

**CLALLAM COUNTY BOARD OF HEALTH  
REGULAR MEETING MINUTES  
BOARD OF COMMISSIONERS' MEETING ROOM  
NOVEMBER 20, 2007**

**I. ROLL CALL TO ORDER**

The meeting was called to order at 1:32 P.M. by John Beitzel, Chair.

Present:       John Beitzel, Chair  
                  Camille Scott, Vice Chair  
                  Michael C. Chapman  
                  Gary Smith  
                  Stephen P. Tharinger  
                  Jeanette Stehr-Green, M.D.

**II. AGENDA REVIEW AND APPROVAL**

Dr. Jeanette Stehr-Green moved to approve the agenda. Camille Scott seconded and the motion carried.

**III. APPROVAL OF MINUTES OF THE SEPTEMBER 18, 2007 MEETING**

Mike Chapman moved to approve the minutes. Dr. Jeanette Stehr-Green seconded and the motion carried.

**IV. PUBLIC COMMENTS**

Ron Browning spoke to the Board thanking Steve Tharinger and Dr. Tom Locke for bringing attention to the health care crisis; their comments were printed in the local paper. Mr. Browning stated he will propose a plan to form a local group of people who will get together and start negotiating with hospitals for better coverage for the under and uninsured.

**V. OLD BUSINESS AND INFORMATIONAL ITEMS**

Winter Storm Health Advisory. Dr. Tom Locke reported about a priority issue coming from the Department of Health concerning carbon monoxide poisoning during and immediately after winter storms. People are reminded to refrain from cooking indoors and running generators without proper ventilation.

**VI. PUBLIC HEALTH ADVISORY COMMITTEE (PHAC) REPORT**

October 12, 2007 and November 9, 2007 Advisory Committee Meeting Reports. Iva Burks reviewed the PHAC meetings:

- Lorraine Wall, Chief Nursing Officer at Olympic Medical Center (OMC), will be replacing Dr. Scott Kennedy on the PHAC as his schedule did not allow him to attend the meetings on a regular basis. She attended her first meeting in November.
- Members of the PHAC inspected several public buildings in the area and found at the Courthouse only three of the eight restrooms had signage urging people to wash their hands; no signage was found in other public buildings with the exception of OMC where hand washing signage was posted throughout the building. The Committee has composed a letter to the BOH requesting they encourage public entities to post signage in their restrooms promoting hand washing.

Camille Scott moved to support the Public Health Advisory Committee's effort to initiate more signage for hand washing in County facilities and other public facilities. Gary Smith seconded and the motion carried.

## VII. ENVIRONMENTAL HEALTH DIRECTOR'S REPORT

- A. Call for Public Hearing – Clallam County On-Site Sewage (OSS) Ordinance for December 18, 2007. Andy Brastad requested the Board call for public hearing regarding the Clallam County On-site Sewage Ordinance on December 18, 2007. He reviewed the most recent modifications to the ordinance:

- The marine recovery area was expanded to include the Miller Peninsula and Discovery Bay watershed inside Clallam County including those portions of Miller Peninsula and the Eagle Creek watershed that are not currently included in the Sequim Bay-Dungeness Watershed Clean Water District.
- All OSS owners within the Marine Recovery Area shall have their first system status inspection performed on their OSS by a State licensed septic systems designer or a sewage system maintenance provider. Subsequent annual inspections can be by homeowners who have completed a training program.

The final draft of this ordinance will be posted next week on-line and hard copies will be available in the Environmental Health office.

Mike Chapman moved to call for public hearing for the Clallam County On-site Sewage System Ordinance on December 18, 2007 at the Board of Health meeting. Dr. Jeanette Stehr-Green seconded and the motion carried.

- B. On-Site Septic Systems Q & A for Homeowners. Andy reviewed this draft document, answering questions raised by the members.
- C. Funding Implementation of OSS Plan.

1. Andy reported Washington State Department of Health (DOH) has funded two proposals for implementation:

- A) The general on-site management plan implementation, funding period July 2007 through June 2009, to include:

- continue to scan all as-builts so they will be available through the internet
- make all records accessible over the internet so inspection reports can be electronically entered into the database
- transferring all hard copy permits and other non-electronic records into an electronic form
- reconvene the workgroup, on a quarterly basis, to review OSS Ordinance issues implementation issues such as homeowner inspections and training program
- pursue stable funding to keep the program going for the long term.

B) Projects specific to the Marine Recovery Area to include:

- determining a baseline of information to include the number of parcels, systems, build able lots, and systems we know about and don't know about
  - Septics of Concern Program
  - Septics 101 classes
2. Andy has submitted to the Department of Ecology - Centennial Grants, a pilot project training program for a limited number of homeowners. The homeowners would be trained to go out in the field to do inspections and record them through the internet.
  3. Andy reported he recently had a conversation with Terry Hall, of Shore Bank, the organization working with residents in Jefferson, Mason and Kitsap Counties to loan money for repairing their home septic systems. The loans are repaid when the home is sold. Shore Bank is looking into offering this same service to Clallam County residents.

