AGENDA
Wednesday, January 31, 2018 – 6:00 PM

CONSENT AGENDA: ALL ITEMS MARKED WITH A SINGLE ASTERICK (*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE UNITED BOARD OF HEALTH. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Executive Office at 9850-A.108 Texas City, Texas 77591 (409) 938-2401.

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

REGULARLY SCHEDULED MEETING

Meeting Called to Order
Pledge of Allegiance

*Item #1ACTION ............................................. Agenda

*Item #2ACTION ............................................. Excused Absence(s)

*Item #3ACTION ............................................. Consider for Approval December 6, 2017 Minutes

*Item #4ACTION ............................................. Consider for Approval Annual Policy/Plan Review
   a) All Hazards Emergency Plan
   b) Drug- Free Workplace
   c) Criminal and Motor Vehicle Record Background Checks
   d) Employee Leave

*Item #5 ....................................................... Informational Reports
   a) CHW October 2017 Financial Report
   b) 2017 Morbidity Report

* Item #6ACTION........................................... Consider for Approval Quarterly Investment Report

*Item #7ACTION ............................................. Consider for Approval Quarterly Worker’s Compensation Report

Item #8EXECUTIVE SESSION ................................ Texas Government Code Section 551.071, Consultation with Attorney: the Galveston County Health District United Board of Health will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to the Galveston County Health District under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District.
Item #9: Reconvene into Regularly Scheduled Meeting

Item #10ACTION
Consider for Approval CEO Emergency Approvals for Ratification by the United Board of Health
   a) Approval to Waive Immunization Fees for State-Supplied and Donated Vaccines (12/22/17 to Present)
   b) Approval to Pay Essential Personnel Emergency Leave in addition to Hours Worked during Winter Storm Inga based on criteria established in the All Hazards Emergency Plan (1/16/18 to 1/17/18)

Item #11: Executive Report

Item #12ACTION
Consider for Approval Monthly Financial Reports
   a) November 2017
   b) December 2017

Item #13ACTION
Consider for Approval Quarterly Compliance Report

Item #14: Presentation Regarding Annual Morbidity Report Trends

Adjournment

Next Meeting: February 28, 2018

Appearances before United Board of Health

A citizen desiring to make comment to the Board shall submit a written request to the Chief Executive Officer by noon on the Wednesday preceding the Wednesday Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Chief Executive Officer shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

The United Board of Health may recess into closed meeting (Executive Session) on any item listed on this agenda if the Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov’t Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting County advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the United Board of Health shall announce the basis for the Executive Session prior to recessing into Executive Session. However, the United Board of Health may only enter into the Executive Session on any agenda item for which a separate Executive Session has not been separately posted if, prior to conducting the Executive Session, a majority of the Board votes to go into Executive Session. This motion requirement does not apply to any agenda item that has been previously noticed to constitute or include an Executive Session.

The steps for enacting this procedure shall be as follows:

1. A Board member recommends that the discussion, so long as it pertains to one of the permissible exceptions noted above, be moved to a closed forum;

2. Additional detail about the subject-matter and why it should be discussed by the Board in private be provided to citizens in attendance, and citizens be offered the opportunity to ask questions about the matter which are to be answered at the discretion of the Board; and

3. An action or vote to commence for moving into Executive Session be passed by a majority Board members.
United Board of Health
January 2018
Item #2
Excused Absence(s)
United Board of Health
January 2018
Item #3
Consider for Approval December 6, 2017 Minutes
Galveston County United Board of Health  
December 6, 2017

Board Members Present:
Dr. Rainer  
Eric Froeschner  
Curtis Klages, DVM, DACLAM  
Jason Lawrence, PE  
Patrick McGinnis, MD  
John Hackbarth, DDS  
Vanessa Johnson, Esq.  
Tim Rainey  
Mary Jo Godinich, MD

Staff Present:
Kathy Barroso  
Ronnie Schultz  
Randy Valencia  
Sandra Cuellar  
Lea Williams  
Scott Packard  
Nathan Jung

Staff Present:
Mary McClure  
Andrea Cottinas  
Eileen Dawley  
Mario Acosta  
Amanda Wolff

Excused Absence(s): Tripp Montalbo

Unexcused Absence(s): None

Guests: Stacey Bouse, Ralph Tims, Chiquita Lee, Henry Coger, Aubrey Hilton, Robert Hilton, Herman Hilton, Bea Hilton

Items #1 Agenda
A motion was made by Mr. Rainey to approve the agenda. Dr. Hackbarth seconded the motion and the Board unanimously approved.

Items #2-6 Consent Agenda
A motion was made by Mr. Rainey to approve the consent agenda items two through six. Dr. Hackbarth seconded the motion and the Board unanimously approved the consent agenda items.

Item #7 Consider for Approval Resolution Recognizing Jim Hilton, STD/HIV Program Manager, and his 45 Plus Years of Service to Public Health in Galveston County
Dr. Rainer asked the Board to consider for approval the resolution recognizing Jim Hilton and his years of service to public health in Galveston County. A motion to approve the resolution was made by Mr. Froeschner and seconded by Dr. McGinnis. The Board unanimously approved.

Item #8 Consider for Approval Recognition of Mark Sonnier for his Dedicated Service to the United Board of Health
Dr. Rainer asked the Board to consider for approval the recognition of Mark Sonnier and his dedicated service to the United Board of Health. A motion was made by Mr. Froeschner and seconded by Dr. Hackbarth. The Board unanimously approved.
Item #9 Executive Report
Kathy Barroso, Chief Executive Officer, presented the December 2017 Executive Report to the Board.

Item #10 Consider for Approval October 2017 Financial Report
Andrea Cortinas, Controller, presented the October 2017 financial report to the Board. A motion to approve the financial report as presented was made by Mr. Rainey and seconded by Dr. McGinnis. The Board unanimously approved the financial report.

Item #11 Consider for Approval General Fund Reserve of Fund Balance as of September 30, 2017
Andrea Cortinas, Controller, presented the general fund reserve of fund balance as of September 30, 2017 to the Board. A motion to approve the fund balance as presented was made by Mr. Rainey and seconded by Dr. McGinnis. The Board unanimously approved.

Item #12 Consider for Approval IGT Payment of $258,720 as Related to 1115 Waiver Project
Andrea Cortinas, Controller, asked the Board to consider an IGT payment of $258,720 which is related to the 1115 waiver project. Mr. Froeschner made a motion to approve the IGT payment and Dr. Hackbarth seconded. The Board unanimously approved the IGT payment.

Item #13 Update on GAAA Vacancies, 12 Hour Shifts and Proposed Next Steps
Nathan Jung, EMS Director, updated the Board on GAAA vacancies, 12 hour shifts and the proposed next steps. The proposed next steps include continuing recruitment efforts, remain on 24 hour shifts, implementing pay increases proposed in the FY18 budget effective January 11, 2018 and eliminating Safety and Performance Initiative. A motion to adopt the presented next steps was made by Mr. Froeschner and seconded by Dr. McGinnis. The Board unanimously approved the motion.

Item #14 Discuss Communication Plan for “It’s Time Texas Community Challenge”
Scott Packard, Director of Communications, presented the communication plan for “It’s Time Texas Community Challenge” to the Board.

Item #15 Animal Services Strategic Plan Progress Report
Amber Adams, Director of Animal Services, presented the Animal Services year 3 strategic plan progress report to the Board.

The meeting adjourned at 7:33 p.m.

Chair/Vice-Chairperson

Secretary/Treasurer

Date

Date
United Board of Health
January 2018
Item #4
Consider for Approval Annual Policy/Plan Review
GALVESTON COUNTY HEALTH DISTRICT

ALL HAZARDS EMERGENCY MANAGEMENT PLAN
APPROVAL & IMPLEMENTATION

ALL HAZARDS
EMERGENCY MANAGEMENT
PLAN

This Appendix is hereby accepted for implementation and supersedes all previous editions.

_____________________________  _______________________
Chief Executive Officer            Date
EMERGENCY TELEPHONE NUMBERS

GALVESTON COUNTY EOC: (800) 393-0203 OR CALL DUTY PAGER (800) 716-9136

PUBLIC HEALTH EMERGENCY PREPAREDNESS SUPERVISOR: TYLER TIPTON (409) 938-2275 OR CELL (409) 392-1884

DIRECTOR OF EPIDEMIOLOGY AND PUBLIC HEALTH EMERGENCY PREPAREDNESS:
RANDY VALCIN (409) 938-2322 OR CELL (409) 392-0040 OR 832-368-5058

AFTER HOURS ANSWERING SERVICE (888) 241-0442

SHERIFF DEPARTMENT (409) 766-2330

BOMB DISPOSAL: GALVESTON COUNTY SHERIFF DEPT.

LOCAL RESPONSE: NOTED IN ATTACHMENT 1

HAZARDOUS MATERIALS INFORMATION:

TCEQ SPILL REPORTING: 1-800-832-8224

CHEMTREC: 1-800-424-9300
(ALSO LIST NUMBERS OF STATE AND LOCAL AGENCIES, LOCAL NUMBER FOR ENVIRONMENTAL PROTECTION AGENCY, AND POISON CONTROL CENTERS.)

RONNIE SCHULTZ (409) 938-2314 GALVESTON COUNTY HEALTH DISTRICT
ENVIRONMENTAL PROTECTION AGENCY EPCRA REPORTING (214) 665-2292
TEXAS DIVISION OF EMERGENCY MANAGEMENT (512) 424-2138, 24 HOUR (512) 424-2000
POISON CONTROL CENTER 1-800-764-7661
NATIONAL RESPONSE CENTER (TO REPORT TOXIC CHEMICAL & OIL SPILLS) 1-800-424-8802

UTILITIES:

GAS: NOTED IN ATTACHMENT 1

ELECTRIC: TEXAS NEW MEXICO POWER (713) 337-3543

WATER: NOTED IN ATTACHMENT 1

TELEPHONE: NOTED IN INDIVIDUAL FACILITY PLANS FOR APPROPRIATE LOCATIONS
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<td>9/21/07</td>
<td>BRIAN RUTHERFORD</td>
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</tr>
<tr>
<td>4</td>
<td>10/22/08</td>
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<td>MICHAEL CARR</td>
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<td>TYLER TIPTON</td>
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<tr>
<td>18</td>
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<td>RANDY VALCIN</td>
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APPENDIX D:  HEALTH DISTRICT CLOSURE
APPENDIX E:  TORNADOS
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APPENDIX K:  EXAMPLES OF READINESS CONDITIONS CHAR
LOCAL HEALTH DEPARTMENT BASIC PLAN

I. AUTHORITY

A. Federal

1. Robert T. Stafford Disaster Relief & Emergency Assistance Act, (as amended), 42 U.S.C. 5121
2. Emergency Planning and Community Right-to-Know Act, 42 USC Chapter 116
3. Emergency Management and Assistance, 44 CFR
8. National Incident Management System
9. National Response Plan
11. Nuclear/Radiological Incident Appendix of the National Response Plan

B. State

1. Government Code, Chapter 418 (Emergency Management)
2. Government Code, Chapter 421 (Homeland Security)
3. Government Code, Chapter 433 (State of Emergency)
4. Government Code, Chapter 791 (Inter-local Cooperation Contracts)
5. Health & Safety Code, Chapter 81 (Communicable Disease Act)
6. Health & Safety Code, Chapter 121 (Local Public Health Reorganization Act)
7. Health & Safety Code, Chapter 508 (Area Quarantine for Environmental and Toxic Agent)
8. Health & Safety Code, Chapter 778 (Emergency Management Assistance Compact)
10. Executive Order of the Governor Relating to the National Incident Management System
11. Administrative Code, Title 37, Part 1, Chapter 7 (Division of Emergency Management)
12. Administrative Code, Title 25, Part 1, Chapter 85 (Health Authorities)
15. The Texas Homeland Security Strategic Plan, 2005-2010, November 2005

C. Local
II. PURPOSE

This Basic Plan outlines Galveston County Health District’s approach to emergency operations. It provides general guidance for public health support of emergency management activities and an overview of our methods of mitigation/prevention, preparedness/protection, response, and recovery. The plan describes our emergency response organization and assigns responsibilities for various emergency tasks. It is intended to provide a framework for more specific functional Appendixes that describe in more detail who does what, when, and how. This plan applies to all District staff including those working away from District headquarters. The primary audience for the document includes our staff leadership, program staff, and supporting volunteers who have assignments under this All-Hazards Emergency Management Plan. It is intended to address public health emergency response within Galveston County for which the district serves as the supporting health department, and thus aspects of this plan will be shared with emergency management officials.

III. EXPLANATION OF TERMS

A. Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>AAR</td>
<td>After Action Report</td>
</tr>
<tr>
<td>ARC</td>
<td>American Red Cross</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<tr>
<td>DDC</td>
<td>Disaster District Committee</td>
</tr>
<tr>
<td>DHS</td>
<td>U.S. Department of Homeland Security</td>
</tr>
<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations or Operating Center</td>
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<tr>
<td>ESC</td>
<td>Emergency Support Center</td>
</tr>
<tr>
<td>FBI</td>
<td>Federal Bureau of Investigation</td>
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<td>GCHD</td>
<td>Galveston County Health District</td>
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<tr>
<td>Hazmat</td>
<td>Hazardous Material</td>
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<tr>
<td>LHD</td>
<td>Health Service Region</td>
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<tr>
<td>ICP</td>
<td>Incident Command Post</td>
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<tr>
<td>IP</td>
<td>Improvement Plan</td>
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<tr>
<td>JFO</td>
<td>Joint Field Office</td>
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<td>National Response Plan</td>
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B. Definitions

1. **Area Command (Unified Area Command)**. An organization established (1) to oversee the management of multiple incidents that are each being managed by an ICS organization or (2) to oversee the management of large or multiple incidents to which several Incident Management Teams have been assigned. Sets overall strategy and priorities, allocates critical resources according to priorities, ensures that incidents are properly managed, and ensures that objectives are met and strategies followed. Area Command may become a Unified Area Command when incidents are multijurisdictional.

2. **Disaster District**. Disaster Districts are regional state emergency management organizations mandated by the Executive Order of the Governor relating to Emergency Management whose boundaries parallel those of Highway Patrol Districts and Sub-Districts of the Texas Department of Public Safety.

3. **Disaster District Committee**. The DDC consists of a Chairperson (the local Highway Patrol captain or command lieutenant), and agency representatives that mirror the membership of the State Emergency Management Council. The DDC Chairperson, supported by committee members, is responsible for identifying, coordinating the use of, committing, and directing state resources within the district to respond to emergencies.

4. **Emergency Operations Center**. Specially equipped facilities from which government officials exercise direction and control and coordinate necessary resources in an emergency situation.

5. **Public Information**. Information that is disseminated to the public via the news media and other communication platforms before, during, and/or after an emergency or disaster.

6. **Emergency Situations**. As used in this plan, this term is intended to describe a range of occurrences, from a minor incident to a catastrophic disaster. It includes the following:
   
   a. **Incident**. An incident is a situation that is limited in scope and potential effects. Characteristics of an incident include:
      
      1) Involves a limited area and/or limited population.
      2) Evacuation or in-place sheltering is typically limited to the immediate area of the incident.
      3) Warning and public instructions are provided in the immediate area, not community-wide.
4) One or two local response agencies or departments acting under an incident commander normally handle incidents. Requests for resource support are normally handled through agency and/or departmental channels.

5) May require limited external assistance from other local response agencies or contractors.

6) For the purposes of the NRP, incidents include the full range of occurrences that require an emergency response to protect life or property.

b. Emergency. An emergency is a situation that is larger in scope and more severe in terms of actual or potential effects than an incident. Characteristics include:

1) Involves a large area, significant population, or important facilities.
2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
3) May require community-wide warning and public instructions.
4) Requires a sizable multi-agency response operating under an incident commander.
5) May require some external assistance from other local response agencies, contractors, and limited assistance from state or federal agencies.
6) The EOC will be activated to provide general guidance and direction, coordinate external support, and provide resource support for the incident.
7) For the purposes of the NRP, an emergency (as defined by the Stafford Act) is "any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of catastrophe in any part of the United States."

c. Disaster. A disaster involves the occurrence or threat of significant casualties and/or widespread property damage that is beyond the capability of the local government to handle with its organic resources. Characteristics include:

1) Involves a large area, a sizable population, and/or important facilities.
2) May require implementation of large-scale evacuation or in-place sheltering and implementation of temporary shelter and mass care operations.
3) Requires community-wide warning and public instructions.
4) Requires a response by all local response agencies operating under one or more incident commanders.
5) Requires significant external assistance from other local response agencies, contractors, and extensive state or federal assistance.
6) The EOC will be activated to provide general guidance and direction, provide emergency information to the public, coordinate state and federal support, and coordinate resource support for emergency operations.
7) For the purposes of the NRP, a major disaster (as defined by the Stafford Act) is any catastrophe, regardless of the cause, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster federal assistance.

d. Catastrophic Incident. For the purposes of the NRP, this term is used to describe any natural or manmade occurrence that results in extraordinary levels of mass casualties, property damage, or disruptions that severely affect the population, infrastructure, environment, economy, national morale, and/or government functions.
An occurrence of this magnitude would result in sustained national impacts over prolonged periods of time, and would immediately overwhelm local and state capabilities. All catastrophic incidents are Incidents of National Significance.

7. **Hazard/Risk Analysis.** Appendixes to this plan, identifies the local hazards that have caused or possess the potential to adversely affect public health and safety, public or private property, or the environment.

8. **Hazardous Material (Hazmat).** A substance in a quantity or form posing an unreasonable risk to health, safety, and/or property when manufactured, stored, or transported. The substance, by its nature, containment, and reactivity, has the capability for inflicting harm during an accidental occurrence. Is toxic, corrosive, flammable, reactive, an irritant, or a strong sensitizer, and poses a threat to health and the environment when improperly managed. Includes toxic substances, certain infectious agents, radiological materials, and other related materials such as oil, used oil, petroleum products, and industrial solid waste substances.

9. **Incident of National Significance.** An actual or potential high-impact event that requires a coordinated and effective response by and appropriate combination of federal, state, local, tribal, nongovernmental, and/or private sector entities in order to save lives and minimize damage, and provide the basis for long-term communication recovery and mitigation activities.

10. **Inter-local Agreements:** Agreements between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as a mutual aid agreement.

11. **Mutual Aid Agreements.** Arrangements between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. Also referred to as inter-local agreements.

12. **Stafford Act.** The Robert T. Stafford Disaster Relief and Emergency Assistance Act authorizes federal agencies to undertake special measures designed to assist the efforts of states in expediting the rendering of aid, assistance, emergency services, and reconstruction and rehabilitation of areas devastated by disaster.

13. **Standard Operating Guidelines.** Approved methods for accomplishing a task or set of tasks. SOPs are typically prepared at the department or agency level. May also be referred to as Standard Operating Procedures (SOPs).

### IV. SITUATION AND ASSUMPTIONS
A. Situation

Galveston County is exposed to many hazards, all of which have the potential for disrupting the community, causing casualties, and damaging or destroying public or private property. A summary of our major hazards is provided in Figure 1.

<table>
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<th>Hazard Type:</th>
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<td>UNLIKELY</td>
<td>LIMITED</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Flash Flooding</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Flooding (river or tidal)</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Hurricane</td>
<td>HIGHLY LIKELY</td>
<td>MAJOR</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Subsidence</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Tornado</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Wildfire</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Winter Storm</td>
<td>UNLIKELY</td>
<td>LIMITED</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Infectious Disease Outbreak</td>
<td>LIKELY</td>
<td>MAJOR</td>
<td>LIMITED</td>
</tr>
<tr>
<td>Technological</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dam/Levee Failure</td>
<td>UNLIKELY</td>
<td>MODERATE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Energy/Fuel Shortage</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>LIMITED</td>
</tr>
<tr>
<td>Hazmat/Oil Spill/ Explosion (fixed site)</td>
<td>HIGHLY LIKELY</td>
<td>MAJOR</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Hazmat/Oil Spill (transport)</td>
<td>LIKELY</td>
<td>MAJOR</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Major Structural Fire</td>
<td>OCCASIONAL</td>
<td>MODERATE</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Nuclear Facility Incident</td>
<td>UNLIKELY</td>
<td>LIMITED</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Water System Failure</td>
<td>UNLIKELY</td>
<td>MODERATE</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Human Caused</td>
<td></td>
<td></td>
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<tr>
<td>Civil Disorder</td>
<td>UNLIKELY</td>
<td>MODERATE</td>
<td>MODERATE</td>
</tr>
<tr>
<td>Enemy Military Attack</td>
<td>UNLIKELY</td>
<td>MAJOR</td>
<td>MAJOR</td>
</tr>
<tr>
<td>Biological Terrorism</td>
<td>UNLIKELY</td>
<td>MAJOR</td>
<td>LIMITED</td>
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<td>Chemical Terrorism</td>
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<tr>
<td>Radiological Terrorism</td>
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<td>LIMITED</td>
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<td>Nuclear Terrorism</td>
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<td>LIMITED</td>
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<tr>
<td>Explosive Terrorism</td>
<td>UNLIKELY</td>
<td>MAJOR</td>
<td>MAJOR</td>
</tr>
</tbody>
</table>

* Likelihood of Occurrence: Unlikely, Occasional, Likely, or Highly Likely

B. Assumptions
The Galveston County Health District is responsible for coordinating resources to meet the health and medical needs of Galveston County during emergency situations. Emergency tasks to be performed include:

- Assessing the numbers of dead and injured, types of injuries, anticipated health and sanitary conditions in the disaster area, and status of applicable medical facilities;
- Coordinating medical care for patients and special needs populations who cannot be moved, or must be moved at great risk, before a disaster strikes, if applicable, or after the disaster has occurred;
- Open Points of Dispensing Centers (POD’s) for distributing prophylactic medications such as antibiotics to healthy people during a large scale public health emergency. How this is to be accomplished is outlined in detail in GCHD’s SNS and 48 Hour Dispensing Plan.
- Coordinating the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations;
- Providing health and medical information to the public and the medical community regarding the potential for human and animal disease and methods to combat the threat;
- Conducting inspections to assure the safety of food, water, and sewer disposal systems after an emergency.
- Assisting in the coordination of animal health issues. How this is to be accomplished is outlined in detail in GCHD’s Animal in Disaster Response Plan.
- Assisting in the coordination of behavioral health counseling to disaster victims, emergency workers, and others suffering trauma due to the emergency incident;
- Developing and disseminating emergency public health regulations and orders.
- Assisting in the coordination of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.

