



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

Summary of changes to HDSAI Interpretation Document, HDSAI, Activities that Require Visual Observation, and Accreditation Scoring Requirements Effective date 02-15-16

Note: Please see the actual documents for the complete information. Also note that minor grammatical edits are not included in the table below.

HDSAI Interpretation Document		
Page or Activity	Topic	Change
Entire Doc.		Color scheme (Carolina blue- as seen here) added to coincide with like changes to other documents for this revision cycle
Cover & Footer		Effective date (2.15.16) and Version (5.0) updated
TOC		TOC updated to allow for direct linkage to content
p. 6	Board of Health Definition	Clarification regarding consolidated counties: Board, BOH, Consolidated Human Services Board or Board of County Commissioners (if they have assumed the powers and duties of the Board of Health) are other references that equate to the “board of health”.
p.7	Guidance-Policy Review	Mention of DPH nursing consultant assistance removed.
p.8	Data Requirements for Documentation / Evidence	Clarification on timeframe: For all activities where evidence is not required annually since the previous site visit, the evidence can come from any year since the previous site visit unless the activity states otherwise (i.e. within the last 12 months, for each year since the previous Site Visit , etc.).
p. 9	Evidence-resource file	Clarification on process for electronic submission: This information should be provided on-site for the site visit team, along with a list of activities which have updates. If substantial information needs to be added after initial submission of the HDSAI/electronic evidence, the Accreditation Administrator must be contacted for further instructions.

Page or Activity	Topic	Change
p. 9	Evidence-personnel records/training	Language added: Personnel includes permanent staff even if they only work part-time, temporary staff, and contract staff.
p.10	Standards Classification	Number of activities changed to 147 from 148.
p. 11	Standard: Governance	<p>Clarification regarding consolidated counties:</p> <p>Any reference to a Board of Health within this standard refers to the governing board with oversight to public health activities and includes a single county health department board, a district health department board, a consolidated human services board, a public health authority board, a public hospital authority board or a board of County Commissioners.</p> <p>Addition: Throughout the Benchmarks, Activities and Guidance you will see numerous references to “Board of Health” and “BOH.” Anytime those terms are used it refers to the Board of Health or any Board which has assumed the powers and duties assigned to Boards of Health in statute or administrative code (i.e., a Consolidated Human Services Board or Board of County Commissioners.) Advisory Boards appointed to provide input to the body which has assumed those powers and duties are not policy making Boards so do not apply.</p>
1.2	Annual SOTCH	<p>Updates related to CHA/CHNA cycle:</p> <p>The Consolidated Agreement between DPH and local health departments states that one of the responsibilities of the LHD is to “provide to the State ... a State of the County’s Health Report each of the interim two or three years” between CHA cycles.</p> <p>There will no more than three SOTCH reports produced in between accreditation cycles since there is no SOTCH report during the same year as the CHA. Local health departments, depending on when their last CHA was done, may need to submit SOTCH reports for years prior to their latest CHA in order to show 4 years (SOTCH, CHA, SOTCH, SOTCH or SOTCH, SOTCH, CHA, SOTCH). Three SOTCH reports are required except in the case where a LHD is on a 3 year cycle for its CHA and due to timing has only 2 SOTCH reports since its last CHA (CHA, SOTCH, SOTCH, CHA). There is no standardized or required format for the SOTCH.</p>

