ENVIRONMENTAL HEALTH SERVICES GUIDELINES

Statutes Governing Environmental Services
KRS 194A.050; and 211.090; 211.180; 211.210; 211.215; KRS 211.345; 211.350 to 211.380; 211.760; 211.885 to 211.889; 211.905; 211.920 to 211.945; 211.970; 211.9061 to 211.9079; 322.990 and 211.995, 211.972 to 211.982 and 211.995; 212.210; 212.245; 217.005 to 217.285; 217.808 to 217.812; 217.920-217.928, 217.992; 219.011 to 219.081; 219.310 to 219.410 and 219.991; 221.010 to 221.110, 221.990; 223.010 to 223.080 and 223.990; 224.01-410; 258.005 to 258.085, and 258.990.

The above referenced Kentucky Revised Statutes mandate that the Cabinet for Health and Family Services with local health departments (LHDs) acting as their agent regulate temporary food service establishments, food service establishments, food and beverage vending machines, retail-food establishments, bed and breakfast establishments, retail food stores, tattoo studios, body piercing and ear piercing studios, hotels and motels, mobile home and recreational vehicle parks, youth camps, public rest rooms, tanning facilities, schools, state confinement facilities, shellfish processors, public swimming and bathing facilities, private water supplies, bird roosts, nuisance control, lead, methamphetamine laboratories postings, private sewage, septic tank cleaning companies and vehicles and land application sites, on-site sewage disposal systems, construction standards for components of on-site sewage disposal systems, certification of on-site system installers and certification of tattoo artists. Local health departments' Boards of Health may in addition establish and implement local ordinances and programs to further address and protect the public's health in environmental areas of concern.

The Department for Public Health (DPH), Division of Public Health Protection and Safety (PHPS) supports the LHDs by providing education, technical assistance, consultation, and monitoring in the operation of environmental programs. The Milk Safety, Radiation Health, Public Safety, and Food Manufacturing Programs utilize primarily state personnel to carry out their environmental programs. The Food Manufacturing program conducts inspection of warehouses, bakeries, mills, grain storage facilities, bottling plants, food and cosmetic salvage processors and distributors, general food processors, food distributors, food transporting vehicles, frozen food lockers, raw agricultural commodities (for pesticide residues), and farmers market microprocessors. Appropriately credentialed and trained staff in the LHDs carries out the majority of remaining environmental programs in accordance with statutes, regulations and state and local guidelines. Standards of environmental program operation are outlined in the following pages.

All environmental activities/services are to be conducted in accordance with the following Administrative Regulations or Statutes:

902 KAR Chapter 1: Administration

- 400 Administrative Hearings

902 KAR Chapter 7: Public Accommodations

- 010 Hotel and Motel Code

902 KAR Chapter 9: State and Local Confinement Facilities

- 010 Environmental Health

902 KAR Chapter 10: Sanitation

- 010 Public Restrooms
- 020 Frozen Food Locker Plants
- 021 License Fees for Frozen Food Locker Plants
- 030 Sanitarians
- 035 Inactive Status Registration
- 040 Kentucky Youth Camps
- 050 Refuse Bins
- 060 On-site Sewage Disposal Application Fee
- 081 Construction Standards for Components of On-site Sewage Disposal Systems
- 085 Kentucky On-site Sewage Disposal Systems
- 110 Issuance of On-site Sewage Disposal System Permits
- 120 Kentucky Public Swimming and Bathing Facilities
- 121 Inspection Fees for Public Swimming and Bathing Facilities
- 130 Licensing Fee for Septic Tank Servicing
- 140 On-site Sewage Disposal System Installer Certification Program Standards
- 150 Domestic Septage Disposal Site Approval Procedures
- 160 Domestic Septage Disposal Site Operation
- 170 Septic Tank Servicing

902 KAR Chapter 15: Manufactured Home, Mobile Home and Recreational Vehicle Communities; Community Standards

- 010 Manufactured and Mobile Homes
- 020 Recreational Vehicles

902 KAR Chapter 45: Food and Cosmetics

- 005 Retail Food Code
- 006 Kentucky Bed and Breakfast
- 010 Definitions
- 020 KY Shellfish Dealer Standards and Requirements
- 030 Bakery Products
- 040 Carbonated Beverages
- 050 Food Packaging and Labeling
- 060 Cosmetic Packaging and Labeling
- 065 Tattoo Regulation
- 070 Body Piercing and Ear Piercing
- 075 Tanning Facilities
- 080 Salvage
- 090 Farmers Markets
- 100 Vending Machines; Food and Beverages

- 110 Permits and Fees for Retail Food Establishments, Food Manufacturing Plants, Food Storage Warehouses, Salvage Processors and Distributors, Vending Machine Companies and Seasonal Restricted Food Concessions
- 120 Inspection Fees; Permit Fees; Hotels, Mobile Home Parks, Recreational Vehicle Parks, Youth Camps and Private Water Supplies
- 130 Inspector's Manual for State Food and Drug Officials
- 140 Retail Food Programs Evaluation and Standardization Procedures
- 150 School Sanitation

902 KAR Chapter 48: Lead Selection and Abatement

- 010 Definitions
- 020 Training and Certification Requirements
- 030 Accreditation of Training Program & Providers of Training
- 040 Permit Fees, Requirements, Procedures and Standards

KRS 224.01-410 Methamphetamine Contamination-Standard and procedures for assessment and decontamination of inhabitable properties

Coordination Of Services

To fully serve the health needs of the public, environmental programs and staff often must interact with other programs and disciplines within their agency and with other outside agencies. Some activities requiring coordination include:

- Investigation of food-borne and waterborne illness.
- Childhood lead poisoning.
- Rabies prevention.
- Laboratory submissions (Water, Rabies, Food Specimens for example).
- Disaster and Emergency Response.
- Epi-Rapid Response Teams.
- Local county boards (such as Planning and Zoning and Disaster and Emergency Services).
- State Plumbing.

Personnel Qualifications And Training

LHD personnel working in environmental program areas are required to meet the following criteria:

- All staff engaged in environmental health activities are required by KRS 223.010 to KRS 223.080 to become registered as a Registered Sanitarian (R.S.) or a Registered Environmental Health Specialist (R.E.H.S.) and to earn annual continuing educational credits to maintain registered status. This registration shall be obtained within one year of employment and shall be renewed annually.
- Environmental staff shall attend CORE Training offered by the Division for Public Health Protection and Safety regarding Food Branch Programs and General Sanitation Programs soon after employment; plus attend in-service, special training and short courses as required by the Department for Public Health to insure program effectiveness.

- All staff employed to work in the on-site sewage program shall be required to obtain certification as a Certified Inspector in accordance with the provisions of KRS 211.360.
- Each independent health department or district health department shall have employed on staff a Retail Food Specialist who meets the minimum qualifications in accordance with 902 KAR 45:140.

Environmental Fees

- Environmental Fees are established by statute or regulation for **most** environmental program areas. Environmental fee information may be found in Section E of the EHMIS Manual.
- The LHD may establish local fees to cover the cost of environmental program activities, where fees have not been formally established by regulation or statute, including fees for the operation of the onsite sewage program, review of plans, etc.
- LHDs shall maintain fee processing records in accordance with the Department for Public Health policies and procedures that comply with the provisions of KRS 211.170. An Environmental Fee Revenue Procedures Guidance document can be found in the Administrative Reference Manual, Vol. II.
- Local health departments shall establish a separate bank account for deposit of all environmental fee receipts hereby referred to as the Environmental Holding Account. The Cabinet shall be notified of the bank name and address, the name of the account and the account number, as well as any subsequent changes.
- All environmental health fees shall be processed using the Environmental Health Management Information System (EHMIS) in accordance with the internal control policies established by the LHD. All LHD internal control policies should comply with the Environmental Fee Revenue Procedures Guidance which can be found in the Administrative Reference Vol. II. The EHMIS system is a comprehensive system designed to collect data for all environmental health program areas.
- State environmental health fee receipts shall be transmitted to the DPH, by the 10th of each month.
- Permit issuance shall be conducted through EHMIS.
- Detailed procedures for the processing of environmental fees are included in the EHMIS section of the AR Volume II.

Record Keeping

Record keeping is a vital part of all environmental programs and shall adhere to the minimum standards below.

- A separate file shall be established on each regulated entity or establishment containing documentation that includes inspection sheets, notices, correspondence and all other pertinent information.
- Inspection data shall be entered into the Environmental Health Management Information System (EHMIS) in a timely manner.
- All record reports and inspections shall be maintained in accordance with the Local Health Department Records Retention Schedule adopted by the State Archives and Records Commission.
- All record keeping shall be neat, orderly and current.

- A separate file shall be established for nuisance control complaints while under investigation and shall include all pertinent information including any official and inspections relative to the investigation of a complaint or an illness may be held from release until such time that the investigation is complete. Closed investigation records may be kept in a joint file with the exception of complaints involving permitted facilities, which shall be maintained in the establishment file after the investigation is completed.
- In accordance with 200 KAR 1:020 and KRS 61.870 (Kentucky's Open Records Law), public records of all agencies of Kentucky State Government, subject to certain exceptions, are open for inspection by any individual who desires to review them. However, if the person requesting to inspect the documents is not the person to whom the document pertains, information of a personal nature (such as home address and home phone numbers) will be blocked out prior to inspection. All open record requests shall be handled in accordance with local policies and procedures. For more information see "Open Records" in the AR, Volume I, Section VIII: LHD Operations.
- Some requests may be denied under the provisions of KRS 61.878.

Reference Materials

Reference manuals and materials shall be available for use by LHD personnel in the operation of environmental programs.

- LHD environmental staff shall keep an adequate supply of forms, pamphlets, regulation booklets, etc. as referenced in the EHMIS or have electronic access to forms, pamphlets, etc. to enforce the regulation and to provide for distribution to interested parties.
- LHD's environmental staff shall maintain at least one applicable trade and or professional journal, textbook or reference manual from a list referenced in Section H of the EHMIS Manual.
- Health Departments engaged in swimming pool inspections shall have available a listing of the NSF (National Sanitation Foundation) approved circulation system components and reference materials on the care, operation and maintenance of swimming pools.
- LHDs shall have available a copy of the Registered Sanitarian Field Handbook Rev. 2004, for reference regarding laboratory sampling and other environmental information.
- LHDs shall have available a copy of the Environmental Protocols established by the Cabinet for Health and Family Services, and the Natural Resources and Environmental Protection Cabinet.
- LHDs shall have at least one reference material or textbook relative to the etiology of food-borne illness.

Program Compliance Standards

Program compliance unless otherwise stated shall be achieved when the program is operated in accordance with their respective statutory and regulatory authority.

- Satisfactory sanitation compliance levels for regulated entities or establishments shall be an average of 85% compliance or above with no critical items debited and operation in accordance with applicable statutory and regulatory requirements for the respective program area.

- Satisfactory administrative compliance level for each local health department shall be an evaluation rating score of 85% or higher for administrative procedures, equipment, personnel, and training, publicity and consumer education, and record keeping.
- Retail Food Program Evaluation and Standardization compliance shall be in accordance with 902 KAR 45:140.
- Private Water shall be considered in compliance if each private water supply has been inspected and water sampled upon an owner's request or a mortgage loan agency's request.
- Programs investigated under KRS 212.210 shall be considered in compliance when 85% of public health nuisances are abated, eliminated, or otherwise investigated in a manner satisfactory for the protection of public health.

Program Publicity And Consumer Education

- LHDs shall be responsible for at least semi-annual dissemination of information to the public through local news media, presentations to local civic organizations, or displays at public gatherings to keep the consumer informed about environmental health activities.
- At least one such source of information shall include a news release provided by the Department for Public Health relative to the etiology of food-borne illness.
- LHDs should strive to provide food service training for food industry personnel; this type of training shall be offered no less than one time every three years.
- LHDs shall maintain an adequate supply of regulatory booklets and informational pamphlets relative to environmental programs so as to have available to interested persons.

Enforcement Procedures

Administrative Enforcement Action is initiated when the permit holder has been issued a routine or follow-up inspection report that specifies in writing items found contrary to provisions of the law or administrative regulation and which specifies a time in which corrections are to be made. Official Enforcement Action is initiated when the permit holder or establishment operator has failed to comply with an administrative enforcement notice, within a specified time, issued under the provisions of law or administrative regulations.

- All enforcement notices shall be issued in accordance with the applicable law or regulation of the program area and shall conform to the policies of the LHD. State Technical Consultants are available for consultation with local staff relative to enforcement actions.
- All reports, inspections and investigations shall be reviewed for completeness by the inspector's supervisor in accordance with local policy, prior to the issuance of official enforcement notices beyond that of a routine or follow-up inspection report.
- The operator or permit holder shall be afforded an Administrative Conference to provide for "due process" whenever an Official Enforcement Action or Notice has been initiated. Administrative conferences shall be offered in accordance with KRS Chapter 13B and 902 KAR 1:400 and the applicable statutory and regulatory requirements of the respective program areas.
- 902 KAR 1:400, Section 4(1) provides that an appellant may file an appeal with the department by mailing a letter of appeal within 10 days of the receipt of final action by the local health department to the Commissioner, Department for Public Health.

For further guidance, see Enforcement of Food Establishment Laws and Regulations in this section.

Equipment

Environmental staff shall be provided with the necessary equipment to enforce the regulations. Equipment shall be provided as specified in the EHMIS Manual, in the AR Volume II. Equipment specified is mandatory unless otherwise stipulated.

Environmental Scheduling and Inspections

- Routine inspections of permitted facilities should be made during normal hours of business operation whenever possible. Due to the nature of some businesses this may require the environmentalist to operate outside normal office hours. LHDs should establish policies for work conducted outside normal office hours. Temporary food inspection is one program area that routinely operates outside the normal operational hours of the health department.
- Generally routine inspections are to be unannounced; however, prior scheduling may be used under certain circumstances; for example when the facility has irregular hours and days of operation.
- Routine inspections should be conducted at a frequency in accordance with the statutory and regulatory requirements of the specific program area.
- Inspection times may vary based on the size of the establishment, the conditions found during the inspection, and the length of travel time, etc. the following time estimates are given merely to aid in workload scheduling and planning. Times may vary depending on the circumstances of the inspections.
- Follow-up or compliance inspections shall be conducted as necessary to enforce the regulations and to insure program effectiveness. The estimated average time required for a follow-up or compliance inspection including travel, recording and administrative time are listed on the following page.

COST CENTER/PROGRAM AREA			INITIAL INSP. TIME	F.U. INSP. TIME
500/	603	Seasonal Restricted Food	1.0 hour	0.5 hour
	604	Temporary Food Service	1.0 hour	0.5 hour
	605	Food Service/Commissaries	2.0 hours	1.0 hour
	606	Vending Machine Sites	1.0 hour	1.0 hour
	607	Retail-Food	3.0 hours	1.0 hour
	608	Bed and Breakfast	2.0 hours	1.0 hour
	610	Retail Food Store	2.0 hours	1.0 hour
	611	Home Based Microprocessors	1.5 hours	1.0 hour
	615	Food Manufacturing	6.0 hours	6.0 hours
	615	Transporting Vehicles	0.5 hours	0.5 hour
520	620	Hotels & Motels	2.0 hours	1.5 hours
	625	Mobile Home/RV Park	2.0 hours	1.5 hours
	630	Public Bldg./Restrooms	1.0 hour	1.0 hour
	634	Tattoo Studios	2.0 hours	1.5 hours
	635	Schools	2.5 hours	2.0 hours
	640	Septic Tank Cleaners	1.0 hour	1.0 hour
	641	Septic Cleaners Disposal Site/Initial	7.0 hours	2.0 hours
	643	Ear Piercing	2.0 hours	1.5 hours
	644	Body Piercing	2.0 hours	1.5 hours
	645	Confinement Facilities	7.0 hours	3.0 hours
	650	Youth Camps	5.0 hours	2.0 hours
	650	Day Camps	2.0 hours	1.5 hours
	667	Methamphetamine Posting	1.0 hour	1.0 hour
	695	Swimming Pools	2.0 hours	2.0 hours
	696	Bathing Beaches	2.0 hours	2.0 hours
540	655	Private Water	1.5 hours	1.0 hour
	660	Nuisance Control	1.5 hours	1.5 hours
	674	Rodent Control	1.5 hours	1.5 hours
	697	Environmental Rabies	2.0 hours	1.5 hours
560	680	On-Site Inspection	2.0 hours	1.5 hours
	680	On-Site Evaluation	2.0 hours	1.5 hours
	680	Subdivision Tentative Approval Site/Per Lot	1.0 hour	1.0 hour
	680	Installer Testing	2.0 hours	2.0 hours
	684	Lead	2.0 hours	1.0 hour
	685	Private Sewage	2.0 hours	1.0 hour
	811	Lead-Certified Individual	1.5 hours	2.5 hours
580		Radiation and Product Safety	*	*
590		Special Project (Environmental)	*	*
591	676	Special Project (Radon)	*	*
592		Special Project (Environmental)	*	*
593		Special Project (Environmental-Food Manufacturing)	*	*
594		Special Project (Environmental-Class V Wells)	*	*
595		Special Project (Environmental-West Nile Virus)	*	*

* Denotes - No time standards have been established for programs within this Cost Center.

- Complaint or investigative inspections shall be handled upon request or as LHD protocols warrant. The initial inspection/investigation should be conducted within five (5) working days from the date of receipt of the complaint. Complaint investigations, which require further legal action for correction, may necessitate additional time for the development of evidence and the initiation of court action.
- Private water samples will be scheduled upon request and may exceed the five working days time frame due to sampling submittal criteria.
- Other administrative activities such as office services, field visits and surveys shall be conducted as necessary to ensure program compliance.

Construction And Plan Review

Construction plans are required, to be submitted, on most permitted public facilities regulated by the LHD. Specific details regarding the submittal of construction plans are addressed in the respective regulations and vary according to the type of facility.

- Construction plans, showing the complete layout of the facility, shall be submitted to and reviewed by the LHD on all new or extensively altered **permitted** public facilities in conformance with the requirements of the Department of Housing, Building and Construction and in accordance with the statutory and regulatory requirement for each program area, including Food Manufacturing Program.
- The applicant shall supply additional sets of construction plans when construction plans must be forwarded for review and approval by other regulatory agencies.
- Plans shall be thoroughly reviewed for accuracy and completeness by the regulating authority. Adequate time should be allowed for plan review.
- LHDs may establish reasonable fees for the review of plans.
- New facilities should be inspected prior to final approval and permit issuance for conformance to the approved construction plans with regard to the requirements of the respective program regulation.

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES

On the following pages is a summary matrix of Environmental Health Services. The matrix includes by service type:

- Description of Service
- Target Population
- Category of Service
  - I.A. Core (Required by statute or regulation.)
  - I.B. Preventive service for a specific population from appropriate funds.
  - I.C. Local option service, provided after mandated services are assured.
- Laws or regulation pertaining to the service
- Funding (How funded)
- Staff Requirements
- Training Required
- Reporting (How service is reported, references pertaining to the service, and Division responsibility for the guidelines.)
- Staff Requirements (Certification to carry out program and additional training needs).

Additional Requirements:

- Maintain separate files on permitted entities, complaints, construction plans, etc. in accordance with the Records Retention Schedule in AR Volume I, Section X: Medical Records Management. The most current Records Retention Schedule may also be accessed online at http://kdla.ky.gov/recmanagement/schedules/kypublichealth.pdf .
- Maintain an adequate number of educational/informational booklets, inspection sheets, forms and applications.

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES

	Bed & Breakfast	Body Piercing	Confinement Facilities
DESCRIPTION	• Review construction plans. • Issue permits. • Inspect facilities for sanitary operation. • Take enforcement action when necessary.	• Review application and issue registration for body piercer. • Review application and issue certification to body piercing studio. • Inspect body piercing studios twice per year to ensure compliance with the regulation.	• Inspect confinement facilities for sanitary operation.
TARGET	Bed and Breakfast Establishments	Body Piercers	Confinement Facilities
CATEGORY	I.A.	I.A.	I.A.
LAWS AND REGS	KRS 217.005–217.215, 217.992 & 902 KAR 45.006	KRS 211.760 & 902 KAR 45:070	KRS 211.920–211.945 & 902 KAR 9:010
FUNDING	TA & GF	TA & GF	GF
REPORTING	EHMIS (608)	EHMIS (644)	EHMIS (645)
STAFF REQUIR.	R.S., Food Core	R.S., Food Core	R.S., Environmental Management Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Ear Piercing	Food Manufacturing	Food Salvage Operations
DESCRIPTION	• Review application and issue registration for ear piercer • Review application and issue certification to ear piercing studio • Inspect ear piercing studios once per year to ensure compliance with the regulation	• Review construction plans for food manufacturing facilities and refer to area food manufacturing inspector for permitting and inspection.	• Reviews construction plans. • Permits food salvage distributors. • Inspects facilities for compliance with the regulation. • Takes enforcement action when necessary.
TARGET	Ear Piercers	Food Manufacturing Facilities	Food Salvage Distributors
CATEGORY	IA	I.A.	I.A.
LAWS AND REGS.	KRS 211.760 & 902 KAR 45:070	KRS 217.005–217.215, & 217.992	KRS 217.005–215 & 217.992, 902 KAR 45:080
FUNDING	TA & GF	TA & GF & Federal Contract.	TA & GF
REPORTING	EHMIS (643)	EHMIS (615)	EHMIS (610, 615)
STAFF REQUIR.	R.S. Food Core	R.S., Food Core	R.S., Food Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Food Service/Retail Food Establishments	Hotel/Motel	Lead
DESCRIPTION	• Review construction and alteration plans. • Issue permits. • Inspect facilities for sanitary operation in accordance with regulation. • Take enforcement action when necessary. • Investigate food-borne illness outbreaks. • Quarantine of adulterated products. • Provide training to food industry personnel (at least once every 3 years).	• Review construction and alteration plans. • Issue permits. • Inspect facilities for sanitary operation. • Take enforcement action when necessary to ensure compliance with the regulation.	• Some LHDs act as Lead Risk Assessors in conjunction with federally funded CLPPE program. • Some LHDs provide educational outreach and training for Lead Safe Work Practices Classes. • Some LHDs do enforcement.
TARGET	Food Service and Retail Food Establishments	Hotel and Motel Operators, General Public.	Children with elevated blood lead levels and their residences.
CATEGORY	I.A.	I.A.	I.A.
LAWS AND REGS	KRS 217.005–217.285 & 902 KAR 45:005	KRS 219.011–219.081 & 902 KAR 7:010	KRS 211.900–905, KRS 211.9061–9079
FUNDING	TA & GF	TA & GF	Federal/GF
REPORTING	EHMIS (605, 607, 610)	EHMIS (620)	EHMIS (684)
STAFF REQ.	R.S., Food Core Training, Retail Food Specialist in accord with 902 KAR 45:140.	R.S., Environmental Management Core Training	R.S., Refer to Lead Section in PHPR for more info.