V. CONCEPT OF OPERATIONS

A. Objectives

The objectives of our emergency management program are to protect public health and safety and preserve public and private property, as these relate to public health.

B. General Concept of Operations
The normal day to day operations of the Galveston County Health District is the responsibility of the district. In a normal condition the district will function under the specific guidelines as directed by district administration.

In the event of an emergency/disaster the scope of normal operations could change. The Incident Management Team (IMT), which is a group of essential Tier 1 personnel, will meet to confer what actions need to be taken. The Health District will then operate based on established emergency operating procedures under the direction of the incident commander (CEO, Director of Epidemiology and PHEP, or designee). In the event that the Mid-County Annex is compromised due to weather, disease outbreak, cyber, or terror attack, the Health District would activate the Continuity of Operations Plan (COOP - Annex J).

In emergency/disaster situations decisions will be made by Health District Administration through utilization of the plan. Potentially threatening situations or actual events should be reported to the PHEP Coordinator immediately. The district will coordinate their response through the incident command structure, which in turn will make the proper notifications and requests to the proper organization(s).

The PHEP Supervisor will notify the district of any change in operations to include facility closures, as well as disruptions or discontinuation of services. The incident command structure will evaluate information gathered and determine what actions will be taken by the district.

C. Operational Guidance

Public health emergency response will be conducted under the direction of the Chief Executive Officer and Health Authority and in concert with other local and state partners. When required, assistance will be requested from the Galveston County Office of Emergency Management. Consultation regarding public health issues may be made with the DSHS Regional Office.

D. National Incident Management System (NIMS)

GCHD has adopted the principles and concepts of NIMS.

E. Incident Command System (ICS)

The GCHD incident command system is illustrated in the organization chart shown in Attachment 4 below. This organization is designed to support the worst case known threat response, and sections may be activated or deactivated as dictated by the situation.

F. ICS - EOC Interface

GCHD will activate an emergency operations center as dictated by the emergency situation. The Chief Executive Officer or his designee acting in the capacity of Incident Commander can activate or deactivate sections of the incident command organization, or call into action other GCHD staff, as dictated by the emergency situation.

G. State, Federal & Other Assistance

1. State & Federal Assistance
When the emergency situation is of such a magnitude as to require the activation of the Galveston County Emergency Operations Center (GCEOC), at the request of the County Emergency Management Coordinator, we will staff the GCEOC with a GCHD representative.

b. If local health and medical resources are inadequate to deal with a public health emergency situation, we will request assistance through the GCEOC. State assistance furnished to local governments is intended to supplement local resources and not substitute for such resources, including mutual aid resources, equipment purchases or leases, or resources covered by emergency service contracts. Cities must request assistance from the county before requesting state assistance. Local and regional mutual aid agreements must be used before requesting state or federal resources.

c. Local jurisdiction requests for state assistance must be made through the GCEOC first to the Regional Unified Command (RUC). If the RUC is unable to fill the need, the request is then made to the DDC by the chief elected official (County Judge). The DDC Chairperson has the authority to utilize all state resources within the district to respond to a request for assistance, with the exception of the National Guard. Use of National Guard resources requires approval of the Governor.

d. The Disaster District staff will forward requests for assistance that cannot be satisfied by state resources within the District to the State Operations Center (SOC) in Austin for action.

e. Requests for health and medical resources through the DDC will be handled like any other request. Any assistance/resource that GCHD requires from DSHS Austin will be requested by the DDC from the SOC. The SOC staff will forward the request to the DSHS representative at the SOC for action.

2. Other Assistance

a. If resources required to control an emergency situation are not available within the State, the Governor may request assistance from other states pursuant to a number of interstate compacts or from the federal government through the Federal Emergency Management Agency (FEMA).

b. For major emergencies and disasters for which a Presidential declaration has been issued, federal agencies may be mobilized to provide assistance to states and local governments. The National Response Plan (NRP) describes the policies, planning assumptions, concept of operations, and responsibilities of designated federal agencies for various response and recovery functions. The Nuclear/Radiological Incident Appendix of the NRP addresses the federal response to major incidents involving radioactive materials.

c. FEMA has the primary responsibility for coordinating federal disaster assistance. No direct federal disaster assistance is authorized prior to a Presidential emergency or disaster declaration, but FEMA has limited authority to stage initial response resources near the disaster site and activate command and control structures prior to a declaration and the Department of Defense has the authority to commit its resources to save lives prior to an emergency or disaster declaration.
d. The NRP applies to Stafford and non-Stafford Act incidents and is designed to accommodate not only actual incidents, but also the threat of incidents. Therefore, NRP implementation is possible under a greater range of incidents.

H. Emergency Authorities

1. Key federal, state, and local legal authorities pertaining to emergency management are listed in Section I of this plan.

2. Texas statutes and the Executive Order of the Governor Relating to Emergency Management provide local government, principally the chief elected official, with a number of powers to control emergency situations. If necessary, we shall use these powers during emergency situations. These powers include:

   a. Emergency Declaration. The County Judge/Mayor may request that the Governor issue an emergency declaration for this jurisdiction and take action to control the situation. Use of the emergency declaration is explained in Appendix U, Legal.

   b. Disaster Declaration. When an emergency situation has caused severe damage, injury, or loss of life or it appears likely to do so, the County Judge/Mayor may, by executive order or proclamation, declare a local state of disaster. The County Judge/Mayor may subsequently issue orders or proclamations referencing that declaration to invoke certain emergency powers granted the Governor in the Texas Disaster Act on an appropriate local scale in order to cope with the disaster. These powers include:

      1) Suspending procedural laws and rules to facilitate a timely response.
      2) Using all available resources of government and commandeering private property, subject to compensation, to cope with the disaster.
      3) Restricting the movement of people and occupancy of premises.
      4) Prohibiting the sale or transportation of certain substances.
      5) Implementing price controls.

      A local disaster declaration activates the recovery and rehabilitation aspects of this plan. A local disaster declaration is required to obtain state and federal disaster recovery assistance.

   c. Authority for Evacuations. In accordance with HB 3111 (79thR) a county judge or mayor has the authority to order the evacuation of all or part of the population from a stricken or threatened area within their respective jurisdictions.

   d. Public Health Control Measures. In the event of an infectious disease outbreak requiring the imposition of control measures, GCHD WILL follow DSHS guidance as stated in The Emerging and Acute Infectious Disease Investigation Guidelines. A control measure imposed by the local health authority may be revoked or modified by DSHS.
e. **Health Authority.** A health authority is a physician appointed under Health and Safety Code Chapter 121 to administer state and local laws relating to public health within the jurisdiction. In the absence of such an appointment, the DSHS regional director has these powers (Health and Safety Code Sec. 121.007, Title 25 TAC Sec. 85.1)

f. **Area Quarantine for Environmental or Toxic Agent.** A control measure imposed by the health authority or the commissioner of DSHS under Texas Health and Safety Code Chapter 508.

g. **Public Health Disaster.** In accordance with Health and Safety Code Sec. 81.003, a public health disaster requires a declaration of disaster by the governor, and a determination by the commissioner of DSHS that a communicable disease threat exists. This declaration streamlines the imposition of communicable disease control measures under Chapter 81 of the Health and Safety Code. The Local Health Authority is the final decision-making authority on escalation and de-escalation of interventions implemented by the Health District.

### Actions by Phases of Emergency Management

1. This plan follows an all-hazard approach and acknowledges that most responsibilities and functions performed during an emergency are not hazard specific. Likewise, this plan accounts for activities before and after, as well as during emergency operations. These are commonly referred to as the four phases of emergency management and consist of the following:

   a. **Mitigation**

   Mitigation actions are taken to eliminate or reduce the degree of long-term risk to personnel and district property from natural and technological hazards.

   b. **Preparedness**

   Preparedness activities serve to develop the response capabilities needed in the event an emergency should arise. Planning and training are among the activities conducted under this phase.

   c. **Response**

   Response is the actual provision of emergency services and conduct of emergency operations during a crisis. These activities help to reduce casualties and speed up the recovery process. Response activities include warning, evacuation, rescue, and other similar operations.

   d. **Recovery**

   Recovery is both a short-term and long-term process. Short-term operations seek to restore vital services to the district. Long-term operations focus on all aspects of returning the district to its normal or improved state of affairs. The recovery phase is also an opportune time to institute mitigation measures, particularly those related to
VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. GCHD will establish an incident command organization with the following minimum General Staff identified: Incident Command, Operations, Planning, Finance, and Logistics. Supporting sections and teams will be organized and activated as determined by the situation and will comply with the first responder safety plan as stated in (Annex X).

2. The assignment of responsibilities for the Galveston County Health District consists of the following:

B. Assignment of Responsibilities

Chief Executive Officer/Chief Operations Officer

The Chief Executive Officer (CEO) and/or his or her designee are responsible for the general management of the Health District and all related personnel and equipment resources. For emergency activities the CEO is responsible for:

- Overseeing district emergency planning and operations.
- Assigning a reliable and authoritative emergency coordinator for the district.
- Assuring that all personnel are familiar with emergency and disaster plans.
- Authorizing and managing district emergency operations as prescribed by planning or direction of the Emergency Management Director.
- Supporting and participating in emergency management training and exercises.
- Supporting centralized emergency operations at the Emergency Operations Center
- Consulting with local, state, and federal experts about established treatment and control measures for disease outbreaks and other public health threats.

Office of Fiscal Services

- Tracking and documenting expenditures related to response efforts
- Tracking and documenting GCHD employee time spent conducting response activities.
- Provide logistical support to GCHD response operations.

Public Health Preparedness

- Implementing and coordinating all emergency activities for the district.
- Managing the development of emergency plans, procedures, training, and exercises.
- Participating with the Office of Emergency Management in all aspects of the emergency management program, to include both simulated and actual emergency operations.
• Requesting needed resources from County Emergency Management to support District emergency operations.
• Coordinating planning and response activities with other agencies and social organizations with a role in response.
• Coordinating and organizing Galveston County Medical Reserve Corps response activities.
• Developing and documenting an incident action plan for emergency events including conducting post incident hot washes.
• Developing and documenting lessons learned from response activities through improvement plans.
• Educating all GCHD employees on emergency and disaster plans.
• Develop annual Multiyear Training and Exercise Plan (MYTEP) in conjunction with appropriate county and city stakeholders.

Public Information Services

The role of Public Information Services is to provide, accurate, timely and consistent messages to the general public during a public health emergency. How this is to be accomplished is outlined in detail in GCHD’s Risk Communication Plan.

Epidemiology

• Compiles, maintains, and analyzes surveillance data and vital statistic information.
• Sends out Health Alerts to healthcare providers and other stakeholders.
• Provides accurate and timely updates to the Chief Executive Officer and Health Authority regarding disease investigation and outbreaks.

Office of Environmental Health Services

• Coordinate inspection of food products, water, sanitary sewer systems and other consumables that were exposed to the hazard.
• Coordinate inspection of damaged buildings for health hazards.
• Coordinate the implementation of measures to prevent or control disease vectors such as flies, and rodents.
• Monitor food handling and sanitation in emergency facilities.
• Coordinate with local jurisdictions in debris management issues.
• Respond to citizen concerns associated with environmental issues.

Office of Community Health Programs

• Conduct mass vaccination and/or mass medication dispensing campaigns
• Access health and medical needs among affected populations.
• Link patients with needed medical, mental health and social services.
• Provide assistance in repackaging medications during a public health emergency

Office of Emergency Medical Services
• Respond to the scene with appropriate emergency medical personnel and equipment
• Upon arrival at the scene, assume an appropriate role in the ICS.
• Triage, stabilize, treat, and transport the injured
• Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities
• Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.) and radio and/or telephone communications with hospitals, as appropriate.

Information Technology

• Developing an enterprise-wide disaster recovery and business recovery plan.
• Coordinate strategic relationships between internal IT resources and other departments and external entities.
• Develops Information Services/Technology policies, standards, practices and security measures.

VII. DIRECTION AND CONTROL

A. General

The GCHD CEO is responsible for directing the public health emergency response and recovery activities in Galveston County. The Public Health Emergency Preparedness (PHEP) Coordinator is responsible for assuring that coordinated and effective emergency response systems are developed and maintained. The district will perform emergency activities closely related to those they perform routinely. The Health District will retain control over its personnel and equipment unless directed otherwise.

B. Emergency Facilities

1. An EOC will be established at GCHD headquarters located at 9850 Emmett F. Lowry Expressway in Texas City, Texas for most public health managed incidents.

2. Large scale incidents requiring a county wide response will be operated from GCEOC Building located at 1353 FM 646 in League City, Texas. This site will also function as an alternate EOC for GCHD in the event our primary EOC becomes unusable.

3. We have a command and control vehicle operated by the Public Health Preparedness Program which may be used as a mobile incident command post.

4. GCHD Public Health Preparedness Program has two multi emergency response trailers which may be used to transport Point of Dispensing Equipment to and operate as a mobile command post.
5. GCHD has one mobile medical clinic unit available to provide mobile point of dispensing services.

C. LINE OF SUCCESSION

The line of succession for the Chief Executive Officer is:

1. LHA
2. DSHS Regional Director Region 6/5S

In the absence of the Health Authority or a designated alternate, the Department of State Health Services (DSHS) Medical Director for PHR 6/5S would by statute assume the duties of health authority for Galveston County & Cities.

VIII. READINESS LEVELS

A. Many emergencies follow some recognizable build-up period during which actions can be taken to achieve a gradually increasing state of readiness. We use a four-tier system.

B. The following Readiness Levels will be used as a means of increasing our alert posture.

1. Level 4: Normal Conditions. Planning, training, drills and other preparedness activities are conducted. Emergency equipment is maintained and tested. Emergency incidents might occur that require district staff to respond to. Limited assistance might be required from other jurisdictions pursuant to established inter-local agreements.

2. Level 3: Increased Readiness. Increased Readiness refers to a situation that presents a greater potential threat than "Level 4", but poses no immediate threat to life and/or property. General readiness actions may include increased situation-monitoring, a review of plans and resource status, determining staff availability and placing personnel on-call when the situations affecting public health occur. This condition includes situations that could develop into a hazardous condition, such as the following:

   - A tropical weather system has developed having the potential to impact the local area. Readiness actions may include situation monitoring, a review of plans and resource status, determining staff availability, and placing personnel on call.

   - Tornado Watch: Issued to alert persons to the possibility of tornado development in our area, for a specified period of time. Persons in the watch areas should maintain their daily routine however, be prepared to respond to a tornado warning.

   - Flash Flood Watch: Issued to alert persons to the possibility of flash flooding in our area due to heavy rains occurring or expected to occur. Persons should remain alert and be prepared to take immediate action.
• Winter Storm Watch: Issued when there is a threat of severe winter weather in our area.

• International situation that deteriorates to the point that enemy attack is probable. This condition would allow sufficient time for an orderly evacuation.

• Small-Scale localized civil unrest is present or when the increased predictable threat of terrorist activity exists.

• Hazardous Materials emergency conditions in an adjacent area.

3. Level 2: High Readiness. High Readiness refers to a situation with a significant potential and probability of causing loss of life and/or property. This condition will normally require some degree of warning to the public. Actions could be triggered by severe weather warning information issued by the National Weather Service such as:

• Tropical Weather Threat: A tropical weather system may impact the area within 72 hours. Readiness actions might include monitoring storm forecasts, participating in Emergency Management conference calls, increasing preparedness of personnel, and preparing to address facility issues.

• Tornado Warning: Issued when a tornado has actually been sighted in the area or indicated by radar, and may strike in the vicinity.

• Flash Flood Warning: Issued to alert persons that flash flooding is imminent or occurring on certain streams or designated areas, and immediate action should be taken.

• Winter Storm Warning: Issued when heavy snow, sleet, freezing rain are forecast to occur separately or in combination.

• Condition 2 actions could be generated when the international situation has deteriorated to the point that enemy attack is probable. This condition may/may not allow sufficient time for an orderly evacuation.

• Condition 2 actions could also be triggered by civil disorder with relatively large-scale localized violence or terrorist incident has occurred or is imminent.

4. Level 1: Maximum Readiness. Maximum Readiness refers to a situation that hazardous conditions are imminent. This condition is used to denote a greater sense of danger and urgency than found in condition 2. A condition one will be declared when 39 mph winds are expected to reach our area between 24-12 hours. The threat is better defined in terms of time and proximity. For example:

• 39 mph winds predicted in 24-12 hours or less

• Tornado sighted especially close to, or moving in the path of the facility.

• Flooding is imminent or occurring.
• Condition 1 actions could be generated when an enemy attack is imminent based upon
the evaluation of intelligence data. This warning is declared and disseminated by the

• Condition 1 actions could also be implemented when civil disorder precipitates large-
scale and wide-spread violence or an area that has received a terrorist threat.

• Level I actions could be triggered by a significant local chemical release, transportation
accident or fire situation that requires active intervention in a public health role. Level 1
actions can be triggered by local public health emergencies including imminent disease
outbreaks, infrastructure vulnerability, or contamination of the food supply that requires
active intervention in a public health role.

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**IX. ADMINISTRATION AND SUPPORT**

**A. Administration**

In general, emergency activities for the Galveston County Health District will be
conducted from the designated Health District Emergency Operations Center area.
The **PHEP Supervisor** will be the contact between the district and the County
Emergency Operations Center.

**B. Support**

Requests for assistance during an emergency/disaster will be forwarded to the
**PHEP Supervisor**. In the event the scope of the incident is beyond the capabilities
of the district, the **PHEP Supervisor** will request assistance through the Galveston
County Emergency Operations Center.

**C. Recovery**

All employees should check in with their supervisor as soon as possible after an
emergency event occurs, for job assignments or to report if they are able to assist in
recovery efforts. Employees can also call into the Inclement Weather Line at (409) 938-
2489 and/or listen to radio station KTRH 740 AM to find the status of District operations
and when recovery operations for their program will commence.

**D. Disaster Re-Entry Plans**

GCHD personnel will have to provide two picture ID’s, they should be the employee’s ID
badge and their driver license with a current address. All critical personnel will be
issued a GCHD magnetic car door signs for use of re- entry

   **a. Entry Level Staff Tier 4**

      i. Non-responders, don’t have an immediate job expectation to respond to
         emergency, but their secondary role in emergencies will require a basic
         understanding of ICS.
b. **Tier 3 Normal Operations**
   i. Return to participate in recovery efforts and establish normal operations.

c. **Tier 2 Recovery**
   i. Return when conditions permit to assist in recovery operations.

d. **Tier 1 Essential**
   i. Ride out storm in secure locations or return ASAP to conduct response and recovery activities.

   Employees in all Tier categories must remain in their positions prior to an anticipated emergency event (such as a hurricane) to assist in preparation until released by their supervisor. All employees are subject to re-direction of job duties to assist in response and recovery operations.

E. **Policy**
   All employees are expected to fulfill their emergency response activities to maintain employment with the District.

   If a public health emergency/disaster situation occurs or a Disaster Declaration is issued for any jurisdiction which may incorporate crucial services provided by the District or its employees, both exempt and non-exempt employees may be compensated in accordance with the following clauses.

1. **Non-essential employees** released from duty by the Chief Executive Officer, Executive Director or designee may receive compensation (disaster pay) at their regular rate of pay until they are expected to return to work, or the expiration of three (3) working days – whichever event occurs sooner.

2. **Essential employees** performing District responsibilities during declared emergencies shall be paid in accordance with the terms set forth below.

   During such circumstances, non-exempt employees shall be paid their regular wage for the first forty (40) hours they work during the work week, which shall always begin and reset each Thursday at 12:01 am, and one-hundred fifty percent (150%) their regular wage for every hour worked thereafter. Exempt employees undertaking District responsibilities during a declared emergency may, at the discretion of the Chief Executive Officer or Executive Director, be paid at straight-rate of their average respective hourly pay (individual weekly salary/40) for every additional hour worked in access of forty (40) hours. Likewise, the work week for exempt employees shall begin and reset every Thursday at 12:01 am.

   This policy may be modified in emergency situations as deemed necessary by the Chief Executive Officer, Executive Director, or designee. Each emergency approval made by the Chief Executive Officer, Executive Director or designee will be brought to the next board meeting for review and ratification.
F. Agreements and Contracts

Should GCHD resources prove to be inadequate during an emergency; requests for assistance will be made pursuant to mutual aid agreements (see Attachment 4); and if those prove insufficient, requests will be made for assistance from the supporting Disaster District Committee and DSHS Austin. Such assistance may include equipment, supplies, or personnel. All agreements will be entered into by authorized officials and should be in writing whenever possible. Agreements and contracts should identify the local officials authorized to request assistance pursuant to those documents.

G. Reports

Reports shall be managed to the extent possible in WebEOC. When WebEOC cannot be used, alternative methods of communication will be used. WebEOC automatically documents and records information entered into the WebEOC system. All reports must be maintained in such a manner that they may be retrieved.

Initial Emergency Report. This short report should be prepared and transmitted upon recognition of an emergency incident affecting public health. In WebEOC this requires the creation of a new incident. Should the incident have already been created, the region’s initial report shall be by Situation Report.

Situation Report. The Situation Report is a continuously updated WebEOC standardized report screen.

Other Reports. Other reports may be required during the emergency and may be incorporated or kept separate from WebEOC and other electronic reporting methods.

H. Records (Record Keeping for Emergency Operations)

GCHD has established administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for expenditures made to support emergency operations. This shall be done in accordance with the established local fiscal policies and standard cost accounting procedures. Records should be collected and centrally stored by event, to the maximum extent possible.

i. Activity Logs. All emergency facilities shall maintain accurate logs recording key response activities, including:

1. Activation or deactivation of emergency facilities.
2. Emergency notifications to local, state and federal agencies.
3. Significant changes in the emergency situation.
4. Major commitments of resources or requests for additional resources from external sources.
5. Issuance of protective action recommendations to the public.
6. Evacuations and shelter operations.
7. Casualties.
8. Containment or termination of the incident.

ii. Incident Costs. All department and agencies shall maintain records summarizing the use of personnel, equipment, and supplies during the response to day-to-day incidents to obtain an estimate of annual emergency response costs that can be used as in preparing future department or agency budgets.

iii. Emergency or Disaster Costs. For major emergencies or disasters, all programs participating in the emergency response shall maintain detailed costs for emergency operations to include:

1. Personnel costs, especially overtime costs
2. Equipment operations costs
3. Costs for leased or rented equipment
4. Costs for contract services to support emergency operations
5. Costs of specialized supplies expended for emergency operations

These records may be used to recover costs from the responsible party or insurers or as a basis for requesting financial assistance for certain allowable response and recovery costs from the state and/or federal government.