## VIII. HEALTH DIRECTOR'S REPORT

- A. Health and Human Services Map Your Neighborhood Training. Iva Burks presented an overview of this training received by the Department of Health and Human Services' staff on November 7.
- B. 2008 Public Health Standards Assessment. Iva announced a DOH consultant is scheduled to come to Clallam County for the site visit on April 3, 2008. The consultant will review our documentation, talk to staff, and let us know the areas we did well in as well as areas needing improvement. The consultant will be looking at three different program areas:
  - communicable disease – notifiable condition activities only
  - environmental health – on-site septic system program
  - a third program as yet to be determined.

Two weeks before the DOH consultant's visit, we will be doing a self-assessment. The PHAC has been asked to help with this entire project.

## IX. PROGRAM MANAGER'S REPORT

- A. Live Attenuated Influenza Vaccine ("FluMist") Program for Children. Chris Hurst reported we have received 200 doses of the nasal spray mist, licensed for ages 2 – 49, as part of a program coordinated by DOH. Public Health has gone to three schools and has several other schools ready to be immunized.
- B. Syringe Exchange in Forks. Chris announced today is the first syringe exchange in Forks. It will be held once a week, Tuesday, 3:30 – 5:00 p.m.

## X. HEALTH OFFICER'S REPORT

- A. Influenza Vaccination Season Update: Ample Supply, Expanded Recommendations, New Promotion Strategies. Dr. Locke reported we are in the pre-epidemic stage of this year's influenza season. This year there is a "bumper crop" of vaccine – over 130 million doses are projected. The priority target groups have been expanded to children from six months to five years of age. The age threshold for older adults has been dropped from 65 to 50 years of age. Another big push this year is to try to get healthy family members and caretakers immunized to protect infants and elders from the complications of influenza infection.

DOH and the Washington State Lottery are promoting late season vaccinations. There will be a statewide promotion at big chain grocery stores on November 30 and December 1, to get immunized and receive a coupon for a lottery ticket.

- B. Methicillin Resistant Staphylococcus Aureus (MRSA) – Community Education and Local Public Health Policy Issues. Dr. Locke reported the eradication of MRSA is not possible. Staphylococcus Aureus is a normal skin inhabitant in about 1/3 of the population at any given time. What has changed over time is: the percentage of people who are "colonized" with antibiotic resistant strains of Staph Aureus. Hospital acquired MRSA has been around since the 1960's and, although usually treatable, it can have deadly consequences. Community associated MRSA is a more recent phenomena and has been becoming more prevalent in the past decade. It is sensitive to more antibiotics than the hospital associated strain and less likely to cause life threatening infections.

Some strains of community associated MRSA appears to be more likely to cause skin infections (boils) than non-MRSA strains. The rate of skin and soft tissue infection in pediatric populations has increased by an order of magnitude in the last decade. Although the community acquired strain of MRSA is resistant to penicillin, there are a number of other oral antibiotics that it is sensitive to.

The mission of local public health with respect to MRSA focuses on community education. General public health measures like proper wound care, hand washing, periodic disinfection of environmental surfaces, and appropriate medical treatment are the most effective control strategies.

Much of the recent media coverage about MRSA has involved outbreaks in school settings. Schools need up-to-date infection control plans and regular disinfection of certain facilities. Local health departments have been working intensely with the schools to review and, when necessary, revise their programs. We have been trying to educate the public and providers that bacterial skin infections need to be dealt with differently than in the past. The new standard of care is:

- Early medical evaluation for skin and soft tissue infections
- Incision and drainage of soft tissue infections, a technique used for centuries, is highly effective and encouraged
- Health care providers should culture all skin and soft tissue infections to determine which antibiotics are appropriate for use.

Antibiotic resistant bacterial infections are a growing public health problem. Their prevalence has been increasing ever since antibiotics were introduced in the post WWII period. New strategies are being developed to monitor trends and reduce transmission of MRSA and other bacterial infections in hospital and community settings.

**XI. ACTIVITIES CALENDAR UPDATE**

**XII. NEXT MEETING AGENDA ITEMS**

**XIII PUBLIC COMMENTS**

Mr. Browning addressed the Board regarding the On-Site Septic System Ordinance's absence of language to prohibit the planting of specified trees near a drain field/sewage system.

**XIV. ADJOURNMENT**

Dr. Jeanette Stehr-Green moved to adjourn the meeting. Camille Scott seconded and the motion carried. The meeting adjourned at 3:14 P.M.

APPROVED AND ACCEPTED THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_ 2007.

CLALLAM COUNTY BOARD OF HEALTH

\_\_\_\_\_  
John E. Beitzel, Chair

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Camille Scott, Vice-Chair

ATTEST:

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Patricia Richards, Clerk of the Board

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Howard V. Doherty, Jr.

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Michael C. Chapman

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Stephen P. Tharinger

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Gary R. Smith

\_\_\_\_\_  
Jeanette K. Stehr-Green, MD