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Manufactured Home, Mobile Home & Recreational Vehicle Communities	Methamphetamine Posting	Nuisance Control
DESCRIPTION	• Review construction plans on all new or altered facilities. • Issue permit to construct. • Issue permit to operate. • Inspect for compliance with the regulation and for safe and sanitary operation of facility. • Take enforcement action when necessary.	• Act under the authority of 224 subchapter 1 to post a warning on properties involved in methamphetamine production. • Notify owner of posting and make referrals to KSP, and EPPC. • Remove posting when property is certified clean	• Investigate complaints within 5 working days. • Document the existence of a public health nuisance. • Issue notices for the correction of public health nuisance. • Take enforcement action if necessary to gain abatement.
TARGET	Manufactured/Mobile Home & Recreational Vehicle Parks	General Public	General Public
CATEGORY	I.A.	I.A.	I.B.
LAWS AND REGS	KRS 219.310–219.410 & 902 KAR 15:010, 902 KAR 15:020	KRS 224 Subchapter 1; KRS 212.210	KRS 212.210
FUNDING	TA & GF	GF	GF
REPORTING	EHMIS (625)	EHMIS(667)	EHMIS (660)
STAFF REQ.	R.S., Environmental Management Core	R.S.	R.S., Environmental Management Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	On-Site Sewage	Private Sewage	Private Water
DESCRIPTION	• Conduct on-site soil evaluations. • Review installation drawings. • Issue installation permits. • Issue variances in accordance with regulation and local policies. • Inspect installed systems for compliance with the regulation. • Provide installer training as needed. • Take enforcement action when necessary.	• Investigate private sewage complaints. • Conduct existing system inspections of private septic systems.	• Collect and submit water samples on private water supplies such as wells and cisterns. • Provide educational material on the disinfection and protection of private water supplies.
TARGET	On-site Sewage Installers, Homebuilders, General Public.	General Public	Citizens using a private water supply.
CATEGORY	I.A.	I.A.	I.A.
LAWS AND REGS	KRS 211.350–211.380, 211.990 & 902 KAR 10:081	KRS 211.180, KRS 212.210	KRS 211.345
FUNDING	TA & Local Funding	GF or LHD may establish fees.	TA & GF
REPORTING	EHMIS (680)	EHMIS (685)	EHMIS (655)
STAFF REQ.	R.S., Environmental Management Core Training, Cert. Insp. KRS 211.360	R.S., Environmental Management Core	R.S., Environmental Management Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Public Restroom	Rabies Prevention	Radon
DESCRIPTION	• Investigate complaints regarding public restrooms. • Take enforcement action when necessary.	• Document human exposure to animal bites. • Quarantine animals and enforce quarantine. • Release animals from quarantine. • Assist with the submission of laboratory samples. • Co-sponsor mass vaccination clinics. • Coordinate with medical staff on administration of prophylaxis rabies treatment.	• Provide public information regarding health risks and abatement measures • Provide access to testing devices • Act as a referral agent for mitigation services
TARGET	Public restrooms	General Public & Pet Owners	Homeowners General public
CATEGORY	I.A.	I.A.	II
LAWS AND REGS	KRS 212.210 & 902 KAR 10:010	KRS 258.005–.085	
FUNDING	GF	GF	Federal Grant/ GF
REPORTING	EHMIS (630)	EHMIS (697)	EHMIS(676)
STAFF REQ.	R.S., Environmental Management Core	R.S., Environmental Management Core	R.S.

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Restricted Food Concessions	School Sanitation	Septic Tank Pumpers
DESCRIPTION	• Review application and issue permit • Inspect concession for sanitary operation in accordance with regulation. • Take enforcement action when necessary.	• Review construction plans. • Issue permits. • Inspect public and private educational facilities excluding private individuals teaching their own children for safe and sanitary operation in accordance with the regulation. • Prepare written summary of inspectional findings for school board • Take enforcement action when necessary to ensure compliance with the regulation.	• Permit and Inspect Pumper Trucks. • Evaluate and Inspect Land Application Disposal Site. • License Pumper. • Verify Surety Bond.
TARGET	Restricted Food Concession Operators	Public & Private facilities used for educational purposes, excluding day care centers and private individuals teaching their own children.	Septic tank pumpers
CATEGORY	I.A.	I.A.	I.A.
LAWS AND REGS	KRS 217.005–217.285 & 902 KAR 45.005 37	902 KAR 45:150, KRS 211.180, 211.210, 211.990	902 KAR 10:130–170, KRS 211.970
FUNDING	TA & GF	TA & GF	TA & GF
REPORTING	EHMIS (603)	EHMIS (635)	EHMIS (640/641)
STAFF REQ.	R.S. Food Core	R.S., Environmental Management Core	R.S., Environmental Management Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Swimming Pools & Bathing Beaches	Tanning Regulation	Tattoo Studio/ Tattoo Artist
DESCRIPTION	• Review construction plans. • Issue permits. • Conduct monthly monitoring inspections. • Conduct routine inspections of all public swimming pools and bathing beaches for compliance with the regulation. • Take water samples as needed to ensure good water quality. • Take enforcement action when necessary to ensure compliance with the regulation.	• Register tanning facilities • Monitor facility at opening and on complaint basis • Take enforcement action if necessary to suspend registration.	• Review application for and issue registration as a tattoo artist. • Review application and issue certification to the tattoo studio in accordance with the regulation. • Inspect facilities twice per year to ensure compliance with the regulation.
TARGET	Public Swimming and Bathing Beaches	Tanning facility operators, general public	Tattoo Artists and Tattoo Studios
CATEGORY	I.A.	I.A.	I.A.
LAWS AND REGS	KRS 211.180 & 211.990 902 KAR 10:120	KRS 217.926	KRS 211.760 & 902 KAR 45:065
FUNDING	TA & GF	TA & GF	TA & GF
REPORTING	EHMIS(695/696)	EHMIS(677)	EHMIS(634)
STAFF REQ.	R.S., Environmental Management Core	R.S.	R.S., Food Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF ENVIRONMENTAL HEALTH SERVICES
(Continued)

	Vector Control	Vending	Youth Camp
DESCRIPTION	• Make nuisance inspections concerning vectors pursuant to KRS 211.210. • Provide public information as it relates to vector control and the public health significance of vectors. • Take enforcement action when necessary.	• Review and submit the application for vending machine companies to the state. • Inspect vending machine locations at least once every three years for sanitary operation. • Take enforcement action if necessary.	• Review construction plans on all new or altered facilities. • Inspect facility for compliance with the regulation in accordance with the regulation. • Take enforcement action when necessary.
TARGET	General Public	Vending Machine Locations and Commissaries	Youth Camps
CATEGORY	I.B.	I.A.	I.A.
LAWS AND REGS	KRS 212.210	KRS 217.808	KRS 211.180 & 902 KAR 10:040
FUNDING	GF	TA & GF	TA & GF
REPORTING	EHMIS(670)	EHMIS(606)	EHMIS(650)
STAFF REQ.	R.S., Environmental Management Core, Pesticide Certification if applying from Dept. of Ag.	R.S., Food Core	R.S., Environmental Management Core

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

KENTUCKY REGISTERED SANITARIAN ETHICS

The Kentucky Registered Sanitarian has long adhered to a fundamental theme of ethical behavior encircling the public's health. As a member of this profession, a Registered Sanitarian must recognize responsibility not only to the public we serve, but also to our communities, other Sanitarians, and to ourselves. The following are not laws, but standards of conduct which define the essentials of honorable behavior for Registered Sanitarians.

- A person shall be duly qualified in order to become a Kentucky Registered Sanitarian, and further, shall be duly qualified to conduct Public/Environmental health activities.
- A Kentucky Registered Sanitarian shall be dedicated to providing competent service.
- A Kentucky Registered Sanitarian shall deal honestly with society and colleagues, and shall not engage in fraud, bribery, deception, conflict of interest, falsification of documents or other illegal activities.
- A Kentucky Registered Sanitarian shall respect the rights of individuals, of colleagues, and other Sanitarians, and shall safeguard confidentiality within the constraints of the law.
- A Kentucky Registered Sanitarian shall recognize a responsibility to promote and uphold high standards and a positive and ethical image, and should avoid any perception of conflict of interest or unethical behavior.
- A Kentucky Registered Sanitarian shall strive at all times to act in the best interest of the Commonwealth, protecting the health and well being of our citizens.

ENFORCEMENT OF FOOD ESTABLISHMENT LAWS & REGULATIONS REFERENCE GUIDELINE

CABINET FOR HEALTH AND FAMILY SERVICES
Department for Public Health
(Revised April 13, 1999)

APPLICABLE LAWS/REGULATIONS
KRS 13B Multi-level Appeals Process
KRS 217.005 to 217.285, 217.992 (Penalty) / 902 KAR 45:005 Food Service/Retail Stores
KRS 217.005 to 217.215, 217.992 (Penalty) / 902 KAR 45:006 Bed and Breakfast
KRS 217.005 to 217.215, 217.992 (Penalty) / 902 KAR 45:080 Food Salvage
KRS 217.808 to 217.812, 217.990 (Penalty) / 902 KAR 45:100 Vending Machines

ADMINISTRATIVE ENFORCEMENT AUTHORITY
KRS 217.115 - Quarantine Authority - Adulterated (KRS 217.025) or misbranded (KRS 217.035) Food
KRS 217.125 - Authority to Adopt Regulations; Permits Required; Fees
KRS 217.126 - **Denial, Suspension, Revocation,** [902 KAR 45:005 (41) (4)]. If an *opening inspection* (new establishment) results in an unsatisfactory rating score (critical items, or score below 85, or both), the permit is not issued, therefore, the establishment is not permitted to open until a follow-up inspection reveals a passing score. For a *change of ownership*, if the new owner operated without making application for a permit to operate (the permit is not transferable), the Enforcement Notice to "cease or apply" shall be issued. Should the inspection to approve the new owner's permit result in an unsatisfactory rating score, notification of the denial shall be given the new applicant and an opportunity for a conference offered before denial of the permit becomes final. In case of an **imminent public health hazard**, as defined in KRS 217.015(22), the cabinet or local health department shall issue a **notice of permit suspension citing the specific reason for the immediate suspension. Unless immediate correction of the violations is made, the suspension shall remain effective until a proper written request is made by the permit holder for reinstatement of the permit to operate.** When an establishment's permit has been suspended or denied, the permit holder or applicant, may make a written request for a reinspection at any time for the purpose of reopening if the request assures that violative conditions which caused the closure or denial have been corrected. An inspection shall be conducted as soon as possible, but not later than seven (7) days from the date of the request in accordance with 902 KAR 1:400. In the event that a permit holder or an applicant refuses to comply with any written notice to cease operating, the local health department may petition the local Commonwealth's attorney for injunctive relief through the circuit court. **Blanket quarantine** of food may be authorized, in accordance with KRS 217.115, when the food is stored or held in such a way as to be potentially adulterated as a result of an imminent health hazard.

KRS 217.127 - Authority to adopt regulations for the enforcement of KRS 217.005 to 217.285.

902 KAR 1:400	Conferences
902 KAR 45:005 Section 41.	(Enforcement Provisions)
902 KAR 45:006 Section 16.	(Enforcement Provisions)
902 KAR 45:080 Sections 16 through 18.	(Enforcement Provisions)
902 KAR 45:100 Sections 7 through 15.	(Enforcement Provisions)

PROSECUTION
KRS 217.185 - Duty of Local Prosecuting Attorneys.
KRS 217.195 - Cabinet not Required to Prosecute... (when the public's interest will be adequately served in the circumstances by a suitable written notice or warning.)
KRS 217.205 - Power to Enjoin Violations; example, to deal with Imminent Public Health Hazards.

PENALTIES
KRS 217.990 - Penalties for violation of KRS 217.808 to 217.812 (vending companies).
KRS 217.992 - Penalties for violation of KRS 217.005 to 217.215 (food establishments).

PLAN REVIEW
KRS 211.180 - Authority to Review Plans - Reference Retail Food Code, Section 38; Salvage, Section 15; and Vending, Section 17.

IMPORTANT: Construction plans **shall be reviewed** for approval **PRIOR** to construction.
Suggestion: Attach notice to approved plans that, "Application for the permit to operate must be filed with the local health department two (2) weeks in advance of the proposed opening date" to facilitate scheduling the opening inspection.

CONSTRUCTION VISITS
At least two (2) "visits" should (optional) be made during construction to compare progress with approved plans.

TYPE OF INSPECTIONS

- Opening - coded as 01, or regular, prior to operation (for permit approval).
- Regular (routine) - coded as 01; frequency; **1 time ea. 6 months** - food service (605), retail/food combination (607), vending machine commissaries (606), and **1 time ea. 3 years** - vending machine locations; **1 time ea. 12 months** - retail food stores (prepackaged only) - (610), seasonal restricted (603), and bed/breakfast (608); and temporaries (604) are inspected prior to operating **one (1) time minimum at each location**.
- Follow-up - coded as 02, to determine if violative conditions found during the previous inspection have been corrected. [Same day follow-up may be conducted using the second (2nd) debit/weight column on the inspection form; however, a new form must be used for combination (607) establishments since both debit columns would have been used for the regular inspection.] **NOTE:** Reasonable extensions of time may be given if *substantial* progress toward correction is indicated.
- Complaint - coded as 03 when a complete inspection not conducted; if the time of the complaint coincides with the approximate due date for a "regular" inspection, the complaint inspection should include a complete establishment inspection and be coded as 01. Anonymous complaints should be carefully considered relative to liability when the decision is, "not to investigate." A food-borne illness investigation is coded as a complaint (03) inspection. A complaint about a food product, produced or prepared other than at the point of purchase, involving illness or injury, requires completion of Form DFS 216 *RECORD OF COMPLAINT AND INVESTIGATION* which is to be sent to the agency responsible for inspecting the manufacturer.
- Survey - coded as 04 (Refer to the EHMIS Manual for description).
- Other - coded as 05 (Refer to the EHMIS Manual for description).
- Pre-opening - coded as 05 (courtesy) - if requested - optional.

VIOLATIONS
For *uniformity* in debiting the correct item number on the Form DFS 208 *RETAIL FOOD ESTABLISHMENT REPORT*, adequate training and standardization are priority. [Refer to Violative Items Reference List. (Jan. 1996)]. Violations are generally not to be considered **"repeated"** unless the specific violation, (not item No.) is repeated on two (2) or more consecutive routine inspections. **No double debiting.**

COMPLETION OF FORMS
Each violation shall be summarized stating **facts** in writing and shall describe the violation adequately, e.g., "_____ (food product) held at 60 degrees F. in _____(location)"; or "Fifty (50) pounds of insect infested powdered milk observed in stock room." (This would require completion of Form DFS 222 *NOTICE AND ORDER OF QUARANTINE/VOLUNTARY DESTRUCTION)*. Take care to pay attention to detail, there is no such thing as too much detail. Notes taken to be later transferred to the establishment inspection form, may be subpoenaed in court; so, take *clear, accurate* notes. Do not use the inspection form for making notes of *violations* unless reflected as items debited.

NOTE: Additional forms used to administer the Retail Food Program include:
DFS 200 FACILITY PROFILE for permit application;
DFS 210 (Revised 2-95) NOTICE TO CORRECT VIOLATIONS;
DFS 212 (Revised 10-96) REQUEST FOR CONFERENCE;
DFS 213 (Revised 8-96) NOTICE OF CONFERENCE;
DFS 214 (Revised 8-96) ENFORCEMENT NOTICE;
DFS 215 APPLICATION FOR REINSTATEMENT;
_____ CHOKE SAVING TECHNIQUES POSTER (Authority KRS 217.285)
(Refer to the list of additional forms in the EHMIS Manual.)

SERIOUS OR REPEATED VIOLATIONS

Section 41(4) of the Retail Food Establishment Code - *Serious violations* are those items of critical nature, usually higher weighted 4 or 5 point items. In this context, "repeated violations" shall be considered *specific* violations of serious public health significance which have been *debited for two (2) or more* consecutive routine inspections.

REVOCATION OF PERMIT

"Serious or repeated violations" may be justification for permanently revoking an establishment's permit to operate; however, revocation should only be used as a last resort, typically after a pattern of repeated non-compliance has been established over time, and after all other administrative procedures have been exhausted.

ISSUANCE OF INSPECTION REPORT

The original of the establishment inspection report shall be given to the permit holder or person in charge only, and their signature is requested. If the permit holder or person in charge refuses to sign the report of inspection, write, *"refused to sign"* in the signature location. A copy of the report shall be delivered in person or sent via Certified Mail to the permit holder if he or she was absent at the time of the visit and the person in charge refused to sign.

RATING SCORE

The "rating score" of an establishment is the total weighted point value of violations subtracted from 100. The meaning of the "rating score" and administrative procedural actions to be taken are addressed in Section 41(9) of the Retail Food Code. The inspection classification for Food Salvage Distributors and for Food Manufacturing/Storage firms, falls in one of three (3) categories - NAI (no action indicated); VAI (voluntary action indicated); or, OAI (official action indicated), refer to Program Standard-615, "Outcome Standards, Satisfactory Compliance Level."

PROFESSIONAL DISCRETION

The professional image must be two-fold - a thorough *knowledge* of applicable law(s) and regulations is mandatory to understand and carry out the letter and intent of law. Also, remember there are at least three *images of you* - the person you see when you first look in the mirror after waking; the image of self when dressed ready to meet the public; and the real you, the person others see when they look at you. Strive to be seen at your *professional best* by using appropriate verbal and non-verbal communication (guard against allowing your attitude or response to become personal or defensive); always present a neat, clean appearance; and remember the "Golden Rule". Try *role-playing* with a friend to practice being pleasant and positive under stressful circumstances. **DO NOT** speak *about* an establishment or its operator in public or to another operator!

EVIDENCE DEVELOPMENT

Each establishment's file must be organized by date with copies of permit application, permit number, reports, notices, correspondence, reports of meetings, copies of sample results, photos, and etc. When all remedies within the statutory and regulatory provisions have been exhausted, talk the situation over with your superior. Organize all of the material and draft a one paragraph memorandum summarizing all the facts in the case. Write a step by step summary of every action that has been taken against the permit holder. This should include precise statutory or regulatory citations. Make copies of everything - pictures, inspection reports, and etc. Next, select the prosecutor. Contact your county attorney first. The commonwealth attorney would be your other option. Talk to the prosecutor selected, show him your case summary and outline, explain what has occurred, and that you need judicial action. Your attorney will then instruct you in your next courses of action. Once again, remember that detailed information will be very useful since there may be a considerable amount of time between the culmination of your investigation and the time your case reaches court. Information that was not well documented will become more vague as time passes.

CONFERENCES
Refer to 902 KAR 1:400; and the Division's Administrative Conference Guidelines. The Conference, conducted by the agency taking action, provides the defendant "due process", or, protection of his rights under law. After the conference is requested, notify the appellant that the conference shall be held on a date not less than ten (10) days from the date of receipt by the appellant, using the required Form DFS 213. Also, provide a statement of the issues involved, in sufficient detail to give the parties reasonable opportunity to prepare evidence and argument. Conferences shall be held in accordance with 902 KAR 1:400.

APPEALS PROCESS
902 KAR 1:400 Section 4(1) provides that an appellant may file an appeal with the department by mailing a letter of appeal, within 10 days of the receipt of final action by the local health department, to the Commissioner, Department for Public Health.

COURT ACTION
To be initiated through the local prosecuting attorney. Refer to Evidence Development above.

OPEN RECORDS
The files of a retail food establishment are public records. Requests for food establishment inspections and file information are granted under the provisions of the Open Records Act KRS 61.878 (refer to Jan. 7, 1992 Memo - Office of Counsel to Commissioner, Department for Health Services.). Upon receipt of a request for information, the cabinet or local health department's *Custodian of records* shall acknowledge the request within three (3) days. Please note that, in accordance with the policy of the Cabinet for Health and Family Services, pursuant to KRS 61.878(1)(a), the name or names of informants, and any other personal information such as home addresses, telephone numbers, Social Security numbers, etc., shall not be released in a public records request, but, shall be deleted or stricken from the copy of the record to be released.

Information requested under the Open Records Act (KRS 61.878) may be denied when it is believed that the premature release of the information that may be used in prospective law enforcement would cause harm to the cabinet or local health department. However, the release of official inspection reports, when requested in accordance with the above referenced statute, is acceptable even though routine administrative enforcement action, as opposed to *Official Enforcement Action**, may have been initiated (e.g., the rating score may be less than seventy [70] percent). The release of complete official inspection report observations and rating scores would typically not be considered a source of harm to the cabinet or local health department.

If the cabinet or local health department denies a request for public information, a copy of the denial shall be sent to the Office of Attorney General. Any denial must be in writing with an explanation of reasons and a citation to the appropriate exemption with the open records act. The requested must also be advised in writing of his right to seek review by the Attorney General.

* *Official Enforcement Action* is initiated when the permit holder or establishment operator has failed to comply with any written notice within a specified time issued under the provisions of law or administrative regulations. (Typically, Form DFS 214 ENFORCEMENT NOTICE is issued.) For example, a regular inspection report serves as an official notice to the operator to correct violations within a specified period of time. After the specified time for correction passes, a follow-up inspection reveals that the previously noted violation continues to exist. Procedures shift at this point from administrative enforcement procedures (which were unsuccessful in achieving Compliance) to the issuance of an official enforcement action or order.

Notes: _____

_____

_____

_____

_____

File: (Enforcement Guidelines) _____

MRSA GUIDANCE AND PROTOCOLS

There has been elevated public awareness of skin infections specifically, *Staphylococcus aureus* "Staph" infections, as a result of nationwide media attention. Staph is commonly carried on the skin or in the nose of healthy people and is spread by close contact with infected people. Staph can also come off infected skin onto shared objects and surfaces and then transfer onto the skin of another person who uses the object or surface, leading potentially to a skin infection. In light of this increased public concern and our desire to improve the health of our citizens, the Cabinet of Health and Family Services, Department for Public Health has developed guidelines to assist you in educating parents, students and citizens regarding MRSA infections and steps that can be taken to prevent them.

Included are two sets of guidelines, a General Guidance for all school and similar environments and Guidance for Athletic Departments. These guidelines are also useful in helping control many other communicable diseases, not just MRSA.

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY

Ernie Fletcher
Governor

275 East Main Street, 5W-A
Frankfort, KY 40621
(502) 564-7042
Fax: (502) 564-7091
www.chfs.ky.gov

Mark D. Birdwhistell
Secretary

Letter for Environmental and Infection Control of Skin Infections

To Whom It May Concern:
Recently, there has been elevated public awareness of skin infections specifically, *Staphylococcus aureus* "Staph" infections, as a result of nationwide media attention. Staph is commonly carried on the skin or in the nose of healthy people and is spread by close contact with infected people. Staph can also come off infected skin onto shared objects and surfaces and then transfer onto the skin of another person who uses the object or surface. It can potentially lead to a skin infection in certain instances. The involved site can be red, swollen, painful and draining and may appear as an infected cut, boil, fluid-filled blister (impetigo), or skin sore that look like infected insect bites. More serious infections, such as surgical wound infections, bloodstream infections and pneumonia, can also occur. When Staph becomes resistant to a specific antibiotic, like Methicillin, the antibiotic may no longer cure the infection; thus this strain of Staph is called Methicillin-Resistant *Staphylococcus aureus* (MRSA). Although Methicillin may no longer be useful, other antibiotics can be used to treat MRSA infections; however, sometimes the treatment may be more expensive and/or take longer.

In light of this increased public concern and our desire to improve the health of our citizens, the Cabinet of Health and Family Services, Department for Public Health has developed guidelines to assist you in educating parents, students and citizens regarding MRSA infections and steps that can be taken to prevent them.

Attached are two sets of guidelines, a General Guidance for all school and similar environments and Guidance for Athletic Departments. These guidelines are also useful in helping control many other communicable diseases, not just MRSA.

The Department for Public Health supports your goal of having a safe environment and hopes that the tools provided with this letter will help minimize or prevent the occurrence of illnesses.

William D. Hacker, MD, FAAP, CPE
Acting Undersecretary for Health;
Commissioner-Department for Public Health

Kentucky Cabinet for Health and Family Services
Department for Public Health

Guidelines to Help Prevent the Spread of Skin Infections

PUBLIC HEALTH CLEANING GUIDELINES

GENERAL GUIDANCE:

The most effective means of controlling the spread of viruses and bacteria (germs) in the environment is frequent, thorough and effective hand hygiene.

