Board of Health

Regular Meeting

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Agenda

Monday, May 16, 2016 **5:15 PM** **Riverview Conference Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **May 16, 2016** at **5:15 PM** in the **Riverview Conference Room, 335 South Broadway Street, De Pere, WI 54115.**

I. Call to Order

1. Roll Call

2. Action items

1. Approval of the March 21 2016 minutes
2. Staffing update
3. Strategic plan update
4. COOP (continuity of operations) plan
5. MOU Brown County Health Department lab-pool testing
6. Sanitarian program update
7. YTD health hazard/nuisance complaints
8. YTD communicable disease report
9. Outreach/health promotion activities
10. Public comment on matters not on the agenda
11. Future agenda items
12. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk-Treasurer's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – March 21, 2016

The Board of Health of the City of De Pere, Wisconsin met in regular session in the Riverview Conference room at City Hall, on Monday, March 21st at 5:15 p.m.

Roll call was taken and the following members were present: Mike Donovan, Pat Finder-Stone, Jim Kneiszel, Dennis Hibray, Dr. Michael McHenry, Chrystal Woller, Dale Schmit and Julie Switzer. Also present was Ruth Scheck, a UWGB nursing student.

1. Approval of November 16, 2015 Meeting Minutes
Pat Finder-Stone made a motion, seconded by Dr. McHenry to approve the minutes of the November 16, 2015 Board of Health Meeting. Upon vote, motion passed unanimously.

2. 2015 Community Health Improvement Plan Annual Report
The Community Health Improvement Plan was launched in 2015, and should be completed within the next 3 years. The four focus groups are: alcohol misuse, oral health, mental health, and nutrition. The De Pere Health Department has representation on each of these focus groups. The Health Departments lead the steering committee, and the Health Systems lead the focus groups. An educational event was held at Lambeau Field on October 30th - "Bridges Out of Poverty" which focused on addressing poverty in these four groups. Suicide Prevention is incorporated into the Mental Health focus group. Pat Finder-Stone made a motion, seconded by Dr. Michael McHenry to accept and place on file. Upon vote, motion passed unanimously.

3. 2015 Health Department Annual Report
The format of the annual report follows the Essential Services or public health. Some of the highlights of 2015 were:

- Implementation of the environmental inspection program
- New programming at the Library, incorporating physical activity and nutrition into the lives of families with young children
- New program with the Fire Department for evidence-based fall prevention (Remembering When)
- Vaccination numbers individually are down. The department has to screen and can only vaccinate children who are under 19, are underinsured, have Medicaid, or have no health insurance. 82% of 2 year olds in De Pere are up to date on their immunizations. 94% of school age children met the WI minimum school vaccination requirements.
- Several animal bite/exposure investigations during 2015
- Radon kits were given free in 2015 because of a radon grant
- Inspection program began again in April, with a total of 234 establishments to inspect. 174 inspections were done by the health department, 54 were completed before the department became an agent. Dale Schmit focuses on priority items that would cause people to become ill when he does inspections. He also tries to make sure that the employees are educated on proper procedures.
- Partnering with area universities and colleges to mentor students

Mike Donovan made a motion, seconded by Pat Finder-Stone, to accept the annual report and place on file. Upon vote, motion passed unanimously.

4. Annual Agency Policy and Procedure Review
Small changes were made and several new policies added for 2015. Policies on TB, a new policy for Ebola response and a new vaccine inventory policy were added. Mike Donovan signed the Policy and Procedure approval page. Pat Finder-Stone made a motion, seconded by Jim Kneiszel to accept the Policies and Procedures. Upon vote, motion passed unanimously.

5. YTD Communicable Disease Report

Chlamydia is the most common reportable disease. Whether confirmed, not a case, suspect or probable, all communicable diseases must have public health intervention. There will be a webinar to update local health departments on the Elizabethkingia virus on Wednesday. So far there have been no reported cases of this virus in the city limits of De Pere. The mosquito that carries the Zika virus has been identified. The state of Wisconsin will test for this virus for free if there is a history of travel to affected countries and the person also has at least 2 symptoms within 2 weeks of return. Dr. Michael McHenry made a motion, seconded by Jim Kneiszel to accept and place on file. Upon vote, motion passed unanimously.

6. Part-time Public Health Nurse Vacancy Update

Ellen Moore, Public Health Nurse announced retirement in February. The part-time nursing position was posted and the interviews will be conducted on April 7th and 8th. Additional hours for this position will be asked for in the next budget session.

7. 2016-2017 Weights and Measures Fee Formula Results

The price per device for 2016/2017 will be slightly less because of more devices being identified in city businesses. An application is sent to all businesses in January to determine the number of devices for their business. The total amount to run the program is divided by all of the devices to get a per device cost. A device could be a grocery scale, scanner, fuel pumps, etc. Dennis Hibray made a motion, seconded by Mike Donovan to accept and send to the City Council for their approval. Upon vote, motion passed unanimously.

8. MOU Draft Back-up Sanitarian Services with Menasha

The MOU is a draft for backup Sanitarian services in the event that Dale would be temporarily unable to perform his duties. The final approval needs to come back from Menasha. Pat Finder-Stone made a motion, seconded by Dr. Michael McHenry to accept the MOU and send it to the City Council for approval once Menasha approves. Upon vote, motion was passed unanimously.

9. Sanitarian Program Update

Dale gave an update on merger as requested. DHS and DATCP will be merging into DFRS (Division of Food and Recreational Safety). City ordinances will have to change when the merger is officially adopted by the legislature, at which time the health department would sign a new contract. It will probably be June 30th, which is the end of the license year. Tattooing and Body Piercing will be under DSPS (Department of Safety and Professional Services). The health department will have to sign an agreement with DSPS to do the inspections. New businesses: Fox River Tours, Kwik Trip and a Café on Honey Ct. Mike Donovan made a motion, seconded by Dennis Hibray to accept and place on file. Upon vote, motion was passed unanimously.

10. YTD Health Hazard/Nuisance Complaints

There have been 8 complaints so far in 2016; hoarding, noise, odor and 38% have been dog feces complaints.