Preservation of Records

iv. In order to continue normal government operations following an emergency situation disaster, vital records must be protected. These include legal documents as well as health, financial, and other supporting records. The principal causes of damage to records are fire and water; therefore, essential records should be protected accordingly.

v. If records are damaged during an emergency situation, we will seek professional assistance to preserve and restore them.

I. Training

All staff personnel will be trained in NIMS-compliant incident command systems, and possess an appropriate level of training, experience, credentialing, physical and medical fitness, or capability for any positions they are tasked to fill.

J. Post-Incident and Exercise Review

The PHEP Supervisor is responsible for organizing and conducting a critique following the conclusion of a significant emergency event/incident or exercise. From this evaluation an After Action Report (AAR) will be written, and will entail both written and verbal input from all appropriate participants. The AAR will be provided to DSHS Austin within 90 days of the exercise or event completion. An Improvement Plan will be written addressing identified
deficiencies, corrective measures, and correction timelines identified. This Improvement Plan will be forwarded to DSHS Austin. A retest of those areas found deficient will be conducted within 180 days and results forwarded to DSHS Austin.

X. PLAN DEVELOPMENT AND MAINTENANCE

A. Plan Development

The GCHD CEO will direct the development of the All Hazards Plan. Approval of the plan will be granted by the United Board of Health. The creation of policy, plans, and procedures to new or emerging threats will follow similar processes utilizing legal counsel and subject matter experts to ensure a broad, comprehensive approach is achieved.

B. Distribution of Planning Documents

1. When approved, the All Hazards Plan shall be promulgated to the United Board of Health, the Galveston County Office of Emergency Management, and the DSHS Austin, Community Preparedness Section.

2. The plan will be placed on the GCHD intranet site for access by all GCHD staff.

3. The All-Hazards Plan should include a distribution list (See Attachment 2 to this plan) that indicates who receives copies of this plan and the various Appendixes to it. In general, individuals who receive copies of Appendixes to this plan should also receive a copy of this document.

4. Changes to the All Hazards Plan and Appendixes will be distributed to document holders listed in Attachment (2) herein.

C. Review and Update

1. This plan will be updated based upon deficiencies identified during actual emergency situations, exercises and when changes in threat hazards, resources and capabilities, or agency structure occur.

2. The Basic Plan and its Appendixes must be revised or updated by a formal change yearly. The responsibility for coordinating the revision of the Basic Plan and Appendixes is assigned to the PHEP Coordinator.

3. Revised or updated planning documents will be distributed as outlines in Section X.B above.
ATTACHMENTS:
1. First responders contact procedures
2. Distribution List
3. References
4. ICS Organization chart for Emergencies
5. Summary of Agreements & Contracts
6. National Incident Management System

ATTACHMENT 1
1ST RESPONDER CONTACT PROCEDURES

In order to contact all first responders in the county, GCHD will communicate through GCOEM (who can be contacted via phone at 888-384-2000). The county OEM will contact the respective city emergency managers, who will in turn contact the city’s first responders. This communication tree will serve as the basis of contact between entities.

ATTACHMENT 2
DISTRIBUTION LIST

<table>
<thead>
<tr>
<th>Jurisdiction/Agency Plan</th>
<th>All-Hazards Plan</th>
<th>Appendixes</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Board of Health</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Galveston County Office of Emergency Management</td>
<td>1</td>
<td>All</td>
</tr>
<tr>
<td>DSHS Region 6/5S</td>
<td>1</td>
<td>All</td>
</tr>
</tbody>
</table>
1. Texas Department of Public Safety, Governor’s Division of Emergency Management, Local Emergency Management Planning Guide, DEM-10

2. Texas Department of Public Safety, Governor’s Division of Emergency Management, Disaster Recovery Manual

3. Texas Department of Public Safety, Governor’s Division of Emergency Management, Mitigation Handbook

4. FEMA, Independent Study Course, IS-288: The Role of Voluntary Organizations in Emergency Management


7. 79th Texas Legislature, House Bill 3111

8. Emergency Management Plan for Galveston County and Participating Cities
Galveston County Health District Incident Command Structure

INCIDENT COMMANDER
Chief Executive Officer
Dir. of Epidemiology & PHEP
Local Health Authority

SAFETY OFFICER
Risk & Safety Coordinator
Dir. of Compliance & Contracts

PUBLIC INFORMATION OFFICER
Director of Communications
Communications Specialist

LIAISON OFFICER
Dir. of Environmental Health
TBD

FINANCE SECTION CHIEF
Controller
Grant Manager

TIME UNIT
Accounting Staff

PROCUREMENT UNIT
Purchasing Agent

LOGISTICS SECTION CHIEF
SNS Coordinator
Executive Assistant

SUPPLY UNIT
Procurement Agent

IT UNIT
Director of IT

PERSONNEL UNIT
Human Resources Staff

FACILITY UNIT
Fleet & Facility Coordinator

FOOD UNIT
Executive Assistant

PLANNING SECTION CHIEF
PHEP Coordinator

DOCUMENTATION UNIT
Admin. Assist & Vitals Staff

DEMOBILIZATION UNIT
Courier

OPERATIONS SECTION CHIEF
Dir. of Human Resources

PHONE BANK BRANCH
HIV Surveillance Specialist

COMM. HEALTH BRANCH
Chief Nursing Officer

ENVIRONMENTAL BRANCH
Environmental Managers

EPIDEMIOLOGY BRANCH
Lead Epidemiologist
Agreements

Description: Memorandum of Understanding with College of the Mainland and the Independent School Districts of Clear Creek, Dickinson, Friendswood, Galveston, High Island, Hitchcock, La Marque, Santa Fe, and Texas City.

Summary of Provisions: To provide the use of school facilities, office equipment, supplies, and staff in the event of a public health emergency

Officials: Authorized to Implement:

Costs: None Specified. GCHD will seek reimbursement for supplies used in the course of response to a public health emergency.

Copies Held By: GCHD Director of Contracts & Compliance
A. BACKGROUND

1. NIMS is a comprehensive, national approach to incident management that is applicable to all jurisdictional levels and across functional disciplines. This system is suitable across a wide range of incidents and hazard scenarios, regardless of size or complexity. It provides a flexible framework for all phases of incident management, as well as requirements for processes, procedures, and systems designed to improve interoperability.

2. NIMS is a multifaceted system that provides a national framework for preparing for, preventing, responding to, and recovering from domestic incidents.

B. COMPONENTS

1. Command and Management. The incident management structures employed by NIMS can be used to manage emergency incidents or non-emergency events such as celebrations. The system works equally well for small incidents and large-scale emergency situations. The system has built-in flexibility to grow or shrink depending on current needs. It is a standardized system, so personnel from a variety of agencies and geographic locations can be rapidly incorporated into a common management structure.

   a. Incident Management System. A system that can be used to manage emergency incidents or non-emergency events such as celebrations.

      1) FEATURES OF ICS

         ICS has a number of features that work together to make it a real management system. Among the primary attributes of ICS are:

         a) Common Terminology. ICS requires the use of common terminology, such as the use of standard titles for facilities and positions within an organization, to ensure efficient and clear communications.

         b) Organizational Resources. All resources including personnel, facilities, major equipment, and supply items used to support incident management activities must be “typed” with respect to capability. This typing will minimize confusion and enhance interoperability.

         c) Manageable Span of Control. Span of control should ideally vary from three to seven. Anything less or more requires expansion or consolidation of the organization.
d) Organizational Facilities. Common terminology is used to define incident facilities, the activities conducted at these facilities, and the organizational positions that can be found working there.

e) Use of Position Titles. All ICS positions have distinct titles.

f) Reliance on an Incident Action Plan. The incident action plan, which may be verbal or written, is intended to provide supervisory personnel a common understanding of the situation and direction for future action. The plan includes a statement of objectives, organizational description, assignments, and support material such as maps. Written plans are desirable when two or more jurisdictions are involved, when state and/or federal agencies are assisting local response personnel, or there has been significant turnover in the incident staff.

g) Integrated Communications. Integrated communications includes interfacing disparate communications as effectively as possible, planning for the use of all available systems and frequencies, and requiring the use of clear text in communications.

h) Accountability. ICS is based on an orderly chain of command, check-in for all responders, and only one supervisor for each responder.

2) UNIFIED COMMAND

a) Unified Command is a variant of ICS used when there is more than one agency or jurisdiction with responsibility for the incident or when personnel and equipment from a number of different agencies or jurisdictions are responding to it. This might occur when the incident site crosses jurisdictional boundaries or when an emergency situation involves matters for which state and/or federal agencies have regulatory responsibility or legal requirements.

b) ICS Unified Command is intended to integrate the efforts of multiple agencies and jurisdictions. The major change from a normal ICS structure is at the top. In a Unified command, senior representatives of each agency or jurisdiction responding to the incident collectively agree on objectives, priorities, and an overall strategy or strategies to accomplish objectives; approve a coordinated Incident Action Plan; and designate an Operations Section Chief. The Operations Section Chief is responsible for managing available resources to achieve objectives. Agency and jurisdictional resources remain under the administrative control of their agencies or jurisdictions, but respond to mission assignments and direction provided by the Operations Section Chief based on the requirements of the Incident Action Plan.

3) AREA COMMAND

a) An Area Command is intended for situations where there are multiple incidents that are each being managed by an ICS organization or to oversee
the management of large or multiple incidents to which several Incident Management Teams have been assigned. Area Command becomes Unified Area Command when incidents are multijurisdictional.

b) The organization of an Area Command is different from a Unified Command in that there is no operations section, since all operations are conducted on-scene, at the separate ICPs.

b. Multiagency Coordination Systems. Multiagency coordination systems may be required for incidents that require higher level resource management or information management. The components of multiagency coordination systems include facilities, equipment, EOCs, specific multiagency coordination entities, personnel, procedures, and communications; all of which are integrated into a common framework for coordinating and supporting incident management.

c. Public Information. The NIMS system fully integrates the ICS Joint Information System (JIS) and the Joint Information Center (JIC). The JIC is a physical location where public information staff involved in incident management activities can collocate to perform critical emergency information, crisis communications, and public affairs functions. More information on JICs can be obtained in the DHS National Incident Management System Plan, dated March 2004.

2. Preparedness. Preparedness activities include planning, training, and exercises as well as certification of response personnel, and equipment acquisition and certification. Activities would also include the creation of mutual aid agreements and Emergency Management Assistance Compacts. Any public information activities such as publication management would also be preparedness activities.

3. Resource Management. All resources, such as equipment and personnel, must be identified and typed. Systems for describing, inventorying, requesting, and tracking resources must also be established.

4. Communications and Information Management. Adherence to NIMS specified standards by all agencies ensures interoperability and compatibility in communications and information management.

5. Supporting Technologies. This would include any technologies that enhance the capabilities essential to implementing the NIMS. For instance, voice and data communication systems, resource tracking systems, or data display systems.

6. Ongoing Management and Maintenance. The NIMS Integration Center provides strategic direction and oversight in support of routine review and continual refinement of both the system and its components over the long term.
APPENDIX A
HURRICANES

When a Hurricane threatens Galveston County, several increased readiness activities need to occur. The Galveston County Health District will complete the following increased readiness actions prior to anticipated landfall:

**Condition 4: Normal Conditions**

Prior to hurricane season, certain actions should be taken for staff to be adequately prepared to address the threats from hurricanes and tropical storms.

- Review the Health District Emergency Plan and Annexes for responsibilities and update as needed.
- Complete training of personnel.
- Update Personnel directory.
- Review Stock of emergency supplies.
- Test emergency generators and other equipment.
- Encourage employees to develop personal evacuation plans and complete a hurricane relocation form to give to their supervisor.

**Condition 3: Increased Readiness**

A tropical weather system has developed in the Gulf and has the potential to impact the local area

- Back-up computer systems
- Coordinate Tier Personnel.
- Update Employee Hurricane Relocation lists.

**Condition 2:**

Condition 2 will be declared as conditions worsen or become more severe. If 39 mph winds can impacted Galveston County in 72 hours or less a condition 2 level will be declared by the Emergency Management Coordinator. During condition 2 the following actions should be taken:

- Secure and protect office.
- Fuel district vehicles and arrange to transport them out of the surge area.
• Purchase fuel for generators. Properly secure fuel containers to prevent spillage during storm.
• Close offices.
• District administration will determine which Tier 1 employees will fulfill needed public health roles during condition 1. These employees will be allowed to leave before the storms strike to secure their personal property. They will then be required to return to work to fulfill their role.
• Those employees’ not assigned specific duties during condition 1 should evacuate depending on the location of their residences and recommendations from Emergency Management. Tier 1 personnel not needed to report to the Office of Emergency Management should also evacuate but be ready to return as soon as it is safe to do so to assist in recovery operations.

CONDITION 1:

Condition 1 will be declared when 39 mph winds are predicted in 24 hours or less. Condition 1 denotes a greater sense of danger and urgency than condition 2. During the condition 1 stage the following actions will be taken by the personnel at the district:

The PHEP Supervisor, or designee, will request any necessary assets to accommodate response and recovery efforts via STAR request (medical supplies, vaccines, diabetes medicines). Other organizations that provide resources such as Direct Relief will be contacted as well. These requests will be made before landfall, at the earliest convenient time.

Note: At this point the Emergency Operations Center should be activated and operations will continue through the PHEP Supervisor and the Office of Emergency Management under the requirements and guidelines of the Galveston County Emergency Management Plan. Appropriate Tier 1 personnel (Liaison) will report to the County Office of Emergency Management or other secure locations. The Liaison at the EOC will physically communicate with GCOEM, TxDOT, and all appropriate partners to keep GCHD EOC apprised of current situation and any changes.

AFTER THE STORM
Employees should listen to KTRH Radio AM740 for updates about the status of district operations. They can also call the Inclement Weather Number at 409-938-2489 for the status of district operations. The PHEP supervisor of designee will utilize the i-Info system to communicate with staff via text messages, call outs, and standard email.
GALVESTON COUNTY HEALTH DISTRICT
EMPLOYEE HURRICANE LOCATION PLAN FORM

WE URGE YOU TO MAKE A PLAN NOW FOR A HURRICANE EVACUATION. KNOW WHERE YOU’RE GOING AND HAVE AN EMERGENCY KIT WITH FOOD, WATER, MEDICATIONS, FIRST AID SUPPLIES, ETC. READY TO TAKE WITH YOU.

DATE: ___________________________ DEPARTMENT:

NAME: ______________________________________________________

PHONE (HOME): ____________________________________________

PHONE (CELL): ________________________________________

EMERGENCY CONTACT

NAME: ______________________________________________________

PHONE(S): __________________________________________________

RELATIONSHIP TO CONTACT PERSON: ______________________________

WHERE WILL YOU GO DURING A HURRICANE EVACUATION?

__________________________________________

ADDRESS: __________________________________________________

___________________________________________________________

PHONE(S): __________________________________________________

PLEASE PROVIDE A NAME AND TELEPHONE NUMBER OF A PERSON WITH WHOM WE CAN LEAVE A MESSAGE FOR YOU. THIS PERSON SHOULD BE OUTSIDE OF THE HOUSTON/GALVESTON AREA AND ABLE TO CONTACT YOU DAILY.

NAME: ______________________________________________________

PHONE(S): __________________________________________________

RELATIONSHIP TO CONTACT PERSON: ______________________________

THIS FORM SHOULD BE GIVEN TO YOUR MANAGER AND/OR SUPERVISOR. MANAGERS AND/OR SUPERVISORS WILL KEEP THE ORIGINAL AND FORWARD A COPY TO TYLER TIPTON, PHEP SUPERVISOR.

REVISED 06/03/2015

Deleted: PREPAREDNESS PLANNER.
Deleted: COORDINATOR
APPENDIX B
BOMB THREAT

The district can receive a bomb threat at any time. Generally, bomb threats are made for two reasons. One reason is the caller may have definite knowledge, or a strong belief, that an explosive device has been placed somewhere in the facility. This caller may be the person who placed the device or someone else who has become aware of such information. The second reason is the caller may want to create an atmosphere of panic and anxiety, which will result in the disruption of normal activities, even if no device has been placed.

All threats made to the district will be taken seriously and noted as being credible until proved otherwise by the police/sheriff's office. The bomb threat checklist on page 18 will be utilized and completed for each incident relating to bomb threats.

Personnel of the district will be responsible for:

- Being aware of where to find the Bomb Threat Checklist.
- Maintaining a copy of the Bomb Threat Checklist in their work area.
- Contacting their respective manager upon receiving a bomb threat via telephone or mail.
- Completing the Bomb Threat Checklist each time a threat is received.
- Remaining calm when receiving a threat.
- Documenting the date, time call received, time call ended, person receiving call, and program receiving the call.
- Assisting law enforcement when requested in identifying any items in work areas that are unusual or appear to be out of place.

CREDIBILITY

Until the credibility of the threat is established, personnel in the district will take the following precautions:

- Avoid using 2-way radios in or within 300 feet of the facility.
- Do not attempt to locate the device.
- Leave all areas in the facility undisturbed.
• Do not turn on or off any light switches or other electrical devices.
• Do not move anything.
• Immediately evacuate the facility when directed.
• Upon evacuating, report to the respective program manager for personnel accountability.
• Account for all personnel in your program.

**Program Managers**

Program Managers will be responsible for:

• Notifying the Risk and Safety Coordinator and the CEO and/or their designee, that a threat has been made to the district.
• Ensuring the Bomb Threat Checklist is completed by the individual receiving the threat.
• Delivering the checklist to assist the local law enforcement agencies.
• Directing their employees to evacuate when orders are given.
• Accounting for program personnel.
• Conducting a quick search of the area to ensure personnel are out of the facility.
• Reporting any personnel unaccounted for.
• Updating and informing personnel of activities.
• Notifying personnel when to return to work.
BOMB THREAT CHECKLIST

Date of Call: ________________ Time of Call: _________ Time the caller Hung Up _____________

Phone/Ext. Number where call was received: ___________________________________________
Location where the call was received: _________________________________________________

QUESTIONS TO ASK:
1. When is the bomb going to explode? _______________________________________
2. Where is it right now? _______________________________________________________
3. What does it look like? _____________________________________________________
4. What kind of bomb is it? _____________________________________________________
5. What will cause it to explode? _______________________________________________
6. Who placed the bomb? _______________________________________________________
7. Why was the bomb placed? _________________________________________________
8. Where are you calling from? _______________________________________________
9. What is your name? _________________________________________________________

EXACT WORDS OF THE CALLER:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
(Use other side of the page for more space)

DESCRIPTION OF CALLER:

S VOICE:  
____Male  _____Female    _______Young   _____Middle Age   ______Old    _________Race

TONE OF CALLER:

S VOICE:
____Calm        ____Lisp _____Deep ____Cracking Voice _____Slurred ____Angry ____Slow
____Ragged ___Clearing Throat___Disguised__Excited ___Rapid ___Loud
____Deep breathing ___Accent___Nasal ___Soft ___Laughter___Normal ___Familiar
__Stutter ___Raspy ___Crying ___Distinct

THREAT LANGUAGE OF CALLER:

____Well Spoken (Educated) ______Incoherent _____Foul _______Taped

____Irrational _____Message read by Threat Maker
BACKGROUND SOUNDS:

___ Street Noises  ___ House Noises  ___ Clear Other  ___ Crockery  ___ Motor  ___ Static  ___
___ Voices  ___ Office Machinery  ___ Local  ___ PA System  ___ Factory Machinery

Long Distance  ___ Music  ___ Animal Noises  ___ Booth

PERSON WHO RECEIVED THE THREAT: _________________________________________________________

APPENDIX B

BOMB THREAT ACTION CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bomb Threat Checklist Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police Department Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff’s Department Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law enforcement assisted in locating device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility evacuated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel/Citizen Accountability log completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the threat credible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search of the facility completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation completed (bomb threat checklist information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation turned in to the Risk and Safety Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C
HAZARDOUS MATERIAL INCIDENTS

Hazardous material incidents can occur with little or no warning. The district’s facilities are in close proximity to transit routes and various exposure risks. These areas are heavily traveled by trucks, trains, and pipelines transporting hazardous materials and incidents/releases can occur at any time, therefore, it is important for district personnel to follow the instructions of the **PHEP Supervisor** as well as the local law enforcement agencies.

Hazardous material incidents are generally handled by evacuating or sheltering in place. These actions will be handled in the following manner:

SHELTERING IN PLACE

In some cases it may be necessary to shelter in place. The decision to shelter in place will be made by the **PHEP Supervisor** after consulting with the OEM and representatives from the fire department or law enforcement. Sheltering in place is the safest method to use if it is determined that personnel can’t be evacuated safely from an area prior to the arrival of a toxic cloud. The sheltering in place method used for the department consists of the following:

- Get inside the building. Close and secure the entrance.
- Listen to the radio (KTRH 740AM) to determine the status of the incident.
- Stay away from glass doors.
- Avoid drinking water from water fountains or faucets, as they may become contaminated.
- Allow individuals that want to leave the facility the opportunity to do so prior to department lock-down.

*Note: Health District personnel can’t force individuals to remain in the facility. Inform the individual of the dangers and let them make their own decision. However, inform the individual that once the facility is locked down, it will remain in a secure mode until the threat is removed.*
Follow instructions from the PHEP Supervisor.

**EVACUATION**

In some cases it may become necessary to evacuate the facility. In such cases personnel will evacuate in the following manner:

- Turn off any electrical equipment (Coffee pots, Computers, etc.)
- Secure work area
- Proceed to the nearest exit

- Follow instructions from the PHEP Supervisor

- Ensure your name is on the list of personnel present during the incident by reporting to the PHEP Supervisor upon evacuating the facility.