Schools should implement protocols to emphasize hand hygiene among students and staff by encouraging them to:

- Wash hands frequently!
- Use an alcohol-based hand sanitizer if soap and water are not available and hands do not look dirty. (Soil and other debris on the hands can diminish its effectiveness to kill germs.)

Students and staff with any skin problems should be reported to the school nurse, coach, or a health care provider. Individuals with skin lesions, sores or rashes should cover the entire wound with a secure water-proof bandage, particularly if the wound is draining. The bandage should be kept clean and dry. If the bandage becomes wet or soiled it should be replaced.

Dispose of bandages and tissues in the regular trash but to prevent others from coming in contact with this garbage, make sure to use a zippered bag or tie securely in a plastic bag.

In addition, as part of routine custodial practices, cleaning and disinfecting of surfaces in the school is essential to keeping the environment healthy. Clean all hard surfaces frequently with particular attention to commonly touched areas;

- Doorknobs
- Light switches
- Table tops
- Desks
- Floors
- Lockers

Detergent-based cleaners should be used to initially clean dirt and debris from surfaces followed by Environmental Protection Agency (EPA)-registered disinfectants to remove germs from the environment. Disinfectants are readily available at stores but make sure that the label indicates it is a disinfectant and follow the label instructions.

Germs must be in contact with wet disinfectant for a long enough period of time to be killed: allow the surface to air dry, it is best not to rinse or wipe the object or surface right away in order to allow the disinfectant to be in contact for the correct time.

- It is important to read the instruction labels on all disinfectants to make sure they are used safely and appropriately. Environmental cleaners and disinfectants should not be used to treat infections.

- The EPA provides a list of EPA-registered products effective against MRSA: http://epa.gov/oppad001/chemregindex.htm

- A 5-6% sodium hypochlorite (household) bleach solution is an easy way
- to make an appropriate disinfectant: mix one tablespoon of bleach into one quart of water. It can be used in a spray bottle, as a soaking solution or applied directly by mops for larger surfaces. For effective disinfection, the solution must be in contact with a surface for a minimum of 2 minutes. Mix a fresh solution every day, leftover solution should be discarded at the end of the day and never mix bleach with any other household chemicals or products containing ammonia. Mixing these chemicals with bleach will produce hazardous gases.

- Cleaners and disinfectants can be irritating and have been associated with health problems such as asthma. Therefore, it is important to read the instruction labels on all cleaning products to make sure they are used safely and appropriately - with disinfection, more is not better. For suggestions on implementing a "green cleaning program" please refer to Hospitals for a Healthy Environment (H2E) 10 Step Guide to Green Cleaning Implementation: http://www.h2e-online.org/docs/h2e10stepgreenclean-r5.pdf

Here are some answers to commonly asked questions:

Should schools close because of an MRSA infection?

Not Typically. Only in rare cases will it be necessary to close schools because of an MRSA infection in a student.

The decision to close a school for any communicable disease should be made by school officials in consultation with local and/or state public health officials. However, in most cases, it is not necessary to close schools because of an MRSA infection in a student. It is important to note that MRSA transmission can be prevented by simple measures such as hand hygiene and covering infections.

Should the school be closed to be cleaned or disinfected when an MRSA infection occurs?

Not Typically. Only in rare cases will it be necessary to close schools to “disinfect” them when MRSA infections occur.

Covering infected skin lesions and rashes will greatly reduce the risks of surfaces becoming contaminated with MRSA. In general it is not necessary to close schools to "disinfect" them when MRSA infections occur. MRSA skin infections are transmitted primarily by skin-to-skin contact and from contact with surfaces that have come into contact with someone else's infection.

When MRSA skin infections occur, cleaning and disinfection should be performed on surfaces that are likely to contact uncovered or poorly covered infections.

GUIDANCE FOR ATHLETIC DEPARTMENTS:

Encourage athletes to:

- Wash hands frequently with soap and warm water or use an alcohol-based hand sanitizing gel if hands do not look dirty and soap and water are not available.
- Shower with soap and water as soon as possible after direct contact sports, and use a clean, dry towel.
- Keep cuts and scrapes clean and covered with a clean, dry bandage until healed.
- Avoid contact with other people's lesions or bandages.
- Do not share towels (even on the sidelines at a game), water bottles, soap, razors, or other personal care items.
- Do not share ointments or antibiotics.
- Wash towels, uniforms, scrimmage shirts, and any other laundry in hot water and ordinary detergent immediately after each practice or game and dry on the hottest cycle
- Inform parents of these precautions if laundry is sent home (laundry must be in an impervious container or plastic bag for transporting home).
- Avoid whirlpools or common hot tubs, especially when having open wounds, scrapes, or scratches.
- Students should inform their coach or athletic trainer if they think they have a lesion, sore or rash on the skin.
- An athlete should be referred to a health care provider:
    - If there are concerns over any lesion, sore, or rash on the skin, especially those that are red, swollen, or draining fluid.
    - If the athlete has other signs of illness such as fever or vomiting.
    - Multiple athletes have similar symptoms.
- An athlete may be excluded from competition or practice if there is concern regarding a lesion, sore, or rash until evaluated by a health care provider. Additionally, an athlete should be excluded from competition if the evaluating health provider deems it appropriate.
- All skin lesions, sores or rashes should be covered by a clean, dry bandage when participating in practice or competition. If lesions cannot be covered completely, or if drainage (or "pus") is wetting the bandage or seeping out between the bandage and skin, athletes should be excluded from competition until the lesion can be safely and completely covered.
- If an athlete with skin lesions is participating in a sport that requires frequent skin-to-skin contact (e.g., wrestling), then consideration should be given to excluding that athlete from participation until the lesion is fully healed, since maintaining the bandage in place may be difficult.
- An athlete may return to competition or practice after consulting with the athlete's health care provider, coach, and specific sports league rules.

Procedures for cleaning athletic area and equipment should be established and staff and athletes must be educated about these procedures:

- Make sure equipment is in good working condition without rips, tears or other damage. Replace items rather than using tape to repair damaged areas since the tape may interfere with the disinfectant process.
- Clean the athletic area and sports equipment routinely—at least weekly—using EPA-registered disinfectant or a fresh (mixed daily) household bleach solution (1 tablespoon bleach to 1 quart of water) after practices / matches. Please refer to the manufacturer's directions for recommended contact times for the various disinfectants. Household bleach solutions must be in contact for a minimum of 2 minutes.
- Clean mats and other high-use equipment before each practice and several times a day throughout a tournament, using an EPA-registered disinfectant or a fresh (mixed daily) household bleach solution.
- Locker rooms, including any shower areas should be cleaned daily, if used.
- If soap is furnished, it should be accessible from a wall dispenser
- Ensure that athletic areas, locker rooms and restrooms all have separate cleaning mops and buckets, and that all mops (washable micro-fiber heads or disposable mop cloths preferred) and buckets are cleaned regularly.

Wrestling Room and Mats:

- Wipe down padding along walls, benches and door pulls/knobs with an EPA-registered disinfectant or a fresh (mixed daily) household bleach solution after practices / matches. Please refer to the manufacturer's directions for recommended contact times for the various disinfectants. Household bleach solutions must be in contact for a minimum of 2 minutes.
- Clean floors after mats are stored and before mats are used again.
- Use "dedicated" mops to clean athletic areas and wash mop heads on a regular basis. May use disposable mop cloths that are discarded after each use
- Clean and disinfect mats before and after practice and matches. All sides of mats should be cleaned before they are rolled up.
- Use "dedicated" mop heads for mat surfaces. Wash these mop heads on a regular basis.

Weight Room:

- Wipe down grips on weights and lifting belts at least daily.
- Clean floors, benches, supports, pads, light switches and door pulls/knobs daily.

Sports Equipment:

- Schedule regular cleaning and disinfection for sports equipment: balls (football, basketballs, baseballs, softballs, volley balls, soccer balls), racket grips, bats, etc…
- Avoid using tape to wrap gripping areas of rackets, bar bells etc… as this may provide an environment for germs to thrive.
- Clean and disinfect sports equipment that comes in direct contact with the skin of players, such as wrestling headgear, football helmets, gloves, and pads.

For more detailed information, please refer to the Centers for Disease Control and Prevention (CDC)

CA-MRSA Information for the Public

http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html

NIOSH Safety and Health Topic: MRSA and the Workplace

http://www.cdc.gov/niosh/topics/mrsa/

Acknowledgements:
Information was gathered from the Centers for Disease Control and Prevention, National Resource Center for Health and Safety in Child Care and Early Education, Tacoma Pierce County Health Department, the Minnesota Department of Health and the Commonwealth of Massachusetts Department of Public Health websites.

MERCURY AWARENESS AND INFORMATION

Mercury exposure has been a topic of discussion and planning over the past year by multiple state agencies. Events involving mercury spills in schools have prompted our office and other partnering agencies to develop guidelines for your use if a mercury spill occurs in one of your school facilities. These guidelines have been developed by a collaborative effort of the Kentucky Department for public Health, the Kentucky Department of Education, and the Kentucky Department of Environmental Protection in an effort to provide you and your school facilities with a plan of action should such and event occur. Included below are "Public Health Instructions for School Officials Regarding Mercury Spills" as well as a letter of introduction from the collaborative partners that can be used to when supplying this guidance to schools in your area. Also included is the latest memo issued August 1, 2005 from the Cabinet on the "Health Limit for Mercury Exposure". Again, this information may be helpful to you in dealing with a response to a mercury spill in your area.

ERNIE FLETCHER
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
PUBLIC HEALTH PROTECTION AND SAFETY
275 EAST MAIN STREET, HS2EA
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7398 (502) 564-6533 FAX

JAMES W. HOLSINGER, JR., M.D.
SECRETARY

To: Kentucky School Officials

From: William D. Hacker, M.D., FAAP, CPE, Commissioner
Kentucky Department for Public Health

Gene Wilhoit, Commissioner
Kentucky Department of Education

Lloyd Cress, Commissioner
Kentucky Department for Environmental Protection

Subject: Mercury Awareness and Information:
Public Health Instructions for School Officials during a possible mercury spill.

Date: April 15, 2005

Dear Kentucky School Officials:

Mercury exposure has been a topic of discussion and planning over the past year by multiple state agencies. Recent events involving mercury spills in schools have prompted our offices and other partnering agencies to expedite development of guidelines for your use if a mercury spill occurs in one of your facilities. These guidelines have been developed by a collaborative effort of multiple agencies (list attached). The guidelines are intended to assist you in identifying potential hazards, isolating potentially contaminated areas and immediate actions related to those who may have been exposed, communicating with responder agencies to get the help you need, and understanding the actions needed to mitigate the problem.

Mercury spills are dangerous and can adversely affect the health of your students and employees and are a very costly event for school systems as well as local, state and federal agencies. Acting quickly and taking a few simple corrective steps can dramatically reduce danger and expense.

Several statewide efforts are underway to increase awareness of the dangers of mercury. These initiatives will include opportunities for citizens to contact local or state officials and turn in mercury they may possess, such as thermometers, lights, vials of mercury, etc. Our goal is to create education and awareness opportunities so educators and others who are responsible for at risk individuals are better prepared to deal with events. We also hope to reach those at risk individuals and help them understand the danger of retaining or contacting these and other contaminants.

We hope the attached information will provide you and your office a better understanding on how to best respond when a mercury event occurs.

If you have questions, please feel free to contact your local health department, area emergency management official, or the Kentucky poison control office, as they can help you find model response plans, informative web sites, clean up options and model letters to parents, which are being compiled under statewide efforts.

Sincerely,

William D. Hacker, M. D., FAAP, CPE, Commissioner
Kentucky Department for Public Health

Gene Wilhoit, Commissioner
Kentucky Department of Education

Lloyd Cress, Commissioner
Kentucky Department for Environmental Protection

April 2005

Public Health Instructions for School Officials Regarding Mercury Spills

Instructions for School Officials regarding possible mercury spills:

DO's

- Isolate/quarantine – isolate those students that might have been exposed to the mercury. This is best done in a location outside of the school building (in fresh air) weather permitting. If the students are quarantined inside the school building, do so in a **Non**-carpeted room. Carpets are easily contaminated by the student's shoes and difficult to decontaminate.

- Seal off the contaminated area – this will stop or reduce any expansion of the contaminated population.

    - For large events, shut off HVAC systems (heating and air-conditioning) to minimize the spread of the mercury vapor.

    - For smaller events, open windows in the affected room to increase ventilation to the outside, and closing those in mercury free rooms.

- Stop Foot Traffic – mercury contamination is most commonly spread throughout the school on the shoes of the students (and teachers!). Once contaminated, students' shoes may track the mercury to other previously uncontaminated parts of the school, worsening the situation. A plastic sheet isle runner either through a clean area for the contaminated shoes to traverse, or over a contaminated walkway to prevent adding more shoes to spread the problem. Remember, shorter time and less contaminated material make exposure less dangerous (and the clean up cheaper).

- Remove Contaminated Clothing- Known contaminated clothing should be removed and replaced with clean clothing/shoes. Parents may need to be contacted to provide a change of clothes for students. Contaminated clothing can be double bagged and stored for emergency responders to provide further guidance.

- Contact local officials - including
    - State Environmental Response Spill Reporting Hotline at 1-800-928-2380
      (*Immediate notification to the State Environmental Response Spill Hotline is required for spill events).*
    - 1) Local Health Department at (_____), for public health information.
    - 2) Local Emergency Management at (_____), for clean up management.
    - 3) Poison Control Center 1-800-222-1222 - for information on mercury toxicity you can give to parents and staff, for information on treatment, if any, that might be necessary.
    - State Emergency Management Office in Frankfort at (800) 255-2587
    - State Department for Public Health at 1-888-9 REPORT, or 973-7678 after-hours/weekends, or daytime, the Division of Public Health Protection and Safety at (502) 564-7398.

DON'T'S

- Do NOT attempt to vacuum mercury –Mercury evaporates, and the gas is toxic. Vacuuming mercury will volatilize the mercury and spread the fumes faster and farther. And will permanently contaminate the vacuum.

- Do NOT attempt to mop up mercury. This will spread the mercury to a wider location, making it more difficult to clean/remove later.

- Do NOT attempt to sweep up mercury – this may further break up and spread the mercury.

Although mercury is dangerous for many reasons, the primary risk from a mercury spill is from the fumes as the mercury evaporates (volatilizes). Mercury fumes are invisible, odorless, tasteless and are more dangerous in more enclosed spaces.

Prompt action and isolation of the mercury and persons who may have come in contact with it, may make the difference between low exposure and simply isolating a room and a few individuals, or widespread exposure and the need for you to possibly close the entire school.

There may be different levels of contamination that occurs, ranging from a broken thermometer or blood pressure cuff, to a larger volume of mercury potentially from school laboratories or brought in by a student. The recommendations above will apply in most events.

As with any type of emergency, you should take the following proactive steps:

1. Identify – What do you have; confirm
2. Isolate – Exposed site and exposed individuals
3. Treat – Emergency medical actions that can be taken
4. Communicate –
    a. Internal Notification
    b. Emergency Agency Notification
    c. Your Leadership Team
    d. Parent/Public Communications when/if appropriate
5. Mitigate –
    a. What you can do while waiting for the responders
    b. What they will do when they arrive

6. Recovery – Understand the process of getting the "all clear", before students return to the site (for assistance identifying contractors operating in the state that perform clean up of spills, contact the State Environmental Response spill reporting hotline at 1-800-928-2380). The EPA, Department for Environmental Protection, Emergency Management and State and Local Health Department will advise regarding individual recovery processes.

April 2005

Provided by a collaborative effort of the following agencies:

Kentucky Department for Public Health
Kentucky Department for Education
Kentucky Department for Environmental Protection
Kentucky Department for Military Affairs-Emergency Management
Kentucky Poison Control Center
Lincoln Trail District Health Department
Northern Kentucky District Health Department
Marshall County Health Department

ERNIE FLETCHER
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
PUBLIC HEALTH PROTECTION AND SAFETY
275 EAST MAIN STREET, HS2EA
FRANKFORT, KENTUCKY 40621-0001
(502) 564-7398 (502) 564-6533 FAX

JAMES W. HOLSINGER, JR., M.D.
SECRETARY

TO: Kentucky Agencies/Partners involved with Mercury Spill response

FROM: Guy F. Delius, R.S., Assistant Director
Division of Public Health Protection and Safety

SUBJECT: Health Limit for Mercury Exposure

DATE: August 1, 2005

The Kentucky Department for Public Health has been in the process of developing a standard for mercury, which would be considered safe for human exposure. This established number, will be Kentucky's guidance for mercury cleanup levels and removal action levels (RAL).

For mercury spills/events in public settings such as schools, hospitals, shopping malls, etc., the level **of 1.0 ug/m3 or 1.0 microgram mercury per cubic meter** is considered safe for human exposure. This level is actionable for cleanup levels and removal action levels. This level is based partially on the ATSDR (agency for toxic substances and disease registry) document titled, Suggested action levels for indoor mercury vapors in homes or business with indoor gas regulators.

Regarding an event, readings of 1.0 ug/m3 or less will need to be realized/documented prior to allowing reentry to affected areas.

The following additional guidelines are provided by the United States Environmental Protection Agency Region 4 and are the most current recommendations regarding mercury response. Date provided July 20, 2005.

Air Cleanup Levels and (elemental mercury)
Commercial/Industrial: Cleanup Level of 3ug/m3 and RAL of 3.0ug/m3
This cleanup level is based on the ASTDR document.
Personal Items: Cleanup Levels of 1-10 ug/m3 (Case Specific)
The value for personal items is based on the above referenced ASTDR document. It should be noted that if large items (i.e., couch, chair, mattress, etc.) are involved, the cumulative effect of bringing those items back inside a building may cause the air in the living space to exceed the cleanup level.

Vehicles – Buses and private owned vehicles: Cleanup Levels of 1-10 ug/m3 (case specific)
For buses and privately owned vehicles, the levels are based on EPA discussions with ATSDR and the technical practicability of cleanup of vehicles.

Soil RALs and Cleanup Levels (inorganic mercury)
Residential - Cleanup Level of 23mg/kg and RAL of 70 mg/kg
For Reference: This level is calculated from the IRIS reference dose (RfD) of 3x10 (-4)mg/kg/day for mercuric chloride, the same residential exposure assumptions used in the EPA Region 9 PRG table 3, and is based on a HQ level of 1.0. The RAL was calculated from this same RfD and exposure assumptions, but using an HQ level of 3.
Industrial/Commercial – Cleanup Level of 310 mg/kg and RAL of 930 mg/kg
For Reference: This level in soil is calculated from the IRIS RfD of 3x10 (-4) mg/kg/day for mercuric chloride, the same industrial exposure assumptions used in the Region 9 PRG table, and is based on a HQ level of 1.0 The RAL was calculated from this safe RfD and Exposure assumptions but using a HQ level of 3.

All above recommendations assume that all the visible metallic mercury has already been removed or is not present.

This office will be developing guidelines for small mercury spills. These draft guidelines when followed and documented by some commercial establishments such as hospitals and health care facilities, may negate the need for operation shutdowns and/or costly response in some cases. We will keep you posted as we draft these and offer the opportunity for comment.

Thank you for your time and attention to this matter, and please feel free to provide this document to others in your agency which may benefit from the information. Special thanks to EPA region 4 for providing much of the background information. If we may be of further assistance, please feel free to contact me at (502) 564-7398, ext. 3716.

Cc: Local Health Departments
Dr. Kraig Humbaugh (KY DPH)
Henry Spiller (KY Poison Control Center)
Bill Burger (KY EPPC)
David Leo (KY EPPC)
Joe Schmidt (KY EPPC)
Art Smith (EPA Region 4)
Glen Adams (EPA Region 4)
Colleen Kaelin (KY DPH)

Truck or Train Wreck Guidance

Truck and train wrecks can occur at any time. The Health Department's primary responsibility is with haulers transporting foods, drugs, or cosmetics, with a support role being played for wrecks involving hazardous materials. Preplanning for this role prior to such an event is essential. You need to have a notification and support system in place with area first responders before an event occurs. Immediate notification by the first responders to your home or office of the location, time and contents of a wrecked truck or train is critical to your response.

PREPARING FOR THE EVENT:

- Contact local first responders, advise them on the types of wrecks you should be contacted about and establish a notification procedure should an event occur. Provide them with after hours contact information or alternate contact information should you be unavailable.
- Keep available at your home and office contact information, including after hours numbers, for support agencies such as local and state police, Disaster and Emergency Response, USDA, Alcohol Beverage Control, Drug Enforcement and Professional Practices Branch, and State Food Branch Personnel. See attached form.
- Keep a kit of essential items including proper identification, quarantine forms, quarantine tags, contact numbers, and emergency response guidance sheets available in your home and office.
- Such incidents may involve extended periods of time outdoors, so dress appropriately for field work.

INITIAL RESPONSE TO THE EVENT:

- ******NEVER APPROACH DIRECTLY OR ENTER INTO ANY TRANSPORT VEHICLE UNTIL YOU HAVE BEEN GIVEN SAFETY CLEARANCE FROM THE PERSON IN CHARGE OF THE ACCIDENT AND THE TRANSPORT VEHICLE IS UPRIGHT AND SECURED.
- Once notified of the wreck consult the local map for location and potential areas affected. Keep in mind that liquid spills and train wreck may involve other materials that could pose additional hazards to the environment or nearby residents. If potential hazards are present, relay this information to the proper agency.
- Upon arrival at the scene report immediately to the police or person in charge.
- Review the shipping manifest carried by the truck driver or train engineer to determine what products are involved and which rail cars they are in if a train is involved. If the manifest is not available due to destruction or loss during the wreck, officials can typically obtain one by contacting the trucking firm.
- Determine from the manifest if products are involved that fall under dual jurisdiction such as alcohol, drugs, or USDA regulated products. Notify the appropriate agency or contact the Food Safety Branch for assistance in determining jurisdiction.

- Determine from the manifest if products are involved that require temperature control. When the product temperature can not be immediately assessed, record the weather conditions and outside air temperature. This may help later when determining how long product has been out of temperature.

TRUCK OR TRAIN WRECKS INVOLVING REFRIGERATED PRODUCTS:

- If the cargo area is still sealed and there is no visible exterior damage to the transport unit and the refrigeration equipment on the vehicle is still functioning, you may enter the cargo area to check the contents for impact damage such as shifting of cargo, breakage, punctures, dents or leakage of refrigerant or other toxics or fluids. Products requiring temperature control should be randomly sampled to assure that proper holding temperature is being maintained. The temperature and time of sampling should be documented.
- In cases where the refrigeration equipment on the vehicle is <u>not functioning</u>, do not enter the cargo area at that time, to prevent the rapid loss of remaining cooling. Place the entire cargo under blanket quarantine, using Quarantine Form DFS 222, until a refrigerated transfer/salvage vehicle arrives on site. Then you may enter the cargo area and check contents for impact damage, cross-contamination, adulteration and product temperatures before allowing transfer of any cargo.
- In cases where there has been no damage to the transport trailer and the product is free from any evidence of contamination, the product may be immediately released to a representative of the transport company for removal and reentry into commerce as soon as appropriate transport can be secured. Ambient air temperature of any transport vehicles should be assured before allowing release of products.
- Where there is visible exterior damage to the transport unit or when there is damage to the cargo, the health department should do an immediate blanket quarantine of the entire contents, until a full assessment of the damage can be made.