11. Outreach/Prevention Activities

February Activities Include:

- Proper Sewage Cleanup Fact Sheet – media interview & on website
- Radon Education (Channel 5 & 26)
- Flu Education (Channel 2 & 26)
- Remembering When- Press Gazette & 2 Community Presentations
- 2016 Health Ranking – Press release
- Collaborating with the Community Center on VERB project, which is a CDC program which incentivizes physical activity for children. It will be kicked off this summer.

- Parents who host lose the most. De Pere has a social host ordinance, so if parents host a party and give alcohol to minors there will be consequences. Working with the Alcohol Misuse task force to get signs out in the community.
- TDAP mass school based clinics planned for April
- Preschool days – Immunization and handwashing education
- Be the Light Walk planning(Suicide Prevention Walk)
- Car Seat Event

12. Public Comment on Matters not on Agenda

Pat Finder-Stone went to a meeting at NWTC, where it was mentioned that there have been 5 cases of threatened suicide that have been averted by intervention of staff and counselors. There were 38 suicides in 2015 in Brown County. Erin Bongers is trained in QPR (Question, Persuade, Refer). She trains others to identify the signs of suicide in individuals, so they can direct them to the appropriate resources.

There are 2 individuals interested in beekeeping in the city.

13. Future Agenda Items

- MOU with Brown County for pool testing
- Continuity of operations plan that needs to be approved for the preparedness program
- Quality improvement plan
- Update on strategic plan

14. Adjournment

Upon motion by Pat Finder-Stone, seconded by Dr. Michael McHenry, the Board of Health unanimously adjourned at 6:40pm.

Respectfully Submitted,
Julie Switzer
Health Department Office Assistant

Section 8: Agency Goals, Strategies and Objections (Work Plan)

SCORE KEY	
0	Not Started
1	In Progress
2	Completed

GOAL 1: Improve external communication and expand public health awareness

Strategy	Objectives	Baseline	Linkages	Responsibility	Projected Due Date					Status	Sco
					`14	`15	`16	`17	`18		
1.1 Provide regular health information to the general public	Send press releases at least every 2 months to the local media on a public health topic	New Initiative	Community Health Improvement Plan PHAB (Public Health Accrediting Board) Domain 3	Health Director	X	X				-Radon -Measles -Egg Safety -Swimming Safety -Back to School Vaccinations -Flu -Remembering When Program	2 ✓
	Update website at least monthly (to include the A-Z listing)	Ongoing	Community Health Improvement Plan PHAB Domain 3	Department Support Staff	X					• CHIP agendas/minutes • Env. Health	2 ✓
	Increase public following on social media (Facebook) each year by at least 40%.	37 followers currently	PHAB Domain 3	All staff	X					• 2014_Increased 59% /#92 • 2015_ Increased 41%/#157	2 ✓
	Explore feasibility of public health messaging/signage in the community	New Initiative	PHAB Domain 3	Health Director/BOH members		X				• 2014_ IZ billboard • 2014/2015_ farmers market signage/ sponsor EBT • 2015_Radon billboard	2 ✓

										• 2015_ Safe Sleep Billboard • 2015_ Influenza Signage • 2016_Urban Orchard signage	
1.2 Strengthen Communication and Collaboration with partners	Integrate public health information into partner/city newsletters	New Initiative	PHAB Domain 3	Public Health Nurses		X				• City e-newsletter • (partner) School newsletter	**2** ✓
	Explore feasibility of participating in the planning/implementation of SNC/Bellin Medical College program in some capacity	New Initiative	PHAB Domain 3	Health Director		X				• 1/2015_Actively serve on the quarterly MCW Pathway Community Partner Council • Actively involved in COPC projects	**2** ✓
	Advocate/Educate stakeholders on at least 1 community-wide public health policy issue and present to the BOH for formal support	New Initiative	PHAB Domain 3	Health Director	X					• 2014_smoking/side-walk cafes • 2015 _ordinance creation for environmental health sanitarian	**2** ✓
	Incorporate public health review/recommendations in the city planning commission process	New Initiative	PHAB Domain 3	BOH Chair/Health Director				X			**0**

GOAL 2: Strengthen Workforce Development

Strategy	Objectives	Baseline	Linkages	Responsibility	Projected Due Date					Status	Sco
					`14	`15	`16	`17	`18		
1.1 Strengthen workforce/programmatic capacity within the agency	Increase health dept. environmental health capacity by hiring a full- time Public Health Sanitarian	Vacant position	DPHD Strategic Plan	Health Director	X					• Public Health Sanitarian hired and began employment on 12/30/2014. • Re-wrote ordinance and revised policies/procedures • Signed agent contract(s) to begin 4/1/2015 • 2015_Contracted for temporary assistance Asian Festival	2 ✓
	Develop a competency assessment policy and staff development training log	New initiative	PHAB Domain 8	Health Director			X				0
	Will conduct a competency assessment of all staff annually. Identify gaps and link to educational resources.	New initiative	PHAB Domain 8	Health Director				X			0
	Incorporate role specific competencies into department job descriptions	New initiative	PHAB Domain 8	Health Director					X		0

	Develop/conduct formalized orientation for new Board of Health/Council members	New initiative	PHAB Domain 8	Health Director					X		0

Goal 3: Institutionalize quality improvement to assure the provision of quality public health programming

Strategy	Objectives	Baseline	Linkages	Responsibility	Projected Due Date					Status	Sco
					`14	`15	`16	`17	`18		
1.1 Formalize performance management (to include quality improvement)	Develop a performance management policy	New initiative	PHAB Domain 9	Health Director				X			0
	Staff will attend at least annual training on QI/performance management	New initiative	PHAB Domain 9	All Staff			X			POINT QI Training	1
	Implement a QI/PM process on at least 1 department program/process annually	New initiative	PHAB Domain 9	All Staff					X	POINT QI Project	1
1.2 Assess the feasibility to prepare for PHAB accreditation	Complete the PHAB local self-assessment tool	New initiative	PHAB	Health Director	X						2 ✓
	Address at least 1 gap in the PHAB assessment annually	New initiative	PHAB	Health Director		X				-QI Plan -Environmental Capacity Building -Now embedded into Prevention Block Grant Requirements	2 ✓

De Pere Health Department Continuity of Operations Plan (COOP)

December 2015 (DRAFT)

Public Health
Prevent. Promote. Protect.