**Program Managers**

The Program Managers are responsible for:

- Informing the individuals in the facility when the threat of the incident is diminished.
## APPENDIX C
### HAZARDOUS MATERIALS INCIDENTS
#### ACTION CHECKLIST

<table>
<thead>
<tr>
<th>ACTIONS TO BE TAKEN/SHELTERING IN PLACE</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blankets/Towels placed under doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Openings and Doors Taped Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals Given the Opportunity to leave facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation complete listing of personnel in the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informing individuals the event is over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of sequence of events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTIONS TO BE TAKEN/ EVACUATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHEP Supervisor</strong> Documentation of personnel complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel in facility evacuated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons with disabilities evacuated/if applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All personnel accounted for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel notified when the event is over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of Event completed/turned in to <strong>PHEP Supervisor</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D
HEALTH DISTRICT CLOSURE

In some circumstances it may become necessary to close one or more GALVESTON COUNTY HEALTH DISTRICT facilities. Several conditions can arise in which the closure of one or more facilities is necessary to maintaining the safety and health of district personnel and citizens. Refer to Annex J – COOP for detailed information. The following situations are few examples of conditions in which district facilities might close:

- Severe weather that threatens the safety of personnel
- Winter storms that can block the ability of safe travel of personnel arriving to and from work
- Hazardous Material Incident
- Flooding in the building
- Onset of gale force winds associated with a hurricane
- Power failure
- Tornado activity
- Bomb threat
- Loss of water service that results in unsanitary conditions
- Any other situation that affects the safety and health of personnel, or that puts the individual at risk.
- Any situation that the Chief Executive Officer, and/or his or her designee, Chief Operations Officer, or PHEP Supervisor deems appropriate to close the facility.

Program Managers

Program Managers are responsible for:

- Assisting and coordinating with the PHEP Supervisor on district closure requirements
- Informing the PHEP Supervisor of any events or problems that warrant the closure of facilities.
• Ensuring their programs take the necessary steps to shut-down operations safely
• Ensuring that vital records are properly stored in a safe area
• Informing the personnel in their programs on issues relating to facility openings and closures
• Documenting actions taken during the shutdown of the facility.
• Assisting with evacuation when necessary

APPENDIX D

HEALTH DISTRICT CLOSURE CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Made To Close The Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Assigned To Assist With Shutdown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Manager Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Turned Off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Records Secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions And Sequence Of Events Documented on log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation Turned In To The <strong>PHEP Supervisor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHEP Supervisor</strong> Notified When The Event Is Over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Notified When The Event Is Over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evacuation (If Applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E
TORNADOS

Tornados are extremely violent localized windstorms. A tornado is characterized by a funnel cloud, which reaches to the ground with wind velocities inside the funnel as high as 200 miles per hour. Tornados most frequently are associated with other violent weather conditions, primarily large thunderstorm systems, and often accompany hurricanes.

Personnel in the district must realize common terms associated with tornados such as:

- **Tornado Watch**: Conditions exist that are right for tornado formation.
- **Tornado Warning**: A tornado has been sighted or there is an immediate threat of a tornado in a particular area.

During incidents involving the threat of a tornado to the GALVESTON COUNTY HEALTH DISTRICT, personnel will be responsible for the following:

**During a Tornado**

- If you are under a tornado warning, seek shelter immediately. Although there is no completely safe place during a tornado, some locations are much safer than others. Here is how you can remain safe in the following locations.

**Indoors**

- Move personnel and patients/customers to a safe part of the building preferably an interior room or central hallway in the facility.
- Avoid areas with windows or large amounts of glass

**In a Vehicle**

- **DO NOT STAY IN A VEHICLE, TRAILER, OR MOBILE HOME DURING A TORNADO.** These items can turn over during strong winds. Even trailers and mobile homes with a tie-down system cannot withstand the force of tornado winds.
- **PLAN AHEAD.** If you live in a mobile home, go to the lowest floor of a nearby building, preferably one with a basement. If there is no shelter nearby, lie flat in the nearest ditch, ravine, or culvert and protect your head with an object or with your arms.
• DO NOT TRY TO OUTRUN A TORNADO IN YOUR CAR. If you see a tornado, stop your vehicle and get out. Do not get under your vehicle. Follow the directions for seeking shelter outdoors (see Outdoors section).

Outdoors

If you are caught outside during a tornado and there is no adequate shelter immediately available:

• Avoid areas with many trees.
• Avoid vehicles.
• Lie down flat in the nearest ditch, ravine, or culvert.
• Protect your head with an object or with your arms

After the tornado

• Check people around you for injuries. Begin first aid or seek help if necessary. Always cooperate with local officials.
• Check utility lines and appliances for damage. If you smell gas, open the windows and turn off the main valve. Don't turn on lights or appliances until the gas has dissipated. If electric wires are shorting out, turn off the power.
• When you go outside, watch for downed power lines.
• Assess facility damage and notify the **PHEP Supervisor**.

### APPENDIX E

**TORNADO CHECKLIST**

<table>
<thead>
<tr>
<th>Actions To Be Taken</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Personnel In Safe Area</td>
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<tr>
<td>Emergency Operations Center Notified</td>
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<tr>
<td>Documentation Completed</td>
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<tr>
<td>Tornado Threat Diminished/ <strong>PHEP Supervisor</strong> Notified</td>
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<tr>
<td>Personnel Notified</td>
<td></td>
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<tr>
<td>Quick Damage Assessment Completed</td>
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<tr>
<td>Facility Re-Opened</td>
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</tbody>
</table>
APPENDIX F
SEVERE WEATHER

Different severe weather events such as floods, high winds, thunderstorms, and lightning can occur on occasion in Galveston County. Although in general the response may be similar, in some cases they will vary.

FLOODING

In the event that the GALVESTON COUNTY HEALTH DISTRICT should become vulnerable to flooding by means of heavy rainfall, water leaks, etc., measures must be taken to lessen the effects to the district and personnel.

PROGRAM MANAGERS AND SUPERVISORS

During an event involving flooding, program managers and supervisors will be responsible for:

- Notifying personnel of the situation
- Securing any records that can be damaged by rising water
- Documenting names of personnel in the facility.

THUNDERSTORMS AND LIGHTNING

During severe thunderstorm and lightning situations several precautions need to be taken to lessen or eliminate damages to the district and danger to personnel. These precautions will be handled in the following manner:

PROGRAM MANAGERS AND SUPERVISORS

Program managers and supervisors will be responsible for:

- Instructing personnel not to use telephones, except for emergencies during a thunderstorm (as long as thunder can be heard)
- Keeping personnel informed of the situation
- Disconnecting any equipment that can be damaged from a power surge (i.e.,
HIGH WINDS

In the event of high winds the following actions will be taken:

PROGRAM MANAGERS AND SUPERVISORS

Program managers and supervisors will be responsible for:

- Informing personnel in their program of the situation
- Documenting program personnel activities during the event
- Ensuring personnel stay away from glass doors and windows

APPENDIX F
SEVERE WEATHER
CHECKLIST

<table>
<thead>
<tr>
<th>ACTIONS TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Notified of situation</td>
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<td></td>
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<tr>
<td>Personnel located in a safe area</td>
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<td></td>
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<tr>
<td>Emergency Operations Center notified</td>
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<td></td>
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<tr>
<td>Evacuation completed (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All personnel accounted for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel with disabilities assisted as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records secured as appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive equipment disconnected (computers, electrical, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation logs completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quick damage assessment completed (damage reported to Emergency Operations Center)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G
WINTER STORMS

Winter storms in the form of freezing rain or sleet, ice, and heavy snow, although not frequent in Galveston County can on occasion occur and pose a hazard. Winter storms can include any of the following:

FREEZING RAIN
Rain that freezes as it strikes the ground and other surfaces forming a coating of ice.

SLEET
Small particles of ice usually mixed with rain. (Can make travel hazardous)

SNOW FLURRIES
Periods of snow falling for short durations at intermittent periods.

WINTER STORM WATCH
Severe winter weather conditions that may affect the area.

BELOW FREEZING TEMPERATURES
Temperatures may reach or go below freezing for an extended period bringing about the potential for damage to water systems and sensitive equipment.

WINTER STORM WARNING
Severe winter weather conditions are imminent.

TRAVELERS ADVISORIES
Issued to indicate that falling, blowing, or drifting snow, freezing rain or drizzle, sleet, or strong winds may make driving difficult.
ACTIONS TO BE TAKEN BY THE DISTRICT

In the event the district is threatened by severe conditions, such as those listed above, the following actions will be taken to protect the personnel and equipment in the district.

**PHEP Supervisor**
The **PHEP Supervisor** will be responsible for:

- Contacting the Emergency Operations Center to determine if the Health District offices should be closed
- Advising personnel to evacuate before hazardous driving conditions develop

After special precautions for the freezing temperatures have been completed proceed to Appendix D for additional guidelines on district closures.

### APPENDIX G
### WINTER STORMS
### CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Operations Center contacted to determine if the district should be closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel evacuated before hazardous driving conditions develop.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX H
FIRE/EXPLOSIONS

In the event of a fire or explosion in any GALVESTON COUNTY HEALTH DISTRICT facility the following actions will be taken:

- Evacuate the building by using the closest of the exits.
- All personnel will meet in parking lot.
- Notify Fire department by calling (9-1-1) or by activating the fire alarm.
- Ensure that all personnel are evacuated from the building.
- Ensure that any personnel with disabilities are assisted with evacuation.

APPENDIX H
FIRE/EXPLOSIONS
CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building evacuated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Department Contacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel with disabilities assisted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel accounted for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage assessment completed and Emergency Operations Center contacted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I
HOSTAGE SITUATIONS

A hostage situation can take place anytime, anywhere, and without warning. The GALVESTON COUNTY HEALTH DISTRICT will take all steps possible to ensure the safety of personnel in the vicinity, especially hostages. Actions to be taken by personnel consist of the following:

- Do not initiate discussions with the perpetrator if you are in the immediate area
- Contact the local Police or Sheriff's Department, if possible
- Evacuate the immediate area, if possible
- Do not attempt to rescue the hostage
- Remain calm
- Do not discuss the situation with anyone other than law enforcement personnel. Only the Chief Executive Officer or his/her designee will address media inquiries.

APPENDIX I
HOSTAGE SITUATIONS
CHECKLIST

<table>
<thead>
<tr>
<th>ACTION TO BE TAKEN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel evacuated (if possible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Operations Center notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive Officer or designee addresses media</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX J
ASSISTANCE FOR PEOPLE WITH DISABILITIES

During any incident that affects the health and safety of the personnel in the district, it may become necessary to evacuate or relocate to another location. This re-location may be difficult or impossible for personnel in the district that have a disability. During an emergency the following actions should be taken to assist people with disabilities:

PROGRAM MANAGERS AND SUPERVISORS

The program managers and supervisors will be responsible for:

- Evaluating the personnel in their program to determine if any personnel will need assistance during an emergency
- Ensuring personnel are assigned to assist any personnel with a disability in the program with evacuation and relocation needs
- Informing personnel in their program of emergency situations
# APPENDIX K
## EXAMPLE OF READINESS CONDITION CHART

<table>
<thead>
<tr>
<th>STATUS</th>
<th>HURRICANES/ TROPICAL STORMS</th>
<th>FLOODS/ EXTREME TIDES</th>
<th>TORNADOES SEVERE THUNDERSTORMS/ WINTER STORMS</th>
<th>FIRE/HAZARDOUS MATERIALS</th>
<th>TERRORIST THREAT/ ATTACK</th>
</tr>
</thead>
</table>
| **CONDITION 4** | BEGINING OF HURRICANE SEASON  
MORE THAN 72 HRS BEFORE (39 MPH WINDS) IMPACT THE TEXAS COAST  
WEATHER SYSTEM OUTSIDE OF THE GULF WITH THE POTENTIAL TO ENTER (REVIEW HURRICANE PLAN & EDUCATE STAFF) | RAINFALL IN THE AREA, BUT NO FLASH FLOOD WATCH YET  
THREAT OF ABNORMAL HIGH TIDES (REMTELY MONITER RAINFALL & TIDAL INFORMATION) | CONDITIONS EXIST FOR SEVERE ACTIVITY.  
NWS ISSUES A SEVERE WEATHER ADVISORY | LEVEL 2 OR ABOVE CHEMICAL SPILL / OR MAJOR FIRE WITH NO ASSISTANCE REQUIRED FROM OEM (MONITER SITUATION) | NOTIFIED OF TERRORIST THREAT/ OR UNVERIFIED REPORT OF A TERRORIST DEVICE |
| **CONDITION 3** | 72 - 60 HRS BEFORE (39 MPH WINDS) IMPACT TEXAS COAST  
NATIONAL WEATHER SERVICE FORCAST TROPICAL STORM OR HURRICANE IN THE GULF (TOTAL PROBABILITY...COLUMN E...>10% FOR GALVESTON OR FREEPORT)  
LIMITED ACTIVATION OF COUNTYEOC | FLOOD OR FLASH FLOOD WATCH IN EFFECT  
GENERAL STREET FLOODING & POTENTIAL FOR BAY OR AREA BAYOUS & LAKES TO REACH THE TOP OF THEIR BANKS  
TIDE GAUGES READING 3.5' FOOT  
LIMITED ACTIVATION OF COUNTY | NWS ISSUES A TORNADO WATCH OR A SEVERE WEATHER WATCH  
LIMITED ACTIVATION OF COUNTYEOC | ASSISTANCE REQUESTED FROM INCIDENT COMANDER AT SCENE  
SIZE OF INCIDENT WILL HAVE SIGNIFICANT ECONOMIC OR DIRECT IMPACT ON LARGE POPULATION  
LIMITED ACTIVATION OF COUNTYEOC | HIGH PROBABILITY OF ATTACK OR CONFIRMATION THAT A TERRORIST DEVICE HAS BEEN LOCATED  
LIMITED ACTIVATION OF COUNTYEOC |
<table>
<thead>
<tr>
<th>STATUS</th>
<th>HURRICANES/ TROPICAL STORMS</th>
<th>FLOODS/ EXTREME TIDES</th>
<th>TORNADOES/SEVERE THUNDERSTORMS/ WINTER STORMS</th>
<th>FIRE/HAZARDOUS MATERIALS</th>
<th>TERRORIST THREAT/ ATTACK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDITION 2</strong></td>
<td>TROPICAL STORM OR HURRICANE WATCH ISSUED FOR UPPER TEXAS COAST 59 - 36 HRS PRIOR TO (39 MPH WINDS) ON THE TEXAS COAST PROBABILITY COLUMNS ABC TOTAL....&gt;15% FOR GALVESTON OR FREEPORT (HEALTH DISTRICT CEASES TO FUNCTION IN A NORMAL FASHION, EMPLOYEES FOCUS ON HURRICANE OR STORM PREPARATIONS) (36-48 HOURS COUNTY WIDE EVACUATION COMMITTEE MEETING HELD)</td>
<td>FLOOD, FLASH FLOOD, OR COASTAL FLOOD WARNING IN EFFECT. EXPECT HEAVY RAINFALL AND STREET FLOODING WITH SOME BAYS, BAYOUS OR LAKES OUT OF THEIR BANKS. RECOMMENDED ACTIVATION OF COUNTY EOC, TIDE GAUGES READING 4'</td>
<td>NWS ISSUES A TORNADO AND/OR A SEVERE WEATHER WARNING RECOMMENDED ACTIVATION OF COUNTY EOC,</td>
<td>LIMITED EVACUATIONS OR SHELTERING IN PLACE NECESSARY. PRESENCE REQUESTED TO ASSIST IC RECOMMENDED ACTIVATION OF COUNTY EOC,</td>
<td>EVACUATIONS OR SHELTERING IN PLACE NECESSARY. RECOMMENDED ACTIVATION OF COUNTY EOC,</td>
</tr>
<tr>
<td><strong>CONDITION 1</strong></td>
<td>35-12 HRS (39 MPH WINDS) NWS FORECAST TROPICAL STORM OR HURRICANE WARNING (EOC IS FULLY ACTIVATED) DANGER IS ImMINENT</td>
<td>COUNTY WIDE FLOODING (EOC IS FULLY ACTIVATED)</td>
<td>NWS INDICATES TORNADO ACTIVITY IN THE AREA CONFIRMED TORNADO STRIKES (EOC ACTIVATED, ACTIVATE DAMAGE ASSESSMENT TEAMS)</td>
<td>MAJOR EVACUATIONS OR SHELTERING IN PLACE NECESSARY. POSSIBILITY OF LARGE POPULATION BEING EFFECTED (EOC FULLY ACTIVATED)</td>
<td>TERRORIST EFFECTS IMMINENT OR EXPLOSION HAS OCCURRED (FULL EOC ACTIVATED)</td>
</tr>
</tbody>
</table>
APPENDIX L
EVACUATION INFORMATION

Person Authorized To Order Evacuation

Designated Official________________________________________________

**PHEP Supervisor**______________________________________________

Chief Executive Officer or Chief Operations Officer

______________________________________________

Fire Department or Emergency Medical Services official in charge___________

Evacuation Signals:

**Fire:** Describe method of notification for complete or partial evacuation

____________________________________________________________________
____________________________________________________________________

**Explosion or Gas Leak:** Describe method of notification for complete or partial evacuation.

____________________________________________________________________
____________________________________________________________________

**Suspicious Object:** Describe method of notification for complete or partial evacuation.

____________________________________________________________________
____________________________________________________________________

**Alternate Site:** (describe or give address)

____________________________________________________________________

Telephone Numbers

**Building Reentry**

Method of recalling employees________________________________________
____________________________________________________________________

**Building entry control method:**_____________________________________

**Deleted:** COORDINATOR Public Health Planner
## APPENDIX M
**Emergency Event Log**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event/Action</th>
<th>Comments</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>NAME</td>
<td>SSN#</td>
<td>ADDRESS</td>
<td>PHONE</td>
<td>EMPLOYEE Y/N</td>
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</table>
Standard Operating Procedure

Emergency Supplies

- Emergency supplies will be kept in designated areas within each facility.
- Check inventory of emergency supplies.
- Supplies should include masking tape, electronic storage media (diskettes, CDs, etc…) storage boxes, and plastic.
- Ask office personnel for special needs or suggestions.
- Order supplies that are running low or lacking.
- Place labels on emergency supplies instructing “Emergency Supplies – Use only in an Emergency.”
INFORMATION TECHNOLOGY
INFRASTRUCTURE EMERGENCY OPERATIONS PROCEDURES

PURPOSE

THIS DOCUMENT PROVIDES INFORMATION ABOUT THE TASKS AND SCHEDULES THAT MUST BE FOLLOWED IN THE EVENT THAT OPERATIONS FOR THE GALVESTON COUNTY HEALTH DISTRICT AND/OR COASTAL HEALTH AND WELLNESS ARE SHUT DOWN DUE TO A NOTED CONDITION (HURRICANE, BIOTERRORISM INCIDENT OR THE LIKE).

EXPLANATION OF TERMS

GCHD  GALVESTON COUNTY HEALTH DISTRICT
IT   INFORMATION TECHNOLOGY DEPARTMENT
WAN  WIDE AREA NETWORK
LAN  LOCAL AREA NETWORK
DNS  DOMAIN NAMING SERVICES
DHCP DYNAMIC HOST CONFIGURATION PROTOCOL
WINS WINDOWS INTERNET NAMING SERVICE
CUCM CISCO UNIFIED COMMUNICATIONS MANAGER
SMTP SIMPLE MAIL TRANSFER PROTOCOL
OWA OUTLOOK WEB ACCESS
DMZ DEMILITARIZED ZONE
IIS  INTERNET INFORMATION SERVER
VPN VIRTUAL PRIVATE NETWORK
FTP  FILE TRANSFER PROTOCOL
NAS NETWORK ATTACHED STORAGE

DESCRIPTION OF INFORMATION TECHNOLOGY INFRASTRUCTURE

THE INFORMATION TECHNOLOGY INFRASTRUCTURE CONSISTS OF ALL COMPONENTS THAT MAKE UP THE FOLLOWING:

1. WIDE AREA NETWORK: INCLUDE ALL SERVICES, HARDWARE AND SOFTWARE FOR INTEROFFICE AND INTERNET CONNECTIVITY. THIS INCLUDES TECHNOLOGY ASSOCIATED WITH OUR METRO ETHERNET FIBER SERVICE, T1, FIREWALLS, ROUTERS, MODEMS (DSL/CABLE) USED TO CONNECT THE SITES OF GCHD TOGETHER AS WELL AS TO THE INTERNET.

2. LOCAL AREA NETWORK: INCLUDES ALL SERVICES, HARDWARE AND SOFTWARE FOR INTERNAL CONNECTIVITY. THIS INCLUDES TECHNOLOGY ASSOCIATED WITH ROUTERS, SWITCHES, HUBS, WIRELESS, DMZ AND VPN USED TO CONNECT DESKTOPS AND USERS TO NETWORK RESOURCES.

3. TWO DATA CENTER FACILITIES WHICH INCLUDE THE PRODUCTION DATA FACILITY AT THE COUNTY EMF 3rd FLOOR AND THE MCA MDF DATA CENTER IN THE IT SUITE.

4. CORE SERVICES: INCLUDES ALL SERVICES, HARDWARE AND SOFTWARE FOR MISSION CRITICAL OPERATIONS.
5. **DESKTOPS & LOCAL PERIPHERALS**

**MISSION CRITICAL INFORMATION TECHNOLOGY INFRASTRUCTURE INCLUDES:**
- **WAN/LAN** (routers, firewalls, network switches, etc)
- **TELEPHONE** – Cisco VOIP switches
- **TELEPHONE** – Voice mail systems
- **ACTIVE DIRECTORY DOMAIN CONTROLLERS**
- **NETWORK SERVICES**: DNS, DHCP & WINS
- **SYMANTEC ANTI-VIRUS SERVER**
- **SMTP / EXCHANGE EMAIL / OWA**
- **BARRACUDA SPAM FIREWALL**
- **FILE SERVERS AND SAN**
- **VIRTUAL SERVER ENVIRONMENT AND THEIR HOST SERVERS**
- **EMAIL FIREWALL - IRONPORT**

**CORE APPLICATIONS INCLUDE:**
- **ESO SUITE (GAAA)**
- **VITALS DATABASE (CITYON)**
- **ENVISION CONNECT (DECADE) – ENVIRONMENTAL AND CHS**
- **TCEQ / CEEDS / POLLUTION CONTROL DATABASE**
- **STD/HIV DATABASES**
- **INTERNET CONNECTIVITY FOR WEB BASED APPLICATIONS (IMMTRAC, TWICES)**
- **NEXTGEN – EHR**
- **CHAMELEON**

**STRATEGIC CORE IT OPERATIONS**

In the event of emergency conditions that do not affect the county EMF ability to maintain operations; the GCHD production core data services will remain online. It will facilitate access to approved staff with remote internet capabilities where practical through the use of remote SSL internet connectivity.

