Agenda Item Number:

ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY

Meeting Date: August 26, 2015

Agenda Item Subject: Board of Health Annual Policy Review

Attachment(s):
1) 2015 Review Summary
2) BOH Policies & Procedures (Track Changes)
3) By-Laws

Staff or Board Member Reporting: Meredith Stewart

Purpose:
___ Action
_X_ Information only
___ Information with possible action

Summary Information:

Policies and Procedures
The Board of Health is required to review their Policies & Procedures each year to meet accreditation standards.

Major recommended edits are summarized in the "2015 Review Summary" and also shown in track changes in the attached policies.

By-Laws
Staff also recommends repeal of the Board of Health By-Laws, as initially discussed at last year's Board of Health meeting. The accreditation guidance on this issue states:

"This activity requires that the BOH have Operating Procedures. Although the BOH may have Bylaws, a set of Bylaws alone will not meet the requirements of this activity. There have been past concerns that local health departments may include items in bylaws that do not comply with state statutes. The Institute of Government recommends that the BOH have operating procedures instead of bylaws. An Operating Procedures template is located on the NCLHDA website. It has been reviewed by the Institute of Government and is free of any potential legal problems. Please note that in many instances a BOH will usually repeal their Bylaws and replace them with the Operating Procedures." (Accreditation Benchmark 34, Activity 1)

The Operating Procedures template matches the format and content of the Board of Health's existing Policy III.A. Necessary information from the By-Laws, including Terms of Office, have been moved to Policy III.A. The remainder of the content of the existing

By-Laws will be moved to a procedural document to be referenced as needed by the Board.

The recommended changes will be reviewed at this meeting, with final approval of the revised policies to occur at the October 2015 meeting.

Recommended Action: ___Approve
___Approve & forward to Board of Commissioners for action
___Approve & forward to _____
_X_Accept as information
___Revise & schedule for future action
___Other (detail):

Section I: Board Adopted Policies	
A. Compliance with Public Health Laws/Regulations	Minor Change: Formatting
B. Program and Policy Adoption	Minor Change: Formatting
C. Confidentiality and Conflict of Interest Policy for Board Members	Minor Change: Formatting Clarified where signed copies of agreements are kept.
D. Requests for Environmental Services and Assessments	Minor Change: Formatting
E. Fee and Eligibility Policy	N/A Policy will be reviewed separately at October 2015 BOH meeting.
F. Community Assessment Policy and Procedures	Minor Change: Update reference documents
G. Community and Public Input Policy	No change
H. Complaint Policy	No change
Section II: Board Adoption or Review of Reports and Documents	Recommend: 1) Standardizing policy format by including a "Policy" statement at the beginning of the Policy. 2) Clarifying actions for each report, namely that to "receive and review" a document is redundant. To "review" an item is not a regular action of the Board as listed on meeting abstracts. Therefore, all mentions of "receive

	and review" are simplified to "receive" 3) Removal of annual budget report due to redundancy with quarterly fiscal reports and budget process. 4) Keep Communicable Disease Report as required by accreditation.
Section III: Board Processes	
A. Operating Procedures	Recommend significant revisions to this document to reflect recommendations of the Accreditation Board and to prevent duplication or noncompliance with state statutes. 1) Removal of section VII. Rules Development Procedure from the Operating Procedures and creation of a separate policy/procedure document in Section III focused on Rule Development and Adjudication 2) Removal of section VIII Adjudication Procedures from the Operating Procedures and creation of a separate policy/procedure document in Section III focused on Adjudication of Rule Development and Adjudication 3) Recommend addition of sections on Board Composition, Terms of Office, and Contract Negotiations. These sections currently reside in the "By-Laws" and if the Board proceeds with repeal of the By-Laws this year.
B. Supplemental Processes	
a. Oath of Office	Minor Change: Formatting
b. Orientation and Education for New BOH Members	No Change
c. Recruitment and Reappointment Procedures for Members	Clarify eligibility to serve three, three-year terms instead of two, three year terms.
	Minor Change: Formatting

d. Annual Performance Review Process for Health Director	

Amended June 27, 2012
Amended November 16, 2000
Amended December 18, 1980
Amended April 16, 1981
Amended April 26, 1984
Adopted February 8, 1979

Rules of Procedure Governing the
Organization and Operation of the
ORANGE COUNTY BOARD OF HEALTH

Charge to the Board

The Board is "the primary policy-making, rule making and adjudicatory body"[1] for the health department and is charged to protect and promote the public health of Orange County.[2] This function may include allocating resources, planning programs, and advising the Health Director on health needs.

Organization and Duties of the Board

1. Composition[3]

The Board of Health shall consist of eleven members appointed by the Board of Commissioners of the County of Orange. One member must be a North Carolina licensed physician, one licensed dentist, one licensed optometrist, one licensed veterinarian, one professional engineer, one registered nurse, one licensed pharmacist, one county commissioner and three representatives of the general public. All members shall be residents of Orange County and the composition of the Board shall reasonably reflect the population makeup of Orange County. If there is not a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a professional engineer, a registered nurse or a licensed pharmacist available for appointment, the Commissioners shall appoint an additional representative of the general public to serve until such a professional becomes available for appointment.

2. Terms of Office[4]

Members are appointed to serve three-year terms. No member may serve more than two consecutive three-year terms. Vacancies may only be filled for the unexpired portion of the term of the member replaced. Members appointed to fill unexpired terms are eligible to subsequently be appointed to two additional terms. The County Commissioner serves a term concurrent with his term of office as a commissioner. On the date and at the time of the first regular meeting after the member's appointment by the Board of County Commissioners, the newly appointed members shall take and subscribe to the oath of office as the first order of business. After the oath of office they are full voting members of the board. New members must also sign a confidentiality statement and a conflict of interest statement.

3. Removal from Office

By majority vote of a quorum present at a regular or duly called meeting, the Board of Health may recommend to the Board of Commissioners that a member be removed for cause.[5] Before recommending removal, the Board shall, by written notice, inform the member of the reasons for recommending removal with copies of this correspondence sent to all members. If the member desires a hearing on the recommendation for removal, then the member must submit a request for such a hearing in writing within ten days after receipt of the notice of recommendation for removal. The hearing shall be set within 30 days following receipt of the request for hearing.

Causes for removal from the Board shall include but not be limited to:

- Commission of a felony or other crime involving moral turpitude.
- Violation of a State law governing conflict of interest.
- Violation of a written policy adopted by the county board of commissioners.
- Conduct that tends to bring the office into disrepute
- Failure to maintain qualifications for appointment required under GS 130A-35(b).
- Unexcused non-attendance at three consecutive board meetings. The Board deems it essential to its ability to effectively and efficiently discharge its responsibilities that meetings are attended regularly. Quorum problems harm the ability to conduct public business and irregular and/or infrequent attendance results in inefficiency and uninformed voting.

4. Compensation[6]

Members shall receive a per diem reimbursement for subsistence and travel as established by the County Commissioners for each properly called and scheduled meeting of the Board and for attendance at official meetings and conferences.

5. Officers

The Health Director shall serve as Secretary to the Board. The Chairperson and Vice Chairperson shall be elected annually by the Board and shall serve for one calendar year.[7] The Chairperson and Vice Chairperson shall be elected annually at the last regular meeting of the calendar year. A proposed slate of officers for Chair and Vice Chair will be developed and presented at the regular meeting prior to the election. An ad-hoc or regular committee of the Board as designated by the Chair will develop the proposed slate. Nominations from the floor are also allowed. Each member shall vote by roll call voice vote for Chairperson and for Vice Chairperson on separate motions. In the event of a tie vote, the Board shall continue balloting until the tie is broken. The newly elected officers shall be installed in January and serve for one calendar year.

6. Committees

The Board shall review the existing committee structure at least annually and make decisions regarding the number and types of standing committees. Only Board members may serve as committee members of standing Board committees and the number of Board members on any single committee must be at least two members and may not exceed five members. The Board may appoint time-limited ad hoc committees or task forces to examine particular matters of importance to the Board. These ad hoc

committees or task forces must limit their work to the specific charge outlined by Board motion and may include members that are not serving on the Board of Health.

