



Robin Vazquez- Chair, Carolina Mejia -Vice-Chair, Gary Edwards- Member, Tye Menser- Member, Wayne Fournier- Member, Emily Clouse- Member, Beth Harvey- Member, Heidi Knadel- Member, Lynn Nelson- Member, Perla Newton- Member, Ray Peters- Member, Tanzania Zenazali-Marshall- Member

## Board of Health

**The Thurston Board of Health has responsibility and authority for public health in both incorporated and unincorporated areas of the County.**

### Agenda for Tuesday, April 9, 2024

#### Summary of Items

- 1) **Call Meeting to Order 3:45pm**
  - a. Approval of the Agenda
    - i. Motion
    - ii. Second
- 2) **Proclamation & Recognition of International Transgender Day of Visibility**
  - a. Reading of the Proclamation
  - b. Guests: Lucas Miller & Larry Kronquist, PFLAG
  - c. Photo
- 3) **Proclamation: Sexually Transmitted Disease Awareness Month**
  - a. Reading of the Proclamation
  - b. Guests: Katrina Miller & Zandt Bryan, WA Department of Health
  - c. Signing
  - d. Photo
- 4) **Opportunity for the Public to Address the Board**

4-minutes per citizen
- 5) **Board Item**
  - a. Description: Emergency Management System Update and Naloxone Administration
  - b. Presenter: Ben Miller-Todd, Director of Emergency Services, Thurston County
  - c. Action: Discussion
- 6) **Department Item**
  - a. Description: Board of Health Strategic Plan
  - b. Contact: Dr. Jen Freiheit
  - c. Action: Discussion

- 7) **Department Item**
  - a. Description: Board of Health Bylaws
  - b. Contact: Dr. Jen Freiheit
  - c. Action: Review and approve
  
- 8) **Health Officer's Report**

Dr. Dimyana Abdelmalek will report on various items.
  
- 9) **Department Director's Report**

David Bayne will report on various items.
  
- 10) **Adjournment**
  - a. Motion:
  - b. Second:
  - c. Chair adjourns.

**Disability Accommodations:** Room 110 is equipped with an assistive listening system and is wheelchair accessible. To request disability accommodations, call the Reasonable Accommodation Coordinator at 360-786-5440. Persons with speech or hearing disabilities may call via Washington Relay: 711 or 800-833-6388.

**YouTube**

You can view the meetings live, or previously recorded, on the Thurston County YouTube channel at: <https://www.youtube.com/channel/UCuANWax0cRG6l05UWvYkZ5g>

THURSTON COUNTY

# Proclamation

## International Transgender Visibility Day

*WHEREAS, International Transgender Visibility Day was founded in 2009 to acknowledge and honor the successes achieved by transgender people by U.S. Based transgender activist Rachel Crandall, a licensed psychotherapist and the Executive Director of Transgender Michigan; and*

*WHEREAS, Organizations across the world celebrate International Transgender Visibility Day as an annual day to celebrate the accomplishments and victories of transgender and gender non-conforming people while raising awareness of the work still needed to save transgender lives; and*

*WHEREAS, International Transgender Visibility Day is intended to recognize and celebrate the work being done by transgender advocacy groups as they fight for dignity and equal rights for members of the transgender community, to build inclusive and healing spaces, and to protect and defend those who are most vulnerable; and*

*WHEREAS, Thurston County recognizes the significant contributions made by transgender people and affirms they are vital members of our community.*

*NOW THEREFORE, BE IT RESOLVED, the Board of Thurston County Commissioners hereby proclaims March 31<sup>st</sup> as International Transgender Visibility Day in Thurston County and urge residents to honor the lives of those lost through participation in community service and remembrance ceremonies.*

Adopted this 12<sup>th</sup> day of March 2024  
BOARD OF HEALTH




THURSTON COUNTY

# Proclamation

## Sexually Transmitted Infection (STI) Awareness Month

*WHEREAS, Sexually Transmitted Infections (STI) Awareness Month presents an opportunity to elevate awareness and enhance comprehension about STIs and their impact on individuals, to diminish stigma, fear, and discrimination associated with STIs; and*

*WHEREAS, STIs have shown a significant rise in prevalence in the United States. In the year 2022, over 2.5 million cases of syphilis, gonorrhea, and chlamydia were documented in the United States; and*

*WHEREAS, STIs are the second most frequently diagnosed and reported notifiable conditions in Washington State and Thurston County; and*

*WHEREAS, in the year 2022, over 1,000 cases of syphilis, gonorrhea, and chlamydia were documented in Thurston County; and*

*WHEREAS, STIs represent a significant public health issue, as a substantial number of individuals may be unaware of their infection status unless accurately diagnosed through testing; and*

*WHEREAS, discussing sexual health and history with healthcare providers helps connections to appropriate testing, care and counseling services reducing disease associated consequences such as diminished reproductive health; and*

*WHEREAS, Thurston County recognizes STI Awareness Month to equip individuals with the necessary tools and information to promote sexual health through testing, diagnosis, and appropriate treatment; and*

***NOW THEREFORE, BE IT RESOLVED,*** the Thurston County Board of Health hereby proclaims April as ***Sexually Transmitted Infections (STI) Awareness Month*** in Thurston County and encourages all community members to prioritize their health by getting tested regularly in order to safeguard their well-being as well as that of their partners.

Adopted this 9<sup>th</sup> day of April 2024  
BOARD OF HEALTH

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\_\_\_\_\_  
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# STI CASES REPORTED IN THURSTON COUNTY

In Thurston County, like many counties, our highest case counts of communicable disease (excluding COVID-19) include sexually transmitted infections (STI).