De Pere Health Department

The mission statement of the De Pere Health Department (DPHD) is:
To protect and promote public health across the lifespan through: education, policy development and valued services

SECTION 1: INTRODUCTION

1.1 Purpose

The purpose of the COOP plan is to establish policy and guidance to ensure that essential functions for DPHD are continued in the event that manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations. The COOP plan enables the health department to operate with a significantly reduced workforce and diminished availability of resources, and to operate from an alternate work site should the primary facility become uninhabitable. The COOP plan will ensure the DPHD is prepared to do the following:

- Respond to emergencies, recover from them, and mitigate their impacts.
- Provide critical services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to staff and other critical partners before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the COOP plan.
- Facilitate the return to normal operating conditions as soon as practical, based upon the circumstances and the threat.

The health department will ensure its COOP plan is (1) viable and operational; (2) compliant with all guidance documents; (3) fully capable of addressing all types of emergencies; and (4) mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

1.2 References

- National Response Framework (NRF)
- National Incident Management System (NIMS)
- Public Health Emergency Plan (PHEP)
- DPHD Policy & Procedure Manual

SECTION 2: CONCEPT OF OPERATIONS

2.1 Objectives

This COOP plan was developed in an effort to assure the health department's capability exists to continue essential functions across a variety of emergencies. The objectives of this COOP plan include:

- To ensure the continuous performance of the health department's essential functions/operations during an emergency.
- To protect essential facilities, equipment, records, and other assets.
- To reduce or mitigate disruptions to operations.
- To reduce injuries and loss of life.
- To minimize damage and losses to agency facilities and assets.
- To identify and designate staff to carry out essential functions and, if necessary, be relocated.
- To facilitate decision-making for execution of the COOP plan and the subsequent conduct of operations.

- To achieve timely and orderly recovery from an emergency and resume full services to the public.

2.2 Planning Assumptions & Considerations

This COOP plan is based on the following assumptions and considerations:

- Emergencies or threats may affect DPHD's ability to provide essential departmental services and to provide support to other agencies.
- Personnel and other resources from DPHD will be made available to continue essential departmental services. Continuity of operations may be challenging because of employee absenteeism.
- Emergencies and threats will be prioritized based upon their perceived impact on operations and the public.
- An effective response to a community-wide event will require a coordinated effort from public and private entities, including public health, emergency management, healthcare, and critical infrastructure providers.
- Volunteers may be used to help carry out the health department's functions during an emergency.
- The COOP plan must be capable of implementation with and without warning.
- The COOP plan must be operational no later than 12 hours after activation and sustained for up to 30 days with resource support.
- The COOP plan will take maximum advantage of available local, State, and Federal government infrastructures.

2.3 COOP Execution

<u>COOP Activation Scenarios</u>

A list of COOP Activation Scenarios and a Decision-Making Matrix is included in Attachment 1 to assist the health department Director in determining whether to activate the COOP plan and under what conditions to activate the health department's Incident Command System (ICS). The following scenarios would likely require activation of the COOP plan:

- DPHD is closed to normal business due to a credible threat to the department or the vicinity.
- Area of City of De Pere has experienced a biological incident, widespread utility failure, natural disaster, hazardous materials incident, civil disturbance, or terrorist and/or military attack or threat.
- A pandemic is causing widespread illness in the community and is affecting staff and their families. A workforce shortage of more than 40 percent would necessitate activation of the COOP plan.

The following scenario would **not require** activation of the COOP plan.

- The primary facility is temporarily unavailable due to a sudden emergency, such as a fire alarm, bomb threat, or hazardous material incident, which requires evacuation of the facility but only for a short duration that does not impact normal operations.

<u>Vulnerability</u>

- Vulnerabilities of the DPHD were assessed as part of a county-wide hazard vulnerability assessment (HVA) in *2015*. The results of the HVA are included in the Administration section of

the Public Health Emergency Plan (PHEP). The PHEP is kept on the City of De Pere Health Department H drive and a hard copy in the main area shelving.

COOP Activation

If the health department must close, an alternate work site within the City of De Pere will be activated at the discretion of the health department Director in coordination with the City Administrator. In the event of relocation, DPHD staff will gather at the alternate work site as directed by the Director. Staff may be asked to telecommute if possible. The Director will ensure the essential functions of the health department are maintained and capable of being performed using available personnel and resources at the alternate work site until full operations are re-established at the primary facility. Requests for outside resource support will be submitted to the De Pere Emergency Manager.

- In the event of relocation, all personnel will report to the alternate work site as directed by the Director. The Director will ensure the essential functions of the health department are maintained and capable of being performed using available personnel and resources at the alternate work site until full operations are re-established at the primary facility. Requests for outside resource support will be submitted to the City Emergency Manager.
- All personnel will report to the primary health department facility and assume their predetermined COOP roles if the COOP plan is activated and relocation is not necessary (ex: biological incident or pandemic). Personnel should begin to carry out the essential functions as identified in Attachment 2.
- All staff will be contacted through the staff call-down and advised to report to the health department or alternate work site. The staff directory, if needed, is located in the *Activation Resources* section of the PHEP and the DPHD Go-Kit.

Phase I- Activation and Relocation (0-12 Hours)

During this phase, alert and notification of health department employees and other critical community partners will take place. It is during this phase that preparations to transition to an alternate work site will begin, if relocation is anticipated. However, if the event turns out to be less severe than initially anticipated, the time-phased COOP activation may terminate during this phase and return to normal operations will take place.

Phase II- Alternate Work Site Operations (12 Hours to Termination of Emergency)

During this phase, the performance of mission-essential functions should be underway. Operations may be scaled back to the essential functions as prioritized in Attachment 2. If relocation was ordered, the transition to an alternate work site may be completed as necessary. Also during this phase, plans should begin for transitioning back to normal operations at the primary facility or other designated facility.