Page or Activity	Topic	Change
1.3	CHA/SOTCH dissemination	<p>Clarification regarding CHA/CHNA cycle and methods of distribution:</p> <p>The required documentation is to provide evidence that the CHA and most recent SOTCH reports have been distributed and widely circulated by multiple methods to the required population groups.</p> <p>There will be a total of 8 pieces of evidence, made up of documentation of how the department has distributed the CHA & SOTCH: they do not have to represent all 8 different methods.</p>
2.3	CD reporting	<p>Clarification regarding electronic reporting:</p> <p>The second is evidence demonstrating the transmission of those reports to the appropriate state agency in DPH via NCEDSS.</p> <p>Was a record of all reports received for the past 12 months provided?</p>
2.4	Reportable events	<p>Clarification of “atypical”:</p> <ul style="list-style-type: none"> • The definition of “atypical” may vary by local health department; for 1 agency 5 cases of gonorrhoea may be atypical, whereas in another, that would be “normal.” A case of legionellosis would be atypical in agency.
4.1	Surveillance system	<p>Clarification of “12 months prior”:</p> <p>The examples must be dated within the 12 months prior to the notification of the due date of the HDSAI (if notification date is August 1, then any date since the previous August 1).</p>
4.2	EH Risks	<p>Clarification of reports:</p> <p>The reports must come from the examples listed here - well sampling, on-site wastewater survey, childhood blood lead levels, a meth lab investigation, food and lodging inspections, general inspection data, water quality monitoring, or air quality monitoring.</p> <p>There should be four reports for documentation.</p>
5.1	24-7 system	<p>Clarification of “after business hours” protocol:</p> <p>Though the focus is on how the agency receives reports after normal business hours (even if all calls go initially to a 911 Call Center), the protocol or policy should define how the department receives reports of public health threats any time of day.</p>
5.2	Health alert dissemination	<p>Clarification regarding testing system if no alerts distributed:</p> <p>The department can meet this activity without distributing alerts by showing that it has tested the system sending notices of the testing to partners via multiple methods.</p>

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5.3	New alerts/ advisories	<p>Clarification on types of alerts or advisories:</p> <p>As was true for the previous activity, the department can meet this activity without distributing alerts or advisories (e.g., heat advisories, severe weather advisories, etc.). While having distributed actual alerts or advisories is not required, the full intent of the activity is not realized if no alerts or advisories have been distributed to the media. It is expected that departments will have the need to distribute some type of alert or advisory during the time period allowed (48 months).</p>
6.3	Regional EP activities	<p>Clarification of regional participation:</p> <p>This activity requires the department to participate in regional emergency preparedness exercises and related activities- even though regional teams at DPH no longer exist, much of North Carolina’s public health emergency response requires a regional or multi-county response.</p> <p>The documentation is for the department to provide records of local agency participation in regional or multi-county training and/or planning meetings. This can be records of any type of regional activities, planning or meetings that reflect public health preparedness on a regional level. Documentation can be training agendas with sign-in sheets, meeting minutes of planning meetings; each should show who attended and the agency represented. The documentation must show involvement of more than one county as participants. It is not acceptable for the documentation to only reflect the involvement of a single department, even if coordinated and provided through the surveillance team.</p> <p>Local health departments can use documentation other than the surveillance team records. The surveillance team records are suggested because they may be the best documentation and easiest to access indicating participation in regional emergency preparedness activities. Again, if the documentation is provided by the department, it must reflect involvement on a regional level and not just of the department or county by itself.</p> <ul style="list-style-type: none"> • Were surveillance team records of local agency participation in training and/or planning meetings provided? <ul style="list-style-type: none"> If not, were other documents showing participation <ul style="list-style-type: none"> — in training and/or planning meetings related to — regional emergency preparedness provided?

Page or Activity	Topic	Change
7.2	CD investigation	<p>Clarification on evidence timeframe:</p> <p>If there has been no outbreak activity in the 24 months prior to the notification of the HDSAI due date (preferred), evidence may be submitted from any date since the previous site visit; if there has been no outbreak activity since the last site visit, the department should provide evidence that it can properly investigate by providing the policies and protocols that would be used.</p>
7.5	EM communication	<p>Clarification of communication venue:</p> <p>However, in the activity, managers is plural and would also refer to emergency managers for other institutions in the county or district, such as the hospital or school system via a Local Emergency Preparedness Committee or equivalent.</p>
7.6	Preparedness plan	<p>Update of preparedness regional structure:</p> <p>It can be department only, or involve other response partners and the PPHR Regional Office.</p>
8.2	Lab certification	<p>Further clarification that areas of certification are not required for NCSLPH:</p> <ul style="list-style-type: none"> • What external laboratories does the LHD use? Is there documentation of the areas of certification (not required for NCSLPH)?
8.3	Lab services	<p>Further clarification that CLIA certificates are not required for NCSLPH:</p> <ul style="list-style-type: none"> • Are CLIA certificates, or equivalent, available for all laboratories used by the LHD (other than NCSLPH)?
9.1	Data/ information dissemination	<p>Clarification of “each year since previous site visit” and “24 months”:</p> <p>Some examples are given, but the issues can be any public health issue that has affected the community over the past 24 months.</p>
9.5	Notice of changes	<p>Clarification on evidence timeframe:</p> <p>If changes were mandated by the state or federal funding agency and therefore, there was no need to solicit input, please submit another example. If there have been no changes to policy or operation in the previous 24 months (preferred), then the department may submit changes from any date since the last site visit; if no changes have been made since the last site visit, the department would produce the policy and/or procedure that would describe the process for announcing proposed changes and for allowing public input or comment.</p>