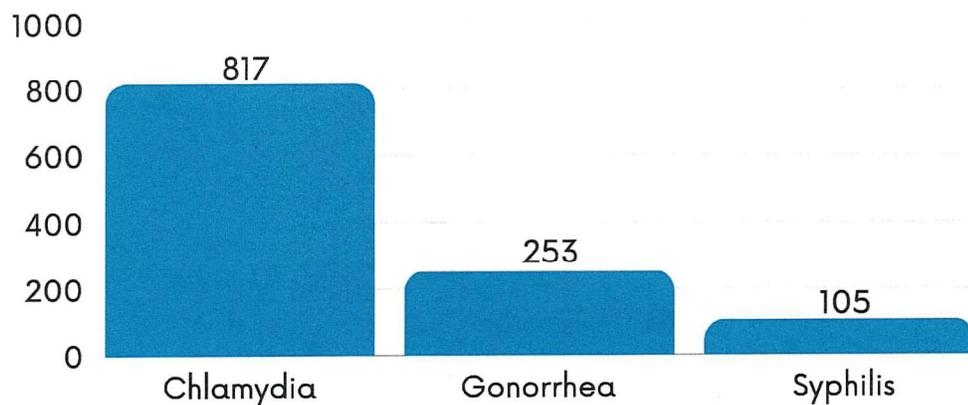
Nationwide in **2022** there were over 2.5 million cases of Syphilis, Gonorrhea, and Chlamydia.

Washington state alone saw over **40,000 cases**.

**2022**

Washington State ranked 11th highest cases in primary and secondary syphilis (1920 cases), 25th in congenital syphilis cases (52 cases), 31st in gonorrhea cases (11,400 cases), and 40th in chlamydia cases (28,431 cases).

**2022**



Thurston  
County  
Reported  
STI  
Cases

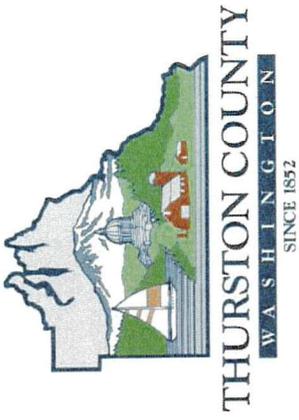
The largest proportion of cases continues to be diagnosed among patients between the ages:

Chlamydia  
ages 15-24

Gonorrhea  
ages 25-34

Syphilis  
ages 35-44





# Emergency Services

EMS Briefing

April 9, 2024

# Introductions

**Ben Miller-Todd, Director of Emergency Services  
Medic One  
Emergency Management**

**Dr. Larry Fontanilla, Jr., Medical Program Director (MPD)  
Providence St. Peter's Hospital  
State-Appointed MPD**



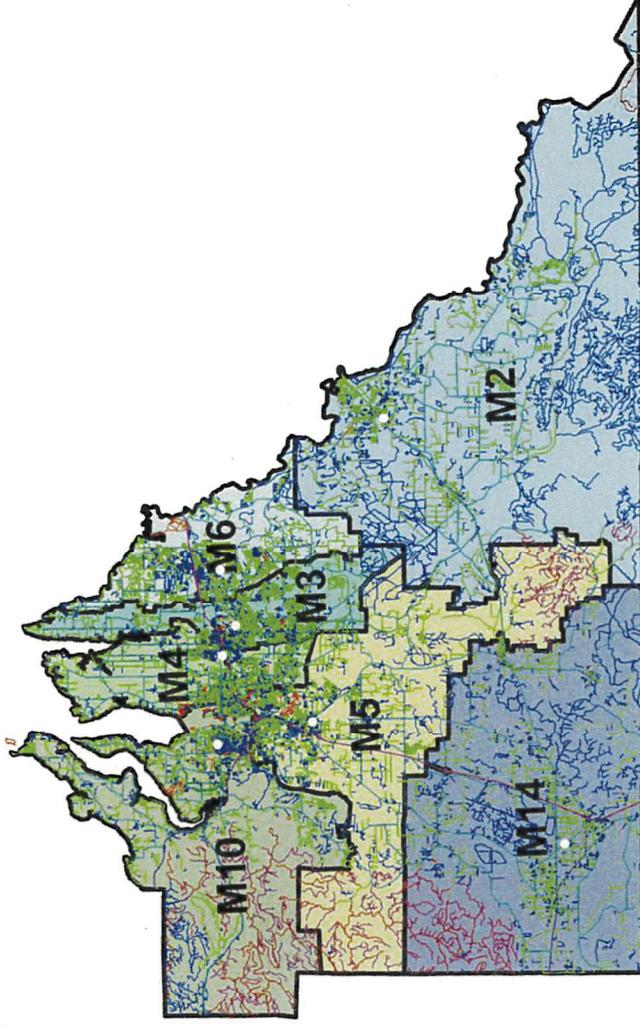
# Objectives

- EMS System Overview
- Epidemiology Basics
- Thurston County EMS Narcan Statistics
- Data Driven Approach
- Medic One Initiatives and Timeline
- EMS Opioid Response Plan
- Success Initiatives
- Medical Program Director



