

**Ohio Sanitarian Registration Board**  
**January 28, 2015**  
**10:30 a.m.**  
**77 South High Street, 19<sup>th</sup> Floor, Room 1918**  
**Columbus, Ohio 43215**

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1. Call to Order
2. Approval of the Minutes  
**Action Required**
3. Committee Reports
  - 3.1. Executive: Tracy Buchanan, Gene Phillips, Peter Schade
  - 3.2. Professional: James Adams, Tracy Buchanan,
  - 3.3. Continuing Education: Nancy Niehus, Gene Phillips, Peter Schade
  - 3.4. Examination: James Adams, Chuck Hart
  - 3.5. Finance: Chuck Hart, Gene Phillips
  - 3.6. Rules: Nancy Niehus, Gene Phillips, Peter Schade
4. Executive Secretary Report
  - 4.1. eLicensing 2.0 Update
  - 4.2. Revenue and Expenditure Report
5. Assistant Attorney General Report
6. Adjudication
  - 6.1 Adam C. Nolan – 11:00 a.m.
  - 6.2 Kelsey M. Gregston (maiden: Heyob) – 11:00 a.m.
7. Old Business
8. New Business
  - 8.1 Proctor for February 27, 2015 NEHA Exam
  - 8.2 Waiver of internship requirements for practicing professionals and/or military personnel with experience
  - 8.3 Rules for Review 2015 Discussion
9. Continuing Education
  - 9.1. Request for Approval of Hours – Individuals (CE-2)  
**Action Required**
  - 9.2. Request for Approval of Training Agency Status (CE-3)  
**Action Required**
  - 9.3. Request for Approval of Hours – Training Agencies (CE-4)  
**Action Required**
10. Applications
  - 10.1. Sanitarian-in-Training Applications  
**Action Required**
  - 10.2. Registered Sanitarian Applications  
**Action Required**
  - 10.3. Applications for Advancement to Registered Sanitarian  
**Action Required**

10.4. Reinstatements

**Action Required**

10.5. Extension/Waiver/Accommodation Requests

**Action Required**

11. Guest Participation

12. Correspondence

12.1 Jennifer Wentzel: Ms. Wentzel asked the Board to clarify what the Board could provide in response to a memorandum from ODH Director Hodges informing all health departments that an employee must provide a pdf copy of their RS/SIT credentials for the purpose of reporting public health indicators. This is specific to individuals working in food safety and public swimming pool and campground programs.

12.2 Ray Herbst: Mr. Herbst wanted to inform the Board of his displeasure with their policy on how continuing education is reviewed and approved. He is unhappy that a conference he attended in April 2014 was not a pre-approved event and would have had to be reviewed at the January 28, 2015 Board meeting.

12.3 Dale Grigsby: Mr. Grigsby requested that several of the FDA courses (submitted via ODH) approved at the November 19, 2014 Board meeting be re-evaluated for credit. He believes more credit should be awarded than what the Board granted.

12.4 Stuart Lentz: Mr. Lentz informed the Board that, the FDA awards only 11 hours regardless of the amount of time taken to complete each course, for those certified under the 381.0101, FS.

13. Announcements

14. Future Meeting Dates

- March 18, 2015
- May 13, 2015
- July 29, 2015
- September 16, 2015
- November 18, 2015

15. Adjournment

Sanitarian Registration Board  
Board Meeting Roster  
January 28, 2015

James Adams



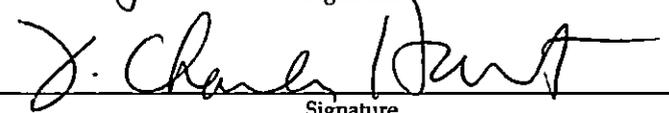
Signature

Tracy Buchanan, Chairperson



Signature

F. Charles Hart



Signature

W. Gene Phillips, Vice Chairperson



Signature

Nancy Niehus



Peter Schade, Secretary



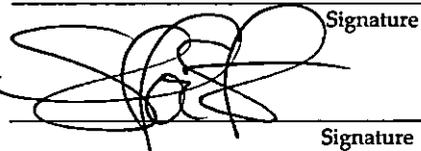
Signature

Vacancy – Private Industry

Signature

**Board Staff**

W. Scott Myers, *Assistant Attorney General*



Signature

Stephanie Youst, *Executive Secretary*

Signature

Guests

Kelsey Gregston  
Print Name

Kelsey Gregston  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name



## Sanitarian Registration Board

January 28, 2015

Room 1918

10:50 a.m.

### Members Present

James Adams, R.S.  
Tracy Buchanan, R.S.  
F. Charles Hart, R.S.  
Nancy Niehus, R.S.  
Gene Phillips, R.S.  
Peter Schade, R.S.

### Staff

Stephanie Youst, Executive Secretary

### Legal Council

W. Scott Myers, Assistant Attorney General (Absent)

### Guests

Kelsey Gregston

### Call to Order

- Tracy Buchanan, Chairperson, called the meeting to order at 10:50 a.m.

### Approval of Minutes

- James Adams moved to approve the November 19, 2014 meeting minutes as submitted. Chuck Hart seconded the motion. The motion carried.

### Committee Reports

- Tracy Buchanan informed the Board members that they will not be presenting a general session at the 2015 OEHA AEC as was indicated on the draft agenda provided by OEHA.

### Executive Secretary Report

- Ms. Youst informed the Board that the majority of renewals for registrants had been processed, though there were still a few last minute renewals coming in that needed to be processed prior to the January 31, 2015 expiration date.
- Ms. Youst informed the Board that she had attended a meeting regarding a new licensing system for the Board. The Sanitarian Board will be one of three pilot boards testing the new system prior to its implementation for all the Boards and Commissions. At this time that is all that is known regarding the plans for the new system.
- Ms. Youst informed the Board that she had not filled the vacant position to date; however, she does plan to fill the position by the summer.
- The formal written reports are attached to the minutes for reference.

### Assistant Attorney General Report

- Scott Myers was absent and had no report for the Board.

### Adjudication

- Adam C. Nolan

**Action:** Chuck Hart moved to withdraw the notice of opportunity for hearing issued to Adam C. Nolan on September 15, 2014. James Adams seconded the motion. The motion carried.

**Action:** James Adams moved to approve Adam C. Nolan as a sanitarian in training. Chuck Hart seconded the motion. The motion carried.

- Kelsey M. Gregston

- **Action:** Chuck Hart moved to withdraw the notice of opportunity for hearing issued to Kelsey M. Gregston on August 7, 2014. Nancy Niehus seconded the motion. The motion carried.

- **Action:** James Adams moved to approve Kelsey M. Gregston as a sanitarian in training. Chuck Hart seconded the motion. The motion carried.

**Proctor for the February 27, 2015 NEHA Examination**

- Ms. Youst asked the Board members if one of them would be able to proctor the February 27, 2015 NEHA examination with her in Pickerington, Ohio.
- Chuck Hart volunteered and will assist with proctoring.

**Waiver of Internship Requirements**

- The Board discussed potentially waiving the internship requirement for applicants who have military or life work experience that would be applicable.
- After a long discussion, it was determined that the Board will defer to the National Environmental Health Science & Protection Accreditation Council (EHAC) when making determinations on internship waivers.
- Chuck Hart informed the Board that he has contacted EHAC regarding this issue and is currently awaiting their response. He will inform the Board of the response when it is received.

**Rules Review**

- The Board received a packet of rules that are scheduled for review in 2015.
- The Board tabled the review and revision until the March 18, 2015 meeting to allow for additional review time.

**Continuing Education**

**Individual Continuing Education Requests for Approval**

**Action:** Nancy Niehus moved to approve all individual applications for continuing. Gene Phillips seconded the motion. The motion carried. The approved list is attached to the minutes for reference.

- The Board discussed the coursework submitted by Timothy Williams for a series of weekly meetings. They directed Ms. Youst to send Mr. Williams a letter informing him of changes that will need to be made to his future continuing education requests should he wish to use this type of activity again for continuing education credit.

**Training Agency Requests for Approval**

**Action:** Gene Phillips moved to approve the following as approved training agencies. Nancy Niehus seconded the motion. The motion carried. The approved list is attached to the minutes for reference.

Clarke Mosquito Control, Inc.  
Wright State University MPH Program  
Tinkers Creek Watershed Partners

Ohio Code Enforcement Officials Association  
Geauga County General Health District

**Approved Training Agency Requests for Course Approval**

**Action:** Gene Phillips moved to approve the applications for continuing education approval as submitted with the following exceptions. Nancy Niehus seconded the motion. The motion carried. The approved list is attached to the minutes for reference.

15-123OO:	Denied	15-123QQ:	Denied
15-123PP:	Denied	15-123 RR:	Denied

## Applications

### Sanitarian in Training Applications

**Action:** Chuck Hart moved to approve the following applicants for sanitarian in training registration. Jim Adams seconded the motion. The motion carried.

Brandon W. Atwood  
Nathan P. Benich  
Seth M. Bidlack  
Tyler N. Cooper  
Karmen C. Covington  
Julia L. DeNiro  
Teresa Floyd  
Michael B. Harrison

Sarah E. Harvey  
Lisa M. Maynard  
Brandon M. Mingus  
Bradley D. Napier  
Anurag V. Sharma  
Shaleeta A. Smith  
Aaron D. Svoboda  
Cayla M. VanGilder

**Action:** James Adams requested additional information on the application for Jonathan R. Bowers. Chuck Hart seconded the motion. The motion carried.

**Action:** James Adams requested additional information on the application for Dominic J. Simone. Chuck Hart seconded the motion. The motion carried.

**Action:** James Adams proposed to deny the application for sanitarian in training registration for Richard J. Gonzales for failure to meet the minimum educational requirements. Chuck Hart seconded the motion. The motion carried.

**Action:** James Adams proposed to deny the application for sanitarian in training registration for Dominic Mercadante for failure to meet the minimum educational requirements. Chuck Hart seconded the motion. The motion carried.

### Registered Sanitarian

**Action:** James Adams moved to approve Derek Graham to take the NEHA examination based on his education and work experience only. Chuck Hart seconded the motion. The motion carried.

### Advancement to Registered Sanitarian

**Action:** James Adams moved to approve the following applicants for registration as sanitarians. Chuck Hart seconded the motion. The motion carried.

Kyle A. Bianco  
Chris P. Faulkner  
Samuel A. Hart  
Kyle C. Kelly

Jessica D. Kenworthy  
Elizabeth D. Ousky  
William R. Robinson Jr.

### Sanitarian Reinstatement

**Action:** James Adams moved to approve the following registered sanitarian reinstatement applications for Leslie Koehler. Chuck Hart seconded the motion. The motion carried.

### Extension Requests

**Action:** James Adams moved to approve the sanitarian in training extension request for Colleen Dundon until 1/31/2016. Chuck Hart seconded the motion. The motion carried.

**Action:** James Adams moved to approve the sanitarian in training extension request for Zachary Orsborne until 1/26/2016. Chuck Hart seconded the motion. The motion carried.

**Action:** James Adams moved to approve the sanitarian in training extension request for Mark Durante until 1/31/2016. Chuck Hart seconded the motion. The motion carried.

## Correspondence

**1. Jennifer Wentzel:** Ms. Wentzel asked the Board to clarify what the Board could provide in response to a memorandum from ODH Director Hodges informing all health departments that an employee must provide a pdf copy of their RS/SIT credentials for the purpose of reporting public health indicators. This is specific to individuals

working in food safety and public swimming pool and campground programs. **Action:** The Board determined that Ms. Youst's original response to Ms. Wentzel was appropriate and had nothing additional to add.

**2. Ray Herbst:** Mr. Herbst wanted to inform the Board of his displeasure with their policy on how continuing education is reviewed and approved. He is unhappy that a conference he attended in April 2014 was not a pre-approved event and would have had to be reviewed at the January 28, 2015 Board meeting. **Action:** The Board determined that Ms. Youst's original response to Mr. Herbst was appropriate and had nothing additional to add.

**3. Dale Grigsby:** Mr. Grigsby requested that several of the FDA courses (submitted via ODH) approved at the November 19, 2014 Board meeting be re-evaluated for credit. He believes more credit should be awarded than what the Board granted. **Action:** The Board determined that Ms. Youst's original response to Mr. Grigsby was appropriate and had nothing additional to add.

**4. Stuart Lentz:** Mr. Lentz informed the Board that, the FDA awards only 11 hours regardless of the amount of time taken to complete each course, for those certified under the 381.0101, FS. **Action:** The Board determined that Ms. Youst's original response to Mr. Lentz was appropriate and had nothing additional to add.

**Future Meeting Dates**

The following meeting date was confirmed by the Board:

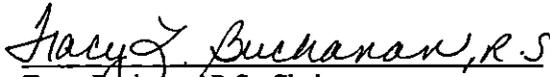
March 18, 2015  
May 13, 2015  
July 29, 2015

September 16, 2015  
November 18, 2015

**Adjournment**

The meeting adjourned at 12:55 p.m.

Respectfully submitted  
*Stephanie K. Youst*

  
Tracy Buchanan, R.S., Chairperson

TB:sky

  
Witness



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**Ohio State Board of Sanitarian Registration**

77 South High Street, 16<sup>th</sup> Floor

Columbus, Ohio 43215-6108

**To:** Sanitarian Registration Board Members  
**From:** Stephanie Youst, Executive Secretary  
**Date:** January 26, 2015  
**Re:** Executive Secretary Report for January 28, 2015

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**Overview of Activities since the November 19, 2014 Meeting**

- Reviewed applications for registration and continuing education credit.
- Reviewed and processed renewal applications for training agencies, sanitarians and sanitarians in training.
- Mailed 689 RS and 90 SIT renewal applications on December 5, 2014.
- Attended a mandatory asset management webinar on December 9, 2014.
- Attended online ethics training December 16, 2014.
- Filed rule 4736-8-01 of the Administrative Code.
- Mailed 12 training agency expiration notices on January 6, 2015.
- Attended a meeting regarding refining the pilot Board requirements for the licensure system on January 16, 2015.

**Registration Census**

The following table lists the number of individuals with active registrations as of January 26, 2015.

Registration Type	9/4/14	11/17/14	1/26/2015
Registered Sanitarian	1,192	1,202	1,173
Sanitarian in Training	208	218	224
<b>TOTAL</b>	<b>1,400</b>	<b>1,426</b>	<b>1,397</b>

**Inquiry Results**

**Budget Overview**

Business Unit: STATE  
 Ledger Group: CC\_ALLOT CC Allotment  
 Type of Calendar: Detail Budget Period  
 Amounts in Base Currency: USD Revenue Associated

[Return to Criteria](#)

\*Notes

Max Rows:

[Display Options](#)

**Ledger Totals (7 Rows)**

<b>Budget:</b>	145,650.00	<b>Net Transfers:</b>	0.00
<b>Expense:</b>	74,029.87		
<b>Encumbrance:</b>	5,490.00		
<b>Budget Balance:</b>	66,130.13		
<b>Associate Revenue:</b>	0.00		
<b>Available Budget:</b>	66,130.13		

**Budget Overview Results**

Customize | Find | View All | First  1-7 of 7  Last

	<u>Ledger Group</u>	<u>Fund Code</u>	<u>Account</u>	<u>ALI</u>	<u>Department</u>	<u>Budget Period</u>	<u>Budget</u>	<u>Expense</u>	<u>Encumbrance</u>	<u>Available Budget*</u>	<u>Percent Available</u>
1	CC_ALLOT	4K90	510	893609	SAN	2015	16,092.00	6,610.16	5,490.00	3,991.84	24.81
2	CC_ALLOT	4K90	520	893609	SAN	2015	22,550.00	8,734.71	0.00	13,815.29	61.27
3	CC_ALLOT	4K90	595	893609	SAN	2015	8.00	0.00	0.00	8.00	100.00
4	CC_ALLOT	4K90	500	893609	SAN	2015Q1	28,800.00	27,844.90	0.00	955.10	3.32

5			CC_ALLOT	4K90	500	893609	SAN	2015Q2	<u>24,700.00</u>	<u>23,457.54</u>	<u>0.00</u>	1,242.46	5.03	
6			CC_ALLOT	4K90	500	893609	SAN	2015Q3	<u>28,800.00</u>	<u>7,382.56</u>	<u>0.00</u>	21,417.44	74.37	
7			CC_ALLOT	4K90	500	893609	SAN	2015Q4	<u>24,700.00</u>	<u>0.00</u>	<u>0.00</u>	24,700.00	100.00	

[Return to Criteria](#)

Save
 Return to Search
 Previous in List
 Next in List
 Notify
 Refresh

Rev

Entered Date	Fund	ALT	Account	Monetary Amount	Deposit ID	Payment ID	Acct Per	FY	Deposit Acct Date	TOS Review Date
07-02-2014	4K90	893609	423035	(\$160.00)	SANFY15-001	2 SIT APP @ 80	1	2015	07-02-2014	07-02-2014
07-02-2014	4K90	893609	423035	(\$160.00)	SANFY15-001	2 SIT REN @ 80	1	2015	07-02-2014	07-02-2014
07-02-2014	4K90	893609	423035	(\$495.00)	SANFY15-001	3 EXAM @ 165	1	2015	07-02-2014	07-02-2014
07-02-2014	4K90	893609	423035	(\$2,720.00)	SANFY15-001	34 RS REN @ 80	1	2015	07-02-2014	07-02-2014
07-09-2014	4K90	893609	423035	(\$80.00)	SANFY15-002	1 SIT REN @ 80	1	2015	07-09-2014	07-09-2014
07-09-2014	4K90	893609	423035	(\$2,800.00)	SANFY15-002	35 RS REN @ 80	1	2015	07-09-2014	07-09-2014
07-09-2014	4K90	893609	423035	(\$320.00)	SANFY15-002	4 SIT APP @ 80	1	2015	07-09-2014	07-09-2014
07-11-2014	4K90	893609	423035	(\$80.00)	SANFY15-003	1 SIT APP @ 80	1	2015	07-11-2014	07-14-2014
07-11-2014	4K90	893609	423035	(\$3,200.00)	SANFY15-003	40 RS REN @ 80	1	2015	07-11-2014	07-14-2014
07-11-2014	4K90	893609	423035	(\$400.00)	SANFY15-003	5 SIT REN @ 80	1	2015	07-11-2014	07-14-2014
07-16-2014	4K90	893609	423035	(\$160.00)	SANFY15-004	2 ADV @ 80	1	2015	07-16-2014	07-17-2014
07-16-2014	4K90	893609	423035	(\$330.00)	SANFY15-004	2 EXAM @ 165	1	2015	07-16-2014	07-17-2014
07-16-2014	4K90	893609	423035	(\$160.00)	SANFY15-004	2 SIT APP @ 80	1	2015	07-16-2014	07-17-2014
07-16-2014	4K90	893609	423035	(\$2,560.00)	SANFY15-004	32 RS REN @ 80	1	2015	07-16-2014	07-17-2014
07-16-2014	4K90	893609	423035	(\$480.00)	SANFY15-004	6 SIT REN @ 80	1	2015	07-16-2014	07-17-2014
07-21-2014	4K90	893609	423035	(\$8.00)	SANFY15-005MTOS	TAPE ERROR	1	2015	07-21-2014	07-21-2014
07-21-2014	4K90	893609	423035	(\$80.00)	SANFY15-005	1 ADV @ 80	1	2015	07-21-2014	07-21-2014
07-21-2014	4K90	893609	423035	(\$1,440.00)	SANFY15-005	18 RS REN @ 80	1	2015	07-21-2014	07-21-2014
07-21-2014	4K90	893609	423035	(\$240.00)	SANFY15-005	3 SIT APP @ 80	1	2015	07-21-2014	07-21-2014
07-21-2014	4K90	893609	423035	(\$320.00)	SANFY15-005	4 SIT REN @ 80	1	2015	07-21-2014	07-21-2014
07-23-2014	4K90	893609	423035	(\$80.00)	SANFY15-006	1 ADV @ 80	1	2015	07-23-2014	07-23-2014
07-23-2014	4K90	893609	423035	(\$160.00)	SANFY15-006	2 SIT REN @ 80	1	2015	07-23-2014	07-23-2014
07-23-2014	4K90	893609	423035	(\$1,920.00)	SANFY15-006	24 RS REN @ 80	1	2015	07-23-2014	07-23-2014
07-23-2014	4K90	893609	423035	(\$320.00)	SANFY15-006	4 SIT APP @ 80	1	2015	07-23-2014	07-23-2014
07-25-2014	4K90	893609	423035	(\$165.00)	SANFY15-007	1 EXAM @ 165	1	2015	07-25-2014	07-25-2014
07-25-2014	4K90	893609	423035	(\$160.00)	SANFY15-007	2 SIT APP @ 80	1	2015	07-25-2014	07-25-2014
07-25-2014	4K90	893609	423035	(\$160.00)	SANFY15-007	2 SIT REN @ 80	1	2015	07-25-2014	07-25-2014
07-25-2014	4K90	893609	423035	(\$1,920.00)	SANFY15-007	24 RS REN @ 80	1	2015	07-25-2014	07-25-2014
07-29-2014	4K90	893609	423035	(\$80.00)	SANFY15-008	1 SIT APP @ 80	1	2015	07-29-2014	07-29-2014
07-29-2014	4K90	893609	423035	(\$160.00)	SANFY15-008	2 SIT REN @ 80	1	2015	07-29-2014	07-29-2014
07-29-2014	4K90	893609	423035	(\$640.00)	SANFY15-008	8 RS REN @ 80	1	2015	07-29-2014	07-29-2014
07-31-2014	4K90	893609	423035	(\$3,680.00)	SANFY15-009	46 RS REN @ 80	1	2015	07-31-2014	07-31-2014
07-31-2014	4K90	893609	423035	(\$400.00)	SANFY15-009	5 SIT REN @ 80	1	2015	07-31-2014	07-31-2014
07-31-2014	4K90	893609	423035	(\$990.00)	SANFY15-009	6 EXAM @ 165	1	2015	07-31-2014	07-31-2014
08-01-2014	4K90	893609	423035	(\$80.00)	SANFY15-010	1 SIT APP @ 80	2	2015	08-01-2014	08-01-2014
08-01-2014	4K90	893609	423035	(\$160.00)	SANFY15-010	2 SIT REN @ 80	2	2015	08-01-2014	08-01-2014

10-24-2014	4K90	893609	423035	(\$330.00)	SANFY15-026	2 EXAM @ 165	4	2015	10-24-2014	10-24-2014
10-31-2014	4K90	893609	423035	(\$160.00)	SANFY15-027	1 RS APP @ 160	4	2015	10-31-2014	10-31-2014
10-31-2014	4K90	893609	423035	(\$160.00)	SANFY15-027	2 SIT APP @ 80	4	2015	10-31-2014	10-31-2014
10-31-2014	4K90	893609	423035	(\$660.00)	SANFY15-027	4 EXAM @ 165	4	2015	10-31-2014	10-31-2014
12-30-3651	4K90	-	470800	(\$27.00)	NA	-	5	2015	12-30-3651	
12-30-3651	4K90	-	470800	(\$27.00)	NA	-	5	2015	12-30-3651	
12-30-3651	4K90	-	470800	(\$27.00)	NA	-	5	2015	12-30-3651	
12-30-3651	4K90	-	470800	(\$27.00)	NA	-	5	2015	12-30-3651	
11-05-2014	4K90	893609	423035	(\$330.00)	SANFY15-028	2 EXAM @ 165	5	2015	11-05-2014	11-05-2014
11-05-2014	4K90	893609	423035	(\$240.00)	SANFY15-028	3 SIT APP @ 80	5	2015	11-05-2014	11-05-2014
11-07-2014	4K90	893609	423035	(\$330.00)	SANFY15-029	2 EXAM @ 165	5	2015	11-07-2014	11-07-2014
11-07-2014	4K90	893609	423035	(\$160.00)	SANFY15-029	2 SIT APPS @ 80	5	2015	11-07-2014	11-07-2014
11-14-2014	4K90	893609	423035	(\$265.00)	SANFY15-030	1 EXAM @ 265	5	2015	11-14-2014	11-17-2014
11-14-2014	4K90	893609	423035	(\$210.00)	SANFY15-030	1 RS REIN @ 210	5	2015	11-14-2014	11-17-2014
11-14-2014	4K90	893609	423035	(\$162.00)	SANFY15-030	6 TA REN @ 27	5	2015	11-14-2014	11-17-2014
11-18-2014	4K90	893609	423035	(\$80.00)	SANFY15-031	1 ADV @ 80	5	2015	11-18-2014	11-18-2014
11-18-2014	4K90	893609	423035	(\$240.00)	SANFY15-031	3 SIT APP @ 80	5	2015	11-18-2014	11-18-2014
11-18-2014	4K90	893609	423035	(\$108.00)	SANFY15-031	4 TA REN @ 27	5	2015	11-18-2014	11-18-2014
11-21-2014	4K90	893609	423035	(\$80.00)	SANFY15-032	1 SIT APP @ 80	5	2015	11-21-2014	11-21-2014
11-21-2014	4K90	893609	423035	(\$216.00)	SANFY15-032	8 TA REN @ 27	5	2015	11-21-2014	11-21-2014
11-23-2014	4K90	893609	423035	(\$54.00)	2014520141122V	0000000	5	2015	11-23-2014	11-24-2014
11-25-2014	4K90	893609	423035	(\$265.00)	SANFY15-033	1 EXAM @ 265	5	2015	11-25-2014	11-25-2014
11-25-2014	4K90	893609	423035	(\$80.00)	SANFY15-033	1 SIT APP @ 80	5	2015	11-25-2014	11-25-2014
11-25-2014	4K90	893609	423035	(\$243.00)	SANFY15-033	9 TA'S @ 27	5	2015	11-25-2014	11-25-2014
11-27-2014	4K90	893609	423035	(\$27.00)	2014520141126V	0000000	6	2015	11-27-2014	12-01-2014
11-28-2014	4K90	893609	423035	(\$27.00)	2014520141127V	0000000	6	2015	11-28-2014	12-01-2014
12-05-2014	4K90	893609	423035	(\$100.00)	SANFY15-034	1 EXAM @ 100	6	2015	12-05-2014	12-05-2014
12-05-2014	4K90	893609	423035	(\$265.00)	SANFY15-034	1 EXAM @ 265	6	2015	12-05-2014	12-05-2014
12-05-2014	4K90	893609	423035	(\$243.00)	SANFY15-034	9 TA REN @ 27	6	2015	12-05-2014	12-05-2014
12-10-2014	4K90	893609	423035	(\$27.00)	2014520141209V	0000000	6	2015	12-10-2014	12-10-2014
12-09-2014	4K90	893609	423035	(\$80.00)	SANFY15-035	1 SIT APP @ 80	6	2015	12-09-2014	12-10-2014
12-09-2014	4K90	893609	423035	(\$80.00)	SANFY15-035	1 SIT REN @ 80	6	2015	12-09-2014	12-10-2014
12-09-2014	4K90	893609	423035	(\$270.00)	SANFY15-035	10 TA REN @ 27	6	2015	12-09-2014	12-10-2014
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12-11-2014	4K90	893609	423035	(\$27.00)	SANFY15-036	1 TA REN @ 27	6	2015	12-11-2014	12-11-2014
12-11-2014	4K90	893609	423035	(\$640.00)	SANFY15-036	8 RS REN @ 80	6	2015	12-11-2014	12-11-2014

01-13-2015	4K90	893609	423035	(\$80.00)	SANFY15-046	1 SIT APP @ 80	7	2015	01-13-2015	01-13-2015
01-13-2015	4K90	893609	423035	(\$960.00)	SANFY15-046	12 RS APP @ 80	7	2015	01-13-2015	01-13-2015
01-15-2015	4K90	893609	423035	(\$80.00)	2014520150114D	0000000	7	2015	01-15-2015	01-15-2015
01-15-2015	4K90	893609	423035	(\$428.00)	2014520150114V	0000000	7	2015	01-15-2015	01-15-2015
01-15-2015	4K90	893609	423035	(\$265.00)	SANFY15-048	1 EXAM @ 265	7	2015	01-15-2015	01-15-2015
01-15-2015	4K90	893609	423035	(\$80.00)	SANFY15-047	1 SIT APP @ 80	7	2015	01-15-2015	01-15-2015
01-15-2015	4K90	893609	423035	(\$1,200.00)	SANFY15-048	15 RS REN @ 80	7	2015	01-15-2015	01-15-2015
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01-15-2015	4K90	893609	423035	(\$160.00)	SANFY15-048	2 SIT REN @ 80	7	2015	01-15-2015	01-15-2015
01-15-2015	4K90	893609	423035	(\$4,320.00)	SANFY15-047	54 RS REN @ 80	7	2015	01-15-2015	01-15-2015
01-16-2015	4K90	893609	423035	(\$80.00)	2014520150115D	0000000	7	2015	01-16-2015	01-16-2015
01-16-2015	4K90	893609	423035	(\$880.00)	2014520150115V	0000000	7	2015	01-16-2015	01-16-2015
01-19-2015	4K90	893609	423035	(\$160.00)	2014520150116V	0000000	7	2015	01-19-2015	01-20-2015
01-20-2015	4K90	893609	423035	(\$160.00)	2014520150117V	0000000	7	2015	01-20-2015	01-20-2015
01-21-2015	4K90	893609	423035	(\$330.00)	SANFY15-049	2 EXAM @ 165	7	2015	01-21-2015	01-22-2015
01-21-2015	4K90	893609	423035	(\$160.00)	SANFY15-049	2 SIT REN @ 80	7	2015	01-21-2015	01-22-2015
01-21-2015	4K90	893609	423035	(\$480.00)	SANFY15-049	6 RS REN @ 80	7	2015	01-21-2015	01-22-2015
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01-23-2015	4K90	893609	423035	(\$400.00)	2014520150122V	0000000	7	2015	01-23-2015	01-23-2015
01-22-2015	4K90	893609	423035	(\$210.00)	SANFY15-050	1 RS REIN @ 210	7	2015	01-22-2015	01-23-2015
01-22-2015	4K90	893609	423035	(\$27.00)	SANFY15-050	1 TA APP @ 27	7	2015	01-22-2015	01-23-2015
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01-22-2015	4K90	893609	423035	(\$160.00)	SANFY15-050	2 SIT APP @ 80	7	2015	01-22-2015	01-23-2015
01-22-2015	4K90	893609	423035	(\$240.00)	SANFY15-050	3 SIT REN @ 80	7	2015	01-22-2015	01-23-2015
01-22-2015	4K90	893609	423035	(\$400.00)	SANFY15-050	5 ADV @ 80	7	2015	01-22-2015	01-23-2015
01-22-2015	4K90	893609	423035	(\$4,960.00)	SANFY15-050	62 RS REN @ 80	7	2015	01-22-2015	01-23-2015
01-24-2015	4K90	893609	423035	(\$480.00)	2014520150123V	0000000	7	2015	01-24-2015	01-26-2015
01-25-2015	4K90	893609	423035	(\$560.00)	2014520150124V	0000000	7	2015	01-25-2015	01-26-2015
01-26-2015	4K90	893609	423035	(\$165.00)	SANFY15-051	1 EXAM @ 165	7	2015	01-26-2015	01-26-2015
01-26-2015	4K90	893609	423035	(\$160.00)	SANFY15-051	2 SIT APP @ 80	7	2015	01-26-2015	01-26-2015
01-26-2015	4K90	893609	423035	(\$1,920.00)	SANFY15-051	24 RS REN @ 80	7	2015	01-26-2015	01-26-2015
01-26-2015	4K90	893609	423035	(\$240.00)	SANFY15-051	3 SIT REN @ 80	7	2015	01-26-2015	01-26-2015
				(\$88,198.00)						

Exp

Voucher ID	Journal Date	Acct Cat	Account	Invoice ID	PO ID	Req ID	Pymt Ref	Pymt Date	Vendor ID	Vendor/ Merchant / T&E / AR Deposit / PPE / JE Desc	Monetary Amount	FY	Acct Date / JE Date	Budget Date
	07-05-2014	500	501001							PAYROLL / PPE 27-JUN-14	\$2,736.35	2015	07-05-2014	
	07-05-2014	500	502002							PAYROLL / PPE 27-JUN-14	\$15.82	2015	07-05-2014	
	07-05-2014	500	503501							PAYROLL / PPE 27-JUN-14	\$385.31	2015	07-05-2014	
	07-05-2014	500	503504							PAYROLL / PPE 27-JUN-14	\$3.88	2015	07-05-2014	
	07-05-2014	500	503505							PAYROLL / PPE 27-JUN-14	\$553.69	2015	07-05-2014	
	07-05-2014	500	503510							PAYROLL / PPE 27-JUN-14	\$21.51	2015	07-05-2014	
	07-05-2014	500	503511							PAYROLL / PPE 27-JUN-14	\$67.06	2015	07-05-2014	
	07-05-2014	500	503512							PAYROLL / PPE 27-JUN-14	\$36.91	2015	07-05-2014	
	07-05-2014	500	503517							PAYROLL / PPE 27-JUN-14	\$0.23	2015	07-05-2014	
	07-05-2014	500	503518							PAYROLL / PPE 27-JUN-14	\$3.09	2015	07-05-2014	
	07-05-2014	500	503519							PAYROLL / PPE 27-JUN-14	\$8.00	2015	07-05-2014	
	07-05-2014	500	504301							PAYROLL / PPE 27-JUN-14	\$25.00	2015	07-05-2014	
	07-05-2014	500	504303							PAYROLL / PPE 27-JUN-14	\$9.39	2015	07-05-2014	
	07-05-2014	500	504308							PAYROLL / PPE 27-JUN-14	\$0.66	2015	07-05-2014	
	07-05-2014	500	504309							PAYROLL / PPE 27-JUN-14	\$14.20	2015	07-05-2014	
	07-05-2014	500	504310							PAYROLL / PPE 27-JUN-14	\$15.61	2015	07-05-2014	
	07-20-2014	500	501001							PAYROLL / PPE 12-JUL-14	\$2,103.75	2015	07-20-2014	
	07-20-2014	500	502001							PAYROLL / PPE 12-JUL-14	\$253.04	2015	07-20-2014	
	07-20-2014	500	502004							PAYROLL / PPE 12-JUL-14	\$395.38	2015	07-20-2014	
	07-20-2014	500	503501							PAYROLL / PPE 12-JUL-14	\$385.31	2015	07-20-2014	
	07-20-2014	500	503504							PAYROLL / PPE 12-JUL-14	\$3.88	2015	07-20-2014	
	07-20-2014	500	503505							PAYROLL / PPE 12-JUL-14	\$549.09	2015	07-20-2014	
	07-20-2014	500	503507							PAYROLL / PPE 12-JUL-14	\$7.72	2015	07-20-2014	
	07-20-2014	500	503508							PAYROLL / PPE 12-JUL-14	\$99.19	2015	07-20-2014	
	07-20-2014	500	503509							PAYROLL / PPE 12-JUL-14	\$27.61	2015	07-20-2014	
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	07-20-2014	500	503512							PAYROLL / PPE 12-JUL-14	\$36.92	2015	07-20-2014	
	07-20-2014	500	503517							PAYROLL / PPE 12-JUL-14	\$0.23	2015	07-20-2014	
	07-20-2014	500	503518							PAYROLL / PPE 12-JUL-14	\$3.09	2015	07-20-2014	
	07-20-2014	500	503519							PAYROLL / PPE 12-JUL-14	\$8.00	2015	07-20-2014	
	07-20-2014	500	504301							PAYROLL / PPE 12-JUL-14	\$25.00	2015	07-20-2014	
	07-20-2014	500	504303							PAYROLL / PPE 12-JUL-14	\$9.39	2015	07-20-2014	
	07-20-2014	500	504308							PAYROLL / PPE 12-JUL-14	\$0.66	2015	07-20-2014	
	07-20-2014	500	504309							PAYROLL / PPE 12-JUL-14	\$14.20	2015	07-20-2014	
	07-20-2014	500	504310							PAYROLL / PPE 12-JUL-14	\$15.61	2015	07-20-2014	
	08-02-2014	500	501001							PAYROLL / PPE 25-JUL-14	\$2,637.37	2015	08-02-2014	
	08-02-2014	500	502003							PAYROLL / PPE 25-JUL-14	\$31.63	2015	08-02-2014	
	08-02-2014	500	503501							PAYROLL / PPE 25-JUL-14	\$373.66	2015	08-02-2014	
	08-02-2014	500	503504							PAYROLL / PPE 25-JUL-14	\$3.77	2015	08-02-2014	
	08-02-2014	500	503505							PAYROLL / PPE 25-JUL-14	\$553.69	2015	08-02-2014	
	08-02-2014	500	503510							PAYROLL / PPE 25-JUL-14	\$21.51	2015	08-02-2014	
	08-02-2014	500	503511							PAYROLL / PPE 25-JUL-14	\$67.06	2015	08-02-2014	
	08-02-2014	500	503512							PAYROLL / PPE 25-JUL-14	\$36.91	2015	08-02-2014	
	08-02-2014	500	503517							PAYROLL / PPE 25-JUL-14	\$0.23	2015	08-02-2014	
	08-02-2014	500	503518							PAYROLL / PPE 25-JUL-14	\$3.09	2015	08-02-2014	
	08-02-2014	500	503519							PAYROLL / PPE 25-JUL-14	\$8.00	2015	08-02-2014	
	08-02-2014	500	504301							PAYROLL / PPE 25-JUL-14	\$25.00	2015	08-02-2014	
	08-02-2014	500	504303							PAYROLL / PPE 25-JUL-14	\$9.10	2015	08-02-2014	
	08-02-2014	500	504305							PAYROLL / PPE 25-JUL-14	\$4.60	2015	08-02-2014	
	08-02-2014	500	504308							PAYROLL / PPE 25-JUL-14	\$0.66	2015	08-02-2014	
	08-02-2014	500	504309							PAYROLL / PPE 25-JUL-14	\$13.78	2015	08-02-2014	
	08-02-2014	500	504310							PAYROLL / PPE 25-JUL-14	\$15.14	2015	08-02-2014	
	08-17-2014	500	501001							PAYROLL / PPE 09-AUG-14	\$2,324.81	2015	08-17-2014	
	08-17-2014	500	502004							PAYROLL / PPE 09-AUG-14	\$205.60	2015	08-17-2014	
	08-17-2014	500	503501							PAYROLL / PPE 09-AUG-14	\$354.26	2015	08-17-2014	
	08-17-2014	500	503504							PAYROLL / PPE 09-AUG-14	\$3.57	2015	08-17-2014	