Phase III- Reconstitution

During this phase, all personnel, including those who are not involved in the COOP activation, will be informed that the threat or actual emergency no longer exists and instructions will be provided for the resumption of normal operations.

2.4 COOP Team: DPHD Staff

All staff will be considered COOP Team members. Essential functions are the services the DPHD must provide and cannot be delayed for more than 30 days (see Attachment 2 for list of essential services). DPHD staff will be responsible for carrying out the essential functions during COOP activation and will be required to report for duty during an emergency. Part-time staff may be asked to work full-time hours

until the COOP activation period is terminated. Depending on the incident, the Director may call in volunteers to assist with performing the essential functions. DPHD staff must be able to continue the performance of DPHD essential functions for up to 30 days with resource support, including volunteers and any requested assistance from outside resources.

Selected volunteers or personnel from other City of De Pere departments may supplement the COOP Team as determined by the Director. Health department staff will serve as the initial team for activating and carrying out the COOP plan in the first 12 hours of activation. The COOP Team (including volunteers and other outside support) will ensure the continuance of the health department's essential functions for up to 30 days with resource support.

2.5 Alternate Work Site

The determination of whether to relocate to an alternate work site, within the City of De Pere, will be made at the time of activation by the Director in consultation with City of De Pere Administration. The decision will be based on the incident, threat, risk assessments, and execution timeframe. Arrangements will be made with Facilities.

An alternate location within the City of De Pere will be used when the health department's facility is no longer a safe working environment due to structural damage or other safety issues.

2.6 Mission-Essential Functions

DPHD has identified and prioritized its essential functions so the health department's mission may be carried out during an emergency. The health department's essential functions also include activities identified in the health department's Public Health Emergency Plan.

The Director and COOP Team shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible during COOP activation. Any task not deemed as an essential function will be deferred until additional personnel and resources become available.

The essential functions and their ranking priorities are located in Attachment 2.

2.7 Warning Conditions

When planning and preparing for emergencies that may require COOP activation, a variety of scenarios have been considered. Impending events, such as winter storms, may provide ample warning for notification of staff and identification and pre-position of resources. Other types of events, such as tornadoes or terrorist events/criminal acts, may provide very little or no warning. The DPHD recognizes that the COOP plan must be able to be activated under all conditions:

- With Warning: The DPHD may receive a few hours warning prior to an event. This will normally enable the full execution of the COOP plan with the reallocation of resources and deployment of personnel to an alternate work site, if necessary. Notification will occur through telephonic methods using the call-down system.

- Without Warning: The ability to execute the COOP plan following an event that occurs with little or no warning will depend on the severity of the emergency and the number of available personnel.

- Non-Duty Hours: The ability to contact staff, whether during work hours or non-duty hours, is critical for ensuring the health department's essential functions may be carried out.
    - If an emergency occurs during off-duty hours, Emergency Management would contact health department personnel utilizing the after-hour's notification system.
- Duty Hours: If an incident occurs during work hours, the COOP plan will be activated and all staff will be deployed as directed by the Director.
    - All staff should follow the facility's evacuation or shelter in place procedures for events that occur during work hours that will likely require the relocation of the health department's operations.
    - For events occurring during work hours that do not require relocation (such as a pandemic or other biological incident), the Director will direct staff to scale back operations to the mission-essential functions identified in the essential functions chart in Attachment 2.

In both scenarios (non-duty and duty hours), the Director may temporarily reassign staff to assist with carrying out the mission-essential functions. The Director also may call volunteers to request assistance or contact the City Emergency Manager to request additional resource and personnel support from other city and county agencies in the Northeast Region.

2.8 Direction & Control

Orders of Succession

The DPHD is responsible for establishing, promulgating, and maintaining Orders of Succession to key positions. Such Orders of Succession are an essential part of this COOP plan. The Orders of Succession for the DPHD follow the *DPHD Policy & Procedure* found electronically on the DPHD H Drive and on hardcopy in the Director's office.

1. Health Director
2. Public Health Sanitarian
3. Public Health Nurse

2.9 Operational Hours

- During COOP activation, the Director will determine the hours of operation for the COOP Team.
- Members of the COOP Team must be prepared to support operations 24 hours a day, 7 days a week, working in shifts.

2.10 Alert & Notification

Alert Procedures

If the situation allows for warning, staff may be alerted prior to activation of the COOP plan. In all situations allowing for an alert, all staff members, De Pere Emergency Management, the Division of Public Health, and other key partners must be notified.

- Information and guidance for all DPHD staff will be passed via telephone using the staff call out system. Depending on the situation, information also may be available via:
    - Web site or e-mail
    - Announcements on local radio and TV stations
- DPHD staff should remain in their office or at home until specific guidance is received.
- DPHD staff should be prepared for rapid deployment upon activation through the pre-arranged notification procedures. These instructions will denote explicit actions to be taken, including the location of where to report for duty (the health department or otherwise).

- The Director will direct the activation of the COOP plan.

SECTION 3: PROCEDURES

3.1 Personnel Coordination

The Director will draft memoranda for dissemination to all employees regarding the duration of alternate operations, pertinent information on payroll, time and attendance, duty assignments, travel authorizations, and reimbursement. These memoranda will be distributed to all staff through e-mail and other available sources.

3.2 Vital Records and Databases, Vital Systems & Equipment

Vital Records and Databases

Vital records and databases identified as critical to supporting the mission-essential functions, are all electronic, and will be maintained, updated, and stored on secure electronic servers. Vital records essential to COOP activation include the following:

- Public Health Emergency Response Plan (PHEP), departmental policies
- Client charts and public health databases (SPHERE, WIR, WEDSS, HealthSpace, etc.)

Vital records critical to carrying out the health department's essential legal and financial functions and activities are housed within Human Resources and Finance Departments, and critical documents of these are kept electronically, and can be accessed from other city locations.