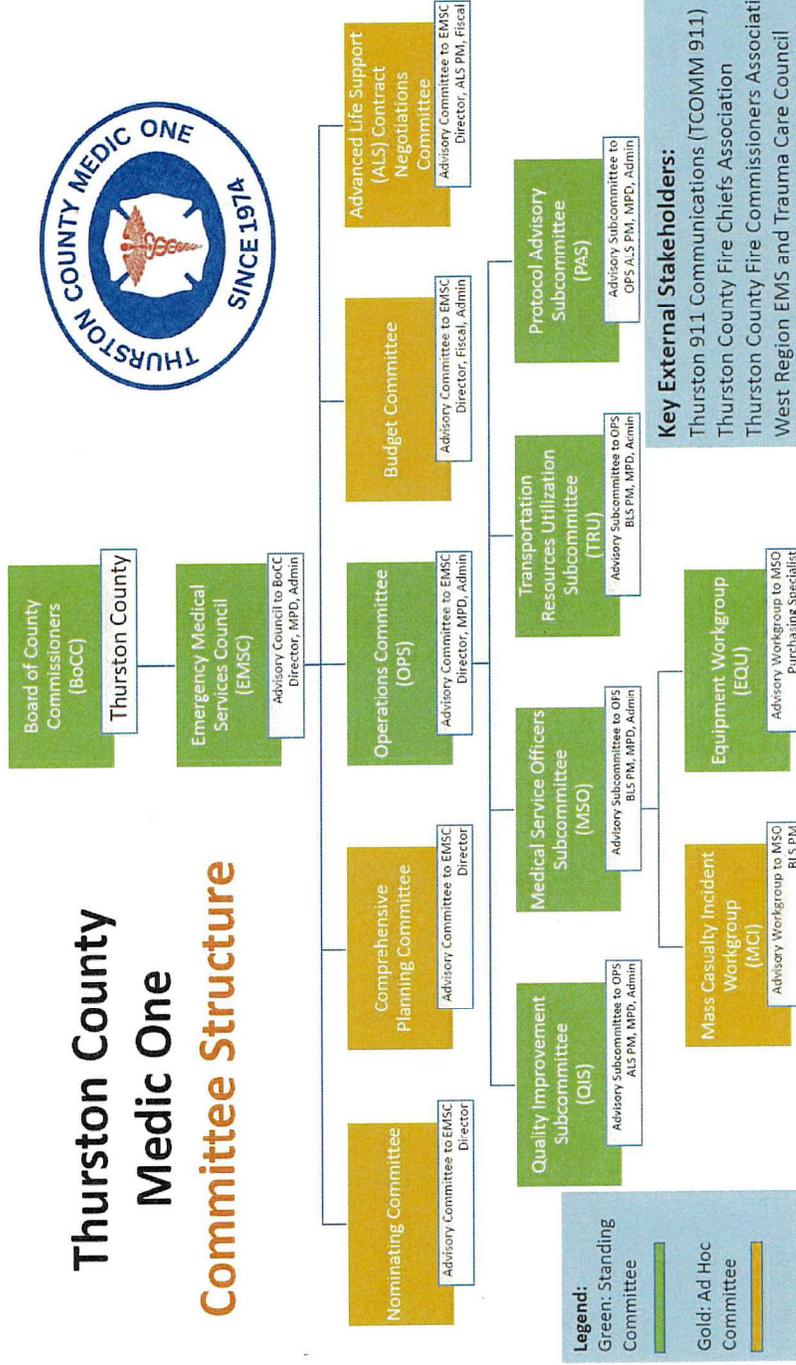
# EMS System Overview

- 722 square miles
- Pop. ~308,000
- 12 Fire Districts/Departments
  - 9 Basic Life Support (EMTs)
  - 3 Advanced Life Support (Paramedics)
- 3 Private Ambulance Companies
- > 650 EMS Providers
  - 90 Paramedics
  - 560 EMTs

