per month. They are subject to Social Security withholdings, receive retirement benefits, life and health insurance. They also receive annual and sick leave at a reduced rate. Their schedule is provided by their supervisor according to agency needs.

#### 200.14 Change of Status

Requests for part-time status after employment in a fulltime position are not granted automatically, nor are the requests for fulltime status after employment in a part-time position. Requests should be in writing and submitted to the Public Health Director. All requests will be considered and granted or denied as deemed in the best interest of the North Central District Health Department. At which time the agency needs change; the employee will be given the opportunity to revert back to fulltime per agency needs. However if employee rejects offer, said employee can be placed in layoff status so agency can place a fulltime employee meeting agency needs.

#### 200.15 Change of Home base

The home base is the county to which you have been assigned. If your home base is changed on a permanent basis for any reason, it is your responsibility to check with personnel as to any change in county taxes to be applied to your paycheck.

#### 200.16 Employee Benefits

Regular fulltime and designated 100 hour part-time employees are eligible for North Central District Health Department's standard benefit package:

- Health Insurance
- \$20,000 Life Insurance
- Participation in the Kentucky Employee's Retirement System (KERS)
- Commonwealth Credit Union
- Deferred Compensation Package
- Flexible Spending Account
- Dental
- Holiday, Sick and Annual Leave

Part-time 100 hour employees do not get Holiday Pay.

**PURPOSE**

The purpose of this policy is to provide tuition assistance and professional development to the employees of North Central District Health Department in pursuit of educational opportunities for professional growth and development and to recruit and retain a proficient workforce adhering to 902 KAR 8:160 Section 4.

**POLICY STATEMENT**

It is the policy of North Central District Health Department to provide tuition assistance and professional development assistance to encourage professional development, assist employees in increasing effectiveness in their current position, and preparing employees for possible advancement, as resources allow.

It is the employee's responsibility to seek out the courses and other training mediums that will enhance his or her career development and are in line with the organization's mission. Professional development can be obtained through attendance at seminars, educational courses or webinars, and degree programs that will assist the employee in performing his or her essential job functions and increase the employee's contribution to the organization.

**POLICY**

North Central District Health Department will adhere to the tuition assistance procedures outlined in 902 KAR 8:160, Section 4. An agency director may approve payment of tuition for a regular full-time or designated part-time 100-hour employee to attend a course of study provided by a college or university, correspondence school, vocational school, other training institution, or professional development activities if the coursework is related to the work of the agency and the employee's current position or an agency position to which the employee can reasonably aspire. The agency director may approve tuition assistance and professional development assistance for a non-related course if the course is a requirement for a degree or certification program and the degree is determined to be necessary to the function and purpose of the agency. The board may approve a tuition assistance request to be used by an agency director for his or her course of study.

As a public agency, North Central District Health Department tuition assistance priority will be granted to those attending an accredited public educational institution such as KCTCS or any affiliated technical or community college, and other Kentucky public higher educational institutions such as Western, Eastern, Morehead State, Murray, University of Louisville or University of Kentucky. Priority will also be given to those employees whose educational attainment is directly linked to public health

The maximum allowable course hours an employee may take in a semester are six (6) graduate hours, nine (9) undergraduate hours, nine (9) classroom hours per week for vocational school training or three (3) hours for a summer session, intersession, or mini-semester.

If approved, tuition assistance shall be granted for tuition and routine registration fees, laboratory and examination fees; and required textbooks. Tuition assistance shall not be granted for late registration, graduation fees, testing to receive certification, parking or transportation, records or transcripts, supplies, assessments, or courses taken prior to approval by the agency.

Tuition and fees shall be paid directly to the college or training institution or reimbursed to the employee. An agency shall maintain records, subject to audit, to ensure the proper administration of the employee tuition assistance program. To offer as much support to as many staff as possible, the maximum allowable amount requested shall not exceed \$1,500.00 per semester (2 semesters in a school year) or \$3,000 in one calendar year.

Continuing education courses for the maintenance of state licenses that are a requirement of the employee's position are not automatically considered professional development and do not qualify for fee reimbursement.

**North Central District Required Professional Development.** When an employee is required to attend a development program, the time spent in attendance shall be counted as time worked, and the full fees shall be paid by the agency.

**Elective Professional Development.** When an employee requests time off to attend an elected non-agency supported training or professional development program, the time spent in attendance shall be counted as time off or non-compensable, and not subject to reimbursement i.e., materials, travel and per diem, etc. and paid by the employee.

**Flexible Schedules:**

In order to maintain coverage for services during the normal workday the following guidelines will be adhered to for any employee requesting time away from the workplace during normal work hours:

1. Classes should be taken outside of work hours whenever possible.
2. Classes may be taken during work hours, at the supervisor's discretion if the following criteria are met:
  - A letter of intent is submitted and approved by the supervisor and Director with a description of (1) why the course could not be taken elsewhere at another time (2) a work plan of action for time off (3) how the course will enhance their position with NORTH CENTRAL District Health Department.
  - Taking a class during work hours does not adversely impact the provision or service levels as determined by the supervisor, program manager and final approval by the Director.
  - The employee must submit a written agreement, which will accompany the request describing how to make up the time away from NORTH CENTRAL. This is to be agreed upon between the employee, supervisor, program manager and the Director. If appropriate the employee may be allowed to adjust work hours so as to work their 37.5 hours per week. Employees may also be allowed to use their annual leave.



- The time off will not interfere with work accomplishment. The agency incurs no costs, such as overtime in order for duties to be performed.
  - Course completion will equip the employee to more effectively work in the agency.
3. Several options are available to accommodate employees' absences from work to attend approved education courses during regular work hours. Employees' supervisors (those who sign the performance evaluation forms) must sign the approval forms when adjusted work hours or annual leave are used for time taken for educational purposes during the workday. All requests for educational leave are granted at the supervisor, program manager and Director's discretion. Time without pay must receive approval from the Appointing Authority.
  4. In order to be eligible to take time off the full-time employee must have completed the initial probationary period and the part time 100 employee must complete three years of service with the agency.
  5. The request for time off will be approved based on date of request, number of requests, seniority, and prior request of the employees submitting requests. If an employee has received time off for a course previously, those employees requesting for the first time will be given the first option based on the situation and the benefit of the agency.
  6. Registration Receipts must be submitted to the Personnel Office within five (5) business days of registration. Any changes to the registration (drops, adds withdrawals) should be reported to the supervisor and submitted to the Personnel Office within five business days.
  7. Within 30 days of the end of the semester employees are responsible for forwarding their proof of course completion to the Personnel Office. If any employee has dropped or withdrawn from a class, they will not be eligible to take time away from work the following calendar year.
  8. An employee may not receive time off to repeat a course.
  9. The agency must consider an employee's request to work flexible work hours in relation to the objective of the agency's operating, business, and customer needs.
  10. The agency's mission and the level or quality of service provided to our customers is not to be negatively affected by the agency's flexible education work hours.

## PROCEDURE

The employee may apply for tuition assistance by filling out the following forms:

1. "Request for Tuition / Professional Development Assistance",
2. "Tuition Assistance Agreement and Authorization for Repayment", and
3. "Budget Form"

The employee may apply for professional development assistance by filling out the following form:

1. "Request for Tuition / Professional Development Assistance"

These forms are required to be submitted to the Public Health Director by April 1 prior to the fiscal year the employee wishes to receive assistance. These forms pertain to the entire year

therefore if there are two semesters in the year the budget and classes need to be submitted for both semesters. Assistance will be awarded based on availability and feasibility. If more applicants apply than financially feasible, the management team will determine who meets the qualifications for assistance and prioritize the request or proceed by dividing up the money equally among qualified applicants.

#### 200.18 Overtime/Flex Time

##### Overtime

The official work week consists of 37.5 hours within the seven day period from Sunday 12:01am to Saturday 12:00 midnight. Overtime is any time worked in excess of 37.5 hours per week. Non-exempt staff must have the approval of their Public Health Director to work beyond 37.5 hours per week.

All employees will be designated as exempt or non-exempt depending on their classification. The Local Health Department Exempt/Non-Exempt Certification form will be included in an employee's personnel file.

Non-exempt employees authorized to work in excess of 37.5 hours shall be paid at the employee's current hourly rate up to and including forty (40) hours per week. All employees are strongly advised to flex all overtime off. It is the responsibility of the supervisor to ensure overtime is flexed off, as appropriate. All overtime will be pre-approved on an individual basis. Any authorized overtime in excess of forty (40) hours per week will be paid at a rate of one and one half time that employee's current hourly rate.

##### Flex Time

All non-exempt employees – all flex overtime shall be taken within the week it was accrued at the discretion of the Public Health Director or designee.

Paid overtime will be pre-approved by the Public Health Director only on a one to one individual basis. All appropriate overtime request forms shall be completed by employee and approved by the supervisor in writing.

All approved requests shall be submitted with time sheet to the District personnel office.

#### 200.19 Leave Policy

An employee must always complete an employee leave/overtime request for any leave requested, whether scheduled or unscheduled. Immediate supervisors may approve leave up to one week (pending necessary coverage). Coverage shall be ensured before any and/or all leave, is granted by the supervisor. Any extended leave must have prior approval from the Public Health Director.

Annual leave request of one (1) week or more must be submitted and approved fourteen (14) days prior to leave date (any variances will be considered on a one-to-one basis).

Leave requests must contain all the required information for any altered schedules. For instance, if you work through the lunch hour and leave at 3:30pm, this information shall be written on a leave request. Anyone leaving early shall get prior approval from the supervisor. Leaving early **shall not** become a pattern.

- Absence Without Leave.** (1) An employee who is absent from duty without approval shall report the reason for the absence to the employee's supervisor immediately.
- (2) Unauthorized or unreported absence shall be considered absence without leave and deduction of pay may be made by the appointing authority for each period of absence.
- (3) Absence without leave may constitute grounds for disciplinary action.
- (4) An employee who has been absent without leave or notice to the supervisor for more than three (3) working days shall be considered to have resigned the employee's position.

200.20 Annual Leave

Employees may use annual leave the first day of the pay period following the pay period in which it was earned. Annual leave may not be advanced or taken until it is earned. Employees upon request and approval may use accumulated annual leave in thirty (30) minute increments. Annual leave will be charged for leave of absence on days the employee would otherwise work. Annual leave may be used for illness, injury or disability when all sick leave has been exhausted.

Each fulltime employee (except seasonal, temporary and emergency) and designated 100 hour plus part-time (except seasonal, temporary and emergency) shall earn annual leave. Annual leave shall accrue only when an employee has been in pay status at least 37.5 hours of the standard pay period for fulltime staff. Designated part-time staff who work an average of one hundred (100) hours a month earn annual leave at a lesser rate. In computing years of total service for the purpose of allowing annual leave for designated part-time 100 hour employees, only those months in which the employee worked at least one hundred (100) hours or was on educational leave with pay shall be used.

Annual leave for fulltime employees shall accrue at the rate shown in the following table.

Fulltime Employee

Years of Service:	Hours Per Pay Period:	Hours Per Year:
0-5 Years	3.5	91.0
5-10 Years	4.4	114.4
10-15 Years	5.2	135.2
15-20 Years	6.1	158.6
20-25 Years	7.0	182.0

Annual leave for designated part-time 100 hour employees shall accrue at the rate shown in the following table.

Designated Part-Time 100 Hour Employee

Years of Service:	Hours Per Pay Period:	Hours Per Year:
0-5 Years	2.1	54.6
5-10 Years	2.6	67.6
10-15 Years	3.1	80.6

15-20 Years	3.6	93.6
20-25 Years	4.2	109.2

Each employee may accumulate annual leave not to exceed the maximum amount for year of service as shown in the table below. Annual leave in excess of the maximum allowed will be converted to sick leave at the end of the calendar year.

Maximum Accumulated Annual Leave  
Fulltime Employee

Years of Service	Maximum Hours
0-5 Years	225.0 Hours
5-10 Years	277.5 Hours
10-15 Years	337.5 Hours
15-20 Years	390.0 Hours
Over 20 Years	450.0 Hours

Designated Part-Time 100 hour Employee

Years of Service	Maximum Hours
0-5 Years	120 Hours
5-10 Years	148 Hours
10-15 Years	180 Hours
15-20 Years	208 Hours
Over 20 years	240 Hours

Upon the death of an employee, the employee's estate shall be paid the unused portion of the employee's accumulated annual leave, not to exceed the maximum amount allowable as shown in the preceding tables.

200.21 Call-Ins

Employees are to contact their immediate supervisor if they will not be working on a regularly scheduled workday no earlier than one (1) hour before their scheduled work time begins and no later than thirty (30) minutes before their work time begins.

All call-ins must complete leave requests immediately upon returning to work.

200.22 Maternity Leave

Maternity leave shall not exceed seven (7) pay periods, unless the Public Health Director approves additional maternity leave provided additional leave does not exceed twenty-six (26) pay periods. Employees must use accumulated sick leave. If additional leave is needed then

accumulated annual and compensatory time may be used. If all leave is exhausted, the employee may be placed on leave without pay.

The employee must submit a written request for maternity leave including a doctor's statement indicating the expected date of delivery. The request for leave must be submitted as soon as practical to allow for schedule adjustments. Additional information from the employee's physician may be required if there are complications and the period of leave begins sooner than agreed, extends further than agreed, or requires maternity leave beyond the normal seven (7) pay periods.

#### 200.23 Sick Leave

A fulltime employee shall earn sick leave at the rate of the 3.5 hours per pay period. The employee must have worked in pay status at least 37.5 hours of the seventy-five (75) standard hours in each pay period in order to accumulate sick leave. An employee that is designated as part-time 100 hours and works 100 hours or more per month shall earn 2.1 hours per pay period. Earned sick leave shall be credited upon the first day of the month following the month in which sick leave was earned.

Employees completing ten (10) years of service shall be granted additional hours of sick leave; fulltime employees earn seventy-five (75) additional hours and designated part-time 100 hour employees earn an additional forty-five (45) hours of sick leave.

If possible, an employee shall request sick leave prior to the intended use. Employees unexpectedly required to be absent from work, shall notify their immediate supervisor or other designated person, no later than thirty (30) minutes before the scheduled work time. Failure to do so may cause denial of the sick leave for the period of absence or disciplinary action.

An employee may be required to present a physician's statement for any sick leave taken, at the discretion of the supervisor. If an employee requests sick leave in excess of three (3) working days, he/she must have a physician statement upon returning to work.

Sick leave may be used in thirty (30) minute increments. Employees may use sick leave without pay after all sick, annual and compensatory leave is exhausted. The Public Health Director may request periodic physician statements attesting to the employee's inability to perform job duties. An employee's total absence shall not exceed twenty-six (26) pay periods.

Sick leave may be shared by District staff if the employee donating the sick leave has an accrued balance of more than seventy-five (75) hours; has the approval of the Public Health Director; and, the employee receiving the sick leave has exhausted all other leave as well as sick leave.

The consistent use of sick leave, as it is accumulated, may be considered abuse of the privilege and may be grounds for disciplinary action.

#### 200.24 Sick Leave/Medical Leave Without Pay

An eligible employee who is unable to work due to a serious health condition, will upon request, be granted a leave of absence without pay, for the period of his/her condition, up to a maximum of twelve (12) work weeks in twelve (12) calendar months. An employee requesting unpaid medical leave of absence must submit written certification of the need for such leave.

An eligible employee, upon request, will be granted a leave of absence without pay, up to a maximum of twelve (12) calendar work weeks, to care for a family member with a serious health condition. This includes leave of absence for maternity or to care for a newborn, newly placed foster or newly adopted child of the employee. Additional leave for maternity may be requested using the District Extended Medical Leave policy. Written certification must be submitted for unpaid leave to care for a family member. Unpaid leave for maternity or to care for a newborn, newly placed foster or newly adopted child must submit certification of the expected date of birth or placement. The entitlement to unpaid family leave for the birth or placement expires at the end of twelve (12) calendar months, following the birth or placement of the child.

Family and Medical Leave (FMLA)

An agency shall comply with the Family and Medical Leave Act, PL 103-3 and CFR 29 Part 825

(See Forms Section in Index)



FMLA Changes.msg

From	Received	Size	Categories
Hamilton, Krista (CHS-PH)	10/29/19		

200.25 Bereavement Leave

Employees may use sick leave or annual leave for bereavement purposes up to 3 days. District Director may grant more time if needed. If employee has no sick or annual leave time, they will be on leave without pay.

200.26 Court/Jury Duty Leave

An employee shall be entitled to a leave of absence from duties without loss of pay or time, on days which the employee is subpoenaed by a court to serve as juror or witness. Except in those cases where the employee or a member of the employee's family, is partly a plaintiff. If relieved from duty as a juror or witness during normal working hours, the employee shall return to work.

200.27 Military Leave

An employee who is an active member of the United States Army Reserve, the United States Air Force Reserve, the United States Naval Reserve, the United States Marine Corps Reserve, the United States Coast Guard Reserve, the United States Public Health Service Reserve or the Kentucky National Guard shall be relieved from his/her duties without loss of pay or time, upon request, to serve under orders, on training duty for a period not to exceed seventy-five (75) hours in any one (1) calendar year. The Public Health Director shall require a copy of the orders requiring the attendance of an employee before granting military leave.

200.28 Educational Leave

Educational leave shall only be granted for the purpose of securing training related to the work duties of the employee and when such training will benefit the District. The Public Health Director shall have final approval of all requests for education leave in the District.

#### 200.29 Voting Leave

Each employee may have time to vote, which will not be charged against accumulated leave.