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10.1	Population health for general public	Clarification of elements of evidence: These three elements do not have to be taken from one program, although that is preferable; however , you can use different programs to showcase the evidence.
10.2	Programs/materials for at-risk	Clarification of elements of evidence: Also, these three elements do not have to be taken from one program, although that is preferable; however you can use different programs to demonstrate the activity.
11.1	Collaborative community committee	Rewording of Steering Committee to “steering committee.”
14.2	Information to BOH and BOCC	Clarification regarding governance options: Documentation: One of the following: minutes from BOH or Consolidated Human Services Board and County Commissioner’s board meeting, or written correspondence or report provided to BOH/ CHSB and County Commissioners reflecting agency input in public health priority setting and program planning. Although the documentation only requires one example, the activity requires communication with both Boards unless the Board of County Commissioners has assumed the powers and duties of the Board of Health.
14.3	Evaluation of rules	Updating of Activity numbers (from 34.5 to 34.4): This activity links closely to Activity 34.4 under the Governance Standard. Under 34.4 , the BOH is to evaluate the need for the adoption or amendment of local rules or ordinances.

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15.1	Strategic plan	<p>Clarification regarding consolidated counties, timeframes, and move to electronic submission:</p> <p>The department must provide the current strategic plan along with evidence of implementation of the strategic plan. If the health department is part of a Consolidated Human Services Agency and the Strategic Plan is for that agency and includes plans that focus on public health issues, the agency may submit that Plan. This evidence should include a record of annual updates with results achieved for each year since the previous site visit. Depending on when the current strategic plan was adopted/approved, some evidence of implementation and yearly results may be from the previous strategic plan.</p> <p>The Strategic Plan is among the required materials that must be submitted with the completed HDSAI. The site visit team will review this information prior to the site visit. If the department has a “working document” that contains background, data, and information used in goal setting or in the planning process, it should also be submitted to provide the site visit team with specific information relating to the objectives of the health department and of the plan. If this information is not included, the strategic plan may appear to be lacking the “desired outcomes” aspect or not show elements of the required analysis. The on-site resource file can be used to include more detailed information, relating to how the health department plans to meet its strategic goals.</p>
15.3	Annual review of policies	<p>Clarification of policy review:</p> <p>The policy on policies is the document that guides the review and revision of, and staff training on agency policies.</p> <p>If the policy on policies specifies who signs specific types of policies, the site visitors will check to make sure they are appropriately signed and dated. It would be unusual for all policies to be reviewed and signed on the same date unless the agency sets aside one or more days each year for this review.</p>
16.1	Public health law training	<p>Clarification on timeframe:</p> <p>There is no set schedule for the training (e.g., annual or every two years) but both must have occurred since the last site visit.</p> <p>On-going training is training that is set on a recurrent schedule as defined by the agency and does not have to be annual, though training must occur during each of the 24 month periods s for all unit directors.</p>