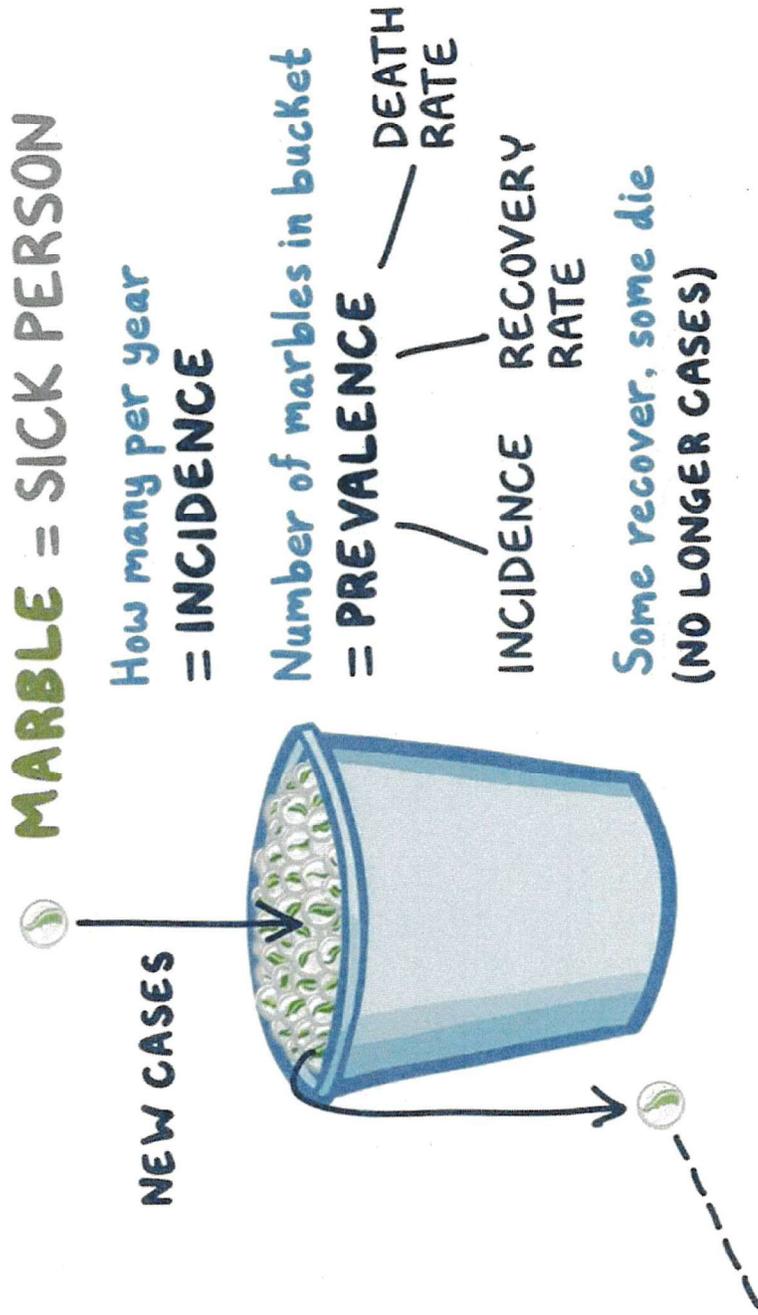


# EMS System Governance

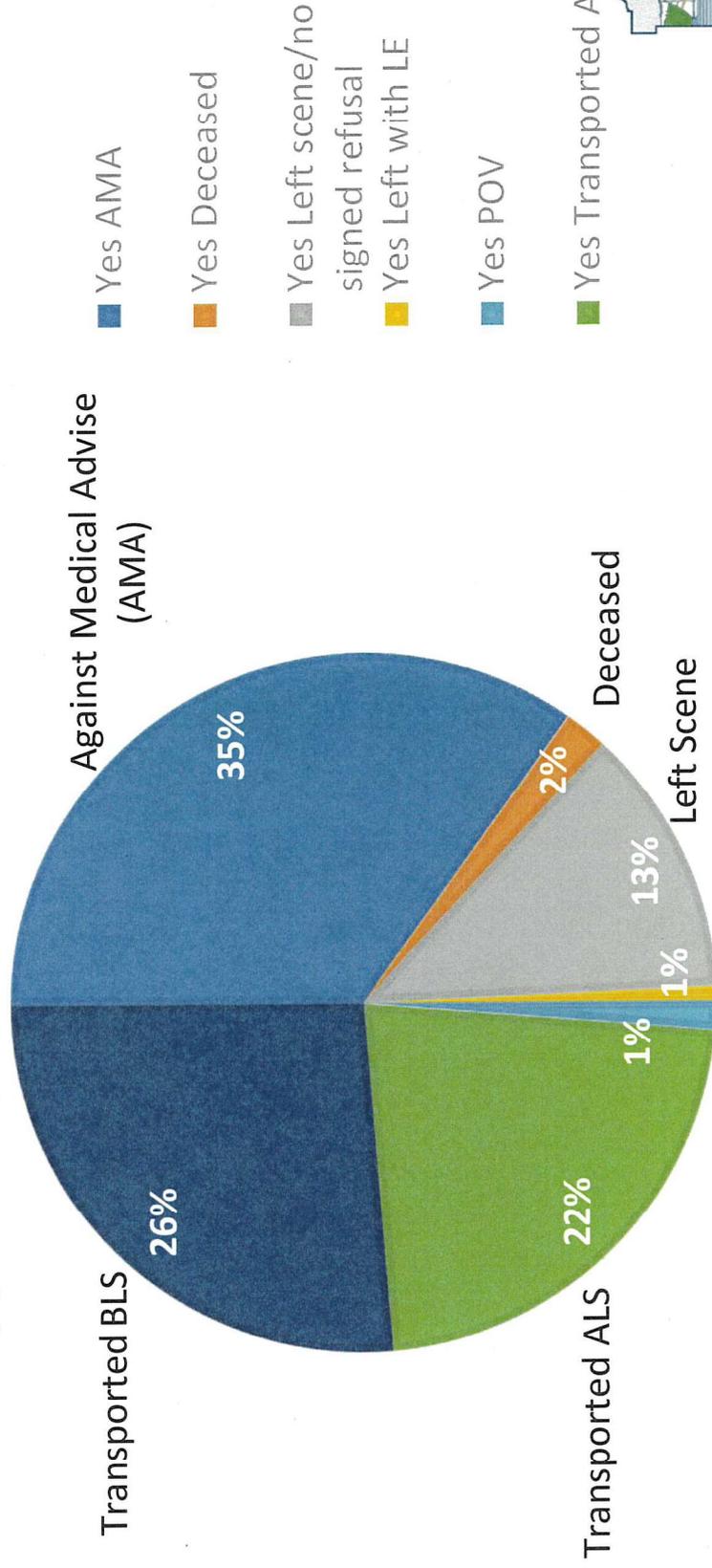
## Thurston County Medic One Committee Structure