For state and local elections, four (4) hours leave with pay will be granted, only for employees registered to vote that will be voting that day. All employees shall request in writing the four (4) hours leave time to vote. All employees failing to vote after requesting voting time shall not be granted the four (4) hours and may be subject to disciplinary action if they do not use utilized time requested to vote. Public Health Director or designee may follow-up to ensure that the employee voted. An employee may not utilize voting leave in conjunction with other leave for the purpose of taking the entire workday off. An employee wishing to be absent from work that day, must use appropriate leave for that day.

See KRS 118.035

Presidential Election Day is a designated holiday every four (4) years.

Employees using voting leave must fill out the Health Department Voting Leave Verification (LHP-03) and submit with timesheet to supervisor.

(See Forms Section in Index)

#### 200.30 Holidays

The North Central District Health Department will observe the following holidays:

- Martin Luther King, Jr.'s birthday
- Good Friday, one half day
- Memorial Day (official day of observance)
- Independence Day
- Labor Day
- Veterans Day
- two days for Thanksgiving (Thursday and Friday)
- two days for Christmas (as designated by the Governor)
- two days for New Year's (as designated by Governor)
- Presidential Election (every four (4) years).

#### 200.31 Disciplinary Actions (Reference 902 KAR 8:100)

The North Central District Health Department follows the disciplinary guidelines in accordance with 902 KAR 8:100.

#### 200.32 Disciplinary Appeal

All personnel functions of the North Central District Health Department are supervised by the Cabinet for Health Services/Department of Public Health. All employees with status have the right to appeal a specific disciplinary action. The Local Health Department Employment Personnel Council shall make all final decisions. Copies of the Procedures for Requesting and Appeal are located in the Merit System Administration Regulation Manual located in a centralized location in each center as well as the District Office.

\*Employee Discipline and Disciplinary Appeal is not applicable to employees who are in probationary status or to employees not protected by Merit System Rules and Regulations

### 200.33 Employee Grievance Procedure

Misunderstanding between employees and failures in communication between staff members can result at any time, despite the best intentions. When problems arise, it is the supervisor's responsibility to address them promptly with the goal of a resolution, which is satisfactory to all parties concerned. Some complaints may require further review. The following procedure has been developed to provide employees with a formal method in which to present grievances.

An appropriate grievance is defined as an employee's perception of unfair or unsatisfactory treatment by a supervisor or other employees that interferes with their ability to perform their job responsibilities. The grievance process should be considered a serious procedure and not initiated casually, but for use only in extreme circumstances. When an employee feels there is an appropriate grievance the following procedure should be followed.

- Step 1 Employee shall verbally state concerns to their supervisor. If the complaint involves the supervisor, the verbal complaint should be made initially to the Public Health Director. The supervisor or Public Health Director shall notify the employee in writing within seven (7) working days of their decision regarding the grievance. An employee who feels their complaint was not resolved may initiate a formal written complaint.
- Step 2 Formal written complaints shall be submitted to the Public Health Director. An appointment must be scheduled with the Public Health Director to formally present a grievance. The written complaint must state it as being "AN OFFICIAL GRIEVANCE" and include the employee's opinion on how the issue would be best resolved. The Public Health Director shall arrange a meeting with both the employee and the supervisor within five (5) working days after receipt of the written complaint. The Public Health Director will respond in writing to the employee filing the written grievance within five (5) working days of the formal meeting. All official grievances must be submitted on the established form. This form is available in all centers.
- Step 3 An employee who feels that a complaint was still not resolved may initiate a formal written complaint to the Grievance Committee on the Official Grievance Form.

The Grievance Committee shall arrange a meeting with all parties involved within five (5) working days of receipt of official grievance. The Grievance Committee shall respond in writing of their findings and proposed resolution to the Public Health Director within five (5) working days. The Public Health Director shall meet with employees involved in the grievance within five (5) working days of receipt from the Grievance Committee.



The Grievance Committee shall consist of one (1) employee from each facility (Henry, Shelby, Spencer, Trimble and District Office).

If the grievance is on a Grievance Committee member, the member shall be replaced with someone by the Public Health Director.

\*If the Public Health Director is involved in the complaint, the initial grievance should be filed with the Chairman of the Board of Health on the Official Grievance Form.

Grievance Committee Members:  
Lisa Thornsberry – District Office  
Tony Millet – Henry County  
Leigh Stratton – Spencer County  
Amy Tingle – Shelby County  
Kristin Porter – Trimble County

(See Forms Section in Index)



RE Grievance Policy  
and Procedures.msg

#### 200.34 Participation of Employee in Political Activities

As an employee of the North Central District Health Department, you are bound by the Administrative Regulation that governs participation of employees in political activities. Refer to this section of the Administrative Regulations (reference 902 KA 8:130) for a complete description. As an employee of North Central District Health Department you may not:

- Serve on or for any political committee, party or similar organizations.
- Serve as a delegate or alternate to a party or convention.
- Solicit or handle political contributions.
- Solicit the sale of or sell items or tickets for any political party.
- Serve as an officer for any political club or be active in organizing it.
- Solicit votes and assist voters to mark ballots.
- Become a candidate for nomination.
- Distribute literature or material.
- Solicit political support.

#### 200.35 Lunch

Each employee is entitled to a one (1) hour lunch for each 7.5 hour workday. Lunches are to be staggered so the clinic services will not be interrupted.

Field staff will be expected to take one (1) hour for lunch scheduled around that particular workday's home visits or site visits. Efforts must be made to take lunch hour. In the event that an employee was unable to take his/her entitled lunch hour, the supervisor must be informed. The

supervisor shall make every effort to ensure that lunch hour is observed. An employee shall not choose to work through lunch and ask for overtime.

Lunch time may not be used to cover late arrival to work or leaving work early, unless prior approval is given by immediate supervisor. This process shall not become a habitual pattern.

#### 200.36 Employee Breaks

Each employee is entitled to a fifteen (15) minute break within any work period of four (4) hours in duration. Break time is not an accumulated leave. Break time may not be used to extend a lunch hour, or to allow an employee to arrive late or leave early. Staff will remain on the payroll during their break and shall not plan activities which would cause them to be late in returning to their workstation.

#### 200.37 Tardiness

North Central District Health Department working hours are from 8:00am to 4:30pm with the exception of extended hours. All employees are expected to be at their workstations and ready to begin work duties promptly at their designated time.

Repeated tardiness shall be grounds for disciplinary action.

#### 200.38 Checking In and Out

All employees who leave the facility during regular working hours (including lunch and break time) are to inform their immediate supervisor and sign a leave itinerary including location and expected return time, which will be maintained at the reception area. Employees expecting to be out of the office most of the day shall leave a signed itinerary, including location and expected return time, which will be maintained at the reception area. Upon return, all staff shall sign in actual return time and signature.

#### 200.39 Inclement Weather

Work schedules due to inclement weather will be at the discretion of the Public Health Director.

In the event of inclement weather, the decision will be made in regard to the geographical area affected. The Public Health Director will make the decision, and upon decision, the supervisors will notify appropriate staff.

Employees should use their own discretion in travel decisions and not attempt travel if road conditions are poor. Leave time must be used for anyone arriving late to work or taking the day off due to inclement weather. In the event that the employee does not work their normal work schedule because of the inclement weather, they shall complete a Request for Leave/Overtime Form requesting annual or compensatory leave and submit it to their immediate supervisor for approval.

#### 200.40 General Dress Code

All staff of North Central District Health Department represent the agency in their work activities. The community’s perception of the agency may be decided by an employee’s attire within the facility and in public while representing the department.

All employees are expected to appear neat and clean and wear appropriate clothing while working. Work attire should have a positive effect on our patients/community and should contribute to the positive image of North Central District Health Department. Wearing apparel which contains commercial messages or advertising is not permitted. However, North Central District Health Department logo wear dress shirts, polos, sweaters or outerwear is permitted, as appropriate, for department and activity.

Jewelry should not interfere with work activities and shall be limited to a small and traditional nature. No gauges, tongue rings, etc. are permitted. No facial jewelry or facial tattoos will be allowed. Hair color shall be in natural tones – no purple, pink, blue, green, etc.

As a general standard, there are three types of acceptable dress that may be followed, based on work activities. These include business casual attire, uniform attire and casual attire. While most departments will follow one category, this may be variable depending on the type of activity being completed during the assigned work time for a given day.

The following tables provide a listing of appropriate attire for each of these three categories.

<b><u>BUSINESS EXECUTIVE ATTIRE</u></b> <b>(Public Health Director, Executive Assistant, and district office staff (when appropriate))</b>	<b><u>BUSINESS CASUAL ATTIRE</u></b> <b>(Community Education, Clerical Staff, HANDS, Environmental, District Staff)</b>	<b><u>UNIFORM ATTIRE</u></b> <b>(Clinical Staff, HANDS, Environmental, Clerical Staff)</b>	<b><u>CASUAL ATTIRE</u></b> <b>(As specified by the Director)</b>	<b><u>DISASTER RESPONSE ATTIRE</u></b> <b>(All Staff)</b>
<ul style="list-style-type: none"> <li>- Business suits with skirt or slacks</li> <li>- Dresses no shorter than 2 inches above the knee.</li> <li>- Skirts or dress slacks with appropriate dress blouse.</li> <li>- Dress slacks with button</li> </ul>	<ul style="list-style-type: none"> <li>- Dress slacks, chinos, dockers, casual cotton slacks</li> <li>-Capri pants (non-denim) that fall at mid-calf or lower</li> <li>- Dresses and skirts no shorter than 2 in above the knee and non-denim</li> <li>- Blouses, sweaters and cardigans</li> <li>- Dress and casual shirts (button-downs, polos,</li> </ul>	<ul style="list-style-type: none"> <li>- Scrub pants with NCDHD logo tee and scrub jacket or lab coat</li> <li>-Scrub pants and scrub top – any color or print is allowed.</li> <li>- Business casual attire with NCDHD logo jacket.</li> <li>- Name Badge should be worn at all times.</li> <li>**Clerical staff may not wear scrubs at any time.</li> </ul>	<ul style="list-style-type: none"> <li>- All items listed in the business casual and uniform attire sections</li> <li>- Jeans without rips, tears, holes or embellishments or denim capri pants.</li> <li>- Casual NCDHD logo t-shirts</li> <li>**Clinical staff will need to wear a scrub jacket or lab coat with casual attire when seeing patients.</li> </ul>	<ul style="list-style-type: none"> <li>- Casual attire may be worn in disaster response situations.</li> <li>- Each employee will be issued a yellow reflective NCDHD vest to wear during Emergency response. Name badge must be worn.</li> <li>- Nurses should wear scrubs for working in Special Needs</li> </ul>

<p>down collared shirt with tie for men.</p>	<p>etc.)  - Socks, hosiery, stockings  - Leggings to be worn with dresses, skirts or tunics. Leggings may not be worn as pants.  - NCDHD Logo wear within these guidelines is acceptable.   **Community Education will wear a logo wear smock and a name badge at events in the community.</p>	<p>**Uniform attire for Environmental and Hands Staff only:  - Denim pants – without rips, tears, holes or embellishments.  - Khaki/Navy blue pants  - Polo shirt – NCDHD logo apparel, small logo (i.e. Under Armour symbol, etc.) or plain. Logo wear must be worn if denim pants are chosen.  - Business casual top  - A hat may be worn if appropriate (Environmental staff only)</p>	<p>**This attire may also be worn on days specified by the Public Health Director or designee, including cleaning days or inclement weather days.   **Community Education staff may participate in Casual Friday during office hours only.</p>	<p>Shelters.</p>
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The following attire is not acceptable at any time when representing the North Central District Health Department:

<p><b>UNACCEPTABLE AT ANY TIME:</b></p> <ul style="list-style-type: none"> <li>- Halter, tube, tank, racerback, strapless or revealing tops showing midriff and/or cleavage, bare chests or undergarments.</li> <li>- Sweat pants, flannel pants, pajama bottoms or wind suits.</li> <li>- Denim pants or jeans with holes, tears, rips, patches or embellishments</li> <li>- Shorts, except Bermuda or knee-length shorts at designated community events with prior supervisor approval</li> <li>- Baseball caps or hats (except for environmental staff completing field work).</li> <li>- Apparel with offensive pictures, slogans, logos and writing.</li> </ul>
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All staff is to wear clean, appropriate footwear. No open-toed shoes are permitted for direct patient care clinic staff or HANDS staff. Environmental staff shall not wear open toed shoes while completing field work. Foam or sponge flip flops are not allowed.

All disciplines shall adhere to OSHA standards.

When staff attend court proceedings, hearings, public presentations or meetings, professional attire (including ties for male personnel) must be worn. Jeans are not acceptable for these functions.

All staff may wear seasonal sweaters or sweatshirts on the scheduled date of an office or District gathering for that holiday.

Employees who are participating in a health fair should wear appropriate pants for the type of event (khaki/navy blue pants, jeans, capris, etc.) and a NCDHD logo top. Employees may also choose to wear the logo wear scrub jacket or smock. Employees participating in a disaster response effort should adhere to the disaster dress code identified in this policy

Any employee found in violation of the policy will be required to take corrective action, which may include leaving the work premises, and may be subject to disciplinary action.

#### 200.41 Dress Code for Staff Training/Conferences

All staff members of the North Central District Health Department represent the entire agency when attending staff training programs or conferences. With that in mind, extra attention should be given to attire worn while attending functions outside the health department. If a dress code is recommended by the training or conference administrator, the employee should adhere to those guidelines. An employee identification pin/badge shall be worn. Questions regarding dress while out of the office may be directed to administration. Any clothing designated as unacceptable for working hours will also be unacceptable for staff training or conferences.

#### 200.42 Picture Identification Badges

Upon initial employment, arrangements will be made to issue a picture identification tag. All employees within North Central District Health Department, patient's home or environmental site shall wear a picture identification tag that contains the name and professions/paraprofessional discipline of the employee. The ID tag must be worn at all times during operational hours.

#### 200.43 Employee Personal Items

North Central District Health Department can not be responsible for loss or damage to personal items brought to the health department. Damage to clothing (e.g. torn or stained) is not reimbursable by the agency.

#### 200.44 Telephone Use

The office telephone is not for personal use. All local personal calls shall be short and limited in number.

Personal telephone, cell phone or texting use must be limited to emergency or necessary phone calls. Please attempt to make all telephone calls, other than emergencies, during individual break or lunch hour. Do not use the health department's long distance service for personal telephone calls. All personal long distance calls must be charged to your own credit card. All personal cell phones shall be kept in purse/bag or pocket during work hours.

Personal employee use of the fax machine is limited to local numbers. Long distance fax use should be charged to personal credit cards. Fax machine use must be done on employee personal time.

200.45 Restrictive/Light Duty

Anyone placed on any type of restricted duty that will interfere with his/her job duties will not be allowed to return to work until restriction is lifted by employee's physician. Employee shall bring in a signed release from his/her physician.

200.46 Delivery of Services to Employees

All services offered at the North Central District Health Department that is not income guideline are available to employees without charge. A PEF shall be filled out for all services provided to the employee. No charge will be assessed to the employee. All staff is encouraged to take advantage of these services. Examples of services available:

- TB4 Risk Assessment or TB Skin test – required annually
- Tetanus (every ten years)
- Tdap for adults (once in a lifetime)
- Hepatitis B Vaccine
- Immunizations – excluding foreign travel
- Flu Shot
- Cholesterol
- Blood Sugar
- Cardiovascular – BP and Lipid profile
- Hepatitis A Vaccine
- Work exams
- MMR (if needed)

200.47 Delivery of Services to Employee Family Members

- A) Employee family members are encouraged to take advantage of all agency services. All persons are required to meet eligibility guidelines for individual services or programs. Each individual is responsible for services rendered within normal payment options available to the public. All established procedures for charting and billing for services will be followed.
- B) A Health Department employee may not conduct the following services for themselves, family members or relatives:
- determine eligibility for any service
  - issue WIC food instruments
  - prescribe food packages
  - conduct an inspection
  - or monitor compliance with a health or environmental standard or regulation.

The employee, who owns, has partial ownership, is employed by or related to a WIC vendor shall not process the WIC vendor application, monitor or revalidate food instruments for that vendor.

200.48 Supplementary Work/Conflict of Interest

- A) No fulltime employee may hold an additional full or part-time position in another health department or enter into a contract with another health department to provide services of any kind to that health department. In the event one health department requires the services of an individual from another health department, the respective health department, after determining no conflict of interest exists, may enter into a contract for the provision of services in question.

No fulltime employee of the health department may engage in supplemental work during regular working hours. Full or part-time work after hours is allowed providing it does not interfere with health department obligations, cause a conflict of interest or impact the employee's performance.

\*Employees with any work obligations other than with North Central District Health Department must inform the Director of such in writing.

Employees may not sell or promote a specific brand of product or equipment that may be subject to evaluation or inspection by the health department. North Central District Health Department employees may not recommend or endorse the services of a single individual or firm or in any way expresses a preference for one qualified vendor over another.

- B) Contracted or employed physicians providing clinical services or acting as medical consultants for North Central District Health Department, may not use the quarters, facilities or personnel of North Central District Health Department in pursuit of their private practice.

An employee may not directly supervise and immediate relative (spouse, parent, child, sibling, spouse of child or sibling, grand parent, grand child, or in-law).

North Central District Health Department employees may only accept token gifts from patients of nominal value. Cash is never accepted. Patients or family members who wish to give a gift may make a donation to North Central District Health Department.