	08-17-2014	500	503505						PAYROLL / PPE 09-AUG-14	\$549.09	2015	08-17-2014
	08-17-2014	500	503507						PAYROLL / PPE 09-AUG-14	\$7.72	2015	08-17-2014
	08-17-2014	500	503508						PAYROLL / PPE 09-AUG-14	\$99.19	2015	08-17-2014
	08-17-2014	500	503509						PAYROLL / PPE 09-AUG-14	\$27.61	2015	08-17-2014
	08-17-2014	500	503510						PAYROLL / PPE 09-AUG-14	\$21.51	2015	08-17-2014
	08-17-2014	500	503511						PAYROLL / PPE 09-AUG-14	\$67.06	2015	08-17-2014
	08-17-2014	500	503512						PAYROLL / PPE 09-AUG-14	\$33.71	2015	08-17-2014
	08-17-2014	500	503517						PAYROLL / PPE 09-AUG-14	\$0.23	2015	08-17-2014
	08-17-2014	500	503518						PAYROLL / PPE 09-AUG-14	\$3.09	2015	08-17-2014
	08-17-2014	500	503519						PAYROLL / PPE 09-AUG-14	\$8.00	2015	08-17-2014
	08-17-2014	500	504301						PAYROLL / PPE 09-AUG-14	\$12.50	2015	08-17-2014
	08-17-2014	500	504303						PAYROLL / PPE 09-AUG-14	\$8.63	2015	08-17-2014
	08-17-2014	500	504305						PAYROLL / PPE 09-AUG-14	\$2.30	2015	08-17-2014
	08-17-2014	500	504308						PAYROLL / PPE 09-AUG-14	\$0.33	2015	08-17-2014
	08-17-2014	500	504309						PAYROLL / PPE 09-AUG-14	\$13.06	2015	08-17-2014
	08-17-2014	500	504310						PAYROLL / PPE 09-AUG-14	\$14.35	2015	08-17-2014
	08-18-2014	500	501001						PAYROLL / PPE 10-AUG-14	\$374.22	2015	08-18-2014
	08-18-2014	500	503501						PAYROLL / PPE 10-AUG-14	\$52.39	2015	08-18-2014
	08-18-2014	500	503504						PAYROLL / PPE 10-AUG-14	\$0.53	2015	08-18-2014
	08-18-2014	500	503512						PAYROLL / PPE 10-AUG-14	\$5.43	2015	08-18-2014
	08-18-2014	500	504301						PAYROLL / PPE 10-AUG-14	\$12.50	2015	08-18-2014
	08-18-2014	500	504303						PAYROLL / PPE 10-AUG-14	\$1.28	2015	08-18-2014
	08-18-2014	500	504305						PAYROLL / PPE 10-AUG-14	\$2.30	2015	08-18-2014
	08-18-2014	500	504308						PAYROLL / PPE 10-AUG-14	\$0.33	2015	08-18-2014
	08-18-2014	500	504309						PAYROLL / PPE 10-AUG-14	\$1.93	2015	08-18-2014
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	08-30-2014	500	501001						PAYROLL / PPE 22-AUG-14	\$2,807.61	2015	08-30-2014
	08-30-2014	500	503501						PAYROLL / PPE 22-AUG-14	\$393.07	2015	08-30-2014
	08-30-2014	500	503504						PAYROLL / PPE 22-AUG-14	\$3.96	2015	08-30-2014
	08-30-2014	500	503505						PAYROLL / PPE 22-AUG-14	\$553.69	2015	08-30-2014
	08-30-2014	500	503510						PAYROLL / PPE 22-AUG-14	\$21.51	2015	08-30-2014
	08-30-2014	500	503511						PAYROLL / PPE 22-AUG-14	\$67.06	2015	08-30-2014
	08-30-2014	500	503512						PAYROLL / PPE 22-AUG-14	\$37.71	2015	08-30-2014
	08-30-2014	500	503517						PAYROLL / PPE 22-AUG-14	\$0.23	2015	08-30-2014
	08-30-2014	500	503518						PAYROLL / PPE 22-AUG-14	\$3.09	2015	08-30-2014
	08-30-2014	500	503519						PAYROLL / PPE 22-AUG-14	\$8.00	2015	08-30-2014
	08-30-2014	500	504301						PAYROLL / PPE 22-AUG-14	\$25.00	2015	08-30-2014
	08-30-2014	500	504303						PAYROLL / PPE 22-AUG-14	\$9.58	2015	08-30-2014
	08-30-2014	500	504305						PAYROLL / PPE 22-AUG-14	\$9.20	2015	08-30-2014
	08-30-2014	500	504308						PAYROLL / PPE 22-AUG-14	\$0.66	2015	08-30-2014
	08-30-2014	500	504309						PAYROLL / PPE 22-AUG-14	\$14.49	2015	08-30-2014
	08-30-2014	500	504310						PAYROLL / PPE 22-AUG-14	\$15.92	2015	08-30-2014
	09-14-2014	500	501001						PAYROLL / PPE 06-SEP-14	\$2,277.71	2015	09-14-2014
	09-14-2014	500	502001						PAYROLL / PPE 06-SEP-14	\$253.04	2015	09-14-2014
	09-14-2014	500	502004						PAYROLL / PPE 06-SEP-14	\$221.41	2015	09-14-2014
	09-14-2014	500	503501						PAYROLL / PPE 06-SEP-14	\$385.31	2015	09-14-2014
	09-14-2014	500	503504						PAYROLL / PPE 06-SEP-14	\$3.88	2015	09-14-2014
	09-14-2014	500	503505						PAYROLL / PPE 06-SEP-14	\$549.09	2015	09-14-2014
	09-14-2014	500	503507						PAYROLL / PPE 06-SEP-14	\$7.72	2015	09-14-2014
	09-14-2014	500	503508						PAYROLL / PPE 06-SEP-14	\$99.19	2015	09-14-2014
	09-14-2014	500	503509						PAYROLL / PPE 06-SEP-14	\$27.61	2015	09-14-2014
	09-14-2014	500	503510						PAYROLL / PPE 06-SEP-14	\$21.51	2015	09-14-2014
	09-14-2014	500	503511						PAYROLL / PPE 06-SEP-14	\$67.06	2015	09-14-2014
	09-14-2014	500	503512						PAYROLL / PPE 06-SEP-14	\$36.92	2015	09-14-2014
	09-14-2014	500	503517						PAYROLL / PPE 06-SEP-14	\$0.23	2015	09-14-2014
	09-14-2014	500	503518						PAYROLL / PPE 06-SEP-14	\$3.09	2015	09-14-2014
	09-14-2014	500	503519						PAYROLL / PPE 06-SEP-14	\$8.00	2015	09-14-2014
	09-14-2014	500	504301						PAYROLL / PPE 06-SEP-14	\$25.00	2015	09-14-2014
	09-14-2014	500	504303						PAYROLL / PPE 06-SEP-14	\$9.39	2015	09-14-2014

09-14-2014	500	504305							PAYROLL / PPE 06-SEP-14	\$9.20	2015	09-14-2014
09-14-2014	500	504308							PAYROLL / PPE 06-SEP-14	\$0.66	2015	09-14-2014
09-14-2014	500	504309							PAYROLL / PPE 06-SEP-14	\$14.20	2015	09-14-2014
09-14-2014	500	504310							PAYROLL / PPE 06-SEP-14	\$15.61	2015	09-14-2014
09-28-2014	500	501001							PAYROLL / PPE 20-SEP-14	\$2,293.53	2015	09-28-2014
09-28-2014	500	502004							PAYROLL / PPE 20-SEP-14	\$458.64	2015	09-28-2014
09-28-2014	500	503501							PAYROLL / PPE 20-SEP-14	\$385.31	2015	09-28-2014
09-28-2014	500	503504							PAYROLL / PPE 20-SEP-14	\$3.88	2015	09-28-2014
09-28-2014	500	503505							PAYROLL / PPE 20-SEP-14	\$553.69	2015	09-28-2014
09-28-2014	500	503510							PAYROLL / PPE 20-SEP-14	\$21.51	2015	09-28-2014
09-28-2014	500	503511							PAYROLL / PPE 20-SEP-14	\$67.06	2015	09-28-2014
09-28-2014	500	503512							PAYROLL / PPE 20-SEP-14	\$36.91	2015	09-28-2014
09-28-2014	500	503517							PAYROLL / PPE 20-SEP-14	\$0.23	2015	09-28-2014
09-28-2014	500	503518							PAYROLL / PPE 20-SEP-14	\$3.09	2015	09-28-2014
09-28-2014	500	503519							PAYROLL / PPE 20-SEP-14	\$8.00	2015	09-28-2014
09-28-2014	500	504301							PAYROLL / PPE 20-SEP-14	\$25.00	2015	09-28-2014
09-28-2014	500	504303							PAYROLL / PPE 20-SEP-14	\$9.39	2015	09-28-2014
09-28-2014	500	504305							PAYROLL / PPE 20-SEP-14	\$4.60	2015	09-28-2014
09-28-2014	500	504308							PAYROLL / PPE 20-SEP-14	\$0.66	2015	09-28-2014
09-28-2014	500	504309							PAYROLL / PPE 20-SEP-14	\$14.20	2015	09-28-2014
09-28-2014	500	504310							PAYROLL / PPE 20-SEP-14	\$15.61	2015	09-28-2014
10-12-2014	500	501001							PAYROLL / PPE 04-OCT-14	\$2,641.29	2015	10-12-2014
10-12-2014	500	503501							PAYROLL / PPE 04-OCT-14	\$369.78	2015	10-12-2014
10-12-2014	500	503504							PAYROLL / PPE 04-OCT-14	\$3.73	2015	10-12-2014
10-12-2014	500	503505							PAYROLL / PPE 04-OCT-14	\$549.09	2015	10-12-2014
10-12-2014	500	503507							PAYROLL / PPE 04-OCT-14	\$7.72	2015	10-12-2014
10-12-2014	500	503508							PAYROLL / PPE 04-OCT-14	\$99.19	2015	10-12-2014
10-12-2014	500	503509							PAYROLL / PPE 04-OCT-14	\$27.61	2015	10-12-2014
10-12-2014	500	503510							PAYROLL / PPE 04-OCT-14	\$21.51	2015	10-12-2014
10-12-2014	500	503511							PAYROLL / PPE 04-OCT-14	\$67.06	2015	10-12-2014
10-12-2014	500	503512							PAYROLL / PPE 04-OCT-14	\$35.32	2015	10-12-2014
10-12-2014	500	503517							PAYROLL / PPE 04-OCT-14	\$0.23	2015	10-12-2014
10-12-2014	500	503518							PAYROLL / PPE 04-OCT-14	\$3.09	2015	10-12-2014
10-12-2014	500	503519							PAYROLL / PPE 04-OCT-14	\$8.00	2015	10-12-2014
10-12-2014	500	504301							PAYROLL / PPE 04-OCT-14	\$25.00	2015	10-12-2014
10-12-2014	500	504303							PAYROLL / PPE 04-OCT-14	\$9.01	2015	10-12-2014
10-12-2014	500	504305							PAYROLL / PPE 04-OCT-14	\$4.60	2015	10-12-2014
10-12-2014	500	504308							PAYROLL / PPE 04-OCT-14	\$0.66	2015	10-12-2014
10-12-2014	500	504309							PAYROLL / PPE 04-OCT-14	\$13.63	2015	10-12-2014
10-12-2014	500	504310							PAYROLL / PPE 04-OCT-14	\$14.98	2015	10-12-2014
10-26-2014	500	501001							PAYROLL / PPE 18-OCT-14	\$1,755.82	2015	10-26-2014
10-26-2014	500	502001							PAYROLL / PPE 18-OCT-14	\$253.04	2015	10-26-2014
10-26-2014	500	502002							PAYROLL / PPE 18-OCT-14	\$357.42	2015	10-26-2014
10-26-2014	500	502004							PAYROLL / PPE 18-OCT-14	\$253.04	2015	10-26-2014
10-26-2014	500	503501							PAYROLL / PPE 18-OCT-14	\$366.71	2015	10-26-2014
10-26-2014	500	503504							PAYROLL / PPE 18-OCT-14	\$3.69	2015	10-26-2014
10-26-2014	500	503505							PAYROLL / PPE 18-OCT-14	\$553.69	2015	10-26-2014
10-26-2014	500	503510							PAYROLL / PPE 18-OCT-14	\$21.51	2015	10-26-2014
10-26-2014	500	503511							PAYROLL / PPE 18-OCT-14	\$63.54	2015	10-26-2014
10-26-2014	500	503512							PAYROLL / PPE 18-OCT-14	\$34.97	2015	10-26-2014
10-26-2014	500	503517							PAYROLL / PPE 18-OCT-14	\$0.23	2015	10-26-2014
10-26-2014	500	503518							PAYROLL / PPE 18-OCT-14	\$2.93	2015	10-26-2014
10-26-2014	500	503519							PAYROLL / PPE 18-OCT-14	\$8.00	2015	10-26-2014
10-26-2014	500	504301							PAYROLL / PPE 18-OCT-14	\$25.00	2015	10-26-2014
10-26-2014	500	504303							PAYROLL / PPE 18-OCT-14	\$8.94	2015	10-26-2014
10-26-2014	500	504305							PAYROLL / PPE 18-OCT-14	\$4.60	2015	10-26-2014
10-26-2014	500	504308							PAYROLL / PPE 18-OCT-14	\$0.66	2015	10-26-2014
10-26-2014	500	504309							PAYROLL / PPE 18-OCT-14	\$13.51	2015	10-26-2014
10-26-2014	500	504310							PAYROLL / PPE 18-OCT-14	\$14.85	2015	10-26-2014

11-09-2014	500	501001							PAYROLL / PPE 01-NOV-14	\$1,913.97	2015	11-09-2014
11-09-2014	500	502002							PAYROLL / PPE 01-NOV-14	\$55.35	2015	11-09-2014
11-09-2014	500	502004							PAYROLL / PPE 01-NOV-14	\$759.12	2015	11-09-2014
11-09-2014	500	503501							PAYROLL / PPE 01-NOV-14	\$381.99	2015	11-09-2014
11-09-2014	500	503504							PAYROLL / PPE 01-NOV-14	\$3.85	2015	11-09-2014
11-09-2014	500	503505							PAYROLL / PPE 01-NOV-14	\$549.09	2015	11-09-2014
11-09-2014	500	503507							PAYROLL / PPE 01-NOV-14	\$7.72	2015	11-09-2014
11-09-2014	500	503508							PAYROLL / PPE 01-NOV-14	\$99.19	2015	11-09-2014
11-09-2014	500	503509							PAYROLL / PPE 01-NOV-14	\$27.61	2015	11-09-2014
11-09-2014	500	503510							PAYROLL / PPE 01-NOV-14	\$21.51	2015	11-09-2014
11-09-2014	500	503511							PAYROLL / PPE 01-NOV-14	\$66.43	2015	11-09-2014
11-09-2014	500	503512							PAYROLL / PPE 01-NOV-14	\$36.59	2015	11-09-2014
11-09-2014	500	503517							PAYROLL / PPE 01-NOV-14	\$0.23	2015	11-09-2014
11-09-2014	500	503518							PAYROLL / PPE 01-NOV-14	\$3.06	2015	11-09-2014
11-09-2014	500	503519							PAYROLL / PPE 01-NOV-14	\$8.00	2015	11-09-2014
11-09-2014	500	504301							PAYROLL / PPE 01-NOV-14	\$25.00	2015	11-09-2014
11-09-2014	500	504303							PAYROLL / PPE 01-NOV-14	\$9.31	2015	11-09-2014
11-09-2014	500	504305							PAYROLL / PPE 01-NOV-14	\$4.60	2015	11-09-2014
11-09-2014	500	504308							PAYROLL / PPE 01-NOV-14	\$0.66	2015	11-09-2014
11-09-2014	500	504309							PAYROLL / PPE 01-NOV-14	\$14.07	2015	11-09-2014
11-09-2014	500	504310							PAYROLL / PPE 01-NOV-14	\$15.47	2015	11-09-2014
11-22-2014	500	501001							PAYROLL / PPE 14-NOV-14	\$2,135.38	2015	11-23-2014
11-22-2014	500	502001							PAYROLL / PPE 14-NOV-14	\$253.04	2015	11-23-2014
11-22-2014	500	502004							PAYROLL / PPE 14-NOV-14	\$363.75	2015	11-23-2014
11-22-2014	500	503501							PAYROLL / PPE 14-NOV-14	\$385.31	2015	11-23-2014
11-22-2014	500	503504							PAYROLL / PPE 14-NOV-14	\$3.88	2015	11-23-2014
11-22-2014	500	503505							PAYROLL / PPE 14-NOV-14	\$553.69	2015	11-23-2014
11-22-2014	500	503510							PAYROLL / PPE 14-NOV-14	\$21.51	2015	11-23-2014
11-22-2014	500	503511							PAYROLL / PPE 14-NOV-14	\$67.06	2015	11-23-2014
11-22-2014	500	503512							PAYROLL / PPE 14-NOV-14	\$47.05	2015	11-23-2014
11-22-2014	500	503517							PAYROLL / PPE 14-NOV-14	\$0.23	2015	11-23-2014
11-22-2014	500	503518							PAYROLL / PPE 14-NOV-14	\$3.09	2015	11-23-2014
11-22-2014	500	503519							PAYROLL / PPE 14-NOV-14	\$8.00	2015	11-23-2014
11-22-2014	500	504301							PAYROLL / PPE 14-NOV-14	\$25.00	2015	11-23-2014
11-22-2014	500	504303							PAYROLL / PPE 14-NOV-14	\$9.39	2015	11-23-2014
11-22-2014	500	504305							PAYROLL / PPE 14-NOV-14	\$4.60	2015	11-23-2014
11-22-2014	500	504308							PAYROLL / PPE 14-NOV-14	\$0.66	2015	11-23-2014
11-22-2014	500	504309							PAYROLL / PPE 14-NOV-14	\$14.20	2015	11-23-2014
11-22-2014	500	504310							PAYROLL / PPE 14-NOV-14	\$15.61	2015	11-23-2014
12-07-2014	500	501001							PAYROLL / PPE 29-NOV-14	\$2,469.80	2015	12-07-2014
12-07-2014	500	502001							PAYROLL / PPE 29-NOV-14	\$253.04	2015	12-07-2014
12-07-2014	500	502004							PAYROLL / PPE 29-NOV-14	\$237.23	2015	12-07-2014
12-07-2014	500	503501							PAYROLL / PPE 29-NOV-14	\$414.41	2015	12-07-2014
12-07-2014	500	503504							PAYROLL / PPE 29-NOV-14	\$4.18	2015	12-07-2014
12-07-2014	500	503505							PAYROLL / PPE 29-NOV-14	\$549.09	2015	12-07-2014
12-07-2014	500	503510							PAYROLL / PPE 29-NOV-14	\$21.51	2015	12-07-2014
12-07-2014	500	503511							PAYROLL / PPE 29-NOV-14	\$67.06	2015	12-07-2014
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12-07-2014	500	503517							PAYROLL / PPE 29-NOV-14	\$0.23	2015	12-07-2014
12-07-2014	500	503518							PAYROLL / PPE 29-NOV-14	\$3.09	2015	12-07-2014
12-07-2014	500	503519							PAYROLL / PPE 29-NOV-14	\$8.00	2015	12-07-2014
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12-07-2014	500	504308							PAYROLL / PPE 29-NOV-14	\$0.66	2015	12-07-2014
12-07-2014	500	504309							PAYROLL / PPE 29-NOV-14	\$15.28	2015	12-07-2014
12-07-2014	500	504310							PAYROLL / PPE 29-NOV-14	\$16.79	2015	12-07-2014
12-21-2014	500	501001							PAYROLL / PPE 13-DEC-14	\$2,135.03	2015	12-21-2014
12-21-2014	500	502003							PAYROLL / PPE 13-DEC-14	\$142.34	2015	12-21-2014

12-21-2014	500	502004							PAYROLL / PPE 13-DEC-14	\$253.04	2015	12-21-2014
12-21-2014	500	503501							PAYROLL / PPE 13-DEC-14	\$354.26	2015	12-21-2014
12-21-2014	500	503504							PAYROLL / PPE 13-DEC-14	\$3.57	2015	12-21-2014
12-21-2014	500	503505							PAYROLL / PPE 13-DEC-14	\$549.09	2015	12-21-2014
12-21-2014	500	503507							PAYROLL / PPE 13-DEC-14	\$7.72	2015	12-21-2014
12-21-2014	500	503508							PAYROLL / PPE 13-DEC-14	\$99.19	2015	12-21-2014
12-21-2014	500	503509							PAYROLL / PPE 13-DEC-14	\$27.61	2015	12-21-2014
12-21-2014	500	503510							PAYROLL / PPE 13-DEC-14	\$21.51	2015	12-21-2014
12-21-2014	500	503511							PAYROLL / PPE 13-DEC-14	\$67.06	2015	12-21-2014
12-21-2014	500	503512							PAYROLL / PPE 13-DEC-14	\$35.22	2015	12-21-2014
12-21-2014	500	503517							PAYROLL / PPE 13-DEC-14	\$0.23	2015	12-21-2014
12-21-2014	500	503518							PAYROLL / PPE 13-DEC-14	\$3.09	2015	12-21-2014
12-21-2014	500	503519							PAYROLL / PPE 13-DEC-14	\$8.00	2015	12-21-2014
12-21-2014	500	504301							PAYROLL / PPE 13-DEC-14	\$12.50	2015	12-21-2014
12-21-2014	500	504303							PAYROLL / PPE 13-DEC-14	\$8.63	2015	12-21-2014
12-21-2014	500	504305							PAYROLL / PPE 13-DEC-14	\$2.30	2015	12-21-2014
12-21-2014	500	504308							PAYROLL / PPE 13-DEC-14	\$0.33	2015	12-21-2014
12-21-2014	500	504309							PAYROLL / PPE 13-DEC-14	\$13.06	2015	12-21-2014
12-21-2014	500	504310							PAYROLL / PPE 13-DEC-14	\$14.35	2015	12-21-2014
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01-03-2015	500	502001							PAYROLL / PPE 26-DEC-14	\$253.04	2015	01-04-2015
01-03-2015	500	502002							PAYROLL / PPE 26-DEC-14	\$490.27	2015	01-04-2015
01-03-2015	500	502004							PAYROLL / PPE 26-DEC-14	\$506.08	2015	01-04-2015
01-03-2015	500	503501							PAYROLL / PPE 26-DEC-14	\$354.26	2015	01-04-2015
01-03-2015	500	503504							PAYROLL / PPE 26-DEC-14	\$3.57	2015	01-04-2015
01-03-2015	500	503505							PAYROLL / PPE 26-DEC-14	\$552.49	2015	01-04-2015
01-03-2015	500	503510							PAYROLL / PPE 26-DEC-14	\$21.51	2015	01-04-2015
01-03-2015	500	503511							PAYROLL / PPE 26-DEC-14	\$67.06	2015	01-04-2015
01-03-2015	500	503512							PAYROLL / PPE 26-DEC-14	\$33.69	2015	01-04-2015
01-03-2015	500	503517							PAYROLL / PPE 26-DEC-14	\$0.23	2015	01-04-2015
01-03-2015	500	503518							PAYROLL / PPE 26-DEC-14	\$3.09	2015	01-04-2015
01-03-2015	500	503519							PAYROLL / PPE 26-DEC-14	\$8.00	2015	01-04-2015
01-03-2015	500	504301							PAYROLL / PPE 26-DEC-14	\$12.50	2015	01-04-2015
01-03-2015	500	504303							PAYROLL / PPE 26-DEC-14	\$8.63	2015	01-04-2015
01-03-2015	500	504305							PAYROLL / PPE 26-DEC-14	\$2.30	2015	01-04-2015
01-03-2015	500	504308							PAYROLL / PPE 26-DEC-14	\$0.33	2015	01-04-2015
01-03-2015	500	504309							PAYROLL / PPE 26-DEC-14	\$13.06	2015	01-04-2015
01-03-2015	500	504310							PAYROLL / PPE 26-DEC-14	\$14.35	2015	01-04-2015
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01-18-2015	500	502001							PAYROLL / PPE 10-JAN-15	\$253.04	2015	01-18-2015
01-18-2015	500	502002							PAYROLL / PPE 10-JAN-15	\$126.52	2015	01-18-2015
01-18-2015	500	502003							PAYROLL / PPE 10-JAN-15	\$158.15	2015	01-18-2015
01-18-2015	500	503501							PAYROLL / PPE 10-JAN-15	\$354.26	2015	01-18-2015
01-18-2015	500	503504							PAYROLL / PPE 10-JAN-15	\$3.57	2015	01-18-2015
01-18-2015	500	503505							PAYROLL / PPE 10-JAN-15	\$549.09	2015	01-18-2015
01-18-2015	500	503507							PAYROLL / PPE 10-JAN-15	\$7.72	2015	01-18-2015
01-18-2015	500	503508							PAYROLL / PPE 10-JAN-15	\$99.19	2015	01-18-2015
01-18-2015	500	503509							PAYROLL / PPE 10-JAN-15	\$27.61	2015	01-18-2015
01-18-2015	500	503510							PAYROLL / PPE 10-JAN-15	\$21.51	2015	01-18-2015
01-18-2015	500	503511							PAYROLL / PPE 10-JAN-15	\$67.06	2015	01-18-2015
01-18-2015	500	503512							PAYROLL / PPE 10-JAN-15	\$33.71	2015	01-18-2015
01-18-2015	500	503517							PAYROLL / PPE 10-JAN-15	\$0.23	2015	01-18-2015
01-18-2015	500	503518							PAYROLL / PPE 10-JAN-15	\$3.57	2015	01-18-2015
01-18-2015	500	503519							PAYROLL / PPE 10-JAN-15	\$8.00	2015	01-18-2015
01-18-2015	500	504301							PAYROLL / PPE 10-JAN-15	\$12.50	2015	01-18-2015
01-18-2015	500	504303							PAYROLL / PPE 10-JAN-15	\$8.63	2015	01-18-2015
01-18-2015	500	504305							PAYROLL / PPE 10-JAN-15	\$2.30	2015	01-18-2015
01-18-2015	500	504308							PAYROLL / PPE 10-JAN-15	\$0.33	2015	01-18-2015
01-18-2015	500	504309							PAYROLL / PPE 10-JAN-15	\$13.06	2015	01-18-2015
01-18-2015	500	504310							PAYROLL / PPE 10-JAN-15	\$13.06	2015	01-18-2015

	01-18-2015	500	504310							PAYROLL / PPE 10-JAN-15	\$14.35 2015	01-18-2015		
											\$58,685.00			
00000945	09-15-2014	510	510064	254730	000000072	000000057	0027502535	09-17-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$2,070.00	2015	09-12-2014	09-11-2014
00000947	09-15-2014	510	510064	254040	000000072	000000057	0027502535	09-17-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$215.00	2015	09-12-2014	09-11-2014
00000955	10-01-2014	510	510064	260790	000000072	000000057	0027593375	10-03-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$215.00	2015	09-30-2014	09-11-2014
00000958	10-24-2014	510	510064	265510	000000072	000000057	0027701811	10-28-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$215.00	2015	10-21-2014	09-11-2014
00000973	12-03-2014	510	510064	279710	000000072	000000057	0027900031	12-08-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$215.00	2015	11-26-2014	09-11-2014
00000981	12-31-2014	510	510064	286890	000000072	000000057	0028003829	01-05-2015	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$1,580.00	2015	12-30-2014	09-11-2014
00000921	07-22-2014	510	510052	40026	-	-	0027266402	07-24-2014	0000074705	SPECTRUM REPORTING LLC	\$80.00	2015	07-08-2014	07-08-2014
00000979	12-16-2014	510	510064	282880	-	-	0027939742	12-19-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$430.00	2015	12-16-2014	12-16-2014
00000919	07-21-2014	510	514799	TRAVEL ON JUNE 11, 2014	000000065	000000052	0003729151	07-24-2014	0000206566	FRANCIS CHARLES HART	\$133.12	2015	07-08-2014	06-06-2014
00000916	07-16-2014	510	514799	TRAVEL ON JUNE 11, 2014	000000059	000000053	0027246060	07-21-2014	0000022966	LINDA K ALLER	\$29.84	2015	07-08-2014	06-06-2014
00000917	07-16-2014	510	514799	TRAVEL ON JUNE 11, 2014	000000064	000000054	00003723486	07-21-2014	0000206628	JAMES M ADAMS	\$131.04	2015	07-08-2014	06-06-2014
00000918	07-16-2014	510	514799	TRAVEL ON JUNE 11, 2014	000000066	000000055	00003723508	07-21-2014	0000214412	PETER THOMAS SCHADE	\$118.56	2015	07-08-2014	06-06-2014
00000937	08-25-2014	510	512075	TRAVEL ON JULY 30, 2014	-	-	0027434595	08-28-2014	0000022966	LINDA K ALLER	\$30.84	2015	08-22-2014	08-22-2014
00000938	08-25-2014	510	512075	TRAVEL ON JULY 30, 2014	-	-	0003781808	08-28-2014	0000206566	FRANCIS CHARLES HART	\$133.12	2015	08-22-2014	08-22-2014
00000939	08-25-2014	510	512075	TRAVEL ON JULY 30, 2014	-	-	0003781634	08-28-2014	0000206628	JAMES M ADAMS	\$131.04	2015	08-22-2014	08-22-2014
00000940	08-25-2014	510	512075	TRAVEL ON JULY 30, 2014	-	-	0003782083	08-28-2014	0000214412	PETER THOMAS SCHADE	\$118.56	2015	08-22-2014	08-22-2014
00000950	10-02-2014	510	512075	TRAVEL ON SEPT. 10, 2014	-	-	0027596131	10-06-2014	0000022966	LINDA K ALLER	\$30.84	2015	09-30-2014	09-30-2014
00000951	10-02-2014	510	512075	TRAVEL ON SEPT 10, 2014	-	-	0003839674	10-06-2014	0000223738	NANCY NIEHUS	\$194.16	2015	09-30-2014	09-30-2014
00000952	10-02-2014	510	512075	TRAVEL ON SEPT 10, 2014	-	-	0003839646	10-06-2014	0000206566	FRANCIS CHARLES HART	\$133.12	2015	09-30-2014	09-30-2014
00000953	10-02-2014	510	512075	TRAVEL ON SEPT. 10, 2014	-	-	0003839640	10-06-2014	0000206628	JAMES M ADAMS	\$131.04	2015	09-30-2014	09-30-2014
00000954	10-02-2014	510	512075	TRAVEL ON SEPT. 10, 2014	-	-	0003839660	10-06-2014	0000214412	PETER THOMAS SCHADE	\$118.56	2015	09-30-2014	09-30-2014
00000974	12-22-2014	510	512075	TRAVEL ON NOV 19, 2014	-	-	0003973846	12-26-2014	0000206566	FRANCIS CHARLES HART	\$133.12	2015	12-16-2014	12-16-2014
00000975	12-31-2014	510	512075	TRAVEL ON NOV 19, 2014	-	-	0003982744	01-05-2015	0000223738	NANCY NIEHUS	\$186.16	2015	12-16-2014	12-16-2014
00000976	12-31-2014	510	512075	TRAVEL ON NOV 19, 2014	-	-	0003982743	01-05-2015	0000214412	PETER THOMAS SCHADE	\$118.56	2015	12-16-2014	12-16-2014
00000977	12-31-2014	510	512075	TRAVEL ON NOV 19, 2014	-	-	0003982741	01-05-2015	0000206628	JAMES M ADAMS	\$131.04	2015	12-16-2014	12-16-2014
											\$7,022.72			
00000920	07-09-2014	520	526105	14582	000000060	000000051	0003711860	07-11-2014	0000043438	GREENE INC	\$25.00	2015	07-08-2014	06-06-2014
00000925	07-15-2014	520	521101	13736	000000061	000000048	0027234995	07-17-2014	0000047822	HINES & ASSOCIATES	\$44.50	2015	07-11-2014	06-06-2014
00000927	07-16-2014	520	526105	14684	000000060	000000051	0003722963	07-21-2014	0000043438	GREENE INC	\$25.00	2015	07-15-2014	06-06-2014
00000922	07-15-2014	520	529201	144P30893705	000000071	000000056	0000359373	07-17-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$124.00	2015	07-11-2014	06-12-2014
00000923	07-15-2014	520	529201	141330893705	000000071	000000056	0000359374	07-17-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$70.63	2015	07-11-2014	06-12-2014
00000924	07-15-2014	520	529201	1413305BSR05	000000071	000000056	0000359545	07-18-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$61.42	2015	07-11-2014	06-12-2014
00000924	07-15-2014	520	527751	1413305BSR05	-	-	0000359545	07-18-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$134.65	2015	07-11-2014	07-11-2014
00000925	07-15-2014	520	521050	13736	-	-	0027234995	07-17-2014	0000047822	HINES & ASSOCIATES	\$83.00	2015	07-11-2014	07-11-2014
00000915	07-21-2014	520	524067	574936920140610	-	-	0000112642	07-23-2014	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.84	2015	07-01-2014	07-01-2014
00000926	07-21-2014	520	524067	574936920140710	-	-	0000112642	07-23-2014	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.80	2015	07-14-2014	07-14-2014
00000928	08-01-2014	520	527751	SAC128	-	-	0000361708	08-06-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$1,007.47	2015	07-31-2014	07-31-2014
00000930	08-12-2014	520	527751	4UP377	-	-	0000363028	08-15-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$20.81	2015	08-12-2014	08-12-2014
00000932	08-12-2014	520	527751	1413305BSR06	-	-	0000363029	08-15-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$196.07	2015	08-12-2014	08-12-2014
00000933	08-12-2014	520	527751	141330893706	-	-	0000363030	08-15-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$70.81	2015	08-12-2014	08-12-2014
00000934	08-12-2014	520	527751	144P30893706	-	-	0000363031	08-15-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$124.00	2015	08-12-2014	08-12-2014
00000931	08-20-2014	520	527751	4UN356	-	-	0000363990	08-25-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$521.76	2015	08-12-2014	08-12-2014
00000935	08-22-2014	520	524067	574936920140810	-	-	0000114336	08-26-2014	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.80	2015	08-15-2014	08-15-2014
00000936	08-22-2014	520	527751	4RS815	-	-	0000364287	08-27-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$8.57	2015	08-22-2014	08-22-2014
00000941	09-11-2014	520	527751	14-4P30-SANO1-06-M1	-	-	0000366118	09-16-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$95.04	2015	09-10-2014	09-10-2014
00000942	09-11-2014	520	521050	13749	-	-	0027497193	09-16-2014	0000047822	HINES & ASSOCIATES	\$69.00	2015	09-10-2014	09-10-2014
00000943	09-11-2014	520	526052	14793	-	-	0003808053	09-16-2014	0000043438	GREENE INC	\$30.00	2015	09-10-2014	09-10-2014
00000945	09-15-2014	520	527751	15-1330-SANO1-09-M1	-	-	0000366271	09-17-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$95.04	2015	09-12-2014	09-12-2014
00000948	09-18-2014	520	524067	574936920140910	-	-	0000115854	09-23-2014	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.80	2015	09-15-2014	09-15-2014
00000949	09-18-2014	520	526052	14904	-	-	0003819556	09-23-2014	0000043438	GREENE INC	\$30.00	2015	09-17-2014	09-17-2014
00000956	10-15-2014	520	527751	5MF028	-	-	0000369651	10-17-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$1,576.44	2015	10-10-2014	10-10-2014
00000957	10-24-2014	520	524067	574936920141010	-	-	0000117690	10-28-2014	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.82	2015	10-15-2014	10-15-2014
00000959	10-24-2014	520	526053	15006	-	-	0003874598	10-28-2014	0000043438	GREENE INC	\$30.00	2015	10-21-2014	10-21-2014
00000960	10-24-2014	520	521050	13561	-	-	0027700874	10-28-2014	0000047822	HINES & ASSOCIATES	\$77.25	2015	10-21-2014	10-21-2014
00000961	10-31-2014	520	527751	151330893707	-	-	0000371543	11-05-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$207.18	2015	10-30-2014	10-30-2014