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17.2	Inspection and permitting activities	<p>Clarification on procedure for when no local rules, ordinances, or policies have been adopted:</p> <p>If no local rules, ordinances or policies have been adopted, then a statement from the Health Director or Board of Health Chair must be submitted as evidence.</p>
18.1	Policies and procedures	<p>Updated state environmental health program organization:</p> <p>Enforcement of the law is always needed and is a responsibility of the health department in cooperation with the NC Division of Public Health and the NC Division of Environmental Health.</p>
18.2	Enforcement action	<p>Clarification of timeframe:</p> <p>Therefore, there should not be a department who claims that there has been no enforcement action since the last site visit (evidence within the last 24 months is preferred.)</p>
18.3	Enforcement complaints	<p>Updating of old accreditation/reaccreditation language:</p> <p>In addition to the policies and procedures, the department must show evidence that it has complied with its policies and procedures in handling any complaints.</p>
19.1	Underserved populations	<p>Clarification on addressing underserved, at-risk, AND (instead of OR) vulnerable populations:</p> <p>Documentation:</p> <ul style="list-style-type: none"> Data on utilization of agency services by underserved, at-risk and vulnerable populations <p>Documentation requires that the agency access the use of its own services and of access to services in the community by populations identified in the community health assessment process. The intent of the assessment is to show that, through both the LHD and outside providers, access for the identified populations is being met.</p>
21.4	Community health advocates	<p>Grammar improvement:</p> <p>It can place staff in an awkward position if they must balance being an advocate for a population being served and be a spokesperson for and defending department actions.</p>

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22.1	Community Health Action Plans	<p>“Community Health Action Plan” term standardized and new March due date (from December) for CHAs and resulting impact on accreditation cycle updated:</p> <p>If the most recent CHA was due in March and the site visit is in the following April - June time period, the agency may provide draft community health action plans or may use the community health action plans from the previous CHA. If the most recent CHA was due in March and the site visit is in the following July – early September time period, the agency may provide draft community health action plans (though they may have been received but not reviewed by NCDPH.)</p> <p>If the most recent CHA was due in March and the site visit is after the first Friday in the following September, the agency must provide community health action plans that have been received and reviewed by NCDPH.</p>
22.2	Program letters	<p>Update regarding DPH letters and update regarding electronic evidence submission:</p> <p>The DPH letters will be sent by the DPH Program Consultants or staff and one letter may address several programs under that Section of NCDPH (e.g., all Child Health programs or all Environmental Health programs).</p> <p>All of this information should be summarized on the table that follows Activity 22.2 in the HDSAI and the Program letters should be submitted with other electronic evidence.</p>
22.3	Non-state programs	<p>Grammatical clarification:</p> <p>If a health department serves only as the pass-through for funds and is NOT involved in the activities or administration of the funded program they do NOT need to list the program or provide a program letter or any other type of oversight for accreditation purposes.</p>
23.1	Qualified Health Director	<p>Clarification regarding consolidated counties:</p> <p>For consolidated agencies, if the Director does not meet the qualifications to be a local health director, then a qualified person must be appointed and must have responsibility to carry out the responsibilities designated in statute to the local health director.</p>
23.2	Staff credentials	<p>Update regarding NCDPH Environmental Health organization and website for EHS credentialing/continuing education:</p> <p>Proper authorizations through NCDPH Environmental Health Section should be evident.</p> <p>The health departments can print documentation from www.ncrehs.com.</p>

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24.3	Staff orientation/ continuing education	<p>Update regarding staff hired prior to orientation policy and website for EHS credentialing/continuing education:</p> <p>For staff hired before a policy requiring orientation was developed, proof of orientation may not be available; the SVT may count that as met for that person or select another record.</p> <p>..... NC State Board of Environmental Health Specialist Examiners. The health departments can print documentation from www.ncrehs.com.</p>
26.1	Non-discrimination policy and training	<p>Clarification on training timeframe:</p> <p>This will include records that training has been done as required by the policy or the Policy on Policies; there is no requirement for timing of training other than what is in the agency's policy.</p>
26.2	Cultural competency policy and training	<p>Clarification on training timeframe:</p> <p>It is process that through continual training and application is achieved. Annual training of all staff is not required, but the policy should provide a timeline for ongoing training that is then reflected in personnel records and training logs.</p>
Benchmark 27	Note	<p>Update on NCDPH Environmental Health organization:</p> <p>Program and service outcome evaluation is a component of the NC DEH and DPH NCDPH program reviews cited previously in Benchmarks 17 and 22 (respectively).</p>
28.1	Research program effectiveness	<p>Update on NCDPH Environmental Health organization:</p> <p>The review of research does not have to be conducted solely by the department but can be done by or in collaboration with another organization, a college or university including academic related centers of practice, professional organizations such as NCPHA or APHA, state consultants from DPH and DEH and contracted consultants.</p>
29.1	Research policy	<p>Grammar edit of "Institute Review Board" to "Institutional Review Board."</p>
30.2	Accessible facilities	<p>Clarification on written documentation:</p> <p>The written documentation for this activity is to present the policies and/or protocols used by the health department that address accessibility issues for the visually and hearing impaired; a certificate of inspection from ADA or Office of Disability and Health can also be submitted.</p>