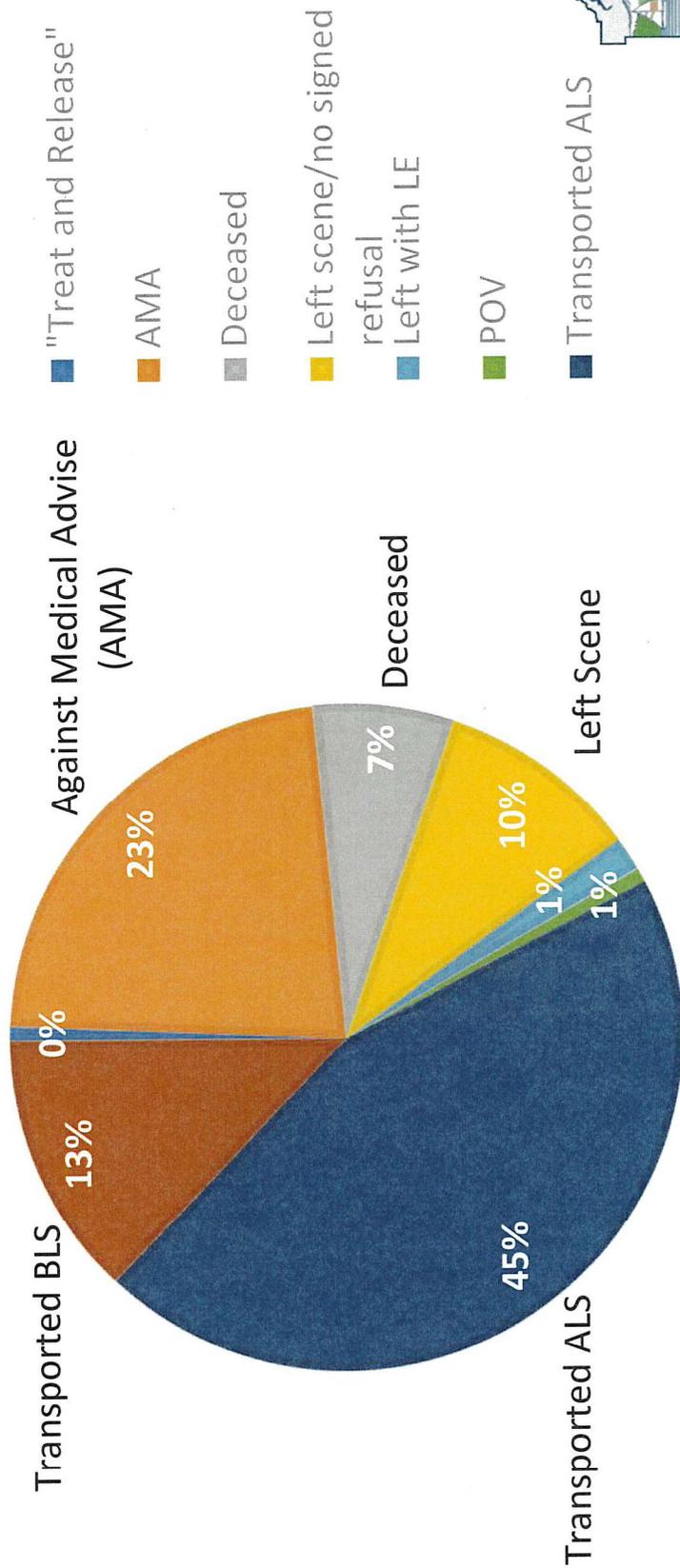
# Basic Principles of Epidemiology



# Narcan Administration Prior to EMS Arrival (n=152)(2023)



# Narcan Administration by EMS (n=427)(2023)



# 1-Year Mortality



## HHS Public Access

Author manuscript  
Subst Abuse. Author manuscript; available in PMC 2023 January 01.

Published in final edited form as:  
Subst Abuse. 2022 ; 43(1): 99-103. doi:10.1080/08837077.2020.1748163.

### One Year Mortality of Patients Treated with Naloxone for Opioid Overdose by Emergency Medical Services

**Scott G. Weiner,**  
Brigham and Women's Hospital, Boston, MA  
**Olesya Baker,**  
Brigham and Women's Hospital, Boston, MA  
**Dana Bernson,**  
Massachusetts Department of Public Health, Boston, MA  
**Jeremiah D. Schuur**  
The Warren Alpert Medical School of Brown University, Providence RI

- Study Period: 7/1/2013 – 12/31/2015
- Participants: 9,734
  - Died in **first 3 days**:
    - 807 (8.3%(95% CI: 7.7%-8.8%))
  - Died day **4 to 365**:
    - 668 (6.9% (95% CI: 6.4%-7.4%))
  - **Overall 1-year mortality (excluding first 3 days)**:
    - 668 (7.5% (95% CI: 6.9% - 8.0%))



# Perspective



**HHS Public Access**

Author manuscript

Subst Abuse. Author manuscript; available in PMC 2023 January 01.

Published in final edited form as:

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***About 1 in 12 people (8.3%) died within 3 days, and an additional 1 in 15 (6.9%) died between 4 days and 1 year. These numbers underscore what a serious medical problem opioid use disorder is, and how fatal it can be. As comparison, a study of patients with ST-segment elevation myocardial infarction (STEMI) who received primary percutaneous coronary intervention found a one-year mortality rate of 7.3% (17).***

***Yet, the way we treat overdose victims is quite different than those who suffer other medical problems. For a STEMI, patients who call 911 are brought by ambulance to a designated center of expertise, rushed to the catheterization lab by a multidisciplinary team that is available at any time of the day or night, and then treated aggressively with medications that lower risk and provided with close follow up. Contrast that to the experience of a typical overdose victim who may be observed in the hallway of an ED for a few hours and is then discharged with a list of detoxification centers which often have limited bed availability.***