**ALTERNATIVE OPERATIONS (IN THE CASE COUNTY EMF FACILITY BECOMES UNViable)**

In the event the EMF is no longer online – preparations and network configurations must be changed to bring the MCA online as a production data center. Additional network routing protocol configuration must be completed and stored server replicas must be brought online from nightly backups.
Standard Operating Procedure

Coordination of Tier 1 Personnel

- Appropriate health district personnel will be assigned to the Emergency Operations Center to direct and coordinate District operations.

- Tier 1 Personnel will be released to take care of personal business so they may return to the office.

- Tier 1 Personnel, upon their return, will receive instructions from their supervisor regarding their role in preparing for and responding to the emergency.

- Verify evacuation location of all personnel.
Standard Operating Procedure

Secure and Protect Office

- Move vital record file cabinets, desk files to secure locations.
- Turn off and unplug all office equipment.
- Move office equipment, supplies, and furniture away from windows to the open area of the office and cover with plastic.
- Place loose items on desks and in work stations into storage boxes.
- Use masking tape to secure wrapping of plastic.
- Make sure all office equipment, storage boxes, and supplies are on high ground to avoid water damage.
Standard Operating Procedure

Closure of Office

- The **PHEP Supervisor** will notify the Chief Executive Officer and/or the designated person, or Chief Operations Officer of the situation.

- Tier 2, 3, & 4 Personnel will be released from duty.

- Designated Tier 1 Personnel will be sent to the Emergency Operations Center if necessary.

- Place a ***CLOSED*** sign on office door.

- The **PHEP Supervisor** will notify the Emergency Operations Center that the department is closed, secured, and preparations are complete.

- Turn off all lights.

- Lock office door.
Standard Operating Procedure

Operations at the Emergency Operations Center

- Verify that necessary Tier 1 personnel are present at the Emergency Operations Center.

- Tier 1 Personnel will coordinate public health operations with Emergency Operations staff.

- Upon completion, Tier 1 Personnel may leave the Emergency Operations Center.

- Tier 1 Personnel must notify County Emergency Management staff of their departure.
<table>
<thead>
<tr>
<th>Policy Under Review</th>
<th>Outline of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Drug Free Workplace policy</td>
<td>▪ Pg. 2 – Updated Tobacco Use section defining areas where smoking is prohibited</td>
</tr>
<tr>
<td>• Criminal and Motor Vehicle Record</td>
<td>▪ Pg. 1 – Updated Procedure section stating HR will inform hiring managers when an</td>
</tr>
<tr>
<td>Background Check policy</td>
<td>applicant is not eligible</td>
</tr>
<tr>
<td>• Employee Leave policy</td>
<td>▪ Pg. 1 – Updated Tier 1 employees to include Coastal Health &amp; Wellness Midlevels</td>
</tr>
<tr>
<td></td>
<td>(Physician Assistants &amp; Nurse Practitioners)</td>
</tr>
<tr>
<td></td>
<td>▪ Pg. 2 – Updated Tier 3 – GAAA Field Employees Maximum Carryover to 96 hours;</td>
</tr>
<tr>
<td></td>
<td>under Maximum Carryover Amount removed examples of the adjustments for one time</td>
</tr>
<tr>
<td></td>
<td>payouts</td>
</tr>
<tr>
<td></td>
<td>▪ Pg. 5 – Updated Emergency Leave section to include part-time employees and</td>
</tr>
<tr>
<td></td>
<td>reference Emergency Operations policy</td>
</tr>
</tbody>
</table>
Drug-Free Workplace

**Audience**
This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority and Coastal Health & Wellness (collectively “the District”) employees, volunteers, students, and contractors (business associates).

**Policy**
The District shall provide a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988.

It is a violation of the Drug-Free Workplace policy to be under the influence of, or manufacture, use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants while representing the District, conducting District related business, during all working hours, while on District property, operating any vehicle owned by the District, and/or while present at District sponsored events.

**Drug/Alcohol Testing**
Prospective District employees shall be required to take a drug test AFTER a pending offer of employment. If the test returns a positive result, the pending offer shall be revoked and the candidate will receive notification of this revocation in the form of an Adverse Action letter. Prospective employees wishing to dispute a positive result may have the same sample retested at their own expense.

Employees may be required to take a “for cause” drug or alcohol test if approved by the Chief Executive Officer, CHW Executive Director or designee. The Chief Executive Officer, CHW Executive Director, or designee may approve “for cause” drug testing on an employee if a significant complaint from the public or a coworker is received and/or if the employee’s supervisor witnesses a behavioral change in the employee which has a negative effect on the work environment.

Supervisors are responsible for contacting Human Resources immediately if it is suspected that an employee is under the influence of drugs and/or alcohol while carrying out duties of their employment.

Any employee who is operating a company owned vehicle and is involved in a vehicle accident or incident that results in damage or injury to any vehicle, personal or private property, or person, regardless of fault, will be drug and alcohol tested immediately after the incident.

To assure compliance, District executives may initiate, as needed, random drug/alcohol testing in service areas where indicated (Reference: Vehicle Accident/Incident policy).
Consequences
Any employee who tests positive for illegal substances, including prescription drugs without a valid prescription, will be terminated immediately. Employees will be subject to the same consequences of a positive drug test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person, refuses to sign required forms or refuses to cooperate in the testing process in such a way that prevents accurate completion of the test.

One of the goals of the Drug-Free Workplace policy is to encourage employees to voluntarily seek help with alcohol and/or drug related problems. Disciplinary action will not be taken against an employee who proactively voluntarily identifies him/herself as a user of illegal drugs or an abuser of alcohol prior to being identified through other means, and who obtains official documented counseling and/or rehabilitation through the District’s employee assistance program (EAP), and thereafter refrains from using illegal drugs and/or alcohol abuse in accordance with the provisions of this policy.

Reporting to Outside Agencies
Should an employee hold a license or certification from a state or federal agency (i.e. RN, paramedic, M.D., D.D.O., registered sanitizer, etc.), the District shall report the positive test result to the applicable agency in accordance with rules and regulations set forth by the licensing agency.

Tobacco Use
The use of all forms of tobacco products including, but not limited to, cigarettes, cigars, pipes, and other smoking products; dip, chew, snuff and any other smokeless tobacco products; and electronic products that deliver nicotine or other substances, such as electronic cigarettes or vaporizers are prohibited inside, around, or on the grounds, including the parking lots and roadways, of any District buildings, facilities and vehicles, owned or leased, at any and all times while an employee is officially representing the District.

Assistance/Information
Employees are encouraged to make use of the District’s employee assistance program if they are concerned that they or a family member may have a drug and/or alcohol problem. Employees proactively seeking treatment through the employee assistance program will receive no sanction for seeking such assistance.

Confidentiality
Information received by the District regarding drug test results and/or an employee’s mandatory or self-referral to the employee assistance program is confidential, and such information shall be made solely to those individuals on a need-to-know basis.

Violation
Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, with or without loss of pay, or termination. It is the intent of this policy to be in compliance with the Drug-Free Workplace Act of 1988.
Criminal and Motor Vehicle Record Background Check Policy

**Audience**
This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority and Coastal Health & Wellness (collectively “the District”) employees.

**Policy**
All offers of employment at the District are contingent upon satisfactory results of the subsequently denoted background checks. Background checks shall be conducted only after a pending job offer has been made to the applicant. No applicant shall be denied employment on the basis of simply having a criminal record. Factors that will determine eligibility of hire are provided below.

Background checks will include:
- **Social Security Verification**: validates the applicant’s Social Security number, date of birth and former addresses.
- **Criminal History**: includes a review of the applicant’s criminal convictions. The following factors will be considered when determining if applicants with a criminal history shall be rendered an offer of employment:
  - The nature of the crime and its relationship to the position;
  - The time of the conviction;
  - The number (if more than one) of convictions; and
  - Whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business, or to its employees, customers and/or vendors.

The following additional background searches will be required, if applicable to the position:
- **Motor Vehicle Records**: provides a report of an individual’s driving history in the state(s) requested. This search will be conducted on any employee operating a company owned vehicle. Employees subject to such checks as a condition of employment will undergo these checks annually.

**Procedure**
Applicants must complete a background check authorization form AFTER a pending offer of employment is extended to the applicant, and shall return the completed authorization form to Human Resources. Human Resources will order the background check upon receipt of the signed authorization form. Human Resources and/or contracted employment screening services will conduct the checks. All results will be reviewed by Human Resources. Upon review of said results, Human Resources shall notify the hiring manager, via email, that the employee is eligible or not eligible for hire.

In instances where negative or incomplete information is obtained, Human Resources shall assess the potential risks and liabilities related to the job’s requirements and determine whether the
applicant is fit to be hired. If a decision not to hire a candidate is made based on the results of a background check, the candidate shall receive a Fair Credit Reporting Act (FCRA) Adverse Action letter from Human Resources that shall also notify the candidate of the contracted screening service issuing these results. Background check information will be maintained in a file separate from employees' personnel files. The District shall reserve the right to modify this policy at any time without notice.

**Supervisor Responsibilities**

Supervisors are responsible for communicating program specific expectations to assigned employees and providing feedback to Human Resources in the event that a supervisor becomes aware that the employee has received a traffic violation and/or been convicted of a crime.

**Violation**

Violation of this policy and/or a poor background check may result in corrective action up to and including termination of employment, or the revocation of the offer of employment.
Employee Leave

Audience
This policy applies to all full-time with benefits Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

Policy
It is the Health District’s policy to provide leave as listed below to full-time with benefit employees. Paid leave does not count as hours worked when determining hours paid at the gross overtime hourly rate. Employees will not accrue any leave while on any type of extended unpaid leave of absence unless the employee falls under the Uniformed Services Employment & Reemployment Rights Act (USERRA). Part-time positions at GCHD will be hired with no benefits with the exception of the required retirement program deductions.

Vacation Leave
Vacation leave is paid time off for vacation or to pursue other personal activities. It is the employee’s responsibility to request supervisory approval for use of vacation leave at least two weeks prior to use, when feasible. (Reference: Attendance policy)

When an employee reaches 6-months of employment, the amount they would have accrued during the first six months will be dropped into their vacation balance for use.

Any employee transferring from full-time to part-time without benefits status will be paid the balance of their accrued, but unused vacation leave. Employees will be paid the balance of their accrued, but unused vacation leave upon termination, if proper notice is given as outlined in the Health District’s Separation of Employment policy. (Reference: Separation of Employment policy)

<table>
<thead>
<tr>
<th>Tier 1 (Full-time Coastal Health &amp; Wellness Physicians, Midlevels and Dentists)</th>
<th>Service Time</th>
<th>Annual Accrual</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>None</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6-months - 4 years</td>
<td>120 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>5 - 9 years</td>
<td>160 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>10 - 14 years</td>
<td>200 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>15 - 19 years</td>
<td>240 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>20+ years</td>
<td>280 hours</td>
<td>80 hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier 2 (Full-time Coastal Health &amp; Wellness, Health District, and GAAA Administrative Employees)</th>
<th>Service Time</th>
<th>Annual Accrual</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>None</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6-months - 4 years</td>
<td>80 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>5 - 9 years</td>
<td>120 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>10 - 14 years</td>
<td>160 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>15 - 19 years</td>
<td>200 hours</td>
<td>80 hours</td>
<td></td>
</tr>
<tr>
<td>20+ years</td>
<td>240 hours</td>
<td>80 hours</td>
<td></td>
</tr>
</tbody>
</table>
Sick Leave
Sick leave can be used for personal injury or illness of an employee with supervisory approval. Documentation may be required at the discretion of the supervisor.

An employee may use 80 hours of their accrued sick leave for immediate family members as defined through the Family and Medical Leave policy. (Reference: Family and Medical Leave policy)

When an employee reaches 6-months of employment, the amount they would have accrued during the first six months will be dropped into their sick leave balance for use. Sick leave is not compensable upon termination of employment.

<p>| Tier 3 (Full-time GAAA Field Employees) |  |</p>
<table>
<thead>
<tr>
<th>Service Time</th>
<th>Annual Accrual</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>6-months – 4 years</td>
<td>96 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>144 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>192 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>15 – 19 years</td>
<td>240 hours</td>
<td>96 hours</td>
</tr>
<tr>
<td>20+ years</td>
<td>288 hours</td>
<td>96 hours</td>
</tr>
</tbody>
</table>

Maximum Carryover Amount
During the year, vacation and sick leave can be accrued past the maximum carryover amount; however, only the maximum carryover amount will be carried over from one calendar year to the next. Year-end balances over the maximum carryover limits will be forfeited. Pay periods often cross from one calendar year to the next so the last day of the pay period that includes December 31 (of any given year) will be considered the cutoff date for use of vacation and sick leave.

Wellness Exam Leave
Wellness exam leave is to be used for preventative exams (examples include: medical, dental, vision, well-child checkups, etc.). Employees must provide a health professional’s statement to their supervisor for all preventative exams. Wellness exam leave is not compensable upon termination of employment.

Full-time Coastal Health & Wellness, Health District, and GAAA Administrative
<table>
<thead>
<tr>
<th>Employees</th>
<th>Service Time</th>
<th>Time</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6-months+</td>
<td>16 hours per year (can be used by the hour)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full-time GAAA Field Employees</th>
<th>Service Time</th>
<th>Time</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6-months+</td>
<td>24 hours per year (can be used by the hour)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Funeral Leave**

For the purpose of funeral leave, immediate family member is defined as the employee’s spouse, or the employee’s or spouse’s children, parents, brothers, sisters, grandparents, grandchildren, great-grandparents, great-grandchildren, employee’s current step-family relationships (i.e. an employee’s or spouse’s step-parent), a person identified as a legal guardian, and for a person who resides in the employee’s household. It is the employee’s responsibility to notify his/her supervisor of the need for funeral leave as soon as possible. (Reference: Attendance policy)

<table>
<thead>
<tr>
<th>Full-time Coastal Health &amp; Wellness, Health District, and GAAA Employees</th>
<th>Service Time</th>
<th>Time</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6-months</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>6-months+</td>
<td>Up to 24-hours per occurrence</td>
<td>0</td>
</tr>
</tbody>
</table>

**Jury Duty Leave**

Employees summoned for jury duty or as a witness under court subpoena (if not work-related) will be granted jury duty leave. This policy does not apply to those employees who are a defendant in a trial. It is the employee’s responsibility to notify his/her supervisor as soon as possible if he/she has been summoned for jury duty or as a witness under court subpoena and to provide the supervisor with proof from the court of date(s) and time(s) of jury duty or court summons. (Reference: Attendance policy)

<table>
<thead>
<tr>
<th>Full-time Coastal Health &amp; Wellness, Health District, and GAAA Administrative Employees</th>
<th>Service Time</th>
<th>Time</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6-months</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>6-months+</td>
<td>Up to 10 days per occurrence</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full-time GAAA Field Employees</th>
<th>Service Time</th>
<th>Time</th>
<th>Maximum Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6-months</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>6-months+</td>
<td>Up to 96 hours per occurrence (must be used for jury duty which falls on the employee’s regularly scheduled shifts)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Military Leave**

**Paid Military Leave**

Under Texas Law, those employees who are members of the state military forces or any of the reserve components of the United States Armed Forces, are entitled to 15-days of paid military leave for each fiscal year to attend required training or duty. A written request along with a copy of the military orders is to be submitted to
the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees for approval prior to the commencement of the leave. Benefits continue to accrue during the 15-day period.

**Unpaid Military Leave and Veterans Re-employment**
It is the Health District’s policy to comply fully with the Uniformed Services Employment and Reemployment Rights Act (USERRA).

**Continuing Education Leave**
Eligible providers with job-related licensures that require continuing education will be provided continuing education leave consistent with the annual licensure requirement. Continuing education leave must be approved in advance and consistent with written guidelines. Annual continuing education leave may be from 1-40 hours (no more than 5 business days annually) as necessary to meet licensure-required annual continuing education requirements. Continuing education leave is not compensable upon termination of employment nor can it be carried over to a new calendar year.

<table>
<thead>
<tr>
<th>Licensed Medical/Dental Provider Continuing Education Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Time</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>0-6 months</td>
</tr>
<tr>
<td>6 months+</td>
</tr>
</tbody>
</table>

**Holiday Pay**
The District recognizes 11 holidays per year in accordance with the County of Galveston’s holiday schedule. The holiday schedule is located on the District’s extranet site.

Full-time non-exempt employees who receive advanced approval and who work on a District-recognized holiday will receive 8 hours holiday pay in addition to time worked.

Full-time GAAA field employees who work on a holiday receive up to 8 hours of straight pay for time worked on the holiday. The GAAA field employee holiday schedule will be released each year along with the District’s holiday schedule. (Reference: Hours Worked and Compensatory/Overtime, Attendance and Family and Medical Leave policies)

If the employee is on approved FMLA leave, he/she will not be paid for any holiday that falls during the leave unless the employee is supplementing FMLA leave with vacation or sick leave on the day before and the day after the holiday, in which case the holiday may be paid. (Reference: Hours Worked and Compensatory / Overtime, Attendance and Family and Medical Leave policies)

**Emergency Leave**
Emergency leave is available to full-time and part-time employees, if scheduled to work, in the event of a Health District emergency which would result in the closure of Health District facilities. The Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees must approve Emergency Leave. (Reference: Emergency Operations policy)

**Administrative Leave**
Administrative leave with pay may be granted with the approval of the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees for circumstances such as mandatory referrals to the EAP, appeal periods for employees issued intent to terminate
notices, and for other extenuating circumstances. *(Reference: Employee Assistance and Employee Corrective Action policies)*

**Extenuating Circumstances**
In the cases of extenuating circumstances, the employee may submit a written request for the approval of additional leave. The request must be submitted through the supervisor to the Human Resource Manager for consideration by the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees. The employee must have satisfactory job performance before the approval of additional leave will be granted.

**Leave Without Pay**
Leave without pay will not be approved by supervisors, as a pattern of leave without pay may be cause for employee corrective action.

**Neutral Absence Control**
Any employee away from work for whatever reason for a period of six consecutive months will be terminated from the Health District, except those employees who are out under USERRA as outlined by federal law.

**Employee’s Responsibilities**
- receive proper approval from his/her supervisor based on the type of leave requested;
- provide a health professional’s statement to their supervisor for use of Wellness Leave;
- provide documentation for use of Sick Leave, if requested by their supervisor;
- ensure electronic timesheets are completed properly and submitted according to deadlines;
- consider business needs when requesting leave;
- report timesheet issues and concerns to their supervisor and the IT Help desk.

**Supervisor Responsibilities**
It is the supervisor’s responsibility to *(Reference: Attendance policy)*:
- review the biweekly leave report provided by payroll to ensure excessive compensatory time and/or vacation hours are not being accrued that may impact budget;
- inform employees of carryover limits and possible loss of accrued time;
- obtain the health professional’s statement from employees utilizing Wellness Leave;
- request documentation in a fair and consistent manner from employees utilizing Sick Leave;
- ensure electronic timesheets are completed properly and submitted according to deadlines;
- monitor time and attendance of employees on an ongoing basis;
- consider business needs when approving or rejecting requests for time off; and
- communicate the departmental expectations to all assigned employees.

**Laws**
It is the intent of this policy to be in compliance with the Fair Labor Standards Act, Texas Payday Law and Uniformed Services Employment and Reemployment Rights Act.