7. Open Records[8]

All written, printed or recorded materials received or made by the Board (with the exception of closed sessions, matters considered in closed session, and confidential patient files) may be examined by the public. Members of the public may receive certified copies upon request. The Board may set reasonable times for and supervise the examination and inspection of records. The Board may establish reasonable fees for both certified and uncertified copies of records so as to recover clerical and copying costs.

The Health Director shall handle requests for information from personnel records and work with the Director of Personnel to determine whether information can be released according to statutes in effect as the time of request.

8. Contract Negotiations[9]

The Health Director is authorized to enter into a contract with any governmental or private agency or with any person, for the provision or receipt of public health services.

The Board of Commissioners or its designee must approve contracts requiring payment for services rendered to the Health Department. The Health Director will discuss with the Board contracts that represent significant deviation from current Board of Health policy prior to authorizing that contract.

9. Establishment of Fees[10]

The Board of Health "...may impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State. Notwithstanding any other provision of law, (the) Board may impose a fee for services performed pursuant to …wastewater systems, public swimming pools, and tattooing. Fees shall be based upon a plan recommended by the local health director and approved by the local Board of Health and the appropriate county Board of Commissioners."

10. Appointment of Health Director[11]

"The …Board of Health, after consulting with the …County Board of Commissioners, shall appoint a local Health Director. A local Health Director shall possess the qualifications established for the position in G.S. 130A – 40(a) and qualifications established for the position by the State Personnel Commission in accordance with Chapter 126 of the General Statutes." If the Board of Health fails to appoint a local Health Director within 60 days of the creations of the vacancy, "the State Health Director may appoint a local Health Director to serve until the local Board of Health appoints a local Health Director in accordance with this section."

The Board will conduct a periodic evaluation of the Health Director at least annually. The Director's services may be terminated by the Board subject to the provisions of Chapter 126 of the General Statutes and rules established by the State Personnel Commission.

11. Rule-making[12]

The Board of Health may adopt a more stringent rule in an area regulated by the Commission for Health Services or the Environmental Management Commission where, in the opinion of the local board of health, a more stringent rule is required to protect the public health. The Board of Health may not adopt a rule concerning the grading operating, and permitting of food and lodging facilities as defined in G.S. 130A-247(1). The Board of Health may adopt rules concerning wastewater collection, treatment and disposal systems which are not designed to discharge effluent to the land surface or surface waters only in accordance with G.S. 130A-335 (c).

The rules of a local board of health shall apply to all municipalities within the local board's jurisdiction.

Procedures for adoption of local rules shall be accordance with G.S.130A-39 Sections (d)-(f).

12. Administrative Hearings[13]

The Board of Health is required by Statute to hold hearings when the interpretation and enforcement of rules adopted by the Board of Health and the imposition of administrative penalties is challenged. See Rules of Procedure, Rule 18.

Rules of Procedure*

Rule 1. Meetings

The Board shall hold regular meetings, at least quarterly, at which business may be conducted.[14] Such meetings shall be pre-scheduled at a time and place agreeable to the majority of members. A calendar of regular meetings will be established at the last regular meeting of the calendar year for the next calendar year.

The Board may hold work session meetings to study issues. Motions to conclude matters shall not be permitted at work sessions.

The requirements of the open meetings law shall apply to all regular board, regular or ad hoc committee or task force meetings. Notification of the public will be in compliance with open meeting law notification.[15]

Rule 2. Special, emergency and recessed meetings

a. Special meetings

The Chairperson or any three members may call special meetings.[16] At least 48 hours before a special meeting called in this manner, written notice of the meeting stating its time and place and the subjects to be considered shall be given to each board member, posted on the door of the board's usual meeting room, and mailed or delivered to each media outlet or person who has filed a written request for notice with the board's secretary. The Secretary to the Board is to be informed of the special meeting and shall give proper notice of the meeting.

A special meeting may also be called or scheduled by vote of the board in open session during another duly called meeting. The motion or resolution calling or scheduling the special meeting shall specify its time, place, and purpose. Notification procedures remain the same as those in the first paragraph.

Only those items of business specified in the notice may be discussed or transacted at a special meeting, unless (1) all members are present and (2) the board determines in good faith at the meeting that it is essential to discuss or act on the item immediately.

b. Emergency meetings[17]

The chair or vice-chair may at any time call an emergency meeting of the board by signing a written notice stating the time and place of the meeting and the subjects to be considered. Written or oral notice of the meeting shall be given to each board member and to each local newspaper, local wire service, local radio station, or other media that has filed a written emergency meeting notice request with the board's secretary and whose request includes the party's telephone number.

An emergency meeting may be called only because of generally unexpected circumstances that require immediate consideration by the board. Only business connected with the emergency may be considered at an emergency meeting. Except under emergency situations a minimum of three days prior notice shall be required to hold a special meeting.

c. Recessed (adjourned) meetings.[18]

A properly called regular, special or emergency meeting may be recessed or adjourned to a specific time and place by a procedural motion made and adopted as provided in Rule 12, Motion 2, in open session during the regular, special, or emergency meeting. The motion shall state the time and place when the meeting will reconvene. No further notice need be given of such a recessed session of a properly called meeting.

Rule 3. Agenda

a. Proposed agenda.

The Secretary and at least one other Board officer shall prepare an agenda and meeting notices for proper distribution. A request to have an item of business placed on the agenda must be received by the Secretary at least three working days before the meeting. Members are encouraged to contact the Secretary if they wish to receive formal notice of an agenda planning session. An agenda package shall be prepared that includes for each

item of business placed on the proposed agenda, as much background information on the subject as is available and feasible to reproduce. Each board member shall receive a copy of the proposed agenda and the agenda package and they shall be available for public inspection and/or distribution when they are distributed to the board members.

b. Adoption of the agenda.

As its first order of business at each meeting, the board shall discuss and revise the proposed agenda and adopt an agenda for the meeting. The board may by majority vote add items to or subtract items from the proposed agenda. If items are proposed to be added to the agenda, the board may, by majority vote, require that written copies of particular documents connected with the items be made available at the meeting to all board members. The board may designate certain agenda items "for discussion and possible action." This designation means that the board intends to discuss the general subject area of that agenda item before making any motion concerning that item.

Rule 4. Public Address to the Board

Any individual or group who wishes to address the board shall make a request to be on the agenda to the board's secretary. The board shall determine at the meeting whether it will hear the individual or group.

Rule 5. Order of Business

Items shall be placed on the agenda according to the order of business. Generally the order of business shall be:

- Adoption of an agenda
- Approval of the minutes
- Administrative hearings on matters of appeal
- General public comments
- Committee reports
- Unfinished business
- New business
- Informal discussion

Rule 6. Presiding Officer

The chair of the board shall preside at board meetings if he or she is present. The chair shall have the right to vote in all cases. In order to address the board, a member must be recognized by the chair. If the chair is absent, the vice-chair shall preside. If both the chair and vice-chair are absent, another member designated by vote of the board shall preside. If the chair wishes to engage in debate on an issue, the vice-chair may be asked to temporarily fill the presiding officer's role.

The presiding officer shall have the following powers:

- To rule motions in or out of order, including any motion patently offered for obstructive or dilatory purposes;
- To determine whether a speaker has gone beyond reasonable standards of courtesy in his remarks and to entertain and rule on objections from other members on this ground;

- To entertain and answer questions of parliamentary law or procedure;
- To call a brief recess at any time;
- To adjourn in an emergency.

A decision by the presiding officer under any of the first three powers listed may be appealed to the board upon motion of any member, immediately after such decision is announced and at no other time. The member making the motion need not be recognized by the chair and may not be ruled out of order.

Rule 7. Action by the Board

The board shall proceed by motion, except in the case of elections of officers that shall proceed according to the rules established in that section of the by-laws. Any member including the chair may make a motion.

Rule 8. Seconds to Motions

A motion from committee does not require a second. A motion from the floor does require a second.

Rule 9. One Motion at a Time

A member may make only one motion at a time.