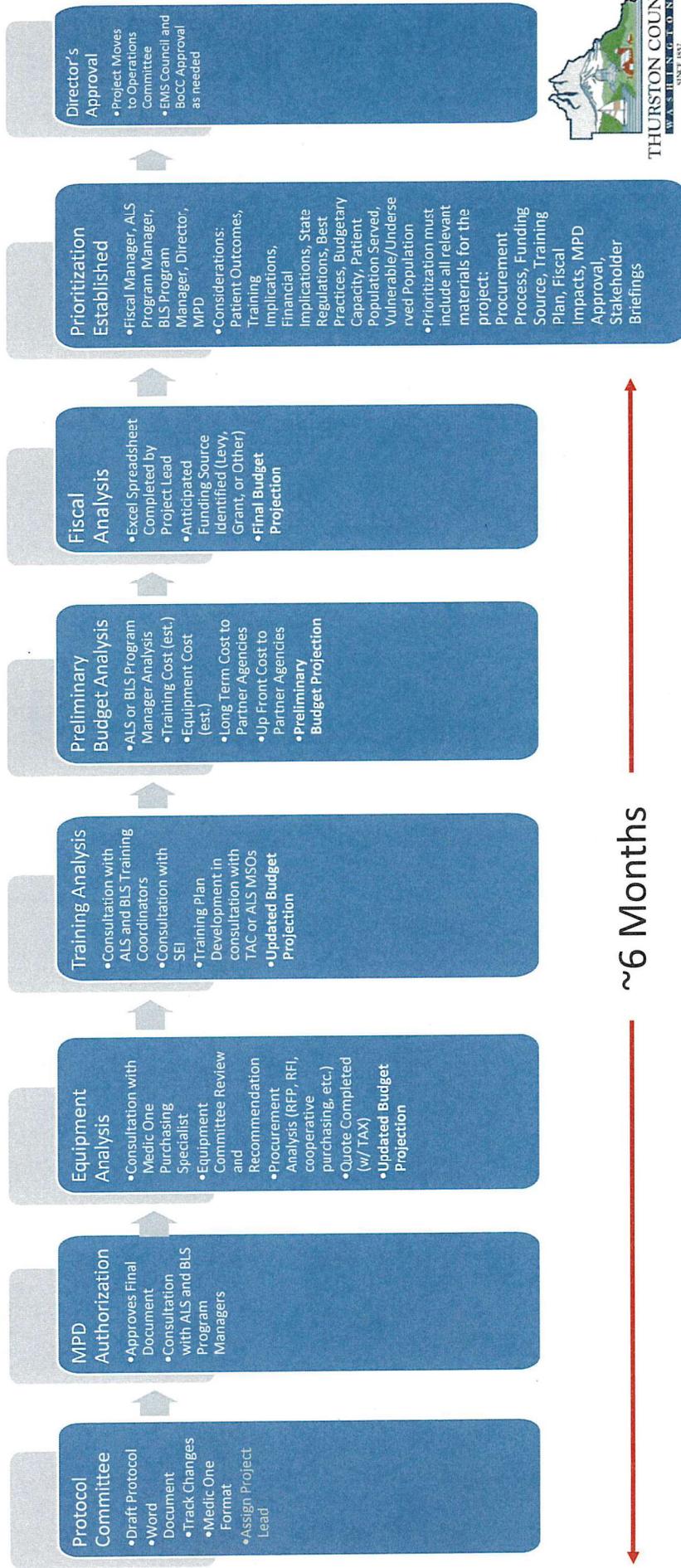
# Medic One Initiatives

- 2024
  - Updated Protocol Training and Implementation
    - Point-of-Care Ultrasound (POCUS)
    - Medications
  - Protocol Development (18-month Development Path)
    - BLS Narcan (messaging 9/20/2023 EMS Council)
    - Suboxone
    - Leave-behind Narcan
  - Reorganization of the Medic One Committee Structure
  - EMS Council Bylaws Review
  - Replacement of AEDs and charting tablets (countywide)
  - Comprehensive Plan Revisions
  - PARAMEDIC STAFFING SHORTAGES
- 2025
  - 8<sup>th</sup> Medic Unit Evaluation and Implementation
    - PARAMEDIC STAFFING SHORTAGES
    - Location that best serves the residents of Thurston County
  - Alignment of the Paramedic training model with the EMT platform countywide
  - Expansion of the Quality Improvement initiatives
  - Replacement of frontline Medic Units
  - Replacement of ventilators
  - 2026-2027 Biennial Budget Development