#### 200.49 Employee Injury Report

The agency pays for Workman's Compensation Insurance coverage, which may be utilized if an employee is injured while on work status. Any employee who is injured should discuss available benefits with District.

All injuries occurring during work hours must be reported on a First Report of Injury Form, IA-1. Followed by an incident report. These reports must be completed by the end of the working day of any job-related injury, no matter how slight. If an injury occurs after normal working hours while on health department time, the employee must notify the Public Health Director and/or Workman's Compensation Coordinator for the District of such injury. The employee must fill out the entire form, omitting line 49, 50 and 51. Upon completion, return the form to the District Office. The IA1 form is available from the District Office.

(See Forms Section in Index)

200.50 Incident/Complaint Report/Laboratory Incident Report/Post-Exposure Incident Source Individual Consent form/Post-Exposure Incident Exposed Employee Consent Form

### **Function/Purpose**

An incident report is not part of the patient's chart, but it may be used later in litigation. A report has two functions:

1. It informs the administration of the incident so management can prevent similar incidents in the future.
2. It alerts administration and the facility's insurance company to a potential claim and the need for investigation.

### **When to Report**

Incidents that must be reported and documented include:

1. Exposure Incidents: skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
2. Accident, Injury: patient, visitor, employee slips or falls, or other incident, which results or may result in injury.
3. Event, Behaviors, or Actions: incidents that are unusual, contrary to agency policy or procedure or which may result in injury.
4. Vaccine Adverse Event Reporting System: reaction to vaccine administered at agency (use VAERS form, instructions and sample in Immunization section).
5. Medication reaction: reaction to any drug administered at or provided by health department. Complete Adverse Drug Reaction Form. For more information, call 1-800-332-1088.
6. Property damage or missing articles.
7. Administration of wrong medication or vaccine.
8. Improper administration of medication or vaccine.

### **Who Should Report**

Only people who witness the incident should fill out and sign the incident report. Each witness should file a separate report. Once the report is filed, the nursing supervisor, department heads, administration, the facility's attorney, and the insurance company may review it.

Because incident reports will be read by many people and may even turn up in court, you must follow strict guidelines when completing them. If an incident report form does not leave enough space to fully describe an incident, attach an additional page of comments.

Document the incident as it occurred in the patient's medical record, "Incident Report Completed" should never appear in the patient's record. The incident report should never be referred to in any way in the medical record.

### **Employee Responsibility**

All employees are responsible for preparing an incident report as soon as possible and reporting immediately to their supervisor or in the supervisors absence report to the administration any



incident or injury including near misses. Recommendations and appropriate changes shall be discussed with the supervisor and necessary corrections implemented to prevent further accidents.

### **Supervisor Responsibility**

Upon receiving a report of an incident, written or oral, the supervisor shall conduct an investigation. Following the investigation, supervisors are to review and complete the Incident Report and initiate Worker Compensation Report if indicated for the LHDs insurance carrier. The supervisor shall take action to implement corrective measures immediately when the investigation reveals such actions are necessary.

The supervisor shall provide a copy of the Incident Report and the Worker's Compensation Report (if necessary) to the LHDs Safety Officer within five working days of the accident.

## **INSTRUCTIONS FOR COMPLETION OF FORM**

The Complaint/Incident Form is to be used to document the following:

1. Any type of accident, vehicle or otherwise, which may or may not involve injuries.
2. Patient – provider conflicts.
3. Employee conflicts.
4. Complaints.

When reporting a complaint/incident follow these steps:

1. Complete the form and obtain appropriate signatures.
2. Submit the original form to the district office within five working days.
3. If a copy is kept at the local office, it must be filed in a locked cabinet.

**If any further assistance is needed, please contact your discipline director.**

**Copy of forms in the Administrative Reference – Vol. 1, Incident Reports.**

200.51            Safety on the Job

North Central District Health Department is committed to promoting safety in the workplace for both employees and patients. It is the responsibility of all staff members to maintain a safe working environment and report any safety hazards.

**When making home visits, please consider the following:**

- Always be aware of your surroundings.
- Dress conservatively and carry ID.
- Park your car as close as possible to the client's home.
- Attempt to make home visits with a partner if possible, and always inform your agency of your scheduled visits.
- Carry a cell phone for your safety.
- If you suspect illegal activity prior to a home visit, ask a law enforcement official to either accompany you, or drive by during the visit.

**Please pay special attention to the following which may indicate use or production of methamphetamine:**

- ❑ Unusual strong odor like cat urine, ammonia, acetone, or other chemicals
- ❑ Windows blacked out
- ❑ Excessive traffic – pedestrian and vehicle
- ❑ **Excessive trash including large amounts of items such as:**
  - a. Antifreeze containers
  - b. Lantern fuel cans
  - c. Red chemically stained coffee filters
  - d. Drain cleaner
  - e. Propane tanks that have been altered
  - f. Batteries that are shredded
  - g. Cans of DRANO
  - h. Cold tablet containers

- **NOTE: Do not attempt to inspect the trash bags on the premises. If you are in the process of the home visit and the members of the household exhibit unsafe behavior, or if you identify any of the above, leave immediately.**

200.52 Weapons/Firearms

The possession of concealed weapons/firearms inside the North Central District Health Department by employees or members of the public is prohibited. Carrying a concealed weapon inside the facility will subject that person to denial of entrance or removal from the premises and disciplinary action, if by an employee. Law enforcement may have weapons in their possession.

200.53 Contagious Conditions/Communicable Disease

An employee who has a contagious condition/communicable disease is required to take time off from work to prevent exposure to patients and other employees (e.g. head lice, conjunctivitis, scabies, TB, etc.).

An employee contracting a contagious condition or communicable disease while working at the health department is expected to use sick time first, then annual time if necessary for any missed work. A part-time employee working less than 100 hours per month, who does not accrue sick or annual time, is expected to take leave without pay.

An employee with head lice will have a head check done by a member of the nursing staff prior to returning to work. A “No Nit” Policy is in effect at the North Central District Health Department before resuming work responsibilities.

200.54 Bloodborne Pathogen Exposure Protocol

If a nurse or health care worker is stuck with needle or has a blood exposure do the following:

- Wash area immediately with soap and water and allow to bleed if break in skin.

- Report to Supervisor
- Get consent for HIV and Hepatitis B and C testing from source. The source blood will be sent to the State Lab.
- Obtain a 7 cc red top blood specimen tube from source patient. Label it with the following information from the source patient. Name, date of birth, social security number, time and date drawn, initials of person drawing blood.
- Ask source patient the following questions for Assessment of Risk for HIV. Have you had a blood transfusion, if so, when? Have you received Factor8? Do you have AIDS or any form of Hepatitis A, B, or C? Have you or your partner had unprotected sex with anyone other than each other? Approximate number of encounters? Have you ever taken intravenous drugs without a prescription? Have you had a job related exposure to someone else's blood or body fluids? If you are a man, have you had unprotected sex with another man at any time? If the answer to any of the above questions is yes, provide information to Kentucky One Health/ Jewish Hospital Shelbyville Infection Prevention nurse and/or Emergency Physician. Provide the following data elements to complete the outpatient registration for Source Specimen; Name, date of birth, mailing address, country, county, home telephone number, social security number, ethnicity, gender, marital status, spouse name, employer, employer's address, employer's telephone number, occupation, date and time of occurrence, location of occurrence, primary, care physician.
- Report to Kentucky One Health/ Jewish Hospital Shelbyville Emergency Department.
- Register exposed employee as Workman's Comp.
- Provide to Emergency Department all paperwork necessary for health department requirements.
- Assess wound for risk for exposure to HIV.
- Assess source patient date for risk for HIV or Hepatitis C.
- Notify infection prevention nurse or in her absence, the house supervisor, that there has been an exposure.
- Provide Post Exposure Protocol medications as indicated.
- Obtain consent form for HIV testing from injured Health Department employee.
- Enter order into hospital computer with notice to send results to Infection Control.
- Draw blood specimen for HIV, Hepatitis B and C, antibodies from injured employee.
- Counsel injured health department employee on Risk Factors for HIV and Hepatitis, disease process for HIV and hepatitis and precautions the exposed health care worker must take to avoid potential HIV transmission to others during the follow-up.
- Recommend follow-up for testing 6 weeks and 3 months and 6 months post exposure.
- Return to outpatient lab for follow-up 6 weeks and 3 months and 6 months post exposure.
- Notify injured nurse and counsel as necessary.
- Bill North Central District Health Department utilizing the General Liability Plan Code.

200.55                    Personal Information

North Central District Health Department must keep an accurate record of each employee's address and telephone numbers. The District Office shall be notified of any changes within one (1) week. Inquiries regarding employee name, address, telephone number, or any other personal information, will not be given to anyone regardless of the stated relationship or acquaintance to the employee.

200.56                    Wall/Cabinet/Door/Partition Displays

Placement of any item that may be deemed offensive, (e.g. pictures, posters, memos, cartoons, etc.), is prohibited.

#### 200.57 Staff Attendance at Conferences/Meetings

North Central District Health Department encourages staff to take advantage of opportunities to attend informational or professional meetings and maintain current training. Approval to attend and gain reimbursement for such activities is made on a case-by-case basis, based on the benefit to the North Central District Health Department, financial considerations, staff scheduling, frequency of individual travel, and other limitations which may be in effect at that time. Staff coverage for the health department is always considered a first priority. The following policy for staff attendance conferences will be utilized.

Staff members wishing to attend a conference/meeting should submit a copy of the conference information and agenda and an out-of-district travel form, (if needed) to the District Office for approval. Out-of-District Travel form shall be used for personal vehicle or District Vehicle. Records of all conferences will be kept on file. For budget reasons, conference attendance will be scheduled per fiscal year. Organizational membership must be paid by the employee (e.g. KPHA, KNA, KDA, and KAMFES).

(See Forms Section in Index)

#### 200.58 Disaster Emergency Response

North Central District Health Department employees will actively participate in local disasters when called upon to respond. A local crisis response plan will be developed in order to train and advise staff members of their role in the event of a disaster. All staff should become familiar with this agency's plan. Its contents shall be included in the Mandatory Annual Training Seminars.

#### 200.59 Medical Reserve Corps.

All new employees of North Central District Health Department are to provide their emergency contact information to the Preparedness Coordinator and Personnel Department.

The North Central District Health Department maintains a Medical Reserve Corps. The MRC includes Henry, Shelby, Spencer, and Trimble counties. The volunteers are medical and non-medical credentialed and pre-trained personnel to assist when needed by NCDHD, The NCDMRC meets annually and more often as needed. In between meetings the members are given trainings and information via e-mail, phone, fax, and/or mailings.

#### 200.60 Personnel Records (Confidentiality Of)

The following guidelines have been established to ensure all information contained within an employee personnel file is accurate, current and safe from improper disclosure:

- 1) Necessary job-related and personal information about each employee will be maintained in an official personnel file. The contents include employee name, address, job title, completed employment applications, notices of wage changes, reclassifications,

performance evaluations, benefit coverage and any other job-related information deemed essential by the Public Health Director. These files will be retained indefinitely.

- 2) Employees have the right to inspect their personnel files. Access to individual files will be given in the presence of the Public Health Director.
- 3) Access to employee files is limited to the Public Health Director and personnel office. Limited access to employee files is given to supervisors who are considering the employee for promotion or other personnel action.
- 4) Employees who question the accuracy of information contained in their employee file should discuss concerns with the Public Health Director. If the Public Health Director considers the file accurate, the employee may submit a written statement identifying errors or inaccuracies. This statement will remain in an employee's personnel file as long as the disputed information is retained.
- 5) No personal information will be disclosed to any party outside the organization unless former employee provides a signed consent form to release the information. North Central District Health Department reserves the right to cooperate with law enforcement or medical officials who demonstrate a legitimate need to know specific information. \*Verification of employment dates and job title is the only information, which will be released for any reference check of employment at North Central District Health Department.
- 6) North Central District Health Department employee medical records are maintained separately from the personnel file.
- 7) Upon hire, the employee will be required to sign a Confidentiality Security Agreement in accordance with the following statutes and regulations-KRS 194.060, KRS 214.420, KRS 344.840 through 434.860; Unlawful Access Computer-Public law 91.573. This signed agreement will be kept in the employee's personnel file.

#### 200.61 Exit Interview

An exit interview is required of any employee who terminates employment at North Central District Health Department. This interview gives the employee an opportunity to review any benefits the employee may be eligible for and comment on their employment experience.

Before a final paycheck is issued, the employee must have turned in their I.D. Badge, door keys, cell phone, any equipment used to provide services and any other North Central District Health Department property.

#### 200.62 CEU's

All staff that are licensed or certified and require CEU's are encouraged to attend training sessions that offer CEU's. North Central District Health Department may pay for attendance at these training opportunities (on a one-to-one basis), but will not pay for the independent studies for the CEU's. The employee is responsible for the cost. Employees may retain CEU's from train/ video conferences.

Nurses working within health department clinic shall have an annual exam training which can be obtained through TRAIN.

Environmentalists are required to have ten (10) contact hours annually.

200.63 Policy for Professional Licensure

At the close of business on the renewal deadline date each year any/all employees carrying a professional license that do not have a new professional license on file for the upcoming renewal year will not be allowed to work. All current renewed professional licenses shall be on file in the personnel department at the North Central District Health Department Administrative Office on or before the renewal deadline date.

It is the responsibility of the employee to ensure professional license are received by the personnel department in a timely manner. An updated licensure log will be maintained by the personnel department on an ongoing basis.

All employees carrying a professional license will be notified not to return to work after the renewal deadline date has passed and they have failed to maintain a current active license.

Any/all employees failing to carry a current, active required professional license will not be hired nor permitted to continue their employment at North Central District Health Department.

200.64 NORTH CENTRAL DISTRICT HEALTH DEPARTMENT  
Reduction in Workforce Policy

Statutory Authority of KRS 211.1755 and Administrative Regulation 902 KAR 8:080 Section II

211.1755 Merit system for local health department personnel.

- 1) The Cabinet shall administer a personnel program based on the principles of merit governing the recruitment, examination, appointment, discipline, removal, and other incidents of employment for county, city-county, and district agencies.
- 2) The Cabinet shall establish policies and procedures for the personnel program by the promulgation of administrative regulations in accordance with the provisions of KRS chapter 13A.
- 3) The administrative regulations promulgated by the Cabinet governing the personnel program shall include the following:
  - a) Personnel policies for the governance of all agency employees which shall include, but not be limited to, the following areas of personnel administration:
    - 1) leave policies;
    - 2) salary policy, wage and price administration;
    - 3) conditions of employment;
    - 4) conditions of termination;
    - 5) fringe benefits;
    - 6) employee grievance procedure;
    - 7) employee performance evaluations;
    - 8) staff development and continuing education provision; and

- 9) method of salary increments
- b) A classification plan based on the duties and responsibilities assigned to each classification and shall include for each classification an appropriate title, description of duties and responsibilities, required education and experience, and other qualifications.
- c) A compensation plan, which provides salary, ranges for the various classifications of the classification plan commensurate with the duties and responsibilities of the classification within budgetary limitations.
- d) The recruitment, determining the eligibility of applicants, appropriate examination, and providing a list of qualified individuals for employment with an agency.

902 KAR 8:080 Section II.

#### Layoffs

- 1) A Public Health Director may layoff an employee in the classified service if necessary because of shortage of funds, abolishment of a position, or other material change in the duties or the organization of the agency.
- 2) The agency shall submit a plan to the Local Health Personnel Branch for approval prior to layoff. The plan shall identify the factors considered and identify the employee proposed to be laid off. The agency shall consider at least the following factors:
  - a) Seniority of employees;
  - b) Results of employee performance evaluation;
  - c) Qualification of employees; and
  - d) Type of appointment or source of funding.
- 3) The employee should be notified of the effective date and given written notice of the reasons for the layoff and the right to be placed on a reemployment register.
- 4) No permanent employee shall be separated by layoff if there are provisional, temporary, emergency, seasonal, or probationary employees serving in the agency in the same class. (19 KY.R.2768; Am. 20 KY.R.373)

Authority for changing work hours administrative regulation 902 KAR 8'120. Statutory Authority KRS 194,050,211.1755 relates to: KRS 211,170(1)(2), 212.170(4), and 212.870

#### 902 KAR 8:120 Section I. Hours of Work (1)(a)

The Public Health Director shall establish the hours of work and days of work, of the agency or specific employees and may be changed, by the Public Health Director, to provide for flexibility in meeting particular work requirements of the agency, or specific employees whose schedules may require them to work different hours.

The North Central District Health Department establishes the following flexible Staffing Plan effective April 1, 1998. This Flexible Staffing Plan will apply to all employees of the health department. The Flexible Staffing Plan can be initiated any time patient load decreases. This decrease may include, but is not limited to clinic "no shows", light scheduling due to decrease in patient appointments. Examples: staff would be sent home for the remainder of the day if clinic demands are low, on light scheduling days, staff would be advised not to report to work or to report at a later time. When decreases in patient loads occur as outlined above, Nursing Administrators, Supervisors, Program Directors, or other designated staff, will have the authority to implement the Flexible Staffing Plan. Staff will be dismissed for the day in the following sequence.

- PRN On-call Employees

- Any employee with overtime for the week
- Temporary Employees
- Part-time Employees
- Part-time 100 Hour Employees
- Fulltime Employees

Accommodation, of patient needs, will be paramount in deciding which employees will be dismissed for the day. Fulltime employees will be dismissed on a rotation schedule, unless they do not meet the necessary qualifications to meet clinic or patient needs.