Rule 10. Substantive Motions

A substantive motion is out of order while another substantive motion is pending. A substantive motion is one that refers to *main or principal* motions as opposed to those procedural in nature. This allows the board to consider one piece of business at a time.

Rule 11. Adoption by Majority Vote

A motion shall be adopted by a majority of the votes cast, a quorum being present. A majority is more than half of those present.

Rule 12. Debate

The chair shall state the motion and then open the floor to debate. The chair shall preside over the debate according to the following general principles:

- The maker of the motion is entitled to speak first;
- A member who has not spoken on the issue shall be recognized before someone who has already spoken;
- Generally, the debate shall alternate between supporters and opponents of a motion.

If an agenda item has been placed for discussion and possible motion, then discussion may occur prior to a motion being placed on the floor.

Rule 12. Procedural Motions

In addition to substantive proposals only the following procedural motions are in order. Unless otherwise noted, each motion is debatable, may be amended, and requires a majority of the votes cast, a quorum being present, for adoption. Procedural motions are in order while a substantive motion is pending and at other times, except as otherwise noted.

In order of priority:

Motion 1 *To* ***appeal a procedural ruling of the presiding officer.*** A decision of the presiding officer ruling a motion in or out of order, determining whether a speaker has gone beyond reasonable standards of courtesy in his remarks, or entertaining and answering a question of parliamentary law or procedure may be appealed to the board. This appeal is in order immediately after such a decision is announced and at no other time. The member making the motion need not be recognized by the presiding officer and the motion, if timely made, may not be ruled out of order.

Motion 2 To adjourn. This motion may be made only at the conclusion of action on a pending substantive matter; it may not interrupt deliberation of a pending matter. A motion to adjourn to a time and place certain shall also comply with rules for calling a meeting.

Motion 3 To take a brief recess. This motion allows the board to pause briefly in its proceedings.

Motion 4 Call to follow the agenda. The motion must be made at the first reasonable opportunity or it is waived.

Motion 5 To suspend the rules. The board may not suspend provisions of the rules that state requirements imposed by law on the board.

Motion 6 To go into closed session. The board may go into closed session only for one or more of the purposes listed in G.S. 143-318.11. The motion to go into closed session shall cite one or more of these purposes and shall be adopted at an open meeting.[19]

Motion 7 To leave a closed session. This motion provides a mechanism for returning from closed session to an open meeting.

Motion 8 To divide a complex motion and consider it by paragraph. The motion is in order whenever a member wishes to consider and vote on subparts of a complex motion separately.

Motion 9 To defer consideration. The board may defer a substantive motion for later consideration at an unspecified time. A substantive motion that has been deferred expires 90 days thereafter unless a motion to revive consideration is adopted. If consideration has been deferred, a new motion with the same effect cannot be introduced while the deferred motion remains pending. A motion to suspend the rules is possible in raising a new motion.

Motion 10 Motion for the previous question. The motion is not in order until every member has had an opportunity to speak once. An affirmative vote on motion 10 does not approve the substantive issue, which requires a separate vote.

Motion 11 To postpone to a certain time or day. This motion allows the board to postpone action on a substantive matter until the time or day specified in the motion. A person who wishes to revisit the matter must either wait until the specified time or move to suspend the rules.
Motion 12 To refer a motion to committee. The board may vote to refer a substantive motion to a standing or ad hoc committee for its study and recommendations. Sixty days or more after a substantive motion has been referred to a committee, the introducer of the substantive motion may compel consideration of the measure by the entire board, whether or not the committee has reported the matter to the board.

Motion 13 To amend. An amendment to a motion must be pertinent to the subject matter of the motion. An amendment is improper if adoption of the motion with that amendment added would have the same effect as rejection of the original motion. A proposal to substitute completely different wording for a motion or an amendment shall be treated as a motion to amend.

A motion may be amended, and that amendment may be amended, but no further amendments may be made until the last-offered amendment is disposed of by a vote. Each amendment will be clearly stated prior to the vote.

Motion 14 To revive consideration. The board may vote to revive consideration of any substantive motion earlier deferred by adoption Motion 9. The motion is in order at any time within 90 days after the vote to defer consideration. After 90 days the substantive motion that has been deferred expires.

Motion 15 To reconsider. The board may vote to reconsider its action on a matter. The motion to do so must be made by a member who voted with the prevailing side and only at the meeting during which the original vote was taken. The motion cannot interrupt deliberation on a pending matter but is in order at any time before final adjournment of the meeting.

Rule 13. Withdrawal of Motion
The introducer may withdraw a motion at any time before it is amended or before the chair puts the motion to a vote.

Rule 14. Duty to Vote
Every member must vote unless excused by the remaining members of the board. A member who wishes to be excused from voting shall so inform the chair, who shall take a vote of the remaining members. No members shall be excused from voting except in cases involving conflicts of interest as defined by the board or by law. In all other cases a failure to vote by a member who is physically present in the board meeting room or who has withdrawn without being excused by a majority vote of the remaining members present, shall be recorded as a vote with the prevailing side.

Rule 15. Quorum

A majority of the currently appointed members (excluding vacant seats) shall constitute a quorum. A majority is more than half. The chair shall be considered a member of the board in determining the number on which a majority is based and in counting the number of members actually present. A member who has withdrawn from a meeting without being excused by majority vote of the remaining members present shall be counted as present for purposes of determining whether or not a quorum is present.

Rule 16. Closed sessions[20]

The board may hold closed sessions as provided by law. The board shall commence a closed session only after a motion to go into closed session has been made and adopted during an open meeting. The motion shall state the purpose of the closed session. The motion to go into closed session must be approved by the vote of a majority of those present and voting. The board shall terminate the closed session by a majority vote, using Motion 7 in Rule 12. Only those actions authorized by statute may be taken in closed sessions. A motion to adjourn (recess) shall not be in order during a closed session.

Rule 17. Minutes

The Secretary shall record meetings and prepare written minutes; however, the same need not be verbatim. The minutes shall be open to inspection of the public. The exact wording of each motion and the results of each vote shall be recorded in the minutes, and on the request of any member of the board, the entire board shall be polled by name on any vote.

Minutes and general accounts of closed sessions may be sealed by action of the board. Such sealed minutes and general accounts may be withheld from public inspection so long as public inspection would frustrate the purpose of the closed session.

Rule 18. Administrative Hearings[21]

The Board of Health is required by Statute to hold hearings when the interpretation and enforcement of rules adopted by the Board of Health and the imposition of administrative penalties is challenged.

”(b) Appeals concerning the interpretation and enforcement of rules adopted by the local Board of Health and concerning the imposition of administrative penalties by a local Health Director shall be conducted in accordance with subsections (b), (c) and (d) of [Section 130A-24]. The aggrieved person shall give written notice of appeal to the local Health Director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of reasons why the challenged action is incorrect. The local Health Director shall, within five working days, transmit to the local Board of Health the notice of appeal and the papers and materials upon which the challenged action was taken.

(c) The local Board of Health shall hold a hearing within 15 days of the receipt of the notice of appeal. The Board shall give the person not less than 10 days notice of the date, time and place of the hearing. On appeal, the Board shall have authority to affirm,

modify or reverse the challenged action. The local Board of Health shall issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision.

(d) A person who wishes to contest a decision of the local Board of Health under subsection (b) of this section shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision by the Board. The district court may affirm, modify or reverse the decision of the Board with the scope of review as stated in G.S. 150B-51."

Administrative hearings are designed to resolve factual controversies quickly without becoming bogged down in the procedural and evidentiary technicalities that surround judicial proceedings. To insure basic fairness, the courts require that that aggrieved party be given an opportunity to be heard, that the Board's findings be supported by competent and substantial evidence, and that a record of the proceedings be made to enable review by a court.

The right to be represented by counsel, to confront witnesses on the other side, and to cross-examine the other parties and their witnesses must also be granted the aggrieved party. These procedures are necessary to insure that the opportunity to be heard is effective.