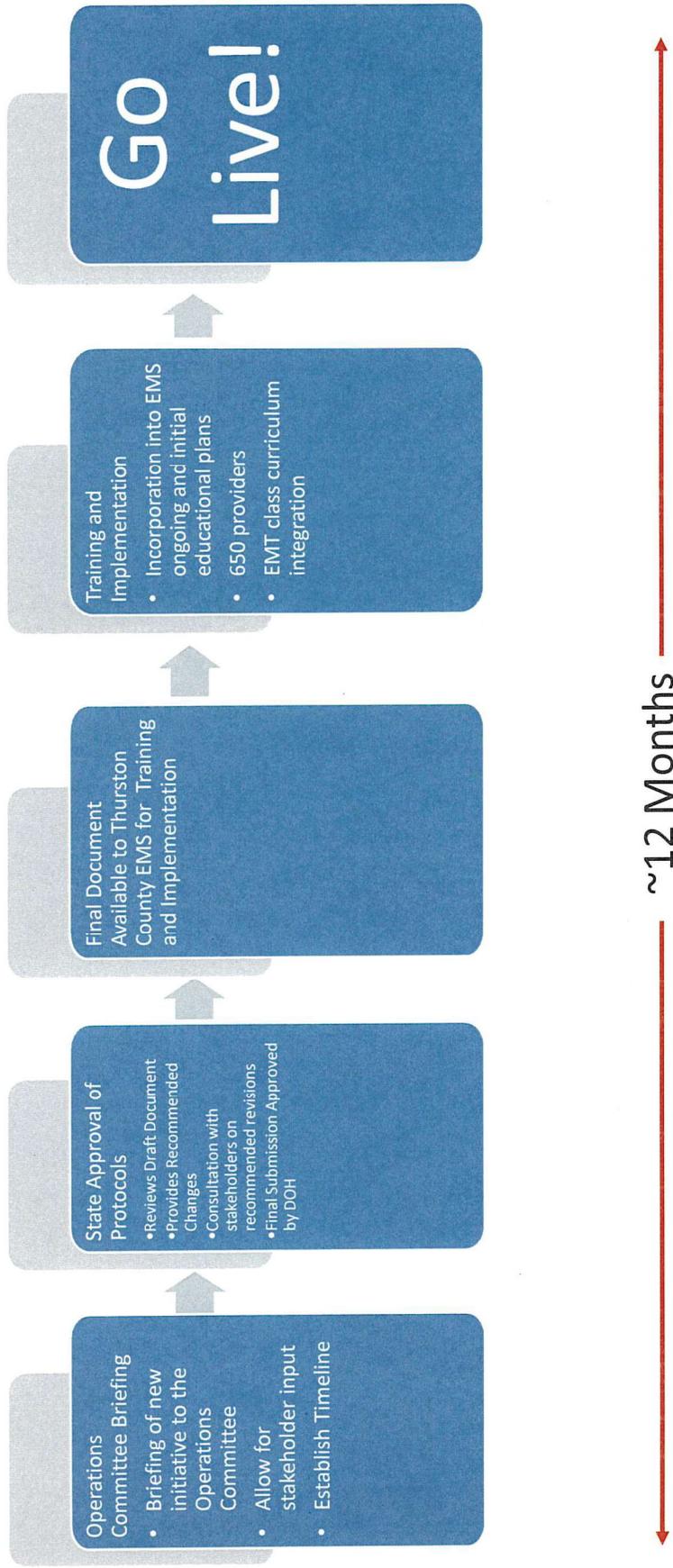
## BEHAVIORAL AND MENTAL HEALTH INITIATIVES



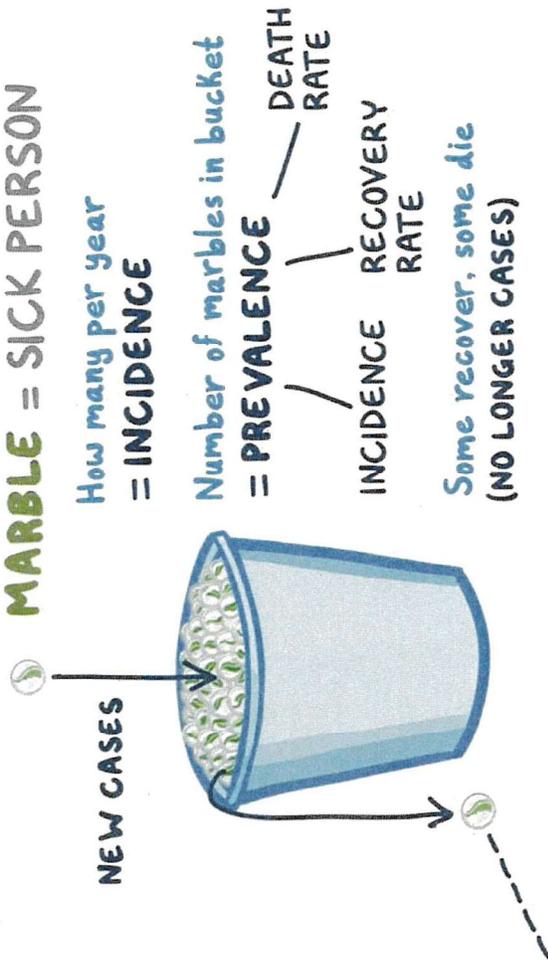
# Evolution of Protocols (18 Month Process)



# Evolution of Protocols (18 Month Process)



# EMS Response Plan



## INCIDENCE: New Cases

- 2024: Introduction of Ketorolac as a non-opioid pain medication

## MORTALITY/DEATH RATE: Reduction In Cases

- Coordination with Public Health on the messaging surrounding 9-1-1 activation
- 2025: BLS Narcan protocolization and deployment
- 2025: Leave-behind Narcan

## RECOVERY RATE:

- 2025: Introduction of Suboxone into the ALS protocols

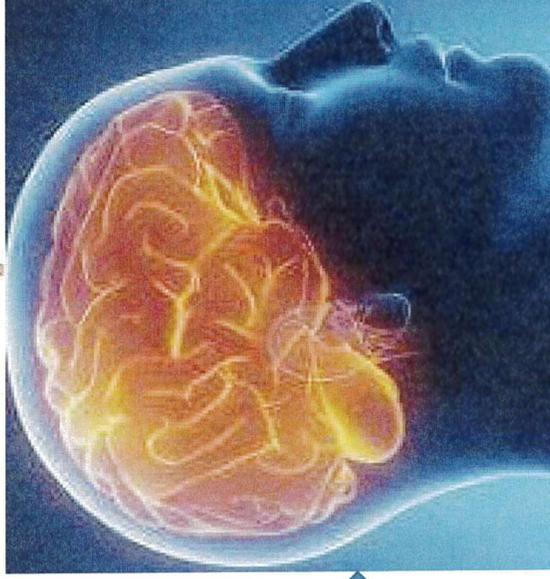


# EMS Opioid Overdose Treatment Priorities

## Trained Medical Professionals:

1. Rapid Assessment
2. Life Threat Identification
3. Correction of Life Threats

100% Oxygen via supplemental O2



## Layperson:

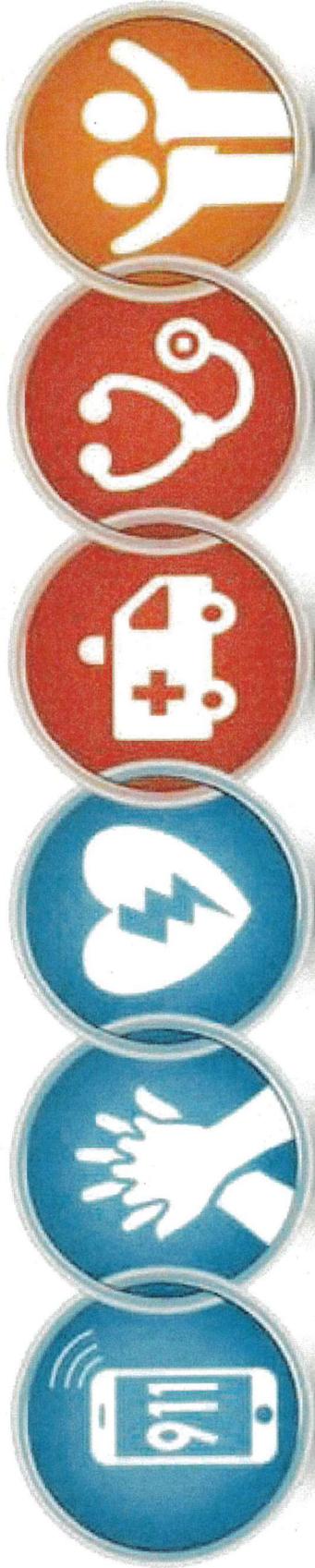
1. Identification of potential life threats
2. Activation of 911
3. Dispatcher-directed prompts (CPR, Narcan, etc.)