Employees may use annual time, compensatory leave, or leave without pay for the hours not worked due to low patient census.

The NCDHD has reviewed the status of the agency and has implemented measures aimed at avoiding a reduction of workforce. These measures include, but are not limited to not filling positions due to attrition, the reassignment of job duties when a position has become vacant and/or the filling of positions from within the agency when necessary.

The status of the agency is monitored on an ongoing basis. Minimum staffing patterns are being developed by classification for divisions within the agency based upon the current situation and evolving circumstances.

In implementing a Layoff Plan for NCDHD the following criteria shall be used in the selection of which employees shall be laid off.

- A) Department/Program – In the event its necessary to discontinue or reduce a particular agency department or program, employees working in that department or program shall be selected for layoff prior to employees working in other departments/programs.
- B) Job Classification – In the event it is necessary to discontinue or reduce services effecting two or more departments and/or programs, employees working in the effected job classification shall be selected for **layoff** based on the criteria in sections 1-3 below.
  1. Performance/Qualification – A significant difference in level of performance and qualifications when clearly documented in performance appraisals, disciplinary actions and other Personnel records shall be the primary determining factor in selection for reduction (i.e. less qualified/poorer performers are affected first).
  2. Length of Service in Class – When performance and/or qualifications are indistinguishable or not clearly documented; length of service in class shall be the determining factor (shortest length of service selected first for layoff).
  3. Length of Service with District – When length of service in class is the same, length of service with the District shall be the determining factor.



- C) Order of Selection – Employees in departments/programs/classifications selected for reduction shall be selected for reduction status based on the above criteria in the following order of their current status:
- a) Emergency
  - b) Provisional
  - c) Seasonal
  - d) Temporary
  - e) Probationary
  - f) Fulltime/Part-time regular employees shall be selected based the criteria outlined in 1-3 above.

NOTE: Employees on leave of absence or workers compensation at the time of reduction shall be treated as if he/she is on active status, along with all other employees in his/her department or program.

Prior to the adoption of the workforce reduction plan, the District Board of Health will review and adopt the final draft. After the formal adoption of the policy and plan by the Board, a District wide staff meeting will be held for **all employees**. A copy of the policy will be placed in each office before the staff meeting. Employees to be laid off must receive written notification at least 30 calendar days in advance of the layoff effective date. Written notification must include:

1. Reason for layoff.
2. Rights granted employees subject to layoff and to laid-off employees.

The rights of the employee(s) affected by the reduction in force include the following as applicable to the specific employee:

- A) Placed on the reemployment register for one year (902 KAR 8:080 Section II (4) and 902 KAR 8:070 Section III (13)(a)(b)(c)(d)).
- B) For a period of one year, laid off employees shall be placed on Layoff Status and shall be eligible for recall to a position in the class from which they were laid off or other classes for which they are qualified.
- C) Individuals on Layoff Status shall be recalled to an open position for which they qualify. The order of selection for recall shall be based on the individual's performance and qualifications. If performance/qualifications are indistinguishable, length of service shall be the determining factor.
- D) If an individual is recalled to a position in a class other than the class from which they were laid off, their rate of pay should be determined by 902 KAR 8:090.
- E) Individuals to be recalled shall be notified of their recall by telephone or certified mail to their last known address. (It shall be the responsibility of persons on Layoff Status to notify the personnel administrator of any change of address and/or telephone number).
- F) Laid off individuals shall remain on Layoff Status for a period of one year, unless:

1. He/she notifies the Public Health Director in writing that he/she no longer desires recall to a position.
  2. He/she declines two (2) offers of recall to a position of the same classification and salary, and located in the District.
  3. The Public Health Director is notified that the laid-off employee has accepted another position, with equal or higher pay.
- G) When a laid-off employee is removed from Layoff Status, he/she shall be notified in writing by the agency.

The following is an explanation of employee benefits that are available for an employee that is placed on Layoff Status:

- A. Health Insurance (COBRA)
- B. Life Insurance
- C. Persons on layoff status shall be paid for unused accrued vacation leave on the first pay period that does not include hours worked. Vacation leave shall not accrue while on Layoff Status.
- D. Sick leave – Persons on Layoff Status shall not be paid for accrued sick leave. However, their accrued sick leave balance shall be reinstated if they are recalled.
- E. Length of Service – For retirement and other purposes, length of service shall not accrue during Layoff Status.
- F. Tuition Reimbursement – Persons on Layoff Status who are enrolled in approved course(s) (current, quarter or semester) for tuition reimbursement at the date of layoff, shall qualify for reimbursement upon successfully completing the course(s) during that quarter/semester. Persons on Layoff Status are not eligible to apply for tuition reimbursement.
- G. District Property – Keys, name tags, ID cards and other District property are to be returned to Personnel or the immediate supervisor on the last day worked.
- H. Leave of Absence/Workers Compensation – An individual, who is on Leave of Absence or Workers Compensation at the time of Layoff, shall be treated as if he/she is on active status.
- I. Retirement – Persons eligible for Retirement, under the regulations of KERS, shall be assisted by the Personnel Office, in evaluating this option.

#### 200.65 Threatening Situations

Threats and acts of violence may occur suddenly and unexpectedly. Inappropriate behavior is often a warning sign of potential hostility or violence. Health department employees providing services both on and off-site can face an aggressive client, patient or other individual at any time.

Any employee who makes home visits, does community work or inspections has little control over individuals they may encounter. North Central District Health Department employees should recognize and take seriously any verbal threat by a patient, client or other party. Verbal threats do not necessarily end there.

The following guidelines should be followed by all employees of the North Central District Health Department:

1. Be aware of your surroundings and who is in them at all times.
2. Never enter a location where you feel unsafe.
3. Allow for two unblocked exits from any enclosed area.
4. Employees should not carry a purse to home visits.
5. Keep a health department contact person informed of your whereabouts when off-site and expected return time (if available).
6. Take along another employee, if deemed necessary.
7. Take a cellular phone (if available) while off-site.
8. Always wear North Central District Health Department identification.
9. When experiencing aggressive behavior, make clear to client, patient or other party, that such behavior is not acceptable, and you will not be able to do the service you are there to provide.
10. Whether on or off-site, do not argue with an aggressive individual. Remove yourself from the threatening environment. Dial 911 for police intervention, if necessary. Do not hesitate to call for protection. Report back to North Central District Health Department immediately and report the incident to administration.
11. An employee onsite that observes an escalating situation in a section of the building between two parties should move to another area and dial 911 for police support.
12. Report any verbal threatening/aggressive incident to immediate supervisor, who, in turn, will notify the Public Health Director. Follow-up with written report of incident no later than 48 hours of the incident.

#### 200.66 Abuse, Neglect and Dependency

North Central District Health Department employees are required to report any dependency, neglect or abuse as required by KRS620.30.

Call appropriate personnel as required. ie. Social Services, etc.

#### 200.67 Employee Health

Policy:

The North Central District Health Department maintains an employee health program for mutual protection of employees and patients at no cost to the employee.

Procedure:

- 1) This program includes requirement for pre-employment health examinations. All new hires shall have a health exam signed by a MD, APRN and/or health professional which includes registered nurses that have been trained in adult health, within ten (10) working days of employment. Failure to present the signed health exam, as required, may lead to immediate

dismissal. North Central District Health Department personnel shall be required to have annual health exams.

- 2) Hepatitis B vaccinations are provided for employees with potential for exposure. An employee may refuse to receive this protection. However, if one so chooses, a waiver form must be signed per agency protocol and kept and maintained in the employee's medical record. If an employee decides at a later date they want the Hepatitis B injection, they may receive one without cost.
- 3) TB testing / TB4 Risk Assessment is provided on initial employment and every year thereafter. Post-exposure testing will be more frequent per post-exposure policy. If an employee has converted to a "positive reactor" in less than two (2) years he/she shall be required to have a chest x-ray.
- 4) MMR – All persons who work in a medical facility should have evidence of immunity to measles and rubella. For most persons born after 1956, this means documentation of two (2) doses of MMR vaccine, or serologic evidence of measles and rubella immunity. Persons born before 1957 can generally be considered immune to all three (3) diseases, but age does not guarantee immunity. As a result, ACIP suggests that facilities consider recommending a dose of MMR to persons born before 1957, if there is no other evidence of immunity (such as serologic testing). North Central District Health Department follows these guidelines, and offers this to employees. In the event that an employee declines, a waiver shall be signed by the employee and kept in the employee's medical record.
- 5) Employee medical records are housed at the District Office in a secured file and are kept separate from the personnel files.
- 6) Flu vaccines, Td, Tdap and any other immunization required are offered to employees without cost.

#### 200.68 Facility Keys

Security of agency buildings and integrity of such contents as files, charts, supplies and equipment, must be maintained at all times. County Coordinators will maintain keys for their department. Keys issued to contractual staff will be at the discretion of the Public Health Director.

Distribution of keys will be limited to a maximum of (5) keys for clinical and environmental areas. A listing of staff to which keys have been issued will be kept at each health center. A copy of each list will be maintained in the District Office. Such lists must be updated when possession of keys change for any reason, permanent or temporary in nature.

Whenever a key, which has been distributed to a staff member, is no longer in that employee's possession, the Clinical Coordinator must be notified immediately regardless of time or day of the week. The County Coordinator will notify the Public Health Director (or the Public Health Director's representative) and a decision will be made regarding the lost key(s).

Keys to each department will be maintained in a secured area at the District Office.

Copying, of existing keys shall be prohibited by any employee of North Central District Health Department, except with the approval of the Public Health Director.

200.69 Internet/E-Mail/Facebook/Twitter/Blogging/Texting Use

All employees will follow the Commonwealth Office of Technology Policy regarding Internet/E-Mail acceptable use. In the Administrative Reference Vol. I, Local Health Operations.

In case an employee gets in an unauthorized site, shut down immediately and call the Public Health Director and the District's IT personnel.

Employees' use of E-Mail/Facebook/Twitter/Blogging, etc. for personal use during working hours shall only be used during employee's break or lunch hour.

Employees may have their personal cell phone on their person but shall not use during client care.

Any person found to be in violation, of this policy, will be subject to disciplinary action up to or including dismissal.

200.70 Social Media

North Central District Health Department Employees shall not use their cell phone cameras' within their work area for client pictures/videos for any reason.

North Central District Health Department employees shall not take pictures inside the Health Department and post on any social media site unless it is for an event or promotion of an official Health Department activity.

Employees of North Central District Health Department shall not use Facebook, Twitter, blogging or any other forms of social media about any work related situation pertaining to clients or clients' visits.

Disclosing of any information about clients on social media is against HIPAA and comes with serious consequences.

All employees shall read "White Paper: A Nurse's Guide to the Use of Social Media." After reading the above mentioned article which is located in the Forms Section in the Index, you shall read and sign the sheet on social media also found in the Forms Section, and send it to the District Office to be placed in your personnel file.

(See Forms Section in Index)

200.71 **Electronic Device Care and Usage**

## **POLICY STATEMENT**

It is the policy of North Central District Health Department (NCDHD) to provide Devices such as cell phones, tablets, iPads and laptops to employees to improve customer service, enhance business efficiency and help assure safety and or security.

## **PURPOSE**

The purpose of this policy is to outline the use of cellphones, tablets and laptops in the workplace and to outline actions that must be taken in order to minimize the risk of damage, loss or theft of devices. Failure to follow this policy may result in the loss of device privilege's and disciplinary action.

## **PROCEDURE**

Cellphones, tablets, iPads and laptops that are purchased by the Health Department for an employee's use are the property of the Health Department. The primary use of these devices is for Health Department related business only and is not for personal use.

Direct expenses related to personal use that is deemed excessive will be reimbursed to the Health Department.

Employees who separate from employment with outstanding debts for equipment loss or unauthorized charges or who fail to return company equipment may be subject to legal and collections action for recover of the loss.

All users are personally responsible for the security and safety of their device and are responsible for assuming part or all repair or replacement cost if the device is damaged, lost, stolen or made inoperable by gross misuse or negligence.

Special care should be taken with the security of the device and user must not leave device unattended in public areas.

### **Laptops/Tablets/iPads**

- The user is responsible for the security of all company data stored on, or carried with the device. Employees must not download, store, or record data that includes any personally identifiable information such as employee names, addresses or social security numbers or patient health information. Should the device be lost or stolen, this data could be used for Identity theft and may lead to HIPAA violations.
- Users must not alter any system software or hardware configurations.
- Users must not loan their device or allow it to be used by others such as family members and friends. Agency laptops are provided for official use by authorized employees.

### **Cell Phones**

- Employees whose job responsibilities include regular or occasional driving and who are issued a device are required to refrain from using their phone while driving, in some instances, the employee may be provided with an approved hands free device if their role may require use of the communications device while operating in a motor vehicle.
- Employees are not allowed to use department-issued phones or personal electronic devises in an illegal, illicit or offensive manor.
- Employees must adhere to all federal, state, or local rules and regulations regarding the use of cell phones while driving. Accordingly, employees

must not use cell phones if such conduct is prohibited by law, regulations or other ordinance.

- Employees who are charged with traffic violations resulting from the use of their device while driving will be solely responsible for all liabilities that result from such actions.

### Issuance and Return

When an employee requires the use of an agency device it shall be requested through the employee's supervisor. The supervisor will complete a Device Request Form and will request approval for issuance. Approved requests will be submitted and the device will be issued once the employee has read and agrees to abide by the Electronic Device Care and Usage Policy.

The device must be returned to NCDHD if the user changes positions within NCDHD and no longer requires the use of an assigned device and prior to termination. When a device is returned it will be indicated on the sign out sheet that the device was returned in good condition and will give the employee a copy of the signed form.

When a device has reached its useful life, it should be returned to NCDHD for disposal.

### Device Request Form

Employee Name:	
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Supervisor Name:	
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I request the use of the following North Central District Health Department issued device:

Cell Phone	Tablet	Laptop
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Reason for request:
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--

Date Requested:	
-----------------	--

Approved by:	
--------------	--

Date Approved:	
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### NCDHD Device Sign Out/Sign in Sheet

I have received the following device/device's and understand that it is in good working condition and is to be used for official business only. All devices will come with power cord.

<b>Employee Information</b>	
Date Issued:	Condition: Date Returned:
Employee First Name:	Employee Last Name:
Email Address:	Department:

<b>Equipment Information</b>
------------------------------



Device Type: _____	
Make:	Model #:
Serial #:	NCDHD Tag #:
Device Type: _____	
Make:	Model #:
Serial #:	NCDHD Tag #:
Device Type: _____	
Make:	Model #:
Serial #:	NCDHD Tag #:
Mobile #:	Additional Accessories:

<b>Employee Signature</b>	
I have read and understand the North Central District Health Department Electronic Device Usage and Care policy. I understand that failure to observe and abide by these obligations may result in disciplinary action, which may include dismissal and/or contract termination.	
Print Name:	
Sign Out Employee Signature:	Date:
Sign In/Return Employee Signature:	Date:

## 300 FINANCIAL

### 300.0 Time Reporting

North Central District Health Department will follow the Department for Health Services schedule for payroll reporting and uniform paydays for employees. The District Office will maintain an employee time distribution system by employee on a biweekly basis. All employees, including personnel service contractual employees, will report hours worked in no less than 30-minute increments, using the PAYROLL TIME SHEET. See attached time sheet and current schedule and directions for completion of the time sheet along with current cost centers and function codes.

Time sheets will be submitted to each County Coordinator by noon on Friday of the pay period for review and signature. All time sheets will be forwarded to the District Office by 10 am Monday following the end of the pay period. All time sheets must be reviewed and initialed by the supervisor. All environmental staff time sheets will be signed by the environmental supervisor. Delay in turning in of your time sheet could result in a delay of payroll until the next designated pay period.

Payroll checks will be issued on the Friday following the close of the pay period.

300.01 Travel/Reimbursement

The official workstation shall be the street address of the Center or office where an employee is assigned. Travel shall be reimbursed at the currently approved rate per mile. No travel expense shall be reimbursed unless the travel was pre-authorized. No reimbursement shall be paid for travel between the employee's residence and official workstation.

District leased vehicles are to be utilized when available. Mileage claims for employee's private vehicle may be disallowed if a North Central Health Department vehicle was available and feasible.

Employees working in more than one county, mileage from their workstation to another workstation is reimbursable, unless the mileage from the employee's residence to the workstation is the lesser of the two. In this case, the mileage reimbursed would be the miles from the employee's residence to the other workstation.

Travel expenses shall be claimed on the approved CH-9. Receipts shall be required for hotel and toll parking. Each travel voucher (CH-9) must show the employee's name, address and official workstation. It shall be prepared in permanent ink and legible with all receipts stapled to it.

All out-of-District travel shall be put on an Out-of-District travel form when using a District vehicle or your personal vehicle.

All out-of-district pre-approved travel requests for that month must be attached.

Travel vouchers must be completed and turned in to your supervisor by the specified date for initials and approval. The approved vouchers must be in the District Office by the first working day of each month.

Mileage will be monitored at the discretion of the supervisor. No travel expense will be reimbursed (vicinity or out-of-district) unless the travel was authorized in advance and required with daily work activities. For example: meetings need to be pre-authorized.