The Board is expected to seek the most reliable evidence available under the circumstances. For example, hearsay evidence is normally not admissible because it is thought to be less reliable than directed testimony. All decisions by the Board acting as a quasi-judicial body are subject to review by the courts. The order in which evidence is presented during Board of Health hearings is not structured. Any convenient sequence is acceptable.

The Chairperson or Vice Chairperson or their designee and at least one other board member will act as a Hearing Officer to gather all evidence and receive testimony. After evidence and testimony have been presented, the Secretary shall transmit the proceedings of the hearing to the full Board membership. At its next regular scheduled meeting following the hearing, the Board shall deliberate and reach a decision. The decision will be in writing so that it can be included in the record for appeal. The Board must set out its findings of fact and conclusions derived from the findings in a clear and logical sequence. The decision should also include a notice to the losing party of his right to appeal the decision to the courts.

Rule 19. Revision of By-laws

These by-laws may be revised by simple majority vote of members present at any regular meeting of the Board at which a quorum is present. Distribution of a copy of the proposed by-laws change(s) to the members and a discussion of the proposed change at the preceding month regular meeting shall precede such vote. The by-laws shall be reviewed every five years for possible changes. No provision of the by-laws may be in

conflict with state statute. Changes in law will automatically be incorporated into the by-laws by notification of the Secretary of the Board.

Footnotes

[1] NC General Statute 130A-35 (a)
[2] NC General Statute 130A-39
[3] NC General Statute 130A-35 (b)-(d)
[4] NC General Statute 130A-35 (c) The custom adopted by the Orange County Board of Commissioners in 1999 was to only appoint board members for two consecutive terms of office.
[5] NC General Statute 130A-35 (g)
[6] NC General Statute 130A-35 (h)
[7] NC General Statute 130A-35 (e)
[8] NC General Statute 132-6
[9] NC General Statute 130A-41(b)(13)
[10] NC General Statute 130A-39(g)
[11] NC General Statute 130A-40
[12] NC General Statute 130A-39
[13] NC General Statute 143-318.11
[14] NC General Statute 130A-35 (i)
[15] NC General Statute 143-318.12
[16] NC General Statute 130A-35 (i)
[17] NC General Statute 143-318.12(b)(3)
[18] NC General Statute 153A-40(a)
[19] NC General Statute 143-318.11
[20] NC General Statute 143-318.11
[21] NC General Statute 130A-24

*The procedures in these by-laws were drawn from the following publication:
Bell, II, A. Fleming. Suggested Rules of Procedure for Small Local Government Boards, Second Edition, Institute of Government, The University of North Carolina at Chapel Hill, 1998.

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Section I: Board Adopted Policies
Policy A: Compliance with Public Health Laws/Regulations
Reviewed By: Board of Health
Approved By: Board of Health, Health Director

Policy I.A.~~:~~
It shall be the policy of the Orange County Board of Health and Health Department to ensure that its workforce consults and follows federal, state, and local laws and regulations and the current recommendations of regulating/advisory agencies in the delivery of public health services.

Purpose:
The purpose of this policy is to ensure that the Orange County Board of Health and Orange County Health Department workforce consults and follows federal, state, and local laws and regulations and the current recommendations of regulating and advisory agencies in the delivery of essential and mandated public health services.

Definitions:
1. Centers for Disease Control and Prevention (CDC) – an agency of the United States government that serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
2. North Carolina Department of Health and Human Services (NCDHHS) – a department of State government that is charged with "protecting health, fostering self-reliance and protecting the vulnerable."
3. Essential public health services – defined in NC General Statute 130A.
4. North Carolina General Statutes (NCGS) – The laws passed by the North Carolina General Assembly. Public health statutes are generally located in Chapter 130A.
5. North Carolina Administrative Code (NCAC) – a compilation of the administrative rules of approximately 26 state agencies and more than 50 occupational licensing boards.
6. United States Code of Federal Regulations (USCFR) – the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.
7. Ordinance – local rules adopted by the Board of Commissioners.
8. Regulating and advisory agencies – agencies that are created by a governing body to recommend best practices for public health or are charged with interpreting and enforcing public health laws. (Examples include the CDC, the National Immunization Advisory Committee, US Department of Health and Human Services, the NCDHHS)
9. Mandated public health services – the public health services that a local health department is required by state statute or administrative code to implement.
10. Workforce – Orange County Health Department employees, contract personnel, volunteers, trainees, and students.

Section I: Board Adopted Policies
Policy A: Compliance with Public Health Laws/Regulations
Reviewed By: Board of Health
Approved By: Board of Health, Health Director

~~Guidelines~~Procedures:

1. The Board of Health and Health Department workforce must follow laws, established guidelines, and consistent procedure in order to assure that the public receives fair, efficient, and effective services.
2. The Board of Health must consult legal counsel such as the Orange County attorney, the NC Attorney General or the UNC School of Government whenever legal assistance is indicated to interpret laws and rules.
3. The Board of Health delegates to the Health Department Division Directors and Supervisors of the appropriate division through the Health Director, the development and implementation of all policies, procedures and/or task outlines to assure effective and efficient service delivery of programs within the scope of the most current public health laws and regulations.
4. All pertinent laws, regulations, and policy and procedure manuals shall be maintained in the appropriate division. The NCGS 130A and related statutes on public health law and administrative codes shall be maintained in the Health Director's Office and in a Board of Health Manual.

Section I: Board Adopted Policies
Policy B: Program and Policy Adoption
Reviewed By: Health Director, Board of Health
Approved By: Board of Health

Policy I.B~~:~~.

The Orange County Board of Health authorizes and delegates the implementation of all programs and services as defined by North Carolina General Statute 130A, the related NC Administrative Code, and other programs approved by the Board to the staff of the Orange County Health Department under the direction of the Health Director.

Purpose:

The purpose of this policy is to ensure that the Orange County Board of Health provides guidance for programs and policies that affect the entire Health Department.

~~Guidelines~~Procedures:

1. The Orange County Board of Health, upon recommendation of the Health Director, shall review and approve policies or programs that commit the Health Department to utilize significant additional or new resources outside of the scope of the approved annual budget.
2. The Board of Health authorizes continuation of program activities through the annual approval of a Health Department budget.
3. The Board of Health delegates the approval of all administrative policies and procedures for the general functioning of the Health Department to the Health Director.
4. The Board of Health reviews and approves policies as requested or in response to a Board of County Commissioner initiative and forwards recommendations to the Board of Commissioners on relevant changes. The Board of Health delegates the implementation of these policies to the appropriate division staff through the Health Director.
5. The Orange County Board of Health shall review at least annually all policies adopted by the Board of Health.

Confidentiality & Conflict of Interest Statement
For New Board of Health Member

Board Adopted Policy I.C. Appendix A

Confidentiality

In connection with my responsibilities as a member of the Orange County Board of Health, I agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. I understand that if I wrongfully and/or willfully disclose such information, I may be subject to removal from the Orange County Board of Health.

Conflict of Interest

1. Each board member, upon accepting a seat on the board, agrees in writing by signing below, to carefully guard against any conflict of interest that might develop between his or her personal interest and that of the Orange County Health Department.
2. If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.
3. In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.
4. The abstention and the reason for it shall be recorded in the minutes.
5. A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.
6. Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.

I have read and understand the confidentiality and conflict of interest statements. I agree to abide by these policies.

_____ _____

Board Member Signature Date

_____

Board Member Name (Printed)

_____ _____

Staff initials Date

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I:	**Board Adopted Policies**
Policy C:	**Confidentiality Agreement and Conflict of Interest Statement**
Reviewed By:	Board of Health, Health Director
Approved By:	Board of Health

Policy I.C.~~:~~ Each Board member will sign a confidentiality agreement and conflict of interest statement upon accepting a seat on the Board of Health.

Purpose:
To prevent individuals from deriving any profit or gain directly or indirectly by reason of their association with the Orange County Health Department. All members of the Orange County Board of Health will promptly disclose any conflict of interest between his or her personal interests and the interests of the organization. To protect the disclosure of information that is judged to be of a confidential nature by state or federal statute or policy.