0000962	10-31-2014	520	527751	1513305BSR07	-	0000371544	11-05-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$9.00	2015	10-30-2014	10-30-2014
0000963	10-31-2014	520	527751	5AC160	-	0000371545	11-05-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$699.92	2015	10-30-2014	10-30-2014
0000964	11-14-2014	520	527751	151330893710	-	0000373145	11-19-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$207.18	2015	11-10-2014	11-10-2014
0000965	11-14-2014	520	527751	1513305BSR10	-	0000373146	11-19-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$9.00	2015	11-10-2014	11-10-2014
0000967	11-14-2014	520	527751	SUP087	-	0000373147	11-19-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$22.71	2015	11-12-2014	11-12-2014
0000968	11-14-2014	520	527751	SUN037	-	0000373148	11-19-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$572.48	2015	11-12-2014	11-12-2014
0000969	11-14-2014	520	527751	STX092	-	0000373149	11-19-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$1.23	2015	11-12-2014	11-12-2014
0000970	11-14-2014	520	527751	273610	-	0027811501	11-19-2014	0000169748	NATIONAL ENVIRONMENTAL HEALTH	\$215.00	2015	11-12-2014	11-12-2014
0000966	11-17-2014	520	527053	68TH ANNUAL EDUCATION CONF	-	0027811736	11-19-2014	0000054661	OHIO ENVIRONMENTAL HEALTH	\$125.00	2015	11-10-2014	11-10-2014
0000972	11-20-2014	520	527751	5MF057	-	0000373516	11-24-2014	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$1,576.44	2015	11-18-2014	11-18-2014
0000971	11-21-2014	520	524067	574936920141110	-	0000119116	11-25-2014	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.82	2015	11-13-2014	11-13-2014
0000978	12-31-2014	520	526052	15230	-	0003982708	01-05-2015	0000043438	GREENE INC	\$30.00	2015	12-16-2014	12-16-2014
0000980	01-05-2015	520	524067	574936920141210	-	0000121322	01-08-2015	0000211255	CINCINNATI BELL ANY DISTANCE INC	\$26.82	2015	12-16-2014	12-16-2014
0000982	01-07-2015	520	527751	5AK025	-	0000378313	01-12-2015	DAS01	DEPARTMENT OF ADMINISTRATIVE SERVICES	\$623.96	2015	01-07-2015	01-07-2015
0000983	01-07-2015	520	521050	13777	-	0028022837	01-12-2015	0000047822	HINES & ASSOCIATES	\$78.00	2015	01-07-2015	01-07-2015
										\$9,085.26			
0000929	09-05-2014	590	595051	OVERPAYMENT REFUND	-	0027480437	09-10-2014	SGLPAYCHK2	SINGLE PAY - CHRIS P. FAULKNER	\$8.00	2015	07-31-2014	07-31-2014
0000929	01-13-2015	590	595051	OVERPAYMENT REFUND	-	0027480437	09-10-2014	SGLPAYCHK2	SINGLE PAY - CHRIS P. FAULKNER	(\$8.00)	2015	01-13-2015	07-31-2014

\$0.00

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4736-7-02

**Application fee.**

- (A) An applicant shall return the completed application form to the office of the board whereupon the board shall cause a record to be made in accordance with section 4736.07 of the Revised Code. The board shall advise the applicant of the status of the application within sixty days of receipt of the application.
- (B) The board shall consider only those applications to become a registered sanitarian or sanitarian-in-training which are accompanied by the appropriate fees as prescribed in section 4736.12 of the Revised Code. The board of sanitarian registration, with the approval of the controlling board, may establish fees in excess of the amounts prescribed in section 4736.12 of the Revised Code provided that such fees do not exceed the amounts prescribed in section 4736.12 of the Revised Code by more than fifty percent.
- (C) Each completed application must be accompanied by the appropriate fee ~~a check or money order payable in the manner~~ prescribed by the board ~~in the amount of the application fee~~. The application fees shall be nonrefundable.
- (D) Each applicant must submit ~~cause~~ an official transcript of all academic credits claimed ~~to be forwarded~~ to the board to ensure ~~assure~~ compliance with division (A) of section 4736.08, division (B) of section 4636.08, or division (C) of section 4736.08 of the Revised Code.

*ensure*

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4736-11-01

**Provisions for issuing certificate.**

- (A) Within sixty days following the applicant's meeting the requirements and, when applicable, passing the examination given by the board for registration, the appropriate certificate shall be issued by the board.
- (B) All certificates of registration shall expire each year on the assigned expiration date unless renewed pursuant to section 4736.11 of the Revised Code and the rules adopted thereunder.
- (C) As used in rules in Chapter 4736-11 of the Administrative Code, registrant or registrants means registered sanitarian or registered sanitarian in training.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-02

**Submission of attendance information.**

- (A) ~~Certificates of attendance at continuing education courses or other substantiating documentation must be submitted by registrants at the same time as and be attached to the application for renewal of registration. No documents will be returned.~~
- (B) ~~It is the sole responsibility of the registrant to assure that required evidence of meeting continuing education requirements is submitted to the board on forms prescribed and furnished by the board.~~
- (C) ~~Any person falsifying information pertaining to completion of continuing education requirements will be subject to revocation of the certificate of registration.~~

\*\*\* DRAFT - NOT YET FILED \*\*\*

4736-11-02

Individual continuing education course approval requirements.

(A) Registrants who attend or view a continuing education course which was not given as part of an approved training agencies curriculum or that has not been per-approved by the board may be submitted, within 90 days of completion, to the board for review. The course must be submitted on form(s) prescribed by the board.

(B) The registrant must provide the following information to the Board for consideration:

(1) The name, mailing address, phone, email address, signature and date of the individual requesting the course review;

(2) The number of hours being requested for attending the course;

(3) The course title, location, date and instructor information;

(4) The relevancy to the practice of environmental health and the educational benefits the registrant gained by attending;

(5) The applicable subject matter

*category*

(6) A copy of the course agenda/itinerary complete with times for each portion of the program and any lunch or breaks that were taken or a copy of the course syllabus or catalog description; and

(7) Verification of attendance.

(C) The board will review requests for individual continuing education course approval at all regularly scheduled board meetings.

(D) It is the sole responsibility of the registrant to ensure that the required evidence of meeting the continuing education requirements is submitted to the board

*w/i the timeframe listed with (A) of this rule*

(E) Any person falsifying information pertaining to the completion of continuing education coursework or requirements will be subject to revocation of their certificate of registration.

\*\*\* DRAFT - NOT YET FILED \*\*\*

4736-11-04

Training agency registration and approval.

A training agency must be approved by the board prior to submitting requests for the approval of coursework.

(A) To register as a training agency, the agency shall make application on form(s) prescribed by the board and include the application fee of fifty four dollars. This fee is non-refundable and non-transferrable.

(B) The application for training agency approval must include:

(1) The agency name, address, phone and email addresses;

(2) The agency or organization mission or purpose; and

(3) Signature and date of the contact person for the agency.

(C) Requests for training agency approval shall be renewed at each regularly scheduled board meeting.

(D) Training agency status shall expire annually on December 31. Renewal applicaitons will be sent to the contact person and mailing address on file with the board office no later than December 1 of each year. The renewal fee is twenty-seven dollars. This fee is non-refundable and non-transferrable.

(E) The board may monitor or audit any courses given by an approved training agency to ensure the content is relevant to the practice of environmental health.

(F) The board may deny, refuse to renew, suspend or revoke the status of a training agnecy for dissemination of false information in connection with the continuing education programs or for failure to conform to rules TO BE ADDED LATER.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-05

**Registration and approval of training agency.**

- (A) ~~To register as an approved training agency, the agency shall make application on a form prescribed by the board, and include a fee of fifty four dollars. The fee is non-refundable. A training agency must be a board-approved training agency before submitting requests to conduct continuing education activities for registrants.~~
- (B) ~~The board shall maintain a current listing of any approved training agency that provides continuing education for registrants.~~
- (C) ~~The board shall respond to all requests for approval and registration as a training agency within sixty days of receipt.~~
- (D) ~~To be considered for approval as a training agency, the training agency must submit a fifty-four dollar fee, and provide the following information to the board on forms prescribed by the board:~~
- ~~(1) Name, address, and telephone number of training agency;~~
  - ~~(2) A description of the mission of the agency;~~
  - ~~(3) Name of continuing education coordinator;~~
  - ~~(4) Information indicating the type of training agency as provided in paragraph (C) of rule 4736-1-01 of the Administrative Code.~~
  - ~~(5) Information indicating whether or not the training agency is accredited and by whom;~~
  - ~~(6) A description of the physical facilities, instructional materials, courses, and instructional staff used in continuing education programs by the training agency;~~
  - ~~(7) A description of educational benefits to be derived by registrants taking continuing education programs offered by the training agency and the type of training as provided in rule 4736-11-04 of the Administrative Code.~~
  - ~~(8) Information indicating that the training agency will monitor attendance and provide evidence of attendance to attendees and the board; and/or~~
  - ~~(9) Other information the board deems necessary.~~

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4736-11-05

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- (E) ~~Approved training agency status shall expire on December thirty first of each year unless renewed by submitting an application for renewal of approved training agency status and the renewal fee of twenty seven dollars. The date for such application shall be no more than sixty days before the annual expiration date.~~
- (F) ~~The board may audit or monitor courses given by an approved training agency.~~
- (G) ~~The board may deny, refuse to renew, suspend, or revoke approved training agency status for dissemination of false information in connection with the continuing education programs or failure to conform to rules 4736-11-04, 4736-11-05, and/or 4736-11-06 of the Administrative Code.~~

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-05

**Training agency course approval requirements.**

- (A) Training agencies submitting courses or programs for review by the board must be submitted at least 30 days prior to the date the course or program is initially being offered. The training agency must submit the request on form(s) prescribed by the board.
- (B) The training agency must provide the following information to the board for consideration:
- (1) The agency name, contact person name, mailing address, phone, email address, signature and date of the agency requesting the course review:
  - (2) The number of hours being requested for attendees:
  - (3) The course title, type, location, date(s) and instructor information:
  - (4) A description of the course objectives and educational outcomes expected for attendees:
  - (5) A copy of the course agenda/itinerary complete with times for each portion of the program and any lunch or breaks that were taken by attendees:
  - (6) Brief biographical information on the speakers/presenters for the program; and
  - (7) Within 30 days of program completion a roster of attendees and the number of hours each attendee earned must be submitted to the Board via mail, email, or fax.
- (C) The board will review requests for training agency course approval at all regularly scheduled board meetings.
- (D) It is the sole responsibility of the registrant to ensure that the required evidence of meeting the continuing education requirements is submitted to the board.
- (E) Any person or agency falsifying information pertaining to the completion of continuing education coursework or requirement will be subject to the revocation of their certificate of registration or removal of their status as an approved training agency.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-06

**Continuing education course approval requirements.**

- (A) ~~A course of study or program of instruction offered for continuing education purposes by an approved training agency shall be submitted to the board at least thirty days prior to the date of the course or program on forms prescribed and furnished by the board. A course of study or program submitted after course or program completion shall not be considered for approval except as provided in paragraph (A) of rule 4736-11-07 of the Administrative Code.~~
- (B) ~~An approved training agency offering a course of study or program of instruction to apply toward the annual continuing education requirements for registration must provide the following information to be considered for approval by the board on forms prescribed and furnished by the board:~~
- ~~(1) The educational objectives of the program or course;~~
  - ~~(2) The content of the program or course;~~
  - ~~(3) The number of educational hours involved in the program or course;~~
  - ~~(4) The names and qualifications of instructors;~~
  - ~~(5) Verification that course attendance was properly monitored; and~~
  - ~~(6) Verification that the approved training agency will provide the board with a list of attendees within forty five days of completion of the course.~~
- (C) ~~All courses of study of programs of instruction shall be submitted on an annual basis. All approvals are valid for one year from the date of issue.~~

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-06

**Continuing education course approval requirements.**

- (A) A course of study or program of instruction offered for continuing education purposes by an approved training agency shall be submitted to the board at least thirty days prior to the date of the course or program on forms prescribed and furnished by the board. A course of study or program submitted after course or program completion shall not be considered for approval except as provided in paragraph (A) of rule 4736-11-07 of the Administrative Code.
- (B) An approved training agency offering a course of study or program of instruction to apply toward the annual continuing education requirements for registration must provide the following information to be considered for approval by the board on forms prescribed and furnished by the board:
- (1) The educational objectives of the program or course;
  - (2) The content of the program or course;
  - (3) The number of educational hours involved in the program or course;
  - (4) The names and qualifications of instructors;
  - (5) Verification that course attendance was properly monitored; and
  - (6) Verification that the approved training agency will provide the board with a list of attendees within forty-five days of completion of the course.
- (C) All courses of study of programs of instruction shall be submitted on an annual basis. All approvals are valid for one year from the date of issue.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-07

~~Attendance at continuing education courses not approved by the board.~~

~~(A) Registrants who attend a continuing education course which has not been approved by the board may request within sixty days of completion of the course that the course be approved for continuing education credit using forms prescribed and furnished by the board.~~

~~(B) For the board to consider a request to approve continuing education credit under this rule, the registrant must submit documentation satisfactory to the board that the course meets the requirements of rule 4736-11-04 of the Administrative Code.~~

~~(C) The board shall respond to all requests received under this rule within sixty days of receipt.~~

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-11-08

~~List of approved training agencies and courses.~~

~~The secretary shall upon the request of a registrant provide a list of any course that the board has approved. A listing of all approved training agencies and approved courses shall be posted electronically on the board's website at <http://sanitarian.ohio.gov> and updated following each board meeting as required.~~

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4736-16-01

**Definitions.**

For the purposes of administrative rules promulgated in accordance with section 1347.15 of the Revised Code, the following definitions apply:

- (A) "Access" as a noun means an instance of copying, viewing, or otherwise perceiving whereas "access" as a verb means to copy, view, or otherwise perceive.
- (B) "Acquisition of a new computer system" means the purchase of a "computer system," as defined in this rule, that is not a computer system currently in place nor one for which the acquisition process has been initiated as of the effective date of the agency rule addressing requirements in rule 4733-16-05 of the Administrative Code.
- (C) "Computer system" means a "system," as defined by section 1347.01 of the Revised Code, that stores, maintains, or retrieves personal information using electronic data processing equipment.
- (D) "Confidential personal information" (CPI) has the meaning as defined by division (A)(1) of section 1347.15 of the Revised Code and identified by rules promulgated by the agency in accordance with division (B)(3) of section 1347.15 of the Revised Code that reference the federal or state statutes or administrative rules that make personal information maintained by the agency confidential.
- (E) "Employee of the state agency" means each employee of a state agency regardless of whether he/she holds an elected or appointed office or position within the state agency. "Employee of the state agency" is limited to the specific employing state agency.
- (F) "Incidental contact" means contact with the information that is secondary or tangential to the primary purpose of the activity that resulted in the contact.
- (G) "Individual" means a natural person or the natural person's authorized representative, legal counsel, legal custodian, or legal guardian.
- (H) "Information owner" means the individual appointed in accordance with division (A) of section 1347.05 of the Revised Code to be directly responsible for a system.
- (I) "Person" means a natural person.
- (J) "Personal information" has the same meaning as defined in division (E) of section 1347.01 of the Revised Code.

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4736-16-01

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- (K) "Personal information system" means a "system" that "maintains" "personal information" as those terms are defined in section 1347.01 of the Revised Code. "System" includes manual and computer systems.
- (L) "Research" means a methodical investigation into a subject.
- (M) "Routine" means commonplace, regular, habitual, or ordinary.
- (N) "Routine information that is maintained for the purpose of internal office administration, the use of which would not adversely affect a person" as that phrase is used in division (F) of section 1347.01 of the Revised Code means personal information relating to employees and maintained by the agency for internal administrative and human resource purposes.
- (O) "System" has the same meaning as defined by division (F) of section 1347.01 of the Revised Code.
- (P) "Upgrade" means a substantial redesign of an existing computer system for the purpose of providing a substantial amount of new application functionality, or application modifications that would involve substantial administrative or fiscal resources to implement, but would not include maintenance, minor updates and patches, or modifications that entail a limited addition of functionality due to changes in business or legal requirements.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-16-02

**Procedures for accessing confidential personal information.**

For personal information systems, whether manual or computer systems, that contain confidential personal information, the agency shall do the following:

(A) Criteria for accessing confidential personal information. Personal information systems of the agency are managed on a "need-to-know" basis whereby the information owner determines the level of access required for an employee of the agency to fulfill his/her job duties. The determination of access to confidential personal information shall be approved by the employee's supervisor and the information owner prior to providing the employee with access to confidential personal information within a personal information system. The agency shall establish procedures for determining a revision to an employee's access to confidential personal information upon a change to that employee's job duties including, but not limited to, transfer or termination. Whenever an employee's job duties no longer require access to confidential personal information in a personal information system, the employee's access to confidential personal information shall be removed.

(B) Individual's request for a list of confidential personal information. Upon the signed written request of any individual for a list of confidential personal information about the individual maintained by the agency, the agency shall do all of the following:

- (1) Verify the identity of the individual by a method that provides safeguards commensurate with the risk associated with the confidential personal information;
- (2) Provide to the individual the list of confidential personal information that does not relate to an investigation about the individual or is otherwise not excluded from the scope of Chapter 1347. of the Revised Code; and
- (3) If all information relates to an investigation about that individual, inform the individual that the agency has no confidential personal information about the individual that is responsive to the individual's request.

(C) Notice of invalid access.

- (1) Upon discovery or notification that confidential personal information of a person has been accessed by an employee for an invalid reason, the agency shall notify the person whose information was invalidly accessed as soon as practical and to the extent known at the time. However, the agency shall delay notification for a period of time necessary to ensure that the notification would not delay or impede an investigation or jeopardize homeland or

national security. Additionally, the agency may delay the notification consistent with any measures necessary to determine the scope of the invalid access, including which individuals' confidential personal information invalidly was accessed, and to restore the reasonable integrity of the system.

"Investigation" as used in this paragraph means the investigation of the circumstances and involvement of an employee surrounding the invalid access of the confidential personal information. Once the agency determines that notification would not delay or impede an investigation, the agency shall disclose the access to confidential personal information made for an invalid reason to the person.

- (2) Notification provided by the agency shall inform the person of the type of confidential personal information accessed and the date(s) of the invalid access.
  - (3) Notification may be made by any method reasonably designed to accurately inform the person of the invalid access, including written, electronic, or telephone notice.
- (D) Appointment of a data privacy point of contact. The agency director shall designate an employee of the agency to serve as the data privacy point of contact. The data privacy point of contact shall work with the chief privacy officer within the office of information technology to assist the agency with both the implementation of privacy protections for the confidential personal information that the agency maintains and compliance with section 1347.15 of the Revised Code and the rules adopted pursuant to the authority provided by that chapter.
- (E) Completion of a privacy impact assessment. The agency director shall designate an employee of the agency to serve as the data privacy point of contact who shall timely complete the privacy impact assessment form developed by the office of information technology.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-16-03

**Valid reasons for accessing confidential person information.**

Pursuant to the requirements of division (B)(2) of section 1347.15 of the Revised Code, this rule contains a list of valid reasons, directly related to the sanitarian registration board's exercise of its powers or duties, for which only employees of the agency may access confidential personal information (CPI) regardless of whether the personal information system is a manual system or computer system:

(A) Performing the following functions constitute valid reasons for authorized employees of the agency to access confidential personal information:

- (1) Responding to a public records request;
- (2) Responding to a request from an individual for the list of CPI the agency maintains on that individual;
- (3) Administering a constitutional provision or duty;
- (4) Administering a statutory provision or duty;
- (5) Administering an administrative rule provision or duty;
- (6) Complying with any state or federal program requirements;
- (7) Processing or payment of claims or otherwise administering a program with individual participants or beneficiaries;
- (8) Auditing purposes;
- (9) Licensure [or permit, eligibility, filing, etc.] processes;
- (10) Investigation or law enforcement purposes;
- (11) Administrative hearings;
- (12) Litigation, complying with an order of the court, or subpoena;
- (13) Human resource matters (e.g., hiring, promotion, demotion, discharge, salary/compensation issues, leave requests/issues, time card approvals/issues);

- (14) Complying with an executive order or policy;
  - (15) Complying with an agency policy or a state administrative policy issued by the department of administrative services, the office of budget and management or other similar state agency; or
  - (16) Complying with a collective bargaining agreement provision.
- (B) To the extent that the general processes described in paragraph (A) of this rule do not cover the following circumstances, for the purpose of carrying out specific duties of the Ohio sanitarian registration board, authorized employees would also have valid reasons for accessing CPI in these following circumstances:
- (1) Employees of the state agency may review CPI of individuals who are subject to investigation for alleged misconduct that may result in registration discipline. Such employees may review CPI of individuals who are not the subject of the investigation, but who otherwise may be witnesses with information related to the investigation. CPI may be reviewed by such employees and members of the board in professional conduct matters that become the subject of administrative hearings.
  - (2) Authorized employees of the state agency may review CPI of persons who hold, are applying for, or are renewing a registration issued by the board for the purposes of verifying licensure, processing licensure and renewal applications, determining eligibility for licensure, performing financial transactions and reporting related to application processing, or any other activities undertaken for the purpose of carrying out that program.
  - (3) Employees assigned to fiscal and human resource positions may review CPI of vendors billing the board for services rendered and employees of the board for payroll and other human resource activities for the purpose of carrying out the board's daily activities.

\*\*\* DRAFT - NOT YET FILED \*\*\*

4736-16-04

**Confidentiality statutes.**

The following federal statutes or regulations or state statutes and administrative rules make personal information maintained by the agency confidential and identify the confidential personal information within the scope of rules promulgated by this agency in accordance with section 1347.15 of the Revised Code:

- (A) Social security numbers: 5 U.S.C. 552a., unless the individual was told that the number would be disclosed.
- (B) Medical records submitted with requests for testing accommodations and/or continuing education waiver requests: 42 U.S.C. 201.
- (C) College and university transcripts: 20 U.S.C. 1232g.

**\*\*\* DRAFT - NOT YET FILED \*\*\***

4736-16-05

**Restricting and logging access to confidential personal information in computerized personal information systems.**

For personal information systems that are computer systems and contain confidential personal information, the agency shall do the following:

- (A) Access restrictions. Access to confidential personal information that is kept electronically shall require a password or other authentication measure.
- (B) Acquisition of a new computer system. When the agency acquires a new computer system that stores, manages or contains confidential personal information, the agency shall include a mechanism for recording specific access by employees of the agency to confidential personal information in the system.
- (C) Upgrading existing computer systems. When the agency modifies an existing computer system that stores, manages or contains confidential personal information, the agency shall make a determination whether the modification constitutes an upgrade. Any upgrades to a computer system shall include a mechanism for recording specific access by employees of the agency to confidential personal information in the system.
- (D) Logging requirements regarding confidential personal information in existing computer systems.
  - (1) The agency shall require employees of the agency who access confidential personal information within computer systems to maintain a log that records that access.
  - (2) Access to confidential information is not required to be entered into the log under the following circumstances:
    - (a) The employee of the agency is accessing confidential personal information for official agency purposes, including research, and the access is not specifically directed toward a specifically named individual or a group of specifically named individuals.
    - (b) The employee of the agency is accessing confidential personal information for routine office procedures and the access is not specifically directed toward a specifically named individual or a group of specifically named individuals.
    - (c) The employee of the agency comes into incidental contact with confidential personal information and the access of the information is not specifically directed toward a specifically named individual or a

group of specifically named individuals.

(d) The employee of the agency accesses confidential personal information about an individual based upon a request made under either of the following circumstances:

(i) The individual requests confidential personal information about himself/herself.

(ii) The individual makes a request that the agency takes some action on that individual's behalf and accessing the confidential personal information is required in order to consider or process that request.

(3) For purposes of this paragraph, the agency may choose the form or forms of logging, whether in electronic or paper formats.

(E) Log management. The agency shall issue a policy that specifies the following:

(1) Who shall maintain the log;

(2) What information shall be captured in the log;

(3) How the log is to be stored; and

(4) How long information kept in the log is to be retained.

Nothing in this rule limits the agency from requiring logging in any circumstance that it deems necessary.

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Reviewer	Course Number	Contact	Course Title	Date	Hours
Nancy	327 **Re-Review**	Timothy Williams	AWWA Utility Safety Talks	Weekly	18
Nancy	351	William Grigsby	Food Security Awareness	11/24/2014	1
Nancy	352 A	Richard Lashley	Zombie ICS Training	11/10/2014	1
Nancy	352 B	Stan Carlisle	Zombie ICS Training	11/10/2014	1
Nancy	352 C	Amos Sarfo	Zombie ICS Training	11/10/2014	1
Nancy	352 D	Keith Riley	Zombie ICS Training	11/10/2014	1
Nancy	352 E	Kevin Watson	Zombie ICS Training	11/10/2014	1
Nancy	352 F	Elizabeth Ahrens	Zombie ICS Training	11/10/2014	1
Nancy	352 G	Jessica Offineer	Zombie ICS Training	11/10/2014	1
Nancy	352 H	Christopher Novelli	Zombie ICS Training	11/10/2014	1
Nancy	353	Katherine Bissler	National Swimming Pool Foundation Certified Pool Operator Course	10/29/2014	12
Nancy	354	Susan Bell	Municipal Operations Workshop: Preparing for An Audit	11/19/2014	1
Nancy	355	James Ferguson	Tri-State Environmental Health Association October Meeting	10/22/2014	4
Nancy	356	Krista McAfee	Ohio Code Enforcement Officials Association Quarterly Education Seminar	11/20/2014	4
Nancy	357 A	Amy Ascani	New Septic Rules Review Training	11/21/2014	3
Nancy	357 B	Scott Lenigan	New Septic Rules Review Training	11/21/2014	3
Nancy	357 C	Todd Ascani	New Septic Rules Review Training	11/21/2014	3
Nancy	357 D	Mark Smiraldo	New Septic Rules Review Training	11/21/2014	3
Nancy	357 E	Deborah Moore	New Septic Rules Review Training	11/21/2014	3
Nancy	357 F	Todd Paulus	New Septic Rules Review Training	11/21/2014	3
Nancy	358	Ed Newman	Campus Zero Waste Workshop	10/26/2014	5.25
Nancy	359	Ed Newman	Celebrating Recycling in Ohio	10/20/2014	8.5
Nancy	360	Ed Newman	Ohio By-Product Synergy (BPS) Network Year 4 Meeting 6	5/15/2014	5.5
Nancy	361	Ed Newman	The Power of Partnerships	4/2/2014	5
Nancy	362 A	Stacy Seger	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 B	John Markan	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 C	Carrie Lingle	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4

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Nancy	362 D	Jodi Vaughan	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 E	Emily Anderson	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 F	Nathan Fries	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 G	James Moriarty	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 H	Craig Krajeski	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 I	Jeffery Boamah	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	362 J	Meghan Lane	Introduction to Wastewater Treatment Training and Tour	11/14/2014	4
Nancy	363	Linda Aller	Ohio EPA "Hands On" Ground Water Sampling Training	9/30/2014	5.75
Nancy	364	Michael Smylie	Environmental Health Literacy	11/17/2014	1.5
Nancy	365	Michael Smylie	Built Environment, Community Design, and Public Health	11/17/2014	1.5
Nancy	366 A	Jennifer Wentzel	Meth Lab Awareness	11/19/2014	1
Nancy	366 B	Carmen Short	Meth Lab Awareness	11/19/2014	1
Nancy	366 C	Clyde Collins	Meth Lab Awareness	11/19/2014	1
Nancy	366 D	Michael Kautz	Meth Lab Awareness	11/19/2014	1
Nancy	367	F. Charles Hart	Water Infrastructure and Rebounding Cities	10/31/2014	6
Nancy	368 A	Robert Acquista	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 B	Carrie Kamm	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 C	Adam Gilbert	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 D	Ebony Merritt	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 E	Glenda Underdown	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 F	Adrian Allen	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 G	Natalie Frey	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 H	Robert Gilreath	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 I	Julian Perler	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 J	Abdul Abdi	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	368 K	Kathryn Culver-Madden	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5

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Nancy	368 L	Stephen Meininger	Mobile Food Vending Permit and FOG Inspections	11/6/2014	1.5
Nancy	369	Jodi Vaughan	Great Lakes Water Conference	11/7/2014	6
Nancy	370	Paul Schwartz	Beef Sanitary Dressing and Process Control Procedures	11/6/2014	.75
Nancy	371	Jeremy Scoles	Customer Service in a Compliance Environment	11/18/2014	6.5
Nancy	372	Stephanie Johnson	Interdisciplinary Mental Health Response in Disasters: The First 48 Hours and Beyond	11/14/2014	6.5
Nancy	373	Craig Davidson	Cincinnati Regional Lab Response Network Clinical Microbiology Symposium: The L to Z's of Legionella	11/5/2014	2
Nancy	374	Helen Hayes	OEPA Industrial Pretreatment Workshop	11/5/2014	2.5
Nancy	375	Deanna Dulesky	Tri-State Environmental Health Association October Meeting	10/22/2014	4
Nancy	376 A	Dianne Simon	Person in Charge: Level 1 Food Safety Certification	10/15/2014	3
Nancy	376 B	Elizabeth Ahrens	Person in Charge: Level 1 Food Safety Certification	10/15/2014	3
Nancy	376 C	Jessica Offineer	Person in Charge: Level 1 Food Safety Certification	10/15/2014	3
Nancy	376 D	Stan Carlisle	Person in Charge: Level 1 Food Safety Certification	10/15/2014	3
Nancy	376 E	Denise Williams	Person in Charge: Level 1 Food Safety Certification	10/15/2014	3
Nancy	376 F	Angela Henderson	Person in Charge: Level 1 Food Safety Certification	10/15/2014	3
Nancy	377	Chris Griffith	2014 NOWRA-CPOW Annual Conference	11/11/2014	9.5
Nancy	378	Trevor Irwin	ICS 400: Advanced ICS	11/20/2014	14
Nancy	379	Francine Scharver	Inquiry Based Education Conference	11/13/2014	13
Nancy	380	Francine Scharver	Inspection & Long Term Maintenance Workshop	10/1/2014	7
Nancy	381 A	Tom Blackford	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 B	Rick Melendez	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 C	Paul DeSario	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2