Overnight travel must require a destination more than forty (40) miles from both workstation and home. All overnight travel must be pre-approved. The standard reimbursement rates for lodging are \$60.00 per night plus taxes (\$70.00 for Fayette, Kenton and Boyd counties). This rate does not apply to Kentucky State Parks; employees will be reimbursed at their rate. Receipts must be attached to the travel voucher for reimbursement. To be eligible for subsistence while traveling overnight, travel is required and must include the time frames as stated in POLICY: 400-5. Receipts are not required for subsistence. The subsistence including tax and tips is:

Standard Rate Area		High Rate Area
Breakfast	\$8.00	\$10.00
Lunch	\$10.00	\$11.00
Dinner	\$18.00	\$23.00

Travel checks will be processed and issued to employees by the tenth (10) of each month, following the submitting of the travel voucher to the District Office the first (1<sup>st</sup>) working day of each month.

Receipt of travel vouchers after the first (1<sup>st</sup>) working day of the month, will result in the delay of reimbursement until the following month.

Upon discretion of Public Health Director, employees can request being paid twice a month due to cost of fuel.

All travel sheets shall be completed correctly with cost center, function codes and all totals before sending to the District Office.

(See Forms Section in Index)

#### 300.02 Petty Cash

Each County Health Center of North Central District Health Department will maintain a \$100 petty cash fund. District will maintain a \$100 petty cash fund.

The clerical coordinator will verify and document the required dollar amount in the petty cash fund each month with another staff member.

#### 300.03 Personnel Payroll Deduction

Enrollment for any payroll deduction shall be processed by the personnel department prior to the effective date. Verification must be made by comparing the company's bill, with the employee deduction listing. Any discrepancy must be approved by the Public Health Director. The clerical coordinator is responsible for verifying the type of leave time requested or taken to ensure the employee has this amount of leave time. The general ledger, salary and leave time taken accounts must be balanced to the payroll register each month.

#### 300.04 Purchase Requisition

##### A) Type of Purchases:

1. Purchases must be requested on the Purchase Requisition Form.
2. Emergency purchases can be made only if prior approval by the District Office has been given. Emergency Purchase Orders may be granted only for those items directly related to the patient care.

##### B) Appropriate Use of Purchase Requisitions

1. Medical, office and janitorial supplies will be placed on separate requisitions.
2. Supplies requested from local vendors will be requisitioned separate from other supplies.
3. Purchase Requisitions shall be separated and coded by Reporting Area for all programs.
4. Whenever possible, all items requested will show catalog page number and stock number and quantity.

5. The County Coordinator (or designated representative) will send all packing slips to the District Office immediately for processing.

C) Purchasing System

1. A perpetual inventory system will be maintained for all supplies in stockrooms. All incoming and outgoing supplies, including number received and / or shipped, destination, date received and / or shipped, and all other pertinent information is maintained on an inventory log. A current balance of all stocked items is available from the inventory log.
2. A supply log sheet is maintained to show the destination, name of staff taking the supplies, number of boxes sent and the date.
3. Stocking excessive amounts of dated items or medications shall be avoided.
4. The County Coordinator or designee is responsible for maintaining a monthly inventory of all supplies. This will eliminate overstocking and / or understocking and keep outdated items out of stock.
5. The County Coordinator or designee will prepare the Purchase Requisition Form for items needed for restocking supplies and / or items not normally stocked. This form must be signed and dated by the County Coordinator or designee.
6. All Purchase Requisition Forms will be directed to the District Office for approval and signature.
7. After the Public Health Director or designee has approved and signed the Purchase Requisition, a Purchase Order will be prepared and forwarded to the appropriate vendor.
8. On receipt of an order (Stockroom or Purchase), a county employee is responsible for checking the order for damage, amount received, etc. If any shipment shows any discrepancy, the District Office must be notified.
9. After receipt of a shipment from any source, the County Coordinator shall sign and date the packing slip before forwarding to the District Office. Any equipment purchased and has a life expectancy of 1+ years will be issued an Inventory Tag Number from the District Office upon receipt. Any equipment, with an Inventory Tag Number, that needs to be discarded or disposed of, must be approved by the District Office. Then arrangements will be made to have the equipment taken off the Inventory System appropriately.
10. Each county health center is responsible for maintaining an adequate supply of biologicals and drugs from KVP for their immunization program.
11. Rotating of supplies is required to decrease waste when you receive new supplies. Bring old supplies to front and put new supplies in back.

D) Equipment Maintenance

1. All equipment and machines are to be handled with care keeping in mind the importance of accurate readings and expensive replacement costs. All employees who have equipment assigned to them will be responsible for its safekeeping. Equipment that is lost or damaged through misuse will be replaced or reimbursed at the expense of the employee.
2. The County Coordinator is responsible for all equipment. If any equipment is found to be defective, it should be brought to the attention of the County Coordinator with a written report of the problem(s) found needing repair.
3. When sending any equipment to the District Office for repair, attach the written report explaining specifically all problems and include the health center name

and the name of the County Coordinator. All equipment when sent for repairs shall be cleaned with a letter of documentation attached that it could be contaminated with bloodborne pathogen.

4. Equipment repairs are issued a Purchase Order number but no requisition is required. When the repaired equipment has been returned to the county health center, The County Coordinator shall return the yellow copy, dated and signed to the District Office.
  5. Equipment or instruments needing repair that can not be sent to the District Office will be authorized by phone for repair, replacement, loaner during repair, or other necessary steps, as indicated by the condition of the equipment.
  6. All medical equipment with potential for contamination shall be cleaned and packaged per OSHA regulation with a letter inside – also notify receiving agency and attach Biohazard labeling.
  7. Calibration of equipment shall be done as required by maintenance agreement.
  8. Audiometers, microscopes, scales and autoclave shall be done annually.
- E) All forms supplied by Frankfort must be ordered directly, in duplicate, on the Computer system screen CDS-880 or DHR-109 to: General Services Branch, 312 Versailles Road, Frankfort, KY 40601, Attn: Stockroom, by the County Coordinator or designee.

(See Forms Section in Index)

#### 300.05 Internal Control Procedures

##### A) Accounts Payable

Bills originating in a county health center must be approved for payment by the supervisors within that program area. Authorizations for payment under an independent contract must be approved for payments by the Program Manager, in the District Office. Approval by Program Manager means the bill confirms the guidelines within the independent contract.

All bills must then be approved for payment by the Public Health Director or designated representative.

All bills will be entered into the accounts payable system biweekly. Checks for accounts payable will be mailed the following day. All bills must have supporting documentation for audit purposes. All bills must contain the General Ledger account number of the account to be debited.

Although the issuance of hand checks is to be kept to a minimum, hand checks that are required will be kept in a manual journal.

Accounts payable will be closed on the last working day of the month. Cash receipts will be closed no later than the 10<sup>th</sup> of the month.

##### B) Accounts Receivable

Monies received in the District Office will be logged in by designated District Office Personnel. Two (2) employees oversee the cash receipt log to verify monies received and deposited.

Bank deposits should be made weekly or as needed. Monies received after the bank deposits have been made shall be locked up until the next deposit. Deposits will be entered on the computer at the end of the month at the District Office. Deposits in all County Health Centers must be logged in a general ledger for the fees account and/or logged in a general ledger for the Public Health Taxing District. All deposits will have a complete description of the monies deposited for audit purposes.

1. Self pay, Medicaid, Medicare:

The Automated Patient Registration System will generate Report 902 (Listing of PEF's assigned) and Report 850 (Listing of Outstanding PEF's). These reports are compared to Reports 319, 358, and 352 to insure all PEF's are accounted for and entered in the system.

All money received in the local health centers must be locked in a cash box or in a similar secure location. Each patient must be given a bill/receipt as they exit and the receipt must be initialed by the employee exiting the patient. One copy of the bill/receipt must be retained by the clerk. All Passport/Medicaid Cards will be verified through the MDID system monthly.

Each day the County Coordinator will batch the bill/receipts separately. A calculator tape of the payments received will be prepared and compared with the day's actual receipts in the cash box. The receipts total on Report 358 for the day is then compared to the tape total and to the actual receipts in the cash box. All three (3) amounts should agree. If the amounts do not agree, correct errors to balance. Record, in writing, at the end of Report 358 all steps necessary to balance each day's receipts. Deposits should be made weekly or as needed then forward the amounts deposited to the District Office. Checks will be written monthly from local bank accounts into the District Bank account by District Staff.

Each day's batch of bills/receipts is to be kept separately with Reports 319, 352, 358, 850 and 902. All financial records must be retained for five (5) years, according to the Retention and Disposal Manual.

When the health department receives payment, the clerk must enter the payment in the system by using Screen 304. A batch, for cash received by payer, must be setup using Screen 302. See the PES Advanced Training Manual for receipts entry procedures.

2. A/R Monies received will be logged in by designated personnel. Money received will be placed in a locked cash box or deposited.

Monies received from insurance and private pay will be recorded, then entered in the computer, to be posted to individuals account.

Bank deposits made will be faxed to the District Office with coded programs, then original sent to District and copy kept with logged monies.

C) Write Off Policy

The monthly A/R Report 359 lists all unpaid balances under all Payer Codes. Self-pay balances that are \$10.00 or less and more than six (6) months old will be automatically written off by the system. Each site will receive a listing of the bad debts written off on Report 359. Any debt can be reentered into the system, if payment is offered by the patient.

Payer Code One fees charged, but not collected, will be removed from accounts receivable when the account is eighteen (18) months old, unless program regulations specify otherwise.

The County Coordinator will review Report 359, Payer Codes 1, 3, 8 and 16, mark all accounts eligible for write off, and submit to the Public Health Director on the Write Off Authorization Form for review and approval. The Public Health Director will return the form to the Coordinator for completion of the write off(s).

D) Local Bank Accounts

Local bank accounts are reconciled, if possible, within five (5) working days of receipt at the District Office. The Local Public Health Taxing District Accounts and the Local Fees Account will be reconciled by the County Coordinator or designee, within five (5) working days of receipt, if possible.

Local bank accounts will be balanced to the general ledger by the tenth (10<sup>th</sup>) working day of each month for the prior calendar month. An exception will be at the end of the fiscal year at which time the bank account must be reconciled and balanced by the fifth (5<sup>th</sup>) day of the month.

300.06 Check Return Policy

There will be a charge assessed for all checks returned for insufficient funds based on bank fees, payable only by cash, money order or cashier's check.

300.07



## **Gift Card & Incentive Policy**

### **Gift card and incentives purchase: Policy and Procedure**

- Purpose
- Procedure
  1. Purchase
  2. Distribution
  3. Tracking and Accounting

#### **Purpose**

The purpose of this policy is to set forth guidelines and procedures for the purchase, distribution, tracking and accounting of gift cards/incentives purchased with North Central District Funds.

Gift cards are defined as a stored-value or similar instrument issued in lieu of cash or check. As a cash-equivalent instrument, gift cards should be governed by internal control requirements.

#### **Procedure**

- Purchasing- In order to purchase gift cards or incentives please complete the appropriate purchase requisition form with a description of intended use. A separate requisition form must be completed for each program or activity. All purchases of gift cards or incentives must be pre-approved by the Public Health Director.
- Distribution- Once a gift card or incentive has been purchased the Program Lead will be responsible for filling out a Gift card/Incentive Disbursement Log at the District Office. The log is required to record the disbursement of all gift cards or incentives. The log will record the following information:
  1. Date
  2. Program Code

**400 ADMINISTRATION/OPERATIONS**

400.0            Scale Calibration

Adult and infant scale calibrations are done annually. Currently calibrations are provided by:  
North Central District Health Department.

Calibrations are scheduled by administration annually. Any problems with scale measurement should be reported to the District.

400.01            Audiometer Calibration

Audiometer calibration is done annually. Currently calibrations are provided by:

Gordon N. Stowe and Associates  
74 Marco Lane  
Dayton, OH 45458  
937-435-2250  
1-800-285-7959

Calibrations are scheduled by the District annually. Any problems with the instrument should be reported to the District, who will schedule repair.

400.02            BP Cuff Calibration

BP Cuff calibrations as required by manufacturer.

400.03            O2 Tank

Our O2 tank is located in the medication room / lab. It is checked prior to expiration. Currently services are provided by:

Lincare Home Medical

A service check is arranged by the District at anytime you feel there is a problem, or it needs to be filled.

400.04            Microscope

The microscope is cleaned and checked annually. Currently services are provided by:

Laboratory Instrumentation Services Co.

Annual service is arranged by the District during the month of March. Documentation of this service should be noted by the person cleaning the instrument on the Microscope Service Log, located in the QA Lab Book.

400.05 Fire Extinguisher

Fire extinguishers, exit light bulbs and exit light batteries are serviced annually. Currently services are provided by:

Simplex-Grinnell Fire Protection

400.06 Building Security

The final building security check is the responsibility of the last employee leaving the facility. Janitorial closet shall be locked at all times. All client charts will be locked in a secure file area. Drug rooms shall always remain locked unless nurse/APRN is in the drug room.

400.07 Visitors

All visitors entering a facility shall sign in on the visitors log including their name, date, time-in, and reason for visit. All visitors shall wear a visitor's pass while in the facility. Upon exiting the facility, visitors shall sign out and return the visitor's pass. Employees from other facilities will need to sign in and out, but will not be required to wear a visitor's pass. Deliveries will not need to sign in or out nor wear a visitor's pass.

400.08 Smoke Free Building

North Central District Health Department facilities are designated smoke free buildings. Receptacles for depositing lighted smoking material are located at designated areas. Please remind patients of our policy.

Employees smoking on their break time are expected to put finished smoking materials in designated receptacles.

400.09 Waiting Room Areas

Close supervision of children is encouraged, for safety reasons. Any running, standing on furniture, playing with electrical sockets, water fountain or strolling without supervision, should be discouraged. This policy is in the interest of the safety of the children who enter our facility.

400.10 Patient survey

Patient satisfaction surveys are conducted annually for three (3) weeks at North Central District Health Department. Data is tabulated and reviewed by Administration. The results are presented to the Board of Health at the first meeting after results completed. Any Board of Health recommendation will be presented and discussed with employees.

HANDS surveys are done annually.  
(See Forms Section in Index)

400.11 Patient Transportation

**Health Department employees shall not transport patients or their family members in employee vehicles while in pay status because of liability issues.** Remember, you are considered in pay status during your break.

The North Central District Health Department will not assume responsibility for any employee transporting patients during an employee's off hours. The employee will not be reimbursed or have liability coverage provided by the health department during this time.

400.12 Student Confidentiality

**All students on their first day of health department rotation shall be directed to Administration.**

In order to assure a complete understanding of legal implications involved with student access to confidential patient information, every student at the health department will read and sign a Confidentiality Agreement.

No college RN or APRN student shall shadow/observe at local health department without prior written approval from the District Office and contract from school or university.

Environmental shadowing will be done on an individual basis.

400.13 Quality Assurance Policy – Clinical

To determine adherence to documented standards, billing procedures, protocol for services and develop procedures for improving patient care, North Central District Health Department will establish a team to evaluate services rendered at the health departments. This team will consist of a nurse, clerk and nutritionist. Duties will be assigned on a rotation basis to assure that all nursing and clerical staff participates.

A random selection of charts will be reviewed every other month. Included in this selection will be Well Child and Adult Assessments, Prenatal, WIC, Immunizations, TB, and STD. Family Planning, Cancer Screening, and Pregnancy tests along with tour of the buildings will be done every three months according to the Title X program.

A review tool will provide a mechanism for the audit. This audit tool will address quality of work done at the health departments and assuring that both state and federal requirements are met. The tool will also address waiting time for services from the health department.

Results of this audit will be reported to the Public Health Director. All staff will be notified of both strengths and deficiencies. Training procedures will be developed to deal with deficiencies noted. Future audits will reflect prior deficiencies and determine if provided training has corrected them. Results of Quality Assurance Audits will be presented to the Board of Health annually.

400.14 Quality Assurance Procedure – Clinical

Quality Assurance Teams will meet on a rotation basis at the health department. QA will meet the Administrative Reference guidelines. Patient charts will be reviewed at each meeting date. Included in this chart review will be the following:

Well Child Charts/WIC  
Cancer Screening Charts  
TB Charts  
Family Planning Charts  
STD Charts  
Prenatal Charts  
Immunization Charts  
Pregnancy Test Charts

If random pulling does not provide an overview of each provider, charts will be individually picked.

Reports of Quality Assurance Meetings will be reported to the Director. Records of these meetings will be maintained for five (5) years. Administration will address all reported deficiencies and provide training to staff members needing improvement. Results of Q.A. Meetings will be available for staff review and discussion at the staff meeting following the report.

Future reviews will address all of the above and also determine if previous deficiencies were corrected. Should specific problem areas be noted a more concentrated sample of that service will be audited. The health department Medical Q.A. Audit Tool will be reviewed and updated as necessary by review teams and Administration. Results of audits are to be maintained at each local health department, and a copy sent to the District Office.

(See Forms Section in Index)

400.15 Quality Assurance Policy – Environmental

To determine adherence to environmental standards and protocols, North Central District Health Department will establish a review tool to provide a mechanism for an annual audit. This audit tool will address both the quality and quantity of work done by each environmentalist.

Results of this audit will be reported to the Public Health Director. Environmentalist will be notified of both strengths and deficiencies.

Training will be provided to address deficiencies.

400.16 Quality Assurance Procedure – Environmental

Quality Assurance will be done on an annual basis for each environmentalist within the District.

Random pulling of inspections and files in the various program areas will be conducted by the Environmental Supervisor. This will be done prior to their annual employee performance evaluation. Reports of these audits will be reported to the Public Health Director.

Additional training will be provided to address any deficiencies.

400.17 EBT Card Issuance & Security Policy

Follow specific WIC guidelines

400.18 Environmental – District Subdivision Approval Policy

Effective October 1, 2001, all subdivisions consisting of three (3) or more lots and less than five (5) acres each are required to have a subdivision preliminary plat site evaluation.