~~Guidelines~~Procedures:
1. Each new Board of Health member must sign a Confidentiality Agreement and Conflict of Interest Statement (I.C. Appendix A) prior to attending their first meeting of the Board of Health that states the following:
   ~~1.~~

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Confidentiality
In connection with my responsibilities as a member of the Orange County Board of Health, I agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. I understand that if I wrongfully and/or willfully disclose such information, I may be subject to removal from the Orange County Board of Health.

Conflict of Interest

1. *Each board member, upon accepting a seat on the board, agrees in writing by signing below, to carefully guard against any conflict of interest that might develop between his or her personal interest and that of the Orange County Health Department.*
2. *If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.*
3. *In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.*
4. *The abstention and the reason for it shall be recorded in the minutes.*
5. *A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.*
6. *Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.*

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~~6.~~ 2. The original, signed copy of the Confidentiality Agreement and Conflict of Interest Statement will be filed in the Board of Health member's file and kept at the Health Department by the Administrative Assistant to the Health Director.

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I have read and understand the confidentiality and conflict of interest statements. I agree to abide by these policies.

_____ _____
Board Member Signature Date

_____
Board Member Name (Printed)

Section I:	**Board Adopted Policies**
Policy D:	**Requests for Environmental Services and Assessments**
Reviewed By:	Board of Health & Health Director
Approved By:	Board of Health

Policy I.D.~~:~~

This policy covers processing and budgetary considerations regarding requests from citizens and communities for environmental services and assessments to determine whether environmental contaminants are present, environmental degradation has occurred or for the applicant's information for future reference.

Purpose:

The purpose of this policy is to determine when environmental services, surveys or assessments will be conducted and also to set forth the funding mechanisms for those actions. Also covered within the policy scope are the decision tree for when community assessments will be considered and the ensuing financial responsibilities for those expanded efforts. This policy is not intended to cover nor does it cover applications, inspections, approvals or other processes for regulatory programs generally administered in the Environmental Health Services Division.

Section I Policy Overview

1.0 Environmental Health routinely receives concerns and queries from Orange County residents regarding environmental investigations to determine whether an environmental exposure exists and also whether unusual disease prevalence is occurring. These requests may arise from an individual or from communities. This policy addresses general and specific practices for these requests and assigns responsibilities for their dispensation.

Section II Individual Requests

1.0 Individual residents may request services and environmental assessments for their property, whether owned outright, leased, rented, or otherwise legally occupied. These services include septic inspections, water samples, indoor air quality (IAQ) assessments, vector control inspections, single disease case investigations, or other services germane to current or future environmental health programs.

Section III Community or Collective Requests

1.0 The following types of community or collective studies and assessments will be considered and acted upon by staff with the appropriate approval(s) when environmental conditions are suspected as a causative factor:

1.1 Acute and Chronic Disease

a. Airborne, vector-borne and waterborne diseases are environmentally related in their transmissions and may affect a community as a whole. Chronic diseases such as asthma and cancer can have causative factors

related to environmental conditions and exposures. The investigation of acute and chronic diseases would be indicated with confirmed cases of those diseases in rates extraordinary to baseline rates for Orange County or statistically expected rates for that community. Investigations will be carried out in accordance with best epidemiological practices established by the EPI Team* in each community or collective request.

b. OCHD will conduct community studies for acute and chronic diseases suspected of originating from environmental exposures and for wells and septic systems failures when data or reports indicate that study beyond the individual level is needed to confirm or deny multiple sources of contamination leading to acute and/or chronic disease under investigation.

1.2 Wastewater and Well Water Studies

a. Community studies will be considered and acted on or deferred by OCHD based on several risk factors and other defined considerations. Those include the following:
    1. The study area consists of more than 5 households.
    2. Known disease-causing environmental contamination (chemical releases, improper biosolids applications, underground storage tanks, junkyards, etc.) that could adversely affect a natural resource (groundwater, stream, etc.) or negatively impact more than a single property in that community.
    3. Known geophysical conditions (e.g., underlying rock structure that might lead to high levels of natural radon release, severe disturbances of the underlying structure) with a scientifically documented negative environmental impact potential that could affect the intended use and sustainability of property in the community.
    4. More than 30% of the individual wells in a given geographical community were drilled prior to 1981 or more than 30% of the septic systems in the community are more than 20 years old.
    5. Protection of water supply resources (protected water supply watersheds, water quality critical areas, wellhead protection areas, etc.).

b. Statistical Studies may be considered in order to gain important information about septic system failure rates or groundwater quality or quantity characteristics. Examples in this category might include:

1. comparing septic system failure rates in mobile home parks with those of neighborhoods with stick built construction;
2. examining the existing data for septic system repairs to identify common characteristics of failed systems;
3. studying the effect of water softener systems on septic system failures;
4. exploring the relationship between well water quality and the age of the well, length of casing, landscape position, etc.
5. gathering baseline water quality data and tracking water quality over time in a defined geographical study area near a suspected environmental hazard (such as a biosolid application site)

Section IV Funding

1.0 Individual Requests: The cost recovery for individual testing and assessments will come from fees for service administered according to the Environmental Health Division's Fee and Application Policy and from the fee schedule approved by the Board of Health and the Board of County Commissioners. In the case of an individual disease investigation that is a direct follow-up to an outbreak, the individual charge is waived.

2.0 Community Surveys: The direct operational costs for materials needed for community related surveys, assessments and other studies will be paid for by Orange County as specified in Section V of this policy **if**:

a. surveillance data or other confirmed and documented medical or scientific reports indicate a potentially environmentally caused or transmitted disease prevalence at abnormal levels in that community, or
b. at least three of the five items in Section III. 1.2a are met.

3.0 Studies requested by other governmental agencies will be evaluated by the Health Director and County Manager as appropriate.

Section V Community Study Funding Approvals

1.0 When estimated operational costs are less than or equal to $250, the Orange County Health Director will approve or deny the study and the study will be funded through the Environmental Health Services budget.

2.0 When estimated operational costs are greater than $250 but less than or equal to $2,500, the Orange County Health Director will approve or deny the study based on current availability of budgetary and staff resources and present it to the Orange County Board of Health for final decision. The Health Director will determine the specific funding source for an approved study.

3.0 When estimated operational costs are greater than $2,500, or if the budgetary and staff resource needs are greater than available in the Health Department budget, the Orange County Health Director will recommend to approve or deny the study and present the recommendation to the Orange County Board of Health for consideration. The Board of Health's recommendation will be presented to the Orange County Board of County Commissioners for final decision and funding source identification if approved.

*The EPI Team is the interdisciplinary health department staff team that is responsible for all outbreak investigations.

Policy I.F.
This policy establishes that the Orange County Health Department will complete a Community Health Assessment (CHA) every four years that ensures community input and a State of the County Health (SOTCH) report in the interim years between assessments, according to guidelines published by the North Carolina Division of Public Health.

Purpose
The purpose of this policy is to provide guidelines for the development of the CHA and SOTCH report and to ensure that these are collaborative efforts that include input from community members, county agencies and organizations, the Board of Health and other county stakeholders.

Delegation
The development and implementation of procedures for the CHA and SOTCH reports are delegated to the Division of Health Promotion and Education Services through the Health Director.