Page or Activity	Topic	Change
30.6	Cleaning of equipment	<p>Documentation has been updated to reflect new infection control standards:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Policies and procedures AND • Service area and equipment cleaning schedules—Evidence to support agency followed policy and procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (e.g., agency documents or checklist that is scored over time to demonstrate the effectiveness of the IC practices such as reports showing periodic observation of practice with immediate feedback allowing for immediate learning and corrective action to take place, records of any quality improvement, etc.)—To be verified through observations by Site Visitors, who will randomly select a month for review from the previous 24 months records (refer to “Activities that Require Visual Observation) sheet). AND • Maintenance records—Training records for staff on IC policies and procedures AND • Records of competency verification and periodic observations <p>Intent It is important that service areas and equipment used to provide for the prevention of disease transmission and for providing accurate lab results that clinical service areas and laboratory equipment used to provide clinical care be properly cleaned/disinfected and maintained. To help in providing accurate lab results and to help in preventing disease transmission, cleanliness is a must and policies/procedures guide the process. Such actions must be documented as a record of the actions having been taken.</p> <p>Guidance (See Background information in HDSA Interpretation Guidance). The documentation for this activity has three four components:</p> <ul style="list-style-type: none"> • The department must provide the policies and procedures for cleaning, disinfection and maintenance of clinical and laboratory equipment. This can be a single policy, multiple policies or a part of another policy. Policies and procedures related to cleaning, disinfection and maintenance of clinical laboratory equipment and service areas. This includes reusable devices and equipment (e.g., toys, props used for therapy, thermometers, digital dental x-ray sensors, multi-dose medication vials, etc.)