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Nancy	381 D	Jenni Saywell	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 E	Rebecca Sara	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 F	Brian Athey	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 G	Matthew Johnson	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 H	James Armstrong	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 I	Ayana Jones	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 J	Denise Romano	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 K	Wallace Chambers	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 L	Carmen Rush	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 M	Sarah Sutton	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	381 N	LaVonne Lee	Conformity & Usage of Vacuum Packaging, Sous Vide, & Cook Skill Processes	11/17/2014	2
Nancy	382	Joseph Smith	Parasites & Pathogens 1	11/24/2014	1
Nancy	383	Lewis Eric Roberts	World Aquatic Health Conference	10/10/2014	15
Nancy	384	Andrew Deikun	Univar Mosquito Workshop	11/18/2014	3
Nancy	385	Gary Silverman	2014 APHA Annual Meeting	11/19/2014	10.75
Nancy	386	Ginger Gehret	ICS/EOC Interface	11/13/2014	6
Nancy	387	Emily Poling	Real CMOM Solutions	10/29/2014	5
Nancy	388	Ellen Hodges	Train the Trainer/Real Time Coaching	10/27/2014	15
Nancy	389	Amanda Miller	MDARD Train the Trainer	9/11/2014	18
Nancy	390	Thomas Hut	Dog Laws & Legislation: Working Together For A Safer Community	10/10/2014	6
Gene	391	Alan Ruffell	Great Lakes Water Conference	11/7/2014	4
Gene	392	Marian Piper	Indoor Radon Program	6/23/2014	6.25

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Gene	393	Deborah Kilbarger	Packaging & Shipping Division 6.2 Materials: What the Laboratorian Should Know	12/9/2014	2
Gene	394	Amos Sarfo	Grant Writing in Public Health	5/15/2014	18
Gene	395	Greg Cassiere	NOWRA-CPOW Annual Conference & Expo	11/12/2014	9
Gene	396	Ryan Peltier	Ethics & Public Health: How Public Health Reacts Ethically in a Disaster	11/4/2014	4
Gene	397	Jeffrey Martin	Advanced Tools for In-Situ Remediation	12/2/2014	6.25
Gene	398	Kristine Bradley	Introduction to Dispersion Modeling	12/8/2014	3.5
Gene	399	John Jackson	University of Kentucky Annual Pest Control Short Course	11/6/2014	9
Gene	400	Jeffery Grose	Ethics is Everybody's Business	11/25/2014	3
Gene	401 A	Cady Hutchinson	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 B	Doug Mehls	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 C	Paul Stromp	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 D	Dylan Davis	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 E	Chris Loxterman	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 F	Laura Kramer Kuns	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 G	Dan Marn	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 H	Terry Kent	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5

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Gene	401 I	Daniel Lark	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 J	Kristen Fink	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 K	Corey Forrest	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 L	Amanda Miller	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 M	Bert Mechenbier	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 N	Davene Sarrocco-Smith	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	401 O	Nancy Niehus	The Affordable Care Act, HIV, & NARCAN: Everything A Sanitarian Needs To Know But Is Afraid To Ask	10/22/2014	1.5
Gene	402	Philip Revlock	ICS 300: ICS for Expanding Resources	10/30/2014	18
Gene	403	Jason Turner	Lead Risk Assessor Refresher	7/14/2014	5
Gene	404 A	Amy Holinbaugh	Tattoo & Body Piercing Safety: A Course for Operators	12/31/2014	4
Gene	404 B	Kyle Gabrick	Tattoo & Body Piercing Safety: A Course for Operators	12/31/2014	4
Gene	405	Daniel Stine	DDAGW All Staff Training	12/3/2014	4.25
Gene	406	Joseph Wolf	Lead Risk Assessor Refresher	11/6/2014	6
Gene	407	Manuel Roderick	15th Annual Ohio Hazmat Teams Conference	11/1/2014	6
Gene	408	Sarah Humphrey	Principles of Environmental & Occupational Safety	12/13/2014	18
Gene	409	Craig Davidson	PHEP Epidemiologists' Statewide Meeting	12/5/2014	4.5
Gene	410	Susan Tilgner	G402: ICS for Executives	12/4/2014	2
Gene	411	Dereck Dudley	EOC Operations & Planning for All Hazards	11/7/2014	18
Gene	412	Kelly Miller	Tri-State Environmental Health Association October Meeting	10/22/2014	4

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Gene	413	Paul Koehler	Ohio EPA 2014 Air Program Workshop	12/9/2014	4.5
Gene	414	Matthew Young	US EPA Region 5 State/Tribal Lead Meeting	3/6/2014	11.25
Gene	415 A	Deborah Leopold	Annual Sewage Treatment System Training	12/8/2014	3
Gene	415 B	Shadrick Adams	Annual Sewage Treatment System Training	12/8/2014	6
Gene	416	Kevin Hanley	2014 American Industrial Hygiene Conference & Expo	6/5/2014	18
Gene	417	Ryan Towns	RCRA Annual Review	11/6/2014	7.5
Gene	418	Deborah Kilbarger	Ask The Experts & 2014 in Review	12/16/2014	1
Gene	419	Donald Killinger	Public Health Accreditation Board On-Line Series	12/30/2014	3.25
Gene	420	John Gedeon	Cuyahoga County Bed Bug Task Force	12/18/2014	1
Gene	421 A	Randall Ruszkowski	OSHA Hazwoper Refresher	12/12/2014	8
Gene	421 B	Philip Revlock	OSHA Hazwoper Refresher	12/12/2014	8
Gene	421 C	Amy Ascani	OSHA Hazwoper Refresher	12/12/2014	8
Gene	421 D	Christina Gallion	OSHA Hazwoper Refresher	12/12/2014	8
Gene	422	Andy Drumm	Food Safety	12/16/2014	.5
Gene	423	Andy Drumm	Equal Opportunity Training	12/18/2014	1
Gene	424	Andy Drumm	Domestic Violence Training	8/14/2014	1
Gene	425	Andy Drumm	Securing the Human	8/26/2014	1
Gene	426	Andy Drumm	Intro to Chemical Agents	12/15/2014	.75
Gene	427	Andy Drumm	Overview of the Ohio Ethics Law	12/18/2014	1
Gene	428	Jonathon Brandt	Emergency Preparedness/Response	10/12/2014	18
Gene	429	Paul Pryor	Pesticide & Fertilizer Regulation Recertification	3/6/2014	5
Gene	430	Jane Kay	ServSafe 6th Edition (2013 FDA Food Code Updates)	10/14/2014	6 ** Presenter Credit**
Peter	431	Christopher Mizek	Asbestos Abatement Project Supervisor Refresher	3/6/2014	5.5
Peter	432 A	Frank Kellogg	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 B	Terry Kent	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 C	Davene Sarrocco-Smith	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 D	Paul Stromp	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1

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Peter	432 E	Cady Hutchinson	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 F	Kristen Fink	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 G	Susan Bell	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 H	Laura Kramer Kuns	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 I	Chris Loxterman	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 J	Amanda Miller	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 K	Dan Marn	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 L	Corey Forrest	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 M	Dylan Davis	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	432 N	Nancy Niehus	How To Have A Successful Career As A Public Health Sanitarian	12/15/2014	1
Peter	433	Bradley Balduff	Ohio EPA Class 1 Water Operator Training	12/5/2014	9.25
Peter	434	Robert Smith	University of Kentucky Annual Pest Control Short Course	11/6/2014	15
Peter	435	Daniel Marn	Smoke School: Visible Emissions Observation Training	10/1/2014	5.5
Peter	436	Trevor Irwin	OEPA/US EPA ER Training	12/10/2014	10
Peter	437	Gerry Gulley	Tri-State Environmental Health Association October Meeting	10/22/2014	4
Peter	438	Jack Wade	Forensics for EMS, Public Safety & Healthcare Professional Conference	12/4/2014	1.75
Peter	439	Jack Wade	Nuclear Reactor Collapse: Fukushima, Japan	11/7/2014	1.75
Peter	440	Stephen Bopple	Ohio EPA Engineering Group Meeting	3/27/2014	3.5
Peter	441	Trisha Blake	Lead Risk Assessor Refresher	4/10/2014	6
Peter	442	Daniel Warren	Critical Control Point Food Service Operation Inspection	10/16/2014	3
Peter	443	Daniel Warren	ServSafe Manager Certification	3/13/2014	15
Peter	444	Jeremy Scoles	Influencing & Negotiating	12/11/2014	5.75
Peter	445	Donald Barrett	IAFP 2014	8/6/2014	18
Peter	446	Lorraine Mikota	2014 Annual Bureau of Food Safety & Lab Service Training	4/24/2014	18
Peter	447	Jason Channels	2014 NCAFD0 Education Conference	10/23/2014	15
Peter	448	Timothy Gourley	Manager of Landfill Operations	2/12/2014	18

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Peter	449	Jon Polstra	Auditor Update Day	1/5/2015	7
Peter	450	Jon Polstra	2014 US Retail All Staff Meeting	6/6/2014	18
Peter	451	James Adams	2014 Infant Mortality Summit	12/4/2014	5.5
Peter	452	Tamara Miller	Terrorism, Risk Assessment & Homeland Defense	1/7/2015	2
Peter	453	Tamara Miller	Food Protection	1/7/2015	4
Peter	454	Tamara Miller	Swimming Pools & Recreational Facilities	1/5/2015	3
Peter	455	Tamara Miller	Move It: A Case Study in Policy Change & Health Promotion Program Planning	1/6/2015	1
Peter	456	Tamara Miller	Potable Water	1/6/2015	6
Peter	457	Tamara Miller	Tobacco Awareness for Public Health Professionals	1/6/2015	1.5
Peter	458	Tamara Miller	Pharmaceuticals in Our Waters: A Public Health Perspective	1/6/2015	1
Peter	459	Roger Wren	Waste Water Treatment Workshop	12/12/2014	3
Peter	460	Gary Radabaugh	Introduction to Epidemiology	1/8/2015	1
Peter	461	Robert Perry	Accreditation Learning Community May 2014	5/2/2014	4
Peter	462	Robert Perry	Accreditation Learning Community July 2014	7/18/2014	4
Peter	463	Robert Perry	Accreditation Learning Community September 2014	9/23/2014	6
Peter	464 A	Jennifer Gottschalk	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 B	Emily Anderson	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 C	Jeffrey Boamah	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 D	Jodi Cline	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 E	Jessica Cox	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 F	Debbie Dacquisto	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 G	Nathan Fries	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 H	Brian Hahn	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 I	Vaughn Jackson	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 J	Meghan Lane	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 K	Carrie Lingle	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2

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Peter	464 L	John Markan	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 M	Julie Nye	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 N	Kelly Sattler	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 O	Bradley Sherrick	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 P	Stacy Seger	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 Q	Kerry Stanley	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 R	Gillian Wilke	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	464 S	Jodi Vaughan	Human Trafficking of Foreign Nationals: Labor Trafficking	12/10/2014	2
Peter	465	Jared Warner	2014 Public Health Preparedness Conference	4/4/2014	18
Peter	466	Andrew Stefan	Tattoo & Body Piercing Safety: A Course for Operators	12/31/2014	4
Peter	467	John Chmielewski	Water Reclamation	10/29/2014	2
Peter	468	John Chmielewski	2014 Plant Operations & Laboratory Analysis Workshop	5/22/2014	13
Peter	469	John Chmielewski	Wastewater Laboratory Analyst Workshop	5/14/2014	6
Peter	470	Ryan Tekac	Tattoo & Body Piercing Safety: A Course for Operators	12/31/2014	4
Peter	471	Gary Radabaugh	Housing	1/7/2015	2.5
Nancy	472	John Chmielewski	Creating County Charts & MDL's Using Excel	3/25/2014	3
Nancy	473	John Chmielewski	Force Main Condition Assessment Part 1	2/5/2014	2
Nancy	474	John Paulian	Air Training	10/9/2014	14.5
Nancy	475	Lana Glore	Pesticide & Fertilizer Regulation Recertification	1/22/2015	5
Nancy	476	Jerry Crawford	Housing Sanitation & Safety	1/18/2015	1
Nancy	477	Paul Schwartz	Zoonoses, Vectors, Pests & Weeds	1/19/2015	2.75
Nancy	478	Dateesha Cavin	OSHA Hazardous Materials HAZWOPER Refresher	9/11/2014	8
Nancy	479	Dateesha Cavin	Hazardous Materials Incident Command Training	6/30/2014	8
Nancy	480	Kevin Francis	ICS 300: ICS for Expanding Incidents	12/16/2014	18
Nancy	481	Larry Burke	Animal Care & Handling Conference	10/17/2014	11
Gene	482	Larry Burke	Dairy Technology Workshop	10/7/2014	15
Gene	483	Trisha Blake	Food Security Awareness	12/2/2014	1

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**January 28, 2015**

Gene	484	David Zeller	UNCCPHP Various Courses	12/19/2014	6.5
Gene	485	Gary Radabaugh	Water Supply & Waste Water	1/14/2015	2.5
Gene	486	John Paulian	DAPC 2014 Annual Workshop	12/9/2014	4.5
Gene	487	John Dunham	Secondary Screener Radiological Isotope Identifier Device	1/8/2015	14
Gene	488	John Gedeon	Global Bed Bug Summit 2015	1/9/2015	11.25
Gene	489 A	Julie Nye	2014 Winter Retreat	12/19/2014	5.75
Gene	489 B	Eric Zgodinski	2014 Winter Retreat	12/19/2014	5.75
Gene	489 C	Michael Butcher	2014 Winter Retreat	12/19/2014	5.75
Gene	489 D	Emily Anderson	2014 Winter Retreat	12/19/2014	5.75
Gene	489 E	Jeffrey Boamah	2014 Winter Retreat	12/19/2014	5.75
Gene	489 F	Jodi Cline	2014 Winter Retreat	12/19/2014	5.75
Gene	489 G	Brian Hahn	2014 Winter Retreat	12/19/2014	5.75
Gene	489 H	Stacy Seger	2014 Winter Retreat	12/19/2014	5.75
Gene	489 I	Carrie Lingle	2014 Winter Retreat	12/19/2014	5.75
Gene	489 J	Nathan Fries	2014 Winter Retreat	12/19/2014	5.75
Gene	489 K	Gillian Wilke	2014 Winter Retreat	12/19/2014	5.75
Gene	489 L	John Markan	2014 Winter Retreat	12/19/2014	5.75
Gene	489 M	Craig Krajeski	2014 Winter Retreat	12/19/2014	5.75
Gene	489 N	Debbie Dacquisto	2014 Winter Retreat	12/19/2014	5.75
Gene	489 O	Jessica Cox	2014 Winter Retreat	12/19/2014	5.75
Gene	489 P	Kerry Stanley	2014 Winter Retreat	12/19/2014	5.75
Gene	489 Q	James Moriarty	2014 Winter Retreat	12/19/2014	5.75
Gene	489 R	Kevin Halligan	2014 Winter Retreat	12/19/2014	5.75
Gene	489 S	Jodi Vaughan	2014 Winter Retreat	12/19/2014	5.75
Gene	489 T	Kelly Sattler	2014 Winter Retreat	12/19/2014	5.75
Gene	489 U	Gerald Bingham	2014 Winter Retreat	12/19/2014	5.75
Gene	490	Andy Drumm	Principles Applicable to Terror Preparedness	1/16/2015	.75
Peter	491	Andy Drumm	Water Safety	1/16/2015	.5
Peter	492	Andy Drumm	Pathogens: Nature & Transmission	1/16/2015	1.25
Peter	493	Andy Drumm	Water Safety - A Case Study	1/16/2015	.25
Peter	494	Michael Kautz	Meth Lab Awareness	11/19/2014	1
Peter	495	Maera Flynn	Ohio Sustainable Roadway Materials Workshop	12/3/2014	6
Peter	496	Matt Menzie	Sewage Treatment Workshop	1/21/2015	3.5
Peter	497	Carol Sanford	Utility Management	4/15/2014	5
Peter	498	Carol Sanford	Financial Management	4/16/2014	5
Peter	499	Kurt Susdorf	Occupational Safety Science, Regulations & Management	12/17/2014	18

**CE 3 For Board Review****January 28, 2015**

<b>TA Number</b>	<b>Agency Name</b>	<b>Contact</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
20	Clarke Mosquito Control, Inc.	Brian Deenihan	675 Sidwell Court	Saint Charles	IL	60174
671	Wright State University MPH Program	Michael Dohn	3123 Research Boulevard, Suite 200	Kettering	OH	45420
665	Tinkers Creek Watershed Partners	Harry Stark	P.O. Box 444	Twinsburg	OH	44087
61	Ohio Code Enforcement Officials Association	Joshua Harmon	P.O. Box 46305	Columbus	OH	43216
34	Geauga County General Health District	David Sage	470 Center Street, Building 8	Chardon	OH	44024

**CE 4 Listing January 28, 2015 Board Meeting**

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-101	National Swimming Pool Foundation	Susan Wichmann	Colorado Springs	Colorado	Certified Pool/Spa Operator Certification Course	11/21/2014	16
15-102	National Swimming Pool Foundation	Susan Wichmann	Colorado Springs	Colorado	Certified Pool and Spa Inspector	11/21/2014	3
15-103	National Swimming Pool Foundation	Susan Wichmann	Colorado Springs	Colorado	Recreational Water Illness	11/21/2014	3
15-104	Cincinnati Health Department	Danielle Daniels	Cincinnati	Ohio	ServSafe	Various	15
15-105	Cincinnati Health Department	Danielle Daniels	Cincinnati	Ohio	Person in Charge	Various	3
15-106	Canton City Health Department	c/o Gus Dria	Canton	Ohio	Understanding & Treating Hoarding Disorder	2/26/2015	5
15-107 A	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Ohio's Infectious Waste Regulations & What They Mean To You (Session #159)	2/19/2015	1
15-107 B	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Antimicrobial Resistance in White Tailed Deer (Session #160A)	2/19/2015	.5
15-107 C	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Seroprevalence of Lyme Disease in Ohio Dogs (Session #160B)	2/19/2015	.5
15-107 D	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Zoonotic Ascarid Ova in Columbus City Parks (Session #161A)	2/19/2015	.5
15-107 E	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Environmental MRSA Contamination at an Equine Hospital (Session #161B)	2/19/2015	.5
15-107 F	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	The Economic Impact of the Spread of Raccoon Rabies Across Ohio (Session #162)	2/19/2015	1

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-107 G	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Veterinarians in Government (Session #163)	2/19/2015	1
15-107 H	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Veterinarians in Government (Session #164)	2/19/2015	1
15-107 I	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Veterinarians in Government (Session #165)	2/19/2015	1
15-107 J	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Canine Abortion & Infertility with a Focus on Brucella canis: Part 1 (Session #272)	2/20/2015	1
15-107 K	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Canine Abortion & Infertility with a Focus on Brucella canis: Part 2 (Session #273)	2/20/2015	1
15-107 L	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Brucella canis Rules & Regulations in Ohio (Session #274)	2/20/2015	1
15-107 M	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Public Health Hazards Associated With Animal Hoarding (Session #275)	2/20/2015	1
15-107 N	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Global, Emerging Coronaviruses: MERS, SARS & PEDv (Session #276)	2/20/2015	1
15-107 O	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Public Health Hot Topic: Ebola in Animals & Public Health Consequences (Session #277)	2/20/2015	1
15-107 P	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Spotted Fever Group Rickettsioses (Session #475)	2/21/2015	1
15-107 Q	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Canine & Human Anaplasmosis & Ehrlichiosis (Session #476)	2/21/2015	1
15-107 R	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Cat Scratch Disease & Feline Bartonellosis (Session #477)	2/21/2015	1

**CE 4 Listing January 28, 2015 Board Meeting**

<b>Course Number</b>	<b>Agency</b>	<b>Contact</b>	<b>City</b>	<b>State</b>	<b>Course Title</b>	<b>Date</b>	<b>Hours</b>
15-107 S	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Canine & Human Bartonellosis: Comparative Medical Features (Session #478)	2/21/2015	1
15-107 T	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Ohio Arbovirus Update (Session #479)	2/21/2015	1
15-107 U	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Three Important Ticks That Impact Pets & People in the Midwest (Session #480)	2/21/2015	1
15-107 V	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Case Reporting of Animal Hoarding (Session #485)	2/21/2015	1
15-107 W	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Letospirosis is Everywhere (Session #627)	2/22/2015	1
15-107 X	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Methicillin Resistant Staphylococcus Infections in Dogs & Cats (Session #628)	2/22/2015	1
15-107 Y	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Infection Control & Your Practice: How Are You Doing? (Session #629)	2/22/2015	1
15-107 Z	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Pets & Their Immunocompromised Humans: Facts, Myths & Practical Precautions (Session #630)	2/22/2015	1
15-107 AA	Ohio Veterinary Medical Association	Carmel Martin	Powell	Ohio	Current & Emerging Public Health Threats from Multidrug Resistant Organisms (Session #649)	23/22/15	1
15-108	Keep Ohio Beautiful, Inc.	Michael Mennett	Fairlawn	Ohio	Environmental Law Enforcement Training	Various	5

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-109	Wood County Health District	Brad Espen	Bowling Green	Ohio	Wood County Sewage Contractors Meeting	2/19/2015	3
15-110	OSU Center for Public Health Practice	Meredith Cameron	Columbus	Ohio	Strategic Planning for Public Health Organizations	2/4/2015	15
15-111	Ohio Association for Food Protection	c/o Elizabeth Ousky	Columbus	Ohio	OAFP 2015 Winter Meeting	1/22/2015	4
15-112	ODA Food Safety	Crystal Stevenson	Reynoldsburg	Ohio	Facility Layout & Equipment Specifications Review	Various	3.5
15-113	ODA Food Safety	Crystal Stevenson	Reynoldsburg	Ohio	Facility Layout & Equipment Specification Review	Various	4.5
15-114	ODA Food Safety	Crystal Stevenson	Reynoldsburg	Ohio	Meat Room Equipment	Various	2.5
15-115	ODA Food Safety	Crystal Stevenson	Reynoldsburg	Ohio	Ohio Uniform Food Safety Code Updates Effective 1/1/2013	Various	2.5
15-116	Cincinnati Health Department	Danielle Daniels	Cincinnati	Ohio	Food Allergens	Various	1
15-117	Summit County Public Health	Jennifer Smith	Akron	Ohio	Closed Points of Dispensing Sites	1/15/2015	1
15-118	Ohio Department of Health	LeeAnn Wilson	Columbus	Ohio	Managing Retail Food Safety	Various	20.5
15-119	Ohio Onsite Wastewater Association	Susan Ruehl	Manchester	Ohio	2015 OOWA Annual Conference & Trade Show	1/15/2015	10
15-120	ODA Dairy Division	Brian Wise	Reynoldsburg	Ohio	Dairy Division Staff Meeting	1/20/2015	5
15-121	OSU Food, Agriculture & Biological Engineering	c/o Mary Wicks	Wooster	Ohio	Ohio Compost Operator Education Course	3/25/2015	11

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-122	Ohio Environmental Health Association	c/o Melissa Adams	Grove City	Ohio	2015 OEHA Annual Education Conference: Environmental Public Health - Prepare for the Future Today	4//24/15	12.5
15-123 A	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 101: Awareness of Situation Awareness	4/1/2015	1
15-123 B	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 103: PSM - Operating Procedures: How Can They Help Safety Professionals?	4/1/2015	1
15-123 C	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 104: Risk Assessment Models to Improve Organizational Safety Performance	4/1/2015	1
15-123 D	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 131: Industrial Hygiene Professional Ethics & Case Studies Part 1	4/1/2015	1
15-123 E	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 133: It Was Supposed to be Non Contact Cooling Water	4/1/2015	1
15-123 F	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 134: Permit Required Confined Space Entry Demonstration	4/1/2015	1
15-123 G	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 135: 14 Elements of Insanity: Process, Safety, Management Intervention	4/1/2015	1
15-123 H	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 141: Safety Based Strategic & Scenario Based Planning	4/1/2015	1

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-123 I	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 143: Complacency: The Silent Killer	4/1/2015	1
15-123 J	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 144: 2015 NFPA 70E Significant Updates & Electrical Safety Related Work Practices	4/1/2015	1
15-123 K	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 145: Life Safety Code: Can You See to Get Out?	4/1/2015	1
15-123 L	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 151: Chemicals in Construction: What You Need to Know to Stay Compliant	4/2/2015	1
15-123 M	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 153: Safety Metrics That Can Steer Your Company to Safety Excellence	4/2/2015	1
15-123 N	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 173: Behavioral Based Safety & Other Leading Indicators: What Do We Measure, What We Should Measure?	4/2/2015	1
15-123 O	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 174: Standing UP to Sitting Disease!	4/2/2015	1
15-123 P	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 204: Mental Preparation for the Violent Encounter	3/31/2015	2
15-123 Q	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 214: Disaster From the Responder's Point of View Part 1	4/1/2015	1
15-123 R	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 215: Disaster From the Responder's Point of View Part 2	4/1/2015	1
15-123 S	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 241: Culture Shock: Taking Your Safety Program from Bleak to Sleek	4/1/2015	1

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-123 T	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 251: Employee Involvement Through Ergonomic Teams	4/1/2015	1
15-123 U	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 254: Is Behavior Based Ergonomics an Oxymoron?	4/1/2015	1
15-123 V	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 261: Tanks, But No Tanks: How to be Compliant	4/1/2015	1
15-123 W	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 264: Fire Doors: Open or Closed?	4/1/2015	1
15-123 X	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 265: The Costs of Not Maintaining Your Fire Protection Equipment	4/1/2015	1
15-123 Y	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 271: Incident Investigations & Root Cause Analysis	4/1/2015	1
15-123 Z	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 275: Workplace Violence & The Active Shooter Event	4/1/2015	1
15-123 AA	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 281: Allergens, Part Deux! What Are We Missing Regarding Allergens in Our Establishments?	4/2/2015	1
15-123 BB	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 283: What Does HR Have to Do With Safety? Relationship Between HR & Safety in the Food Service Industry	4/2/2015	1

**CE 4 Listing January 28, 2015 Board Meeting**

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-123 CC	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 284: What Do You Mean It Changed? An Update on the 2013 USDA Food Code and Highly Susceptible Population	4/2/2015	1
15-123 DD	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 285: Did I Just See That? Recognizing the Good & Bad in Food Service Environments	4/2/2015	1
15-123 EE	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 313: Mental Health in the Workplace: Training Opportunities	4/2/2015	1
15-123 FF	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 314: Workplace Violence Part 1: Before the Violence	4/2/2015	1
15-123 GG	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 315: Workplace Violence Part 2: Strategies for Combating Violence & K9 Unit Demo	4/2/2015	1
15-123 HH	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 324: Defensive Driver Training: That Wasn't As Bad As I Thought It Would Be	4/1/2015	0 **Does not meet requirements of rule**
15-123 II	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 331: Methods for Controlling Welding Fume Exposures	4/2/2015	1
15-123 JJ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 341: Safety Maturity - Three Key Elements of Best in Class Performance: Culture, Compliance Technology	4/1/2015	1

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-123 KK	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 345: GHS/HAZCOM Three Deadlines in One Year: What's Your Compliance Plan?	4/1/2015	1
15-123 LL	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 363: NFPA 70E Arc Flash Safety: Practical Steps to Reduce & Eliminate the Hazard	4/1/2015	1
15-123 MM	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 364: Are you in Compliance with NFPA & the OSHA National Emphasis Program on Combustible Dust?	4/1/2015	1
15-123 NN	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 374: NFPA 70E: OSHA & You - Implementing the 2015 Edition	4/2/2015	1
15-123 OO	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 381: Federal & State Motor Carrier Update	4/2/2015	0 **Does not meet requirements of rule**
15-123 PP	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 383: Motor Carriers/CDL Fact or Fiction: Unveiling the National Registry of Certified Medical Examiners	4/2/2015	0 **Does not meet requirements of rule**
15-123 QQ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 384: Compliance, Safety, Accountability (CSA) Data Mining & Use for Motor Carries	4/2/2015	0 **Does not meet requirements of rule**

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-123 RR	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 385: How to Prevent the Top 5 CDA Tire Maintenance Violations for Motor Carriers	4/2/2015	0 **Does not meet requirements of rule**
15-123 SS	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 393: Drug Trends & the Impact to the Workplace	4/2/2015	1
15-123 TT	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 411: Beyond the Basics: A Look Beyond OSHA's General Industry Standards	4/1/2015	1
15-123 UU	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 423: Crisis Communication & Response Management	4/2/2015	1
15-123 VV	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 424: Lockout/Tagout: The Minor Servicing Exemption	4/2/2015	1
15-123 WW	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 425: Advanced Lockout/Tagout: Alternative Methods of Protection	4/2/2015	1
15-123 XX	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 431: Eyewash/Emergency Shower: Installations, Inspections & Maintenance	4/2/2015	1
15-123 YY	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 433: Beware the Blue Light: The Good, The Bad & The Ugly Effects of Blue Light	4/2/2015	1
15-123 ZZ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 434: Seeing is Believing: The Right Safety Eyewear Makes all the Difference	4/2/2015	1

**CE 4 Listing January 28, 2015 Board Meeting**

<b>Course Number</b>	<b>Agency</b>	<b>Contact</b>	<b>City</b>	<b>State</b>	<b>Course Title</b>	<b>Date</b>	<b>Hours</b>
15-123 AAA	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 435: Chemicals, Specks, Blows, Punctures, & Your Eyes	4/2/2015	1
15-123 BBB	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 441: Understanding Flame Resistant Fabrics for Momentary Thermal Events	4/2/2015	1
15-123 CCC	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 443: OSHA's Proposed Rule on Crystalline Silica: Its Effect on Employer Responsibility & the Workforce	4/2/2015	1
15-123 DDD	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 444: Using Big Data to Predict & Prevent Serious Injuries & Fatalities	4/2/2015	1
15-123 EEE	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 451: Different Approaches to Safety: Understanding US Safety Culture from a Mexican Perspective	4/2/2015	1
15-123 FFF	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 453: Sitting is the New Smoking: The Impact of Excessive Sitting on Workplace Health & Productivity	4/2/2015	1
15-123 GGG	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 455: Distracted Driving	4/2/2015	0 **Does not meet requirements of rule**
15-123 HHH	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 465: Understanding Human Error: An Innovative Workplace Safety Approach	4/1/2015	1

### CE 4 Listing January 28, 2015 Board Meeting

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15-123 III	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 474: Moving Beyond Lockdown: The Time is Now Before Workplace Violence Happens	4/2/2015	1
15-123 JJJ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 475: Employee & Family Safety in the New World of Threats	4/2/2015	1
15-123 KKK	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 481: This Ain't Your Normal Safety Training	4/1/2015	1
15-123 LLL	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 483: Machine Safety Risk Assessment - Using the Hazard Ranking Number System	4/1/2015	1
15-123 MMM	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 484: A Practical Approach to World Class Edhs Leading Indicators: Cross Industry Lesson	4/1/2015	1
15-123 NNN	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 485: Responding to Fatal Accidents & Deaths in the Workplace	4/1/2015	1
15-123 OOO	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 501: Why Isn't Common Sense More Common?	4/2/2015	1
15-123 PPP	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 505: Changing Your Safety Culture to Prevent Accidents & Injuries	4/2/2015	1
15-123 QQQ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 511: 10 Minutes to a Safe Day	4/1/2015	1

### CE 4 Listing January 28, 2015 Board Meeting

Course Number	Agency	Contact	City	State	Course Title	Date	Hours
15-123 RRR	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 523: Got Stress: The Impact of Chronic Stress & What You Can Do About It	4/2/2015	1
15-123 SSS	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 531: Identifying Cultural Hazards - Four Clues That You May Be Out of Balance	4/1/2015	1
15-123 TTT	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 533: Developing Cross Cultural Communication Skills in the Workplace	4/1/2015	1
15-123 UUU	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 534: Social Media & Its Importance on the Workforce	4/1/2015	1
15-123 VVV	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 543: An Insurer's Perspective of Safe Driving	4/2/2015	0 **Does not meet requirements of rule**
15-123 WWW	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 544: Properly Selecting Flame Resistant Fabrics for Thermal Hazards	4/2/2015	1
15-123 XXX	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 553: Workplace Violence	4/2/2015	1
15-123 YYY	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 554: OSHA Significant Enforcement Cases	4/2/2015	1
15-123 ZZZ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 561: Ohio EPA's Rules & Regulations - What You Need to Know & How It Applies to You!	4/1/2015	1
15-123 AAAA	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 563: Preparing for an Ohio EPA Inspection - What To Expect	4/1/2015	1

**CE 4 Listing January 28, 2015 Board Meeting**

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15-123 BBBB	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 564: EPA Waste Management Overview - Keep, Throw Away or Recycle?	4/1/2015	1
15-123 CCCC	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 565: Intro to Storm Water & Air Permitting - Ohio EPA Requirements	4/1/2015	1
15-123 DDDD	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 611: Safety for the Non Safety Profession - A Jumping Off Point	4/1/2015	1
15-123 EEEE	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 663: Anatomy of a Workplace Investigation - How One Company Fumbled & Recovered for a Favorable Outcome	4/2/2015	1
15-123 FFFF	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 803: Industrial Hygiene Professional Ethics & Case Studies Part 2	4/1/2015	1
15-123 GGGG	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 813: Permit Required Confined Space Entry Rescue Demo	4/2/2015	1
15-123 HHHH	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 921: Occupational Safety & Health Mobile Apps: Case Studies & Discussion of Current Environments	3/31/2015	3
15-123 IIII	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 922: Federal EPA Overview of SPCC Plans - Grab the Weed Wacker, We're Getting in the Weeds	3/31/2015	4

**CE 4 Listing January 28, 2015 Board Meeting**

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15-123 JJJJ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 923: Evaluating Employee Expenses	3/31/2015	6
15-123 KKKK	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 924: Integrating Job Hazard Analysis	3/31/2015	6
15-123 LLLL	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 925: Overview of Lean Six Sigma	3/31/2015	6
15-123 MMMM	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 926: Machine Safety Control of Hazardous Energy - Standards, Compliance, & Minor Servicing Exemption	3/31/2015	6
15-123 NNNN	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 927: Occupational Risk Assessment	3/31/2015	6
15-123 OOOO	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 928: Site Protection Through Observational Techniques	3/31/2015	6
15-123 PPPP	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 929: Emergency Preparedness & Prevention Through Design & Environmental Management Systems	3/31/2015	6
15-123 QQQQ	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 931: Creating a Positive, Proactive, Participative Safety Culture	3/31/2015	6
15-123 RRRR	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 932: Safety Culture Academy - What Employees Do When No One Is Watching	3/31/2015	6
15-123 SSSS	BWC Division of Safety & Hygiene	Joann Linder	Pickerington	Ohio	Session 933: Get Moving At Work: Creating Physical Activity Opportunities for Your Associates	3/31/2015	3

**CE 4 Listing January 28, 2015 Board Meeting**

<b>Course Number</b>	<b>Agency</b>	<b>Contact</b>	<b>City</b>	<b>State</b>	<b>Course Title</b>	<b>Date</b>	<b>Hours</b>
15-124	Ohio Code Enforcement Officials Association	Lisa Colwell	Columbus	Ohio	Code Enforcement for Healthier Homes	2/19/2015	6

12.1



\*\*\* PLEASE NOTE \*\*\* The County Search criteria is not available at this time. This information is provided as a public service and no user may claim detrimental reliance thereon.

License Search [back]

Select a Board

Select a Profession

Business Name/DBA

-or- License Number  .