Procedures
1. Community Health Assessment process procedures:
   a. This process will be coordinated through the Health Promotion and Education Division every four years.

   b. Health education staff will recruit a diverse group of partners to form a CHA team. Partners that will be approached about serving on this team include representatives from but not limited to the following:
      i. Various ethnic and cultural backgrounds (Hispanic, Native American, etc.)
      ii. Economic development and industry
      iii. Educational systems
      iv. Human service agencies
      v. Organizations that serve children through senior adults
      vi. Law enforcement
      vii. And others as identified.

   c. As funding is available, the Department will contract with an educational institution or consultant to facilitate the team in the collection, analysis, and reporting of the primary and secondary data.

   d. The *Community Health Assessment Guide Book* available on the North Carolina Division of Public Health website will be used as a resource document or toolkit throughout the community health assessment process. This book will guide the

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team on the various components (i.e. demographics, economic factors, health needs, etc.) that need to be included in this process and the final document.

e. Primary data will be collected from community members, clients receiving direct services from the health department, the Board of Health and other county stakeholders through their participation in written surveys, focus groups, or interviews.

f. Secondary data will be obtained from the North Carolina State Center for Health Statistics (NC SCHS) and other resources identified and available to CHA team members.

g. CHA team members will assist with the collection of primary and secondary data.

h. The CHA team will collaborate with county stakeholders to prioritize health concerns according to the primary and secondary data collected. The CHA team will reference the CHA Guidebook for guidance on reporting data findings and involving community members, the Board of Health and other county stakeholders in the process to establish health priorities for the county.

i. Designated members of the CHA team will summarize the data and priority health topics to produce a document to report the community health assessment process and its findings.

j. The CHA document will be submitted to the North Carolina Division of Public Health by the first Monday in March every four years and will be disseminated to community and county stakeholders as specified in the North Carolina Local Health Department Accreditation Standards. This may include electronically via the department's website as well as presentations of findings and copies of reports to partner agencies and community organizations for public access.

k. The CHA document will be used by the Orange County Health Department in the development of the department-wide strategic plan, grant writing, program planning and advocacy for funding. This document will be available as a resource for other individuals, agencies, and organizations.

1. Using the CHA, Health Promotion and Education staff and the CHA team will create Community Health Action Plans to describe plans for health activities to be carried out in the county. The Community Health Action Plan form is due the first Monday of September the year the county was assigned to complete their CHA. The form is available through the NC Division of Public Health website.

2. State of the County Health (SOTCH) report process procedures:
   a. The SOTCH report will primarily be produced by the Department's Health Promotion and Education staff in the interim years between community health assessments.

   b. This report will include:
      i. A review of major morbidity and mortality data for the county
      ii. A review of health concerns selected as priorities
      iii. Progress made in the last year on these priorities
      iv. A review of any changes in the data that guided the selection of these priorities
      v. Other changes in the county that affect health concerns (such as economic or political changes, new funds or grants available to address health problems, etc.)
      vi. New and emerging issues that affect health status
      vii. Methods of direct community involvement with ongoing efforts

   c. The primary source of data for this report will be the NC SCHS website.

   d. The SOTCH report will be submitted to the state by the first Monday in March of each year it is due and will be disseminated to the community and county stakeholders according to North Carolina Local Health Department Accreditation Standards.

References:
Community Health Assessment Guidebook online at:
http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBook-June2014.pdf~~http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf~~

Community Health Action Plan Form online at:
http://publichealth.nc.gov/lhd/cha/docs/guidebook/GuidelinesForCommunityHealthActionPlanForms.pdf

Section I: Board Adopted Policies
Policy G: Community and Public Input Policy
Reviewed By: Board of Health
Approved By: Board of Health, Health Director

Policy I.G.
It shall be the policy of the Orange County Board of Health and Health Department to ensure that reasonable mechanisms for community/public input are available.

Purpose
The purpose of this policy is to ensure that policies and services of the Orange County Board of Health and Orange County Health Department have considered the health and environmental safety needs of the general population and any at-risk populations of Orange County.

Guidelines

1. The Board of Health will reserve a public comment period on each regularly scheduled Board meeting. Each individual will be given a maximum of three minutes for comments, and the public comment period will be limited to 15 minutes ~~each meeting~~each meeting.

2. Annually the Board of Health will receive from the staff of the Health Department the results of patient and client input on services received, including any corrective actions deemed necessary to improve services.

3. The Health Director or his/her designee will maintain current contact information on the Department and the Board of Health on the Health Department website.

4. The Health Director shall report significant community-wide input received by the staff to the Board at least quarterly.

Section I. Board Adopted Policies
Policy H: Policy and Procedure for Complaints
Reviewed By: Board of Health
Approved By: Board of Health, Health Director

Policy I.H.
The Board of Health and Health Department staff will ensure that a mechanism exists for complaints to be considered and resolved from clients, patients, or residents regarding services delivered by the Health Department.

Purpose
The purpose of this process is to ensure that the Orange County Board of Health and Orange County Health Department have reasonable means in place to ensure that timely appeals can be heard from clients, patients, or members of the public.

Guidelines
1. The Department will follow all provisions and requirements outlined by North Carolina General Statutes governing Health Departments, including but not limited to GS 130A.
2. If any provision of the following procedures is in conflict with General Statutes, the current Statute will govern.

Procedures:
1. Procedure for a General Complaint
a. A complaint shall be made either verbally or in writing to any staff member in the Health Department.
b. The staff member receiving the complaint shall attempt to resolve the complaint.
c. If the complainant is not satisfied, the staff member shall provide contact information for the most closely aligned Division Director.
d. The Division Director will contact complainants within one working day and attempt to resolve the complaint.
e. If the complainant is not satisfied, the Division Director shall provide contact information to the complainant for the Health Director.
f. The Health Director will attempt to contact complainants within one working day and attempt to resolve the complaint.
g. If the complainant is not satisfied, the Health Director will provide the complainant with the time and date of the next regularly scheduled Board meeting and invite the complainant to speak to the Board. The Board Chair and Vice-Chair shall be informed prior to the meeting. A summary of actions taken to date along with a description of the complaint will be provided to the Board in the agenda packet.

Policy II.
It shall be the policy of the Orange County Board of Health to provide input and guidance on the work of the Health Department as it affects the health and well-being of county residents by review of key documents.

Purpose: **The purpose of this policy is** ~~T~~to ensure that the Board of Health provides guidance and input for community and departmental planning that affects the health and well being of county residents and to meet the requirements for program review as specified by law or regulation.

Procedures:

1. **The Board of Health will review the documents listed below and take appropriate action as described for each document.** ~~**Scope of Review and Approval:**~~
2. A particular document or program may have differing review and adoption requirements. Annually, the Health Director and Division Directors will review program requirements and recommend changes to the reports or documents and actions required that are listed in this Section.

~~1.~~a. Community Health Assessment: (2007, 2011, 2015) A comprehensive county-wide community health assessment every four years is the current requirement of the contract agreement the health department has with the NCDHHS. The assessment has several components, all of which are individually adopted by the Board of Health in the year that the assessment is due to the NCDHHS. The components include:

~~a.~~i. ~~**Approval**~~ **Review** of community input process.
~~b.~~ii. **Approval** of priority selection.
~~c.~~iii. **Approval** of final document.
~~d.~~iv. **Approval** of action plans based on priority selection.

~~2.~~b. State of the County Health Report (SOTCH): An annual update on progress toward the community action plans of the community health assessment and a review of secondary data related to the priorities. **The Board reviews** ~~**and endorses**~~ this report. (Due December of each year a Community Health Assessment is not due).

~~3.~~c. Health Department Budget: The Board **annually reviews and approves** for forwarding to the Board of Commissioners, the proposed budget for the Health Department in accordance with the county adopted schedule for budget completion. The review and approval includes but is not limited to new position requests, capital requests, technology requests, fee schedules, and new program requests.

~~4.~~d. Board of Health Strategic Plan: **The Board of Health develops and adopts a** strategic plan every two years to define the Board's policy and programmatic

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goals. These goals are shaped by the Community Health Assessment, available primary and secondary data, and available department resources. **The Board adopts the plan** and provides updates to the Board of Commissioners at joint meetings of the Board of Commissioners and Board of Health.

~~5.~~e. Child Fatality Prevention Task Force Report: The Board of Health **receives and forwards** annually to the Board of Commissioners a report and recommendations for improvement from the Orange County combined Child Fatality Prevention Task Force and the Child Protection Task Force as required by state law.

~~6.~~f. Fiscal Oversight: In order to exercise fiscal oversight, the Board **receives** ~~**and reviews**~~ quarterly financial summaries on revenues and expenditures by Division for the Health Department. ~~The Board **forwards recommendation of approval** for the receipt of all grant funds and funds not originally part of the approved annual budget to the County Commissioners.~~ Contracts that require the Board of Commissioner approval for execution are reviewed by the Board of Health, either prior to submission to Commissioners or immediately following the submission to Commissioners.