Vital Systems & Equipment

If relocation to an alternate work site is necessary, the COOP Team Leader will ensure the needed electrical and internet capabilities are available at the alternate work site. Information Services support may be requested from the City of De Pere Information Technology (IT) Department.

If necessary, DPHD vaccine will be transferred to the Brown County Health Department.

3.3 Telecommunications and Information Systems Support

Communications that will be used within the health department and/or its alternate work site to communicate with staff and other agencies co-located in the health department's facility:

- Phones
- Cell Phones
- Email
- UHF Radios
- Two-Way Radios
- Fax Machines
- Satellite Phone

Access to critical information systems that are used to accomplish mission-essential functions during normal operations from the health department should be assured at the alternate work site. For the DPHD, the City of De Pere IT Department maintains the information systems and ensures that the systems are backed up on a daily basis. In addition, the IT Department ensures that connectivity exists at the alternate work site and will provide systems technical support during COOP activations.

The above-referenced telecommunications and information systems capabilities at the DPHD's alternate work site are sufficient for the performance of mission-essential functions under the COOP plan.

3.4 Security & Access Controls

The Director will ensure that all four types of security are addressed and in place at the alternate work site: (1) operational; (2) information systems/cyber; (3) physical; and (4) access controls.

The Director will ensure the following:

1. Plans and procedures shall establish a goal of duplicating the level of security at the alternate work site as established at the health department.
2. Alternate technologies, such as video technology, may be considered for security.
3. Augmentation of security will be addressed, based on the emergency or threat, to include considerations for using local law enforcement, private vendors, and other resources.
4. For incidents involving terrorist attacks or threats of attacks, the health department will follow guidance from local law enforcement and the City Emergency Manager based on the five-tiered U.S. Department of Homeland Security's Threat Advisory System.

3.5 Personal & Family Preparedness

All staff, including those individuals actively involved in the COOP process, should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP contingencies, training and education will be offered yearly during National Preparedness Month in September. The training will focus on preparing employees for situations in which they will not be able to work from the health department's facility. The training also will advise staff on how to be personally prepared by developing personal "go-kits" and preparing their families at home. Information about family and home preparedness is available online at ready.gov and staff are encouraged to register with do1thing.com to help prepare their families.

SECTION 4: PHASE I - ACTIVATION

The following procedures are to be followed in the execution of the COOP plan. The extent to which this will be possible will depend on the emergency, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the impacted facilities and their occupants. The degree to which this plan is implemented depends on the type and magnitude of the events or threats.

4.1 Initial Actions

1. Based on the situation and circumstances of the event, the Director will evaluate the availability of personnel and resources required to support the mission-essential functions.
2. Initiate actions to scale back operations.
3. If necessary, relocate to the appropriate alternate work site.

In cases in which COOP activation is *anticipated,* the Director:

- Notifies all staff to prepare for COOP activation by activating staff call-down procedures.
- If anticipating relocating to the alternate work site:
    - Notify manager at the alternate work site of anticipated relocation of the health department and to prepare for operations.

- Issues a COOP alert to all staff that relocation is anticipated. COOP Team personnel are instructed to prepare for COOP activation.

- Notifies the City of De Pere Emergency Manager and local supporting agencies of COOP activation if an emergency relocation of the facility is anticipated.

In cases in which COOP activation is *ordered* and relocation is anticipated:

- The Director coordinates the immediate deployment of the COOP Team to an assembly site or the designated alternate work site.
- The Director notifies the manager at the alternate work site to immediately initiate efforts and to prepare the facility for health department operations. The notification will include the following:
  - Estimated number of personnel arriving;
  - Equipment being transported to the facility;
  - Equipment or utility needs at the alternate work site;
  - Estimated time of arrival; and
  - Estimated duration of the relocation.
- Once staff members have arrived at the alternate work site, the COOP Team Leader may begin the volunteer call-down roster to request any support needed for the COOP activation.
- The COOP Team Leader provides instructions and guidance on operations and the location of the alternate work site.
- The manager at the alternate work site provides regular updates to the COOP Team Leader regarding the status of alternate work site activation/readiness.

The following notification procedures are initiated if relocation is occurring:

- The Director notifies the City of De Pere Emergency Manager and local supporting agencies that the COOP plan has been activated and if an emergency relocation of the facility has been ordered and is in progress. If relocating:
  - The COOP Team members report to an assembly site or deploy to the designated alternate work site to assume mission-essential functions.
  - If time allows and safe to do so:
    - All COOP Team members who have established Go Kits ensure the kits are complete, with current documents and equipment, and commence movement of the resources.
    - All COOP Team members assemble the remaining documents and other assets as required to perform mission-essential functions and begin preparations moving these resources.
  - All personnel and sections of the impacted facility or facilities should implement normal security procedures for areas being vacated.
  - Security and other designated personnel of the impacted facility should take appropriate measures to ensure security of the facilities and equipment or records remaining in the building.

4.2 Activation Procedures: Duty Hours

- The Director notifies staff, using call down system, stating the emergency requiring activation of DPHD's COOP plan.
- The Director activates the COOP plan and notifies the appropriate community partners.

- The Director notifies DPHD staff to begin movement to an assembly site or to the designated alternate work site immediately, if relocation is ordered.
    - DPHD staff immediately deploys to an assembly site or a designated alternate work site to assume mission-essential functions.
- During a work force shortage (i.e., pandemic or other biological incident), available staff may be temporarily reassigned to the mission-essential functions and may be tasked to assist with duties outside their regular job descriptions.
    - Staff will not relocate to an alternate work site during a pandemic or other biological event that does not impact the building, utilities, or other physical assets.
    - It is unlikely the COOP plan will be activated during non-duty hours in response to a workforce shortage or pandemic.

4.3 Activation Procedures: Non-Duty Hours

- Emergency Management would contact health department personnel utilizing the after-hour's notification system; the Director is subsequently notified if not the one who received the call.
- The Director activates the COOP plan and notifies the appropriate community partners.
- Notification procedures identified in this plan are conducted.
- The Director will determine if it is necessary to call in staff to work during non-duty hours. A scenario requiring COOP activation during non-duty hours likely will necessitate the relocation of health department functions. If activated during non-duty hours:
    - The Director directs DPHD staff to begin movement to the designated alternate work site, if called into work during non-duty hours.
    - DPHD staff will deploy to the designated alternate work site to assume mission-essential functions, as directed.