**Violation**
Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

**Back to Agenda**
United Board of Health
January 2018
Item #5
Informational Reports
COASTAL HEALTH & WELLNESS

Governed by Board

FINANCIAL SUMMARY

For the Period Ending October 31, 2017

December 7, 2017

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591
CHW - BALANCE SHEET  as of October 31, 2017

<table>
<thead>
<tr>
<th>Assets</th>
<th>Current Month Oct-17</th>
<th>Prior Month Sep-17</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>$5,114,738</td>
<td>$5,146,655</td>
<td>($31,917)</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>3,700,379</td>
<td>2,497,535</td>
<td>1,202,843</td>
</tr>
<tr>
<td>Allowance For Bad Debt</td>
<td>(3,295,559)</td>
<td>(2,136,701)</td>
<td>(1,158,858)</td>
</tr>
<tr>
<td>Pre-Paid Expenses</td>
<td>109,083</td>
<td>82,131</td>
<td>26,951</td>
</tr>
<tr>
<td>Due To / From</td>
<td>57,693</td>
<td>(49,742)</td>
<td>107,436</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$5,686,334</td>
<td>$5,539,879</td>
<td>$146,455</td>
</tr>
</tbody>
</table>

| Liabilities                         |                      |                    |                    |
| Accounts Payable                    | $106,106             | $73,183            | $32,923            |
| Accrued Salaries                    | 251,528              | 200,934            | 50,594             |
| Deferred Revenues                   | 553,034              | 559,328            | (6,294)            |
| Total Liabilities                   | $910,669             | $833,445           | $77,223            |

| Fund Balance                        |                      |                    |                    |
| Prior Year Fund Balance             | $4,706,434           | $4,419,277         | $287,156           |
| Current Change                      | 69,231               | 287,156            | (217,925)          |
| Total Fund Balance                  | $4,775,665           | $4,706,434         | $69,231            |

Total Liabilities & Fund Balance: $5,686,334 | $5,539,879 | $146,455

CHW - REVENUE & EXPENSES  as of October 31, 2017

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Actual Oct-17</th>
<th>Budgeted Oct-17</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Revenue</td>
<td>$324,070</td>
<td>$307,896</td>
<td>$16,174</td>
<td>$184,070</td>
</tr>
<tr>
<td>DSRIP Revenue</td>
<td>0</td>
<td>22,995</td>
<td>(22,995)</td>
<td>189,036</td>
</tr>
<tr>
<td>HHS Grant Revenue</td>
<td>295,274</td>
<td>260,617</td>
<td>34,658</td>
<td>(213,337)</td>
</tr>
<tr>
<td>Patient Revenue</td>
<td>1,493,689</td>
<td>277,192</td>
<td>1,216,497</td>
<td>4,427,959</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>(7,886)</td>
<td>5,918</td>
<td>(13,804)</td>
<td>25,163</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$2,105,147</td>
<td>$874,617</td>
<td>$1,230,530</td>
<td>$4,612,890</td>
</tr>
</tbody>
</table>

| Expenses                              |                |                 |                    |                    |
| Personnel                            | $558,610       | $636,952        | $78,342             | $665,545            |
| Contractual                          | 60,042         | 58,751          | (1,292)             | 37,281              |
| IGT Reimbursement                    | 0              | 0               | 0                   | (154,945)           |
| Supplies                             | 135,996        | 98,190          | (37,806)            | (54,345)            |
| Travel                               | 2,433          | 2,265           | (169)               | 6,892               |
| Bad Debt Expense                     | 1,135,365      | 1,158,858       | (1,158,858)         | (4,458,130)         |
| Other                                | 119,976        | 78,459          | (41,517)            | (95,703)            |
| Total Expenses                       | $2,035,916     | $874,617        | (1,161,299)         | (4,053,406)         |

Change in Net Assets: $69,231  $0  $69,231  $559,484

HIGHLIGHTS
- MTD increase in Fund Balance of $69,231.
- Revenues were $1,230,530 higher than budgeted this month. MTD revenues related to Self Pay, Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted due to recording Receivables.
- HHS Grant revenue is overbudget MTD $34,658 due to draw downs from Q1 16 and DSHS II funds that were expended.
- YTD revenues are $4,612,890 higher than budgeted due to recording of AR balances. Private insurance, Self Pay, Medicaid, Medicare and Contract Revenue are higher than budgeted, while Title V is on target for new contract effective 9/1/17.
- Expenses were ($1,161,299) higher MTD than budgeted due to recording of Bad Debt Expense, and are ($4,053,406) higher YTD than budgeted, but are offset by savings in personnel.
- YTD increase in fund balance of $69,231. Total fund balance $4,775,665 as of 10/31/17.
## Coastal Health & Wellness
### Statement of Revenue and Expenses for the Period ending October 31, 2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Period Ending 10/31/17</th>
<th>MTD Budget</th>
<th>MTD Budget Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>YTD Budget Variance</th>
<th>Annual Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grouping</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REVENUE</strong></td>
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<td>$260,617</td>
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<td>Patient Rev MEDICARE</td>
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### EXPENSES

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<td>PERSONNEL SALARIES, PROVIDER INCENTIVES</td>
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<td>PERSONNEL SALARIES, O/T</td>
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<td>PERSONNEL SALARIES, PART-TIME</td>
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<td>PERSONNEL LIFE INSURANCE</td>
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<td>PERSONNEL LONG TERM DISABILITY INSURANCE</td>
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<td>PERSONNEL WORKER'S COMP INSURANCE</td>
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<td>PERSONNEL HRA EXPENSE</td>
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<td>CONTRACTUAL OUTSIDE LAB CONTRACT</td>
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<td>CONTRACTUAL OUTSIDE X-RAY CONTRACT</td>
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<td>CONTRACTUAL CHW CONTRACT BILLING SERVICE</td>
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<td>CONTRACTUAL JANITORIAL CONTRACT</td>
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<td>Supplies OFFICE SUPPLIES</td>
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<td>Supplies OUTSIDE DENTAL SUPPLIES</td>
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<td>Supplies PHARMACEUTICAL SUPPLIES</td>
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<td>Supplies PRINTING SUPPLIES</td>
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<td>Other MAINTENANCE / REPAIR, AUTO</td>
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<td>Other MAINTENANCE / REPAIR, BLDG.</td>
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<td>Other INSURANCE, AUTO/Truck</td>
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<td>Other INSURANCE, GENERAL LIABILITY</td>
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<td>Other INSURANCE, BLDG. CONTENTS</td>
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<td>Other COMPUTER EQUIPMENT</td>
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<td>Other OPERATING EQUIPMENT</td>
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**Total Expenses:** $2,105,147
### Coastal Health & Wellness

**Statement of Revenue and Expenses for the Period ending October 31, 2017**

<table>
<thead>
<tr>
<th>Description</th>
<th>Period Ending 10/31/17</th>
<th>MTD Budget</th>
<th>MTD Budget Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>YTD Budget Variance</th>
<th>Annual Budget</th>
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<tbody>
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<td>Other BUILDING IMPROVEMENTS</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
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<td>Other NEWSPAPER ADS</td>
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<td>Other SUBSCRIPTIONS, BOOKS, ETC</td>
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<td>$750</td>
<td>$524</td>
<td>$6,033</td>
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<td>Other IT SOFTWARE, LICENSES, INTANGIBLES</td>
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<td>$119,095</td>
<td>$64,808</td>
<td>($54,287)</td>
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<td>$1,457</td>
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<td>$690</td>
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<td>$3,206</td>
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<td>($612)</td>
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<td>$0</td>
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<td>($33)</td>
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<td>Other BAD DEBT EXPENSE</td>
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<td>$0</td>
<td>$0</td>
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### Medical Visits

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<td>2,353</td>
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<tr>
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<td>2,390</td>
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<tr>
<td>Mar</td>
<td>2,756</td>
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<tr>
<td>Apr</td>
<td>2,673</td>
<td>2,417</td>
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<tr>
<td>May</td>
<td>2,435</td>
<td>2,939</td>
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<tr>
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<td>2,450</td>
<td>2,850</td>
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<tr>
<td>July</td>
<td>2,395</td>
<td>2,696</td>
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<tr>
<td>Aug</td>
<td>2,693</td>
<td>2,267</td>
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<tr>
<td>Sept</td>
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<td>2,720</td>
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<td><strong>26,549</strong></td>
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### Dental Visits

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<td>1,042</td>
<td>913</td>
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<tr>
<td>Mar</td>
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<td>1,111</td>
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<td>921</td>
<td>851</td>
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<tr>
<td>May</td>
<td>900</td>
<td>858</td>
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<td>June</td>
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<tr>
<td>July</td>
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<td>903</td>
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<tr>
<td>Oct</td>
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### Counseling Visits

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<td>32</td>
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<tr>
<td>Oct</td>
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<td><strong>Total</strong></td>
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<td><strong>485</strong></td>
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### Vists by Financial Class - Actual vs. Budget
As of October 31, 2017 (Grant Year 4/1/17-3/31/18)

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<th>MTD Actual</th>
<th>MTD Budget</th>
<th>Over/(Under) MTD Budget</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Over/(Under) YTD Budget</th>
<th>% Over/(Under) YTD Budget</th>
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<td>18</td>
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<tr>
<td>Private Insurance</td>
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<td>182</td>
<td>106</td>
<td>1,734</td>
<td>1,276</td>
<td>458</td>
<td>36%</td>
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<td><strong>3,860</strong></td>
<td><strong>4,104</strong></td>
<td><strong>(244)</strong></td>
<td><strong>25,189</strong></td>
<td><strong>28,728</strong></td>
<td><strong>(3,539)</strong></td>
<td><strong>-12%</strong></td>
</tr>
</tbody>
</table>

### Unduplicated Patients - Current vs. Prior Year
UDS Data Calendar Year
January through December

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>Jan-Oct</th>
<th>Jan-Oct</th>
<th>Jan-Oct</th>
<th>Jan-Oct</th>
<th>Jan-Oct</th>
<th>Jan-Oct</th>
<th>% Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Target</td>
<td>Current Year</td>
<td>Jan-Oct</td>
<td>Jan-Oct</td>
<td>Jan-Oct</td>
<td>Jan-Oct</td>
<td>Jan-Oct</td>
<td>Jan-Oct</td>
<td>% Increase/ (Decrease)</td>
</tr>
<tr>
<td></td>
<td>16,345</td>
<td>12,415</td>
<td>12,682</td>
<td>267</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unduplicated Patients - Current vs. Prior Year
HRSA Grant Year
April through March

<table>
<thead>
<tr>
<th></th>
<th>Annual HRSA Grant Budget</th>
<th>Apr-Oct</th>
<th>Apr-Oct</th>
<th>Apr-Oct</th>
<th>Apr-Oct</th>
<th>Apr-Oct</th>
<th>Apr-Oct</th>
<th>% Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unduplicated Patients</td>
<td>Current Year</td>
<td>Apr-Oct</td>
<td>Apr-Oct</td>
<td>Apr-Oct</td>
<td>Apr-Oct</td>
<td>Apr-Oct</td>
<td>Apr-Oct</td>
<td>% Increase/ (Decrease)</td>
</tr>
<tr>
<td></td>
<td>18,748</td>
<td>10,294</td>
<td>10,694</td>
<td>400</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note - The clinic was closed for 5.5 days during Hurricane Harvey, but was open to walk-in patients on 8/31.
<table>
<thead>
<tr>
<th>Disease</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>12/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebiasis</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>AIDS*</td>
<td>30</td>
<td>21</td>
<td>15</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Botulism</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>25</td>
<td>41</td>
<td>31</td>
<td>45</td>
<td>41</td>
</tr>
<tr>
<td><em>Chlamydia trachomatis</em></td>
<td>1163</td>
<td>1332</td>
<td>1439</td>
<td>1579</td>
<td>1648</td>
</tr>
<tr>
<td>Chikungunya</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Creutzfeldt-Jakob Disease</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Dengue</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Elevated Blood Lead</td>
<td>14</td>
<td>21</td>
<td>33</td>
<td>25</td>
<td>32</td>
</tr>
<tr>
<td>E.<em>coli</em>, enterohemorrhagic</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>298</td>
<td>244</td>
<td>336</td>
<td>419</td>
<td>448</td>
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<tr>
<td>Haemophilus Influenzae</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Hepatitis, type A</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Hepatitis, type B (acute)</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Hepatitis, type C (acute)**</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Hepatitis, type E (acute)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>HIV infection*</td>
<td>54</td>
<td>26</td>
<td>32</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Influenza associated Pedi death</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Influenza isolate</td>
<td>1252</td>
<td>1328</td>
<td>653</td>
<td>2340</td>
<td>3970</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Leishmaniasis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Malaria</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Meningococcal infection</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Multi-Drug Resistance Organism</td>
<td>0</td>
<td>49</td>
<td>77</td>
<td>61</td>
<td>67</td>
</tr>
<tr>
<td>Mumps</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pertussis</td>
<td>13</td>
<td>12</td>
<td>16</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Q Fever</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>71</td>
<td>73</td>
<td>90</td>
<td>125</td>
<td>56</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>84</td>
<td>12</td>
<td>139</td>
<td>224</td>
<td>10</td>
</tr>
<tr>
<td>Spotted Fever Rickettsioses</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Strep. Infection, invasive group A</td>
<td>11</td>
<td>9</td>
<td>35</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td>Strep. Infection, invasive group B</td>
<td>10</td>
<td>18</td>
<td>20</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Strep. Infection, invasive pneu.</td>
<td>16</td>
<td>9</td>
<td>23</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>Syphilis</td>
<td>47</td>
<td>39</td>
<td>50</td>
<td>37</td>
<td>45</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>10</td>
<td>16</td>
<td>6</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Typhoid Fever</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Typhus Fever</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>20</td>
<td>19</td>
<td>13</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td><em>Vibrio</em> infection</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>West Nile Virus Infection</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Zika</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foodborne illness complaints</td>
<td>47</td>
<td>47</td>
<td>51</td>
<td>71</td>
<td>49</td>
</tr>
<tr>
<td>Rabies in animals</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Data subject to change, reflecting recent entry of information received from reporting sources.

* We can no longer provide HIV and AIDS counts by month. *’s reflected here are from 1/15 to 6/15. **From 1/2013 onward only acute Hepatitis C cases will be counted. ***From 1/2016 onward All Invasive Haemophilus Influenzae will be counted.
United Board of Health
January 2018
Item #6
Consider for Approval Quarterly Investment Report
## General Fund

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>$3,453,806</td>
<td>$3,053,147</td>
<td>$2,413,083</td>
</tr>
<tr>
<td>Deposits</td>
<td>181,000</td>
<td>109,600</td>
<td>1,591,000</td>
</tr>
<tr>
<td>Withdrawals</td>
<td>(583,000)</td>
<td>(750,800)</td>
<td>(2,334,354)</td>
</tr>
<tr>
<td>Interest Earned</td>
<td>1,341</td>
<td>1,136</td>
<td>771</td>
</tr>
<tr>
<td><strong>Ending Balance</strong></td>
<td><strong>$3,053,147</strong></td>
<td><strong>$2,413,083</strong></td>
<td><strong>$1,670,500</strong></td>
</tr>
</tbody>
</table>

### Current Yields
- 0.50%
- 1.03%
- 0.97%

### Previous Quarter Yield (7/2017 to 9/2017)
- 0.50%
- 1.05%
- 1.02%

---

## Galveston Area Ambulance Authority

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Balance</td>
<td>$4,273,805</td>
<td>$4,605,625</td>
<td>$4,612,478</td>
</tr>
<tr>
<td>Deposits</td>
<td>330,000</td>
<td>125,000</td>
<td>70,500</td>
</tr>
<tr>
<td>Withdrawals</td>
<td>(120,000)</td>
<td>(1,275,000)</td>
<td>0</td>
</tr>
<tr>
<td>Interest Earned</td>
<td>1,819</td>
<td>1,853</td>
<td>1,486</td>
</tr>
<tr>
<td><strong>Ending Balance</strong></td>
<td><strong>$4,605,625</strong></td>
<td><strong>$4,612,478</strong></td>
<td><strong>$3,409,464</strong></td>
</tr>
</tbody>
</table>

### Current Yields
- 0.50%
- 1.03%
- 0.97%

### Previous Quarter Yield (7/2017 to 9/2017)
- 0.50%
- 1.05%
- 1.02%

---

## FY18 Summary

### General Fund

<table>
<thead>
<tr>
<th></th>
<th>Interest Earned</th>
<th>Avg Balance</th>
<th>Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2017 to December 31, 2017</td>
<td>$4,157</td>
<td>$2,890,144</td>
<td>0.14%</td>
</tr>
<tr>
<td>January 1, 2018 to March 31, 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 1, 2018 to June 30, 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 1, 2018 to September 30, 2018</td>
<td>$4,157</td>
<td>$2,890,144</td>
<td>0.14%</td>
</tr>
<tr>
<td><strong>YTD Totals</strong></td>
<td><strong>$4,157</strong></td>
<td><strong>$2,890,144</strong></td>
<td><strong>0.14%</strong></td>
</tr>
</tbody>
</table>

### Galveston Area Ambulance Authority

<table>
<thead>
<tr>
<th></th>
<th>Interest Earned</th>
<th>Avg Balance</th>
<th>Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY2018 (Current year)</td>
<td>$6,068</td>
<td>$4,409,280</td>
<td>0.14%</td>
</tr>
</tbody>
</table>

---

## Interest Yield Year to Year Comparison

### General Fund

<table>
<thead>
<tr>
<th></th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY2018 (Current year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 1-Dec 31</td>
<td>0.19%</td>
<td>0.13%</td>
<td>0.13%</td>
<td>0.14%</td>
</tr>
<tr>
<td>Jan 1-Mar 31</td>
<td>0.16%</td>
<td>0.12%</td>
<td>0.12%</td>
<td></td>
</tr>
<tr>
<td>Apr 1-June 30</td>
<td>0.19%</td>
<td>0.12%</td>
<td>0.12%</td>
<td></td>
</tr>
<tr>
<td>Jul 1-Sept 30</td>
<td>0.19%</td>
<td>0.13%</td>
<td>0.13%</td>
<td></td>
</tr>
<tr>
<td><strong>Total as of 9/30</strong></td>
<td><strong>0.75%</strong></td>
<td><strong>0.50%</strong></td>
<td><strong>0.50%</strong></td>
<td><strong>0.14%</strong></td>
</tr>
</tbody>
</table>

### Galveston Area Ambulance Authority

<table>
<thead>
<tr>
<th></th>
<th>FY2015</th>
<th>FY2016</th>
<th>FY2017</th>
<th>FY2018 (Current year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 1-Dec 31</td>
<td>0.19%</td>
<td>0.13%</td>
<td>0.13%</td>
<td>0.14%</td>
</tr>
<tr>
<td>Jan 1-Mar 31</td>
<td>0.18%</td>
<td>0.12%</td>
<td>0.12%</td>
<td></td>
</tr>
<tr>
<td>Apr 1-June 30</td>
<td>0.19%</td>
<td>0.12%</td>
<td>0.12%</td>
<td></td>
</tr>
<tr>
<td>Jul 1-Sept 30</td>
<td>0.19%</td>
<td>0.13%</td>
<td>0.13%</td>
<td></td>
</tr>
<tr>
<td><strong>Total as of 9/30</strong></td>
<td><strong>0.75%</strong></td>
<td><strong>0.50%</strong></td>
<td><strong>0.50%</strong></td>
<td><strong>0.14%</strong></td>
</tr>
</tbody>
</table>
United Board of Health
January 2018
Item #7
Consider for Approval Quarterly Worker’s Compensation Report
Definitions/Explanations:

- The corresponding dates reflect “Loss Date-Fund Year.”
- “Loss Date-Fund Year” = Accident date in the year beginning October 1 and ending September 30.
- 2017-2018 (Q1)= October 1, 2017-December 31, 2017

### Claims Reported

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GCHD/CHW</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>GAAA</td>
<td>21</td>
<td>11</td>
<td>21</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>16</td>
<td>27</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: TML Summary of Claim Experience Report, Loss Values as of December 31, 2017
Definitions/Explanations:

- The corresponding dates reflect “Loss Date-Fund Year.”

- “Loss Date-Fund Year” = Accident date in the year beginning October 1 and ending September 30.

- 2017-2018 (Q1) = October 1, 2017-December 31, 2017

- “Medical Only” = District did not lose any work time associated with the claim, and the employee’s claim resulted in medical time solely.

- “Lost Time” = Claim resulted in the employee’s absence from the District due to sustained treatment or injury.

Source: TML Summary of Claim Experience Report, Loss Values as of December 31, 2017
Definitions/Explanations:
- The corresponding dates reflect “Loss Date-Fund Year.”
- “Loss Date-Fund Year” = Accident date in the year beginning October 1 and ending September 30.
- 2017-2018 (Q1)= October 1, 2017-December 31, 2017

| Source: TML Summary of Claim Experience Report, Loss Values as of December 31, 2017 |
United Board of Health
January 2018
Item #8
Executive Session
United Board of Health
January 2018
Item #9
Reconvene into Regularly Scheduled Meeting
United Board of Health
January 2018
Item #10
Consider for Approval CEO Emergency Approvals for
Ratification by the United Board of Health
CEO Emergency Approvals Due to Influenza Epidemic and Winter Storm Inga for Ratification by the United Board of Health

**Influenza Epidemic**

**Approval to Waive Immunization Fees for State-Supplied and Donated Vaccines (12/22/17 to Present).** Kathy Barroso, CEO approved waiving fees for the quadrivalent influenza vaccine (Fluzone .25 and FluBlok) in an effort to help control and prevent the spread of influenza in Galveston County. A total of 1,337 flu shots were administered as of Tuesday, January 30th, resulting in the waiver of $18,718 in administrative fees.

**Winter Storm Inga**

**Approval to Pay Hourly Employees Emergency Leave in addition to Hours Worked during the Winter Storm (1/16/18 to 1/17/18).** Kathy Barroso, CEO approved emergency leave in addition to hours worked during Winter Storm Inga. The cost of emergency leave paid during this period was as follows: General Fund - $39,395 and GAAA - $10,376. These dollars will be expended from unreserved fund balance.
United Board of Health
January 2018
Item #11
Executive Report
By: Kathy Barroso
Chief Executive Officer

Are you looking for ways to eat healthier and be more active in 2018? Like most of us, one of your goals going into a new year probably centers on health. Even with great intentions, motivation to stay on track can fade with each new week.

The IT’S TIME TEXAS Community Challenge is a great way to stay on a healthier path while also helping your community compete for grant money and bragging rights!

The concept is simple. Individuals, schools and community leaders earn points for cities and towns by participating in healthy activities between January 8 and March 4, 2018. The online-based challenge is fun, easy and healthy!

Go to ittcommunitychallenge.com to register and select your community. This quick step will earn you an easy 500 points to kick off the challenge.

Some of the other ways for individuals to earn points include tracking physical activity and weight, watching a video about healthy living, hosting community events and taking healthy selfies. The selfies, worth 200 points each, simply show you participating in healthy activities or eating healthy!

Your community leaders also play a huge role.

CHALLENGE continues on pg. 3
GCHD Offers No-Cost Flu Shots in Response to Sharp Spike in Cases

More than a thousand people are better protected against the flu thanks to a no-cost vaccination effort by the Galveston County Health District.

No-cost flu shots have been available at the GCHD Immunization clinic and several off-site locations since December 22. Vaccinations will continue to be available while supplies last.

As of January 29, there have been 3,986 confirmed cases of flu reported to GCHD, compared to 455 during the same period last season.

Although healthcare providers are not required to report flu cases to their local health department, reported cases are a good indication of the overall trend.

“It’s frustrating to see so much chatter out there from people who are not getting the shot because they think it’s not ‘worth it,’” said Dr. Philip Keiser, Galveston County Local Health Authority. “While it’s true some people who get the shot will still get the flu, the vaccine can reduce the severity of symptoms for people who get the virus.”

People 6-months and older should be vaccinated for the flu. Vaccination is especially important for certain high-risk groups. People 65 and older, pregnant women, young children and those with chronic health conditions are at higher risk for serious complications or even death if they get the flu.

Symptoms of the flu include fever, chills, cough, sore throat, runny nose, body aches, headaches and fatigue. People with a combination of these symptoms should promptly see their medical provider.

In addition to vaccination, people should help stop the spread of the flu and other illness by covering all coughs and sneezes, washing their hands frequently, disinfecting commonly touched surfaces and staying at home when sick.

While flu spreads every year, the timing, severity, and length of the season varies from one year to another. Flu outbreaks typically happen as early as October and can last as late as May.

“The flu shot will not give you the flu, despite a lot of rumors to the contrary,” Dr. Keiser said. “The virus in the vaccine is inactive and can not make you ill with the flu.”

For more information on the flu and future no-cost clinics, visit www.gchd.org/flu.

Galveston County Health District Reports Season’s First Flu-Related Deaths

Two women, ages 61 and 48, are Galveston County’s first reported flu-related deaths of the 2017-2018 flu season. Both had pre-existing health conditions and died in January.

These are the first flu-related deaths of Galveston County residents reported to GCHD since a child died from flu complications in 2014.

“Our thoughts and prayers go out to this woman and her family,” said Galveston County Local Health Authority Dr. Philip Keiser. “Our goal in announcing this tragedy is to highlight how dangerous the flu can be and how important it is to be vaccinated against the virus.”

While flu is a contributing factor in the deaths of thousands of high-risk adult Americans each season, only the deaths of people 18 and younger are required to be reported to local health departments.