~~7.~~g. Research Project Requests and Reports: The Board **receives information** on all research project requests that are made to the Health Department and on final reports as a result of research approved by the Health Director. Projects that are conducted by health department staff members require a written or oral report to be submitted to the Board of Health.

~~8.~~h. Annual ~~Activity~~ Communicable Disease Report~~s~~: The Board **receives** ~~**and reviews**~~ an annual ~~activity and budget report for the Department after the close of the fiscal year, before the next budget is prepared. An annual summary of~~report on communicable disease activity. ~~may be included as part of the Annual Activity Report.~~

Purpose

To outline operating procedures for the Board of Health in accordance with pertinent state, local and federal requirements for the operation of the Board.

I. Name and Office

The name of this organization is the Orange County Board of Health (hereinafter "Board"). The principal office of the Board is located at 300 West Tryon Street, Hillsborough, NC 27278.

II. Charge to the Board

The Board is the primary policy-making and adjudicatory body (NCGS 135A-25(a)) for the health department and is charged to protect and promote the public health of Orange County (NCGS 130A-39).

III. Composition

A. The composition of the Board of Health is governed by NCGS 130A-35(b)-(d)

IV. Terms of Office

A. By NCGS 130A-35 (c), members shall serve three year terms and no member may serve more than three consecutive three-year terms unless the member is the only person residing in the county who representes one of the professions designated in subsection (b) of NCGS 130A-35.

B. It is the policy of the Orange County Board of Health that members may serve three, three-year consecutive terms. Members appointed to fill unexpired terms are eligible to subsequently be appointed to three additional terms.

~~III.~~V. Officers and Committees

A. Chair and Vice-Chair

The Board members shall select a Chair and Vice-Chair by majority vote each year at the last meeting of the calendar year.

B. Secretary

The Orange County Health Director shall serve as Secretary to the Board, but the Director is not a member of the Board. The Health Director may delegate the duties of the secretary that are set forth in these operating procedures to an appropriate local health department employee.

C. Committees

The Board shall review the existing committee structure annually and make decisions regarding the number and types of standing committees. Board

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members are appointed to committees in January of each year. Only Board members may serve as committee members of standing Board committees and the number of Board members on any single committee must be at least two members and may not exceed five members.

The Board shall have the following standing committees:

1. **Executive Committee**
   To provide the structure for the work of the Board of Health and act as an advisor to the health director and senior management staff as needed. Chair and Vice-Chair are committee members.
2. **Nominating and Bylaws Committee**
   To develop and present an annual slate of officers for Board consideration, to oversee the board recruitment process, and to recommend operating procedure changes as needed. Members are appointed by the Chair on an ad hoc basis.
3. **Access to Care**
   To oversee the action steps and deliverables outlined in the Access to Care section of the Board of Health Strategic Plan
4. **Mental Health and Substance Abuse**
   To oversee the action steps and deliverables outlined in the Mental Health and Substance Abuse section of the Board of Health Strategic Plan
5. **Childhood and Family Obesity Prevention**
   To oversee the action steps and deliverables outlined in the Childhood and Family Obesity Prevention section of the Board of Health Strategic Plan

   All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

6. **Temporary Committees**
   The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. Temporary committees must limit their work to the specific charge outlined by Board motion and may include members that are not serving on the Board of Health.

   All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

~~IV.~~VI. Meetings

A. Regular Meetings

The Board shall hold regular meetings no less than quarterly. As a general rule, the Board will meet monthly. A calendar of regular meetings and

location of each meeting will be established at the last regular meeting of the calendar year for the next calendar year. The dates may be adjusted annually based on Commissioner meeting dates for the year to enable the Commissioner member of the Board to attend. The requirements of the open meetings law shall apply to all regular board, regular or ad hoc committee or task for meetings. Notification of the public will be in compliance with open meeting law notification.

B. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least five working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

C. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

D. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

E. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

F. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular

Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at the Board of Health website (~~http://orangecountync.gov/health/BOHAgendasandMinutes.asp~~http://www.orangecountync.gov/departments/health/agendas_and_minutes.php).

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VII. Contract Negotiations

A. The Health Director is authorized to enter into a contract with any governmental or private agency or with any person, for the provision or receipt of public health services. The Board of Commissioners or its designee must approve contracts requiring payment for services rendered to the Health Department. The Health Director will discuss with the Board contracts that represent significant deviation from current Board of Health policy prior to authorizing that contract.

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~~V.~~VIII. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

~~VI.~~IX. Other Procedural Matters

The Board shall refer to Bell, II, A. Fleming. Suggested Rules of Procedure for Small Local Government Boards, Second Edition, Institute of Government, The University of North Carolina at Chapel Hill, 1998 to answer procedural questions not addressed in this document, so long as the procedures prescribed in *Suggested Rules of Procedure for Small Local Government Boards* do not conflict with North Carolina law.

~~VII.~~X. Rules Development Procedure

The board shall evaluate the need for adoption of rules to protect and promote the public health. In addition, existing rules should be evaluated periodically for the need for revisions to respond to new risks, advances in technology, or changes in statutes or state regulations.

A. The Board will follow the procedures outlined in NCGS 130A-39.

1. Not less than 10 days before the adoption, amendment or repeal of any local board of health rule, the proposed rule shall be made available at the office of the county clerk, and a notice shall be published in a newspaper having general circulation within Orange County. The notice shall contain:
    a. A statement of the substance of the proposed rule or a description of the subjects and issues involved.
    b. The proposed effective date of the rule, and
    c. A statement that copies of the proposed rule are available at the local health department.

   A local board of health rule shall become effective upon adoption unless a later effective date is specified in the rule.

2. Copies of all rules shall be filed with the secretary of the local board of health and will be made available to all Board of Health members.
3. A local board of health may, in its rules, adopt by reference any code, standard, rule or regulation, which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

Comment [L1]: Details contained in NCGS 130A-39. Recommend creation of separate policy/procedure to reduce confusion and ability to find.

~~VIII.~~XI. Adjudication Procedures

A. The Board will follow all procedures as specified in NCGS 130A-24. In the case where a member of the public is appealing a ~~staff~~ decision on the application of an Orange County Board of Health adopted rule ~~or policy~~ or concerning the imposition of administrative penalties by a local health director, the process will include the following steps:

Comment [L2]: NCGS 130A-24 does not provide for the application of this process to BOH policy.

1. The aggrieved party shall provide written notice of appeal to the Health Director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
2. The Health Director shall notify the Board within five working days of receipt of the appeal and transmit all documents upon which the challenged action was taken.
3. The Board of Health shall hold a hearing within 15 days of the receipt of the notice of appeal from the health director to the Board. The Board will give the person not less than 10 days notice of the date, time and place of the hearing. The local board of health shall issue a written decision based on the evidence presented at the hearing. The decision

shall contain a concise statement of the reasons for the decision.~~A quorum of the entire Board of Health shall hear the appeal.~~

~~4.~~3.The hearing must meet the requirements of procedural due process.

a. No contact outside the hearing with parties involved or between board members.
b. Board members with any bias must not participate.
c. Board must allow the appellant's attorney to attend and advise his/her client.
d. Board must take sworn and relevant testimony.
e. Board must provide for cross-examination of witnesses.
f. Board must keep detailed or verbatim minutes.

~~5.~~4.The proceedings shall be recorded and a transcript of the hearing shall be prepared and be available to the appellant and/or the Board upon request.

~~6.~~5.At the next regularly scheduled Board meeting following the hearing, the Board must issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision and the Secretary will transmit the final written decision of the Board to the person appealing via certified US mail.

~~7.~~6.A person who wishes to contest a decision of the Board of Health shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision.

~~IX.~~XII. Annual Review of the Health Director

The Board will annually review the performance of the Orange County Health Director using the process detailed in the Board of Health Policy and Procedure Manual, Section III, ~~Process~~ B.d. *Annual Performance Review Process for Health Director*.