In accordance with Kentucky On-Site Sewage Disposal Systems regulations 902 KAR 10:085 Section 3, all persons seeking approval for new subdivisions must adhere to the following guidelines set forth by the North Central District Health Department:

1. A completed application with the application fee:
  - Preliminary Plat Fee
  - 1-20 acres-\$100.00
  - 21-50 acres-\$200.00
  - 51-100 acres-\$350.00
  - 101-150 acres-\$500.00
  - 151-200 acres-\$650.00
  - 201 or more acres-\$800.00

Applications can be obtained at your respective health department within North Central District which consists of:

Henry County Health Department  
Shelby County Health Department  
Spencer County Health Department  
Trimble County Health Department

2. The preliminary site survey with all proposed or existing wells, ponds, streams, sink holes, easements, roads, streets or existing structures.

Upon receipt of application fee the respected health department will schedule a preliminary soil evaluation.

The results of the site evaluation along with recommendations relating to waste water disposal will be sent to Planning and Zoning and/or the Fiscal Court as well as the applicant.

3. The application, fee and site survey must be received by the health department a minimum of fifteen (15) days prior to the health department filing the soil report with Planning and Zoning and/or Fiscal Court.

Upon final approval of the plat, each individual lot will require an on-site evaluation to determine type of system to be installed.

400.19 Environmental Internal Control Policy

- The Environmentalist in each health department collects and logs in onsite sewage fees, fees for opening inspections (new establishments) and other miscellaneous fees, such as

water samples. Pre-numbered receipts are issued at the time of collection. Fees are collected as checks, cash, money orders, cashiers checks, credit or debit cards.

- Fees for services should not be collected in the field. Exceptions would be granted for temporary food service events (nights and weekends), the collection of delinquent fees (establishment permit fees) and collection of returned checks stamped “Insufficient Funds”. Fees collected in the field also require pre-numbered receipt upon collection.
- Permit renewals (fees) received by mail at the District office are opened and stamped “Received and Date” by the Administrative Assistant. They are then turned over to the Personnel office for logging in and finally to the Finance Administrator for deposit. Fees collected at the District office and local health departments are kept in a locked drawer or file cabinet until deposits are made.
- The Environmentalist turns payments into the County Coordinator on a daily basis. The application/profile sheet and money are matched, and both the Environmentalist and County Coordinator must sign off in the environmental log book.
- The County Coordinator makes a deposit into their local account. The County Coordinator sends a copy of the deposit to the District office, along with a copy of the applications (onsite sewage permits, site evaluations, etc.) The Finance Administrator matches the applications to the deposit. The District writes a check transferring the local deposit into the Environmental account. Two (2) signatures per check are required.
- The Environmentalist makes the entries into the EHMIS system; all entries are entered into the system by the end of the week.
- Environmental holding accounts are to be checked against reports #49 and #50 each month. When report #50 (Monthly Report of Cash Receipts) comes out, a check is issued from the District Environmental account to the state. A check is also issued from the District Environmental account to the District Payroll and Disbursement account (main account). Two (2) signatures per check are required.
- The “Request for Refund” form should be used when a refund is requested. The appointing authority or supervisor must sign off on requests for refunds. If the refund includes state fees that have been processed, the health department must mail the form to the Cabinet for processing. If the request involves local money only, a check will be issued by the District office. A check will be issued from the Environmental account if the payment was received within the current month. All other refund checks will be issued from the General Operating Account if payment was made in previous months.
- An “Environmental Write Off” form should be completed when writing off bad debts (closed establishments). The appointing authority or supervisor must sign off on all environmental write offs. Writing off bad debts should be done through the use of accounts 6000 or 7000. All write offs are entered under Batch 99 (used exclusively for writing off funds).
- All returned checks come back to the Finance Administrator at the District office. The Finance Administrator turns the check over to the Environmental Department for collection by field staff. The Environmentalist makes a physical visit to the facility in question requesting payment for the returned check. Payments are always collected in cash. A \$10.00 bank fee (cash) is also collected. All returned checks must be backed out of system under an origin 4.



- On all environmental credit card usage there will be a \$5.60 service fee added to the cost of each service item.

- Credit and debit cards will only be used for items on the square application menu, no item will be keyed in manually.

- Procedure of use:

1. Types of cards accepted will be (Visa, Mastercard, American Express and Discover) debit and credit cards will be treated as the same.
2. Once payment type has been established, access Square Register on your Ipad, select environmental item or items of service and proceed with checkout.
3. Email the receipt to your health department email account and print a receipt for the customer and yourself or email a copy to customer if the transaction is a callin request.
4. Insert payment type into the EHMIS system under the A/R section, select credit for transaction type; in the authorization box type 0000, then in the comment box type the receipt number from the credit card receipt that was printed from your email account.
5. The printout from the EHMIS system and the credit card receipt will be sent to the environmental director along with other payment receipts every Friday.

Updated: 03/15/2013

#### 400.21 Medical/Clinical/Environmental Grievance/Recommendation for Procedure Policy Change

The North Central District Health Department has adopted an Internal Grievance Policy for the prompt and equitable resolution of complaints alleging discrimination, unfair or inappropriate treatment of any patient or any member of the public.

This process will be used to address all complaints/recommendations concerning medical, clinical and environmental health services. Complaints should be addressed to the Public Health Director. The Public Health Director is the Grievance Coordinator at the North Central District Health Department, in the event the supervisor/coordinator is unable to satisfy the complaint.

- 1) A complaint shall be filed in writing, verbally or anonymous.
- 2) A complaint shall be filed within sixty (60) days of the alleged incident. (Civil Rights and ADA Grievances allow 180 days).
- 3) An investigation shall follow the filing of a grievance by the Director. All interested parties shall be given the opportunity to be interviewed and submit relevant information, evidence or testimony.
- 4) A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued and a copy forwarded to the complainant no later than forty-five (45) calendar days after filing the complaint/grievance.
- 5) The Public Health Director shall maintain all the files and records relating to any complaint filed.

- 6) The right of a person to a prompt and equitable resolution of the complaint shall not be impaired by the person's pursuit of other remedies such as the filing of a complaint with the Chairman of the Board of Health. Use of an internal grievance procedure shall not be a prerequisite to the pursuit of other remedies.

The above rules will assure an informal, but thorough investigation affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint, grievance or recommendations for a procedure change.

400.22            Medical/Clinical/Environmental Grievance/Recommendation for Procedure Change Procedure

1. Procedure for employee who receives a telephone call from or interviews a person who desires to register a complaint/grievance or to suggest a change in policy:
  - A) Fill out a complaint form located in the HIPAA manual.
  - B) Encourage the person to come to the health department and fill out our Grievance/Recommendation for Procedure Change form within sixty (60) days of the incident (Form M).
  - C) If they are unable or unwilling to come to the health department and fill out a form in person, offer to send them one to complete and return to us within sixty (60) days of the incident. Obtain the name and address of the complainant and notify Administration, who will mail them the Grievance/Recommendation for Procedure Change form.
  - D) If the person wishes to register the complaint over the telephone, direct the telephone call to Administration. Administration will fill out the grievance form and file it appropriately.
  - E) Strongly encourage any person who desires to register a complaint to come into the health department and fill out our grievance form.
  - F) After forms are completed, turn them into the Public Health Director for review and follow-up.
2. Complaints registered anonymously will receive less priority for resolution than those fully completed.
3. Anonymous complaints shall receive a courtesy review. Repeated complaints of the same nature shall be considered legitimate, investigated and resolved within the forty-five (45) day period after the complaint is deemed legitimate.

400.23            Rabies Policy

North Central District Health Department will pay for out-patient clinic charges for a maximum of 5 visits for clients with no insurance or any other third party payer. North Central District Health Department will reimburse KentuckyOne Health/ Jewish Hospital Shelbyville for the rabies vaccine used on North Central District Health Department clients with no insurance or

any other third party payer, with rabies vaccine from the State Rabies Program upon request from KentuckyOne Health/Jewish Hospital Shelbyville. Emergency room visits are not included. Emergency room visits are the clients' responsibility

#### 400.24 Appointment Policy

According to program guidelines, all clients, whether calling in on the phone or in the clinic shall be given an appointment for their next visit. This is to ensure that all patients are seen in a timely manner and to also ensure that the wait times in the clinic are minimal. When giving the clients an appointment make sure we have all pertinent information (ie. Address, cell and home telephone numbers) to contact in case of no show of appointment or need for clinic to change appointment. If client has a chart, the appointment label shall be put in their chart. If they do not have a chart, enter all pertinent information in the appointment system.

#### 400.25 "No Show" policy

Patients not keeping their appointments ("No Shows") and the service they were scheduled for will be identified and a missed appointment notice will be sent out the same day. All follow-up attempts and conversation will be documented in the patient's chart. If patient can not be reached by telephone, a "No Show" letter will be sent unless a no home contact. If a patient misses her appointment for Depo, the patient will be called that day if possible. In the case of a pregnant patient that misses their first appointment, the patient shall be called the same day to assure that they are seen in the clinic, certified for WIC or any other service in a ten (10) day timeframe.

"No Show" rate will be tracked monthly to determine if the "No Show" Policy is effective. Adjustments in scheduling or hours of operation will be made as necessary according to dates collected.

#### 400.26 "No Show" Procedure

The following procedure is followed by both new and established patients that are a home contact:

1. Identify "No Show" patients from daily appointment system.
2. Establish home contact status.
3. The clerical supervisor is responsible for notifying appropriate personnel initiating contact for rescheduling missed appointments. The nursing staff is responsible for Abnormal Paps, Abnormal Mammograms, TB medication pick-up and STI treatment missed appointments. Nurses **SHALL** discuss with clerical staff in scheduling these appointments. The clerical staff is responsible for all other missed appointments.
4. Notify the patient within twenty-four (24) hours by the following priority:
  - a) A phone call to discuss rescheduling – if an answering machine picks up or call answered by another - let them know the need to call the health department to reschedule.
5. Document all contacts and contact attempts in the service notes.
6. The following services will be followed up by a mail reminder if unable to be reached by telephone: WIC, Prenatal, TB Medication Pickup, Immunization, Preventive Pediatric,

Family Planning Initial, Annual and Supply visits and all other services deemed necessary.

7. For abnormal paps and abnormal mammograms, nurses will follow the guidelines of the CCSG.

\*The Patient Missed Appointment Report (865) is also worked the day following the “No Show”.

- Nursing staff will code all time spent doing outreach to the appropriate program and the outreach function code.

#### 400.27 “No Home Contact” Patient Procedure

All patients identified as a “No Home Contact” during registration will fill out the “No Home Contact” Form (Form O) listing two (2) other contact sources should lab result be abnormal and require follow-up.

During registration clerical staff will:

1. Explain the importance of having a reliable contact person listed.
2. Follow HIPAA guidelines and have patient fill out HIPAA form Request for Alternative Communications. Clerks fill out Disposition of Alternative Communications and the log sheet.
3. Explain to the patient that nursing staff will contact them at their listed home address if they are unable to reach any listed contact person and/or the patient does not contact nursing staff at the health department within five (5) days (120 hours) after a message has been left with the contact person.
4. File the Request for Alternative Communications form behind the blue registration form in the chart.

#### 400.28 Medical Records/Open Records Policy

North Central District Health Department complies with the Open Records Status (KRS61.870 through KRS61.884). The official custodian of records for North Central District Health Department is the current Director.

The procedure for requesting medical records is as follows:

- Patient specific information will be released with appropriate authorization by a patient/parent or guardian. Records will be released to the designated agency on the authorization form.
- Application for release of patient specific information must be on an approved authorization for Release of Patient Information (ROI) form. If possible specific patient requests will be handled immediately, but may take up to three (3) working days.
- Assistance in completing the application form will be provided on request.
- A patient/client shall not be asked to sign an Authorization for Release of Information form until it is completely filled out with all pertinent information such as who the information is to be sent to or procured from, all records needed or asked for, and the length of time that the release is valid.
- All records concerning the health related care of said procedure provided by the North Central District Health Department shall be released. Even from another provider using

minimal requirements. Excluding HIV, STI and psychosocial notes unless requested and patients signed release of information

The procedure for inspecting public records is as follows:

- Application for the inspection of public records will be by HIPAA guidelines per your HIPAA manual. Individuals requesting the inspection of records should be directed to Administration.
- Assistance in completing the application form will be provided on request
- The official custodian or their designee is responsible for insuring the identity of the person seeking disclosure.
- Inspection of any public record shall be made in the presence of the custodian. A register of all requests for disclosure of records shall be maintained. This information **must** include the following:
  - Applicant name and address
  - Document/record requested
  - Date of Request
  - Disposition of Request
  - Cost of copies
  - Completed request form signed by the custodian of records.
- Requested records, if not excluded as confidential, shall be provided within thirty (30) to sixty (60) working days of the written request. The applicant will be notified in writing the reason any record may not be available in that thirty (30) to sixty (60) day time period and the earliest date and time they will be available for review.
- The custodian shall advise an applicant in writing the reason of any denial. A copy of any denial is forwarded to the Office of the Attorney General, Frankfort, Kentucky. Included will be a statement of the specific exception authorizing the withholding of the record and its relationship to the record withheld.
- Copies of written material will be provided at a cost of \$.10 cents per page. First copy is free. Other copies (e.g. photographs, drawings) shall be provided at cost.

#### 400.29 Medical Records Confidentiality

All medical information pertaining to a patient/client is considered confidential and is the property of North Central District Health Department. Failure to safeguard all patient information is considered an invasion of HIPAA. Releasing any of this information without written consent may subject you to disciplinary actions and/or dismissal. The following guidelines shall be utilized to ensure patient confidentiality when dealing with medical records.

- Records shall be reviewed before the home visit.
- All patients/clients records shall be refiled upon completion of the service.
- Medical records pulled for incoming lab results or those being followed by clinical staff should not be left open on desks. Medical records may not be left on employees' desk overnight. Medical records are to be filed in a secure location that is locked during non-clinic

hours to safeguard against tampering or use by unauthorized personnel. A section of the file area shall be provided for employees to place records for further review or documentation. Quick refiling of patient medical records is expected. Documentation of services should be completed at the time the service is rendered. Postponement of documentation may result in incomplete or inaccurate charting.

- Computer terminal patient information should be obtained with care so records may not be viewed by individuals other than appropriate staff members.
- Broken or no longer used Health Department computers and or laptops will be disposed of in the following manner. The hard drive will be removed by the IT employee and destroyed at the discretion of the District Director.
- The North Central District IT employee will maintain a current listing of the employee's assigned KY#'s, authorized/assigned security groups, and PEF login ID's. The North Central District is to ensure a user's security credentials are not shared or used by other Health Department employees. Each employee of the Health Department must have their own security access credentials.
- Employees accessing the computer systems should use their individual assigned security code. Employees should not access computer terminals under another employees I.D.
- Employees with computer clearance must sign off from the terminal when finished. This will prevent other employees from accessing information they are not authorized to receive. Each employee with computer access is responsible for information obtained with their I.D. clearance number.
- An Employee Confidentiality/Security Agreement will be reviewed at initial employment and during annual training. This agreement becomes apart of an employee's personnel file. (See Form A in Forms Section.)
- The (CH-23) Release of Information shall serve as the official request for release of patient information and shall be filed in the medical record (Administrative Section).
- When releasing medical records, entries related to STI/HIV's, pregnancy or psychological/mental problems shall be omitted from the record unless specifically authorized in the written release signed by the patient or guardian. Exception: any STI on a child under 12 years of age should be reported to the Local Department for Social Services office as a possible child abuse case.
- When confidential information is released over the telephone (e.g., to a physician, a hospital or in a medical emergency), a reasonable attempt shall be made to verify the identity of the person and/or facility receiving the information.
- When medical records are viewed or photocopied for release and the record contains reports and/or correspondence from other agencies, these external reports shall not be released. (It is the responsibility of the requesting party to contact the facilities originating those reports). A notation of the ROI in the service note should be documented when releasing records.

- Workman’s Compensation – although consent for release of information is implied, the patient has the right to withhold consent, in which instance the health department shall comply. (Workman’s Compensation proceedings will cease at this point).
- Certification(s) – Health departments may be requested to issue a “certification” of a specific service(s) they have provided (e.g., PPD’s, to meet occupational requirements). Such certification shall be issued to the patient, who then has the responsibility to advise the employer. (No results of service(s) shall be released without specific consent). HIV/STI test results are prohibited from use in employment or eligibility determination for health or life insurance.

#### 400.30 Billing Policy Requirements

In order to maximize fee collection for Family Planning visits we will:

- Assess income annually by patient bringing in verification of income and accurately document for appropriate sliding scale fee or self pay costs. Verification of income may take the form of:
  - a. Gross household income (before deductions for taxes, social security, insurance, etc.) for the following:
    1. Monetary compensation for services, including wages, salary, commissions, fees, and overtime.
    2. Public assistance or welfare payments (KTAP, Supplemental Security Income (SSI), etc.)
    3. Pensions or retirement.
    4. Black lung or other disability payment.
    5. Government civilian employee or military retirement or pensions or veterans’ payments/benefits.
    6. Unemployment compensation or worker’s compensation.
    7. Alimony and child support payments.
    8. Payment from the military including food and clothing allowance. Do not include housing allowance.
  - b. Other income such as:
    1. Regular contributions from person not living in the household
    2. Income from estates, trusts, or investments
- Give each patient a copy of their bill showing the full charge for services, minus any discounts based on their income.
- Bills for outstanding balances will be sent out monthly and some form of monetary payment will be expected.