“While it’s vital for people at high-risk to get vaccinated, it’s also very important for those who consider themselves healthy to get the vaccine,” Dr. Keiser continued. “Across the United States this season, the virus has claimed the lives of people who do not necessarily fall into high-risk categories.”
Health District Vital Statistics Recognized with State Award

The Vital Statistics (Birth and Death Records) division of the Galveston County Health District (GCHD) has again been recognized with a statewide award.

The division was recently presented its 17th Five Star Service Award from the Texas Department of State Health Services. The annual awards recognizes vital statistics partners who demonstrate the importance of proper records management by attending trainings and keeping up with legislation and trends.

“We take pride in maintaining our records and offering great customer service,” said Alma Garcia, Galveston County Local Registrar. “We’re honored our efforts continue to be recognized by the state.”

“It’s common for me to receive positive feedback from our community related to the great customer service offered by our vital statistics staff,” said Kathy Barroso, GCHD CEO. “Alma and her team certainly deserve this award.”

GCHD Vital Statistics issues about 20,000 birth and death records and registers 9,000 new records annually.

Challenge continued from page 1

role in the effort. The mayor’s pledge to participate is worth 10,000 points while the city council version earns 2,500 points. There are several more ways for city representatives to earn points, including creating a mayor’s challenge video, hosting community events and establishing a health collaborative.

School representatives can earn points for their city AND school district! Thousands of points are available for school boards, principals and teachers who sign pledges to participate. Healthy lesson plans and staff activities also earn points.

There are also points up for grabs for businesses, organizations and faith-based representatives. Pledges, healthy activities and events are the primary ways for these groups to earn points.

I mentioned bragging rights because it’s a huge part of the idea behind the challenge. Who wouldn’t want their community to be well-represented to the county and rest of the state?

Texas City dominated other Galveston County cities in the 2017 challenge and finished third in the state in the mid-size category. With nearly 1.2 million points, the city was leaps and bounds ahead of its nearest county competitor, Galveston, which had just over 40,000 points.

Whether you’re participating as an individual or represent a city, school, organization or faith-based group, we are here to help! Check out www.gchd.org/challenge for more information about how to participate and contact information for assistance. While there, sign up to receive our Community Challenge tips and learn about healthy eating and exercise.

During the challenge, make our Facebook page a regular stop for weekly point updates by community and school. Start earning points at www.ittcommunitychallenge.com. It’s time, Galveston County!
"Employees of GCHD" Provides Look at Public Health in Action

The Galveston County Health District (GCHD) is excited to launch a new monthly video series!

"Employees of GCHD" introduces the community to wonderful GCHD employees and demonstrates how their jobs protect and promote the optional health and well-being of Galveston County.

The first episode features Jen Thickitt of Environmental Health Services and the second features Public Health Nurses Kelly Kanon and Pam Mescall.

The videos are available on GCHD social media platforms, YouTube and gchd.org.

High School Students Introduced to Public Health

A group of Friendswood High School students has a better understanding of public health thanks to a visit to the Galveston County Health District.

Public Health Emergency Preparedness and the Medical Reserve Corps were the focus of the discussion, which included a general overview of GCHD services. Several students expressed interest in joining MRC.

GCHD routinely hosts students for similar events.
Public Health Programs  
November 29, 2017-January 23, 2018

Animal Services  
- Rabies – There were no reported case of rabies during this reporting period.

Community Health Services  
- Women’s Health Services  
  - Provided 84 screening mammograms to women of Galveston County who met the requirements of the D’Feet Breast Cancer and Breast and Cervical Cancer Screening Services (BCCS) programs.  
  - Processed 67 referrals to have patients undergo diagnostic work-up for breast cancer evaluation.  
  - In 2017, a total of 13 woman were diagnosed with breast cancer through the programs. Of those, ten registered with Medicaid and three were referred to MD Anderson for treatment.

Immunization Services  
- Focusing on education, outreach and linking clients with primary medical home, in addition to providing shots.  
- Continued annual audits of school and daycare immunization records, with one completed during this reporting period.  
- Conducted Texas Vaccine for Children activities, including 12 private provider follow-ups, one new provider orientation, four vaccine transfers and staff trainings.  
- Case managing 13 cases of prenatal Hepatitis B patients to ensure newborns are not infected from their mothers.  
- The immunization clinic administered 1,258 shots during this period, of which 882 were flu shots. 904 shots were administered during the same period last year.

- HIV/STD Services  
  - Discovered one new syphilis cases, three previously identified syphilis cases, one new HIV case and two previously identified HIV cases.

- Tuberculosis (TB) Control Services  
  - There were a total of seven confirmed cases of TB in 2017, compared to 13 in 2017.  
  - Currently treating four active TB cases.  
  - Delivered 84 doses of DOT (directly observed therapy) and DOPT (directly observed preventive therapy) to patients.  
  - 36 clients were seen in chest clinics and 14 home visits performed.  
  - Launched a program that allows TB patients to use a secure web-based application to submit encrypted videos of themselves taking medication. The Video Directly Observed Therapy (VDOT) program boosts evidence of improved medication regimen compliance and successful TB therapy regimen completion. GCHD TB is one of the first programs in the state to implement the program.
• **Public Health Nursing**
  
  o Conducted one elevated blood lead level home visit in Galveston.
  o Launched Diabetes 101, a revamped diabetes self-management class.

• **Women, Infants and Children (WIC)**
  
  o Served an estimated 4,497 participants for the month of December 2017, down 1,117 participants from December 2016. Much of the reduction in participants is attributed to families being displaced due to Hurricane Harvey.
  o The new WIC location in Dickinson opened in November, replacing the site damaged by Hurricane Harvey.
  o Preparing for the next Incredible Years parenting class at the Texas City clinic. The free 10-week class focuses on nurturing the development of infants.
  o Collaborated with Galveston Teen Parenting Coalition to provide gifts for moms, dads and children during the holiday season. The gifts were presented at a holiday party.
  o Mother’s Milk Club continues strong, especially at the Dickinson clinic. The first core group of infants has grown up and a new group of pregnant moms will attend.

**Environmental Health Services**

• **Annual Water Reports** – Completed annual water reports of activities conducted for each city, Water Control Improvement District and the County. Depending on which city or WCID, the reports summarize stormwater, complaint, wastewater treatment plant, and/or grease trap inspections conducted. Once reviewed, the reports will be posted on the GCHD website.

**Epidemiology/Public Health Emergency Preparedness**

• **Flu Outbreak**- Worked three flu outbreaks at schools and three more at long-term care facilities. All facilities were given preventative measures to stop the spread of the virus.

**EMS Updates**

• **Mardi Gras** – Plans are in place to provide EMS coverage at the Mardi Gras Galveston festivities while simultaneously maintaining regular 911 response on the island.

• **New Ambulance** - Took delivery of unit H1473 from Frazer. The unit will go into service in late February upon receiving DSHS licensing.

• **JEMS Article** – The latest article from EMS Director Nathan Jung, focusing on response during Hurricane Harvey, will appear in the next issue of the Journal of Emergency Medical Services.

**Community Outreach**

• **Animal Services**
  
  o December 9: Attended Methodist Church adoption event/pet blessing
  o December 16: Girl Scout Gold Award Project: Offered onsite vaccine clinic
  o December 23: Pet Vaccination Services (PVS) at ARC = 23 pets serviced
• **Epidemiology/Public Health Emergency Preparedness**
  - Zika – Continuing and planning outreach activates ahead of mosquito season.
  - UTMB Lecture – Provided overview of the duties of an epidemiologist to students in the UTMB Preventative Medicine and Community Health Program.

• **Executive Office**
  - GCHD continues to participate in the Long Term Recovery Group efforts related to Hurricane Harvey. The Public and Behavioral Health subcommittee, of which GCHD is a member, is currently working on a pamphlet for homeowners about mold recovery (i.e. health effects, cleanup, etc.) and information to disseminate about stress management and ways to seek help.
  - On January 25, 2018, Associate Commissioner David Gruber of the Department of State Health Services and Dr. Carlos Plasencia, Regional Medical Director for Public Health Region 6/5 South paid a visit to GCHD to learn more about what we are doing on the local level to address public health needs or concerns and to discuss challenges faced during Hurricane Harvey.

• **Public Health Nursing**
  - Participated in a total of 24 health fairs and outreach events.
    - Provided GCHD info and health education to more than 800 participants.
    - Conducted blood pressure and blood glucose screenings for 201 participants.
      - 64 elevated blood pressures and 13 elevated blood glucose readings
        - Referred to CHW, private medical provider or the ER, depending on circumstances.

**Communications Office**

• **News Releases/Website News Posts**
  - Holiday Health and Safety Tips
  - Coping with Stress
  - Holiday Drive for Dickinson WIC Families Affected by Harvey
  - Salvation Angel Tree in Need of Donations
  - GCHD, CHW and ARC Holiday Hours
  - Community Challenge a Great Way to Start the New Year on a Healthier Path
  - Spike in Flu Cases Prompts GCHD to Offer No-Cost Vaccines
  - GCHD Vital Statistics Recognized with State Award
  - Health District Continues Offering No-Cost Flu Vaccinations
  - No-Cost Flu Shot Schedule: Week of January 8, 2018
  - GCHD, CHW and ARC MLK Hours
  - GCHD, CHW and ARC Operations Affected by Winter Storm
  - Low-Cost Pet Vaccinations, Microchips and Registrations Available January 27
  - No-Cost Flu Shot Schedule: Week of January 22, 2018
  - Galveston County Health District Reports Season’s First Flu-Related Death
  - No-Cost Flu Shot Schedule: Week of January 29, 2018
• **December/January Campaigns**
  - IT’S TIME TEXAS Community Challenge
  - World AIDS Day
  - Children’s Dental Month

• **Videos**
  - Pet of the Week Videos (weekly)
  - Employees of GCHD (monthly)
  - Community Challenge Overview

**Human Resources Updates**

• **New Employee Centered Newsletter** – Launched a new monthly employee-centered newsletter distributed across the District. The newsletter highlights annual service anniversaries, employee spotlights, birthdays, community recognition, healthy recipes and more. The newsletter is aimed at keeping employees informed of upcoming events, encouraging healthy activities through betterment and wellness, as well as recognizing professional and personal updates (i.e. graduations, new births, marriages, etc.) Employees are encouraged to answer the monthly poll questions and submit their own personal updates. This initiative is part of Priority 2, in the Health District’s Strategic Health Plan, focusing on employee well-being.

• **Management Training** - Providing district-wide management training starting in February for all supervisors and managers. The training will be mandatory and will occur over several months. Training topics will include, but not limited to, Hiring Process, Interview Skills, Health District policies, Performance Evaluation process, Effective Communication, etc. This initiative is part of Priority 5, in the Health District’s Strategic Health Plan, focusing on evaluating processes and developing action plans to maximize efficiencies.

• **Alternative Work Schedules** - Human Resources is in the preliminary stages of conducting a feasibility study exploring alternative work schedules. Managers received survey questions related to different types of alternative schedules, customer needs, core program hours, and potential issues for their specific area. The next step in the process will be to analyze the information and make recommendations, if feasible. This initiative is part of Priority 2, in the Health District’s Strategic Health Plan, focusing on employee well-being.

**GCHD and GAAA Career Opportunities:**

• **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
  - Salvatore Bonaccorso – Director of IT
  - Amy Weber – EMS Operations Manager
  - Veronica Gomez – EMT Basic
  - Gavin Lehew – EMT Basic
  - Mickey Bear – EMT Basic
  - Danielle DeLeon – Animal Care Technician
  - Brittany Flores – Consumer Health Inspector
o Maleia Brooks – HR Administrative Assistant
o Tiffany Hernandez – WIC Nutritionist
o Chiquita Lee – HIV/AIDS Surveillance Specialist
o Nancy Guerra – HIV/STD Disease Intervention Specialist

- **Job Offers** – The following candidate were extended job offers and have future start dates:
  o Jessica Munoz – Billing & Grants Coordinator

- **Current Vacancies**:
  o Galveston County Health District vacancies:
    o Animal Services – Animal Control Officer (2), Animal Care Technician (2), Shelter Coordinator, Clerk/Dispatcher
    o Accounting – Staff Accountant
    o Executive Office – Director of Communications
    o HIV/STD – Customer Service Representative
    o Purchasing – Receiving & Inventory Clerk
    o WIC – Site Supervisor
  o GAAA Admin vacancies:
    o Director of EMS
    o NET Dispatcher-2nd Shift
  o GAAA Field vacancies:
    o EMT Basic full-time (3)
    o EMT Basic part-time (1)
    o EMT Advanced full-time (8)
    o EMT Advanced part-time (2)
    o Paramedic (2)
    o EMS Supervisor (1)
    o Team Captain (8)

**CHW Career Opportunities:**

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
  o Dr. Unsil Keiser – Dentist part-time
  o Margarita Perez – Patient Care Technician
- **Job Offers** – The following candidates were extended job offers and have future start dates:
  o Brittany Rivers – CIHCP Specialist
  o Dr. Richland Mosley – Dentist full-time
  o Irma Quintanilla - Patient Care Admin Clerk
- **Current Vacancies**:
  o CHW Vacancies:
    o Dental – Full-time Dental Assistant (2), Part-time Dental Assistant, Supervisor of Dental Assistants
    o Lab & X-Ray – Lab & X-Ray Technician (2)
    o Medical – Behavioral Health Counselor, Midlevel (Nurse Practitioner or Physician Assistant)
    o Nursing – Medical Aide (4), LVN (2)
Employee Activities

- Employee Wellness Committee/Public Health Nurses
  - Thyroid Awareness Month and Cervical Cancer Awareness Month were observed in December with educational materials in the breakroom.
  - Guided relaxation sessions offered weekly to employees at the MCA.
  - Weight loss challenge kicked off in January with four participants.
  - Employee Snack Bar continues to be very popular.
UBOH Contract Report: December 2017

Galveston Area Ambulance Authority

1. The Galveston Area Ambulance Authority entered into a short term Ambulance Service Agreement with Adrenaline Sports Management. Galveston Area Ambulance Authority provided stand by emergency services for $850.00. The negotiated rate included 2 Ambulances for 8.5 hours.

Galveston County Health District

1. The Galveston County Health District’s Tuberculosis Program entered into a License Agreement with Emocha Mobile Health, Inc. to utilize Emocha’s miDOT app. The Agreement spans one year, at a $880.00 monthly rate to utilize 10 smartphone applications for a prospective patient user. The Agreement also included a one-time $900.00 Implementation Fee. The miDOT app ensures tuberculosis patients are taking their medication using video technology, which records patients taking their medication. The recorded video, along with notes, is then sent to the patient's doctor and/or treating medical provider. The efficient practice is more convenient for our patients and health workers. Plus the District’s health workers can ensure patients are following medication instructions, without having to check with them personally.

2. The Galveston County Health District secured an Equipment Agreement with Dream Ranch and LD Products for remanufactured Inkjet/Laser Printer/Fax Cartridges after receiving 6 bid responses. The remanufactured percentages are Dream Ranch forty-four percent (44%) and LD Products only quoting on remanufactured cartridges at fifty percent (50%). The bid was awarded for one year. The approved price schedule is stored with the Procurement Agent.

Back to Agenda
United Board of Health
January 2018
Item #12
Consider for Approval Monthly Financial Reports
YTD Revenues were $11k lower than budgeted this month. Lower revenues were due mostly to decreased immunization revenue ($7k) and septic tank revenue ($11k).

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Current Month Nov-17</th>
<th>Prior Month Oct-17</th>
<th>Increase (Decrease)</th>
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<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>2,597,323</td>
<td>2,313,423</td>
<td>634,100</td>
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<td>Accounts Receivable</td>
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<td>163,911</td>
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<td>Pre-Paid Expenses</td>
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<td>Other</td>
<td>34,970</td>
<td>30,552</td>
<td>4,418</td>
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<td>Due To / From</td>
<td>(19,313)</td>
<td>(30,304)</td>
<td>10,991</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$5,634,133</td>
<td>$6,098,250</td>
<td>($464,117)</td>
</tr>
</tbody>
</table>

| LIABILITIES | | |
| Accounts Payable | 219,085 | 159,425 | 59,660 |
| Personnel | 259,628 | 225,326 | 34,302 |
| Deferred Revenues | 684,452 | 1,322,365 | -637,913 |
| Other | 3,045 | 2,786 | 259 |
| Due to Galveston County | 182,429 | 91,214 | 91,214 |
| Total Liabilities | $1,348,639 | $1,801,117 | ($452,478) |

| FUND BALANCE | | |
| Prior Year Fund Balance | 4,284,080 | 4,284,080 | 0 |
| Current Change | 1,414 | 13,053 | 11,639 |
| Total Fund Balance | $4,285,494 | $4,297,133 | ($11,639) |
| TOTAL LIABILITIES & FUND BALANCE | $5,634,133 | $6,098,250 | ($464,117) |

GF - REVENUE & EXPENSES as of November 30, 2017

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Actual Nov-17</th>
<th>Budgeted Nov-17</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
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<td>593,755</td>
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<td>Contract Revenue</td>
<td>42,900</td>
<td>43,040</td>
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<td>(280)</td>
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<tr>
<td>Program Revenue</td>
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<td>124,845</td>
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<td>(5,730)</td>
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<td>Interest Revenue</td>
<td>1,263</td>
<td>1,250</td>
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<td>237</td>
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<tr>
<td>Other Revenue</td>
<td>33,511</td>
<td>35,648</td>
<td>(2,137)</td>
<td>(4,901)</td>
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<td>Total Revenue</td>
<td>$1,083,110</td>
<td>$1,073,110</td>
<td>$10,205</td>
<td>($11,672)</td>
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| EXPENSES | | |
| Personnel | 534,885 | 593,540 | 58,655 | 106,421 |
| Contractual | 397,845 | 370,967 | (26,878) | (9,910) |
| Supplies | 24,025 | 30,765 | 6,740 | 14,783 |
| Travel | 4,930 | 11,338 | 6,408 | 10,668 |
| Equipment/Capital | 863 | 0 | (863) | 7,819 |
| Other | 132,405 | 124,221 | (8,184) | (4,901) |
| Total Expenses | $1,094,954 | $1,130,831 | $35,877 | $129,339 |
| CHANGE IN NET ASSETS | ($11,639) | ($57,721) | $46,082 | $117,666 |

HIGHLIGHTS
- MTD net decrease in fund balance of ($11,639).
- Revenues were $10k higher than budgeted this month due to increased grant revenue ($17k) and food service revenue ($6k) which offset lower than budgeted immunization revenue ($4k) and septic tank revenues ($4k).
- YTD Revenues were $11k lower than budgeted this month. Lower revenues were due mostly to decreased immunization revenue ($7k) and septic tank revenue ($11k).
- MTD expenses were $36k lower than budgeted due to lower personnel, pharmaceutical supply and travel costs.
- YTD expenses were $129k lower than budgeted due mostly to personnel savings.
- Total fund balance of $4.29M as of 11/30/17.
GF Actual Revenue & Expense Trends with Change in Net Assets

GF Actual Revenue vs Budget Trends with Variance

GF Actual Expenses vs Budget Trends with Variance
**GAAA - BALANCE SHEET** as of November 30, 2017

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
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<td>Total Assets</td>
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<td>($19,486)</td>
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<td>Personnel</td>
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<td>166,140</td>
<td>18,620</td>
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<tr>
<td>Deferred Revenues</td>
<td>119,954</td>
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<tr>
<td>Total Liabilities</td>
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<td>($64,348)</td>
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<table>
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<td>Current Change</td>
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<th>TOTAL LIABILITIES &amp; FUND BALANCE</th>
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<tbody>
<tr>
<td>$5,490,398</td>
<td>$5,509,884</td>
<td>($19,486)</td>
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**GAAA - REVENUE & EXPENSES** as of November 30, 2017

<table>
<thead>
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<th>REVENUE</th>
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<td>(37,909)</td>
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<td>845</td>
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<tr>
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<td>17,325</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$512,198</td>
<td>$532,918</td>
<td>($20,720)</td>
<td>($33,202)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>348,781</td>
<td>421,411</td>
<td>72,630</td>
<td>137,303</td>
</tr>
<tr>
<td>Contractual</td>
<td>22,880</td>
<td>21,384</td>
<td>(1,496)</td>
<td>(1,901)</td>
</tr>
<tr>
<td>Supplies</td>
<td>24,312</td>
<td>26,649</td>
<td>2,337</td>
<td>(1,052)</td>
</tr>
<tr>
<td>Travel</td>
<td>1,738</td>
<td>916</td>
<td>(822)</td>
<td>33</td>
</tr>
<tr>
<td>Equipment/Capital</td>
<td>3,305</td>
<td>3,310</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>66,321</td>
<td>62,043</td>
<td>(4,278)</td>
<td>11,082</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$467,337</td>
<td>$535,713</td>
<td>$68,376</td>
<td>$145,470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGE IN NET ASSETS</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$44,862</td>
<td>($2,795)</td>
<td>$47,657</td>
<td>$112,269</td>
<td></td>
</tr>
</tbody>
</table>

**HIGHLIGHTS**

- MTD net increase in fund balance of $44,862.
- Revenues were $20.7k lower than budgeted this month due to lower Medicare ($24k), and GAAA contract revenue ($18k) which offset higher than budgeted special event revenue ($11k).
- YTD revenues were lower than budgeted by $33k due to lower Medicare ($37k) and GAAA contract ($13k) revenue which offset higher than budgeted sale of fixed assets revenue ($16k).
- MTD expenses were $68k lower than budgeted and YTD expenses were $145k lower than budgeted due mostly to savings in personnel costs.
- Total fund balance of $4.9M as of 11/30/17.