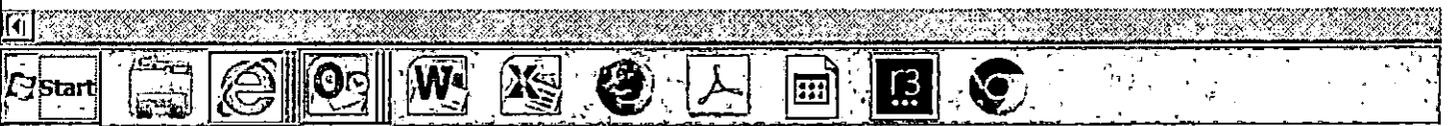
-or- Name (Last, First)  ,

City, State Zip  - DISPLAY ALL -

County

Status

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After you click search you will see the following and want to click on either of the blue highlighted links:



\*\*\* PLEASE NOTE \*\*\* The County Search criteria is not available at this time. This information is provided as a public service and no user may claim detrimental reliance thereon.

**License Search** [back]

Select a Board: Sanitarian Board

Select a Profession: - DISPLAY ALL -

Business Name/DBA:

-or- License Number:  .

-or- Name (Last, First): wentzel , jennifer

City, State Zip:  - DISPLAY ALL -

County: - DISPLAY ALL -

Status: - DISPLAY ALL -

Name	Type	City	State	Credential	Credential Status
Wentzel, Jennifer M.	INDIVIDUAL	Kettering	OH	SIT.991656	ADVANCED
Wentzel, Jennifer M.	INDIVIDUAL	Kettering	OH	RS.3010	ACTIVE IN RENEWAL

\*\*\* PLEASE NOTE \*\*\* The County Search criteria is not available at this time. This information is provided as a public service and no user may claim detrimental reliance thereon.

When you click on your name and/or license number the following information will be provided, which is the same as what was on an ID card. However, this information is more accurate because it is updated as soon as a change is made in the database.

Contact View Screen - Windows Internet Explorer

https://license.ohio.gov/Lookup/SearchDetail.asp?ContactIdnt=2915427&DivisionIdnt=79&CredentialIdnt=3558225&Type=L

Contact View Screen x state.oh.us myOhio.gov Pandora Radio Listen

File Edit View Favorites Tools Help

Continuing Education Enroll... Web Slice Gallery Log Out [add] Suggested Sites



\*\*\* This information is provided as a public service and no user may claim detrimental reliance thereon.

Name and Address		[back]
Name	Jennifer M. Wentzel	
Public Address	No address information on file.	

License and Registration Information					
Credential	License Type	Issue Date	Expiration Date	Status	Reason
RS.3010	Registered Sanitarian	02/01/2014	01/31/2015	ACTIVE IN RENEWAL	
SIT.991656	Sanitarian in Training	01/31/2001	01/31/2001	ADVANCED	Advanced to RS

Windows taskbar showing Start button and various application icons including Internet Explorer, Outlook, Word, and others.

You can see by the info provided above, your current expiration date is 1/31/2015 and as of this minute your registration has not been renewed so your expiration date is 1/31/2015.

I hope this helps. Please let me know if you have any additional questions or concerns.

Steph

Stephanie Youst  
Executive Secretary  
Sanitarian Registration Board  
77 South High Street, 16th Floor  
Columbus, Ohio 43215-6108  
(614) 466-1772 (Phone)  
(614) 644-8112 (Fax)  
<http://sanitarian.ohio.gov>

Please complete the Board's customer satisfaction survey at: <http://www.surveymonkey.com/s/SQYRRN9>

---

**From:** Wentzel, Jennifer [<mailto:JWentzel@phdmc.org>]  
**Sent:** Thursday, January 08, 2015 7:52 AM  
**To:** Phillips, Gene; Youst, Stephanie  
**Cc:** Buchanan, Tracy  
**Subject:** FW: Quality Indicators - Reporting in the OPPD before March 1

Good morning Stephanie and Gene,

A memo recently came out from Director Hodges (ODH) regarding the reporting of public health indicators. Item #5 is specific to environmental health. The last part of the item speaks to providing a pdf copy of all employee RS credential certifications that work in the food safety, public swimming pool and campground programs. I understand the registered sanitarian cards are no longer being provided to RS/SITs. I was wondering how the Board could help us prove that our employees have the proper certifications and to comply with what is being asked of us. I did participate in the drafting of the PH indicators but we did not take into account not having the cards.

Thank you,

Jennifer Wentzel R.S., M.P.H.  
Director, Division of Environmental Health  
Public Health - Dayton & Montgomery County  
A Human Services Levy Funded Agency  
117 South Main Street  
Dayton, OH 45422-1280  
Phone: 937.225.4429  
Fax: 937.496.3072  
[jwentzel@phdmc.org](mailto:jwentzel@phdmc.org)  
<http://www.phdmc.org>

## Youst, Stephanie

---

**From:** Phillips, Gene  
**Sent:** Wednesday, January 14, 2015 3:22 PM  
**To:** Youst, Stephanie  
**Subject:** RE: Quality Indicators - Reporting in the OPPD before March 1

Steph,

Do we need to discuss this at all? I have been very busy here and have not been able to respond. Just wanted to follow-up and see if we needed to touch base on this.

Thanks,  
Gene

---

**From:** Youst-Giannini, Stephanie  
**Sent:** Friday, January 09, 2015 8:02 AM  
**To:** Wentzel, Jennifer; Phillips, Gene  
**Cc:** Buchanan, Tracy  
**Subject:** RE: Quality Indicators - Reporting in the OPPD before March 1

Jennifer –

You can visit the Board website at any time and using the license verification link, you can obtain the same information that is provided on the ID cards. Simply click on the link on the Board's website. Once there, enter the individuals last and first names only and click search.

**Youst, Stephanie**

12.2

**From:** R Herbst <herbst.ray.1@gmail.com>  
**Sent:** Sunday, November 30, 2014 11:53 AM  
**To:** Youst, Stephanie  
**Cc:** rherbst@ashlandhealth.com  
**Subject:** Continuing education credit earned between Feb 1 2014-Jan 31 2015  
**Attachments:** CERC Online Certificate.pdf; IS 103 GIS Specialist certificate.pdf; IS 301 RadEmergResponseCertificate.pdf

Stephanie:

Attached are the 14 hours of remaining ONLINE continuing education from the Centers for Disease Control and the Federal Emergency Management Agency completed over the Thanksgiving holiday for renewal of my RS in January 2015.

In your email to me encouraging me to apply for CEUs for the 20 hours of CDC credit earned while I was live and in-person at the 2014 Preparedness Summit after spending 1200 dollars for a grant, I looked at it this way. The Board does not meet until January 28, 2015. The CE-2 form says that this form must be completed within 60 days of the educational event. I'd be filling out 6 forms and dual copies of everything and crossing fingers and toes hoping the 60 day limit would be waived because this was past the 60 day window for reasons of work and family demands. I don't think I'd be informed in time before expiration whether I was successful or not and going through that stress one way or the other is one less thing I can live without. I think it is unconscionable to give preference to online courses as opposed to live CDC courses, particularly when the Administrator of Continuing Education in the Scientific Education and Professional Development Program Office signs off stating said person completed the course. If it's OK for NEHA, it should be OK for the Ohio State Board of Sanitarian Registration.

I also think its unconscionable for sanitarians to be able to sit through continuing education and never have to pass a test for each course, because that's what online education requires a person to do, basically, all sanitarians forced by work or family issues have to achieve a higher standard than those that can get away to attend an educational event. It is high time that the Ohio State Board of Sanitarian Registration come into the 2010's with other boards.

Nevertheless, you've got 14 hours of CDC/FEMA ONLINE continuing education attached here to add to the other 4 hours.

Have a great week!

Sincerely,

Ray Herbst

## Youst, Stephanie

---

**From:** Youst, Stephanie  
**Sent:** Wednesday, November 26, 2014 8:58 AM  
**To:** 'Ray Herbst'  
**Cc:** herbst.ray.1@gmail.com  
**Subject:** RE: Continuing education for this year

Ray –

Unfortunately, the pre-approval for CE credit is only for courses taken online. I will need you to submit a completed CE2 application to accompany the items for the 2014 Preparedness Training Summit since you attended the conference in April. I will then submit that packet for Board review at the January 28 meeting.

IS 775 is worth 4 hours, which I will add to your annual total. At this time you still need 14 hours of CE to be eligible to renew.

Please feel free to contact me if you have any questions. Happy holidays!

Steph

Stephanie Youst  
Executive Secretary  
Sanitarian Registration Board  
7 South High Street, 16th Floor  
Columbus, Ohio 43215-6108  
(614) 466-1772 (Phone)  
(614) 644-8112 (Fax)  
<http://sanitarian.ohio.gov>

Please complete the Board's customer satisfaction survey at: <http://www.surveymonkey.com/s/SQYRRN9>

---

**From:** Ray Herbst [<mailto:rherbst@ashlandhealth.com>]  
**Sent:** Tuesday, November 25, 2014 7:03 PM  
**To:** Youst, Stephanie  
**Cc:** [herbst.ray.1@gmail.com](mailto:herbst.ray.1@gmail.com)  
**Subject:** Continuing education for this year  
**Importance:** High

Stephanie:

At the SBSR website today, I discovered the news about CEUs obtained from CDC courses. I obtained 20 CEUs from the 2014 Preparedness Training Summit Ap 1-4, and it is in an attachment by the exact same name. In case there are any questions in regard to the seminars I participated in, all of the .docx attachments pertain to some of them, and "CapabilitiesAlignmentAndBeyond.pdf", "NHSPI-Fact-Sheet-4-2014.pdf", "PeerAssessmentApproachForLearningFromPHE.pdf" and "TheLongRoadToRecovery-4-4-2014.pdf" pertain to the remainder of the seminars I participated in, except for one, of which I still have the raw notes, in case they are needed.

I did, of course, also complete FEMA IS-775 (certificate attached) as well.

Even though all of this comes to 24 hours, please let me know one way or the other if I accomplished the minimum 18 hours of CEUs for the Feb 2014-Jan 2015 cycle.

Thank you very much for taking the time to review this. I look forward to hearing from you.

Sincerely,

Ray Herbst, RS, REHS, Director,  
Division of Public Health Emergency Preparedness, Health Education,  
Health Promotion, Indoor Air Quality, Epidemiology,  
& Ashland County-City Medical Reserve Corps Unit #1181,  
Public Information Officer,  
Ashland County-City Health Department  
1763 State Route 60, Floor C  
φ N 40.80398°, λ W -82.26860°  
Ashland, OH 44805-8708  
phone 419-282-4295  
fax 419-282-4333  
cell 419-651-8456 (24/7)  
email: [rherbst@ashlandhealth.com](mailto:rherbst@ashlandhealth.com)



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## Youst, Stephanie

---

**From:** Youst, Stephanie  
**Sent:** Wednesday, November 26, 2014 8:58 AM  
**To:** 'Ray Herbst'  
**Cc:** herbst.ray.1@gmail.com  
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**Subject:** Continuing education for this year  
**Importance:** High

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Sincerely,

Ray Herbst, RS, REHS, Director,  
Division of Public Health Emergency Preparedness, Health Education,  
Health Promotion, Indoor Air Quality, Epidemiology,  
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Public Information Officer,  
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#### Sessions for **Raymond Herbst**

**Conference:** 2014 Preparedness Summit - Atlanta, GA - April 1-4, 2014

**Conference Date:** 4/1/2014 to 4/4/2014

-  D 3      NHSPI: A New Way to Measure and Advance Our Nations Preparedness
-  K 3      Public/Private Partnering for Success, A Community Resilience Activity Pilot Project
-  PL 2      Capabilities Alignment and Beyond: Accomplishments, Challenges and Plans for Building a Prepared Nation through the PHEP, HPP and DHS Grant Programs
-  PL 3      The Long Road to Recovery: Rebuilding a Community after Disaster
-  WSA 3      National Preparedness Impacts of the Affordable Care Act
-  WSB12      All Hazards Community Resilience via Neighbor to Neighbor Psychological First Aid
-  WSC16      Using Root Cause Analysis in a Peer Assessment Format to Learn from Experiences with Public Health Emergencies

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### Transcript - All Courses

Today's Date: 11/25/2014 4:11:55 PM  
 Participant Name: Raymond Herbst  
 Address: 282 Highland Avenue Post Office Box 632 Wadsworth, OH 44282-0632  
 Participant ID: 571840

For a printable version of the transcript [Without Scores](#) [With Scores](#)

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To order the transcript by [date](#) or [title](#) click on the column heading.

### Conferences

<u>Title</u>	<u>Credit</u>	<u>Completion Date</u>	<u>Certificate</u>
<a href="#">2014 Preparedness Summit - Atlanta, GA - April 1-4, 2014</a>	2 CEU (for other professionals)	4/4/2014	<a href="#">Certificate</a>

### Totals Per Credit Type

CEU (for other professionals) 2

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 Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435



Department of Health and Human Services

# NHSPI

## A New Way to Measure and Advance Our Nation's Preparedness

The National Health Security Preparedness Index™ is a new, comprehensive annual measure of health security and preparedness at national and state levels.

The Association of State and Territorial Health Officials (ASTHO), through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), coordinated the development of the National Health Security Preparedness Index™ (NHSPI™; the Index), along with representatives from more than 25 stakeholder organizations.

### Index Illustrates State of Nation's Health Security

The mission of the NHSPI™ is to provide an accurate portrayal of our nation's health security using relevant, actionable information to help guide efforts to achieve a higher level of health security preparedness. The intended uses include strengthening preparedness, informing decision making, guiding quality improvement, and advancing the science behind community resilience.

### 2013 NHSPI™ Shows Progress, Room to Improve

The 2013 NHSPI™ national results reflect great progress made in our health security preparedness—progress that is critical to sustain and build upon. The NHSPI™ national results are calculated by averaging the state results.

Areas of relative strength include—

- Health Surveillance
- Incident and Information Management
- Countermeasure Management

Areas in greatest need for further development include—

- Community Planning and Engagement
- Surge Management

Sustaining and building upon strengths as well as working on development areas are critical for advancing the health security preparedness of the states and the nation.

### A Snapshot of Health Security Preparedness

The Index offers a snapshot of national preparedness to demonstrate progress and identify areas where greater improvement is needed.

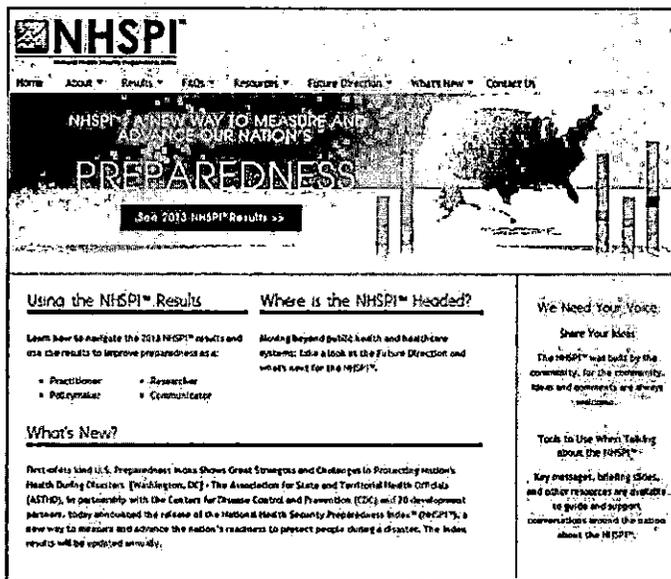
The Index gives objective information about how well states and the nation are prepared for public health and other emergencies. Through assessing where we are as a nation, the Index can help guide efforts to improve public health systems and achieve a higher level of health security preparedness.

### Unprecedented Collection of Stakeholder Voices

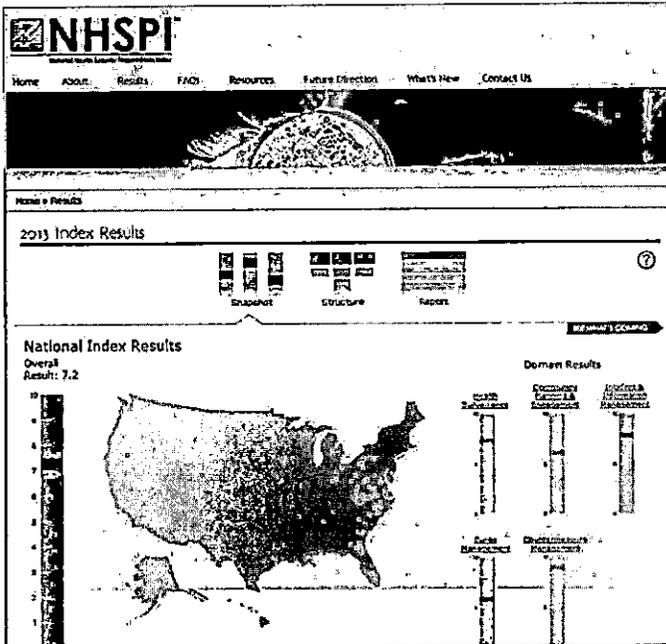
The Index builds on a structure in which voices from stakeholders at every level are critical.

More than 75 experts representing states, counties, cities, partner agencies, academia, private sector, and other organizations helped shape the Index. As part of the development process, states and a wide array of stakeholder associations were provided the Index model, structure, and content for review. The 2013 Index reflects input from hundreds of constructive comments.

The data behind the Index were collected from preexisting sources in an effort to prevent any additional burden to states.



The NHSPI™ website, [www.nhspi.org](http://www.nhspi.org), features the results of the 2013 Index and resources for practitioners, policymakers, researchers, and communicators.



Index results can be explored in three views at [www.nhspl.org](http://www.nhspl.org) offering users different ways to examine the data and spark conversations about advancing preparedness.

## A Tool for Practitioners, Policymakers, Researchers, and Communicators

The Index has applications across health departments, government agencies, community organizations, academia, and others. It can be used to—

- Advance national preparedness on a scale not previously attempted
- Better understand what contributes to being a prepared nation
- Identify and guide quality improvement
- Inform decisions by demonstrating successes and identifying preparedness needs
- Strengthen collaborations and engage new partners
- Inform a national research agenda to advance the science and measurement of preparedness
- Embark on new research to contribute to the preparedness knowledge base

## Find the Index, Learn More

The 2013 Index is available at [www.nhspl.org](http://www.nhspl.org). The first iteration of the Index focuses primarily, though not exclusively, on public health and health care. Future versions of the Index look to include other sectors and key concepts influencing national health security.

Send questions or feedback to the NHSPI™ Team at [nhspl-info@astho.org](mailto:nhspl-info@astho.org).

## Organizations Participating in the Development of the NHSPI™

American Public Health Association  
 American Red Cross  
 Association of Public Health Laboratories  
 Association of Schools and Programs of Public Health  
 Association of State and Territorial Health Officials  
 Center for Infectious Disease Research and Policy  
 Centers for Disease Control and Prevention  
 Council of State and Territorial Epidemiologists  
 Department of Defense  
 Department of Homeland Security  
 Federal Emergency Management Agency  
 FleishmanHillard  
 International Association of Emergency Managers  
 McKinsey and Company  
 National Association of County and City Health Officials  
 National Association of State EMS Officials  
 National Emergency Management Association  
 National Governors Association  
 National Public Health Information Coalition  
 Office of the Assistant Secretary for Preparedness and Response  
 Preparedness and Emergency Response Research Centers (PERRCs) from the following institutions: Emory University, Harvard University, Johns Hopkins University, University of California - Los Angeles, University of Minnesota, University of North Carolina - Chapel Hill, University of Pittsburgh, University of Washington  
 RAND Corporation  
 Robert Wood Johnson Foundation  
 The Boston Consulting Group  
 Trust for America's Health  
 University of North Carolina School of Medicine, Department of Emergency Medicine  
 UPMC Center for Health Security

## Using the NHSPI™ Results (2014 Preparedness Summit)

### 1. How will the Index be used?

The NHSPI™ aims to provide an accurate portrayal of our nation's health security using relevant, actionable information to help guide efforts to achieve a higher level of health security preparedness.

The Index is intended to be used to:

- Support quality improvement,
- Inform resource and policy decisions,
- Enhance collaboration and strengthen shared responsibility, and
- Advance the science of measuring preparedness.

### 2. How can states use the Index?

The NHSPI™ highlights strengths as well as gaps in our system and can serve as a resource to facilitate quality improvement efforts. States can use the Index to drive dialogue around the domains, subdomains, and relative importance of the measures in their state. The goal is to find ways to drive improvement in areas that are important and can be realistically tackled. The Index is of practical use for both policymakers and practitioners.

### 3. How can policymakers use the NHSPI™ to inform resource and policy decisions?

National and state policymakers can use the NHSPI™ to:

- Understand what influences preparedness (domains, sub-domains, etc.);
- Identify domain and sub-domain gaps, strengths, and areas of greatest variability;
- Identify what should be done now to maintain strengths and address gaps in advance of the next emergency;
- Determine how an area compares with the national average and then dialogue with stakeholders to understand why;
- Generate ideas with a spectrum of health security community partners on how to strengthen and maintain preparedness (e.g., who is involved and what is needed);
- Consider what policies and resource allocations would improve health security preparedness;
- Track progress or decline in our health security preparedness over time;
- Consider how earlier policy and resource decisions (or lack thereof) may have affected current status.

### 4. How can practitioners use the NHSPI™ for quality improvement?

The Index supports quality improvement efforts and promotes an understanding of shared responsibility at both state and national levels. More specifically, practitioners can use the NHSPI™ to:

- Identify domain and sub-domain gaps, strengths, and areas of greatest variability;
- Determine how the state compares to national averages;

- Drive discussions to identify priority areas to address (e.g., strategic and operational planning);
- Consider availability of existing or potential future resources as well as partnerships that would support addressing these areas;
- Generate discussion around the importance and best ways of maintaining areas of strength;
- Consider partnerships with academic centers to determine most effective ways to address gaps and define reasonable and achievable measure targets;
- Share effective practices with neighboring states facing similar threats and consider cross-state partnerships to address gaps;
- Track and demonstrate progress made through funded efforts, expanded partnerships, etc.;
- Highlight how the NHSPI™ is being used to strengthen health security in media relations and other agency communications;
- Support strategic planning, program development, and grant applications; and
- Identify missing areas in the 2013 Index that should be considered in future development.

5. How can researchers and academics use the NHSPI™ to advance the science of preparedness?

The NHSPI™ serves as a call for filling in gaps in measurement and improving measures of preparedness.

Researchers and academics can develop:

- more science- and practice-based targets for existing measures,
- better measures and data collection systems,
- improved measurement methodology, and
- an understanding of what measures most accurately predict strong performance during an event.

Research can also help practitioners identify ways to strengthen greatest gap areas.

6. How can communicators use the NHSPI™?

Communicators can use the NHSPI™ to:

- Expand public and partner understanding of the many factors that influence our nation's health security preparedness;
- Produce information graphics, written pieces, series, blog posts, videos, or podcasts emphasizing the importance of shared responsibility in advancing our nation's health security;
- Raise visibility around areas of strength and share how progress has been made in recent years (share practices, examples, tools, and stories with organizations that collect and publish these on websites and in publications);
- Learn what it takes to maintain areas of strength and why doing so is important;
- Generate discussion around gap areas and ways they can be addressed in your state;
- Seek out and tell stories demonstrating the importance of preparedness efforts (e.g., What is your community able to do since the release of the Index that they couldn't do previously?)

How are individuals, agencies, and sectors partnering to accomplish strengths and address gaps? What else is needed? Are any of a community's strengths in danger of diminishing? If so, why?) national health security

- Highlight a domain or sub-domain in a newsletter, article, presentation or interview by celebrating strengths (e.g., recognize and support the activities and partners that work together to maintain or advance strengths), and identifying gaps (e.g., work to engage applicable entities in sharing responsibility for and addressing gaps).

# A Peer Assessment Approach for Learning from Public Health Emergencies

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## ABSTRACT

As an alternative to standard quality improvement approaches and to commonly used after action report/improvement plans, we developed and tested a peer assessment approach for learning from singular public health emergencies. In this approach, health departments engage peers to analyze critical incidents, with the goal of aiding organizational learning within and across public health emergency preparedness systems. We systematically reviewed the literature in this area, formed a practitioner advisory panel to help translate these methods into a protocol, applied it retrospectively to case studies, and later field-tested the protocol in two locations. These field tests and the views of the health professionals who participated in them suggest that this peer-assessment approach is feasible and leads to a more in-depth analysis than standard methods. Engaging people involved in operating emergency health systems capitalizes on their professional expertise and provides an opportunity to identify transferable best practices.

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In the last decade, organizations involved in public health emergency preparedness (PHEP) have worked to innovate and improve their systems, but most have not systematically analyzed why innovations do or do not work, nor have they developed frameworks for disseminating lessons learned from their experiences. As a result, lessons from public health emergencies often remain underused, leading to avoidable morbidity and deaths or, at best, inefficient uses of resources in future events.<sup>1</sup>

One reason for the challenges in learning from public health emergencies is that public health emergencies are singular events—i.e., they are relatively rare and generally not repeated in the same manner and context. Unlike routine health-care services that can be studied and improved with statistical process and outcome measures, system improvement for rare events requires the in-depth study of individual cases.<sup>2</sup> Ensuring objective, systematic, and reliable analyses of such cases, namely “critical incidents,” can be difficult, especially if health officials are evaluating their own system’s response.

To address the challenge of systematic learning from the response to actual public health emergencies, we present a peer assessment approach to support collaborative efforts to learn from singular events. This process is designed to engage public health and other professionals in the analysis of a public health system’s response to an emergency. By identifying root causes of successes and failures, it highlights lessons that can be institutionalized to improve future responses. This approach seeks to (1) improve future responses for the public health system that responded to the incident and (2) identify best practices for other public health systems that will respond to similar incidents in the future. Rigorous analytical methods such as root cause analysis (RCA)—which seeks to move from partial, proximate causes to system-level root causes by repeatedly asking why each identified cause occurred<sup>3</sup>—and a facilitated look-back meeting<sup>4</sup> are two strategies employed in this approach.

We describe the peer assessment process that we have developed through work with a practitioner advisory panel, a detailed literature review, retrospective case analyses, and field testing. The process and the results are illustrated by a case study of the 2012 West Nile virus (WNV) outbreak in the Dallas-Fort Worth Metroplex in Texas. Finally, we examine the implications of using this approach in public health practice.

## BACKGROUND

Effectively responding to health emergencies, including disasters, disease outbreaks, and humanitarian

emergencies, requires the concerted and coordinated effort of complex people-centered health systems that include public health agencies, health-care delivery organizations, public- and private-sector entities responsible for public safety and education, employers and other organizations, and individuals and families. The complexity of these systems, coupled with the singular nature of health emergencies (i.e., each differs in the nature of the threat, the capabilities of the responding agencies, and the context in which it occurs), creates challenges when determining which approaches are most effective and, more generally, for organizational learning. In 2008, for instance, Nelson and colleagues noted that despite efforts aimed at standardizing formats, the structure of these reports is almost as varied as the individuals who produce them.<sup>5</sup> More recently, Savoia and colleagues examined after action reports (AARs) that described the response to the 2009 H1N1 pandemic, as well as to Hurricanes Katrina, Gustav, and Ike, drawn from the U.S. Department of Homeland Security (DHS) Lessons Learned Information Sharing system. The researchers found that these reports varied widely in their intended uses and users, scope, timing, and format.<sup>6</sup> The DHS Homeland Security Exercise Evaluation Program (HSEEP) format that is commonly used in these reports permits but does not require RCAs, and they are not common.<sup>7</sup> Singleton and colleagues are more sanguine about these reports but still report significant difficulties in the application of the HSEEP approach, especially to identify root causes.<sup>8</sup>

Given these circumstances, new methods are needed to generate systematic and rigorous knowledge to improve the quality of the health sector response to emergencies. To guide our research, we started with three qualitative methods that draw on the expertise of the people involved in leading the response: peer assessment, facilitated look-backs, and RCA.

## QUALITATIVE METHODS

### Peer assessment

Ensuring objective, systematic, and reliable analyses of critical incidents can be challenging if health officials are evaluating their own response.<sup>1</sup> As an alternative, evaluation by peers in similar jurisdictions offers the potential for objective analyses by professionals with experience in PHEP and knowledge of the particularities of the system being assessed. It seeks to improve future responses for the public health agencies that responded to the incident, as well as to identify best practices for other health departments that will respond to similar incidents.

Research and experience suggest that peer assessments can be reliable and objective, and that the peer

assessment approach enables health departments to collaborate in their efforts to learn from rare and seemingly unique incidents.<sup>9</sup> For example, the Health Officers Association of California<sup>10</sup> conducted in-depth emergency preparedness assessments in 51 of the state's 61 local health departments (LHDs) to (1) assess PHEP in each LHD relative to specific federal and state funding guidance and (2) identify areas needing improvement. A structured assessment instrument, keyed to the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration guidance, was used to examine the extent of LHD capacity and progress in preparedness based on interviews with multiple levels of LHD staff, a review of preparedness-related documents, and direct observation. The instrument included performance indicators and a four-point scoring rubric (from 1 = minimally prepared to 4 = well prepared) to quantify the results. Teams of three to four consultants from a small corps of expert public health professionals made two-day site visits to the LHDs that agreed to participate in the assessment and prepared an LHD-specific written report of findings and recommendations.

#### **Facilitated look-backs**

The facilitated look-back is a validated method for examining public health systems' emergency response capabilities and conducting a systems-level analysis. It uses a neutral facilitator and a no-fault approach to probe the nuances of past decision making through moderated discussions. The facilitator guides the discussion by reviewing a brief chronology of the incident and asks probing questions about (1) key issues regarding what happened at various points during the response, (2) key decisions that were made by various stakeholders, and (3) how decisions were perceived and acted upon by others. The result is to elicit lessons learned.<sup>4</sup>

#### **Root cause analysis**

Many strategies have been described for deep, probing analyses about what caused a negative outcome or engendered a positive one. RCA is familiar to many in the health-care sector because both the Joint Commission and Department of Veterans Affairs require RCAs for certain clinical events.<sup>11</sup> The general goal of RCA is to move from superficial, proximate causes to system-level root causes by repeatedly asking why each identified cause occurred.<sup>3</sup> In principle, RCAs should facilitate significantly better learning from a single incident, but they sometimes fail to do so due to tendencies to (1) simplify explanations about critical incidents, either by discounting information that

does not conform to preexisting beliefs or by failing to examine a problem from multiple perspectives;<sup>12</sup> and (2) blame failures on situational factors instead of identifying opportunities for systems improvement.<sup>13</sup> While these problems are not inevitable, they do highlight the need for tools and processes intended to be responsive to these common challenges when conducting RCAs and the persistent issues that arise from a lack of training in retrospective analysis. Therefore, we have identified a course of action that mixes these methodologies to isolate root causes in this setting to improve organizational learning from adverse events.

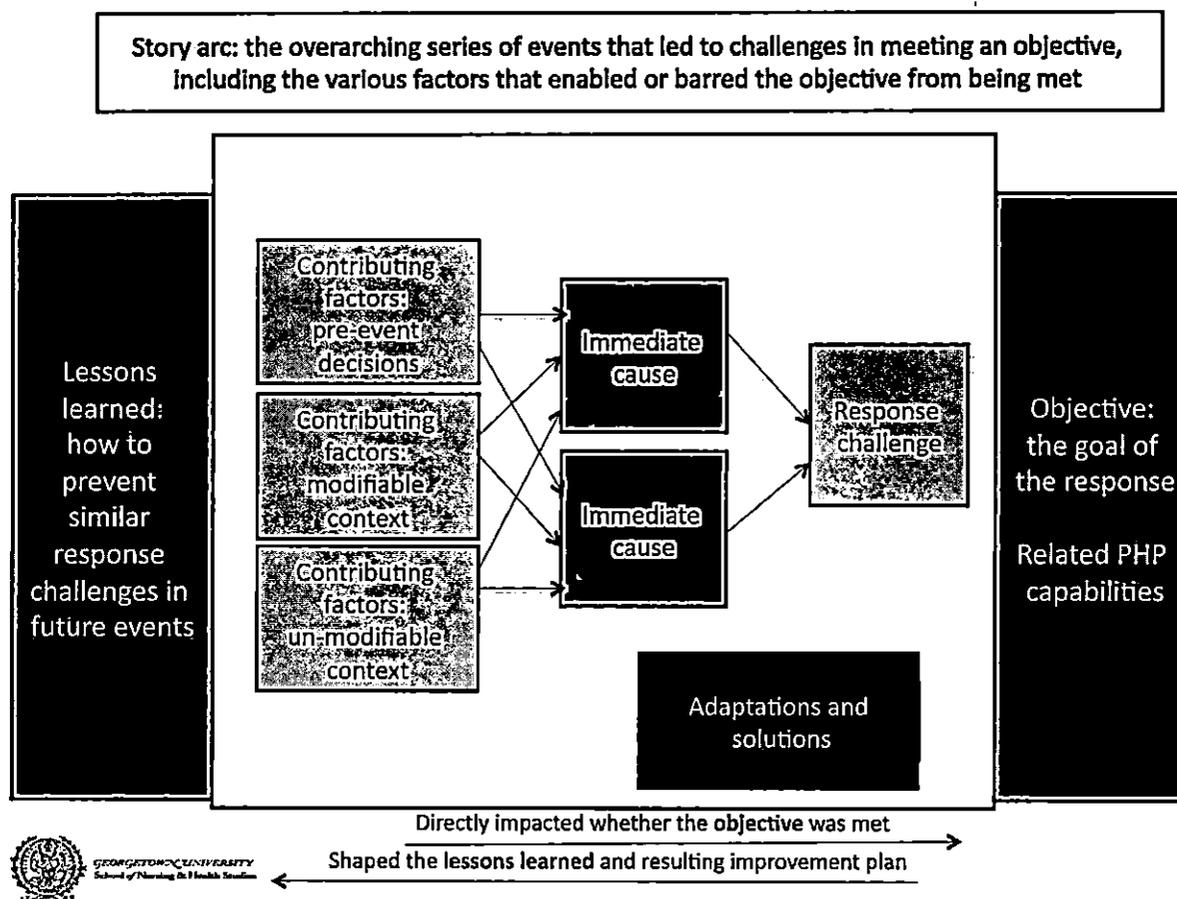
#### **METHODS**

The peer review process begins after an incident that stresses a public health system's capabilities has occurred. After an agency (or group of agencies) responds to an incident that overwhelms routine capabilities, representatives of the jurisdiction that responded to the incident can initiate a peer assessment process. The primary players involved are the requestor (i.e., the public health practitioner or group of practitioners representing the jurisdictions that responded to the incident) and the assessment team or assessors (i.e., the peer public health practitioners who review the incident response).

The peer assessment process begins with a review of preliminary reports and other incident documents and may include interviews with key players to identify critical response issues. The assessment team then visits the requesting jurisdiction and conducts a facilitated look-back meeting (or uses a similar approach) to further discuss the issues with representatives of the organizations that were involved in the response. Together, the requestor and the assessors conduct an RCA to identify factors that contributed to positive and negative aspects of the response and that should be addressed to improve future responses. Following the conclusion of the meeting, the parties involved write an analysis report, or an existing AAR is revised.