	<ul style="list-style-type: none"> • The second part is the service area and equipment cleaning schedules. These may be a part of the previous policies or may be separate. A service area would refer to clinical areas/exam rooms and waiting areas — areas of the health department that provide patient/client services. The cleaning schedules would be the defined timetables for cleaning of service areas and equipment and many times will be defined by a table or log. The implication is that the tables or logs would be complete (as of the effective date of the policy) showing that the cleaning is following the schedule and policy. Evidence to support agency followed policy and procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (e.g., agency documents or checklist that is scored over time such as reports if periodic observation of practice with immediate feedback AND records of any quality improvements, etc.) • The third part of the documentation is maintenance records. Records would include facilities, vehicles and equipment. Policy and procedure may define maintenance schedules. If so, the records should demonstrate that the work performed follows policy. Maintenance records for equipment, including vehicles, would include the work performed to keep it in working condition, such as repairs, scheduled upkeep and replacement of parts. For service areas, maintenance can be verified by site visitor observations. Vehicle maintenance would only be relevant if the health department has full use and authority of the vehicle, not if it is checked out of a county pool when used. Training records showing were staff were trained on IC policies and procedures related to cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas. • Records of competency verification and periodic observations related to the cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas to ensure staff are appropriately trained. <p>The department should have complete records since the previous site visit. Site visitors will randomly select a month from the 24 months previous to the HDSAI due date for review.</p> <p>(See Resources information in HDSAI Interpretation Guidance).</p> <p>List of items to consider:</p> <ul style="list-style-type: none"> • Autoclaves/medical or dental washers • BP cuff calibrations • Scale calibrations • X-ray equipment permits/license
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		<ul style="list-style-type: none"> • Audiometer calibrations • Thermometer calibrations including those used in EH Lab equipment maintenance and calibration • Dental Equipment maintenance and calibration including x-ray inspection certification • Documents to show that eye wash station(s) have been inspected/checked to ensure they are working properly checks (includes freestanding eye wash stations and/or eye wash attachments for CLEAN sinks) • Crash cart logs - equipment lists and expiration dates • Vision testing equipment depending on the type • Cleaning logs for exam rooms, lab, waiting rooms and patient restrooms • Cars maintenance • Toys in patient play area or therapeutic toys or props (must be disinfected after each use). Consult your Regional Child Health Consultant for recommendations for alternatives to toys such as the evidence-based Reach Out and Read program. <p>SVT Review and Guiding Questions</p> <ul style="list-style-type: none"> • Are policies and procedures available? • Are there records/logs/schedules to show that cleaning and maintenance has been done? • Are maintenance records provided? • Site visitors can review the worksheet and ask random staff members the expectations for cleaning items and how they would clean them. • Are there records (per agency policy) to show that cleaning, disinfection and maintenance has been done? • Are there training and competency verification records to show staff have been adequately trained per policy?
32.1	State data management	<p>Clarification regarding examples of state data management systems:</p> <p>This activity has two documentation requirements. First is a hardware and software inventory of the equipment used with state data management systems (such as HIS, NCIR, NCEDSS, VR, BETS).</p>
32.2	Orientation/training on MIS	<p>Clarification on documentation requirements:</p> <p>This activity requires evidence that relevant staff have been oriented to or received training in the use of management information systems. The department will need to provide a list or spreadsheet to define the relevant staff that use any MIS. This most likely will include anyone who logs onto a computer that is a part of a network. This will include staff using NCIR, NCEDSS, the department billing system or HIS and any other MIS program.</p>

Page or Activity	Topic	Change
32.3	Computer policy	<p>Clarification of documentation requirements:</p> <ul style="list-style-type: none"> There is no specified format or content beyond the three areas and two components mentioned. The policy should define the consequences of using the MIS inappropriately.
33.1	Financial support from taxing authority	<p>Clarification for consolidated counties:</p> <p>The documentation for this activity has three components. First, there should be evidence that the Board of Health or the body that assumed those powers and duties (all referred to as “BOH below) is aware and has discussed the budget (this would not include an Advisory Committee).</p>
34.1	BOH operating procedures	<p>Clarification for consolidated counties:</p> <p>If the County Commissioners have assumed the powers and duties of the Board of Health, they do not need operating procedures when functioning as the Board of County Commissioners, but do need them for when they are acting as the Board of Health. They do not need to use the template provided on the Accreditation website.</p>
34.2	Access to legal counsel	<p>Clarification of documentation timeframe:</p> <p>Documentation may be varied for this activity, since use of legal counsel may or may not have occurred in the past 24 months (preferred), but documentation of use of legal counsel since the last site visit will be accepted.</p>
Benchmark 35		<p>Language updated to reflect prior reorganization of activities within Benchmark 35:</p> <p>The one activity under this benchmark is to ensure that the BOH follows the procedures that are defined in 130A-24 – Appeals Procedures. This activity is complementary to Activity 34.3 and 34.4.</p>

Page or Activity	Topic	Change
35.1	Procedures for BOH adjudications	<p>Deletion of extraneous language regarding documentation:</p> <p>This activity relates to any rules that have been adopted by the BOH. Even if there have been no rules adopted by the BOH, there is no need for a policy and the BOH may meet this activity by placing a statement, signed by the BOH chair, in the resource file which says that the BOH has not adopted rules and has not had any appeals applicable to 130A-24 within the past 48 months. This activity will apply if there is a county ordinance in which the health department is the authorized agent of enforcement. For example, the county may have an animal ordinance and animal control is a division of the health department. The county may have passed a trash ordinance that is the responsibility of environmental health or a solid waste department that is under the health department. In such situations this activity would apply and the agency should follow the same procedures as if the ordinance were a rule adopted by the BOH. The BOH should have an adjudication policy and/or procedures that would be followed in case there is an appeal. still a need to have policies and procedures so that they have in place an adjudication process and appeals procedure.</p> <p>If the BOH has adopted rules then it must have policies and/or procedures for adjudications, as specified in G.S. 130A-24.</p>
36.2	New BOH training	<p>Clarification of requirement:</p> <p>Documentation of orientation training should be provided for all BOH members appointed since the last site visit and currently serving on the Board.</p>