Services will not be denied for inability to pay.

#### 400.31 Procedure for Updating Manuals

1. Correspondence received with policy changes pertaining to the Core Clinical Service Guide (CCSG) in July or the Administrative Manual, will be provided as changes occur.
2. CCSG changes occur in July. When the updated manual pages are received, they will be distributed to staff.
3. Other manuals such as the Orientation Manual/Local Policy and Procedures will be updated by the same process.
4. Staff members receiving correspondence for updating manuals will review the information with the Director. A determination will be made for the inclusion of the information in the manual and for its appropriate staff distribution.
5. All North Central District Health Department Local Policies and Procedures will be copied and sent to the health departments

#### 400.32 Vital Statistics

The Registrar is appointed by the Secretary considering recommendations of the State Registrar and the Director of the Local Health Department. The Local Registrar designates Deputy Registrars within the county subject to approval of the State Registrar.

Registration of all births within our District is the responsibility of the registrar of each county. Deaths are filed directly with the State Vital Statistic Office. Provisional death certificates are filed with and monitored by the Local Registrar to insure proper filing of death certificates. It is the responsibility of the registrar of each county to supply necessary forms to all providers in their county as well as the public.

Records are subject to the Open Records Act. The registrar may set specific times for reviewing. The clerical department should encourage individuals interested in viewing records to set up an appointment with the Registrar.

A Vital Statistic Manual is maintained. This manual contains all regulations and instructions pertinent to vital statistics. In addition, "Where to Write" section lists addresses/cost of obtaining copies of certificates throughout the United States, Puerto Rico and the Virgin Islands and guidance in how to obtain information in foreign countries.

Anyone born in the state of Kentucky wanting a birth certificate must fill out an Application for a Birth Certificate (VS-37). This form is available at the health department. It must be completed and mailed with the current fee to the Vital Statistics Office in Frankfort, Kentucky. Individuals may also bring the completed form to the Vital Statistics Office if it is more convenient.

#### 400.33 Reporting Adult, Child and Patient Abuse, Neglect or Dependency (Local Policy and Procedure)



Any North Central District Health Department employee who suspects a case of child abuse, neglect or dependency, is required by law, to report such cases/suspicious. Failure to report such information shall be considered a Class B Misdemeanor which carries a penalty of up to 90-days in jail and/or a fine of \$250.00. The Child Abuse Protection Hotline may be called when an employee has a concern. The hotline will assist the North Central District Health Department staff member in deciding if an individual incident requires reporting.

A suspected case of child abuse, neglect or a child who is dependent is defined on pages 4-5, 14-19 of the handbook published by the Kentucky Department of Social Services included at the end of this local policy. Employees need to be familiar with the content of this handbook and should refer to it for any questions they may have.

If a client presents to the health department and complains of abuse or you see evidence of abuse, you shall call the Kentucky Department of Social Services. Document your finding within the CH 3A and on the DV/SA-1 found under the Domestic Violence/Sexual Assault Documentation form under the forms section of the Core Clinical Service Guide. If a female client suggest/states she feels unsafe in her residence advise her of the shelter for Women and Children. Annual training for all employees on reporting abuse if required.

Indications of abuse, neglect and dependency are of three types:

- 1) Physical Indicators
- 2) Behavioral Indicators
- 3) Environmental Indicators

When reporting a suspect case the following information is needed:

- Child's Identity
- Person believed responsible for the abuse or neglect, if known
- Nature and extent of abuse or neglect
- Name and address of the reporter (optional)
- Where the child may be located

The following procedure should be followed when an employee suspects abuse, neglect or dependency:

- If an employee has any questions about a possible abuse situation, call the Child Abuse 24 Hour Hotline 1-888-403-5090.
- Call the Department of Social Services to report any child abuse or neglect committed by a parent or guardian.
- Call the County Sheriff's Department or Police Department to report suspect abuse or neglect committed by someone other than a parent or guardian.
- If the child is considered to be in immediate danger call the police department. A social worker does not have the authority to remove a child from their environment without a Court Order. A law enforcement officer has the authority if they determine the child is in immediate danger.
- Notify Administration of any suspect child abuse, neglect or dependency reported.
- Document findings and actions taken in the medical record. Remember anything documented in a patient's medical record may be used in court. Be sure to include the following:
  - Date, time
  - Reason for notification
  - Name of agency/person contacted

Reporting guidelines of abuse or suspected abuse of clients:

Reporting of abuse shall be followed as required by the Administrative Reference Section VIII. Local health departments are responsible for carrying out the provisions of the following laws to reporting abuse to children and adults.

KRS 600.020 (1) abused and neglected child

KRS 620.030 Duty to report dependency, neglect or abuse

KRS 620.040 Cabinet's responsibility

KRS 620.050 Immunity investigations confidentiality exceptions

KRS 620.050 (3) Exceptions to the duty to report child abuse

KRS 620.050 (5) & (13) Access to child abuse reports

KRS 209.020 (4) Definition of adult for purposes of reporting abuse

KRS 209.030 Protection of adults, rules and regulations reports cabinet

KRS 510.020 Lack of consent

Any abuse or suspected abuse will be reported to your supervisor, and to social services, and law enforcement immediately. Document your findings of abuse in the client's chart.

400.34            HANDS

#### MISSION:

Kentucky's Health Access Nurturing Development Services, HANDS, supports families as they build healthy, safe environments for the optimal growth and development of children.

#### HISTORY:

In 1998, a Taskforce between the Cabinet for Health Services and the Cabinet for Families and Children convened to address Kentucky's top concerns for families and their children and to discuss preventive measures. It was decided that a home visitation program could address the potential risk for child abuse/neglect, teen pregnancy, substance abuse and other high-risk life style behaviors. The Division of Adult and Child (ACH) of the Department for Public Health had already established a near statewide teen parent home visitation program called Resource Parents, which visited with young families monthly until their child turned one year of age. It was decided to extend this program to an intensive, weekly home visitation program that would work with all eligible first time parents, regardless of income, beginning prenatally and extending until a child's second birthday.

The HANDS Program is for all parents in Shelby and Spencer, Henry and Trimble counties. Nurses will offer the HANDS Program to all clients with a positive pregnancy test. Nurses will

complete a HANDS referral form for each eligible client. The referral form will then be given to the HANDS Coordinator.

**500 CLINICAL**

500.0

Patient Services

It is the responsibility of the nursing staff to review all patient record information and M.D./APRN orders, when applicable, to make the final determination as to what service a patient will receive. Clerical personnel will note on top of the PEF the general service type and time allotment that was scheduled when the initial appointment was made.

500.01

**Kentucky Vaccine Program  
Fraud and Abuse Policy  
Revised 12/7/12**

**Purpose:**

This document will outline the policy and procedures to prevent, detect, investigate, and resolve suspected fraud and abuse allegations for medical providers in the Kentucky Vaccine Program (KVP). The federal Vaccines for Children Program (VFC) is the largest part of the KVP.

**Definitions:**

**Authority:** KRS 205.8453(4) directs the Cabinet for Health Services to institute other measures necessary or useful in controlling fraud and abuse. The Kentucky Department for Public Health is responsible for monitoring the utilization of services in the KY VFC Program and refers any concerns of fraud, abuse and/or waste to the Office of Inspector General (OIG) as the designated Single State Agency for the Kentucky Medicaid Program. Referrals outlining the potential fraud, abuse or waste will be forwarded to the OIG, Division of Audits & Investigations, Medicaid Preliminary Investigations (MPI) Branch. The MPI Branch will review complaints of potential fraud, abuse and /or waste. The MPI Branch is responsible for referring any situations in which they have determined that fraud, abuse and/or waste may have occurred to an outside agency for further investigation and prosecution (i.e., the Kentucky Office of the Attorney General, Department of Insurance, U.S. Department of Health & Human Services. U.S. Office of the Attorney General, etc.).

**Fraud** is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

**Abuse** is defined as provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, [and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient]; or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

**Examples of Fraud and Abuse:**

This list is not intended to be exhaustive of all acts that may constitute fraud or abuse.

- Providing VFC vaccines to non-VFC eligible children;
- Selling or otherwise misdirecting VFC vaccine;
- Billing a patient or third party for the VFC-funded vaccine;
- Charging more than the established maximum regional charge for administration of a VFC-funded vaccine to a federal vaccine-eligible child;
- Denying VFC-eligible children VFC-funded vaccine because of parents' inability to pay the administration fee;
- Failing to implement provider enrollment requirements of the VFC program;
- Failing to screen patients for VFC eligibility at every visit;

- Failing to maintain VFC records or not complying with other requirements of the VFC Program;
- Failing to fully account for VFC vaccine;
- Failing to properly store and handle VFC vaccine;
- Ordering VFC vaccine in quantities or patterns that do not match the provider's profile or otherwise over-ordering of VFC doses of vaccine ;
- Wasting VFC vaccine (e.g., expiring vaccine, ordering too many doses of vaccines, storing or transporting vaccines outside of cold chain procedures, lost or unaccounted for doses, etc.)
- Any activity that will result in an overpayment for costs of the vaccine or administration.

**Preventing Fraud and Abuse:**

The following activities are part of the VFC Program's daily operations to prevent instances of fraud and abuse.

- Upon enrollment into the VFC Program, new immunization providers will receive an educational training session from the Immunization Field Staff to explain the VFC Program in detail. Providers will be educated about the purpose, eligibility requirements, and VFC program requirements.
- All providers who participate in the VFC Program are required to submit a completed Provider Profile and signed Provider Enrollment form before they can receive vaccine. Providers must update these forms as needed, but at least annually, to continue to receive vaccine. The Provider Enrollment form outlines the requirements with which providers must comply to participate in the VFC Program. By signing the Provider Enrollment form, providers certify that they will comply with the VFC Program requirements.
- All incoming vaccine orders and reports of doses administered are reviewed by the vaccine management staff. Any inconsistencies on these reports (e.g., ordering more vaccine than is usually ordered, reports of wasted/expired vaccine) are addressed quickly by vaccine management staff, and adjustments are made as appropriate.
- Per the Enrollment Form signed yearly providers may have to reimburse the Immunization Program dose for dose for any vaccines that cannot be accounted for, spoiled, expired or are deemed preventable losses. Providers are required to develop corrective action plans and submit proof of replacement vaccine.
- All VFC staff that have interaction with VFC-enrolled providers are thoroughly trained to prevent, identify, and resolve issues and instances of programmatic fraud and abuse and non-compliance in a provider's office/clinic as part of their job responsibilities.
- Site visits are conducted annually (in most years, ~100% of providers are visited each year). Immunization Field Staff inspect for any indications of fraud or abuse during their reviews, and they continue to follow-up on any deficiencies until improvements are made and maintained.
- Immunization Field Staff conducts additional site visits if providers have vaccine storage and handling problems or other problems and follow-up with the providers until improvements are made and maintained.
- VFC education is provided annually during site visits to 100% of enrolled providers to educate on the latest immunization information.
- As a quality assurance measure, VFC staff will review the *List of Excluded Individuals and Entities* list located at <http://exclusions.oig.hhs.gov/>, prior to allowing new VFC providers on the program and yearly when updated enrollment forms are received. The list is used to identify parties excluded from participation in federal health care programs. Any VFC enrolled provider that newly appears on the exclusion list will be immediately

suspended from the VFC Program and any VFC vaccine in inventory will be retrieved by VFC staff.

500.02 Vaccine Wastage

Inventories are done monthly on all vaccines. Our inventory of stock on hand must match the inventory in Frankfort. These numbers are dependent upon vaccine accounted for on patient PEF's and local documentation of vaccine wasted. A Vaccine Wastage Log Record is located on front of the refrigerator in the Lab. All wasted vaccine doses must be noted on this log record.

**Do not destroy any expired vaccine. Call Frankfort and advise them you are sending vaccine back. Use the Vaccine Return and Adjustment Form, and send expired vaccine back in a large envelope to save on postage.**

**Administration should be notified of extreme temperature variations occurring in refrigerators/freezers so they may verify with the supplier the need to dispose of vaccine.**

500.03 Delivery of Vaccine

All supply shipments received at the North Central District Health Department must be checked for accuracy with the enclosed packing list. Initial and date each packing list when received, note any discrepancies on form and fax to Frankfort. Refrigerate vaccine immediately. Nurses shall train support staff on proper storage of vaccines if nurse not available at the time of delivery.

Vaccine shipment packing lists must be filled out by the person who checks in the order. the Quantity Received Section and Received By Section must be completed in full on the Vaccine Distribution Order Form. After these two areas are completed, fax to Frankfort.

500.04 Vaccine Inventory

Vaccine inventories are done according to request of KY Vaccine Program. Vaccine orders for the month are placed at the same time. Use the Kentucky Vaccines for Children Program Vaccine Activity and Order Worksheet. **Should supply begin to run low before the next inventory is due, please notify the other health department to see if you can borrow until you can order more.**

500.05 Monthly Inventories

The following inventories are done around the end of every month: (see Forms section for examples)

- 1) Contraceptive Supplies
- 2) TB Medication
- 3) STD Medications – from Frankfort (564-6539)
- 4) Fluoride

**Should supply begin to run low before the next inventory is due, please notify the District so more may be obtained before you run out.**

500.06 Medication Expiration Dates

North Central District Health Department will administer medications with current expiration dates. Stock should be rotated when new medication deliveries are received. Medications listing the month and year of expiration may be used for treatment until the last day of the month specified. Nursing staff should routinely note in the Drug Log Book the expiration date of any dispensed medication.

PPD vials expire thirty (30) days after opening. Please document date opened on the vial. All vials should be stored in the original box.

#### 500.07 Late Nurse Schedule

Nurses are assigned as “late nurse” weekly on a rotated basis. Coverage is expected for each weekday if needed. If a nurse is ill, the nurse scheduled the following week is responsible for covering that day. Coverage may be individually arranged between staff members for make-up when necessary.

#### 500.08 Late Clerical Schedule

Clerical staff are assigned as “late closing” weekly on a rotating basis. Coverage is expected for each weekday if needed. The County Coordinator covers for anyone out on their scheduled day to close. In the Coordinator’s absence, it is expected that staff members will arrange coverage among themselves.

#### 500.09 Sharps Containers

Sharps containers used within North Central District Health Department shall be made so that if knocked over, contents will not spill out. Sharps containers shall not be over filled. Fill to the full line as marked on sharps container. Follow OSHA guidelines.

North Central District Health Department can provide information on the safe disposal of syringes for home use.

#### 500.10 Shipping of Laboratory Specimens

##### 1) State Lab

Kentucky Public Health Laboratory  
100 Sower Blvd.; North Loading Dock  
P.O. Box 2020  
Frankfort, KY 40602-2020

The following labs are done at the State Lab:

- a) Blood Sugars – Gray top tube
  - b) Cholesterol and Lipid Profile
  - c) Gene Probes
  - d) VDRL
  - e) HIV
  - f) Herpes
- 2) Contracted Lab
- a) CBC for Prenatal
  - b) Urine Culture for Prenatal



- c) Strep B
- d) MSAFP – Requires a special MSAFP form
- e) Lead

3) Other labs as required.

500.11                      Outgoing Lab Work Procedure

The following procedure is used for all outgoing lab work:

- 1) Log all outgoing lab work in appropriate binder.
- 2) Photocopy all lab work that does not provide a submitter copy. A record must be maintained here at the North Central District Health Department of all lab work sent out of the building.
- 3) File photocopy/submitter copy in the appropriate expandable “OUT” file labeled for the month collected.

500.12                      Incoming Lab Result Procedure

The following procedure is used for all incoming lab results:

- 1) Clerks will pull patient chart and give patient chart and lab results to Nurse.
- 2) Nurse must initial, date and document all lab results in Service Note all incoming results, including lab test name, results, reports filed in the chart and any follow-up needed.
- 3) Log all incoming lab results in the appropriate binder.
- 4) Clerks will remove photocopy/submitter copy of lab result from the monthly “OUT” expandable file and place it into the “IN” expandable file.

All photocopies/submitter forms must be kept in a place of easy access for two (2) years. Follow-up with the lab must be done monthly on any submitter copies/photocopies not moved from the “OUT” file to the “IN” file (for any lab work not circled in red as results received). This will assure all outgoing lab work has an incoming result.

500.13                      Wet Mount – KOH Prep Documentation Procedure

- 1) Mark date and collection time on CH-12.
- 2) Mark “see H&P 13 & 14, or ACOG” in Wet Mount, KOH Preparation area on CH-12 and initial (Form V).
- 3) Physician/APRN must document results on the form indicated on the CH-12.
- 4) PEF Coding
 

Wet Mount	Q0111/M.D. Provider
KOH Prep	Q0112/M.D. Provider

500.14                      Laboratory Controls/Freezer Temperatures

Lab controls, are done as required on the following lab equipment, by nurses, before patient care starts, if possible:

- Urine dipsticks
- Hemoglobin by Hemocue
- Blood Sugar by Accu-check Easy

Controls are done on pregnancy test kits each time a new box of kits is opened. Employees should mark Q.P.C. (Quality Control Passed) with the date opened on the box above the control number and expiration date with the tester's initials.

KOH solutions will be changed yearly. The date on the bottle is the date filled.

Refrigerator/freezer temperatures are recorded twice daily on the Temperature Quality Control Record. Adjustments in temperature controls should be made to assure readings are within range. Administration should be notified of extreme temperature variations occurring in refrigerators/freezers so they may verify with suppliers the need to dispose of vaccine. Non-Mercury thermometers will be used in refrigerators that maintain Immunizations.