---

GALVESTON COUNTY HEALTH DISTRICT | Financial Summary | 4 |
GAAA Actual Revenue & Expense Trends with Change in Net Assets

- Revenue
- Expenses
- Net Asset Change

GAAA Actual Revenue vs Budget Trends with Variance

- Actual Revenue
- Budgeted Revenue
- Budget Variance

GAAA Actual Expenses vs Budget Trends with Variance

- Actual Expenses
- Budgeted Expenses
- Budget Variance
Fund Balance Trends
Nov 2015 to Nov 2017

GF Fund Balance
GAAA Fund Balance

FUND BALANCE CHANGE BY PERIOD
NOV 2015 TO NOV 2017

GF Fund Balance
GAAA Fund Balance
Linear (GF Fund Balance)
Linear (GAAA Fund Balance)
GF - BALANCE SHEET  

as of December 31, 2017

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Current Month Dec-17</th>
<th>Prior Month Nov-17</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>3,687,734</td>
<td>2,597,323</td>
<td>1,090,411</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>1,357,045</td>
<td>2,943,297</td>
<td>(1,586,251)</td>
</tr>
<tr>
<td>Pre-Paid Expenses</td>
<td>74,720</td>
<td>77,857</td>
<td>(3,137)</td>
</tr>
<tr>
<td>Other</td>
<td>34,741</td>
<td>34,970</td>
<td>(228)</td>
</tr>
<tr>
<td>Due To / From</td>
<td>(296,461)</td>
<td>(19,313)</td>
<td>(277,148)</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$4,857,780</td>
<td>$5,634,133</td>
<td>($776,353)</td>
</tr>
</tbody>
</table>

| LIABILITIES | | | |
| Accounts Payable | 189,327 | 219,085 | (29,758) |
| Personnel | 323,675 | 259,628 | 64,047 |
| Deferred Revenues | 47,346 | 684,452 | (636,666) |
| Other | 3,247 | 3,045 | 202 |
| Due to Galveston County | 0 | 182,429 | (182,429) |
| Total Liabilities | $564,045 | $1,348,639 | ($784,593) |

| FUND BALANCE | | | |
| Prior Year Fund Balance | 4,284,080 | 4,284,080 | 0 |
| Current Change | 9,654 | 1,414 | 8,240 |
| Total Fund Balance | $4,293,734 | $4,285,494 | $8,240 |
| TOTAL LIABILITIES & FUND BALANCE | $4,857,780 | $5,634,133 | ($776,353) |

GF - REVENUE & EXPENSES  

as of December 31, 2017

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Actual Dec-17</th>
<th>Budgeted Dec-17</th>
<th>PTD Budget Variance</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Revenue</td>
<td>593,757</td>
<td>593,757</td>
<td>(0)</td>
<td>(1)</td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>266,876</td>
<td>274,574</td>
<td>(7,698)</td>
<td>(8,696)</td>
</tr>
<tr>
<td>Contract Revenue</td>
<td>42,900</td>
<td>42,914</td>
<td>(14)</td>
<td>(44)</td>
</tr>
<tr>
<td>Program Revenue</td>
<td>82,764</td>
<td>85,709</td>
<td>(2,945)</td>
<td>(8,925)</td>
</tr>
<tr>
<td>Interest Revenue</td>
<td>2,151</td>
<td>1,250</td>
<td>901</td>
<td>1,138</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>32,768</td>
<td>35,648</td>
<td>(2,880)</td>
<td>(7,781)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,021,216</td>
<td>$1,033,852</td>
<td>($12,636)</td>
<td>($24,309)</td>
</tr>
</tbody>
</table>

| EXPENSES | | | |
| Personnel | 465,579 | 534,342 | 68,763 | 175,185 |
| Contractual | 372,032 | 370,972 | (1,060) | (10,970) |
| Supplies | 46,990 | 30,775 | (15,315) | (531) |
| Travel | 5,505 | 11,348 | 5,843 | 16,511 |
| Equipment/Capital | 5,699 | 0 | (5,699) | 2,121 |
| Other | 118,072 | 124,226 | 6,154 | 5,710 |
| Total Expenses | $1,012,976 | $1,071,663 | $58,687 | $188,026 |
| CHANGE IN NET ASSETS | $8,240 | ($37,811) | $46,051 | $163,717 |

HIGHLIGHTS
- MTD net increase in fund balance of $8,240.
- Revenues were $12.6k lower than budgeted this month due to decreased grant revenue ($7.7k) and vital statistics revenue ($4.6k).
- YTD Revenues were $24k lower than budgeted this month. Lower revenues were due mostly to decreased immunization ($7k), septic tank ($13k) and grant revenues ($8k).
- MTD expenses were $58.7k lower than budgeted due to lower personnel and travel costs, as well as timing of IT software/license expenditures.
- YTD expenses were $188k lower than budgeted due mostly to personnel and travel savings.
- Total fund balance of $4.29M as of 12/31/17.
**GAAA - BALANCE SHEET**  
*as of December 31, 2017*

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Current Month Dec-17</th>
<th>Prior Month Nov-17</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>4,780,743</td>
<td>4,777,787</td>
<td>9,956</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>425,399</td>
<td>600,832</td>
<td>(175,432)</td>
</tr>
<tr>
<td>Pre-Paid Expenses</td>
<td>122,060</td>
<td>139,325</td>
<td>(17,265)</td>
</tr>
<tr>
<td>Other</td>
<td>1,605</td>
<td>1,605</td>
<td>0</td>
</tr>
<tr>
<td>Due To / From</td>
<td>(1,992)</td>
<td>(22,150)</td>
<td>20,158</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$5,327,815</strong></td>
<td><strong>$5,490,398</strong></td>
<td><strong>($162,583)</strong></td>
</tr>
</tbody>
</table>

| LIABILITIES                                 |                       |                    |                    |
| Accounts Payable                           | 143,394               | 191,564            | (48,170)           |
| Personnel                                  | 226,587               | 184,760            | 41,827             |
| Deferred Revenues                          | 10,417                | 119,954            | (109,537)          |
| **Total Liabilities**                      | **$380,398**          | **$496,278**       | **($115,881)**     |

| FUND BALANCE                                |                       |                    |                    |
| Prior Year Fund Balance                    | 4,890,352             | 4,890,352          | 0                  |
| Current Change                             | 57,065                | 103,768            | (46,703)           |
| **Total Fund Balance**                     | **$4,947,417**        | **$4,994,120**     | **($46,703)**      |

**TOTAL LIABILITIES & FUND BALANCE**  
*as of December 31, 2017*

<table>
<thead>
<tr>
<th>Actual</th>
<th>Budgeted</th>
<th>PTD Variance</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-17</td>
<td>Dec-17</td>
<td>Variance</td>
<td>Variance</td>
</tr>
</tbody>
</table>

**GAAA - REVENUE & EXPENSES**  
*as of December 31, 2017*

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Actual Dec-17</th>
<th>Budgeted Dec-17</th>
<th>PTD Variance</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Revenue</td>
<td>52,037</td>
<td>52,037</td>
<td>(0)</td>
<td>1</td>
</tr>
<tr>
<td>Contract Revenue</td>
<td>116,951</td>
<td>99,870</td>
<td>17,081</td>
<td>3,617</td>
</tr>
<tr>
<td>Program Revenue</td>
<td>287,729</td>
<td>360,634</td>
<td>(72,905)</td>
<td>(110,815)</td>
</tr>
<tr>
<td>Interest Income</td>
<td>2,509</td>
<td>1,626</td>
<td>883</td>
<td>1,729</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>18,837</td>
<td>18,750</td>
<td>87</td>
<td>17,412</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$478,063</strong></td>
<td><strong>$532,917</strong></td>
<td><strong>($54,854)</strong></td>
<td><strong>($88,056)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Actual</th>
<th>Budgeted</th>
<th>PTD Variance</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>327,526</td>
<td>421,414</td>
<td>93,888</td>
<td>231,191</td>
</tr>
<tr>
<td>Contractual</td>
<td>19,827</td>
<td>21,384</td>
<td>1,557</td>
<td>(344)</td>
</tr>
<tr>
<td>Supplies</td>
<td>15,362</td>
<td>26,646</td>
<td>11,284</td>
<td>10,232</td>
</tr>
<tr>
<td>Travel</td>
<td>(189)</td>
<td>916</td>
<td>1,105</td>
<td>1,138</td>
</tr>
<tr>
<td>Equipment/Capital</td>
<td>102,901</td>
<td>106,000</td>
<td>3,099</td>
<td>3,104</td>
</tr>
<tr>
<td>Other</td>
<td>59,338</td>
<td>62,034</td>
<td>2,696</td>
<td>13,779</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$524,765</strong></td>
<td><strong>$638,394</strong></td>
<td><strong>$113,629</strong></td>
<td><strong>$259,099</strong></td>
</tr>
</tbody>
</table>

**CHANGE IN NET ASSETS**  
*as of December 31, 2017*

|                      | **($46,703)** | **($105,477)** | **$58,774** | **$171,043** |

**HIGHLIGHTS**
- MTD net decrease in fund balance of ($46,703).
- Revenues were $54.9k lower than budgeted this month due to lower Medicare ($42k) and private insurance ($26k) revenues which offset higher than budgeted GAAA contract revenue ($17k).
- YTD revenues were lower than budgeted by $88k due to lower Medicare ($79k) and private insurance ($31k) revenues which offset higher than budgeted sale of fixed assets revenues ($16k).
- MTD expenses were $113k lower than budgeted due to savings in personnel and operating supply costs.
- YTD expenses were $259k lower than budgeted due mostly to personnel savings.
- Total fund balance of $4.95M as of 12/31/17.

---

**YTD Call Volume by Location in Comparison to Projected Number of Calls**

**GV 911**

- Actual: 338
- Projected: 887
- YTD Call Volume: 1,939
  - Actual: 1,928

**GV Transfer**

- Actual: 214
- Projected: 444

**Bacliff**

- Actual: 212
- Projected: 423

**Hitchcock**

- Actual: 265
- Projected: 810

---

**GALVESTON COUNTY HEALTH DISTRICT | Financial Summary | 4 |**
Fund Balance Trends
Dec 2015 to Dec 2017

GF Fund Balance
GAAA Fund Balance

Back to Agenda
United Board of Health
January 2018
Item #13
Consider for Approval Quarterly Compliance Report
# United Board of Health

**Quarter 1, 2018 – Compliance Report**

*The information presented in this Report covers October, November, and December of 2017*

---

## INTERNAL AUDITS

<table>
<thead>
<tr>
<th>DATE CONDUCTED/DEPARTMENT</th>
<th>TYPE OF AUDIT &amp; FINDINGS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11/2/2017--Accounting</strong></td>
<td><strong>Cash Audit:</strong> Accounting completed an audit of all District cash banks on November 2, 2017. The audit yielded no discrepancies, and all balances reconciled with amounts assigned.</td>
<td>No action taken. We will continue operating under our current protocol.</td>
</tr>
<tr>
<td><strong>11/13/2017--Accounting</strong></td>
<td><strong>Inventory Audit:</strong> Accounting completed an audit of all District inventory. The audit yielded no discrepancies, and all balances reconciled with amounts assigned.</td>
<td>No action taken. We will continue operating under our current protocol.</td>
</tr>
</tbody>
</table>
| **12/12/2017, 12/13/2017, 12/20/2017/ WIC-Texas City Location** | **Quality Assurance Audit:** Using the Department of State Health Services (DSHS) guidelines, an internal Quality Assurance Audit review of 10 records was randomly conducted at Texas City’s Women, Infant, and Children Clinic (WIC). The Internal Audit yielded three areas of non-compliance:  
- Growth Chart (staff did not initial for the scratch through/error, CID number not recorded on graph 2 times, incorrect CID number recorded on graph)  
- Missing Risk Codes (missing risk codes 331, 131, 321, 133)  
- Non-contract formula (plotting errors, written documentation error in the file, expiration date not recorded, missing RX, no food package) | All documentation and corrections have been made. Additional Quality Assurance monitoring has been scheduled for non-compliant areas in two months, at the end of February 2018. |

---

Submitted by: Lea Williams, Esq. Director of Compliance and Contracts/ General Counsel
United Board of Health: January 31, 2018
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Quality Assurance Audit</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 12/13/2017 | WIC-Galveston Location  |                         | Quality Assurance Audit: Using the Department of State Health Services (DSHS) guidelines, an internal Quality Assurance Audit review of 10 records was randomly conducted at Galveston’s Women, Infant, and Children Clinic (WIC). The Internal Audit yielded only one area of non-compliance:  
  • Non-contract formula (plotting error, no plotting complete for one record)  
  All documentation and corrections have been made. Additional Quality Assurance monitoring has been scheduled for non-compliant areas in two months, at the end of February 2018. |
| 12/20/2017 | WIC-Dickinson Location  |                         | Quality Assurance Audit: Using the Department of State Health Services (DSHS) guidelines, an internal Quality Assurance Audit review of 10 records was randomly conducted at Dickinson’s Women, Infant, and Children Clinic (WIC). The Internal Audit yielded four areas of non-compliance:  
  • Mid-point screening (missed mid-points for 1 month after Harvey)  
  • Mid Certification (missed mid-certifications after Harvey)  
  • Non-contract formula (graph missing “2”, reason not stated, no approval form)  
  All documentation and corrections have been made. Additional Quality Assurance monitoring has been scheduled for non-compliant areas in two months, at the end of February 2018. |
The information presented in this Report covers October, November, and December of 2017

Child abuse (reporting is accurate. Chart was destroyed in Harvey). Program Manager audits child abuse records monthly.

### EXTERNAL AUDITS

<table>
<thead>
<tr>
<th>DATE CONDUCTED/ DEPARTMENT</th>
<th>TYPE OF AUDIT &amp; FINDINGS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/28/2017-Immunizations</td>
<td>DSHS Adult Immunization Practice Compliance Audit: The Texas Department of State Health Services (DSHS) conducted a Compliance Education Site Visit. DSHS assessed the District’s implementation of the Standards for Adult Immunization Practice, as well as audited a collection of adult immunization records. The District was compliant, and there were no actionable findings.</td>
<td>No Action Taken.</td>
</tr>
</tbody>
</table>
United Board of Health
Quarter 1, 2018 – Compliance Report
(The information presented in this Report covers October, November, and December of 2017)

<table>
<thead>
<tr>
<th>DATE OF INCIDENT/DEPARTMENT</th>
<th>COMPLIANCE/REPORTABLE ISSUES</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
</table>
| 11/03/2017 – EMS            | While a Medic secured a C-collar on her patient, a Galveston Fire Fighter was simultaneously cutting the patient’s jacket off and cut the Medic’s left index finger. The medic was exposed to patient’s blood and Tuberculosis.  
   • Non-Preventable Incident | GCHD Epidemiology obtained information from UTMB regarding patient’s blood work results. The Chief Nursing Officer and Risk & Safety Coordinator spoke to the employee, communicating findings and provided instructions on receiving post-exposure services. GCHD also filed a Worker’s Compensation Claim to cover the expenses. |
| 11/05/2017-EMS             | As a Medic exited his unit, the medic twisted his right ankle, missing a raised curb. The Medic fell to the ground, but was able to stand without assistance. The Medic reported severe pain in his right ankle with some swelling.  
   • Non-Preventable Incident | The Medic self-treated his injury and did not request a medical evaluation. The employee did not request Workers’ Compensation, nor was a claim initiated. |
| 11/05/2017-EMS             | While responding to a sick call at a local bar establishment; a drunk driver struck the parked unit and fled the scene.  
   • Non-Preventable Incident | Human Resources did not perform a post-accident drug test, since the unit was stationary. Bystanders called and reported the accident. A Galveston Sheriff also reported to the scene, obtained the culprit’s license plate number whose vehicle struck the ambulance, and spoke to the Medics. Case # 17-00004099. |
**United Board of Health**  
*Quarter 1, 2018 – Compliance Report*  
*(The information presented in this Report covers October, November, and December of 2017)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 11/13/2017-EMS | During a routine unit check off procedure initiated at the beginning of a shift, a Medic discovered a broken gasoline door. The Medic reported that the hinge was broken and would not close.  
- *Non-Preventable Incident* | The Fleet Coordinator completed repair services for the broken gasoline door.                                                                                                                                   |
| 11/14/2017-EMS | A patient inadvertently injured a Medic’s arm, while coming out of a seizure. When a Galveston Fire Fighter, several Medics, and a Galveston Police Officer worked to subdue the combative patient; the patient grabbed the Medic’s left arm and dug his fingernails deeply in his skin—leaving scratch marks.  
- *Non-Preventable Incident* | There was no blood transfer and the Medic self-treated his injuries. The Medic also bandaged his arm, and did not request a medical evaluation. The employee did not request Workers’ Compensation, nor was a claim initiated. |
| 11/14/2017-EMS | Shortly after loading their patient into the unit, Medics were involved in a fender bender with a cab. While backing their unit out of the parking lot, a Medic hit a cab. EMS dispatched another transport to complete the patient transport.  
- *Preventable Incident* | Human Resources initiated a drug test and the results were negative. No damage was found on unit.                                                                                                               |
| 11/18/2017-EMS | A medic reported to her supervisor that she found a door at the EMS Bacliff station with two holes punched in the door. It appeared that an EMS employee punched holes in the door. Despite the fact that the EMS Director questioned Supervisors/Staff about the damage, no one came forward with an explanation of how/when the incident occurred.  
- *Preventable Incident* | After multiple inquiries, the facts surrounding this incident were still unknown. No person came forward detailing how the door was damaged; nor was the culprit identified. Since we could not determine who damaged the door, a formal investigation proved to be the most reasonable alternative on determining next steps and possible |
corrective action. However, the investigation results were inconclusive. We were unable to identify the offender.

Moving forward, with the goal to improve matters:

1) We have established a Risk and Safety Sub Committee (which shall include EMS workers) to address incidents/incident reduction, track/monitor trends in an attempt to improve safety and reduce risks.

2) We are requiring EMS sign and re-review policies related to respect of property noted above/ require signed documents be placed in HR files as a warning.

3) Make EMS aware of current EAP opportunities and resources for training and stress management.

| 11/24/2017-EMS | Someone stole a Medic’s uniform while he was cleaning his uniforms at a public laundry facility. The Medic left his clothes unattended and returned to find his clothes missing.  
  
  • *Undetermined Incident (While there is concern for leaving government property)* | The Medic filed a police report, with Officer Steve Packard, recording theft of government property-- case# 201716322. |
United Board of Health  
Quarter 1, 2018 – Compliance Report  
(The information presented in this Report covers October, November, and December of 2017)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 11/28/2017-EMS | At the start of his shift, the Medic performed a unit checkoff. A Medic found the WIFI hotspot damaged and the sim card was missing. Medic properly informed the Supervisor and gave the damaged hotspot to his Supervisor.  
• Preventable Incident | GCHD replaced SIM Card.                                                                           |
| 12/1/2017 – EMS | An employee complained of back injury while unloading a patient off a stretcher. The employee felt sharp pain in his back and stated that he would go to the doctor.  
• Preventable Incident | While GCHD attempted to make contact with the employee and initiate a Workers’ Compensation claim, the employee indicated that he self-treated his injury. The Medic eventually sought a medical evaluation, under the direction of Risk/Safety. The Medic obtained a release to work on 12/12/2017. |
| 12/31/2017—EMS | An EMT reported a back injury related to picking up a patient. The EMT initially stayed home and decided to self-treat, but eventually complained that he could not return to work.  
• Undetermined Incident (While it was reported that EMS used proper lifting techniques, there is no proof substantiating this contention.) | GCHD initiated a Workers’ Compensation claim, after the EMT stayed home for his injury. The claim was dropped, after the EMT received a release to return to work. |
### United Board of Health
#### Quarter 1, 2018 – Compliance Report

*(The information presented in this Report covers October, November, and December of 2017)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2017—EMS</td>
<td>A truck’s tire threw a rock into the left side of a unit windshield, while transporting a patient down I-45.</td>
<td>Windshield is being replaced.</td>
</tr>
<tr>
<td></td>
<td>• Non-Preventable Incident</td>
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</tr>
<tr>
<td>11/15/2017-WIC</td>
<td>Staff reported a heavy water leak in the restroom inside the WIC suite. While the supervisor was reporting the leak to Galveston Housing Authority Maintenance, the ceiling tiles fell and water gushed out of the attic.</td>
<td>GHA maintenance discovered a busted water heater and turned the water off to remedy the issue.</td>
</tr>
<tr>
<td></td>
<td>• Non-Preventable Incident</td>
<td></td>
</tr>
<tr>
<td>11/01/2017—Animal Services</td>
<td>A cat scratched a staff member while presenting a cat to prospective adopter. The cat became spooked and attempted to escape the employee’s hold. The cat then scratched the employee’s left arm, right hand, and wrist while trying to escape.</td>
<td>First aid treatment was provided by staff at the shelter. No medical evaluation was requested.</td>
</tr>
<tr>
<td></td>
<td>• Non-Preventable Incident</td>
<td></td>
</tr>
</tbody>
</table>
United Board of Health
January 2018
Item #14
Presentation Regarding Annual Morbidity Report Trends
Morbidity Report Summary: 5 Year Trend

Randy Valcin
Director of Epidemiology,
Public Health Emergency Preparedness & HIV/STD
Galveston County Health District
Campylobacter cases remain steady and cases typically increase in February (rodeo) and summer months.

Most Campylobacter cases were associated with exposure to poultry and water recreational activities.

Salmonella cases increased by 39% between 2015 and 2016.

In 2016, there was a Salmonella outbreak associated with a local restaurant.

In 2013, 2015 and 2016, there were Shigella outbreaks in schools and daycares.

DSHS reported widespread community outbreaks of Shigella in 2015 and 2016.
Streptococcus pneumonia tend to fluctuate; CDC states that the number of invasive Streptococcus cases can be difficult to determine.

Varicella cases are fairly steady in the county.

Some reasons for Varicella cases include parent refuse or forget to vaccinate, children under age (12 months) for vaccination and immigrants that travel from countries who do not require vaccination for Varicella.
Typhus fever cases fluctuate from year to year in Galveston County.

In 2017, there was an increase in typhus fever cases in Texas.

Typhus fever cases had doubled from 2015 to 2017.

In 2015, there were 8 Zika cases in Texas, in 2016 there were 315 with 9 from Galveston County.
Invasive Streptococcus cases tend to fluctuate making it difficult to determine trends.

MDRO cases became reportable in mid year in 2014.

In 2016, the case definition change created a 21% decrease in MDRO cases between 2015 and 2016.
Chlamydia cases have increased by 41% since 2013. Chlamydia and Gonorrhea cases are reported by the number of events and not the individual.

The increase can be attributed to more casual encounters (millennials) and partners not getting treated in timely manner.
By 2017, there was a more than 6 fold increase in the amount of flu reported to GCHD, as compared to 2015.

In 2016, there were several flu outbreaks in 10 schools.

There was a 70% increase in flu cases between 2016 and 2017.

This can be attributed to the widespread flu cases that are occurring nationwide present day.

In 2017, there were flu outbreaks in 4 nursing homes and 7 schools.
Questions?