Page or Activity	Topic	Change
37.4	Health Director job description	<p>Clarification of requirement:</p> <p>This activity requires two types of documentation: 1) a copy of the current health director job description that has been signed, dated and reviewed annually since the last accreditation site visit (if the Health Director’s job description has changed since the last site visit both/all job descriptions must be submitted to show annually signature and date) and 2) a copy for each year since the last Accreditation of the BOH minutes or consolidated human services director correspondence recording discussion of the health director’s job description.</p> <p>Update of NC Office of State Personnel to Human Resources: While the NC Office of State Human Resources may not require a job description for the health director, it is a requirement of this activity.</p> <p>Removal of resource no longer available: A good resource to develop a job description would be the Competencies for Health Directors found at: http://ncpublichealthacademy.org/competencies-for-health-directors.pdf. This is also a good tool to use to develop the performance evaluation for the health director.</p>
37.5	Health Director performance review	<p>Clarification of “Supervisor” vs. BOH/consolidated human services director: The required documentation for this activity is a signed and dated copy of the annual health director performance review by the Supervisor (which may be the BOH or consolidated human services director or other designated Supervisor per revisions to 10A NCAC 48B .1304) that has been conducted within the last 12 months.</p> <p>Removal of language: The 12 month period beings with the date of the notification and the BOH or the consolidated human services director has the previous 12 months to have conducted the performance review.</p>
38.2	CHA review by BOH	<p>Numbering corrected:</p> <p>The third element calls for the BOH or Advisory Committee on Health to approve action plans to address health related goals.</p>
HDSAI Changes		
Page or Activity	Topic	Change
Entire Doc.		Color scheme (Carolina blue- as seen here) added to coincide with like changes to other documents for this revision cycle
p.79-81	DPH programs	Current DPH programs/AA #s updated

Activities that Require Visual Observation		
Page or Activity	Topic	Change
Entire Doc		Color scheme (Carolina blue- as seen here) added to coincide with like changes to other documents for this revision cycle
1 and 2		<p>Visual observation criteria changes for 30.6:</p> <p>Documentation: Policies and procedures AND evidence to support agency followed policies/procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (to be verified through observation by Site Visitors, who will randomly select a month for review from the previous 24 months records) AND training records for staff on IC policies and procedures AND records of competency verification and periodic observations.</p> <p>The site visit team should review evidence to support that the agency followed policy and procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (e.g., agency documents or checklist that is scored over time such as reports showing periodic observation of practice with immediate feedback allowing for immediate learning and corrective action to take place, AND records of any quality improvements, etc.)</p> <p>For service area, maintenance can be verified by site visitor observations. The department should have complete records since the previous site visit. List of items to consider:</p> <ul style="list-style-type: none"> • Autoclaves/medical or dental washers • BP cuff calibrations • Scale calibrations • X-ray equipment permits/license • Audiometer calibrations • Thermometer calibrations including those used in EH Lab equipment maintenance and calibration • Dental Equipment maintenance and calibration including x-ray inspection certification • Documents to show that eye wash station(s) have been inspected/checked to ensure they are working properly (includes freestanding eye wash stations and/or eye wash attachments for CLEAN sinks) • Crash cart logs - equipment lists and expiration dates • Vision testing equipment depending on the type • Toys in patient play area or therapeutic toys or props (must be disinfected after each use).

HDSAI Standards and Accreditation Scoring Requirements		
Page or Activity	Topic	Change
Entire Doc		Color scheme (Carolina blue- as seen here) added to coincide with like changes to other documents for this revision cycle
		Total number of activities changed from 148 to 147 .
		Board of Health/Governance requirements changed: = 25 24 of the 28 27 activities