QUARANTINE OF PRODUCT:

- KRS 217.115 of the Kentucky Food Drug and Cosmetic Act gives the agent of the Cabinet the authority to quarantine product which they know or suspect of being adulterated. Proof of adulteration is not required in order to place product under quarantine.
- The Quarantine Notice (DFS 222) should be issued to the owner of the product or to the trucking representative if they are available. If neither is available, the quarantine notice may be issued to the wrecker service or to the person in charge of the cleanup or accident site.
- Depending on the circumstances and location of the accident, quarantined product may be immediately assessed on site for product damage and possible salvage or it may be transported under quarantine to another secure location for further evaluation. Products requiring temperature control should be transported and held under refrigeration during the damage assessment in order to prevent further loss, whenever possible.

- Whenever quarantined product is being diverted out of county or transferred to another health official's jurisdiction for product evaluation, you should take the following actions to maintain quarantine integrity of transported product.
    - Secure the transport vehicle description, license number, driver's identity, destination (company name, address, telephone number), and estimated time of arrival.
    - If refrigerated transport, check cargo area air temperature to assure safe temperature.
    - Check off quarantined items released for transport on your quarantine forms and add statement that cargo is to remain in the vehicle until released for inspection by health official at the destination site. Give copy to the driver.
    - Seal cargo area of transport vehicle once loading is complete with some method of seal which will indicate tampering and record the truck seal number when it is applicable. When cargo is being transported in an open unit such as by flat bed trailer or dump truck, the inspector should provide the transporter with a copy of the quarantine paperwork, which documents as best as is possible, the items held under quarantine. The inspector may also utilize photos, quarantine tags or tape to further insure the cargo is not altered in route.
    - Notify the health officials at the destination point immediately by telephone and provide the necessary information so that they can meet the transport vehicle upon arrival to its destination. Contact the Food Safety Branch if assistance is needed in locating the health officials.

DAMAGE ASSESSMENT/SALVAGE/VOLUNTARY DESTRUCTION/RELEASE OF PRODUCT:

- See attached damage assessment guidance.
- Once the damage assessment has been made, contents which are not salvageable due to exterior package damage, temperature abuse, adulteration, or possible cross contamination shall be recorded on the Voluntary Destruction Form DFS-222; or held under continued quarantine until an alternate disposal method can be determined which assures the product does not reenter the food supply chain. The exact location and method of disposal and destruction shall be recorded on DFS-222.
- When voluntary destruction action is taken against damaged unsalvageable products, written agreement of the cargo owner, freight carrier or insurer must be obtained before the product is transported to an approved disposal site (waste incinerator, landfill, etc) and before product is destroyed. You, another health official or a law enforcement agent must accompany cargo that is to be destroyed to the destruction site and final destruction must be witnessed.
- Salvaged cargo which meets safe temperature requirements, has no visible damage to contents and has sound container integrity (no leakage, dented seams, or punctures) should be segregated from unsalvageable product and may be released for transfer. Product released from quarantine shall be documented on Form DFS 222 and the party assuming control of the product noted.

COMBINED REFRIGERATED AND NON-REFRIGERATED CARGO SECTIONS:

- Proceed as above for refrigerated section.
- For non-refrigerated sections inspect cargo for leakage, broken containers, punctures, burns, seam dents, adulteration and cross-contamination. Food products in paper or plastic bags should be examined for damage from liquid spillage or other cargo. Check bulk cartons or cases of individual cans, bottles boxes, or bags which may show no exterior evidence of damage for concealed damage. Quarantine all damaged cargo and proceed as above. Release salvageable or undamaged cargo for transfer.
- Note, mixed cargo shipments of food and non-food items, toxic chemicals may be present. Be aware that food or other products may have been contaminated by fumes or aerosols which may not be visually detectable (ruptured aerosol spray containers of pesticides for example). If such contamination is found or suspected, all affected cargo should be segregated. Testing may be necessary to determine contamination. Also use caution with bleaches, ammonia, or other reactive materials which can produce poisonous or explosive vapors.

WRECKS INVOLVING ALCOHOL, DRUGS, MILK OR USDA REGULATED MEATS:

- In truck wrecks involving exclusively USDA regulated product, such as pork, beef, chicken or ratites, the health department should contact USDA and proceed as advised. When USDA cannot be immediately reached for consult, such as after hours, holidays and weekends, the LHD should proceed in a manner similar to that involving other FDA regulated foods.
- Mixed cargo loads containing only portions of USDA regulated products may be handled the same as other FDA regulated food items and may be quarantined, voluntarily destroyed, or released without prior notification to USDA.
- In all wrecks involving co-mingled product loads containing all or portions of USDA regulated products, the health department should notify the Food Safety Branch, so that a courtesy notice may be forwarded onto USDA as soon as practicable.
- In wrecks involving fluid milk as the exclusive cargo, the LHD should contact the Milk Safety Branch and proceed as advised. Milk can be particularly hazardous to aquatic life if it is allowed to enter into a waterway.
- Where the wreck involves alcoholic beverages as all or a portion of the cargo the health department shall place the product under quarantine, however do not release these products for transport or arrange voluntary destruction. Instead, contact the Department of Alcoholic Beverage Control (ABC) as indicated and release such cargo to their agents for their own action. For wrecks that occur after normal business hours, the ABC Officers can generally be notified by contacting the Kentucky State Police.
- The Drug Enforcement and Professional Practices Branch, operates under the authority of Kentucky Food Drug and Cosmetic Act, therefore where the wreck involves drugs as all or a portion of the cargo handle as below:
    - Over-the-counter medications may be handled as any other food item and may be quarantined, voluntarily destroyed or released by the health department personnel without prior notification to the Drug Enforcement Branch. When large amounts of over-the-counter medications are involved, please notify the Food Safety Branch of the actions taken.

- In wrecks involving controlled substances and prescription medications, the local health department may place the products under quarantine; however they should not release these products for transport or arrange voluntary destruction, but should instead, contact the Drug Enforcement and Professional Practices Branch and release the cargo to their agent for their own action.

HAZARDOUS MATERIAL INCIDENTS:

- The health department should, upon notification of a hazardous materials incident, report the incident to the proper authorities and should evaluate if further involvement by their office is indicated.
- Some local health departments have Hazardous Material Specialists who are actively involved in such incidents. Other health department personnel shall respond to such events only to the level of their training or expertise.

FINAL REPORT:

- Following the conclusion of action taken by the health department, all quarantine notices and other actions shall be entered into the data collection system.
- Local health departments should prepare a brief report of the incident, including a time line of events and actions taken and forward those to the Food Safety Branch.

CONTACT INFORMATION

Kentucky State Police:

Emergency and DUI Hotline 1-800-222-5555
KSP website: www.kentuckystatepolice.org/contact.htm

Individual Post Phone Numbers:

Post 1 (Mayfield)	270-856-3721
Post 2 (Madisonville)	270-676-3313
Post 3 (Bowling Green)	270-782-2010
Post 4 (Elizabethtown)	270-766-5078
Post 5 (Campbellsburg)	502-532-6363
Post 6 (Dry Ridge)	859-428-1212
Post 7 (Richmond)	859-623-2404
Post 8 (Morehead)	606-784-4127
Post 9 (Pikeville)	606-433-7711
Post 10 (Harlan)	606-573-3131
Post 11 (London)	606-878-6622
Post 12 (Frankfort)	502-227-2221
Post 13 (Hazard)	606-435-6069
Post 14 (Ashland)	606-928-6421
Post 15 (Columbia)	270-384-4796
Post 16 9Henderson)	270-826-3312

County Law Enforcement:

_____

Kentucky Emergency Management:

Operation Desk: 1-800-255-2587
KyEM website: http://kyem.ky.gov/about/areaoffices.htm

KyEM Area Offices:	Mng:	Phone:
Area 1	Lorie King	270-247-9712 or 502-607-1601
Area 2	Jere Mccuiston	270-889-6004 or 502-607-1602
Area 3	Rick Cox	270-686-7896 or 502-607-1603
Area 4	Gary Fancher	270-746-7843 or 502-607-1604
Area 5	Gene Logue	270-769-0492 or 502-607-1605
Area 6	John Bastin	502-636-0439 or 502-607-1666

Area 7	Rick Watkins	859-485-4134 or 502-607-1607
Area 8	Larry Dixon	606-784-5830 or 502-607-1608
Area 9	Marcia Salyer	606-886-9157 or 502-607-1609
Area 10	Roy Benge	606-435-6012 or 502-607-1610
Area 11	Jerry Rains	606-877-3149
Area 12	Don Franklin	502-607-1656 or 606-677-4133
Area 13/14	Steve Oglesby	502-607-1638 or 502-607-1658

Local County Emergency Management Director:

State Food Safety Branch:

Daytime Phone: 502-564-7181

After Normal Business Hrs. contact Food Safety Branch via the KY Emergency Management Duty Officer at: 1-800-255-2587

Area Food Safety Branch Personnel:

Retail Food:_____

Food Manufacturing:_____

Milk Safety Branch:

Daytime Phone: 502-564-3340

After Normal Business Hrs. contact Food Safety Branch via the KY Emergency Management Duty Officer at: 1-800-255-2587

USDA Contact Info:

USDA –FSIS- OPEEP- 859-233-2539

24 Hour Contact 215-292-7696

USDA-FSIS OFO Meat Inspection 1-800-282-3029

FDA- Cincinnati District

24 Hour Hotline: 301-443-1240

Kentucky Office of Alcohol Beverage Control:

Daytime Offices: 502-564-4850

After Hrs. contact ABC Officer through KSP

Drug Enforcement and Professional Practices Branch:

For Controlled Substances Only

Daytime: 502-564-7985

KENTUCKY FOOD SAFETY BRANCH
TRUCK/TRAIN WRECK INCIDENT REPORT

INCIDENT INFORMATION:
Inspector Responding:_____Date:_____
Location of Incident : _____
Time of Incident:_____
Time Reported To LHD_____By Whom:_____

CARRIER INFORMATION:
Name of Transport Company:_____
Contact Person:_____
Address _____
Address_____
Vehicle Plate/ID #_____ State_____
US DOT #_____ Driver's Name: _____
Driver's License # _____

TRANSPORT UNIT DESCRIPTION (CHECK ALL THAT APPLY)
____Box Trailer - Refrigerated
____Box Trailer Non-refrigerated
____Rail Car, please specify # _____
____Tanker/Food
____Tanker/Hazardous Materials
____Other, please specify _____
Describe:_____
_____
_____

PRODUCT DESCRIPTION (CHECK ALL THAT APPLY)
____Food
____Temperature Controlled Product (TCP)
____Drugs, please specify OTC or Controlled products_____
____USDA Regulated Product, _____Only _____Co-mingled Load
____Alcohol
____Co-Mingled Product Food/Non-Food
____Other
Describe:_____
_____
_____
Manifest Available _____Yes _____No
Temperature of Product & Time
Sampled:_____
Ambient Air Temperature Where Product Temp. Not Available:

INCIDENT COMMANDER/PERSON IN CHARGE:
Name & Contact
Information:_____
_____
Alternate
Contact:_____
_____

WRECKER COMPANY/TOWING FIRM:
Name and Contact Information:_____

DISPOSITION OF PRODUCT: (attach Form DFS-222 and include poundage where applicable)
Quarantined:_____
Voluntarily
Destroyed:_____
Method of Destruction and Disposal Site:_____
Diverted To:_____
Released:_____To:_____
Destruction Witnessed By:_____

ADDITIONAL INFORMATION: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CABINET FOR HEALTH AND FAMILY SERVICES

Department for Public Health
Food Safety Branch

Ernie Fletcher
Governor

275 East Main Street, HS1C-F
Frankfort, KY 40621
(502) 564-7181
Fax: (502) 564-0398
www.chfs.ky.gov

Mark D. Birdwhistell
Secretary

WATER EMERGENCY OPERATIONAL PROCEDURES
FOR RETAIL FOOD ESTABLISHMENTS
Revised September 2007

During a water supply emergency (W.S.E.), including boil water advisories/notices, chemical contamination, or pressure reduction, water may serve as a source of contamination for food, equipment, utensils and hands. Unsafe water is also a vector in the transmission of disease. Therefore, in order to provide protection to consumers and employees, water shall be obtained from sources regulated by law and shall be handled, transported and dispensed in a sanitary manner.

NOTE: In case of chemical contamination or total loss of pressure, the establishment shall close immediately. When chemical contamination occurs, the establishment shall not reopen until samples, jointly approved by the Cabinet or local health department and the Division of Water, Environmental and Public Protection Cabinet, justify reopening.

WHEN A NON-CHEMICAL W.S.E. OCCURS, THE ESTABLISHMENT SHALL CEASE OPERATING AND NOT RESUME OPERATION UNTIL THE CABINET OR LOCAL HEALTH DEPARTMENT INSPECTOR ASSURES THAT SAFE OPERATIONAL PROCEDURES INCLUDING THE FOLLOWING ARE IN PLACE:

1. **DRINKING WATER:** Use bottled water only; post "DO NOT DRINK" signs, or, disconnect fountains.

2. **ICE** must come from commercially approved facilities outside the affected area. Ice machines that are directly connected to the water systems must not be used. Shut the machine down, and leave the unit off until the water is OK again, then clean and sanitize the unit following manufacturer's suggested guidelines. Make ice for one (1) hour and dispose of the ice.

3. **NO FOUNTAIN DISPENSED DRINKS** – canned or bottled drinks only.

4. **COFFEE AND TEA** shall be made from bottled water, or from water that is boiled for three (3) minutes before brewing or steeping.

5. **TAP WATER** shall not be used as an ingredient in food during a non-chemical W.S.E. unless boiled for three (3) minutes or heated during the cooking process to no less than 160°F for twenty (20) minutes.

6. **FRESH FRUITS AND VEGETABLES** may be used if processed outside the W.S.E. affected area and are washed in an approved manner. Pre-packaged, ready-to-eat salad foods may also be used. In-place spray units and units which periodically spray water on products to maintain freshness must be

shut down, and these units may not be used until the emergency has been resolved. Remember to clean and sanitize before use.

7. **SINGLE SERVICE EATING AND DRINKING UTENSILS** may be substituted for reusable dishes and utensils.

8. **FOR HANDWASHING** use heated bottled water or safe water hauled from an approved supply or, use tap water followed by a hand sanitizer. The handwash water shall be dispensed from a container with a spigot.

9. **COOKING UTENSIL AND EQUIPMENT WASHING**: In three (3) compartment sinks – washing, rinsing and sanitizing procedures shall be followed with a chlorine sanitizing solution of 50 to 100 ppm (not to exceed 200 ppm) or other approved chemical sanitizer to be used and mixed in accordance with manufacturer's guidelines. Sanitizing solution shall be used in the third (3RD) compartment of the three (3) compartment sink. Automatic dishwashers, sanitizing with chemicals or hot water, can continue to be used provided the machine is operated in accordance with manufacture's instructions. **If water is visibly dirty or cloudy then use water from an approved source, either from bottled water or water that has been boiled.**

10. **FOOD CONTACT SURFACES** required to be cleaned in place shall, after cleaning, be sanitized with a solution of chemical sanitizer as described in No. 9 above, at twice the regular strength for immersion cleaning.

11. After the W.S.E. is officially lifted, any equipment (ice machines, beverage dispensers, etc.) that is connected to the establishment's municipal supply, shall be flushed, cleaned and sanitized and the municipal water supply allowed to run until clear with a chlorine residual. Any in line filters shall be replaced and the first batch of ice or other product containing water from the affected supply shall be discarded. Follow manufacturer's suggested sanitizing procedures in operator's manual.

The health department, in consultation with the Food Safety Branch, may modify or alter the above W.S.E. guidelines as deemed necessary to protect the consumer's health.

FOR MORE INFORMATION CONTACT_____
(CONTACT PERSON)

HOME VISITING SERVICES

Home visits may be performed for specific programmatic reasons or due to a referral from private physicians and/or hospitals. These services should be available to any Kentucky citizen for whom there is a medical need and there is no other provider. Examples may be found in the Home Visiting Section of the Public Health Practice Reference.

Plan And Budget

The need to anticipate home visiting services should be included in the LHD's plan and budget.

Minimum Criteria For Home Visiting

All home visits must meet 907 KAR 3:130 Medical Necessity, as outlined in the General Definitions of Service in the AR Volume I, Section I: General Information.

Guidelines For Home Visiting Security Measures

Personal safety of the employees is a major consideration and responsibility for LHDs. LHDs are expected to have a plan for the safety of these employees. Policies and procedures should be developed in the LHD to assist in providing security measures for the health care providers.

PROGRAM REQUIREMENTS:
MATERNITY SERVICES

Laws, Regs, Guidelines

The Prenatal Program is authorized in Kentucky law by KRS 211.180(1)(e) & (f), which refers to the protection and improvement of the health of expectant mothers and KRS 214.160 which refers to specific laboratory tests of pregnant women and newborn infants. The description of services is addressed in 902 KAR 4:100.

In an effort to educate the public about the risks of substance abuse to the development of the unborn child, the legislature passed a law requiring the posting of warning signs on alcohol use and pregnancy in private offices maintained by all licensed physicians (KRS 311.378). Although this statute does not address health departments specifically, our mission is to promote healthy lifestyles and healthy babies, therefore all health departments are encouraged to post in a prominent place in the patient waiting room a printed sign supplied by the Cabinet for Health and Family Services (Division of Substance Abuse), which shall warn that drinking alcoholic beverages during pregnancy can cause birth defects.

Target Population

Any pregnant woman in need of maternity services, without a secondary payment source, shall be assured that maternity services are provided. This assurance can be provided by either a health department on-site prenatal clinic in their county of residence or through referral to another primary prenatal service provider, by means of a contract or written agreement (to be approved by DPH) with a primary prenatal health care provider. Any pregnant woman at or below 185% poverty or a KCHIP eligible person at or below 200% poverty income shall be assured maternity services either directly or through referral. The overall mission is to assure Maternity Services for those who might not otherwise receive them.

A pregnant woman, who might fear to go to the Community Based Services office to apply for Medicaid or KCHIP, (i.e., when the patient may be put at "risk" by naming the father, etc.) shall be determined eligible for Maternity Services. A pregnant woman who has been determined as Presumptively Eligible (PE), by the Department for Medicaid Services, and has a copy of the PE identification with the original signatures of the recipient and the health care professional, who determined Presumptive Eligibility, is also eligible for Maternity Services. The exact PE coverage period for the recipient is specified on the PE identification form. PE benefits are available to a pregnant woman whose household income is at or below 185% of the Federal Poverty Level and who does not already have an application pending for Medicaid benefits. PE benefits end when either: (a) the woman becomes eligible for Medicaid coverage; or (b) at the end of the third month of PE (not to exceed ninety days), whichever occurs first. PE recipients should be encouraged to go to their local Division of Community Based Services (DCBS) office to apply for full Medicaid benefits. Hospital services, mental health services, and services rendered by a specialist are not covered as part of the PE benefits. Health Department staff that have Internet access and complete a free training program given by the Department for Medicaid Services may enroll pregnant women in the PE program.

Denial of Medicaid on the basis of "patient request" or failure to complete Medicaid application is NOT reason for qualifying for Maternity Services. Continuing the Medicaid application process to completion is required for outlay of funds by Maternity Services, except as described above.

Funding

Maternity funding may be accessed through local, state, or general funds.

Special Requirements

Staff Requirements:

- Maternity services shall be provided by appropriately licensed, or certified personnel acting within their legal scope of practice.
- The medical care of the pregnant woman shall be initiated and managed by a physician or certified midwife. If prenatal care is not under the direction of an obstetrician, an obstetrician shall be available for consultation.
- Advanced Registered Nurse Practitioners or Physician Assistants with both training and experience in maternity services may provide routine prenatal/postpartum visits.
- Registered nurses, who have completed a state sponsored or approved continuing education course in the care of the pregnant woman, may provide support services, education and counseling at routine prenatal visits.
- Licensed practical nurses under the supervision of a registered nurse, who have completed a state sponsored or approved continuing education course in the care of the pregnant woman, may also provide support services within their scope of practice.
- In addition, other professionals appropriately licensed or certified may provide support services within their scope of practice. Those professionals may include:
    1. Social workers;
    2. Dietitians/Nutritionists;
    3. Lactation Consultants; or
    4. Childbirth Educators.

Other Special Requirements

- A staff member of a contracted physician's private office, working in conjunction with the physician at the health department, shall meet the following requirements:
    1. The staff member shall be a currently licensed professional, educated/trained to perform the designated functions in the health department;
    2. The functions, which the individual performs, shall be clearly enumerated within the private physician's contract.
- Channels of communication shall remain open with hospitals and medical centers to assure that a higher level of care may be accessed when necessary. A contract for these services shall be initiated at that time.

Special Equipment Requirements
Facilities/Supplies/Equipment shall comply with ambulatory obstetrical care standards as specified in the current edition of Guidelines for Perinatal Care, developed through the cooperative efforts of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists Committee on Obstetric Practice.

Service Description & Key Roles & Responsibilities Of Health Department
Payment for services to any provider shall be at the Medicaid rate or a lesser agreed upon amount. That payment is to be considered "payment in full" for the particular service; the patient shall not be billed for these services. **The provider shall bill the patient for any service not covered by Maternity Services.**

Note: In accordance with 907 KAR 1:013 the cost of maternity related hospitalization will be covered for the patients with no third party payors who are eligible for the Maternity Services Program.

Minimum Patient Responsibility

- Show verification of completing the Medicaid application, or presumptive eligibility for Medicaid unless determined to qualify under a Maternity Services' Special Consideration Category.
- Apply for a medical card at any time during pregnancy that her family income decreases to the point that she may become eligible for one.
- Be responsible for payment of any services not covered by the Maternity Services.
- Keep all scheduled appointments possible. (If unable to keep an appointment, call and reschedule).
- Make every effort to follow all clinical counseling concerning tobacco, drugs and alcohol use, nutrition, exercise, and other medical management, in order to have a healthy baby.
- Contact the Health Department or go immediately to the emergency room, hospital labor and delivery (or MD's office), as instructed, if any sign of preterm labor or other complication should arise during the pregnancy.
- Attend prenatal classes, where available.
- Return to the Health Department for Postpartum/Family Planning services or to the private MD office.
- Return to the Health Department with infant for Well-Child care or to the private MD office for preventive health care for infant.

For those patients not on a sliding fee scale, each type of patient responsibility shall be developed into a local **Patient Agreement** signed by the patient. A copy of this agreement shall be given to each patient and a copy shall be placed on file in the administrative section of the patient's medical record.

For those patients on a sliding fee scale, a local Patient Agreement is not required. However, verbalization of the patient's understanding of her responsibilities and the health department's prenatal/postpartum covered services (as stated in the Prenatal Section of the PHPR) shall be documented in the administrative section of the patient's medical record.

Maternity Services (Arranged and Paid) Include:

1. All approved medical provider visits at the Health Department/MD office.
2. Routine prenatal laboratory tests:
    - Hemoglobin or Hematrocrit
    - Blood type and Rh factor
    - Rh antibody titer
    - HBsAg
    - VDRL/FTA
    - HIV (with informed consent)
    - Rubella titer
    - Urinalysis
    - Urine culture (cc midstream)
    - Pap test
    - GBS screening at 35–37 weeks gestation
    - Maternal Serum Alpha Fetoprotein Screening (MSAFP) offered
    - Other pregnancy related laboratory test(s), as indicated by risk factors
3. Procedures:
    - 1 baseline ultrasound (15–20 weeks) to confirm EDC and exclude congenital anomalies, 2nd (or more) if medically indicated and documented (i.e., 32–34 weeks of gestation to assess fetal growth restriction for women at high risk),
    - Non-stress tests, if medically indicated and documented for fetal well-being,
    - Contraction stress tests, if medically indicated for fetal well-being and documented,
    - Amniocentesis *, if medically indicated and documented, and
    - Pelvimetry x-rays during labor, if indicated and documented.