4.4 Deployment and Departure Procedures for Relocation Operations

The Director will determine full or partial deployment to the designated alternate work site of any mission-essential functions that are critical to operations at the time the COOP activation is ordered. This determination will be based on the severity of the event and the level of threat. The following actions establish general administrative procedures to allow for travel and transportation to the alternate work site. Specific instructions will be provided at the time a deployment is ordered.

- DPHD Staff: Selected DPHD staff immediately begin deployment, taking with them necessary kits: office Go Kits, POD kits, and their personal go-kits. (See Attachment 3 for Supply list) The team will use privately-owned vehicles for transportation to the designated facility. Specific instructions will be provided at the time of activation.

4.5 Transition to Alternate Operations

Following activation of the COOP plan and establishment of communication links with the COOP Team, the Director will order the temporary cessation of operations at the primary facility.

- The Director notifies the City of De Pere Emergency Manager and local supporting agencies that an emergency relocation of the DPHD is complete. The Director will provide information on modified agency operations and the alternate work site location, including contact numbers.
- As appropriate, community partners, media, outside customers, vendors, and other service providers will be notified by the Director or other designated person(s) that functions of the

DPHD have been temporarily modified while responding to an event. Information regarding the relocation of health department operations also will be provided.

SECTION 5: PHASE II – ALTERNATE OPERATIONS

5.1 Execution of Mission-Essential Functions

Upon activation, DPHD staff will begin providing support for the following functions:

- Ensure that mission-essential functions (see Attachment 2) are re-established as soon as possible.
- Monitor and assess the situation that required the activation.
- Monitor the status of personnel and resources.
- Establish and maintain contact with the City of De Pere Emergency Manager and local supporting agencies or other designated personnel.
- Plan and prepare for the restoration of operations at the impacted facility or other long-term facility.

5.2 COOP Team Responsibilities

In addition to the functions identified in Section 5.1, DPHD staff will begin providing support for the following functions as soon as possible following activation of the COOP plan:

- The Director will disseminate administrative and logistical information to DPHD staff upon activation of the COOP plan. This information generally should cover the operational procedures for the next 30 days.
- DPHD staff will receive continual briefings and updates from the Director.
- DPHD staff will perform the mission-essential functions of the DPHD.

5.3 Augmentation of Staff

- If it becomes evident that DPHD staff cannot adequately ensure the continuation of mission-essential functions, the Director will determine additional positions and volunteers necessary to maintain these functions.
- The Director will ensure that the identified positions are staffed with individuals who have the requisite skills to perform the tasks.
- The Director will consider implementing agreements with outside resource support including Memoranda of Understanding/mutual aid agreements with other government agencies and contractual agreements with private vendors.
- Requests for outside resources support will be submitted to the City Emergency Manager.

5.4 Devolution

Devolution is the capability to transfer statutory authority and responsibility for the health department's functions from the department's primary operating staff and facilities to another organization's employees and facilities. Devolution may occur if catastrophic or other disasters render the DPHD's leadership and staff unavailable or incapable of performing its COOP functions at the primary facility or alternate work site.

If devolution is necessary, prioritized essential functions are transferred to a pre-identified devolution organization. Agency direction and control of mission-essential functions are transferred to the

devolution organization site and/or identified personnel. Devolution plans will involve the following issues:

- Personnel at the devolution organization are trained and/or capable to perform the COOP functions to the same level of proficiency as DPHD personnel.
- Vital records, documents, and databases are up to date and available to the devolution organization.
- Communications and information management systems are able to be transferred or are accessible to the devolution organization.
- Delegation of authority planning includes senior personnel at the devolution organization.
- The estimated duration of devolution and a process to return functions and equipment to the health department.

Should sufficient staff be unavailable to conduct the mission-essential functions of the DPHD, the Director will initiate activation of pre-arranged devolution agreements. Devolution will be triggered when the Director determines that available staff and resources are insufficient to carry out and maintain the health department's prioritized COOP functions. At that point, the Director will begin procedures to draft devolution agreements in consultation with the City Attorney and Board of Health/Common Council. The Director will notify the devolution organization(s) that devolution is being initiated.

The following are pre-identified devolution organization(s) for the DPHD:

- *Brown County Health Department (first choice)*
- *Menasha Health Department*

5.5 Development of Plans and Schedules for Reconstitution and Termination

The Director will develop reconstitution and plans and schedules to ensure an orderly transition of all health department functions, personnel, equipment, and records from COOP activation back to normal business operations. The Director will review the plans to identify worker or site safety concerns and will oversee the reconstitution process.

- The Director will review and formally approve all plans and schedules.
- Upon approval, the Director will issue a COOP Termination memo to the devolution organization(s) to identify the point of formal COOP Termination.
- The Director will oversee the Reconstitution and Termination process.

Plans and schedules will include:

1. Whether the health department's primary facility is inhabitable. If not, the plans will include recommendations of a new facility for operations.
    a. Construction needs for the primary facility, including remediation of safety issues.
    b. Estimated costs associated with construction and occupancy. Plans to include options for funding.
2. Notification plans for all health department staff.
3. Timeframe for resumption of normal operations.

SECTION 6: PHASE III – RECONSTITUTION & TERMINATION

6.1 Overview

As soon as possible (within 24 hours) following a COOP activation, the Director will initiate operations to salvage, restore, and recover the impacted facility, pending approval from applicable local, State, and Federal law enforcement and emergency service authorities. Reconstitution procedures will commence when the Director determines that the emergency situation has ended and is unlikely to reoccur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation:

- If relocation occurred:
  - Continue to perform mission-essential functions at the alternate work site for up to 30 days.
  - Begin an orderly return to the health department and reconstitute full normal operations.
  - Begin to establish reconstitution of normal operations at a different primary facility location if the health department is uninhabitable.