One approach to RCA that the group could use is the tool we developed and tested for PHEP through a retrospective application to three 2009 H1N1 case studies (in Martha's Vineyard, Massachusetts; Emilia Romagna, Italy; and Los Angeles, California).<sup>9,14,15</sup> This tool, which is illustrated in Figure 1, takes the user through a multistep process that can be visualized through filling in the various boxes on the page, as a user moves from right to left identifying the following: (1) the story arc (i.e., the context in which the incident occurred and its basic features); (2) the response challenge; (3) the objective (i.e., what the

Figure 1. Peer assessment root cause analysis process diagram



PHP = public health preparedness

responding jurisdiction was trying to achieve in this element of the response); (4) the immediate causes of the challenge; (5) the contributing factors, both those that are modifiable and unmodifiable by the jurisdiction related to that immediate cause of the incident; (6) adaptations and solutions that were implemented on the ground; and (7) lessons learned through this part of the response.

#### Peer assessment process example

We field-tested this process in two jurisdictions after a *Salmonella* outbreak in Alamosa County, Colorado, and a major WNV outbreak in the Dallas-Fort Worth Metroplex in Texas. We conducted a site visit for each incident. During each visit, a peer assessment team consisting of a public health practitioner assisted by our research team engaged the practitioners from the responding jurisdiction through a review of documents related to the incident and a facilitated look-back meeting to perform an RCA of major challenges experienced

during the response to the incident. The peer assessment and RCA process are described in more detail, along with job action sheets and templates, in the toolkit we have developed.<sup>9</sup> The toolkit contains both the *Salmonella* and WNV cases. The WNV outbreak peer assessment is described hereafter.

In the summer of 2012, the Dallas-Fort Worth Metroplex experienced a severe WNV outbreak in which more than 1,868 confirmed cases of WNV disease and 89 WNV-related deaths were reported. The incident stressed a number of public health preparedness capabilities and involved multiple counties. As part of the peer assessment process, a facilitated look-back meeting was conducted in Arlington, Texas, on May 13, 2013, to review the public health system response to the incident. Representatives from the Texas Department of State Health Services (DSHS) and each of the three county health departments joined the meeting, along with the Dallas county judge, who is the county's chief executive officer. A peer assessor facilitated the meeting

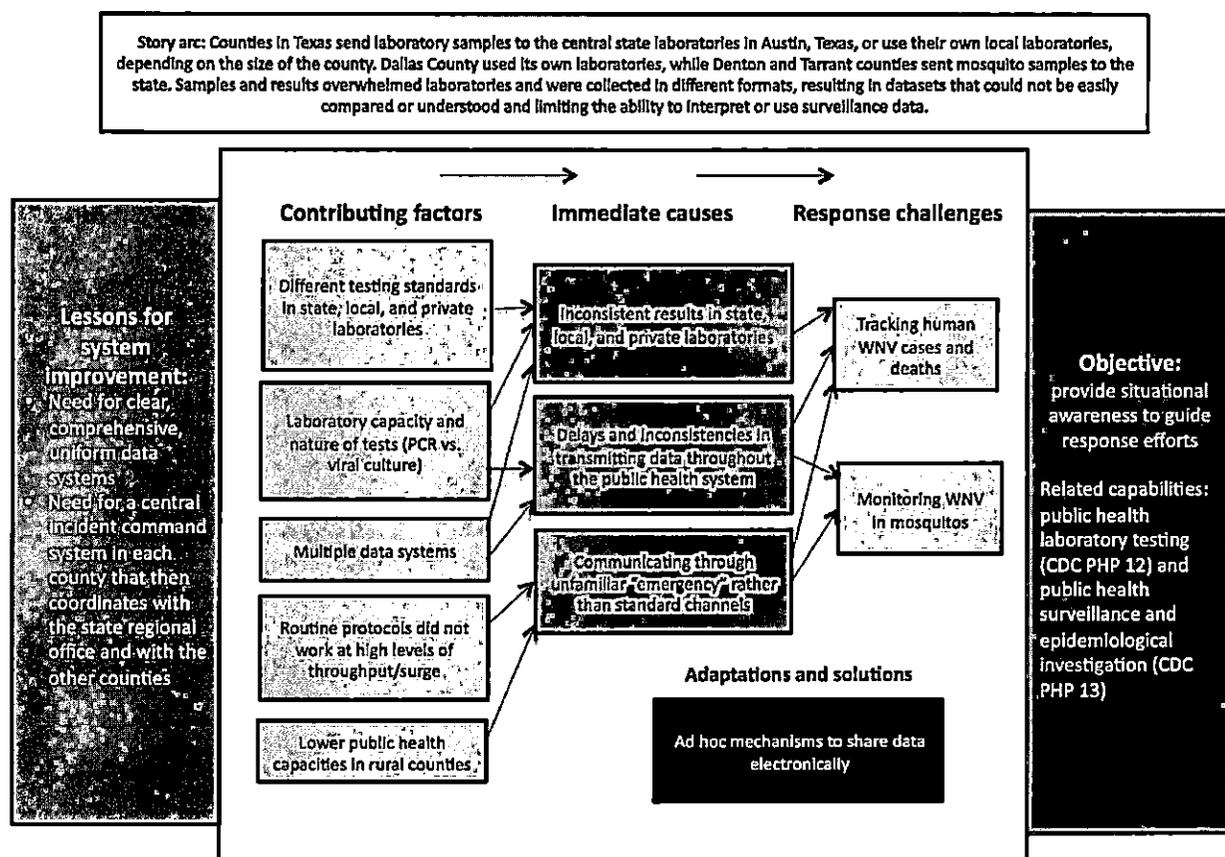
with the assistance of research staff from Georgetown University. The peer assessor was a practitioner from the Houston area who knew about the incident but had not been directly involved in the response. An AAR had already been drafted at the time the peer assessment process was initiated, so it served as (1) the foundation for the issues to be discussed at the meeting and (2) an informative document on the chronology of the incident and on key personnel who responded to the incident.

Two weeks prior to the site visit, the peer assessor met via teleconference with the state health officials who had requested the assessment. The teleconference consisted of a brief planning discussion to establish the key issues to discuss with meeting participants and to

plan the visit. Meeting attendees were invited via e-mail by the state officials who requested the assessment.

The facilitated look-back process was the primary data-gathering method used during the meeting. The facilitator guided meeting participants through three separate RCA discussions based on the previously identified three major response challenges experienced during the incident: surveillance, mitigation, and communication with the public. A separate RCA was conducted for each issue. An example of this process as it pertains to surveillance is shown in Figure 2. Throughout the identification of response challenges, immediate causes, contributing factors, and lessons learned, a variety of participants engaged in discussion and shared views not previously included in the drafted AAR.

**Figure 2. Root cause analysis process conducted through peer assessment for challenges around surveillance in the 2012 WNV outbreak in the Dallas Metroplex area in Texas**



WNV = West Nile virus  
 CDC = Centers for Disease Control and Prevention  
 PCR = polymerase chain reaction  
 PHP = public health preparedness

After the meeting, the peer assessor and state health officials met for approximately one hour to discuss how the meeting went, what could have gone better, and how the information gathered during the meeting could be included in the AAR. The peer assessors shared their RCA diagrams and corresponding summary with the requesting practitioners. The requestors then commented on the diagrams and made a few substantive suggestions based on their perception of the meeting. The assessors considered these changes and, after discussing them via teleconference with the requestors, made the appropriate adjustments to reconcile the AAR.

## OUTCOMES

Our field tests and the views of the public health professionals who participated in the peer assessment process suggest that our approach is applicable and leads to more in-depth analyses than some other current methods. It is particularly useful to have participants who experienced the incident from multiple perspectives together at the same table, as some participants had not been aware of the others' experiences and perspectives. In comparison with another field trial in which the state health department was not involved, having representatives of the DSHS present was also helpful to each of the parties in conducting their ongoing review process. These trials and the experience of the authors also suggest that there is inherent value to practitioners in learning from one another, especially when analyzing singular events, and indeed DSHS revised its AAR as a result of the peer assessment. Therefore, we believe the peer assessment approach can serve as a means to bring these practitioners together and offer a viable, flexible method for conducting context-based, rigorous analysis of these events to improve organizational learning.

This process not only provides direct benefits to the requestor, which will have the assistance of a peer assessment team in the after action review process, but also fosters communication and collaboration across jurisdictions, allowing requestors to engage with each other and with their assessment team. The assessment team indirectly benefits as well by learning from the public health response of the requesting jurisdiction.

## LESSONS LEARNED

Our results demonstrate how peer assessment for public health emergency incidents (1) enables practitioners to learn from experience, in the spirit of quality improvement (QI) recommended by the National

Health Security Strategy,<sup>16</sup> and (2) aligns PHEP QI efforts with the Public Health Accreditation Board's national accreditation process. Through the peer assessment process, public health practitioners help their peers assess PHEP responses and work with them to solve identified challenges. Research has shown that standard QI methods (e.g., learning collaboratives) may not be appropriate in the context of PHEP because of (1) a lack of evidence-based and accepted performance measures, (2) the difficulty of carrying out rapid plan-do-study-act cycles, and (3) challenges with measuring processes and results after rare events.<sup>17</sup> The peer assessment process is designed to ascertain the root causes of response successes and failures and to develop thoughtful lessons learned and improvement strategies.

The incident report resulting from the peer assessment process can serve as a supplement to a standard AAR. In addition, the report can be shared with others through a critical incident registry (CIR) for PHEP. A PHEP CIR is intended to provide a database of incident reports, allowing for both sharing with others in similar contexts and facilitating cross-case analysis. The success of CIRs in other fields suggests that a properly designed PHEP CIR could support broader analysis of critical public health incidents, facilitate both deeper analysis of particular incidents and stronger improvement plans, and help to support a culture of systems improvement.

In particular, by encouraging RCAs and sharing the results of those analyses with others through a database, a PHEP CIR could be a valuable approach for systems improvement.<sup>1</sup> Drawing on the social sciences literature on qualitative analysis of public health systems,<sup>15</sup> the peer assessment process described in this article was designed to improve the analysis of actual public health emergency events by addressing two inherent challenges in the analysis of singular or rare events not repeated in the same manner and context. First, by involving practitioners who were involved in the response to the event and permitting—indeed encouraging—they to speculate on other participants' perspectives and alternative paths, the process provides an opportunity to learn from the practical wisdom of experienced public health and other professionals. By focusing on in-depth analysis, the peer assessment approach counters tendencies to (1) simplify explanations about critical incidents, either by discounting information that does not conform to preexisting beliefs or by failing to examine a problem from multiple perspectives;<sup>12</sup> and (2) blame failures on situational factors instead of identifying opportunities for systems improvement.<sup>13</sup>

Second, including peers from other jurisdictions helps improve the objectivity of the analysis, which can be difficult to ensure if health officials are evaluating their own system's response. Participation of peers from similar jurisdictions offers the potential for objective analyses, both by professionals with experience in PHEP and of the particularities of the systems being assessed. At the same time, it can be an effective way to share best practices to support and amplify technical assistance provided by CDC.

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National Preparedness Impacts of the Affordable Care Act-  
Panel Session at the 2014 Preparedness Summit

When: April 1, 2014 (1:30 PM Eastern)

Where: Atlanta Marriott Marquis (International 8) • 265 Peachtree Center Avenue, Atlanta, GA 30303

Topics: Biomedical and Health Research (</Global/Topics/Biomedical-Health-Research.aspx>),  
Public Health (</Global/Topics/Public-Health.aspx>)

Activity: Forum on Medical and Public Health Preparedness for Catastrophic Events  
(</Activities/PublicHealth/MedPrep.aspx>)

Board: Board on Health Sciences Policy (</About-IOM/Leadership-Staff/Boards/Board-on-Health-Sciences-Policy.aspx>)

Meeting Background:

As many elements of the Affordable Care Act health reform will be implemented by the end of 2014, it is clear there will continue to be significant changes to the U.S. health system. However, it is not clear what impact these changes will have on medical and public health preparedness programs around the country. This session will highlight key themes and opportunities that were identified at a recent Institute of Medicine workshop on this topic. Discussions will focus on some of the challenges presented by the Affordable Care Act as well as what the preparedness community can do to leverage provisions to strengthen the resilience of the medical and public health preparedness systems. For example, changes to data collected through health information technology may present areas for public health to form new partnerships and access population data that may not have been possible previously. Additionally, changing infrastructure may allow for different opportunities for surge capacity or workforce capability. With case studies of different organizations at various stages of implementation, discussions will also include real life challenges and possibilities being explored as new provisions are being put into action.

Meeting Objectives:

- Discuss challenges and benefits of the Affordable Care Act to disaster preparedness and response efforts around the country
- Explore potential impacts changing health care delivery infrastructure may have on disaster preparedness and response
- Consider how impacts on the health system workforce may impact resilience, emergency preparedness, response, mitigation, and recovery
- Consider opportunities for increased collaboration or data sharing with the private sector for stronger pictures of the population's health.

## MORNING PLENARY

8:15 AM – 8:30 AM  
MORNING REMARKS

*Room: Marquis Ballroom, Marquis Level*



Jack Hermann, MEd, NCC, LMHC  
*Chair, 2014 Preparedness Summit, Senior  
Advisor and Chief, Public Health Programs,  
NACCHO; Washington, DC*

MODERATOR:

W. Craig Vanderwagen, MD  
*Senior Partner, Martin, Blank and Associates*

PANELISTS:



Christine Kosmos  
*Director, Division of State and Local  
Readiness, CDC*



Jackie Scott, DVM, PhD  
*Director, Office of Public Health  
Preparedness, Michigan Department of  
Community Health*



Michael McClendon  
*Director, Office of Public Health  
Preparedness, Harris County Public Health  
and Health Services*

8:30 AM – 10:00 AM

CAPABILITIES ALIGNMENT AND BEYOND:  
ACCOMPLISHMENTS, CHALLENGES AND PLANS  
FOR BUILDING A PREPARED NATION THROUGH  
THE PHEP, HPP AND DHS GRANT PROGRAMS

*Room: Marquis Ballroom, Marquis Level*

In March 2011, the Centers for Disease Control and Prevention (CDC) released "Public Health Preparedness Capabilities: National Standards for State and Local Planning." In January 2012, the Assistant Secretary for Preparedness and Response released "The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness." Together, these documents serve as the cornerstone of health preparedness planning. Speakers will report on progress toward achieving aligned capabilities between these two documents and other federal grant programs while identifying gaps, priorities, plans, and measurable progress toward sustainable preparedness.

Jennifer Hannah

*Director, Division of National Healthcare Preparedness  
Programs, Office of the Assistant Secretary for Preparedness and  
Response, U.S. Department of Health and Human Services*

C. Gary Rogers

*Chief, Audit Resolution Branch, Grant Programs  
Directorate, Federal Emergency Management Agency, US  
Department of Homeland Security*



10:30 AM – 10:40 AM

CLOSING REMARKS

Room: Marquis Ballroom, Marquis Level



Jack Herrmann, MEd, NCC, LMHC  
Chair, 2014 Preparedness Summit, Senior  
Advisor and Chief, Public Health Programs,  
NACCHO; Washington, DC

PANELISTS:



John Tassey, PhD  
Associate Professor, Department of  
Psychiatry and Behavior Sciences, University  
of Oklahoma, Oklahoma City



S. Atyia Martin, MPS, EMT-B.  
Director Boston Public Health Commission,  
Office of Public Health Preparedness, Boston



Erica Lowry, MSW  
Senior Director, Sandy Long-Term Recovery,  
American Red Cross, New York City



Clayton Williams, MPH  
Chief Operating Officer, Partnership for  
Advancing Total Health (PATH)/Louisiana  
Public Health Institute

10:40 AM – 12:00 PM

THE LONG ROAD TO RECOVERY: REBUILDING A  
COMMUNITY AFTER DISASTER

Room: Marquis Ballroom, Marquis Level

Large scale mass casualty events can have long-term effects on a community that can last for years. Coordinating recovery efforts between public health and healthcare sectors can ensure that the needs (i.e., mental health, environmental health, infectious disease, etc.) of individuals, businesses, and communities are supported throughout the recovery process. In this session, responders to events such as the Boston Marathon bombing, Oklahoma City bombing, Super Storm Sandy, and others will look back at the recovery challenges faced after the national spotlight moves on from the disaster.

MODERATOR:



Alonzo Plough, PhD, MPH  
Vice President for Research and Evaluation  
and Chief Science Officer, Robert Wood  
Johnson Foundation, New Jersey



## NHSPI Terms Used in the Session

### Glossary

A quick-reference to the list of technical terms used on the site with brief definitions. Also see – brief explanations of the elements of preparedness (domains and sub-domains) that together are grouped to comprise the Index Structure of the 2013 NHSPI™ are also defined.

### Domain and Sub-domain Definitions

#### Community Resilience

Ability to adapt to changing conditions and withstand and rapidly recover from disruption due to emergencies. (Presidential Policy Directive – 8, <http://www.dhs.gov/presidential-policy-directive-8-national-preparedness>)

#### Domain

A grouping of related sub-domains reflecting a broader component of national health security.

#### Measure

An individual indicator of a structure, process, or outcome related to national health security. All measures used are from existing public-use data. No new data was collected for the NHSPI™. Measure-level data is available in the 2013 Index – Report view.

#### National Health Security

A state in which the Nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences (National Health Security Strategy, <http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/faqs.aspx>)

#### National Preparedness Goal

A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk. (<http://www.fema.gov/national-preparedness-goal>)

#### Preparedness

Actions taken to plan, organize, equip, train, and exercise to build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from those threats that pose the greatest risk to the security of the Nation.” (Presidential Policy Directive – 8, <http://www.dhs.gov/presidential-policy-directive-8-national-preparedness>)

#### Results

A mathematical value that summarizes the overall status of health security preparedness for states and the nation, as well as various areas of preparedness, or elements of the Index. The results are calculated by averaging results of these elements (e.g., a Sub-domain Result is the average of normalized measures within the sub-domain; a Domain Result is the average of the sub-domains in the domain; the Overall Index Result is the average of the domain results.)

#### Sub-domain

A grouping of measures related to a specific aspect of national health security.

Taught by:

Merritt "Chip" Schreiber, Ph.D., Director, Psychological Programs, Center for Disaster Medical Sciences, Associate Clinical Professor of Emergency Medicine, UC Irvine School of Medicine; Project Lead, Volunteer Subject Matter Expert, Orange County Chapter, Santa Ana, CA.

Lisa Furst, LMSW, MPH, Director of Public Education at the Center for Policy, Advocacy and Education Director of Education for the Geriatric Mental Health Alliance of New York

[Education Models that Inform the Public About Mental Health] Lisa works to engage and inform a diverse group of professionals and the general public about mental health, mental illness, and treatment through training and technical assistance programming that promotes knowledge development and skills-building. Lisa can speak to the needs of a number of populations, including youth, adults, older adults and people affected by disasters. Lisa is the co-author of *Depressed Older Adults: Education and Screening* (Springer Publications) and has co-authored pieces for *Aging Well*, *Today's Geriatric Medicine*, and the *Journal of Case Management* and has been featured in print, television and radio media.

Welcome to *Psychological First Aid: Helping Others in Times of Stress*. This course is for all American Red Cross workers who respond to local and national disasters. If you have ever worked on a local fire or disaster relief operation, you know these situations can be stressful for clients, co-workers, and you. How people feel and react to stress varies from individual to individual. What may not be stressful for you may be stressful for someone else. During this course, we will discuss how people react to stress in the aftermath of disaster and what you can do to provide comfort, care, and support.

### Housekeeping

Before we go further, we would like to review the following housekeeping details for today's course:

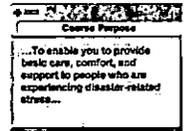
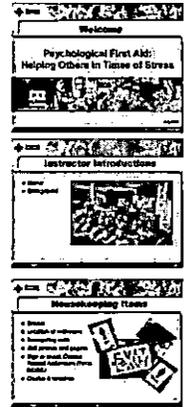
- .. Location of restrooms and smoking area
- .. Breaks
- .. Emergency exits
- .. Use of cell phones and pagers
- .. Sign-in procedures (Course Records)
- .. Course evaluation sheet

*Note: The slides appear in the outer columns to provide you a visual cue so that you can match the narrative content to the presentation content.*

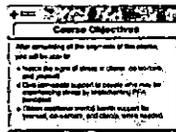
Are there any questions?

### Course Purpose and Objectives

The purpose of this course is to enable you to provide basic care, comfort, and support to people who are experiencing disaster-related stress. *Psychological First Aid: Helping People in Times of Stress* provides a framework for understanding factors that affect the stress responses of disaster relief workers and the clients they serve. In addition, it provides practical suggestions about what you can say and what you can do as you practice the principles of Psychological First Aid (PFA).



### Segment 1: Defining Psychological First Aid



This course provides you with a better understanding of how to:

- .. Notice the signs of stress in clients, co-workers, and yourself.
- .. Give immediate support to people who may be experiencing stress by implementing PFA principles.
- .. Obtain additional mental health support for yourself, co-workers, and clients, when needed.

### Course Structure

This course will be delivered within a four-hour block of time. We will provide an overview of the schedule, describing the approximate duration for each segment, opportunities to take breaks, and descriptions of segment activities. The following five segments comprise this course.

- .. Segment 1: Defining Psychological First Aid
- .. Segment 2: Recognizing Disaster-related Stress
- .. Segment 3: Embracing the Principles of Psychological First Aid
- .. Segment 4: Making Appropriate Referrals
- .. Segment 5: Practicing Psychological First Aid Principles

At the end of this course, you will have an opportunity to complete a set of self-review questions designed to help you confirm what you have learned and to devise a review strategy if you feel unsure about any aspect of the content.

*Note: The self-review is not a graded test. It is designed to help you to retain the relevant content from this course.*

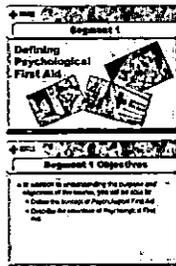
### Segment Overview and Purpose

The purpose of this segment is primarily to preview this course so that you can be prepared to take full advantage of the learning opportunity before you. In addition, this segment will introduce you to the concept of Psychological First Aid.

### Segment Objectives

Within each segment of this course, you will find learning objectives. These are designed to help you to focus on the salient content of each segment and to direct you specifically to your learning opportunities. When you have completed this segment, you will:

- .. Understand the purpose and structure of this course.
- .. Define the concept of Psychological First Aid.
- .. Describe the relevance of Psychological First Aid.



### What is Psychological First Aid?

For many years, the American Red Cross has been the leader in providing First Aid and CPR training throughout the United States. These particular training courses teach you how to:

- .. Recognize medical emergencies.
- .. Decide if you can help.
- .. Determine what to do.

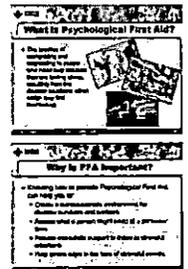
Millions of people have completed the Red Cross First Aid and CPR training courses and, consequently, have saved lives.

This Psychological First Aid course will help you to recognize and respond to people who need help because they are feeling stress, resulting from the disaster situations within which they find themselves. Knowing how to provide Psychological First Aid can help you to:

- .. Create a compassionate environment for disaster survivors and workers.
- .. Assess what a person might need at a particular time.
- .. Provide immediate support to those in stressful situations.
- .. Help others cope in the face of stressful events.

### You Can Do It!

Although some people will require more help than you can provide, your taking this course will prepare you to be an active participant in giving assistance to people when they most need it. In addition, it will help you to take care of yourself while you are engaged in disaster work.



# 2 Recognizing Disaster-related Stress

## Segment

### Segment Overview and Purpose

Disasters are stressful for survivors and workers. Small disasters, such as a single family house fire, affecting a family and a neighborhood and large disasters, such as Hurricane Katrina, affecting a nation, and the events of September 11, 2001, which impacted the entire world, produce stress in the populations (both near and far) facing the effects of the disaster. Individuals react in various ways after disasters and in response to a combination of factors. Stress is a common reaction among survivors and disaster workers.

This segment focuses on symptoms that indicate disaster-related stress in adults and children. The purpose is to recognize these signs of stress in the various categories, including:

- .. Feelings, emotional states
- .. Thinking, expression of thoughts
- .. Physical effects
- .. Behaviors
- .. Spiritual

Although, you will certainly find an overlap between children and adults, there are differences of which you should be aware. In addition, age is one of many individual characteristics that can influence a person's stress reaction.

### Segment Objectives

- When you have completed this segment, you should be able to:
- .. Describe the typical stress reactions of adults and children that may result from exposure to disaster.
  - .. Identify the characteristics of a disaster and the disaster response that affect individuals' responses.
  - .. Describe the characteristics of individuals that affect their personal responses.



## Segment 2: Recognizing Disaster-related Stress

### Stress Reactions of Adults

Stress reactions are the feelings, thoughts, and behaviors we have immediately before or quickly after experiencing certain situations. Think about some of the stressful experiences you have had in your personal life or within the context of a disaster relief operation. Working for a difficult supervisor, meeting deadlines at work, getting the kids to soccer practice and ballet lessons at the same time, or getting up in the middle of the night to respond to a fire are all examples of situations that may provoke stress reactions. We are unable to avoid stress—it is part of life.

When people become stressed, they can react in many different ways. Over time, these reactions can disappear, remain the same, get somewhat better, or grow considerably worse. This is especially true if people have not found ways to manage and cope with their situations.

### Exercise 1: Stress Reactions of Adults

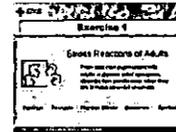
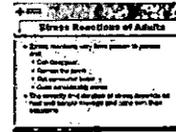
#### Exercise Overview and Purpose

This exercise is intended to provide each of you with an opportunity to recall individual reactions of adults to stressful situations that you have witnessed within the context of disaster relief work.

#### Exercise Instructions

From your own experiences with adults in disaster relief operations, describe how people react when they are in these stressful situations. Devote approximately ten (10) minutes to identify reactions in response to the following five questions.

At the prompting of the instructor, you should offer to share your insights and responses to these questions with the entire group. Think about how your responses compare to the experiences of others.



## Segment 2: Recognizing Disaster-related Stress

### Stress Reactions of Children

Children can also be affected by stressful situations, such as when they are separated from their families, homes, pets, school, friends, community, toys, and other meaningful possessions. Children feel safe and secure when they have predictable routines in their lives (mealtime, playtime, and bedtime); disasters can disrupt these routines. Because of the situation, parents and other caregivers may be unable to give their usual level of care and comfort to children. Consequently, children can react with stress, anxiety, and fear. These reactions and others can vary from child to child and can vary by age.

### Exercise 2: Stress Reactions of Children

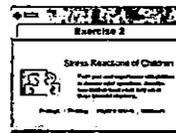
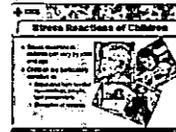
#### Exercise Overview and Purpose

This exercise is intended to provide each of you an opportunity to recall the individual reactions of children to stressful situations that you have witnessed within the context of disaster operations.

#### Exercise Instructions

From your own experiences with children in disaster relief operations, describe how children react when they are in these stressful situations. Devote approximately ten (10) minutes to identify reactions in response to the following four questions.

At the prompting of the instructor, you should offer to share your insights and responses to these questions with the entire group. Think about how your responses compare to the experiences of others.



1. What behaviors have you noticed in the adults dealing with the immediate situation and aftermath of a disaster?

2. What types of feelings have adults expressed to you or to others?

3. What kinds of thoughts are voiced in response to the situations within which adults find themselves during and immediately after a disaster?

4. What physical reactions have you seen in adults trying to cope with the reality of the disaster and issues they must face?

5. How can stress (the situation causing the stress) affect the spiritual beliefs of adults?

**Segment 2: Recognizing Disaster-related Stress**

1. What kinds of behaviors have you observed in children and teens?

2. What kinds of feelings do children and teens express?

3. What expressions of thoughts have you heard from children and teens?

4. What kinds of physical reactions have you noticed in children and teens?

Slides 16 through 20 and 23 through 27 and Tables 1 and 2 have been deliberately placed after the exercises. The objective was to encourage exploration and discussion prior to reviewing each of these tables.

Stress Reactions in Adults: Feelings	
<ul style="list-style-type: none"> <li>Rage, anger, irritability</li> <li>Resentment</li> <li>Anxiety, fear</li> <li>Despair, hopelessness</li> <li>Numb</li> <li>Terrified</li> </ul>	<ul style="list-style-type: none"> <li>Guilt</li> <li>Sad</li> <li>Helpless, loss of control</li> <li>Uninterested</li> <li>Overwhelmed</li> </ul>
Stress Reactions in Adults: Thoughts	
<ul style="list-style-type: none"> <li>Difficulty concentrating and thinking</li> <li>Difficulty making decisions</li> <li>Forgetful</li> <li>Confused</li> <li>Distortion of sense of time</li> <li>Lowered self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>Self-blame</li> <li>Intrusive thoughts, memories, flashbacks</li> <li>Worry</li> <li>A sense of being cut off from reality</li> <li>Self-harm</li> </ul>
Stress Reactions in Adults: Physical Effects	
<ul style="list-style-type: none"> <li>Fatigue, difficulty sleeping</li> <li>Agitation</li> <li>Physical complaints (e.g., headaches, stomach problems)</li> <li>Decreased or increased appetite</li> <li>Decreased or increased sex drive</li> </ul>	<ul style="list-style-type: none"> <li>Easily startled</li> <li>Increased cravings for and use of caffeine, nicotine, sweets, alcohol, illicit substances</li> <li>Lightheaded</li> <li>Weak</li> </ul>
Stress Reactions in Adults: Behaviors	
<ul style="list-style-type: none"> <li>Crying spells</li> <li>Angry outbursts</li> <li>Avoiding people, places, and situations</li> <li>Argumentative</li> </ul>	<ul style="list-style-type: none"> <li>School and work problems</li> <li>Risky behaviors (driving erratically, multiple sexual partners, unsafe sex)</li> <li>Inattention to appearance, personal hygiene, self-care</li> </ul>
Stress Reactions in Adults: Spiritual	
<ul style="list-style-type: none"> <li>Change in relationship with or belief about God/Higher Power</li> <li>Abandonment of prayer, ritual, scripture, devotions, sacraments</li> <li>Questioning the beliefs of their faith</li> <li>Rejection of spiritual care providers</li> </ul>	<ul style="list-style-type: none"> <li>Struggle with questions about the meaning of life, justice, fairness, afterlife</li> <li>Loss of familiar spiritual supports</li> <li>Loss of faith</li> </ul>

Table 1: Stress Reactions In Adults

Stress Reactions in Children: Feelings	
<ul style="list-style-type: none"> <li>Fear, terrified</li> <li>Anxious</li> <li>Sad</li> <li>Guilt</li> </ul>	<ul style="list-style-type: none"> <li>Rage, anger, irritability, helpless</li> <li>Loss of interest</li> <li>Changing mood</li> </ul>
Stress Reactions in Children: Thinking	
<ul style="list-style-type: none"> <li>Difficulty concentrating and thinking</li> <li>Difficulty learning new information</li> <li>Difficulty making decisions</li> <li>Self-blame or thinking they are responsible for what happened</li> </ul>	<ul style="list-style-type: none"> <li>Intrusive thoughts, memories, and flashbacks</li> <li>Worry about safety of themselves and others</li> <li>Preoccupation with death, suicidal ideation (adolescents)</li> </ul>
Stress Reactions in Children: Physical	
<ul style="list-style-type: none"> <li>Fatigue, difficulty sleeping</li> <li>Agitation</li> <li>Increased activity level/hyperactive</li> <li>Physical complaints (e.g., headaches, stomach aches)</li> </ul>	<ul style="list-style-type: none"> <li>Decreased or increased appetite</li> <li>Easily startled</li> <li>Bed wetting</li> </ul>
Stress Reactions in Children: Behaviors	
<ul style="list-style-type: none"> <li>Crying, whining, screaming</li> <li>Trembling</li> <li>Clinging to parents and caregivers</li> <li>Aggressive or disruptive behavior, temper tantrums</li> <li>Withdrawn</li> <li>Avoiding people, places, situations</li> <li>Regressive behaviors (thumb sucking, bedwetting, not wanting to sleep alone)</li> </ul>	<ul style="list-style-type: none"> <li>Refusal to attend school or day care</li> <li>Difficulty getting along with siblings and parents</li> <li>Using drugs and alcohol</li> <li>Re-living events through play (young children)</li> <li>Asking a lot of questions or telling stories related to event</li> <li>Argumentative, defiant</li> </ul>

Table 2: Stress Reactions In Children

These tables provide a reference of comparison between how adults and children react in times of stress

**Segment 2: Recognizing Disaster-related Stress**

**Contributing Factors to the Stress Response**

People react in many different ways during times of stress. In addition, many factors can influence how people react, including the type of disaster, the disaster response, and each person's individual characteristics.

**Disaster Characteristics**

- The specific characteristics of a disaster can influence individuals stress responses. These include the following.
- Type of disaster (e.g., natural or human-caused)
  - When it occurs (e.g., time of day, time of year)
  - Who is affected (e.g., the number of people including children, injured, missing, or killed)
  - What is affected (e.g., damage to healthcare facilities, grocery stores, roads, telephone service, schools, etc.)
  - Where it happens (e.g., the geographic boundaries)

**Disaster Response Characteristics**

- Disaster response is a complex endeavor that demands "on-the-ground" implementation and adaptation in uncertain and chaotic situations. The response characteristics, such as these that follow, can contribute to increased levels of stress in the individuals who survive the disaster and those who provide disaster relief services.
- Level of preparedness
  - Post-disaster living situation (e.g., Individuals may need to evacuate their homes and stay in shelters, with friends or family, or in a hotel.)
  - Limited availability of food and water
  - Delays in receiving relief services or medical care

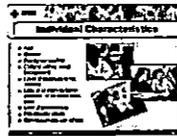
**Individual Characteristics**

Stress reactions vary from person to person. The way one person reacts to stress may be very different from the way someone else reacts to the same situation. Personal characteristics, such as age, how close the person was to the impact of the disaster, or what he or she witnessed can affect a person's reaction. Consider the following characteristics and think about how these may influence an individual's response.

# 3 Embracing the Principles of PFA

## Segment

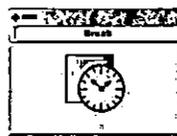
- .. Age
- .. Gender
- .. Family composition (single, married, married with children, etc.)
- .. Cultural, ethnic, racial background
- .. Level of exposure to the disaster (e.g., The closer they are to the disaster, the more stress they may experience.)
- .. Loss of or injury to family member, other loved ones, pets
- .. Loss of possessions
- .. Pre-disaster stress (e.g., financial, family, health, etc.)
- .. Connectedness with others (e.g., family, friends, and co-workers)



### Factors that Affect You as a Disaster Responder

As a disaster responder, you are not immune to factors that can increase your "stress load." Consider the following facts and think about how they may affect you and other disaster relief workers.