    * Note: Payment for chromosomal analysis is NOT covered.
4. Abnormal Pap test follow-up (Refer to the Cancer Screening Follow-Up section of the PHPR.)
5. Medications:
    - Prenatal Vitamins/Folic Acid/Supplemental Iron (if indicated).
    - Insulin/Supplies for "Pregnancy Related" (Patients with Gestational Diabetes or Pregnancy- Induced need, but NOT previously Insulin-Dependent Diabetes Mellitus patients.)
    - Tocolytics for Prevention of Preterm Birth
    - Treatment of Vaginal Infections/Urinary Tract Infections
    - Other medication(s) only upon special approval.
6. Delivery
    - Physician or Certified Midwife for normal vaginal delivery.
7. Physician Services:
    - D & C for spontaneous abortion and for postpartum hemorrhage
    - Emergency Postpartum Hysterectomy
    - Treatment of Ectopic Pregnancy
    - C-section
    - Postpartum Sterilization, with appropriate consent
    - Anesthesia for essential surgeries previously listed
    - Stand-by at Delivery
    - Initial Hospital Newborn Exam
    - Problem Visit(s)/OB Consultation(s)

8. Postpartum Visit

Note: Maternity Services Care DOES NOT provide:

- Specialty Care beyond "consultation";
- Treatment of pre-existing non-pregnancy related conditions;
- Any test/procedure not related to the pregnancy, or
- Any other service not listed in the above, except with prior approval.

SERVICE DESCRIPTION: FAMILY PLANNING PROGRAM (Title X)

Laws, Regs, Guidelines

The Kentucky Family Planning/Title X Program is authorized by the Family Planning Services and Population Research Act of 1970 (Public Law 91-572), which added Title X, "Population Research and Voluntary Family Planning Programs," to the Public Health Service Act. The regulations governing Title X (42 CFR, Part 59, Subpart A), are the requirements of the Secretary, Department of Health and Human Services, in the provision of family planning services funded under Title X and implement the statute as authorized under Section 1001 of the Public Health Service Act. This federal statute is carried out in Kentucky under 902 KAR 4:050, and relates to KRS 211.090 and KRS 211.180.

Section 1001 of the Act (as amended) authorized grants "to assist in the establishment and operation of voluntary family planning projects which offer a broad range of acceptable and effective family planning methods, including natural family planning methods and services, including infertility services, and services to adolescents." The mission of Title X is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children. Services shall not include abortions as a method of family planning.

Target Population

- Priority for services will be to persons from low-income families or whose total annual family income does not exceed 100 percent of the most recent federal Income Poverty Guidelines.
- Unemancipated minors who wish to receive services on a confidential basis shall be considered on the basis of their own resources.
- Charges for services will be made to persons other than those from low-income families.

Funding

The Department for Public Health, as the sole Kentucky Title X grantee, delegates federal funds to local health departments through Memorandum of Agreements. The state office retains a small amount of the Title X award for administration costs.

- In order to assure continued Title X funding, a local health department shall ensure that **all** Food and Drug Administration (FDA) approved methods of contraception *to some extent* shall be available directly or through referral.
- Only FDA approved drugs and devices may be provided.
- No funds may be used to purchase experimental or ineffective drugs.
- Sterilizations provided with federal funds shall meet all requirements as identified in Chapter 1, Public Health Services 43FR52165 Subpart B, 50.209. A copy of the fully completed federally required consent form for each sterilization shall be filed in the individual's medical record with the operative report.

Special Requirements

- ***Staff Requirements***
  - Family Planning services shall be provided under the general direction of a physician with training and experience in reproductive health management, and one who is familiar with Title X guidelines.
  - A physician, advanced registered nurse practitioner, certified nurse midwife, or physician assistant having both training and experience in reproductive health management, and familiarity with Title X guidelines shall provide medical services.
  - Health professional staff with experience or continuing education in reproductive health, including contraceptive management, may provide education and counseling.
  - Local health center family planning coordinators shall be health care clinical professionals, at the registered nurse or higher level.

- ***Training Requirements***
  - Orientation for all new hires (providers and support staff) active in the family planning services shall include the following:
    a) View the video "Inspiring Staff about Family Planning"
    b) Complete the Emory University on-line orientation training modules at www.rtc4training.com
       For providers: *"Introduction to Title X for Clinicians, Health Educator or Other Staff Who Has More in Depth Contact with Clients"*
       For support staff: *"Introduction to Title X for Staff or Volunteers Working In a Family Planning Clinic"*
    c) For providers: *(Recommended only)* Complete the family planning clinical orientation training tool disseminated each fiscal year from the Title X Program Director.
  - All health care professionals (MDs, ARNPs, RNs, and LPNs) who deliver family planning services shall acquire 6.0 CEUs for their levels of service delivery each fiscal year from an approved family planning related training.
  - Support staff active in family planning services shall receive an annual update in a Title X related topic each fiscal year.
  - These updates/CEUs shall be obtained from a prior approved list disseminated each fiscal year from the Title X Program Director.
  - Documentation of these trainings shall be maintained by the local health department in the staff member's personnel file.

- ***Reporting Requirements***
  - The federal "Public Health Services Sterilization Record," PHS 6044, shall be submitted quarterly to the state office. Administrative files shall be sufficient to verify compliance with federal regulations, as noted by the Office of Population Affairs Federal Guidelines of January 2001.
  - Reporting of client information is collected through the Patient Services Reporting System (PSRS). The system supports 1) appointment scheduling; 2) assessment of income and appropriate billing of patients and third party payors; and 3) patient encounters.

- Title X clients will be billed according to a sliding fee scale, based on the latest federal Uniform Percentage Guideline Scale in the AR Volume II, PSRS. This schedule reflects discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty.

- **Billing and collection procedures shall:**
  1) Ensure that inability to pay is not a barrier to services;
  2) Be based on a cost analysis of services, and bills showing total charges shall be given directly to the patient or another payment source;
  3) Ensure that patients at or below 100% of poverty are not billed, although obligated third party payors shall be billed total charges;
  4) Ensure that discounts for minors obtaining confidential services are based on the income of the minor;
  5) Maintain reasonable efforts to collect charges without jeopardizing patient confidentiality;
  6) Allow voluntary donations;
  7) Ensure that patient income is re-evaluated at least annually; and
  8) Maintain a method for "aging" outstanding accounts.

Other Special Requirements

- Federal Regulation (42 CFR Part 59) requires that Family Planning services be provided without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies or marital status. This same regulation requires the following in regards to confidentiality:

> **§ 59.11 Confidentiality**
>
> All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

KRS 214.185 states that a minor as a patient with the consent of such minor may seek and be provided Family Planning services without the consent of or notification to the parent, parents, or guardians of such minor patient; or to any other person having custody of such minor patient.

Advisory Committee Requirements

- An Information and Education Advisory Committee (I & E Committee) of five (5) to nine (9) members who are broadly representative of each community (county or district) shall review and approve all informational and educational materials developed or made available prior to their distribution at the local level to assure that materials are suitable for the population and community. The state DPH office prior to distribution shall approve locally developed materials. A written record of these considerations shall be kept on file.
- The I & E Committee, which shall meet at least once during each fiscal year, may be designated solely for the purpose of reviewing I & E materials, designated to review materials and to ensure community participation in the development, implementation

and evaluation of Family Planning services. The agency shall ensure community participation and review of I & E materials.

- An opportunity should be provided for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by persons in the community knowledgeable about the community's needs for Family Planning services.

Expanded Role RN Requirements

- Registered Nurses seeking certification in Expanded Role Family Planning must first complete as a prerequisite the Department for Public Health's: a.) Breast and Cervical Cancer Program Assessment, b.) the corresponding preceptorship, c.) the Adult Preventive Assessment Trainings, and d.) the corresponding preceptorship.

- Registered Nurses who have completed the Family Planning Expanded Role Registered Nurse Training and required preceptorship may provide Expanded Role Family Planning services to clients for routine annual visits. Expanded Role Registered Nurses (ERRN) can perform the following gynecological cancer detection procedures independently: bimanual pelvic exam, pap smear, clinical breast exam (CBE). They may also provide family planning counseling and documentation. Expanded Role RNs must be proficient in federal Title X regulations.

- Family Planning clients identified as needing mid-clinician or higher level reproductive healthcare services such as specific gynecological problems, change in current contraceptive method, or history of an abnormal pap smear, must be referred to the MD/ARNP.

- Each local health department shall establish and maintain medication guidelines (i.e. standing orders) for Expanded Role RNs to follow. These guidelines shall be written and developed in accordance to the Administrative Regulations (AR) "Medication Guidelines" (AR, Vol. 1, section VIII) and the Public Health Practice Reference (PHPR) "Protocols" (PHPR,Vol. 1, Protocols Section).

Family Planning Services Description And Key Roles And Responsibilities Of Health Department

- Clinical services for women shall be provided primarily by mid-level practitioners or higher, with assistance from registered nurses and others. These services shall be provided within the greater framework of women's health services.
- Comprehensive men's health services may also be provided for males expressing an interest in Family Planning.
- A local health department shall ensure that **all** Food and Drug Administration (FDA) approved methods of contraception shall be available directly or through referral.
- A local health department will assure that Family Planning services will be provided either directly or through referral "without discrimination or coercion to individuals

requesting them without the imposition of any residency requirement or that the patients be referred by a physician.

- Provide services to an unemancipated minor who requests services in a confidential basis using his/her own financial resources.

SERVICE DESCRIPTION: KENTUCKY WOMEN'S CANCER SCREENING PROGRAM REQUIREMENTS FOR KENTUCKY WOMEN'S CANCER SCREENING PROGRAM SERVICE PROVIDER CONTRACTS

1) The Second Party shall follow the Kentucky Women's Cancer Screening Program Practice Reference for protocols as attached to this contract document. Healthcare providers shall be encouraged to refer uninsured women to the local health department as soon as possible to determine eligibility for the Kentucky Women's Cancer Screening Program breast and cervical cancer screening, diagnostic, and case management services.

2) Payment under terms of this contract is payment in full for all services covered by the Kentucky Women's Cancer Screening Project or other services if specified by the First Party in this contract. The patient shall not be billed by the Second Party for any services covered by the First Party. For services not covered by the First Party, when performed concurrently, separate reimbursement shall not be made to the Second Party for procedures and supply items that have been determined by the department to be incidental, integral or mutually exclusive to another procedure. Procedures and supply items that are incident to, incidental and integral to procedures, such as the performance of services in the hospital outpatient department, are included in a base payment rate. "Incidental" means that a medical procedure is performed at the same time as a primary procedure and: (a) Requires few additional physician resources; or (b) Is clinically integral to the performance of the primary procedure. "Integral" means that a medical procedure represents a component of a more complex procedure performed at the same time.

3) If the Second Party determines the services provided under this contract are covered for reimbursement equal to or greater than the contractual amount by Third Party Payers* such as Title XIX or private insurance, the First Party shall not be billed for these services. Billing of the Third Party will be the responsibility of the Second Party. In the event balances are due (Third Party reimbursement less than the First Party reimbursement rate) after the Second Party receives settlement from the Third Party, the First party is responsible for only the difference.

4) Payment shall be provided at the Kentucky Women's Cancer Screening rate included as an attachment to this contract. Payment will be submitted upon receipt of appropriate billing AND provision of clinical findings to the First Party. The Second Party agrees to provide medical record documentation to the First Party within thirty days of procedure.

5) The Second Party agrees to provide information required for the First Party to meet state and federal service reporting requirements in order to secure funds to pay for services covered in the attached list.

*Responsibility for billing Title XIX can be excluded or included in this clause, depending on the local health department's choice. Kentucky Women's Cancer Screening Project funds may not be used to subsidize Medicare clients' services.

Kentucky Women's Cancer Screening Program Pap Test Interpretation Requirements for Kentucky Women's Cancer Screening Program Service Provider Contracts

1) Facilities performing cytology/histology services shall be certified for Medicaid/Medicare, thus meeting Clinical Laboratories Improvement Act (CLIA) regulations. A copy of second Party's CLIA-88 Certificate must be included with the signed contract.

2) Cytology results shall be reported to the First Party utilizing the reporting categories for Specimen adequacy and Results based on the BETHESDA 2001 System as follows:
   A. Identification of type of test (conventional or liquid based and noted if the specimen was examined by an automated device)
   B. Adequacy of the Specimen
      1. Satisfactory for interpretation
      2. Unsatisfactory (specify reason)
   C. General Categorization (optional)
      1. Negative for Intraepithelial Lesion or Malignancy (NIL)
      2. Epithelial Cell Abnormality (specify squamous or glandular)
   D. Interpretation/Result
      1. Negative for Intraepithelial Lesion or Malignancy (NIL)
      2. Negative for Intraepithelial Lesion with the Presence of
         a. Organisms (identify)
         b. Reactive Cellular Changes
         c. Atrophy
         d. Glandular cells status post hysterectomy
         e. Endometrial cells in a woman greater than 40 years of age
      3. Atypical Squamous Cells
         a. ASCUS (Undetermined Significance)
         b. ASC-H (Cannot Rule out High Grade)
      4. Low Grade Squamous Intraepithelial Lesion
         a. LGSIL
         b. Mild Dysplasia
         c. HPV
         d. CIN I
      5. High Grade Squamous Intraepithelial Lesion
         a. HGSIL
         b. Moderate Dysplasia
         c. Severe Dysplasia
         d. CIN II
         e. CIN III
         f. Carcinoma-in-Situ (CIS)
      6. Squamous cell carcinoma
      7. Adeno-Carcinoma/Adeno-Carcinoma-in-Situ
      8. Unsatisfactory
      9. Atypical Glandular Cells of Undetermined Significance (AGUS)
         a. Atypical endocervical cells

b. Atypical endometrial cells
c. Atypical Glandular of Undetermined Origin

3) The Second Party must return all written results no more than 21 days after receipt of specimens. Any biopsy results (if applicable in contract) should be returned to the First Party within two (2) weeks (14 working days) of receipt of specimen.
4) The Second Party must contact an RN, ARNP, or PA at the local health department by telephone within twenty-four working hours when any specimen is determined to be categories 5, 6, 7, or 9, according to the reporting categories listed in #3 above, which is based on the Bethesda system. This notification shall also include a three-day turnaround for mailing these results.
5) The Second Party must provide timely telephone consultation by a pathologist when the First party needs more information about results.
6) Collection equipment provided by the Second Party is to include:
   - glass slides with frosted end
   - Ayre spatula for ectocervix (plastic or wooden) or cervical broom
   - endocervical sampler such as nonabsorbent cotton swab, cervical brush
   - fixative – such as liquid bottles or packets to spread on slides, or spray fixative * – liquid fixative if liquid-based Pap
     *Hair spray shall not be used.
7) At ongoing, monthly intervals, the Second Party shall provide the First Party with a list of health department clients whose Pap tests were read and the results of the interpretations, in a format agreed upon by the First Party. All abnormal results shall be clearly indicated by the Second Party to the First Party.
8) The Second Party will provide the First Party with a six-month and twelve-month comprehensive profile of findings of Pap test results of health department clients, in a format agreed upon by the First Party. This profile shall include a breakdown of BETHESDA results in the distinct reporting categories listed in #3 above.

A copy of the Public Health Practice Reference Section for Women's Cancer Screening is required as an attachment to this contract.

First Party Initials _____ Second Party Initials _____

SERVICE DESCRIPTION: WIC PROGRAM

Laws, Regs, Guidelines

The WIC Program is authorized by Section 17 of the Child Nutrition Act of 1966, as amended. The Code of Federal Regulations 7 CFR Part 246 govern the operation of the program along with the state Administrative Regulation 902 KAR 4:040.

When required by the Nutrition Services Branch each local agency will sign a Statement of Assurance of Compliance with Regulations for the Special Supplemental Nutrition Program for Women, Infants and Children for continued participation in the Program.

Target Population

Pregnant, breastfeeding and postpartum women, infants and children up to the age of five (5) must be at nutritional risk. The applicant must be a resident of the state of Kentucky. The applicant must meet the income qualifications.

Funding

WIC funds are allocated based upon an equitable method to cover expected nutrition services and administrative costs to the extent possible. Funds are distributed in a reimbursement method based upon submitted expense reports for allowable Program costs.

Annual WIC expenditures shall provide a minimum of twenty percent (20%) for nutrition education and a minimum amount per breastfeeding participant as specified by USDA. Local health departments not meeting these minimum amounts shall be subject to the withdrawal of funds for any year that these levels are not met.

When directed by the Nutrition Services Branch and when funding is inadequate to serve the statewide caseload, all local health departments shall maintain priority waiting list of Program eligible persons who are likely to be served.

Special Requirements

- ***Staff Requirements:***
  - A certifying health professional will determine eligibility, certify persons for the program and prescribe supplemental foods. A certifying health professional is a Physician, Nutritionist (bachelor's degree), Certified Nutritionist (master's degree and certified by the State Board of Certification), Dietitian (RD/LD), Nurse (R.N., L.P.N., ARNP) or a Physician's Assistant.
  - Each local agency shall designate a staff person to serve as WIC Coordinator.
  - Each local agency shall designate a staff person who is a nutritionist or nurse to coordinate breastfeeding promotion and support activities. An agency may request approval from the Nutrition Services Branch to designate a different classification for this function.
  - Each local agency shall designate a staff person who is a nutritionist or nurse to coordinate nutrition education activities.

- The duties of the WIC Coordinator, Breastfeeding Promotion Coordinator and the Nutrition Education Coordinator are included in the Statement of Assurance of Compliance with Regulations for the Special Supplemental Nutrition Program for Women, Infants and Children, and in WIC Program, AR Volume II.

- **Training Requirements:**
  - Appropriate staff will attend training as required by the Nutrition Services Branch.

- **Reporting Requirements:**
  - A monthly report of program operations cost must be submitted. Cost must be broken down by client services, nutrition education, breastfeeding promotion and general administrative cost.
  - Reporting of client information is collected through the Patient Services Reporting System. The system supports 1) appointment scheduling; 2) patient encounters; 3) food instrument issuance and inventory; and 4) billing.
  - Copies of Vendor Agreements must be maintained. All agreements must be approved by the Nutrition Services Branch.
  - Management evaluations and site visits are conducted by the Nutrition Services Branch staff to review program operations as required by USDA and WIC regulations. The WIC Coordinator is informed of any identified deficiencies and/or inappropriate procedures/policies. Corrective action is to be implemented by a specified time frame to be in compliance or a monetary penalty may be assessed.
  - Complete an annual Nutrition Education Program Plan and submit the plan to the Nutrition Services Branch for review and approval.

- **Other Special Requirements:**
  - To adhere to all policies and procedures relating to the WIC Program as outlined in the Administrative Reference and the Public Health Practice Reference.
  - To provide outreach for all categories of participants and disseminate program information as directed by the Cabinet.
  - The Nutrition Services Branch publishes information on WIC services and any programmatic changes on at least an annual basis. Local health departments are notified of these publications which are to appear statewide. All local health departments are responsible for reviewing the newspaper(s) in their service area to determine if the WIC services announcement(s) appears. If the announcement does not appear, the local health department shall contact the area paper and request the announcement run free of charge. If the local paper does not offer free public service announcements, the local health department shall pay to have the notice published.

- All adults applying for the WIC Program for themselves or on behalf of others shall be provided written information on the Medicaid Program at each certification and recertification. Other information shall be provided as specified by the Nutrition Services Branch.
- Local agencies shall make nutrition education available to all participants. During each six-month certification period, at least two nutrition contacts shall be made available to adults and children. Infants certified for longer than six months shall have nutrition education contacts made available on a quarterly basis.

WIC Services Description And Key Roles And Responsibilities Of The Health Department

The WIC Program provides nutrition education and healthy foods to pregnant, breastfeeding and post-delivery women, infants and children up the age of five (5) who meet income and health risk guidelines.

The applicant must provide proof that they are a resident of Kentucky, proof of identity and proof of household income eligibility.

The certifying health professional then determines nutritional risk based upon national guidelines. This is determined from an assessment including height, weight, diet and a brief medical history. A blood test may be necessary.

A certifying health professional explains to the person why he/she qualifies for WIC; for example, the child has low iron and would benefit from the WIC foods. The health professional provides nutrition education which may include such topics as recommended infant feeding guidelines, planning a healthy diet or wise shopping ideas. Breastfeeding education such as advantages of breastfeeding, how to breastfeed and the benefits of breastfeeding are provided during the prenatal and post-delivery periods. A food package is prescribed by the health professional based upon category of the participant and individual needs, such as homelessness. The participant is provided up to three (3) months of food instruments which contain the prescribed food packages for specific healthy foods, a list of approved foods that can be purchased and a list of stores that are authorized to cash the food instruments.

Referrals are provided for such services as immunization, well child, social services, community services and medical nutrition therapy (extensive individual diet counseling).

WIC Farmers' Market Nutrition Program (FMNP)

FMNP provides participants in the WIC Program with coupons to purchase fresh fruits and vegetables at local farmers' markets. Through this Program, WIC participants receive the nutritional benefits of fresh fruits and vegetables in addition to the regular WIC food package. See WIC Program in AR, Volume II for additional information concerning the WIC Farmer's Market Nutrition Program.

WIC PROGRAM APPLICANT/PARTICIPANT FAIR HEARING PROCEDURES

The following are policies that pertain to WIC applicants and participants only:

1. A WIC applicant/participant shall be provided with a copy of the Fair Hearing Procedures when:
   - Found ineligible;
   - Disqualified or suspended during a certification period; and
   - An action has resulted in a claim for repayment of improperly issued benefits.

2. Requests for fair hearings shall be honored unless:
   - The request for a hearing is not received within sixty (60) days from the date of notice; or
   - The request is due to the tailoring of the WIC food package, which results in a reduction of supplemental foods.

The fair hearing will be in accordance with Administrative Regulation 902 KAR 4:040 which meets the requirements of KRS Chapter 13B.

Additionally, refer to the WIC Program Fair Hearing Procedures Poster and Fair Hearing Procedures Info Sheet in the WIC Program of the AR, Volume II.

The following general procedures shall be used:

1. A hearing shall be scheduled with the Hearing Officer/Committee within three (3) weeks from the date a request is received. A minimum of two (2) more hearings shall be scheduled in the event the requesting party cancels the initial hearing with good cause;

2. The requesting party shall be notified in writing of the date, time, and place of the hearing at least ten (10) days prior to the hearing. The hearing notice shall be sent by certified mail with return receipt requested;

3. The requesting party has a right to be assisted or represented by an attorney or other persons; to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal;

4. The procedures shall not be unduly complex or legalistic, and shall take into consideration the requesting party's background and education;

5. The Hearing Officer/Committee shall have no prior knowledge of the case under appeal, and shall not have participated in the original decision;

6. A written report of the hearing, including the decision, any documentary evidence, and a summary of all testimony shall be retained for a minimum of three (3) years. This report shall be available for copying and inspection by the requesting party or his/her representative at any reasonable time during the three (3) year period;

7. The requesting party and/or representative shall be notified in writing of the decision and the reason for the decision within forty-five (45) days from receipt of the request for the hearing. The decision shall be sent by certified mail with return receipt requested.

   In the event a hearing is rescheduled, the deadline for receiving the hearing decision in writing shall be extended by the number of days between the original hearing date and the rescheduled hearing date;

8. If the record of a hearing or decision is copied or inspected by a person(s) other than the plaintiff or his/her representative, the names and addresses of any participants and other members of the public shall be kept confidential;

9. If the decision is appealed, the local health department shall submit to the Administrative Hearing Branch, Office of Program Support, Cabinet for Health and Family Services, the verbatim written transcript or a recording of the hearing along with all papers, requests and the final decision, upon request; and

10. The decision of the Hearing Officer/Committee shall be binding to all parties; however, if the requesting party wishes to appeal a decision, the party or his/her representative shall:

    a. Submit to the Secretary of the Cabinet for Health and Family Services, 275 East Main Street, Frankfort, KY 40621, a written request for an appeal. The request shall state the ruling, the reasons aggrieved, and the relief sought, KRS 211.090 and KRS 211.260. The appeal must be made no later than fifteen (15) days after receipt of notice of the written decision.

    b. The appeal will be held in accordance with Administrative Regulation 902 KAR 4:040.