- If relocation did not occur:
  - Continue to perform mission-essential functions at the health department until additional staff becomes available.
  - As additional staff becomes available, begin an orderly return of additional functions of the health department until all functions are resumed.
    - Begin to resume functions based on the priority rankings on the essential functions chart. Mission-essential functions should be operational first, followed by other functions as ranked in Attachment 2.
    - Transition staff members who have been temporarily reassigned back to their regular duties.
    - Release volunteers called in to assist with health department functions.

6.2 Procedures

If relocation occurred: Upon a decision by the Director that the impacted facility can be reoccupied, or that a different location will be established as a new facility to resume normal operations, the following procedures will be followed:

- The Director will initiate and oversee the orderly transition of all mission-essential functions, personnel, equipment, and records from the alternate work site to a new or restored facility.
- Non-assigned Support Team personnel will be notified by the Director that normal operations of the DPHD are resuming and they should report back to work.

If relocation did not occur: Upon a decision by the Director to resume normal operations, the following procedures will be followed:

- The Director will initiate and oversee the orderly resumption of all health department functions. This may include transferring staff back to their normal duties, returning any borrowed equipment, and transferring records back to their steady-state.

6.3 After Action Review and Remedial Action Plan

An After-Action Review (AAR) will be initiated by the Director after normal operations have resumed. All staff, volunteers, and outside personnel involved in the COOP activation will attend an AAR meeting or a hot-wash to review the strengths and weaknesses of the COOP plan implementation. The AAR will follow the Homeland Security Exercise and Evaluation Program (HSEEP) format.

Attachment 2

City of De Pere Health Department Essential Functions					
Rank (1=most important, 5 least important)	**Essential Function/Program**	**Critical Process**	**Key Position**	**Alternate 1**	**Alternate 2**
1	Systems/IT	Provide IT support; develop and maintain back-up plans and systems for all IT equipment and devices.	City IT Director	IT staff on call	
1	Communicable Disease	Follow up Category 1; assign to other health departments as needed	PH Nurse	PH Nurse	Director
1	Emergency Preparedness	Suspend planning; focus on disaster response	PHEP Coordinator	PHEP Coordinator	Director
1	Accounting	Track all health department expenses, including staff time, supplies, equipment, and facility expenses	Clerical	Finance Department	
1	Human Health Hazard Ordinance Enforcemenment	Investigate severe; prioritze	Sanitarian	Director	
1	Rabies Control	Utilize Humane Officer and law enforcement	Sanitarian	PH Nurse	Director
1	Inspection & Licensing	Complaint based only; refer to state staff	Sanitarian	Menasha Sanitarian	Director
1	Weights & Measures	Complaint based only; refer to state staff	Sanitarian	Menasha Sanitarian	Director
2	Vaccine Preventable Diseases	Reduce number of clinics offered; refer to provider	PH Nurse	PH Nurse	Director
2	Lead Prevention Program	Follow up only if blood lead is ≥15	PH Nurse	Sanitarian	PH Nurse
3	Child and Family Health	Very high risk only; refer to provider	PH Nurse	PH Nurse	
3	Breastfeeding	Refer to provider	PH Nurse	PH Nurse	
4	Indoor/outdoor air quality, radon protection	Suspend unless HHH; refer to state staff	Sanitarian	Director	
5	Healthy People Coalitions	Suspend activities until after disaster			
5	Coalitions, executive boards, advisory councils, & community classes	Suspend particpation/activities until after disaster			

COOP Activation Scenarios & Decision-Making Matrix

Directions: The health department's COOP plan and the ICS both are scalable: The Director may activate the whole plan or activate only the parts of the plan needed to manage the incident. The type and scale of each incident will guide the Director in determining whether activating the COOP plan and ICS are necessary.

Scenario Type	Examples	COOP Activation	ICS Activation
Small Scale (Office) Emergency: Operations are interrupted temporarily in some parts of the building, but most of the agency continues to function as usual at the primary facility.	• Broken pipes have disrupted water flow to some restrooms and caused water damage.	No, or partial activation for programs affected more than 1 business day.	No, unless directed by Director.
Intermediate Scale (Health Department) Emergency: An event has affected all or most of the building, and some functions must be cancelled or transferred to an alternate work site.	• A fire or natural disaster has damaged a section of the building.	Yes	Yes
Large Scale (Regional) Emergency: A local event requires all the agency's functions to be transferred to an alternate work site for more than 30 days.	• A tornado or storm has caused widespread destruction and damage throughout the area.	Yes	Yes
Workforce Emergency: A significant reduction (40 percent or more) in staff available to work causes the health department to scale back operations to only mission-essential functions until additional staff or volunteers become available.	• A pandemic reaches widespread community transmission and is causing illness among staff and their families.	Yes. Essential functions may be modified to focus on public health response.	An Incident Commander may be appointed to oversee staffing assignments, scheduling, and cross-training needs.

2016
AGREEMENT BETWEEN
BROWN COUNTY HEALTH DEPARTMENT
AND CITY OF DE PERE HEALTH DEPARTMENT

This Agreement is between Brown County, Wisconsin, a quasi-municipal corporation, through its Brown County Health Department, located at 610 S. Broadway Street, Green Bay, WI 54303, (hereinafter referred to as "BCHD") and the City of De Pere, Wisconsin, a Wisconsin municipal corporation, through its Health Department, located at 335 S. Broadway, Street, De Pere, WI 54115, (hereinafter referred to as "CDHD"). Brown County Health Department and City of De Pere Health Department hereinafter referred to individually as a "Party" or collectively as the "Parties.

RECITALS

WHEREAS, BCHD has an interest in individual and community health and well-being for individuals living, working and visiting the Brown County area and strives to ensure optimal public health; and,

WHEREAS, CDHD, as a public health department serving the needs of the City of De Pere has an interest in protecting the quality of the water in recreational pools within its jurisdiction; and,

WHEREAS, BCHD has the ability to do laboratory analysis of water samples to determine the quality of water for public use; and,

WHEREAS, CDHD desires to deliver water samples from their licensed recreational pools to the BCHD for testing and laboratory analysis.