- .. Leaving family members and loved ones to go on assignment
- .. Working in unfamiliar and challenging settings
- .. Staying in a staff shelter with little privacy
- .. Encountering unfamiliar cultural or ethnic populations whose primary language may not be English
- .. Listening to survivors' stories
- .. Seeing disturbing sights
- .. Working with difficult supervisors and co-workers
- .. Returning home



## Segment Overview and Purpose

In Segment 2, you learned about how clients and workers are impacted by disaster. In this segment, you will be introduced to the principles of Psychological First Aid. Consider these principles as the awareness you can develop, attitudes you can adopt, and actions you can take to provide comfort, care, and support to disaster survivors and your fellow disaster relief workers.

## Segment Objectives

- When you have completed this segment, you should be able to:
- .. Describe the categorical principles of PFA.
  - .. Understand the implications and scope of each categorical principle.

## Psychological First Aid Actions

The idea with Psychological First Aid is simply to provide basic care, comfort, and support to those individuals who are experiencing disaster-related stress. Every worker can respond in practical ways that will be helpful to people who are experiencing stressful disaster-related situations. These ways include:

- .. Making a connection
- .. Helping people be safe
- .. Being kind, calm, and compassionate
- .. Meeting people's basic needs
- .. Listening
- .. Giving realistic assurance
- .. Encouraging good coping
- .. Helping people connect
- .. Giving accurate and timely information
- .. Making a referral to a Disaster Mental Health worker
- .. Ending the conversation
- .. Taking care of yourself

Let's look at each of these in more detail.

## Segment 3: Embracing the Principles of Psychological First Aid



### Make a Connection

You do not have to wait for someone to approach you. It is okay for you to make the first move. A simple greeting along with your name is usually sufficient to get the conversation started. First impressions are important.

- .. Introduce yourself.
- .. Focus your attention on the person.

### Help People Be Safe

After a disaster, some people will be concerned with their own and their loved ones' safety. Others may have unintentionally placed themselves in dangerous situations. It is important for you to help them to reach a safe place and, if necessary, to call for medical assistance.

- .. Help people to reach a safe place.
- .. Call for medical assistance, if needed (Call 9-1-1).
- .. Help people follow emergency instructions.

Workers may also find themselves in dangerous situations. It is important for you to:

- .. Be aware of your surroundings.
- .. Enter a scene only when you are sure it is safe.

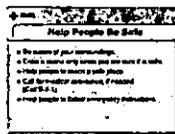
### Be Kind, Calm, and Compassionate

Compassion is a sympathetic consciousness of others' distress together with a desire to alleviate it. People benefit from compassion and kindness. Establishing a kind and supportive environment for clients and other workers is as simple as handing someone a bottle of water or a blanket to keep the person warm. You provide comfort when you:

- .. Express patience and compassion, even if people are being difficult.
- .. Speak in a calm voice.
- .. Remain courteous and respectful of people.

You may feel that a natural response to comforting someone is to touch him or her. However, consider if your response will be viewed as intrusive or culturally inappropriate.

Our disaster work is often chaotic and intense. Sometimes we can be caught off guard and unaware of how we are relating to others. When frustrations rise, we can be impolite without meaning to be that way.



If you find you have said something you wish you had not, you can apologize. For example, you may express your apology using statements similar to the following:

- .. "I'm sorry I didn't let you finish what you were saying."
- .. "I'm sorry I yelled at you earlier."
- .. "I'm sorry if I hurt your feelings."

### Meet People's Basic Needs

During a disaster, clients and workers sometimes ignore their own basic needs of eating and drinking water, maintaining personal safety, resting and sleeping, connecting with others, and belonging to the supportive community that surrounds them.

As a worker, you can provide simple and accurate information on how people can meet these needs.

- .. Offer or direct them to food and water.
- .. Provide or direct them to a safe place or shelter.
- .. Check to see if they are with family or friends.
- .. Encourage them to sleep and get rest. (e.g., "Take a break, take a walk.")
- .. Direct them to a Disaster Mental Health worker when needed.

### Listen

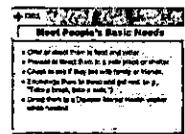
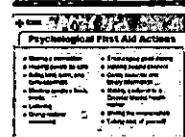
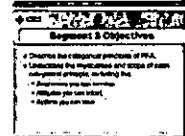
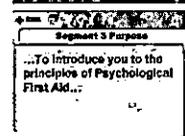
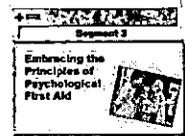
When some people are stressed, they like to talk about it. For others, they prefer to keep to themselves or only talk to people whom they know. Do not pry. If someone does not wish to talk, you cannot make him or her. For those who do, you can be attentive and listen carefully. Sometimes just being there and not saying anything can be comforting to someone in distress.

### Give Realistic Reassurance

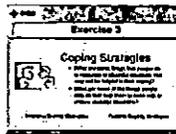
It is helpful and comforting to let people know that what they are feeling or thinking is understandable because of what they have just experienced. It is also important not to minimize their reactions. Depending on the situation, most of the stress reactions an individual experiences will begin to go away within a short period of time.

### Encourage Good Coping

There are different ways of coping in stressful situations. These include positive and negative responses from people coping with stressful events. Let's explore some of these coping strategies in the next exercise.



**Segment 3: Embracing the Principles of Psychological First Aid**



**Exercise 3: Coping Strategies**

**Exercise Overview and Purpose**

This exercise is intended to provide each of you an opportunity to explore the various ways in which people respond when they are distressed. You will focus your attention on the following questions:

- .. What are some things that people do in response to stressful situations that may not be helpful in their coping?
- .. What are some of the things people may do that help them to cope with or endure stressful situations?

**Exercise Instructions**

**Part 1:** In sixty seconds and in response to the first question, jot down as many negative coping strategies of which you can think

Negative Coping Strategies	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**Part 2:** In sixty seconds and in response to the second question, jot down as many positive coping strategies of which you can think.

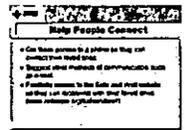
Positive Coping Strategies	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**Help People Connect**

Many people rely on the support of their family and friends to help them get through stressful times. If friends and family are not around, you may be the first person in a position to help. It is important to connect adults with their usual support systems (i.e., family, friends, neighbors, work colleagues, clergy, etc.) and children with theirs (i.e., family, friends, school, etc.). You help people to connect when you:

- .. Get them access to a phone so they can contact their loved ones.
- .. Suggest other methods of communication such as e-mail.
- .. Facilitate access to the Safe and Well website so they can reconnect with their loved ones ([www.redcross.org/safeandwell](http://www.redcross.org/safeandwell)).

Workers also need to stay in touch with their support systems. Encourage them to routinely phone or e-mail family and friends.



**Segment 3: Embracing the Principles of Psychological First Aid**



**Give Accurate and Timely Information**

Workers and clients need timely and accurate information about the disaster and response efforts. Misinformation and rumors add to stress. Guide them to the appropriate sources or resources for this information in your setting.

**Make a Referral to a Disaster Mental Health Worker**

The Psychological First Aid that you provide will be helpful to most people. However, there will be times when you will need to refer an individual or family to a Disaster Mental Health worker. We will talk more about how to identify people who may need a mental health referral in Segment 4.

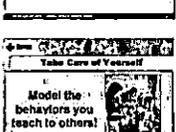
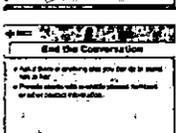
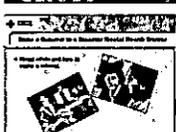
**End the Conversation**

As you end the conversation with an individual, you should:

- .. Ask if there is anything else you can do to assist him or her.
- .. Provide clients with available phone numbers or other contact information.

**Take Care of Yourself**

Psychological First Aid is not just for the people you help while you are on disaster assignment. You should "model the behaviors you teach to others" by adopting PFA principles for yourself.



**Segment 4 Making Appropriate Referrals**

**Segment Overview and Purpose**

As a disaster worker, you are on the "front lines" of a relief operation and are often the first person to speak with those impacted by the disaster and provide them emotional support. You are also a part of a team of disaster responders, and the team supports each other as they provide services to those impacted. In this class, you are learning how to provide PFA to both disaster survivors and other relief workers. Though you do not provide mental health services, you do have an important role as the "eyes and ears" in the field for Red Cross Disaster Mental Health (DMH) workers. In this segment, we will help you to identify and prioritize individuals who will benefit from PFA support from you and those who need to be seen by a DMH worker.

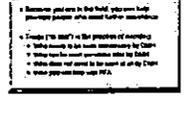
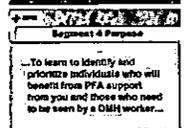
**Segment Objectives**

When you have completed this segment, you should be able to:

- .. Understand the limits of PFA.
- .. Recognize situations requiring referrals to Red Cross DMH workers.
- .. Understand how to use the PsySTART™ Card to prioritize individuals who will benefit from PFA support from you and those who need to be seen by a DMH worker.

**Prioritizing PFA support and referrals to Disaster Mental Health workers**

Triage, which means "to sort," is the process of deciding who needs to be seen immediately, seen sometime later, or not seen at all. For PFA, triage ensures that people with immediate or serious mental health needs are quickly referred to a DMH worker. Although many people will gradually "bounce back" after a disaster, some will be at risk for experiencing more serious effects and will require mental health assistance. Because you are in the field, you can help prioritize people who need further assistance from Disaster Mental Health workers in a timely manner. Knowing how to triage will also help you to provide PFA support first to those who need it most. This can be especially helpful in large disasters or when DMH workers are not immediately available. As soon as you report to your disaster assignment, ask how to contact the DMH worker(s) where you are assigned. This

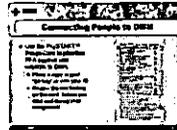


**Segment 4: Making Appropriate Referrals**

will enable you to quickly connect people needing further mental health assistance when needed.

**Connecting People to Disaster Mental Health**

There are times when a connection to DMH workers must be made to ensure that individuals (adults or children) get the support they need at the right time. The PsySTART™ Card will help you to prioritize people who need to be referred to DMH and determine how quickly this needs to be done. It is shown in Figure 1.



PsySTART™ Mental Health Triage System	
<b>DANGER TO SELF, OR OTHERS?</b>	<input type="checkbox"/> <input type="checkbox"/>
FELT/EXPRESSED EXTREME PANIC or FEAR?	<input type="checkbox"/> <input type="checkbox"/>
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?	<input type="checkbox"/> <input type="checkbox"/>
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?	<input type="checkbox"/> <input type="checkbox"/>
DEATH OF PARENT, CHILD or FAMILY MEMBER?	<input type="checkbox"/> <input type="checkbox"/>
DEATH OF PET?	<input type="checkbox"/> <input type="checkbox"/>
SIGNIFICANT DISASTER-RELATED ILLNESS or PHYSICAL INJURY TO SELF or FAMILY MEMBER?	<input type="checkbox"/> <input type="checkbox"/>
TRAPPED or DELAYED EVACUATION?	<input type="checkbox"/> <input type="checkbox"/>
FAMILY MEMBER CURRENTLY MISSING or UNACCOUNTED FOR?	<input type="checkbox"/> <input type="checkbox"/>
UNACCOMPANIED CHILD?	<input type="checkbox"/> <input type="checkbox"/>
HOME NOT LIVABLE?	<input type="checkbox"/> <input type="checkbox"/>
SEPARATED FROM IMMEDIATE FAMILY DURING EVENT?	<input type="checkbox"/> <input type="checkbox"/>
PRIOR HISTORY OF MENTAL HEALTH CARE?	<input type="checkbox"/> <input type="checkbox"/>
PRIOR HISTORY OF DISASTER EXPERIENCE?	<input type="checkbox"/> <input type="checkbox"/>
<b>NO TRIAGE FACTORS IDENTIFIED</b>	
<p><b>⚠️</b> If yes, immediately contact site supervisor and DMH or call 911.</p> <p><b>⚠️</b> If yes, contact DMH as soon as possible.</p> <p>Contact DMH at the end of your shift for all other risk factors.</p> <p>© 2001-2012 Marc D. Schreiber, Ph.D.</p>	

Figure 1: PsySTART™ Field Triage Tag!

1 The PsySTART™ Field Triage Tag has been reproduced with the permission of Marc D. Schreiber, Ph.D. The Field Triage Tag is a tool used within PsySTART™ Mental Health Triage and Management System. For more information, refer to <http://www.psystart.org>.

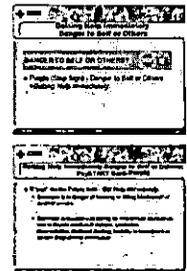
The PsySTART™ card can help you to identify “red flags” as you hear people “tell their disaster stories.” The card lists situations that can happen to people during disasters. The risk factors are not meant to be asked as questions. Instead, listen for these “risk factors” as you learn about people’s circumstances while they talk to you about their disaster experiences. Use the card as a reference to help prioritize who needs support and to determine situations that require follow up from a DMH worker. If during your conversation with a person you hear that he or she experienced certain events listed on the PsySTART™ card, then a DMH worker should be asked to speak with that person. How quickly you contact DMH depends on the seriousness of the event. Some situations will require getting help immediately. Other situations are moderately urgent and you can connect people to DMH as soon as possible. Lastly, other situations are less urgent and you can take your time during your work shift to notify a DMH worker. These triage situations apply to those directly impacted by the disaster as well as to other disaster workers. For the many other disaster situations that survivors and other workers experience, you can use your good judgment about who may need help from a DMH worker. There will be many situations that you may handle by providing psychological first aid yourself and that do not need to be referred to DMH at all. Let us look more closely at how the PsySTART™ card can help you to prioritize PFA support and connection to DMH.



**Getting Help Immediately - Danger to Self or Others**  
PsySTART™ Card – Purple:

The “purple” risk factor at the very top of the PsySTART™ card with the stop sign symbol on the right side indicate two situations where you must *get help immediately*. Do this by connecting people to a mental health worker at once, informing your site supervisor, or by calling 911. These are situations when an individual is exhibiting a level of emotional distress or is engaging in behaviors that are dangerous to themselves or others. Situations of “Danger to Self or Others” require additional professional help beyond what you are able to provide. Fortunately, these situations are rare. They include situations when:

- *Someone is in danger of harming or killing him/herself or another person.* A person who expresses the desire to commit suicide, attempts self-harm, or threatens or harms others fall into this category. If you cannot reach a DMH worker or the site supervisor and a situation develops that is a safety crisis



**Segment 4: Making Appropriate Referrals**

(someone is in immediate danger), dial 911 to obtain police assistance.

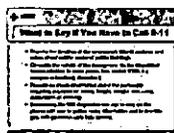
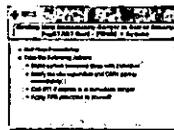
- Someone is incapable of caring for him/herself adequately because of severe emotional distress, severe confusion, disorientation, irrational thinking, inability to be calmed (or severe agitation), or severe drug /alcohol intoxication. Mild or moderate emotional distress, confusion, disorientation, etc., may be relatively normal reactions in a disaster; but here we are concerned about severe reactions that can impair a person’s ability to function in a healthy and safe way. These situations also require an immediate connection to DMH worker and a site supervisor. In many of these situations it will not be necessary to call 911, but if safety is an immediate concern, call 911.

**Guidelines for calling 911:**

- Provide the location of the emergency (street address and cross street and/or name of public building).
- Describe the nature of the emergency so the dispatcher knows whether to send police, fire, and/or EMS; if a weapon is involved, describe it.
- Provide as much information about the person(s) requiring assistance: name, height, weight, sex, race, description of clothing.
- Sometimes the 911 dispatcher will ask to stay on the phone with you to gather more information and to provide you with guidance until help arrives.

If you see or hear either of these “purple” situations from a disaster survivor or another worker, do the following: Arrange for one person to stay with the individual, while another worker immediately informs a site supervisor and a DMH worker of the situation. Even if you are not sure if the person requires immediate assistance, listen to your instincts. It is always better to get help for a potentially serious situation than to “down play” it. You can be sure that DMH will appreciate the opportunity to help and support you when you are faced with challenging situations. Remember to ask other workers to help you and try to organize a brief summary of why you are concerned, who you are concerned about, and where that person is currently located. This way you can convey this information to the DMH worker and the site supervisor.

After you have dealt with these types of situations, follow-up with your supervisor and a DMH worker. Requesting immediate assistance for someone can be a stressful experience for you. This is when it is especially important to apply PFA principles to



yourself! You can do this by giving yourself a moment to relax, talk with your supervisor, a supportive peer, or a DMH worker about your experience. Finding ways to take care of yourself after a stressful situation is important. It helps that you maintain your energy and positive outlook on the disaster operation. Be sure to reach out for the support you need, as well as providing it to others. DMH.

**Getting Help As Soon As Possible**  
PsySTART™ Card – Red:

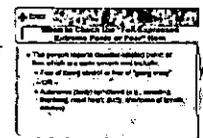
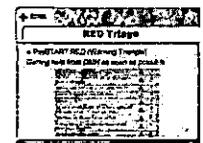
The “red” items are the eight items with a triangle and an exclamation point (!) near the top of the PsySTART™ card. These indicate situations when you must get help as soon as possible by connecting the individual to a mental health worker. These are situations that people may share with you when they tell their “disaster story.”

- Felt/expressed extreme panic or fear during the disaster
- Felt a direct threat to their life and/or the life of a family member(s)
- Saw or heard the death or serious injury of others during the disaster
- Experienced the death of a parent, child, family member or pet
- Experienced a significant disaster related illness or physical injury to themselves or one of their family members
- Was trapped during the disaster and unable to leave or experienced a delay in evacuation (themselves and/or their family members)
- Have a family member(s) currently missing or unaccounted for as a result of the disaster
- Is a minor child that is not accompanied by any parent, guardian, or usual caretaker

Sometimes it is unclear to workers when to check the “Felt/ Expressed Extreme Panic or Fear” item on the PsySTART™ tag. Check this item if the person reports disaster related panic or fear which were severe and include:

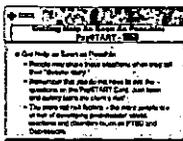
- Fear of losing control or fear of “going crazy”
- OR–
- Autonomic (body) symptoms (e.g., sweating, trembling, rapid heart, dizzy, shortness of breath, nausea)

Remember to listen for these factors when the client or worker



**Segment 4: Making Appropriate Referrals**

"tells their disaster story."



The more red risk factors that people experience, the more they are at risk of developing post-disaster stress reactions and disorders (such as PTSD and Depression).

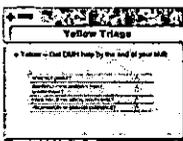
People with multiple red risk factors should receive PFA support and a referral to a DMH worker before people with a single red risk factor or yellow risk factors. However, as soon as you determine that someone has experienced one or more PsySTART™ red risk factors, you should:

- Contact a DMH worker as soon as possible.
- Help the Red Cross DMH worker to locate the individual. Use the PsySTART™ Card to inform the mental health worker about the reason(s) for your referral of the individual to DMH.
- While waiting to connect the person to a DMH worker, you can spend some time providing support to the person using the principles of PFA in this course.

Listen for additional red risk factors so that you can prioritize your own PFA efforts and referrals to DMH, putting those with more "red" risk factors ahead of those with fewer red risk factors or yellow risk factors.

**Getting Help by the End of Your Work Shift**

PsySTART™ Card - Yellow:



The "yellow" items are the three items following the eight red items with the square box indicate situations which are less urgent. For these situations, it is okay to get DMH help by the end of your work shift that day. These situations are less likely to create lasting psychological distress. Yellow risk factors include one or more of the following situations that a person may disclose when they tell their "disaster story."

- They believe their home is destroyed or seriously damaged and not livable due to the disaster.
- They were separated from immediate family members during the disaster (but know their whereabouts now).
- They indicate they have a prior or current history of mental health care (especially if they report that they now feel worse as the result of the disaster).
- They indicate they have had a prior history of experiencing disasters.

If the person describes any of the "yellow" triage situations on



the PsySTART™ Card you should:

- Contact a DMH worker by the end of your work shift that day.
- Help the Red Cross mental health worker to locate the individual. You can use the PsySTART™ Card to tell the mental health worker about the reason(s) for your referral of the individual to DMH.
- While waiting for a mental health worker to respond, provide PFA support to the person using the principles of PFA discussed in this course.

When providing psychological first aid, prioritize those with two or three "yellow" risk factors ahead of those with only one yellow risk factor.

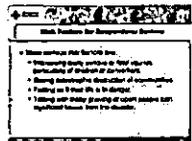
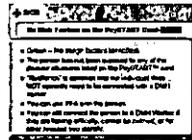
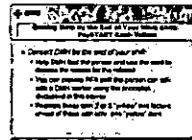
**No Triage Risk Factors**

PsySTART™ Card - Green:

At the very bottom of the PsySTART™ card, you will find a green box with the words "No Triage Factors Identified." This usually indicates that the person has not been exposed to any of the disaster risk factors listed on the card. This is a situation where resilience is common and you do not need to connect this individual with a DMH worker. However, keep in mind that it is still possible for a person to have been exposed to one or more of the risk factors which they did not talk about at the current time. If the person brings up risk factor situations at a later time, you can use the PsySTART™ card to determine if a referral to a DMH worker is needed. Take the time to listen to the person's "disaster story" as they want to tell it. Do not ask the risk factors on the PsySTART™ card as questions. Use the PFA principles you have learned so that people know you are available to listen. Finally, it's important to remember that people without any of these risk factors can still be very upset by the disaster. You can help them to cope and recover with the PFA principles you have learned in this course. Remember to use your good judgment! If you feel that someone is having a very difficult time, and you cannot calm them, please refer the person to a DMH worker.

**Risk Factors for Responders**

In addition to the PsySTART™ risk factors for disaster survivors that have been described above, there are also risk indicators for responders. Red Cross workers and other disaster responders may be directly affected by the disaster. Some of these are similar to those found on the PsySTART™ card and others are unique to



**Segment 4: Making Appropriate Referrals**

being a responder. More serious risk factors are:

- Witnessing many serious or fatal injuries, particularly involving children, team-mates and/or other responders.
- Witnessing catastrophic destruction of the physical infrastructure of communities.
- Feeling as if their life was in danger.
- Talking with many grieving or upset people who experienced significant losses from the disaster.

You may provide PFA for co-workers who have experienced the situations above. You should also connect these workers to a DMH worker for follow-up. List the risk factors you heard when you make the referral to DMH. Make the referral no later than the end of your shift.

Less serious risk factors may include:

- Having to wait to start work and not feeling fully utilized on the disaster operation.
- Living and working conditions that are physically difficult (such as temperature extremes, exposure to the elements, noisy, crowded, lack of privacy).
- Experiencing co-worker or supervisor conflict.
- Working in an area with unfamiliar culture, language, customs, or foods.
- Difficulty staying in touch with family and friends back home or having concerns about what is happening at home.
- Feeling discouraged that they didn't accomplish enough of the mission.

You may provide PFA for any of your co-workers who have experienced the situations above. It is not necessary to refer these workers to DMH unless you feel that your PFA efforts did not seem to relieve their distress. As with others, if you feel that a disaster worker is having a very difficult time, and you feel that the support you provided is not sufficient, please refer the person to a DMH worker.

**How to talk to people about connecting them to a Disaster Mental Health Worker**

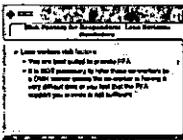
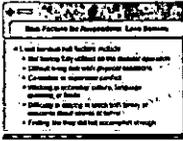
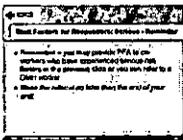
After determining that the person needs further assistance by a DMH worker, you can say:

"Because (x, y, or z, list the risk factors they disclosed) has happened, I would like to connect you with another member

of our team to talk more about that."

- Alternatively, you can say, "It sounds as if it would help to talk more about this. Let me connect you with someone who can be of further help." If it is a child, inform the parent or caregiver that you believe that it would be helpful for the parent and child to talk to a Red Cross counselor because of what the child experienced.
- In the event that the person/parent does not want to speak to a DMH worker, respect their right not to do so for all situations EXCEPT when there are "purple" (stop sign) risk factors revealed. These situations of potential "danger to self or others" always require an immediate referral to a DMH worker and site supervisor per the instructions under Getting Help Fast listed above.
- Continue to provide psychological first aid using the ideas in this course.

By using the triage reminder card and the principles of PFA discussed in this course, you can effectively prioritize and provide psychological support to those affected by the disaster and other responders. For those who are at risk, you can help to make an important connection to a DMH worker. Although the focus of this module is on triaging, prioritizing and linking people at risk to DMH, it is important to remember that many people will return to their usual level of coping within a short period of time. Still others will experience positive personal growth as a result of their disaster experiences. For these individuals, your psychological first aid can help them to feel supported and experience resilience as they "bounce back" even sooner. Remember—YOU CAN DO IT! You can make a tremendous difference for people as they recover from a disaster as well as your fellow Red Cross co-workers.



# Segment 5 Practicing Psychological First Aid

## Segment Overview and Purpose

Throughout this training, you have learned about how to recognize and respond to disaster-related stress in clients, co-workers, and yourself. You have also been provided with suggestions and ways you can help people cope with or reduce their stress. In this last segment, you will have an opportunity to practice PFA principles.

## Segment Objectives

- When you have completed this segment, you should be able to:
- Understand the governing attitudes and behaviors that presuppose the success of PFA.
  - Practice using the actions of PFA in scenario-based exercises.

## PFA in Action: Now you can do it!

As you get ready to use your new skills, which will be helpful to you and the people you encounter, you should remember to:

- Be tolerant.
- Keep boundaries.
- Respect people's privacy.
- Ask for help.
- Take care of yourself.

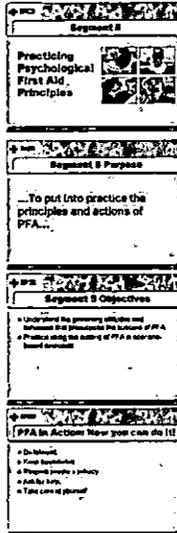
### Be Tolerant

You are likely to encounter people who look, think, talk, and dress differently from you. Being tolerant means treating *all* people with respect and dignity. Sometimes, practicing tolerance can be difficult. However, as a Red Cross volunteer, you have already demonstrated that you have a commitment to help others in times of need.

### Keep Boundaries

When reaching out to help others, you can risk offending the people you are trying to help. These types of situations are characterized by:

- Telling people what to do or not do.
- Sharing personal views, values, and beliefs.
- Becoming too involved with clients or other workers.



You can overstep your boundaries when you:

- Push people to talk when they do not want to.
- Ask for too much information too soon.
- Insist that people share their stories with you, especially very personal details, when they are not ready to do so.

Providing Psychological First Aid is not a way of being a "mini-counselor." It is a way of providing comfort and support and assessing if someone needs additional assistance from a Disaster Mental Health worker.

Use the following table as a guideline about some things you can do and say and some things you should avoid doing and saying.

	Do	Do Not
<b>Behavior (your actions and body language)</b>	<ul style="list-style-type: none"> <li>Sit facing or directly beside the client or worker.</li> <li>Make eye contact as appropriate, depending upon cultural expectations.</li> </ul>	<ul style="list-style-type: none"> <li>Sit back with your arms folded in front of you.</li> <li>Look around the room or appear distracted while the client/worker is talking to you.</li> <li>Walk away from the client or worker while he or she is talking to you.</li> </ul>
<b>Expression (what you say and how you say it)</b>	<ul style="list-style-type: none"> <li>"It sounds like that may have been a very difficult (frustrating/frightening/stressful) situation?"</li> <li>"Is there anything I can do for you right now?"</li> </ul>	<ul style="list-style-type: none"> <li>"You should be thankful that you and your family got out alive."</li> <li>"Look, I really don't have time to listen to this..."</li> <li>"That doesn't sound so bad... you should hear what this other guy went through."</li> <li>"It must have been God's will."</li> <li>"You really shouldn't feel that way."</li> <li>"Don't feel (guilty, bad, nervous, etc.)."</li> </ul>

Table 3: Dos and Don'ts

### Respect People's Privacy

When you provide PFA, you are likely to hear many personal stories. You should not share these stories or other information with just anyone. Maintaining privacy and confidentiality of a client or other worker is critical.

A helpful rule of thumb to keep in mind is as follows: *When information that is shared with you implies a person is in danger of immediate harm or injury, you must inform a supervisor or a Disaster Mental Health worker.* Keep in mind that there are many ways to make someone aware that a person is in need of help without revealing every detail of what that individual has told you.

### Ask for Help

Sometimes Psychological First Aid is not enough. While most people will find it helpful and sufficient, others will need additional mental health care. It is important to recognize this, and when necessary, make referrals to Disaster Mental Health workers.

### Take Care of Yourself!

Finally, because disaster work is stressful and sometimes engaging in Psychological First Aid with clients and other workers can increase that stress, it is important to take care of yourself.

## Exercise 4: Pulling It All Together in Practice

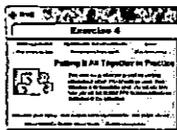
Now that we have discussed some practical actions you can take with both adults and children after a disaster, let's look at various scenarios.

### Exercise Overview and Purpose

This exercise is intended to explore situations in which PFA should be used. Your instructors will demonstrate how you should approach this exercise by addressing *Scenario 1: Video scene of workers addressing clients' concerns*. Your instructors will then divide the class into small groups and assign each group several scenarios. Your objective is to determine what you will say and how you will offer PFA to those individuals described in the scenarios.

### Exercise Instructions

Depending on the total number of participants, the class will be divided into several small groups of three (3) to five (5) individuals. Each group will be assigned several scenarios for review and discussion. Your group will be given about ten (10) minutes to work through the exercise. Then your group will be asked to share its responses with the class at large.



# Segment 5: Practicing Psychological First Aid Principles

Specifically, your tasks are to:

- Read the scenario description.
- Select a note taker, to make sure that someone in the group is jotting down your ideas.
- Determine who within your group will share responses with the other course participants. You are not limited to one spokesperson. Share the task.
- Discuss with other members in your group what you understand about the scenario and how you would approach the situation using the principles of PFA. (i.e., What would you say? What would you do?)
- Use the scenario tables to guide your discussion and note taking.
- Offer your responses to the rest of the class when called upon.



**Scenario 1: Video scene of workers addressing clients' concerns**

**Description:** A client is seeking entry to a shelter and is denied by the first worker; the second worker, using the principles of PFA, supports the client as he/she develops a mutually acceptable solution.

**Discussion Points and Questions:** Consider how the two Red Cross workers approached the same client and how they differed in their approach and what they said. In the first example, the worker tells the client, "We can not help you."

In actuality, as an organization, we can help clients, regardless of whether they are or are not admitted to a shelter. Note how the second worker used PFA and offered concrete alternatives and said that the Red Cross could meet their needs. Setting the issue of entry to a shelter aside, what other PFA actions would have helped in this situation?

**Segment 5: Practicing Psychological First Aid Principles**

**Scenario 2: Tornado devastating an entire community**  
*Description: A tornado has severely damaged an entire community. While distributing water to people picking through the remains of their homes, you hear a woman standing alone muttering, "It's gone, it's all gone. Everything I own is all gone."*

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Segment 5: Practicing Psychological First Aid Principles**

**Scenario 4: Shelter serving individuals responding to a hurricane warning**  
*Description: A hurricane warning has sent people to a shelter. While walking through the shelter, you hear a mother yelling at her two young children to stop fighting and "act right."*

**Scenario 3: Fire in an apartment building**  
*Description: A fire has swept through an apartment building. Evacuated people are standing around and staring as the firefighters try to put out the flames. You notice a woman who is rocking back and forth standing among the others evacuated from the building.*

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Segment 5: Practicing Psychological First Aid Principles**

**Scenario 5: Fire in an apartment complex resulting in fatalities**

*Description:* A fire has burned out a very large apartment complex, leaving several fatalities. While helping a family complete the appropriate paperwork to receive Red Cross help, you notice family members are very quiet and tearful. The father tells you that the grandmother who was living with them did not survive the fire.

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Scenario 6: Shelter serving flood survivors**

*Description:* Flooding has sent many families to shelters. You see a child crying and no adults nearby.

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Segment 5: Practicing Psychological First Aid Principles**

**Scenario 7: Shelter serving individuals after a mud slide**

*Description:* A family comes into your Red Cross shelter after a mudslide has destroyed the community they live in. The mother tells you that the children are fighting more, and they keep asking if another mudslide will "get them in their hotel." She shares that she has not slept well in a couple of days and feels like she is "going to lose it."

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Scenario 8: Stranded individuals waiting out a storm**

*Description:* A storm has left many people stranded for a few days waiting for it to end. While serving food, a young woman asks you, "Do you think we will ever feel normal again?"

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Segment 5: Practicing Psychological First Aid Principles**

**Scenario 9: Shelter serving hurricane survivors**

A hurricane has forced many people into shelters. Tensions are running high. Children are crying or getting underfoot. Tempers are short. You see a teenager sitting alone quietly on his cot.

**Scenario 10: Your shelter co-worker's expression of stress**

*Description:* You have been working in a shelter only a couple of days. A co-worker who is getting ready to head home tells you, "I don't think I will ever get these images of the disaster out of my mind."

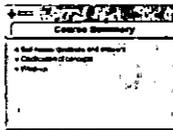
PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

PFA Action	What you would do or say
Make a connection	
Help people be safe	
Be kind, calm, and compassionate	
Meet people's basic needs	
Listen	
Give reassurance	
Encourage good coping	
Help people connect	
Give accurate and timely information	
Make a referral to Disaster Mental Health	
End the conversation	

**Course Summary**

**Wrapping Up**

The purpose of this course has been to enable you to provide basic care, comfort, and support to people who are experiencing disaster-related stress. *Psychological First Aid: Helping People in Times of Stress* has provided a framework for understanding the factors that affect stress responses in disaster relief workers and the clients they serve. In addition, it has provided practical suggestions about what you can say and do as you practice the principles of Psychological First Aid (PFA). Now that you have completed this course, you are in a better position to:



- .. Notice the signs of stress in clients, co-workers, and yourself.
- .. Give immediate support to people who may be experiencing stress by implementing PFA principles.
- .. Obtain additional mental health support for clients, co-workers, and yourself, when needed.

Thank you for attending this course. You now have an opportunity to review what you have learned by responding to the self-review questions that follow.

**Self-review Questions**

**Purpose**

The purpose of this set of self-review questions is to provide us with a final opportunity to discuss what you have learned in the training course.

**Instructions**

Pair up with your neighbor to answer and discuss these questions. Use your participant's workbook to locate the information that best answers the questions. Take about ten (10) minutes to complete.