The following policies pertain to WIC Vendors:

1. A WIC Vendor shall be informed in writing of the right to a hearing and the method by which a hearing may be requested for the following adverse actions:

    a. Denial of application to participate in the program;

    b. Disqualification; or

    c. Other adverse action which affects participation during the agreement performance period.

2. The following actions are not subject to appeal:

   a. Expiration of an agreement with a vendor;

   b. The WIC Program's determination of participant access; or

   c. Disqualification from the WIC Program as a result of disqualification from the Food Stamp Program.

3. The vendor's fair hearing will be in accordance with Administrative Regulation 902 KAR 4:040 which meets the requirements of KRS Chapter 13B.

The following policies pertain to WIC local agencies:

An appeal shall be granted if a local agency:

- Is denied application;
- Has participation in the program terminated; or
- Has any other adverse action affecting participation.

The appeal shall be to the Cabinet and shall be in accordance with the requirements of KRS Chapter 13B, Administrative Regulation 902 KAR 4:040 and the relevant federal and/or state regulations or laws.

Appealing the termination or suspension does not relieve the local agency from continued compliance with program requirements. Any adverse action will be postponed until a decision is reached in the hearing. A local agency cannot appeal the expiration of their services at the end of the service period.

Hearing Officials' Duties For The WIC Program

Hearing procedures for the Cabinet for Health and Family Services and local health departments/agencies shall be governed by KRS Chapter 13B and Administrative Regulation 902 KAR 1:400. WIC Program hearing proceedings for applicants, participants and vendors are governed by KRS Chapter 13B and 902 KAR 4:040.

WIC Program applicant/participant hearings shall be conducted or presided over by an impartial official or hearing body who does not have any personal stake or involvement in the decision, who was not directly involved in the determination of the adverse action being contested and who has no prior knowledge of the case under appeal.

The hearing official shall:

1. Administer oaths or affirmations to persons who will be testifying on either the local health department's behalf or the requesting party's behalf;

2. Ensure that a verbatim transcript or recording of the hearing proceedings is obtained;

3. Ensure that all issues relevant to the case are considered;

4. Request, receive, and make a part of the hearing record all evidence which has been determined to be necessary to decide the issues being raised;

5. Regulate the conduct and the course of the hearing in a manner which is consistent with due process in order to ensure an orderly hearing;

6. Order, only in cases involving a participant and only when necessary or relevant, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and local health department; and

7. Render a hearing decision which will resolve the dispute. The written decision shall:

    a. Summarize the facts of the case;

    b. Specify the reasons for the decision;

    c. Identify supporting evidence and pertinent regulations or policy;

    d. Be based upon the application of appropriate Federal Law, regulations and policy as related to the facts of the case as established in the hearing record; and

    e. Be a part of the record for the hearing.

Cross Reference: Rules For Conduct Of Hearings
Administrative Hearing Regulation 902 KAR 1:400.

Special procedures apply for local health department Merit System employees and applicants for employment. (See Local Health Department System Administrative Regulations 902 KAR 8:100 ; and 902 KAR 8:110.)

Special procedures may apply to programs with administrative regulations, such as the WIC Program's Administrative Regulation 902 KAR 4:040.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

	Abstinence Education	Adult Preventive	Arthritis
Description	Provide education to decrease early sexual activity and teen pregnancy.	Provides for age-appropriate health screening or services.	Provides self-help, PACE, and Arthritis Aquatics, classes for individuals in the community with arthritis.
Target	Adolescents age 10 – 19.	Adults 21 and above needing access to preventive health services.	Persons with self reported or MD diagnosed arthritis.
Category	I.B.	I.B.	I.B.
Laws, Regs	Title V, PL 104-193	KRS 211.180	
Funding Sources	Federal – CDC	State General & Local.	Grants for select sites. Federal – CDC
Cost Center	837	810	856
Staff Req.	Recommend experience with adolescents.	Direct care MD, ARNP, PA or RN. Support: LPN & other appropriately trained health professionals.	
Training Req.	Selected curricula (RTR & PSI)	RNs must complete a DPH approved training.	LHD staff must complete CDC approved training.
Reporting	Annual progress report in approved format.	PSRS	Annual progress report in approved format.
References		PHPR	
Division	ACHI	ACHI	ACHI

KEY:
Category I.A. = Core service, required by statute or regulation.
Category I.B. = Preventive service for specific populations from appropriated funds.
Category II. = Local option service, provided after mandated services are assured.

TA = Trust and Agency (fees)
GF = General Fund
EHMIS = Environmental Health Management Information System
RS = Registered Sanitarian

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Breastfeeding Peer Counselor Program	**Cardiovascular Health Program**	**Child Fatality Review**
Description	Provides peer to peer (paraprofessional) breastfeeding information and encouragement to WIC Program pregnant and breastfeeding mothers.	Provides public & professional awareness, community education, quality improvement & community mobilization to reduce the incidence & complications of cardiovascular disease.	Multidisciplinary review of child deaths to identify preventable factors.
Target	WIC Program participants who are of the status of pregnant or breastfeeding.	All Kentuckians at risk for CVD with special emphasis on school age youth, women, rural & the African American populations.	Unexpected or unexplained deaths of children < 18 years of age.
Category	I. B.	I.B.	I.B.
Laws, Regs			KRS 211.684
Funding Sources	Federal WIC Breastfeeding Peer Counselor Grant funding to selected agencies	Federal – CDC funding for special projects.	State General.
Cost Center	840	832	800
Staff Req.	Peer Counselors must have successfully breastfed at least one baby and have been a WIC participant.	Varies with level of services: nurse, RD or certified nutritionist, &/or health educator.	LHDs are required to have a representative on the local team.
Training Req.	Peer Counselor must complete 12 modules of Loving Support Through Peer Counseling. The Peer Counselor must have breast fed 1 infant and must have 4 hours continuing education every year.	Varies with level of services provided.	
Reporting	Breastfeeding Peer Counselor Program	Special project reports.	Coroner Reports & Vital Statistics.
References	Loving Support Through Peer Counseling	PHPR	
Division	ACHI	ACHI	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*
(continued)

	Diabetes**
Description	Provides a variety of diabetes prevention and control efforts. Since funds are not sufficient to support implementation of all aspects of the program statewide, the program is implemented at four levels of activity: Level 1: Provides/coordinates public awareness activities Level 2: Provides/coordinates public awareness and group educational programs that target behavior change (specifically, comprehensive diabetes self-management training) Enhanced Level 2: Provides/coordinates public awareness, group educational programs, professional education activities and community mobilization/community change activities to reduce the incidence and complications of diabetes. Level 3: All of the above activities within a region plus projects of state-level significance
Target	Kentuckians with or at risk for diabetes.
Category	I.B.
Laws, Regs	
Funding Sources	Federal – CDC and State General.
Cost Center	809, 841
Staff Req.	Clinical/DSMT: RN, RD or certified nutritionist; Community: Varies with level of service. Certification as a diabetes educator (CDE) preferred for Level 2 ½ and Level 3 staff.
Training Req.	Clinical/DSMT: Initial diabetes training with at least bi-annual updates. Level 3 staff may have additional requirements as determined by KDPCP. Community: Varies with level of service.
Reporting	CHSR, PSRS
References	PHPR
Division	PQI

* Refer to front page for a Key to Categories and Abbreviations.
** Diabetes Centers of Excellence (DCOE) staff must follow DCOE guidelines if different from above.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Family Planning**	**Folic Acid**	**Genetics**
Description	Provide FDA approved methods of birth control & counseling to reduce unplanned & mistimed pregnancies.	Provides multivitamins with 0.4 mg. of folic acid & counseling to prevent neural tube defects.	Regional outreach services to provide genetic counseling, diagnosis & education.
Target	Priority to families < 100% poverty.	Women of childbearing age.	Anyone with a suspected genetic risk.
Category	I.B.	I.B.	I.B.
Laws, Regs	Federal Title X PL 91-572	KRS 200.703	
Funding Sources	Federal Title X and MCH Block.	State General Fund	For selected sites. Federal – MCH Block, State General.
Cost Center	802	802	802
Staff Req.	*Medical:* MD, ARNP or PA. *Counseling:* appropriately trained health professional.	Nurses, nutritionists, dietitians, health educators or physicians may provide counseling.	RN Coordinator, works with UK or UL genetic team.
Training Req.	Mandatory initial: Video and orientation modules Annual: 6 CEUs (approved trainings)	Folic Acid training module.	Periodic training/updates.
Reporting	PSRS	PSRS	PSRS
References	PHPR	PHPR	PHPR
Division	ACHI	ACHI	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

** Additional service description included on separate page in Administrative Reference, Volume I, Section IX, Service Descriptions and Guidelines.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	HANDS	Healthy Start In Child Care	Home Health
Description	Voluntary home visits to support at risk parents during prenatal period & up to child's second birthday.	Provide training & education in health, nutrition and safety to child care providers.	Provides intermittent health & health related services to patients in their place of residence under MD prescribed plan of treatment.
Target	Pregnant women (first time parents) & their infants & toddlers.	Licensed, certified & registered childcare providers.	Anyone referred from a physician in need of service as described in 902 KAR 20.081.
Category	I.B.	I.B.	II.
Laws, Regs	KRS 211.690	902 KAR 4:130 KRS 199:8945	902 KAR 20.081, Medicare, Medicaid, CHFS Licensure, HIM-11, HIM-15.
Funding Sources	State General Fund	State General Fund	Medicare, Medicaid, insurance & private pay, State T & A.
Cost Center	853	848	860
Staff Req.	Coordinator: RN, SW or other professional supervisor: licensed RN or SW	Coordinator must be designated: BA, BS, RN & specially trained in Healthy Start.	RN coordinator (full time). Additional qualified & licensed staff as needed.
Training Req.	Specific courses.	Specific courses.	Minimum of 12 hours inservice annually.
Reporting	Special data system.	PSRS	HH Billing System
References	PHPR	PHPR	
Division	ACHI	ACHI	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Immunizations	KY Women's Cancer Screening Program	Lead
Description	Administration of vaccine preventable diseases.	Provides breast & cervical cancer screening & follow-up services to promote optimal outcomes for women.	Provides screening for lead poisoning & medical & environmental follow-up services for persons with lead poisoning.
Target	Primarily children & some adults.	All women under 250% of poverty.	Children less than six years of age & pregnant women.
Category	I.A.	I.B.	I.A.
Laws, Regs	KRS 214.034 KRS 214.036 902 KAR 2:060	KRS 214.554, P.L. 101-354, P.L. 101-183, and P.L. 101-340.	KRS 211.900-211.905 , 902 KAR 4:090
Funding Sources	Federal – CDC, State General Fund.	Federal - CDC, State General Fund.	Federal – CDC
Cost Center	801	813	811 and 829 *Clients requesting or requiring blood lead tests will be classified into one of three groups: I) a patient receiving blood lead screening which is provided by their Medicaid coverage II) a patient receiving blood lead screening who is covered by a private insurance provider or III) a patient who is not covered by either a Medicaid or private insurance provide and has no other form of health care provider. Upon classification of the patient into one of the above mentioned groups compensation/payment for blood lead tests shall be conducted in manner associated with their classification. For patients given the classification Patient Type I, payment for the blood lead test shall be collected from Medicaid using existing procedures. Coding for visit will be based on type of visit (well child, EPSDT, evaluation and management, etc.) For patients given the classification of Patient Type II, payment for blood lead tests shall be collected from the respective insurance company when possible or from the parent using the Universal Sliding Scale of payment where applicable. **It is important to note that patients classified as Patient Type II should be encouraged to ask their PCP to conduct lead testing and bill their insurance provider. For patients given the classification of Patient Type III, payment for blood lead tests shall be collected from the parent using the approved Universal Sliding Scale of payment where applicable.

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Immunizations	**KY Women's Cancer Screening Program**	**Lead**
Staff Req.	Nurses	MD, ARNP, or PA recommended. RN with approved training is acceptable.	Nurses for screening. Environmentalists for home follow-up.
Training Req.	Requires familiarity with recommendations and references.	Special requirements for RNs & ARNPs performing colposcopies.	
Reporting	PSRS	PSRS, Special KWCSP reports	PSRS
References	Vaccine Preventable Disease	PHPR	PHPR
Division	Epi & HP	ACHI	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Maternity	**Nutrition**	**Oral Health**
Description	Assures maternity services either directly or by referral.	Provides individualized counseling, group education & community resources to promote optimal nutrition.	Provide fluoride varnish application, fluoride supplies, supplements & training & water testing to reduce caries.
Target	Pregnant women without a secondary payment source for prenatal care.	Individuals with a medical problem for which dietary therapy can be beneficial (Medical Nutrition Therapy - MNT), community nutrition activities.	Children 6 months through 6 years of age for Fluoride Supplement program. Fluoride Varnish for children birth (eruption of first tooth) through age 5.
Category	I.A.	I.B.	I.B.
Laws, Regs		KRS 310; 201 KAR 33	KRS 211.180(1)(a)
Funding Sources	Federal - MCH Block, PSPG, State General.	Federal MCH Block, & State General.	State General.
Cost Center	803	805	712, 846, 818
Staff Req.	*Medical:* MD, ARNP, CNM, or PA. *Support:* RN, LPN. OB consultation must be available.	MNT counseling can only be provided by a Registered/Licensed Dietitian or a Certified Nutritionist.	RN contact, ARNP, RN, RDH, DMD, DDS – Who have completed KIDS Smile Fluoride Varnish training.
Training Req.	**Initial:** Nurses must complete a DPH approved Prenatal/Postpartum Comprehensive Training within one year of hire/assignment to a health department prenatal clinic. **Annual:** Nurses who work in a health department prenatal clinic must also complete a DPH approved one day Prenatal/Postpartum Update annually.	Annual 15 hours of continuing education required to maintain license or certification.	PRN – KIDS Smile Fluoride Varnish training.
Reporting	PSRS	PSRS	PSRS
References	PHPR	PHPR	PHPR
Division	ACHI	ACHI	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Physical Activity	Reportable Disease	Resource Persons
Description	Provides for coordination of community resources to promote optimal physical activity.	Provides surveillance, investigation & follow-up/response for reportable conditions.	Provides home visiting, support & referrals to promote healthy mothers and babies.
Target	Community	General public with an identified or suspected condition of public health importance.	Teens enrolled for maternity services.
Category	I.B.	I.A.	I.B.
Laws, Regs		KRS 211.258 902 KAR 2:020	
Funding Sources	Federal PSBG & State General.	Federal - CDC & State General.	Federal – MCH Block, PSBG & State General.
Cost Center	805	800, 801 and 807	858
Staff Req.		Nurses, Environmentalists, Technical & Clerical.	Experienced parent or paraprofessional working under the supervision of professional staff.
Training Req.	PRN	Rapid Response Team (RRT) Training initially, RRT conference annually.	Specific training, 14 days total.
Reporting	PSRS	Reportable Diseases Form and PSRS (for some).	PSRS
References	PHPR	Reportable Disease Reference.	PHPR See also: Maternity
Division	ACHI	EPI/HP	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	School Health: Clinical Services	School Health: Coordinated Services	Sexually Transmitted Disease and HIV/AIDS
Description	Includes preventive health services, education, emergency care, referral & management of acute & chronic conditions in a school setting. Synchronize clinical with coordinated school health services.	Provides seven of the eight components of coordinated school health: 1) Education; 2) Physical Education; 3) Nutrition; 4) Counseling, Psychological, & Social Services; 5) Environment; 6) Healthy Staff; & 7) Family & Community Involvement. (Should be synchronized with #8, Clinical Health Services.)	Provides education, surveillance, diagnosis, treatment, & contact follow up for sexually transmitted diseases.
Target	School aged & adolescent children up to age 21.	School aged & adolescent children up to age 21.	General public: those at risk & with STDs.
Category	I.B.	IB	I.A.
Laws, Regs	KRS 156.501, KRS 156.502, & KDE & DPH mandates.	Must be carried out in accordance with KDE & DPH mandates.	KRS 211 and KRS 214 902 KAR 2.080
Funding Source	PSBG, Fed. MCH Block Grant, State General & contracts with schools.	PSBG, Federal MCH Block Grant, State General & contracts with schools.	Federal – CDC
Cost Center	Determined by ICD-9 code.	Determined by Community-based Plan.	807
Staff Req.	Nurses for clinical/ nursing functions. Other staff as appropriate: Health Educators, Dietitians, Nutritionists, & support staff.	Health Educators, Dietitians, Nutritionists, Nurses & support staff, as appropriate.	Nurses, STD investigators, selected staff.
Training Req.	Nurses are required to obtain in the first six months of hire Adult, Child & Infant CPR, First Aid & AED (when applicable) certification and maintain certification status as required, complete all trainings required in the PHPR for specific services, attend the KY School Nurses Association Orientation for New School Nurses & encouraged to participate in the KY School Nurses Association and the National Association of School Nurses.	As required by DPH & KDE for specific services & grant requirements.	Voluntary STD training Mandatory HIV/AIDS training.
Reporting	PSRS, (Community Health Services Report) & KDE reports.	PSRS (Community Health Services Report) and KDE required reports.	Reportable Disease Form, CTS Form and Epid 200.
References	PHPR, KDE references.	PHPR, KDE references.	PHPR
Division	ACHI	ACHI	Epi & HP

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Teen Pregnancy Prevention	**Tobacco Use Prevention and Cessation**	**Tuberculosis**
Description	Provide one of three approved curricula to reduce teen pregnancy.	Provides local coalition building/ maintenance to decrease tobacco use & reduce health risks associated with smoking.	Screening, case management, & contact follow-up for TB.
Target	Male and female pre-teens & teen-agers age 10-19.	Current smokers & youth as future potential smokers.	General population at risk.
Category	I.B.	I.A.	I.A.
Laws, Regs			KRS 211 & KRS 215 902 KAR 2:090
Funding Source	State T & A	Federal - CDC & State General Fund.	Federal – CDC & State General Fund
Cost Center	837	836	806
Staff Req.		Minimum 0.25 FTE if <$18,000; 0.50 FTE if >$18,000; 1.00 FTE all Districts, Lexington, and Louisville	Nurses & outreach workers.
Training Req.	Initial & annual training.	Minimum training: tobacco issues, CDC best practices, planning, coalition development, and cessation & prevention options.	Annual conference with special training as needed.
Reporting	Annual progress report in approved format.	Catalyst	PSRS TB skin test form.
References	Family Planning	PHPR	PHPR, TB Reference, Reportable Disease Desk Reference
Division	ACHI	ACHII	Epi & HP

* Refer to front page for a Key to Categories and Abbreviations.

SUMMARY OF MEDICAL, HEALTH, NUTRITION AND EDUCATION SERVICES*

(continued)

	Vital Statistics	Well Child Pediatrics	WIC
Description	Records all births, deaths, & other vital records by county of occurrence & forwards to DPH Vital Statistics Br.	Provide comprehensive health & history screening & assessment of the physical, mental & social well-being of children.	Provides nutrition education & healthy foods for income & risk eligible individuals.
Target	General public	Age birth through 20 years of age.	Pregnant, breast-feeding, & post-partum women, infants and children up to age 5 at nutritional risk.
Category	I.A.	I.B.	I.B.
Laws, Regs	KRS 213.036	KRS 211.180 (i) (e)	7 CFR Part 246; Section 17 of the Child Nutrition Act of 1966; 902 KAR 4:040.
Funding Source	State T & A	State General Fund	Federal – USDA
Cost Center	890	800	804
Staff Req.	Local Registrar recommended by LHD director & appointed by Commissioner of DPH.	Registered Nurse or Nurse Practitioner trained in Pediatric Services.	WIC Coordinator MUST be designated. *Certifying health professional* – MD, nutritionist, dietitian, ARNP, RN, LPN, or PA.
Training Req.	Mandatory for all new registrars & mandatory updates.	Must complete the state approved Pediatric Assessment lecture course on TRAIN, followed with a three day practicum. Required to attend one update provided by the Well Child program every three years or other 6 CEU pediatric assessment program pre-approved by the Well Child Coordinator.	As required by Nutrition Services Branch.
Reporting	Certificates	PSRS	PSRS, Vendor agreements.
References	Registrar Guidelines	PHPR	PHPR; Volume II - Administrative Reference.
Division	Epi & HP	ACHI	ACHI

* Refer to front page for a Key to Categories and Abbreviations.

IMMUNIZATION PROGRAM ADMINISTRATIVE GUIDELINES

ELIGIBILITY FOR STATE-SUPPLIED VACCINE

The following constitute programmatic directions on eligibility for vaccine supplied through the Department for Public Health's Immunization Program, i.e., state-supplied vaccine. Only those children and adolescents specifically identified as eligible may receive state-supplied vaccine. Local health department (LHD)-purchased vaccine may be used to vaccinate clients not eligible for state-supplied vaccine.

Eligibility

1. Except as noted in paragraph 2 below, LHD clients birth through 18 years of age (under 19) are eligible to receive state-supplied vaccine at no cost for the products. Except as provided for under "Adults, Outbreak Control and Special Situations," in this section, use of state-supplied vaccine for adults 19 years of age and older is not authorized. Eligibility is based on federal statutory (42 U.S.C. 1396s) and state regulatory (907 KAR 1:680) requirements, childhood and adolescent immunization recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP), state and federal funding, and the availability of the vaccine through the Immunization Program.

2. In order to avoid a missed opportunity to immunize, children enrolled/covered by private health insurance presenting at a LHD should receive appropriate vaccination at that contact. However, parents should be counseled to seek subsequent vaccinations from their child's private health care provider as covered by their health insurance plan, and documentation of vaccines administered by the LHD should be provided to the parent/guardian. The Immunization Program is not funded to provide for routine vaccination of children with health insurance that covers vaccinations. LHDs engaged in subsequent or routine vaccination of children with health insurance that covers vaccinations should do so with LHD-purchased vaccine.

3. Children enrolled in Kentucky Children's Health Insurance Program (KCHIP) Phase III are technically not VFC-eligible because they are neither Medicaid-eligible nor uninsured. However, the Department for Public Health has entered into an agreement with the Department for Medicaid Services to be the purchasing and distribution agent of vaccines for children enrolled in the KCHIP Phase III program. Therefore, KCHIP providers, who are also VFC providers, may serve KCHIP Phase III recipients with vaccines supplied through the Immunization Program. Providers must bill KCHIP for the administration fee.

Eligibility Screening

1. LHD clients birth-18 years of age (<19) must be screened to determine eligibility category for state-supplied vaccine by referring to the following criteria:

   a. Is enrolled in Medicaid

   b. Does not have health insurance

   c. Is an American Indian or Alaska Native

   d. Is underinsured (has health insurance that does not pay for vaccinations)

2. A record of client/patient eligibility of all children birth-18 years of age (<19) who receive state-supplied vaccine must be kept at the LHD. LHDs must document patient eligibility screening on the Patient Services Reporting System (PSRS) in AR Volume II. Eligibility screening must take place with each visit to ensure the child's eligibility status has not changed.