#### 500.15 Lab Quality Assurance Procedure

The monthly Lab Audit will consist of the following, alternating each quarter:

- 1) KOH/Wet Mount, Hemoglobin and Urinalysis – ten (10) specimens total.
- 2) KOH/Wet Mount, Blood Sugar and Urine Pregnancy Test – ten (10) specimens total.

Locate the test results needing audit in the daily accession log. Pull patient charts needed for the indicated audit. Audit the lab results using the Lab QA Audit Tool (Form X).

Any deficiencies will be addressed immediately with all nursing staff.

#### 500.16 Pap Log Book

Clerks are to pull patient's charts and pap and mammogram test results and give to the nurses. Nursing staff must review all pap results and assign them a number according to the Bethesda System. These pap results, after reviewed by nursing staff and assigned a number, must be entered into the Pap Smear Log. All pap log records must be maintained for ten (10) years at the health department.

To assure all results are properly entered it is important any patient's chart with a pap slip result be given to nursing department. After results are logged and a follow-up file established for abnormal results the copy sheets are given to the clerical department. The clerical department enters the number assigned to the result into the computer. Copy sheets are shredded after this entry.

#### 500.17 Medical Record Abbreviation Legend

The Public Health Practice Reference contains a current list of acceptable abbreviations for use by clerical and clinical staff in documentation of services.

#### 500.18 Quick Reference Problem List

Abnormal paps and mammogram results shall be recorded on a ACH-58 to help remind nurses of follow-ups. This form should be located on top of the pap smear section in chart.

#### 500.19 Telephone Protocol (Clerical Personnel)

The following information, should be utilized by clerical staff, when providing information regarding available patient services and/or scheduling appointments:

- Information to complete appointment screen
- Explanation to bring Medicaid/Passport, Medicare, Insurance Card or Food Stamp General Notice of Action (if applicable)
- Information for income eligibility (if applicable)
- Information for WIC service
- Approximate cost of service (if applicable)
- Length of service
- Who/What to bring (see following information)

#### Tuberculosis

- Determine if visit is for skin test, medication pick up, laboratory test, or x-ray
- Skin test – person must return in two (2) – three (3) days for test to be read. Do not schedule on Thursday or three day holiday.
- ACTIVE TB – let nurse determine type and urgency of appointment (diagnosed active TB cases **may not** be seen at the health department until they have been on TB therapy for two (2) weeks. Direct observed therapy per nurses.

#### HIV and STD Testing

##### HIV

- Results are confidential under Kentucky Law.
- HIV testing is restricted for personal health reasons. Can not do testing for employment, insurance or immigration purposes.
- **Do not** ask name if person is requesting anonymous testing.

##### STD

- Are you having signs or symptoms?
- Have you been told you have been exposed to a person who was treated for STD at the health department?

500.20 Reporting Adult/Child Abuse, Neglect, Dependency

(See 400.27)

500.21 Authorization for Release of Patient Information

Completed and signed ROI Consent Forms (CH-23), to obtain follow-up treatment records, must be removed from the patient's chart and added to a file in the clerical department. Monthly, a designated clerical employee, will review the forms and consult with an appropriate staff member regarding mailing to obtain appropriate follow-up records. ROI's mailed too early, will be returned with incomplete records. Eight (8) to ten (10) weeks from the treatment date is an appropriate interval to wait for mailing. Be sure to state all information needed on the CH-23 as incoming records will only contain that specified. Per HIPAA – minimal information only required.

500.22 Clients with Insurance

North Central District Health Department does not receive reimbursement from insurance companies for RN provider services. Therefore, North Central District Health Department, shall not provide services for said clients that maintain health insurance.

500.23 Title VI / LEP Policy/HIPAA

\_North Central District Health Department  
Title VI/LEP (Limited English Proficiency)  
Access/Communication Policy

Identification of LEP person:

- The North Central District Health Department has designated Beverly Aldridge as the LEP Coordinator.
- Annual review of the Civil Rights Act that Title VI/LEP encompasses will be done annually on the computer.

Procedures:

- The North Central District Health Department clerical staff will record each patient's primary language in the registration process. This information will be relayed to clinical staff.
- When necessary, for interpretation the North Central District Health Department will offer each LEP patient either the services of an Interpreter or interpretive phone services free of charge.
- Interpretive services will be rendered in areas where confidentiality is ensured.
- If patients are accompanied by their own interpreter, Health Department Interpretive services will be offered/used. If patient insists on using their own interpreter our interpreter will also sit in on visit and this will be documented in their record.

Notice of LEP:

- Multilingual, culturally competent signage posters are placed in the lobby/check-in area to inform patients of the free interpretive services that the North Central District Health Department has in place.

Staff Training:

- Each health department employee will receive the Civil Rights Title VI/LEP training on an annual bases coordinated by the designated LEP contact person for the North Central District Health Department and placed in their personnel file.
- New employees will receive the Civil Rights Title VI/LEP training during orientation and annually thereafter.

Monitoring and Evaluation:

- Monitor the effectiveness of this policy the North Central District Health Department will conduct a yearly Title VI/LEP self-assessment survey and submit the results to the Administrator/Director.

- Conduct regular assessments to better identify the LEP population(s) in Henry, Shelby, Spencer and Trimble counties and their access to services.
- Monitor provisions of assistance to the speech or hearing impaired patients/clients of the North Central District Health Department.

**HIPAA** Manual shall be reviewed each year. All sections: Privacy Officer, Training, Privacy Notice, Communication, Disclosure – PHI, Use and Disclosure of PHI, De-Identifying PHI, Minimum Necessary Information, Accounting Disclosures of PHI, Patients Right of Access, Patient’s Right to Restrict PHI, Request to Amend PHI, Business Associates, Sanctions, Hybrid Entities, Mitigation of Misuse of Confidential Healthcare Information, Complaints to the Practice, and Safeguards.

**North Central District Health Department  
Medication Policy**

Every Local Health Department should have in place a medication plan, in accordance with KRS 212.275

The North Central District Health Department will only prescribe medications that are listed in the Core Clinical Services Guide (CCSG) and any additional in-house medications specific to North Central District Health Department listed in this medication plan. The generic equivalent of these medications may be prescribed when available. Prescriptions for these medications will be written by a MD, PA, or APRN, per collaborative practice agreement.

Prescriptions may be obtained in writing or per telephone order. (See Policy for Telephone/Verbal Orders: Forms and teaching Sheet; CCSG).

Medications will be stored in a secure cabinet/room. They will be stored within the appropriate temperature range as recommended by the manufacturer. Refrigerators storing medications will have temperatures monitored daily.

A monthly inventory will be done on all medications in the Health Department. Stock will be rotated so that medications will not expire before use. In the event the inventory does not balance, the Director of Nursing will be notified and an incident report will be completed.

Emergency resuscitative drugs, supplies, and equipment appropriate to services will be available. Emergency drugs will be checked monthly (See CCSG Emergency Protocol) and recorded on the inventory list kept with the supplies.

Medications that are listed in the CCSG will be dispensed and or administered by RN's, APRN's, PA's, or physicians.

Medications must be packaged, labeled and recorded according to Pharmacy Law. Pharmacy labeling is a FDA requirement (Therefore regulations will not be found in Kentucky Law documents). The requirements for proper labeling of medications to be dispensed include:

- Patient's name
- Date
- Name of provider prescribing medication
- Name of medication being dispensed
- Specific instructions to patient for proper usage (example: take 1 tablet every 12 hours)
- Quantity of pills/medication being dispensed

- **Name and telephone number of the facility**

**Before administration/dispensing of medications, patients will be assessed for contraindications, allergies and side effects.**

**Patients will be educated per appropriate use of dispensed medication and assessed for understanding and compliance.**

**Prescribed and over-the-counter medications that are not listed in the CCSG may be administered by RN's in the school setting.**

**These prescribed medications must be sent to the school in the original labeled container and the label shall include; name and address of the pharmacy, name of the patient, name of the prescribing practitioner, date the prescription was dispensed, expiration date of the medication, name of the medication, dosage and strength of medication, route of administration and frequency of medication.**

**Care will be taken to assure medications are administered per right dose, right medication, right time and right patient.**

**Medication errors will be reported to the Director of Nursing as soon as the error is discovered. Appropriate action will be taken to assess patient for side effects related to this error. Medical referral will be made when necessary. An incident report will be completed.**

**Medications may be delivered by unlicensed personnel after being properly dispensed by appropriate personnel. These clients must first be assessed and educated about the proper use of the medication by licensed staff. DOT medications for treatment of tuberculosis may be delivered in this manner. See TB section of the CCSG for DOT guidelines.**

**Medications such as those prescribed for treatment of tuberculosis must have dosage calculated for age and weight. The dosage change will be calculated by the prescribing practitioner.**

**The North Central District Health Department will administer prophylactic medication, vaccine, or immune globulin, provided it is conformed to CDC recommendations, on prescription of a practitioner who is neither staff nor under contract to contacts of the some or all of the following diseases; (at the discernment of individual LHD's)**

**All medication given must be documented in the patient's medical record. Medication that is refused or omitted must be documented also.**

**In the event that a patient cannot swallow a tablet or capsule, the prescribing practitioner or our board pharmacist will be consulted before crushing or giving any medications with food.**

**Medications or devices prescribed for the purpose of causing an abortion (as defined in KRS 311.720(1)) will not be dispensed.**

**Our board pharmacist may be consulted at any time there is a question concerning medication information for patient education, such as drug interactions.**

**This Medication Plan has been reviewed and approved by:**

\_\_\_\_\_  
**Pharmacist**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Medical Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Date**

(Signed copy on file at the District Office)



#### 500.25 TB X rays

North Central District TB X rays that are 20 years old or older can be destroyed through proper channels. If there are any TB X rays within the counties please let the District Office know. North Central District Health Department no longer provides X rays within the four counties. All X rays are now done through Louisville Metro TB Clinic.

#### 500.26 Immunization Records

Immunization records coming from another clinic shall have clinic name, clinic address, patient name, birthday, type of immunizations, date given and providers initials. If the immunization records do not have this information the parent/patient is responsible for providing the needed information.

#### 500.27 Issuing Provisional Immunization Certificates

No more than four (4) provisional immunization certificates shall be given to clients without up to date immunization records unless there is a vaccine shortage or in the case of a severe illness in which case the client will need verification from the physician and request for medical exemption.

#### 500.28 Religious Exemption Policy

When a parent comes into the health department and requests a religious exemption certificate for Immunizations for their child/children due to their religious beliefs, the nursing staff will review the Counseling Tool for Religious Exemption (NCDHD100 in index) with the parent. The parent will then sign the form. A copy will be given to the parent and the original will be placed in the chart in the Administrative section. If the parents are divorced and one parent wants the child/children to get the immunizations and the other parent wants a religious exemption then you must contact the Immunization Department in Frankfort.

(Form in Index)

#### 500.29 Control Solution Thermometer (certified calibrated)

Calibration of Log Tag Thermometer will be provided annually. If thermometer is not providing the correct reading move the vaccines to another refrigerator or freezer, contact Control Solutions Inc. Follow your guidelines as you would if the electric was out in your health department.

#### 500.30

##### North Central District Health Department Breastfeeding Friendly Policy

North Central District Health Department's goals for a friendly breastfeeding policy are:

- To create and promote dedicated areas specifically for breastfeeding mothers.
- To create a positive environment to encourage all mothers to breastfeed their child.

- To increase breastfeeding initiation and duration among Kentuckians to strive to meet or exceed the Healthy People 2020 goals of 81.8% of infants initiating breastfeeding and for infants breastfeeding at six months to 60.6%.
1. Breastfeeding will be promoted by:
    - a. Welcoming all mothers to nurse their infants in any location where they are comfortable. A private room will be provided upon request.
    - b. All formula related advertisements (including promotional items), aside from the WIC-Approved Contract formula, will be removed from the clinic areas and lobby area.
    - c. All formula will be kept in a closed storage closet out of the view of clients.
    - d. Any formula that is being distributed from the clinic must be placed inside of bags prior to distribution.
    - e. Complying with the 2010 Patient Protection and Affordable Care Act's amendment to Section 7 of the Fair Labor Act, through allowing employees who are currently breastfeeding:
      - i. To utilize their unpaid lunch and break time, as desired to express milk or nurse their infant on or off site, and
      - ii. To nurse their infant or express milk in their personal office, an empty clinic room or any other private, clean location that is not a bathroom and is free from intrusion that the employees and administration agree upon.
  2. Breastfeeding will be promoted through staff training:
    - a. All staff members will be trained on this policy as part of the employee orientation.
    - b. All staff members will be trained on the importance of breastfeeding which include:
      - i. Breastmilk is the best food for an infant. It is everything an infant needs to grow and develop;
      - ii. Breastfeeding helps protect infants from illnesses;
      - iii. Breastfeeding may help reduce the mother's risk of breast and uterine cancers;
      - iv. Breastfeeding helps mother burn more calories.
    - c. Clinic staff that certifies participants for the WIC Program will be trained to provide assessment, referrals and appropriate support of the mother's breastfeeding plans and educational needs throughout the prenatal and postpartum period.
    - d. Designated health professionals will be trained to assemble, clean, and issue breast pumps. See guidelines for Providing Breast Pumps in the WIC and Nutrition Manual, Clinical section.

3. Healthcare professionals will support breastfeeding mothers by:
  - a. Supporting mother in establishing and reaching their breastfeeding goals through:
    - i. Encourage skin-to-skin contact immediately following birth and do so for the first hour after delivery.
    - ii. Advise mothers to ask for breastfeeding help within the first hours after delivery.
    - iii. Educate mothers that breastmilk is all that is needed for an infant, unless medically necessary.
    - iv. Refer mothers to lactation counseling, classes and support groups (as available) within the community
  - b. Encourage breastfeeding at all nutrition contacts beginning with the first prenatal enrollment.
  - c. Refer all breastfeeding problems or concerns to an International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Specialist (CLS) or Breastfeeding Peer Counselor. Allow adequate time for assessment, evaluation, and assistance to resolve breastfeeding problems during clinic visit.
  - d. Address all breastfeeding concerns a patient has within a timely manner.
  - e. Utilize Breastfeeding Peer Counselors to support WIC prenatal and breastfeeding women, if applicable. Refer to Breastfeeding Peer Counselor Scope of Duty in the Breastfeeding Peer Counselor Section of the WIC and Nutrition Manual.

Promote WIC food package incentives for breastfeeding women who enroll in the WIC Program. This should

500.31            Breast Pump Policy

Follow specific WIC guidelines.

(See Forms Section in Index)

500.32            TB CLIENTS WITH INSURANCE

If a client that is on medication for latent TB and has private insurance, we can see them but they will have to pay for their service based on their income. We do not bill their insurance. If they do not want to come to us we have to help them find a caregiver for their TB services. If they have TB and have insurance we will have to call the TB department at the state.

500.33

***NORTH CENTRAL DISTRICT HEALTH DEPARTMENT CLINICAL  
PROCEDURE  
FOR WIC CONFLICT OF INTEREST***

North Central District Health Department employees shall abide by the Conflict of Interest Policy as stated in the WIC and Nutrition Manual; Section: Certification and Management.

Employees will make every effort to avoid any possible conflict in interest situations. When a possible conflict of interest arises and it is necessary for an employee to provide WIC services to a “relative, household member or close friend,” the employee must notify his/her supervisor at that time, and the supervisor will check the chart and proofs and sign off on the chart.

A log of these WIC clients will be kept in each Health Department for review by the WIC Coordinator and WIC auditor. The log will be kept on NCDHD-0315, WIC Possible Conflict of interest Chart Ledger.

If an employee or a member of their household is on WIC, the employee will not certify or issue benefits to themselves or the household member but will have other employees or a supervisor handle or witness the certification and benefit issuance. A supervisor will need to sign off on these charts.

This procedure pertains to eligibility by income and/or risk categories and issuing benefits.

**600 SCHOOL HEALTH PROGRAM**

600.0                      School Health Program

- Head Lice – The school systems within North Central District Health Department has adopted a “No Nit Policy” for the school system. Each school has a designated person trained to check for head lice. Any telephone calls regarding head lice in the school system should be directed to the school nurse.
- Medical Examinations – All students are required to have a medical examination within six (6) months prior to initial admission to school. A second exam is required within one (1) year prior to entry into sixth grade. These examinations may be done by, North Central District Health Department nursing staff. They must be reported on the current School Medical Exam form prescribed by the Kentucky Department of Education. A valid immunization certificate must be presented to the school prior to school enrollment.
- Athletic Physicals – Athletic physicals must be provided by a M.D., D.O. or Family Nurse Practitioner. Nursing staff at the health department cannot do athletic physicals. This exam is valid for one (1) year from the date given. Athletic physicals are required for all players, managers, cheerleaders, trainers or any other student having official connection with the program. All athletic physicals must be reported on the current Kentucky High School Athletic Association form.
- Tuberculosis Guidelines – Follow CCSG TB guidelines. North Central District Health Department does testing of foreign born students going to school in schools within North Central District Health Department.
- Foreign Exchange Student – A physical exam is required for any foreign exchange student. Immunizations are required by current guidelines. a TB skin test is also recommended unless they have had a history of a positive reaction. These students will be sent for a chest x-ray. If the x-ray is clear the student must decide whether or not to take the prescribed prophylactic medication.

## **700 Retention Schedule**

**INDEX  
and  
Forms Section**