**Course Summary**

1. What is the purpose of Psychological First Aid?
  2. The principles of PFA involve developing awareness, adopting attitudes, and using practical actions to provide comfort, care and support to people affected by disaster. List at least five (5) of the 12 practical actions that you could use to do this.
  3. There are five (5) main areas within which you can observe the signs of disaster-related stress. What are they?
  4. Name three (3) signs of stress in adults from each of the five (5) categories.
  5. When do children feel safe and secure?
  6. The specific characteristics of a disaster can influence an individual's stress response. Name the five (5) that were discussed and give an example for each.
  7. What personal characteristics can influence how an individual reacts during a stressful situation?
  8. Triage means "to sort" and is the process of deciding who needs to be seen immediately, later, or not at all. You were introduced to a number of situations named on the **PsySTART™** Field Triage Tag when you must link to a Disaster Mental Health worker. What are these?
  9. When you use the skills of Psychological First Aid, you should remember to be tolerant, keep boundaries, respect peoples' privacy, ask for help, and take care of yourself. What does being tolerant mean?
  10. Now, you have completed the course, you are in a better position to:
    - Notice the signs of stress in clients, co-workers, and yourself;
    - Give immediate support to people who may be experiencing stress by implementing PFA principles;
    - Obtain additional mental health support for clients, co-workers, and yourself, when needed.
- What good coping strategies will you use for yourself when you next work in a disaster situation?

Using Peer Assessment and Root Cause Analysis to Assess and Improve Health System Emergency Response – April 3, 2014

The seminar covered the challenges associated with addressing public health emergencies and how root cause analysis can improve organizational learning and public health system response to these emergencies. Dr. Michael Stoto, Evaluation Core Director of the Harvard School of Public Health Center for Public Health Preparedness and Rachel Piltch-Loeb, Research Assistant at the Georgetown University Department of Health Systems Administration were the featured speakers.

Effectively responding to public health emergencies requires the concerted and coordinated effort of systems that include public health agencies, health care delivery organizations, and other public- and private-sector entities. The complexity of these systems, coupled with the singular nature of health emergencies creates challenges for organizational learning. One means of addressing these challenges is a “peer assessment” approach in which peers from similar jurisdictions work with representatives of the public health system organizations. As part of this process, root cause analysis can help to improve future responses by analyzing not just what went well and poorly in this context, but on identifying the underlying causes that will influence future emergency responses. Going beyond After-Action-Reports that are typically superficial, root cause analysis helps to identify strengths and weaknesses in public health emergency preparedness capabilities that can be addressed to improve preparedness and system responses in the future.

Covered:

- how to organize and conduct a peer assessment of a public health emergency response,
- how to participate as a peer assessor,
- how to conduct a root cause analysis as part of a peer assessment process,
- how to conduct a root cause analysis of one’s own system response.

Work through handout-article.

## Summit 2014

### Tuesday, April 1, 2014

Time	End Time	Event	Room
1:30pm	3pm	B-03: Scarce Resource Allocation: The Reality, the Law and Why You Should Work with Your Healthcare Coalition	M102
1:30pm	3pm	B-04: VA NYHHS's Experience in the Wake of Superstorm Sandy: Assessing the Damage and Moving through the Initial Phases of Recovery	M106
1:30pm	3pm	B-05: Public-Private Partnership in Emergency Preparedness Planning	M107
1:30pm	3pm	B-06: Federal Support for Healthcare Preparedness: The National Healthcare Preparedness Program and the CDC Healthcare Preparedness Activity	A602
1:30pm	3pm	B-07: Measuring Up: Exchanging Real-World Methods to Raise Results on the National Health Security Preparedness Index Results	International 9
1:30pm	3pm	B-08: Smallpox Vaccination of Laboratory Workers at National Variola Testing Sites	International A
1:30pm	3pm	B-09: National Biosurveillance Integration Center (NBIC): Operations and Development	International C
1:30pm	3pm	B-10: Community Health Resilience and the ACA's Community Benefit Provisions	International 10
1:30pm	5pm	FULL - WS-02: Building Your Toolkit: All-Hazards Preparedness Planning Basics and Beyond	International 5
1:30pm	5pm	<del>FULL - WS-03: National Preparedness Impacts of the Affordable Care Act</del>	International 6
1:30pm	5pm	WS-01: Tackling Healthcare System Recovery: An Interactive Workshop	International 4
1:30pm	5pm	WS-05: Social Media in Disasters: Real Life Experiences and How to Build the Tools You Need on a Budget	International 8
1:30pm	5pm	WS-06: Where to Find.....? How to Navigate the Information Maze to Access Evidence-based Public Health Preparedness Information	International B
1:30pm	5pm	WS-07: Leveraging New Technology: Extending National Influenza Surveillance beyond Systems Based on Virology and Medically-Attended Visits	M101
3:30pm	5pm	C-01: Using Big Data to Enhance Situational Awareness of and Health Preparedness Planning for Electricity Dependent At-risk Populations	A602
3:30pm	5pm	C-02: Strengthening Biosurveillance Systems for Enhanced Situational Awareness	L401-403
3:30pm	5pm	C-03: Overcoming Obstacles to Engage Hospital Executives in Community Preparedness Planning	L405-406
3:30pm	5pm	C-05: Planning for the Evacuation and Shelter in Place Needs of Home-bound Medically Dependent People in Contra Costa County	M301
3:30pm	5pm	C-06: Disaster Epidemiology 101: Partnering with Epidemiologists during Disasters	M304
3:30pm	5pm	C-07: Can You Hear Me? Communications, When All Else Fails.	International 9

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**Summit 2014****Tuesday, April 1, 2014**

Time	End Time	Event	Room
3:30pm	5pm	C-08: Operation Shared Burden 2012 - An Improvised Nuclear Device (IND) Full Scale Exercise For Healthcare Organizations in Southeast Michigan	International A
3:30pm	5pm	C-09: Understanding Real World Management and Coordination of Mass Fatality Events	International C
3:30pm	5pm	C-10: Adaptation Planning: Preparedness and Climate Change	International 10
3:30pm	5pm	C-11: Skoll Global Threats Foundation Interactive Session on Digital Disease Detection (Invite-Only)	

**Wednesday, April 2, 2014**

Time	End Time	Event	Room
90 8:30am	10am	<del>Capabilities/Alignment and Beyond: Accomplishments, Challenges and Plans for Building a Prepared Nation through the PHEP, HPP and DHS Grant Programs</del>	
10:30am	12pm	D-01: Innovative Efforts and Collaborations to Advance MCM Preparedness and Response	Imperial A
10:30am	12pm	D-02: Galvanizing STLT, Private Sector, Non-governmental (NGO), Communities and Individuals to Optimize Implementation and Evaluation of the 2014 National Health Security Strategy	Imperial B
90 10:30am	12pm	<del>D-03: NCHSPT: A New Way to Measure and Advance Our Nation's Preparedness</del>	Marquis Ballroom
10:30am	12pm	D-04: Understanding the Environmental Protection Agency's Role in CBRN Incident	International 4-6
1:30pm	3pm	E-01: Public Information is Stronger Together: Involving Hard-to-reach Communities in Communication Planning and Channels	L508
1:30pm	3pm	E-02: Expanding Protection and Preparedness in Los Angeles County Communities: Considerations of the Affordable Care Act and Emergency Preparedness in FQHCs	M101
1:30pm	3pm	E-03: Canada and U.S. Medical Preparedness: Highlighting Crossborder Partnerships That Address Health Security	M202
1:30pm	3pm	E-04: Communicating Medical Countermeasure Risks and Benefits: Domestic and International Perspectives on Smallpox Preparedness	M301
1:30pm	3pm	E-05: Epidemiologic Response to a Massive Explosion: Results and Lessons Learned	M302-303
1:30pm	3pm	E-06: Family Assistance Center Planning: Taking Ownership and Planning with Partners	M304
1:30pm	3pm	E-07: Anthrax Preparedness and Protection Pilot: Education, Vaccine Information and Pre-Event Distribution	International 3
1:30pm	3pm	E-08: Information Sharing and Coordination of the Cyclospora Outbreak	International B
1:30pm	3pm	E-09: Cutting Through the Red Tape! Strategies for Reducing Administrative Burdens for State and Local Health Departments	H106-107
1:30pm	3pm	E-10: Disaster Health Learning Resources: How to Navigate the Bounty	International 4

1:30pm 5pm FULL - WS-08: Crisis Standards of Care: Lessons from Communities Developing their Plans L506-507

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## Summit 2014

### Wednesday, April 2, 2014

Time	End Time	Event	Room
1:30pm	5pm	FULL - WS-09: Community Resilience Programs in Four Big Cities: Community Updates and Alignments with the Hospital Preparedness Programs	International 5
1:30pm	5pm	FULL - WS-14: Crisis Leadership in Public Health Emergency Responses	International 10
1:30pm	5pm	WS-10: Planning Tools to Advance Community Preparedness for Medical Surge	International 6
1:30pm	5pm	WS-11: How Volunteer Organizations Can Use a Systems Approach and Action Research to Build Community Resilience	International 7
210 → 1:30pm	5pm	<del>WS-12: All Hazards Community Resilience via Neighbor to Neighbor Psychological First Aid</del>	International 8
1:30pm	5pm	WS-13: Leveraging Partnerships Between Public Health and Pharmacies to Enhance Medication Dispensing Abilities During Emergencies	International 9
3:30pm	5pm	F-01: Development of a Preparedness Competency and Capability Training Plan in the TRAIN Learning Management Network	L508
3:30pm	5pm	F-02: The Role of Local Public Health in Health Care/Public Health Critical Infrastructure Sector Protection	M202
3:30pm	5pm	F-04: Power's Out! The Health Department's Role in Mitigation for Vulnerable Populations and Health Care Facilities during Emergencies with Power Loss	M302-303
3:30pm	5pm	F-05: Managing an Escalating Public Health Incident: A Tabletop Exercise	M304
3:30pm	5pm	F-06: Reaching Our Community's Most Vulnerable, Disaster Planning for Community-Based Human Service Organizations (CHSOs) and Their Clients	International 3
3:30pm	5pm	F-07: Building a Better Social Network with Strong Partnerships, Free Tools and Effective Listening	International 4
3:30pm	5pm	F-08: Collaboration as the Way to Preparedness – How One Region and Jurisdiction are Addressing Healthcare Preparedness	International B
3:30pm	5pm	F-09: Protecting the Public in a Radiation Emergency	International C

### Thursday, April 3, 2014

Time	End Time	Event	Room
420 → 8:30am	5pm	<del>FULL - WS-16: Using Root Cause Analysis in a Peer Assessment Format to Learn from Experiences with Public Health Emergencies</del>	M202
8:30am	10am	G-02: Health Security: Current Initiatives in Enhancing Community Preparedness to High-Consequence Chemical Incidents	H304
8:30am	10am	G-03: Engaging Partners to Address Healthcare Surges in Rural Communities	L405-406
8:30am	10am	G-04: Keeping the Faith: Model Practices for Public Health to Partner with Faith-Based Organizations to Increase Flu Prevention Among Hard-to-Reach Populations	International 3
8:30am	10am	G-05: Environmental Health Hazard Assessment and Remediation Following a Disaster	International 6
8:30am	10am	G-06: Community Assessment for Public Health Emergency Response (CASPER) Involving Medical Reserve Corps Volunteers	International 7

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**Summit 2014****Thursday, April 3, 2014**

<b>Time</b>	<b>End Time</b>	<b>Event</b>	<b>Room</b>
8:30am	10am	G-07: Maximizing Surveillance Methods During High Profile Events	International C
8:30am	10am	G-08: The Utilization of Primary Care Outlets in Disaster Response and Recovery	International B
8:30am	10am	G-09: Evaluation of a PHEP-funded Pilot Project to Strengthen the Public Health Risk Assessment Model	L401-403
8:30am	10am	G-10: It Takes a Village: Working Together to Build Resilient Children and Communities	International 10
8:30am	5pm	WS-15: Managing Chaos: NYC's Evidence-Based Planning Model that Actually Works	M101
8:30am	5pm	WS-17: Disaster Risk Reduction	M301
8:30am	5pm	WS-18: Superstorm Sandy- Responding to the Physical and Mental Health Impact on Children. An Interactive Discussion Based Exercise Focused on Pediatric Disaster Preparedness and Emergency Management, Before, During and After the Event	M302
8:30am	5pm	WS-19: Hands On Experience with MIDAS Decision Support Tools	M303
8:30am	5pm	WS-20: Radiation Preparedness Training and Implementing Community Reception Centers	International 4-5
10:30am	12pm	H-01: Public Health in Action: Preparing For and Responding To Real Threats	A601-602
10:30am	12pm	H-02: Translation of Research to Practice	Imperial A
10:30am	12pm	H-03: History Doesn't Have to Repeat Itself: Using Lessons Learned From Disasters	Imperial B
10:30am	12pm	H-04: CSTE Disaster Epidemiology: Bringing Together Partners to Strengthen Public Health Response	L401-403
1:30pm	5pm	FULL - WS-21: BioWatch: A Component of the National Strategy to Strengthen Bioterrorism Preparedness	International 3
1:30pm	5pm	FULL - WS-22: Train-the-Trainer: Applying the Incident Command System (ICS) to Your Healthcare Organization	International B
1:30pm	5pm	FULL - WS-23: The Complete Guide to Alternate Care Site (ACS) Planning: A Toolkit for Success in Managing Medical Surge Capacity during a Public Health Emergency	International 7
1:30pm	3pm	I-01: Integrating the Emergency Medical Services (EMS) Sector into Community Healthcare Preparedness Planning	L401-403
1:30pm	3pm	I-04: Building Resilience Against Climate Effects: A Framework for State and Local Health Departments	A601-602
1:30pm	3pm	I-05: Visions of the Future for PHEP and Healthcare	International 6
1:30pm	3pm	I-06: Innovative Solutions for Surge on Medical Facilities	International 10

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## Summit 2014

### Thursday, April 3, 2014

Time	End Time	Event	Room
3:30pm	5pm	J-01: Using Media and Targeted Outreach to Increase Volunteer Recruitment before a Disaster Strikes	L401-403
3:30pm	5pm	J-02: Addressing the Gaps in Disaster Behavioral Health Preparedness: Tools to Enhance Community Health Resilience	L405-406
3:30pm	5pm	J-03: The Role of Immediate Bed Availability in Times of Crisis	M304
3:30pm	5pm	J-04: Federal Updates on the Emergency Use of Medical Countermeasures Resulting from the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA)	International 6
3:30pm	5pm	J-05: Disaster Response for Vulnerable Populations	International 10
3:30pm	5pm	J-06: When it Comes to Closed PODs, Size Doesn't Matter, Results Do!	A601/602

### Friday, April 4, 2014

Time	End Time	Event	Room
8:30am	10am	K-01: Whole Community Planning in Los Angeles: Making it Real and Operational	L508
8:30am	10am	K-02: It Takes A Village: SAMHSA's Disaster Distress Helpline, MHA-NYC's H2H Connect, and the Importance of Coordinating Crisis Behavioral Health Services Throughout All Phases of a Disaster	M101
8:30am	10am	<del>K-03: Public/Private Partnering for Success, A Community Resilience Activity Pilot Project</del>	M108
8:30am	10am	K-04: Pipette Meets Handcuffs: When Public Health Laboratory Science and Law Enforcement Intersect	M202
8:30am	10am	K-05: Building a Faithful Network- Preparing Houses of Worship for Times of Crisis	M301
8:30am	10am	K-06: Ready to Reunify: Best Practices in Family Support and Reunification	M302
8:30am	10am	K-07: Beyond the Border Health Security Initiative	M303
8:30am	10am	K-08: Creating Closed Points of Dispensing in Oakland County (MI) to Protect Vulnerable Populations	M304
8:30am	10am	K-09: Bringing Medical Reserve Corps Units to Rural Areas and Tribal Nations	International 3
8:30am	10am	K-10: NGO at the Coalition Table-Best Practice Models	International 4
8:30am	10am	K-11: Building Resilience in a Disaster Medical Response System - Volunteer Organization Collaborations Using a Systems Approach and Action Research	International 5
8:30am	10am	K-12: Investigating the Role of the Local Health Department after a Radiological Event: 3 D's—Decontamination, Dosimetry and Dogs?	International 6
8:30am	10am	K-13: Guide to FEMA Reimbursement for Non-Profit Healthcare	International 7
8:30am	10am	K-14: nEmesis: An Automated System to Detect Food-borne Illness Using Data Derived from Social Media	International 8

Events calendar powered by Trumba

Printed: Tuesday, November 25, 2014 at 1:27 PM PST

Calendar events displayed in Eastern Daylight Time

## Summit 2014

### Friday, April 4, 2014

Time	End Time	Event	Room
8:30am	10am	K-15: Reaching Across the Great Divide: Fostering Dialogue Between Public Health Practitioners and Academic Institutions	International 9
8:30am	10am	K-16: Utilizing a Public Health Risk Assessment and Enhanced Vulnerability Analysis to Inform Risk Reduction Guidance for Healthcare Facilities in the Washington DC MSA	International 10
8:30am	10am	K-17: Transportation Triage - An Innovative Move to the Future	International B
10:30am	12pm	<del>The Long Road to Recovery: Rebuilding a Community after Disaster</del>	

90

### Monday, April 28, 2014

Time	End Time	Event	Room
4pm	7pm	Public Health Informatics Conference Registration	8th Floor Foyer

### Tuesday, April 29, 2014

Time	End Time	Event	Room
12pm	12:30pm	Interoperability Demonstration Tour	America's Mart
12pm	1:30pm	Interoperability Showcase Demonstrations/Lunch in the Exhibit Hall	America's Mart - Exhibit Hall
12:30pm	1pm	Interoperability Demonstration Tour	America's Mart
1pm	1:30pm	Interoperability Demonstration Tour	America's Mart
1:30pm	3pm	National Healthcare Safety Network's (NHSN) Informatics Initiatives (B8)	Chastain E Level 6
3pm	3:30pm	Interoperability Demonstration Tour	America's Mart
3pm	3:30pm	Interoperability Showcase Demonstrations/Afternoon Break in Exhibit Hall	America's Mart/Exhibit Hall
5pm	5:30pm	Interoperability Demonstration Tour	America's Mart
5pm	7pm	Opening Reception in Exhibit Hall/Interoperability Showcase Demonstrations	America's Mart - Exhibit Hall
5:30pm	6pm	Interoperability Demonstration Tour	America's Mart
6pm	6:30pm	Interoperability Demonstration Tours	America's Mart
6:30pm	7pm	Interoperability Demonstration Tour	America's Mart

### Wednesday, April 30, 2014

Time	End Time	Event	Room
10am	10:30am	Interoperability Demonstration Tour	America's Mart
10am	10:30am	Interoperability Showcase Demonstrations/Morning Break in Exhibit Hall	
12pm	12:30pm	Interoperability Demonstration Tour	America's Mart

**The Centers for Disease Control and Prevention (CDC)**

**certifies that**

**Raymond Herbst**

**has participated in the educational activity**

**2014 Preparedness Summit - Atlanta, GA - April 1-4, 2014**

**EV2337**

**and is awarded**

**2 ANSI/IACET Continuing Education Units (CEUs)**

*(Ten 60 minute contact hours equals one CEU)*

**on 4/1/2014 to 4/4/2014**

The Centers for Disease Control and Prevention is authorized by IACET to offer 2 CEUs for this program.



**Valerie J. Curry, RN, MS, CIC**  
**Administrator, Continuing Education**  
**Scientific Education and Professional Development Program Office**  
**Centers for Disease Control and Prevention**  
**1600 Clifton Road NE, MS E-96**  
**Atlanta, Georgia 30333**



**Youst, Stephanie**

12.3

**From:** Youst, Stephanie  
**Sent:** Friday, January 09, 2015 11:16 AM  
**To:** 'Grigsby, Dale'  
**Subject:** RE: Question about FDA Course CEU hours  
**Attachments:** CEU Question - Cincinnati.pdf

Dale –

The courses that were originally approved for Cincinnati are no longer valid. The Board, per rule 4736-11-06 (C), requires submittal on an annual basis.

With regard to the amount of CE issued, I will gladly pass your concerns along to the Board but, the amount of CE that was awarded for each course is based on the information that was provided to the Board by ODH. Since ODH is the "Training Agency" responsible for the course approvals for the titles listed, and to date ODH has not opposed the amounts of CE that were awarded for any of the programs that the Board reviewed, the CE amount stands at this point in time.

I know this is not the answer you were hoping for but it is what I can tell you at this time. Again, I will pass your concerns along to the Board.

Steph

Stephanie Youst  
Executive Secretary  
Sanitarian Registration Board  
77 South High Street, 16th Floor  
Columbus, Ohio 43215-6108  
(614) 466-1772 (Phone)  
(614) 644-8112 (Fax)  
<http://sanitarian.ohio.gov>

Please complete the Board's customer satisfaction survey at: <http://www.surveymonkey.com/s/SQYRRN9>

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**From:** Grigsby, Dale [<mailto:Dale.Grigsby@cincinnati-oh.gov>]  
**Sent:** Friday, January 09, 2015 10:24 AM  
**To:** Youst, Stephanie  
**Subject:** Question about FDA Course CEU hours

Stephanie:

Attached is a PDF file with 4 pages:

page 1) dated 12/2/14, provided by ODH representing RS Board approval of FDA online courses and their CEU values NOTE - RS Board Course Code numbers 15-075 and 15-077; both approved for 1.5 CEUs each.

**Page 2)** dated 2/1/10, provided by Cincinnati Health Department representing RS Board approval of FDA online courses and their CEU values NOTE - RS Board Course Code numbers 10-146-E and 10-146-F; both approved for 2.0 CEUs each.

**These 2 course are the same, FDA38 and FDA39. There has been no change in content from 2010 to 2014.**

**Page3)** Certificate of Completion for an online course with a CEU credit of 0.1 which equate to 1.0 CEU RS credit hours

**Page 4)** Certificate of Completion for an online course with a CEU credit of 0.2 which SHOULD equate to 2.0 RS credit hours (see page 2 for values approved in 2010 vs. page 1 for 2014 values).

Time to complete these course is much closer to 2 hours than 1.5 hours as is recognized by ComplianceWire as shown in their assigned values.

Do you think a re-evaluation is appropriate? Could you do this as an administrative decision?

Thanks  
Dale Grigsby

11/11/14

# FDA/ORAU Retail Food Courses

Register for online courses at: <http://www.eduneering.com/oratraining>  
 Take the courses at: <https://www.compliancewire.com/Net/Secure/login.aspx>

Sanitarian Registration Board Course Number	COURSE	CATALOG CODE	CEUs
15-057	Basic Food Law for State Regulators	FDA35 ✓	1
15-058	Public Health Principles	FDA36	1.5
15-059	Food labeling	FDA45 ✓	1
15-060	Active Listening Skills	EHS02 ✓	1
15-061	Food Code Chapter 1: Purpose and Definitions	FDAFC02 ✓	1
15-062	Food Code Chapter 2: Supervision	FDAFC07 ✓	1
15-063	Food Code Chapter 3: Part I	FDAFC03	1
15-064	Food Code Chapter 3: Part II	FDAFC05	1
15-065	Food Code Chapter 3: Part III	FDAFC06	1
15-066	Food Code Chapter 4: Part I	FDAFC08	1
15-067	Food Code Chapter 4: Part II	FDAFC10	1
15-068	Food Code Chapter 5: Water, Plumbing, and Waste	FDAFC04	1
15-069	Food Code Chapter 6	FDAFC09	1
15-070	Food Code Chapter 7: Poisonous and Toxic Materials	FDAFC01	1
15-071	Food Code Chapter 8: Enforcement and Annex 1	FDAFC11	1
15-075	Basics of Inspection: Beginning an Inspection	FDA38 ✓	1.5
15-077	Basics of Inspection: Issues and Observations	FDA39	1.5
15-073	Basics of HACCP: Overview of HACCP	FDA16 ✓	1
15-072	Basics of HACCP: Prerequisite Programs and Preliminary Steps	FDA17 ✓	1
15-074	Basics of HACCP: The Principles	FDA18 ✓	1
15-078	Food Microbiological Control 1: Overview of Microbiology	MIC01	1
15-079	Food Microbiological Control 2A: Gram - Negative Rods	MIC02	1
15-080	Food Microbiological Control 2B: Gram - Positive Rods and Cocci	MIC03	1.5
15-097	Food Microbiological Control 3: Foodborne Viruses	MIC04	1
15-081	Food Microbiological Control 4: Foodborne Bacteria	MIC05	1.5
15-082	Food Microbiological Control 5: Foodborne Fungi	MIC06	1.5
15-083	Food Microbiological Control 6: Food Preservation & Freezing	MIC07	1
15-084	Food Microbiological Control 7: Food Processing	MIC08	1.5
15-085	Food Microbiological Control 8: Food Distribution	MIC09	1.5
15-086	Food Microbiological Control 9: Food Storage	MIC10	1.5
15-087	Food Microbiological Control 10: Food Service Processes	MIC11	2
15-088	Food Microbiological Control 11: Food Safety	MIC12	1.5
15-089	Food Microbiological Control 10: Aseptic Sampling	MIC13	1.5
15-090	Food Microbiological Control 11: Good Manufacturing Practices	MIC14	1.5
15-091	Food Microbiological Control 12: Cleaning and Sanitizing	MIC15	1.5
15-092	Foodborne Illness Investigation 1: Collecting Surveillance Data	FI01	1.5
15-093	Foodborne Illness Investigation 2: Beginning an Investigation	FI02	1.5
15-094	Foodborne Illness Investigation 3: Expanding the Investigation	FI03	1.5
15-095	Foodborne Illness Investigation 4: Conducting a Food hazard Review	FI04	1.5
15-096	Foodborne Illness Investigation 5: Epidemiological Statistics	FI05	1.5
15-076	Foodborne Illness Investigation 6: Final Report	FI06	0.5

1

12/02/2014

Food Security Awareness FDA 251 11/24/14 1.0  
 Food Allergens FDA 10/10/14 1.0

*FDA ORA Courses Approved for Continuing Education Credit by Sanitarian Registration Board*

\* Send copy of certificates by mail, email or fax to Stephanie Youst when completed.

COURSE TITLE	OHIO RS BOARD COURSE #	CEUs APPROVED
Basic Food Law for State Regulators FDA 35	10-146-A	1
Basics of HAACP: Overview of HAACP FDA 16	10-146-B	1
Basics of HAACP: Prerequisite Programs and Preliminary Steps FDA 17	10-146-C	1
Basics of HAACP: The Principles FDA 18	10-146-D	1
Basics of Inspections: Beginning an Inspection FDA 38	10-146-E	2
Basics of Inspection: Issues and Observations FDA 39	10-146-F	2
Food Labeling FDA 45	10-146-G	
Food Microbiological Control 1: Overview of Microbiology MIC 01	10-146-H	
Food Microbiological Control 2A: Gram-Negative Rods MIC 02	10-146-I	
Food Microbiological Control 2B: Gram Positive Rods and Cocci MIC 03	10-146-J	
Food Microbiological Control 3: Foodborne Viruses MIC 04	10-146-K	
Food Microbiological Control 4: Foodborne Parasites MIC 05	10-146-L	
Food Microbiological Control 5: Controlling Growth Factors MIC 06	10-146-M	
Food Microbiological Control 6: Control by Refrigeration and Freezing MIC 07	10-146-N	
Food Microbiological Control 7A: Control by Thermal Processing MIC 08	10-146-O	
Food Microbiological Control 7B: Control by Pasteurization MIC 09	10-146-P	
Food Microbiological Control 7C: Control by Retorting MIC 10	10-146-Q	2
Food Microbiological Control 8: Technology-based Food Processes MIC 11	10-146-R	2
Food Microbiological Control 9: Natural Toxins MIC 12	10-146-S	2
Food Microbiological Control 10 Aseptic Sampling MIC 13	10-146-T	2
Food Microbiological Control 11: Good Manufacturing Practices MIC 14	10-146-U	2
Food Microbiological Control 12: Cleaning and Sanitizing MIC 15	10-146-V	2
Food Microbiological Control: Mid-Series Exam MIC 16	EXAM	NONE

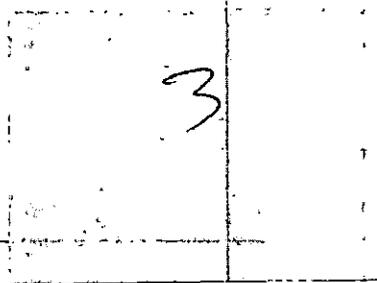
**TOTAL for ALL COURSE = 35 CEUs**

February 1, 2010



### Certificate of Completion

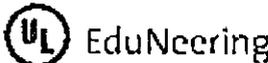
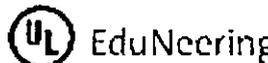
#156920652  
0.1 CEU credits

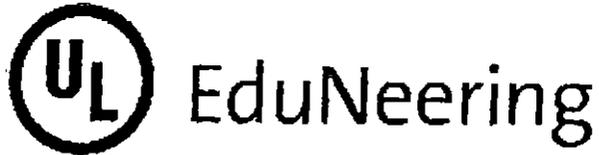


William Dale Grigsby  
Name

Food Labeling (FDA45 Ver 1.1)  
Computer Based Training - Mastery

Monday, December 15, 2014  
Date of Completion

 <b>Name</b> William Dale Grigsby <b>Course</b> Food Labeling (FDA45 Ver 1.1) <b>Date</b> Monday, December 15, 2014	 <b>Name</b> William Dale Grigsby <b>Course</b> Food Labeling (FDA45 Ver 1.1) <b>Date</b> Monday, December 15, 2014
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### Certificate of Completion

#161667583  
0.2 CEU credits

William Dale Grigsby

Name

Basics of Inspections: Beginning an Inspection (FDA38 Ver 1.1)

Computer Based Training - Mastery

Thursday, January 8, 2015

Date of Completion



EduNeering

**Name** William Dale Grigsby  
**Course** Basics of Inspections: Beginning an Inspection (FDA38 Ver 1.1)  
**Date** Thursday, January 8, 2015



EduNeering

**Name** William Dale Grigsby  
**Course** Basics of Inspections: Beginning an Inspection (FDA38 Ver 1.1)  
**Date** Thursday, January 8, 2015

**Youst, Stephanie**

12.4

**From:** Youst, Stephanie  
**Sent:** Monday, January 26, 2015 8:53 AM  
**To:** 'Lentz, Stuart M'  
**Subject:** RE: 11 FDA Prerequisite courses-good for 11 contact hours

Stuart --

This is what you have received credit for with regard to your CE for 2014-2015, which totals 17 hours. The FDA coursework you took has been reviewed and pre-approved by the Board for the following amounts of credit. I will forward you comment to them at the meeting on Wednesday.

08/28/2014	Course: Annual Septic Training Course	Number: 190	Status: INDIV - Approved
	Hours: 6.00	Expiration:	Score: 0 Passing: 0
	Provider: Florida Environmental Health Association, Daytona Beach, Florida		
11/15/2014	Course: Food Code Chapter 7: Poisonous and Toxic Materials	Number: 15-070	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 1: Purpose and Definitions	Number: 15-061	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 3: Part 1	Number: 15-063	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 5: Water, Plumbing, and Waste	Number: 15-068	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 3: Part 2	Number: 15-064	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 3: Part 3	Number: 15-065	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 2: Supervision	Number: 15-062	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 6	Number: 15-069	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 4: Part 2	Number: 15-067	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
11/15/2014	Course: Food Code Chapter 8: Enforcement and Annex 1	Number: 15-071	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0
	Provider: Ohio Department of Health Division of Prevention, Online		
12/15/2014	Course: Food Code Chapter 4: Part 1	Number: 15-066	Status:
	Hours: 1.00	Expiration:	Score: 0 Passing: 0

Please feel free to contact me if you have any questions. Have a great day!

Steph

Stephanie Youst  
Executive Secretary  
Sanitarian Registration Board  
77 South High Street, 16th Floor  
Columbus, Ohio 43215-6108  
(614) 466-1772 (Phone)  
(614) 644-8112 (Fax)  
<http://sanitarian.ohio.gov>

Please complete the Board's customer satisfaction survey at: <http://www.surveymonkey.com/s/SQYRRN9>

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**From:** Lentz, Stuart M [mailto:Stuart.Lentz@flhealth.gov]  
**Sent:** Friday, January 23, 2015 5:49 PM  
**To:** Youst, Stephanie  
**Subject:** FW: 11 FDA Prerequisite courses-good for 11 contact hours

Stephanie, the following is confirmation from FDA for ceu hours for the prerequisite courses I completed and submitted to you last month for approval.

Just in case the board wanted verification of hours. Thanks.

Stuart

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**From:** Eychaner, Robin L  
**Sent:** Friday, January 23, 2015 5:31 PM  
**To:** Brown, VaKesia; Barnett, Phyllis C; Bey, John M; Blanchard, Stan; Cooper, Terry D; Davis, Alan D; Smith, Amber; Dobson, Adeline R; Flowers, David A; Godwin, Michael D; Gosson, Louis K; Graham, Terry D; Grubbs, Suzanne L; Guffey, Darren R; Hartford, Wayne D.; Haverkamp, Cassandra J; Higgins, Patrick D; Holmes, John J; Johnson, Ethan J; Juengst, Benjamin D; Karibo, Jutta G; Klesh, Henry G; Kramer, Laura F; Lentz, Stuart M; Lloyd, Maxwell J; Loder, Gregory A; Maday, Eric B; Mayfield, John D; Mitchell, Michael S; Mull, Bonnie J; Nowlin, William R; Oymayan, Avo J; Polite, Fredrick R.; Rensberger, Edward J; Robertson, Beth C; Schelble, Chip F; Schreck, Edwin F; Scotta, David J; Sulzbach, Jeffrey P; Taylor, William R; Villaflor, Mathew E; Webster, Robert P; Zorros, Timothy J; Mathis, Ric  
**Cc:** Ables, Andrea P  
**Subject:** 11 FDA Prerequisite courses-good for 11 contact hours

Hello Everyone,

Just a quick note. We have received a lot of questions concerning the 11 prerequisite trainings and how many contact hours they are approved for, for those certified under 381.0101, FS. We had been tracking the times to get through each one when we received information from FDA. Last week, FDA indicated they are worth 11 contact hours or 1.1 CEUs and we cannot award any amount greater than 11 hours or 1.1 CEUs, even if it takes individuals longer to complete them. You may print your ORAU transcript history and highlight the courses you have taken since 10-1-14 and submit it with your CEHP renewal. You do not need to print each certificate, as it is not necessary with the history option in ORAU. (saves paper too)

**Mark your calendar:** By October 1, 2015, you will be required to renew your certifications by completing and submitting a renewal application DH Form 4101, proof of obtaining 24 hours of training in environmental health for each program you are certified in, and the renewal fee. Just send or enclose a copy of the ORAU training transcript, TRAIN transcripts, and/or copies training certificates, with your renewal application, for the 2015 renewal. All contact from our office will be sent via e-mail, so if your work or personal e-mail changes, please be sure to send me or Andrea Ables an update. When the time comes, you may access the renewal form at our website:

<http://www.floridahealth.gov/licensing-and-regulation/certified-environmental-health-professional/index.html>. You may renew at any point prior to 9-30-15 that you have accumulated the correct number of contact hours.

*Robin L. Eychaner, RS, CEHP*

Environmental Manager  
(850) 245-4444 ext 2457 (Office)  
(850) 487-0864 (Fax)

Please note my new e-mail address: [Robin.Eychaner@flhealth.gov](mailto:Robin.Eychaner@flhealth.gov)

Division of Disease Control and Health Protection  
Bureau of Environmental Health  
Facility Programs Section  
Certified Environmental Health Professional Program Manager

**Mission:** To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may be subject to public disclosure.

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