~~X.~~XIII. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the responsibilities and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Policy III.B. Oath of Office for New Board Members

Purpose: To establish a process for new Board of Health members to complete requirements for assuming their seat as an Orange County Board of Health member**.**

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Procedures:

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1. Each new Board of Health member must complete certain tasks prior to assuming their seat as an Orange County Board of Health member. These include completing the "Oath of Office", a Confidentiality Agreement, and a Conflict of Interest statement

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~~1. .~~

~~a.~~2. The Oath of Office is administered to a new Board member by a ~~public~~ notary public either at or before the first regular meeting of the Board of Health after the member's appointment by the Orange County Board of Commissioners. The oath may be administered with or without a Bible ~~by a notary public~~. The original of the signed and notarized oath is placed in the official health department file and a copy is provided to the Board member. The oath is as follows:

" I, [name], do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as a member of the Orange County Board of Health, (so help me God). {NCGS 11-7.1}

"I [name], do swear (or affirm) that I will well and truly execute the duties of the office of member of the Orange County Board of Health according to the best of my skill and ability, according to law, (so help me God). {NCGS 11.11}

~~b.~~3. Each new Board of Health member must also sign a Confidentiality Agreement and Conflict of Interest Statement prior to attending their first meeting of the Board of Health as specified in Board Policy I.C. Confidentiality and Conflict of Interest Policy for Board Members.

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Section III:	**Board Processes**
Process B:	**Supplemental Processes b: Orientation and Education for New BOH Members**
Reviewed by:	Board of Health
Approved by:	Board of Health, Health Director

Policy III.B. Process for Orientation and Education for New BOH Members

Purpose

To orient new Board members so they can become effective Board members and to ensure that Board members remain current health issues and best practices that affect the community.

Guidelines:

1. Board members will complete a designated orientation program no later than 9 months after their first appointment date.

    a. Each Board member will meet with the Health Director and other staff as appropriate to review the Orientation Manual for Board of Health Members and the Local Data and Rules Manual.
    b. The Health Director is responsible for reviewing and updating the Orientation Manual and the Local Data and Rules Manual on an annual basis prior to new Board members first date of appointment.
    c. Each Board member will review the training (available on the Orange County Board of Health website) "Protecting Your Public, Environmental Health Orientation Part 1 and 2" either independently or in a group.

2. Board members will participate in ongoing continuing education.

    a. Board members will participate in at least 3 educational sessions each calendar year
    b. The Health Director, in consultation with the Board, will establish a schedule of educational sessions each fiscal year that take place either prior to or as part of a regular Board meeting.
    c. Board members will receive ongoing training on the responsibilities and authority of the local board of health at least once every 4-year accreditation cycle.

Section III.B. Process for Recruitment and Reappointment for BOH Members

Purpose

To provide advice to the Orange County Board of Commissioners on the appointment of Board of Health members to ensure that they meet requirements of NCGS 130A and Orange County Commissioner Policies.

Guidelines:

1. Recruitment procedures for new Board of Health members.

a. The Nominating and Operating Procedures Committee of the Board of Health is delegated to carry out recruitment for vacant slots on the Board of Health. In order to meet a timely transition the process should begin four months prior to expiration of term. The procedure is as follows:

For representatives of professional slots:

1. Recommendations for replacements may be solicited from the "retiring" Board member. Applicants must apply through the County Commissioner's Clerk's Office.
2. If there are no suitable applicants in the current database, mailing list/labels from appropriate licensing board or association may be obtained.
3. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. Recruitment letter is signed by current board chair and current board member occupying the slot or nominating committee chair.
4. Applicants send applications to Clerk's Office. Application period open until filled. Committee reviews applications no sooner than 15 working days after mailing of letter.
5. Nominating Committee may add current professional representative, related division director, and health director to review applications, apply criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
6. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of Commissioners.

For at-large representative slots:

1. Recommendations for replacements may be solicited from the "retiring" Board member. Applicants must apply through the County Commissioner's Clerk's Office.
2. If there are no suitable candidates in the current database, the Committee meets with all three at-large representatives and the Health Director to determine community groups from which to recruit and mailing labels/list are obtained from those community groups.
3. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. The letter is signed by the current board chair and current at-large representative occupying the slot or by nominating committee chair.
4. Applicants send applications to Clerk's Office or apply on-line through the county website. Application period open until filled. Committee will look at applicants no sooner than 15 working days after letters were mailed.
5. Nominating Committee reviews applications, applies criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
6. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of Commissioners.

b. Criteria for Board of Health applicant review. The following criteria are meant to be guidelines for assessing applicants and are not meant to be exclusive.

1. Full-time resident of Orange County, with commitment to stay in the county for at least ~~six~~ nine years (3~~2~~ terms)
2. Must hold required degree for service if in a professional slot: RN, MD/DO, DVM, OD, BS Pharm, PE, DDS
3. Public health training or experience preferred for professional slots
4. For professional slots, actively employed in their profession (e.g., as a pharmacist or in a pharmacy administrative role). Priority given to practicing professionals (non-researchers).
5. Prior experience with community work (e.g., Red Cross, mission work, school health)
6. Willingness to engage as an active member of the Board, serve in a leadership position, and/or serve as an active member on a committee
7. Currently serving on not more than one other Board or committee that requires significant amounts of time
8. Geographic representation of the county (balance on the current board)
9. Gender and culturally diverse representation on the current board
10. No former employees of the health department
11. No employees of other county departments

2. Reappointment of Existing Board of Health Members

A Board of Health member is appointed to a three-year term beginning the month of their appointment, unless serving in an unexpired term slot. Generally, members are eligible for reappointment for ~~a~~ second and third terms. ~~In March of each year~~As members become eligible for reappointment, the Nominating Committee reviews the attendance records of members who are eligible for reappointment, contacts each member to assess willingness to continue and makes a recommendation to the Board of Health. The Board Secretary (Health Director) sends a letter to the Clerk of the Commissioners indicating the Board of Health's review and endorsement for reappointment.

3. Resignation of Board Member from Current Term of Office

In the event that a Board member resigns prior to the official end of his/her term of office, the Board member shall send a letter to the Secretary (Health Director) or the Board Chair with the date of his/her resignation. The Secretary will transmit the letter to the County Commissioners Clerk's Office and ask that recruitment for the slot be activated. The Board shall be informed at the next regularly scheduled meeting of the Board.

Section III.B. Annual Performance Review Process for Health Director

Purpose

To provide the Board with a process for accomplishing the required annual review of the health director's performance in accordance with the statutory requirement GS 130A-41.

Guidelines:

1) Orange County Personnel Policies are followed in conducting this review.

Steps in the standard process are:

1. Preparation of an annual work plan by the employee and supervisor.
2. Preparation of performance notes at the end of the plan year that relate to the objectives contained in the work plan.
3. A conference between the employee and the supervisor regarding the employee's performance for the year.
4. Supervisor prepares a Work Planning and Performance Summary after the conference which outlines the findings of the discussion and makes the final recommendation as to performance.
5. Supervisor forwards all paperwork to Human Resource Director.

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2) In the case of the Health Director, the "supervisor" of the Director is the entire Board. The Chair assumes the responsibility of managing the information flow and input into the performance evaluation. This may include the formation of an ad-hoc committee to assist in the completion of the performance evaluation.

1. The Health Director prepares performance notes relevant to the year and emails them to all Board members.
2. The Chair schedules a meeting with the County Manager to obtain input on the Health Director's performance.
3. The Chair may or may not solicit additional feedback, including from senior management staff and direct reports at the Health Department through electronic or in-person methods each year. A 360° evaluation should be conducted at least every 5 years.
4. The Chair presents these findings to the full Board at a closed session of the Board and a general discussion of performance is then held. The Board reaches agreement on a recommendation and then the health director is called into the room and the Chair guides the discussion by Board members.
5. The Board is required to keep minutes during the closed session, including any motions made and actions resulting from such motions and transmit them to the Secretary (Health Director) for the permanent record.
6. Board members indicate changes they would like to see included in the following year's work plan and those areas are discussed with the Health Director in the meeting.

Following the meeting, the Chair writes the performance summary, finalizes the paperwork, obtains the Health Director's signature and sends it to the Human Resources Director for the County. The

Human Resources Director processes the remaining paperwork. The goal should be to have the performance review complete within 30 days of the hiring date anniversary.