NOW THEREFORE, the Parties agree as follows:

1. The above recitals are true, correct and incorporated into this Agreement.

2. BCHD agrees to:

- Test a minimum of thirty-one (31) samples of water taken by the CDHD during the term of this agreement at $15/test or four hundred sixty-five dollars ($465.00). Additional samples may be submitted for re-test analysis at the rate of $15.00 per additional sample tested.
- Conduct total coliform and E. coli bacteria absence or presence analyses of said samples.
- Provide all necessary sample containers.
- Provide copies of all test results to the CDHD in the time frame agreed to between the Directors of Health for Brown County and De Pere and set out in writing.

3. CDHD agrees to:

- Collect and deliver all samples to the BCHD laboratory on a written schedule determined by the Director of the BCHD in cooperation with the CDHD. All samples will be delivered between 8:00 AM to 4:00 PM on the scheduled day.

- Deliver any re-test samples to the BCHD Laboratory Monday through Thursday between 8:00 AM and 4:00 PM during non-holiday weeks.

- Pay BCHD $465.00 for the period covered by this agreement with payment to be made in three equal installments due on or before April 15, August 15, and December 15, 2016. Payments are to be made by the CDHD to the BCHD in a timely manner with or without the issuance of an invoice by the BCHD. Additional re-test fees will be added to billing installments as accrued.

4. **TERM:** The term of this Agreement commences on January 1, 2016 and runs through December 31, 2016.

5. **TERMINATION:** This Agreement may be terminated by either Party for any reason, or no reason, by the Party desiring termination giving thirty (30) days prior written notice of said termination to the other Party. Upon termination any amounts due to the BCHD shall be prorated based on the number of tests done in that billing period. Final payment of all amounts due to the BCHD shall be made no later than thirty (30) days from the date of termination.

6. **NOTICES:** Any and all notices and demands shall be in writing delivered in person or by first class mail, registered or certified, postage paid, return receipt requested, or by a recognized commercial courier that guarantees delivery with proof of delivery, and addressed to the appropriate party as follows:

   De Pere Health Department
   City of De Pere Director/Health Officer
   335 S. Broadway Street
   De Pere, WI 54115
   Phone: (920) 339-4054
   Fax: (920) 339-2745

   Brown County Health Department:
   Brown County Director of Health
   610 S. Broadway Street, Rm. 201
   Green Bay, WI 54303
   Phone: (920) 448-6400
   Fax: (920) 448-6479

   All other correspondence shall be addressed as above, but may be sent by "U.S. Mail" and deemed delivered upon receipt by the addressee. The above addresses may be changed at any time by the Party giving notice in writing to the other Party in the manner provided above.

7. **AMENDMENTS:** This Agreement is the entire understanding between the undersigned Parties and shall only be modified, changed or amended in writing and signed by duly authorized representatives of each Party, which amendment expressly states that it is the intention of the Parties to amend this Agreement.

8. **SEVERABILITY:** The provisions of this Agreement are severable and if any provision is found to be invalid, unenforceable, or void by a court of competent jurisdiction, the remainder of the Agreement shall remain in full force and effect and shall not be affected, impaired or invalidated unless the effect of holding the provision invalid, unenforceable or void defeats the entire purpose of the Agreement.

9. **THIRD PARTY BENEFICIARY:** Nothing in this Agreement nor any act of the undersigned Parties shall be deemed or construed to create any relationship of third party beneficiary, of principal or agent, of limited or general partners, of joint venture, or of any association whatsoever between the Parties hereto.

10. **CONSTRUCTION:** All Parties have contributed to the drafting of this Agreement. In the event of a controversy, dispute or contest over the meaning, interpretation, validity or enforcement of this document or any of its terms or conditions, there shall be no inferences, presumption or conclusion drawn whatsoever against any Party by virtue of that Party having drafted the document or any portion thereof.

11. **GOVERNING LAW:** Any lawsuits related to or arising under this Agreement shall be commenced and tried in the Courts of Brown County, Wisconsin and the BCHD and the CDHD shall submit to the jurisdiction of the Brown County, Wisconsin courts for such lawsuits. In all respects, this Agreement and any disputes arising under it shall be governed by the laws of the State of Wisconsin.

12. **SIGNATURE AUTHORITY:** The persons signing this Agreement warrant that they have been authorized to enter into this Agreement by and on behalf of their respective Parties and that they have full and complete authority to bind their respective Parties by executing this Agreement.

[The remainder of this page intentional left blank]

BROWN COUNTY:

_____ _____

Troy Streckenbach, Executive Date
Brown County

BROWN COUNTY HEALTH DEPARTMENT:
Approved as to form:

_____ _____

Chua Xiong, Health Director Date
Brown County Health Department

DE PERE HEALTH DEPARTMENT

_____ _____

Chrystal Woller, Director/Health Officer Date
City of De Pere Health Department

_____ _____

Mike Walsh, Mayor Date
City of De Pere

BOH Communicable Disease Report YTD 2016

*reports include those that have been determined not a case, suspect, probable or confirmed

Disease Name	Number of Reports
Arboviral Illness	2
Campylobacter	3
Chlamydia	20
Cryptosporidiosis	0
E.Coli (STEC)	2
Giardiasis	0
Gonorrhea	0
Haemophilus Influenza, Invasive Disease	0
Hepatitis A	0
Hepatitis B (chronic/unspecified)	0
Hepatitis C (chronic)	2
Influenza Associated Hospitalization	1
Legionellosis	0
Lyme Disease	1
Measles	1
Mycobacterial Disease (Non-TB)	1
Parapertussis	1
Pertussis (Whooping Cough)	6
Salmonellosis	1
Streptococcal Disease (Invasive Group A)	1
Streptococcal Disease (Invasive Group B)	3
Streptococcus Pneumoniae, Invasive Disease	0
Syphilis Reactor	4
Tuberculosis, Latent Infection (LTBI)	3
Varicella	2

Attachment: BOH Communicable Disease Report YTD 5.2016 (4691 : YTD communicable disease report)

Run date: 5/5/2016