State-Supplied Vaccine

1. Subject to availability, the Immunization Program will provide vaccines at no cost to LHDs for administration to eligible clients birth–18 years of age (< 19) identified as eligible in section I.
   Client Eligibility: All ACIP routinely recommended childhood and adolescent vaccines are published by the Centers for Disease Control and Prevention (CDC) in the Recommended Childhood and Adolescent Immunization Schedule – United States. This immunization schedule is revised at least annually. A current copy of the Recommended Childhood and Adolescent Immunization Schedule – United States, may be found at www.cdc.gov/nip/recs/child-schedule.

2. Subject to availability, the Immunization Program will provide vaccines at no cost to LHDs for administration to eligible clients birth–18 years of age (< 19) identified as eligible in section I.
   Client Eligibility: LHDs will administer all vaccines necessary for entry and attendance to Kentucky primary or secondary schools (public or private), preschool programs, day care centers, certified family child care homes or other licensed facilities which care for children, in accordance with Kentucky Revised Statutes KRS 158.035, KRS 158.037, KRS 158.160, KRS 214.034, KRS 214.036, KRS 214.990(5), and Kentucky Administrative Regulation 902 KAR 2:060.

3. Subject to availability, the Immunization Program will provide at no cost to LHDs for administration to eligible clients birth–18 years of age (< 19) identified as eligible in section I.
   Client Eligibility, the following vaccines or combinations are available for administration:
   1) Diphtheria, tetanus, and acellular pertussis (DTaP)
   2) Diphtheria, tetanus, and acellular pertussis – Hepatitis B and Inactivated Polio (DTaP–Hep B–IPV)
   3) Pediatric diphtheria and tetanus (DT)
   4) Influenza
   5) Haemophilus influenzae type b (Hib)
   6) Hepatitis A (Hep A)
   7) Hepatitis B (Hep B)
   8) Hepatitis B and Haemophilus influenzae type b (Hep B–Hib)
   9) Human Papillomavirus (HPV)
   10) Measles, mumps, and rubella (MMR)
   11) Measles, mumps, rubella, and varicella (MMRV)
   12) Meningococcal Conjugate (MCV4)
   13) Meningococcal polysaccharide vaccine (MPSV4)
   14) Pneumococcal conjugate (PCV7)
   15) Pneumococcal polysaccharide (PPV23)
   16) Inactivated polio (IPV)
   17) Rotavirus (ROTA)
   18) Tetanus and diphtheria (Td)
   19) Tetanus, diphtheria and acellular pertussis (Tdap)
   20) Varicella (VAR)

Adults, Outbreak Control and Special Situations

1. State-supplied Hepatitis B vaccine may also be given to susceptible adult household, sexual, and needle sharing contacts of Hepatitis B surface antigen (HBsAg)-positive pregnant women who have been reported to the Department for Public Health's Immunization Program as a Perinatal Hepatitis B prevention case.

2. The Department for Public Health's Immunization Program is not funded to provide for routine vaccination of adults 19 years of age and older. However, the Department for Public Health's Immunization Program may initiate supply of vaccine and immune globulin for adult disease intervention and other special situations or projects. Otherwise, request for vaccine and immune globulin to support adult vaccination of clients not specifically identified above as eligible need to be made to the Department for Public Health's Immunization Program, and will usually need to be accompanied by written justification of need and plan of action. LHDs engaged in routine vaccination of adults should do so with LHD-purchased vaccine.

HANDLING AND STORAGE OF VACCINE

The following constitute procedural directions for the management of state-supplied vaccine:

1. Vaccines should be handled and stored in accordance with the Food and Drug Administration (FDA)-approved package insert that is shipped with each product. Additional guidance for selected biologicals is contained in the Centers for Disease Control and Prevention's (CDC's) Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals, included in the Vaccines for Children (VFC) manual distributed to each local health department (LHD). CDC's vaccine management recommendations for selected biologicals may also be found at: www.cdc.gov/nip/publications/vac_mgt_book.pdf.

2. Designate at least two people in the clinic to be responsible for storage and handling of vaccines. It's important to train at least one back-up person to learn proper storage and handling of vaccines. The back-up person should be familiar with all aspects of vaccine storage and handling, including knowing how to handle vaccines when they arrive, how to properly record refrigerator and freezer temperatures, and what to do in case of an equipment problem or power outage.

3. Refrigerators without freezers and stand-alone freezers usually perform better at maintaining the precise temperatures required for vaccine storage. Combination refrigerator-freezer units sold for home use are acceptable for vaccine storage if the refrigerator and freezer compartments each have a separate sealed external door. Dorm-style integrated refrigerator-freezers are not authorized. A "Do Not Unplug" warning poster should be placed next to the electrical outlets for each vaccine storage refrigerator or freezer. A thermometer must be in every refrigerator and freezer that contains state-supplied vaccine.

4. The temperature of the refrigerator and freezer where vaccine is stored should be checked and recorded on a temperature log at least twice daily. Preferably, the temperature should be checked in the morning when the office opens and again at the end of the day when the office closes. If there is a refrigerator or freezer power outage or malfunction, the time interval of the outage can be narrowed to determine if the vaccine is still viable. Temperature logs should be kept for at least three years. As the refrigerator ages, clinics can track recurring problems. If temperatures have been documented out of range, clinics can determine how long this has been happening and must take appropriate action.

5. Vaccine found to be stored out of recommended temperature range should be safeguarded by moving them to another location and then determining if they are still acceptable for administration. Check the condition of the unit for problems. Are the seals tight? Is there excessive lint or dust on the coils? After making adjustments, document the date, time, temperature, what the problem was, the action taken, and the results of this action. Recheck the temperature every two hours. Call maintenance or a repair person if the temperature is still out of range.

6. Any incident which may question vaccine stability, including incidents of improper vaccine handling and storage, must be reported by telephone to the Kentucky Immunization Program at (502) 564-4478. The report should include, at a minimum, the length of time and temperature at which the vaccine was "stored." The Kentucky Immunization Program will make a determination for the continued use of vaccines in question and/or recommend other action.

7. LHDs should develop emergency procedures for protecting vaccine inventories in case of natural disasters or other emergencies. Such emergency procedures should include: emergency backup power generation or identifying an alternate storage facility with back-up power where vaccine can be properly stored and monitored; ensuring the availability of staff to pack and move vaccine; maintaining appropriate packing materials; and, ensuring a means of transport for the vaccine to a secure storage facility. Guidelines for developing clinic specific procedures for the protection of vaccine inventories before and during emergency conditions may be found at: www.cdc.gov/nip/news/vacc_weather_emerg.htm.

8. For incidents where state-supplied vaccine is determined to be wasted or removed from inventory due to mishandling or expiration, the Kentucky Immunization Program will provide LHDs with cost data for the wasted vaccine, and vaccine disposition instructions. Incidents of wasted vaccine exceeding $1,000 must be followed by a written narrative incident report describing the circumstances of the loss and providing a corrective action plan. The incident report should include the name and position title of the person completing the report. Narrative incident reports should be mailed to Kentucky Immunization Program, Department for Public Health, 275 East Main Street, HS2E-B, Frankfort, KY 40621-0001; or faxed to (502) 564-4760.

9. LHDs may be required to reimburse the Kentucky Immunization Program for the cost of wasted state-supplied vaccine. When required, reimbursements should be made payable to the Kentucky State Treasurer, and mailed to Kentucky Immunization Program, Department for Public Health, 275 East Main Street, HS2E-B, Frankfort, KY 40621-0001.

   Vaccine purchased by LHDs, i.e., not state supplied, should also be handled and stored in accordance with the guidance described in items one (1) through six (6) above.

   LHDs are responsible for the proper maintenance of their vaccine inventory and for ordering vaccine in the appropriate amounts. It is recommended that providers calculate the amount of vaccine they generally use in a 30 to 60 day period, and use that figure as a basis for reordering vaccine. To avoid shortages, providers should always order vaccines at least 30 days in advance of inventory depletion. Providers must complete a "Vaccine Activity and Order Worksheet" and forward it by fax to the Kentucky Immunization Program at (502) 564-4760, or by mail to Kentucky Immunization Program, Department for Public Health, 275 East Main Street, HS2E-B, Frankfort, KY 40621-0001.

IMMUNIZATION LINKAGE INTERVENTIONS WHICH MUST BE IN PLACE TO ENSURE CHILDREN ARE PROPERLY IMMUNIZED

The following interventions must be in place to ensure all children receiving services at a local health department (LHD) are properly immunized:

1. Ensure immunization data for all children is collected and entered into the Patient Services Reporting System (PSRS) regardless of whether the child receives immunization services from a primary care physician or LHD.

2. When scheduling appointments, advise parents/caretakers of each infant and child under the age of two (2) that immunization records are requested as part of the health screening process. Explain to the parent/caretaker the importance of ensuring that infants/children are up to date on immunizations. Assure applicants for WIC services that immunization records are not required to obtain WIC benefits.

3. Use PSRS for prescreening infants and children who have been scheduled for upcoming visits/services.

4. Screen the immunization status of each infant/child at the initial visit and all subsequent visits. The screening must be done by using a documented record, which is either computerized or paper and includes recorded vaccination dates. Examples of a documented record are:
   - A hand-held immunization record from the provider
   - An immunization registry
   - An automated data system, or
   - A medical record

5. In accordance with Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, effective April 14, 2003:
   Immunization information may be shared, without authorization from the patient or the patient's parent or guardian, if the patient is a minor, if the person or agency requesting the information provides health related or education services on behalf of the patient or has a public health interest or is an institution which requires evidence of immunizations pursuant to state law. Some of those entities that may report and exchange information under this exemption are: LHDs within and outside the state, childcare facilities, pre-schools, public and private schools and other providers outside of the LHD who are providing health care to the patients simultaneously or subsequently. See Administrative Regulation 902 KAR 2:055 for a complete list of entities that may report and exchange immunization information.

   Written consent of the patient or legal guardian is required for release of information to those not otherwise authorized to receive the information. DPH policy permits the sharing of childhood immunization information with other LHDs within and outside the state as well as other facilities or institutions which require evidence of immunizations pursuant to

state law, and other providers outside of the LHD who are providing health care to the patients simultaneously or subsequently.

6. If the infant/child is under immunized:
    - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child; and
    - Provide referral for immunization services to the child's usual source of medical care.

7. If a documented immunization record is not provided by the parent/caretaker:
    - Provide information on the recommended immunization schedule appropriate to the current age of the infant/child.
    - Provide referral for immunization services; and
    - Encourage the parent/caretaker to bring the immunization record to the next certification visit.

8. Use the CDC-developed Clinic Assessment Software Application (CASA) to perform self-assessments of immunization coverage level status of children adolescents.

REMINDER/RECALL POLICIES

In February 1992, the National Vaccine Advisory Committee developed a set of standards as to what constitutes the most essential immunization policies and best practices. Research has demonstrated that systems used to remind patients, parents/guardians, and health care professionals when vaccinations are due, and to recall those who are overdue immunizations, improves vaccination coverage. The following are protocols regarding the implementation of immunization reminder/recall policies.

Scheduling Appointments

The local health departments must schedule the next immunization appointment upon completion of the current immunization encounter. Every effort shall be made to provide health services within (10) calendar days from a patient's request for an appointment. Refer to "Appointment and Scheduling Requirements for Personal Health Services" in the AR Volume I, Section VIII: LHD Operations.

Reminder Protocol

1. At each immunization encounter, a written reminder shall be given to the patient or patient's parent/guardian with the next scheduled immunization.
2. The Patient Services Reporting System (PSRS) will display a message that will appear on the status line whenever it is determined that an immunization is due upon registration.
3. A reminder card or telephone call must be executed in order to remind patient or patient's parent/guardian of the next immunization appointment in advance.
   a. **FOR HEALTH DEPARTMENTS WITH AUTO DIALER:** Local health departments with Auto Dialer capabilities must utilize the system to prompt patient or patient's parent/guardian regarding upcoming immunizations. See WIC Program section in the AR Volume II for "Auto Dialer Download" instructions.
   b. **FOR HEALTH DEPARTMENTS WITHOUT AUTO DIALER:** Local health departments without Auto Dialer capabilities must utilize a manual reminder telephone call or card system.

Recall Protocol

1. Attempts should be made to recall patients that miss immunization appointments by employing either a mailed card or telephone call. A total of three documented attempts to reschedule the appointment should be made before classifying the patient as "moved or gone elsewhere" for immunization purposes.
2. Health departments may obtain a missed appointment list daily to assist with this endeavor. If you wish to have this report printed at your health department, contact the Help Desk at (502) 564-7213 or CRT 2163 and request that Report 865 is run for your site. Report 864 will print labels for use in contacting these patients. See "Missed Appointment List and Labels" in PSRS section of the AR Volume II.
3. Allow sufficient time to lapse before each contact is attempted, in order to give the patient or patient's parent/guardian sufficient time to respond.
4. Document each attempt including the date of attempt, method of contact, and the outcome.
5. If the patient or patient's parent/guardian does not respond to the three attempts, the child has "moved or gone elsewhere" for immunization coverage level assessment purposes. Document appropriately.

REPORTING AND PREVENTION OF PERINATAL HEPATITIS B

Testing and Screening

KRS 214.160 (7) has required the screening of pregnant women for Hepatitis B since 1998. Screening for Hepatitis B surface antigen (HBsAg) is one of several required blood tests performed at the initial prenatal visit. If the woman is high risk for contacting Hepatitis B, the serological testing should be repeated in the last trimester.

Reporting Requirements

Health Care professionals and health care facilities are required by regulation 902 KAR 2:020 to report HBsAg-positive pregnant women and children born to these women.

Kentucky Disease Surveillance requires priority reporting: report to the local health department or the state Department for Public Health within 1 business day of the identification of a case or suspected case.

Epidemiology reports required:

- Kentucky Reportable Disease form – EPID 200 (01/03) – Used to report all Hepatitis B positive persons.
- Hepatitis B Infection in Pregnant Women or Hepatitis B Infection in a Child – EPID 394 (01/03) – Used to report all pregnant women or children positive for Hepatitis B.
- Perinatal Hepatitis B Prevention Form for Infants – EPID 399 – Used by hospitals to report vaccination status of newborn infants.

Perinatal Hepatitis B Prevention Coordination

- The Department for Public Health's Immunization Program will have a person designated as the State Perinatal Hepatitis B Prevention Coordinator.
    - The State Perinatal Hepatitis B Prevention Coordinator will be responsible for maintaining a state-wide registry of children born to HBsAg positive mothers throughout the state.
    - The State Perinatal Hepatitis B Prevention Coordinator will provide technical assistance to local health department Perinatal Hepatitis B Prevention Coordinators throughout the state.
- Local Health Departments
    - Local health departments shall have a designated person assigned to be responsible for the follow-up of prenatal women who test HBsAg-positive, their newborn infants, and household, sexual and needle-sharing contacts.
    - The designated person at the local health department will work with private physicians and hospitals to coordinate the care and follow-up of these clients.
    - The designated person at the local health department will report to the State Perinatal Hepatitis B Prevention Coordinator regularly with any current information on clients being case managed.

Infants Born To HBsAg Positive Women

Vaccination and testing for HBsAg and anti-HBs should be conducted in accordance with the most current recommendations of the Advisory Committee on Immunization Practices (ACIP) for Hepatitis B Vaccine.

- Infants born to women who are HBsAg-positive will receive Hepatitis B Immune Globulin (HBIG) and three doses of Hepatitis B vaccine in accordance with current recommendations of the ACIP.
- The HBIG and the first dose of Hepatitis B vaccine will be administered when the infant is physiologically stable (usually at the birthing facilities), preferably within 12 hours of birth. These infants will be case managed to assure that immunoprophylaxis and post-vaccine testing are continued and completed in a timely manner.
- The infants will be tested for HBsAg and anti-HBs three to nine months after the completion of the vaccine series to determine the success of the therapy. The three to nine months after the completion of the vaccine series determine the success for the therapy. In case of therapy failure, these tests will identify infants positive for the virus or those requiring re-vaccination.
- Re-Vaccination: Infants negative for anti-HBs and HBsAg should receive a complete second series of Hepatitis B vaccine and retest for HBsAg and anti-HBs one month after the last dose.
    - If the infant continues to be negative for anti-HBs, the infant is considered to be a non-responder.

VACCINES FOR CHILDREN PROGRAM FRAUD AND ABUSE PREVENTION

Background

The purpose of this policy is to provide programmatic direction for the prevention of fraud and abuse in the utilization of state-supplied, Vaccines for Children (VFC)-funded, vaccine. Vaccine supplied through the Department for Public Health's immunization program (Immunization Program) is funded through several state and federal funding sources. Most, however, is funded through the federal VFC program. Only a very small percentage of state-supplied vaccine is non-VFC or otherwise categorically restricted. Children and adolescents eligible for VFC-funded vaccine are those who are birth through 18 years of age (less than 19), and who are:

- Medicaid eligible
- Uninsured (have no health insurance)
- American Indian/Alaska Native
- Underinsured (have health insurance that does not pay for vaccinations). To be supported with VFC-funded vaccine, underinsured children must be vaccinated at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC). In order to avoid missed opportunities to immunize by having to refer underinsured children to FQHCs or RHCs, local health departments (LHDs) are provided tobacco settlement-funded vaccine.

Given vaccine usage constraints relative to vaccine funding, LHDs must ensure they are not misusing state-supplied vaccine. In order to accomplish this, LHDs must follow the programmatic directions contained in "Eligibility For State Supplied Vaccine" found in this section of the AR. This is particularly true for VFC-funded vaccine, by far the state's largest vaccine funding source, and for which there may be civil and/or criminal penalties if fraud and abuse were to occur. The Immunization Program is required by federal granting authorities to implement VFC fraud and abuse prevention policies.

Children enrolled in Kentucky Children's Health Insurance Program (KCHIP) Phase III are technically not VFC-eligible because they are neither Medicaid-eligible nor uninsured. However, the Department for Public Health has entered into an agreement with the Department for Medicaid Services to be the purchasing and distribution agent of vaccines for children enrolled in the KCHIP Phase III program. Therefore, KCHIP providers, who are also VFC providers, may serve KCHIP Phase III recipients with vaccines supplied through the Immunization Program. Providers must bill KCHIP for the administration fee.

Definitions

Fraud, as is defined in 42 CFR 455.2, is "an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person."

Abuse is defined as "provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care…"

Authority

42 U.S.C. 1396s	Program for distribution of pediatric vaccines
KRS 205.520	Title and purpose of KRS 205.510 to 205.630 – recovery from third parties for services rendered
KRS 205.8453	Responsibility for control of fraud and abuse
907 KAR 1:675	Program integrity
907 KAR 1:680	Vaccines for Children Program

Compliance Assessment

In order to receive VFC-funded vaccine, VFC-enrolled providers, including LHDs, must submit to the Immunization Program vaccine usage and inventory data documenting VFC eligibility and doses administered. Every vaccine order submitted by a LHD is compared to the most recent provider profile submitted by the LHD. The provider profile is a provider-completed estimate of the number and type of VFC-eligible children the provider expects to see in a given year. These estimates are entered into the Centers for Disease Control and Prevention (CDC)-developed Vaccine Management System (VACMAN).

Aggregate vaccine orders exceeding annual profiled estimated usages are identified by VACMAN. Immunization program staff contact LHD's exceeding profile amounts to determine if distribution of additional vaccine is justified, or if adjustments to the profile are needed. Additionally, immunization program staff validate submitted LHD provider profile and usage data by comparing to Patient Services Reporting System (PSRS) generated reports.

VFC fraud or abuse determination is not a responsibility of the Immunization Program. However, the Immunization Program is required to report suspected VFC fraud and abuse to state and federal authorities. Unjustified excessive and/or repeated discrepancies between provider profile data, vaccine orders and vaccine usage will be referred for further investigation as is required of the program.

Referrals

The Immunization Program will refer suspected cases of fraud or abuse to the Division for Program Integrity, Department for Medicaid Services (Program Integrity). The Immunization Program will make notification of such referral action to the CDC, who may in turn notify the Centers for Medicare & Medicaid Services (CMS). Program Integrity will investigate complaints and refer, as needed, cases of fraud and abuse to the Office of the Inspector General, Cabinet for Health and Family Services, or to the Attorney General, Commonwealth of Kentucky. Referrals will include, as available or applicable:

a. Local health department name and address;

b. A description of the reason for the referral;

c. If the referral was initiated in response to a complaint, copy of the complaint and/or a summary of the complaint, and the complainant's name, address and telephone number, if available; and,

d. A summary of the result of any preliminary investigation conducted by Immunization Program staff regarding allegations or suspicions of fraud or abuse.

Resolution

Determination of fraud or abuse is made by Program Integrity. LHDs determined by Program Integrity to be engaged in VFC fraud or abuse will be inactivated (suspended) from the VFC program. Reinstatement to the VFC program will be contingent on the outcome of proceedings conducted by the Office of the Inspector General or the Attorney General's office. Final resolution may include the following (not all inclusive) interventions: remedial education, recoupment of funds, reinstatement without penalty, or referral for criminal prosecution or civil resolution.

KENTUCKY HIV/AIDS CARE COORDINATOR PROGRAM (KHCCP)

Client Eligibility Guidelines

Clients applying for eligibility for the Kentucky HIV/AIDS Care Coordinator Program (KCCP), the Kentucky AIDS Drug Assistance Program (KADAP) and/or the Kentucky Health Insurance Continuation Program (KHICP) must meet all of the following:

1. Household income - Includes the client, family members, a spouse, partner, or non-family members that reside together.

2. Household Income – The income of all individuals (over the age of 15) that occupy a single residence should be included in the household income and MUST be verified. EXCEPTION would be if an individual does not directly contribute toward the daily living expenses of the other people within the residence (i.e. someone who rents a room, apartment, house, etc. and pays his/her own bills and living expenses separate from the other people that occupy that room, apartment, house, etc.). Individuals must be at or below 300% of the federal poverty level, adjusted for family size. Income must be verified by one of the following:
   - Two most recent pay stubs; or
   - Most recent W-2 Forms; or
   - Award letter from Social Security Disability/Supplemental Security Income; or
   - Check stub from Social Security Disability/Supplemental Security Income; or
   - Signed statement of no income (for clients who report having no income, he/she must state how he/she is meeting the needs of daily living.

   Client's household cash assets must be less than $10,000. (KHCCP reserves the right to verify cash assets).

3. Be HIV positive: Provide complete name-linked verification of HIV+ status within 30 days of initiating the initial interview. The following items may be used to verify HIV status:
   - Positive confidential Western Blot test result; or
   - Signed and dated written statement from a medical care provider; (Please use the Medical documentation Form); or
   - A Counseling and Testing counselor may sign and verify HIV status; or
   - A discharge summary or other hospital record that verifies diagnosis; or
   - Medicaid or Social Security document that verifies diagnosis.

4. Be a current resident of the state of Kentucky verified by one of the following: (Client verification MUST match the address record)
   - Valid Kentucky driver's license or state identification card;
   - Copy of a signed lease agreement;
   - Current utility bill; or
   - Statement from a person providing room and board.

5. Sign and date the Informed Participation Agreement form.

6. Sign and date the agency's Release of Information form.

7. Provide sufficient factual information to complete the initial Intake and Assessment form within 30 days of the initial review.

8. Agree to participate in the development of the Individualized Care Plan (ICP): Client to cooperate with the interventions, goals, and objectives of the plan.

9. Agree to abide by the established guidelines for conduct.

10. Provide documentation of health insurance: (including Medicaid/Medicare and Private health coverage), if applicable. Eligibility for KHICP must meet all of the following criteria:
    - Meet all of the program eligibility requirements listed above.
    - Have had health insurance for at least six (6) months **prior** to applying for the KHICP or be eligible for COBRA.
    - Must have a prescription rider as part of their health insurance policy.
    - All covered members must be HIV Positive.

11. Clients **must** provide a copy of a current receipt or current bill to be eligible for any/all financial assistance from KCCP.

12. Incarcerated Individuals
    - Clients who are incarcerated for a period not to exceed 30 days may remain eligible for the KCCP.
    - Clients who are incarcerated for a period greater than 30 days will be documented closed in the client's file and will not be eligible for any care coordinator services during the period they are incarcerated.
    - A client may re-apply for the KCCP once released from jail/prison or within 30 days of release date. (If application is approved, client will be eligible for services upon being released from incarceration.)
    - Client must provide documentation of residency before a client is eligible for any monetary assistance (other than case management).

13. KHCCP is largely a federally funded program and is considered the payor of last resort. Financial assistance is NOT guaranteed. Funding is limited and services may be terminated without cause.

14. Falsification of any information/documentation by any client is grounds for immediate termination without the possibility of reinstatement.

Reinstatement Policy

Clients who have been dismissed from the Kentucky HIV/AIDS Care Coordinator Program (KHCCP) have the right to reapply to the KHCCP six (6) months after the date of their dismissal, not including the exceptions noted below. It is the client's responsibility to make contact with their respective Care Coordinator Region in order to reapply for the KHCCP after the six (6) month period. Once the client is reinstated into the KHCCP, if, at any time, the client does not adhere to his/her responsibilities outlined within the KHCCP Informed Participation Agreement and the Client Responsibilities Agreement, the client will be dismissed from the KHCCP for a period of one (1) year.

The client may, once again, reapply to the KHCCP by contacting their respective Care Coordinator Region one (1) year from the date of dismissal.

Clients must meet all of the eligibility criteria and provide the necessary documentation in order to be considered, at any time, for participation in the KHCCP.

If at any time the client does not adhere to his/her responsibilities outlined within the KHCCP Informed Participation agreement and the Client Responsibilities Agreement, the client will be terminated indefinitely from the KHCCP without the possibility of reinstatement.

Exceptions To The Reinstatement Guidelines

Reinstatement guidelines do not apply to those incidents in which:
Clients have become physically abusive or made direct or indirect threats to harm any staff within the Kentucky HIV/AIDS Care Coordinator Program (KHCCP), and
Clients have falsified documentation or information related to their eligibility for the KHCCP.

LABORATORY SERVICES

Laboratory Services, Regulations, Guidelines

- Independent laboratories that are not part of the Public Health Laboratories of Kentucky (PHLOK) are responsible for their own certification through the US Department for Health and Human Services, Centers for Medicare and Medicaid Services (formerly HCFA).
- The state laboratory holds and maintains certification, Clinical Laboratory Improvement Amendment of 1988 (CLIA) certificates, for the Public Health Department Laboratories of Kentucky (PHLOK). Two certificates are held by the Division of Laboratory Services: 1) Provider Performed Microscopy (PPM) and 2) Moderate. The type of certificate held for each individual health department laboratory is dependent upon the type of testing being performed in the facility. Furthermore, the health department can only perform tests approved by the state laboratory that are within the certification guidelines. Any change in health department sites, personnel, or tests performed must be recorded on a DLS Change Form. For more details, see "Laboratory Services—Service Description and Key Roles and Responsibilities of LHDs" in this section.
- The public health laboratory in Frankfort maintains a high complexity CLIA certificate.

Applicable Laws

KRS 211.190 identifies certain services to be provided by the Cabinet for Human Resources, including the establishment, maintenance and operation of public health laboratories.

KRS 211.345 requires that the Cabinet provide chemical and microbiological testing of private water supplies without charge.

KRS 214.625 provides for provision of voluntary HIV testing through local health departments.

KRS 214.155 requires testing of all infants for inborn errors of metabolism and that the Cabinet make testing available.

KRS 214.160 requires approval of laboratories performing mandated prenatal tests for syphilis and obligates the laboratory of the Cabinet to provide such testing.

KRS 215.520 specifies the provision of adequate support for out-patient TB clinics by high quality laboratories.

KRS 217C.040 establishes the responsibility for oversight of dairy products.

KRS 258.085 provides for submission of animal heads for rabies testing.

KRS 333 regulates the operation of independent medical laboratories, is under the technical oversight of the DLS.

KRS 510 requires HIV testing to be performed on persons convicted of specific sexual offenses under supervision of the Cabinet.

KRS 529.090 requires HIV testing of convicted prostitutes under supervision of the Cabinet.

KRS 438.250 Mandatory testing for HIV, hepatitis B and C, tuberculosis, and other diseases for criminal defendants, inmates, and state patients under specified conditions.

Target Population

- Residents of the county where the health department is located.

Funding

- Laboratory testing performed by local health departments may be reimbursed by Medicaid, Private Insurance or Private Pay.
- Laboratory testing performed by Division of Laboratory Services (DLS), Frankfort, is performed free of charge with the exception of newborn screening testing.

Special Requirements

1. Staff requirements:
   - The health department laboratory must have a sufficient number of individuals who meet CLIA qualifications requirements to be able to perform the volume and complexity of tests offered.
   - CLIA guidelines set the standard on who can do a laboratory test and what type of test that individual is authorized to do. A health department that is operating under a waived/PPM certificate is authorized to do a limited number of tests. A list of those approved tests are available through the certificate holder, DLS and the DLS web site: Division of Laboratory Services
   - Health departments operating under a waived/PPM certificate requires that the microscopy tests performed in that facility have to be conducted by an Advanced Registered Nurse Practitioner (ARNP) or Medical Doctor.
   - Moderate certificate holders must either have an associate degree related to laboratory testing or have earned a high school diploma and training that must be documented for the type of testing being performed by that individual.

2. Training Requirements:
   - Moderate certificate, each individual performing moderate complexity testing must be trained prior to analyzing patient specimens. This training will assure that the individual performing the test has all skills needed to collect, test, and verify the validity of the patient's test results. The "Employee Competency and Training Checklist" is part of the Local Public Health Laboratories of Kentucky Quality Assurance Plan provided to each health department.

Reporting Requirements

Test results that are performed in the health department laboratory are documented in the patient's chart on the CH-12. Any patient testing results from either a contract lab or from the Division of Laboratory Services or from any other licensed facility (ies: Hospital, Physician Office Laboratory [POL]) that appear on the Reportable Disease List must be reported to the Division of Epidemiology (DE), DPH. The DE maintains this list.

Blood-borne Pathogens And Needle-stick Safety

A copy of "The OSHA Standard Bloodborne Pathogens Standard 29 CFR 1910.1030" is kept at each health department and in great detail lays out the bloodborne pathogens and needle-stick safety issues concerning the health department. Click on this link: "OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030" for a Fact Sheet on this document.

Laboratory Services Description And Key Roles And Responsibilities Of LHDs

- Laboratory services provided by health departments under their CLIA certificate, being waived/PPM or Moderate will perform quality control as part of the testing and will implement a quality assurance program as outlined in the Local Public Health Laboratories of Kentucky Quality Assurance Plan provided to each health department.
- Each site will maintain a "Public Health Laboratories of Kentucky Standard Operating Procedures Manual" (PHLOK SOPM) for health department laboratory testing that will have each test listed that the health department laboratory performs. This manual is provided by the certificate holder, Division of Laboratory Services (DLS). The manual discusses the principle of each test performed, describes specimen collection, needed equipment and supplies to perform the test, proper storage of test components, proper disposal of hazardous waste, the test procedure, reporting of results, management guidelines, limitations of the procedure, instrument maintenance, problem solving and references. Any and all forms related to test documentation will be found in the PHLOK SOPM for health department laboratory testing and are also available online: Division of Laboratory Services
- Whenever there is a change in laboratory sites, personnel or test method, a Change Form must be filled out and submitted to DLS. The DLS in turn will approve or disapprove the requested change and contact the affected program so that health department reimbursement for services rendered can occur. Without this process, reimbursement will be denied. A Change Form may be obtained from the PHLOK SOPM kept at each local health department.
- Specimens may be sent to the state laboratory, Frankfort, for tests that are not performed at the local health department.
- The tests offered by the state laboratory are listed online at: Division of Laboratory Services. Instructions for specimen collection, requisition and shipping requirements are listed for each test.
- Each health department has a Form Book that contains all the submission forms used to submit a specimen to DLS. A copy of each form and directions for filling the form out correctly can be found in the book and online at: Division of Laboratory Services Form updates are made available online and most forms may be printed from the website for health department use. Submission Forms are also available from DLS.

Shipping Laboratory Specimens To Division Of Laboratory Services (DLS)

- Shipping containers and color coded shipping labels are provided to the health department from the Division of Laboratory Services for the purpose of shipping specimens.
  - For definitions of the color coded shipping labels, and listing of possible shipping methods, see "Kentucky Public Health Laboratory (KPHL) Packaging and Shipping of Diagnostic Specimens" in this section.

Packaging And Shipping Of Infectious Substances

- New Department of Transportation (DOT), Domestic Mail Manual (DMM), and International Air Transport Association (IATA) guidelines must be followed in determining if a specimen for shipping is infectious or diagnostic. See "Kentucky Public Health Laboratory (KPHL) Packaging and Shipping of Diagnostic Specimens" in this section. If determined to be infectious, guidelines must be followed in the packaging and shipping of that specimen.
- Employees responsible for infectious substance packaging and shipping must be trained and certified by their employer within 90 days of employment. Employees must be re-certified every three years, or whenever changes to the applicable regulations occur. The training guidelines are found in : CFR 49 Volume 2, Subpart H Training: Section 172.704 Training Requirements.
- UN Certified Packages must be used as defined in the DOT regulations and a 24-hour emergency number must be provided while the package is in transit.

Contract Laboratory

- If the local health department purchases laboratory services, the services must be provided by a licensed laboratory. The health department will need to request a copy of the contracted laboratory's CLIA certification that includes their current CLIA number so that the health department can present this to Medicaid.
- The contract laboratory will provide the health department with a test manual. This manual will list the tests that they perform and will state their specimen requirements and forms they want completed to accompany specimens sent to them for testing. Time sensitivity and shipping requirements will be defined here too.

Specimen Collection

- What qualifies as a good specimen and why it is important in obtaining reliable test results is found in both the Public Health Laboratories of Kentucky Standard Operating Procedures Manual (PHLOK SOPM) for health department laboratory testing and online at: Division for Laboratory Services
  Test Kit Inserts found in the test kits that the health department laboratory utilizes for testing also address proper specimen collection.
- **MOST IMPORTANT: Please see the Registered Sanitarian Field Handbook in the AR Volume II for instructions for collecting and submitting specimens for rabies examination and other viral isolation.**

Laboratory Safety

- The back section of the PHLOK SOPM for health department laboratory testing provides general laboratory safety guidelines. Discussion of biological, chemical and mechanical hazards take place here with emphasis on prevention and what to do in the case that an incident occurs.

Chemical Terrorism Laboratory Response

- Biological samples (Blood and Urine): Call the Division of Laboratory Services 502-564-4446 for the collection and shipping of biological samples for chemical analysis.
- Environmental samples (Air, Soil, and Water): Call Kentucky Environmental Response 502-564-2380 or 800-928-2380 for the management of environmental samples.

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
DIVISION OF LABORATORY SERVICES
REQUIREMENTS FOR SHIPPING OF SPECIMENS

- Shipping containers and color coded shipping labels are provided to the health department from the Division of Laboratory Services for the purpose of submitting blood, serum, DNA probe, water, food and milk specimens.

  The color coded labels for mailing specimens to DLS are defined as follows:

Pink	-	Chlamydia
Orange	-	Clinical Chemistry
Yellow	-	Enteric Pathogens
Orange	-	Parasitology
Blue	-	Prenatal Profile
Lime Green	-	Rubella Serology
White	-	Serology
Red	-	TB (Postage Prepaid)
Green	-	Viral & Rickettsial Serology
Pink	-	Virus Isolation & Special Serology
White	-	Water Bacteriology

- Specimens may be shipped to the DLS, Frankfort, by FedEx, UPS, Courier, U.S. Postal Service or personal delivery. Each method shall be carefully evaluated before choosing the one best suited for a particular specimen. Many carriers will not transport rabies specimen. Also it is important to note that many specimens collected are time sensitive and it is essential that they arrive for testing in Frankfort in a timely manner. This should also be factored in when selecting a shipping method. Time sensitive tests are discussed in the Tests Performed reference section available online at: http://publichealth.state.ky.us/laboratory-services.htm

These instructions are current as of 12-19-02.

KENTUCKY PUBLIC HEALTH LABORATORY (KPHL) PACKAGING AND SHIPPING OF DIAGNOSTIC SPECIMENS

To ensure the safety of the public and assure the integrity of the clinical sample, Department of Transportation rules mandate the following procedures for packaging and shipping diagnostic specimens to the Kentucky Public Health Laboratory (KPHL).

According to the regulation (DOT 49 CFR) a diagnostic specimen is defined as "any human or animal material, including excreta, blood and its components, tissue, and tissue fluids being transported for diagnostic or investigational purposes, but excluding live infected humans or animals." Therefore >99 % of all clinical specimens from the local health departments should be treated as diagnostic.

PROPER PACKAGING OF DIAGNOSTIC SPECIMENS INCLUDES FOUR BASIC REQUIREMENTS:

- Watertight Primary Containers
- Watertight Secondary Containers
- Absorbent Material
- Sturdy Outer Packaging

WATERTIGHT PRIMARY CONTAINERS may be glass, metal, or plastic. They must not contain more than 500 ml of any liquid . For solid specimens the primary container must be siftproof and not contain more than 500g.
Examples: Chlamydia swabs and Vacutainers®.

WATERTIGHT SECONDARY CONTAINERS. To prevent contact between multiple primary containers, individually wrap or separate each with paper towels or tube sleeves and place inside a leakproof secondary container. **Note:** Paperwork goes between secondary container and outer packaging. Make sure black rubber gaskets have been placed inside the metal canister lid.
Examples: Small metal canisters and plastic canisters.

ABSORBENT MATERIAL. Place absorbent material between the primary and secondary container. Use enough absorbent material to absorb the entire contents of all primary containers.
Examples: Cotton balls, paper towels, absorbent pads.

STURDY OUTER PACKAGING must consist of corrugated fiberboard, wood, metal, or rigid plastic. For liquids the outer packaging must not contain a total of more than 4 liters. For solids, the outer packaging must not contain a total of more than 4 kg. The minimum package size in the smallest overall external dimension is 4 inches. Each completed package must be capable of withstanding a 4 foot drop test outlined in IATA 6.5.1.

MARKINGS Each diagnostic shipment must show the text "DIAGNOSTIC SPECIMENS".

DIAGNOSTIC SPECIMENS THAT ARE DRIED AND NON-INFECTIOUS. Dried blood, tissue, saliva, and hair. Dried blood samples on absorbent pads or cards for diagnostic testing must be enclosed in a paper envelope or a paper lunch sack and mailed in a second paper envelope. Do not fold cards and if more than one card is submitted, be sure to turn so blood spots do not touch one another. Make sure spots are dried thoroughly before placing the cards in the envelopes. Glass or plastic slides must not be shipped in any flexible envelope.

Do's and Don'ts

- **DO** call us if in doubt. 502-564-4446 ext. 4407.
- **DO** use the correct packaging components.
- **DO** not place the paperwork around the primary container (i.e. the glass or plastic vial).
- **DO** place the paperwork between the secondary container and the outer packaging.
- **DO** try to keep the use of tape on the tubes, cans and boxes to a minimum.

RADIOLOGIC SERVICES

Radiologic Services must be purchased/rendered in accordance with the following guidelines:

Mammography X-Rays

- Mammography X-rays shall be performed by skilled radiologic technologists who are certified by the American Registry of Radiologic Technologists and are Kentucky State Certified General Certificate Radiographers. The films shall be interpreted by a qualified radiologist who is certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
- Two views of each breast shall be taken with an average radiation exposure at the current recommended level as set forth in the guidelines of the American College of Radiology.
- Facilities performing mammograms shall be accredited by the American College of Radiology Oncology Accreditation Program and certified by the federal Food and Drug Administration (FDA).
- The report of the mammogram reading must indicate the name and address of the facility where the X-rays are stored so that the woman and the local health department know where the mammogram films are should they be needed at another location for consultation/referral studies.
- All contracts for mammography services must: 1) Meet the above requirements; and 2) Include the "Mammography Provider Requirements" (below in this section.)

Chest X- Rays

- For chest X-rays, technicians shall be certified by the American Board of Radiology, the American Osteopathic Board of Radiology, or shall have a limited state certificate issued by the Radiation Control Office within the Department for Public Health.

Other Radiological Services

- Other radiological services (e.g. ultrasounds, etc.) shall be purchased only from licensed facilities/providers.

Cross Reference

KY Women's Cancer Screening Program in this section.

MAMMOGRAPHY PROVIDER REQUIREMENTS

Mammography in accordance with the requirements listed below:

1. Facilities performing mammograms shall be accredited by the American College of Radiology Accreditation Program and certified by the federal Food and Drug Administration (FDA).
2. A list of radiologists providing interpretation will be provided to the First Party and attached to the contract. Updating this list (additions or deletions) will be the responsibility of the Second Party.
3. Each radiologist responsible for interpretation of results will have current continuing education in the field of mammography.
4. Interpretation of mammogram results will be recorded on the ACH-16 form, which must be completed, signed and submitted by the First Party, to facilitate the biennial report to the Governor and the Legislative Research Commission as required by KRS 214.554(6). Results must be recorded as a single category on the form of the First Party based on the following categories. (Results of subsequent tests, e.g. additional views, ultrasound, etc. shall be reported separately from the mammogram results.)
   - 0 Assessment Incomplete - need additional imaging.
   - 1 Negative.
   - 2 Benign Finding.
   - 3 Probably Benign - short interval follow-up indicated.
   - 4 Suspicious Abnormality - biopsy should be considered.
   - 5 Highly Suggestive of Malignancy - appropriate action should be taken.
   - 6 Known Biopsy–Proven Malignancy–Appropriate Action Should Be Taken
5. It is expected that the percentage of recall indicating need for further diagnostic workup be no more than the national average (less than or equal to 10%).
6. Payment will be made only upon receipt of the completed report form specified in item 4 above.
7. The report of the mammogram reading must indicate the name and address of the facility where the x-rays are stored so that the woman and the local health department know where the mammogram films are should they be needed at another location for consultation/referral studies.
8. The First Party will screen patients for eligibility, including income criteria. The First Party will authorize which patients are to receive screening mammograms under this program.
9. There will be no billing of the patient by any member of the Second Party. For these purposes, Second Party includes cooperating hospital, radiologist, or technician.
10. If the Second Party determines the services provided under this contract are covered for reimbursement equal to or greater than the contractual amount by Third Party payors * such as Title XIX or private insurance, the First Party shall not be billed for these services. Billing of the Third Party will be the responsibility of the Second Party. In the event balances are due (Third Party reimbursement less than the First Party reimbursement rate) after the Second Party receives settlement from the Third Party, the First Party is responsible for only the difference. Under no circumstance will the patient be billed by the Second Party.
11. The total number of mammograms performed under the terms of this contract shall not exceed _____ unless authorized by the First Party in writing.
12. Payment for a screening or a diagnostic mammogram will be made only if specifically ordered by the First Party on the completed and signed ACH-16 form. The Bi-Rads on the ACH-16 form must match the narrative report before payment will be issued.

* Responsibility for billing Title XIX can be excluded or included in this clause, depending on the local health department's choice. Kentucky Women's Cancer Screening Program funds may not be used to subsidize Medicare clients' services.

A COPY OF THE PUBLIC HEALTH PRACTICE REFERENCE SECTION FOR WOMEN'S CANCER SCREENING IS REQUIRED AS AN ATTACHMENT TO THIS CONTRACT.

FIRST PARTY INITIALS _____ SECOND PARTY INITIALS _____

COMPREHENSIVE GROUP DIABETES SELF MANAGEMENT TRAINING (DSMT)*

Comprehensive Group Diabetes Self Management Training (DSMT) is defined as a series of diabetes group classes (2 or more participants), of at least 8 hours in length, delivered over a period of no more than 3 months, utilizing the Kentucky Diabetes Prevention and Control Program's (KDPCP) curriculum or American Diabetes Association approved curriculum which covers the following topics (as appropriate to the needs of the audience):

- Describing the *diabetes disease process* and treatment options
- Incorporating appropriate *nutritional management*
- Incorporating *physical activity* into lifestyle
- Utilizing *medications* (if applicable) for therapeutic effectiveness
- *Monitoring* blood glucose, urine ketones (when appropriate), and using the results to improve control
- Preventing, detecting, and treating *acute complications*
- Preventing (through *risk reduction* behavior), detecting, and treating chronic complications
- *Goal setting* to promote health, and *problem solving* for daily living
- Integrating *psychosocial adjustment* to daily life
- Promoting *preconception care*, management during *pregnancy*, and *gestational diabetes management* (if applicable).

Instruction time for each class session will generally last 2-3 hours (including registration and breaks); however, as long as curriculum topics are covered at a minimum of time intervals defined, a class series may last one full day, two half days, etc.

Target Audience – DSMT classes will be offered to individuals diagnosed with diabetes and their family members. Other interested community members may also be allowed to attend.

Staff/Training Requirements – Instructors must be licensed professionals (RN, RD, or Certified Nutritionist). Certification as a diabetes educator (CDE) is preferred. Instructors must complete the KDPCP required training with at least bi-annual updates.

Billing/Coding – If the health department chooses to bill Medicaid for the service, a Patient Encounter Form (PEF) should be completed on each date of class attendance for each attendee **diagnosed with diabetes.** The code G0109 (diabetes outpatient self management training services, group session) is the code that should be used. This code is specified in 30 minute units; therefore the appropriate number of units for the time spent should be entered. For example, if instruction time in a class is 2 hours, the code is G0109 with the number of units being 4.

Cost of Service – If the health department chooses to bill for the service, all attendees **with diagnosed diabetes** (unless they have Medicaid), will be required to pay a nominal

fee of $1.00 for each class (regardless of the units coded). Attendees who have Medicaid should be instructed that Medicaid will be billed for the class. Health departments may decide to collect the nominal fees on site or bill attendees at a later date. Attendees will be informed that no person will be denied services because of an inability to pay.

Record Keeping – A class roster including all participants and their contact information shall be maintained in a locked file by the primary coordinator of the class series (follow HIPAA guidelines).

In addition, offsite health department patient registration guidelines will apply to DSMT classes for all individuals **with diabetes** who attend a class. A modified chart will be required including:

- CH 5B (WITHOUT the completion of #20 -- the salary and income section)
- CH 3A - service progress note identifying the diabetes content that was included in each class
- HIPAA form
- PEF

The completed forms/chart shall be stored in the health department of the county where the class was conducted.

****Reporting/Outcome Measurements** – The KDPCP Diabetes Self Management Evaluation Form (see form) is to be completed on all class participants **with diabetes** prior to the class and again 3 months following the last class. A **summary** of the results of the pre and post forms should be mailed to KDPCP at: Department for Public Health, 275 East Main Street, HS2W-E, Frankfort, KY 40621.

Record-Keeping/Reporting Summary

	Billing Medicaid	**Not Billing Medicaid**
Chart (HIPAA, Ch5B, CH3)	X	X
PEF	X	
Pre/Post Assessment	X	X
Class Roster	X	X
Reporting	PSRS (via PEF)	Community Services Reporting System

***** Health department providers who are NOT accredited to provide Diabetes Self Management Training by the American Diabetes Association (ADA) are unable to bill Medicare for DSMT. If a health department is an ADA Recognized Provider of DSMT and plans to bill Medicare, the Medicare Guidelines for DSMT must be followed.

** Diabetes Centers of Excellence (DCOE) staff will follow these guidelines unless specified differently within DCOE protocol.

Reference: American Diabetes Association's National Standards for Diabetes Self-Management Education