21% Oxygen via restoration of breathing



# Cardiac Arrest Survival

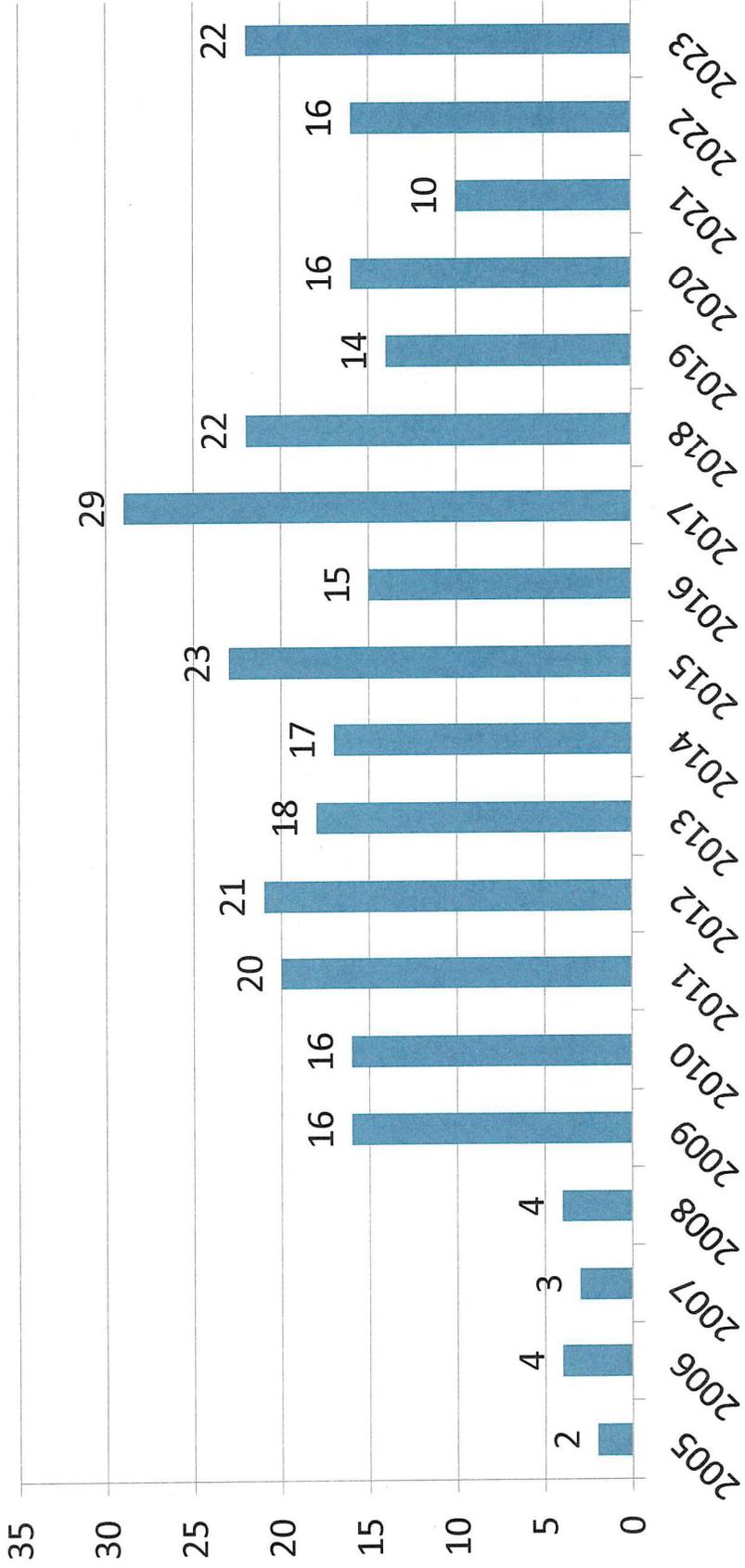
LAY RESCUER ————— PROFESSIONAL RESPONDER ————— SURVIVOR



	CALL 911	START CPR	USE AED	EMS RESPONSE	HOSPITAL CARE	RECOVERY
308 Resuscitations Attempted	308	63.6%	11.9%	70%	42%	100%
		Bystander Initiated CPR	Public Use AED	Regain Pulses (Witnessed Arrests & Shockable Rhythms)	Survival to Discharge	Neurologically Intact or minimally impacted



## Number Survived to Discharge Witnessed Arrest, VF on Arrival, Cardiac Origin

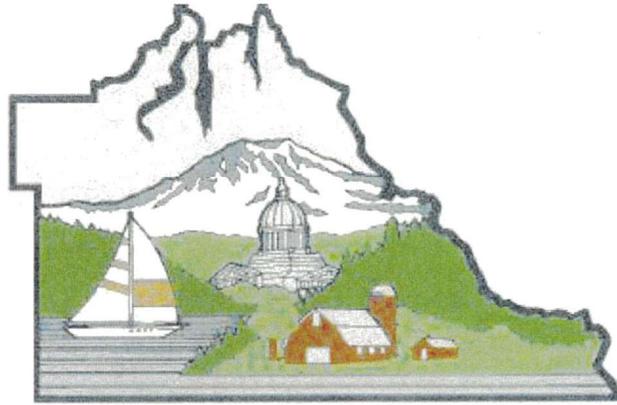


# Dr. Larry Fontanilla, Jr. Thurston County Medical Program Director

04/09/2024

Emergency Services





THURSTON COUNTY  
WASHINGTON  
SINCE 1852

**Thurston County  
Board of Health  
2-Year Strategic Plan  
2024-2025**

*All People Empowered to Lead Healthy Lives*

## Purpose of Strategic Planning

Strategic planning is a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it performs those functions. It is a process of assessing a changing environment to create a vision of the future, which aids in determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses. This process sets in motion a plan of action to position the organization for the next 2 years. It looks at where we are today, where we want to go as a Board tomorrow, and which steps will be needed to get us there.

## The Purpose of the Thurston County Board of Health Strategic Plan is to:

- Build Board direction for a two-year period consistent with our vision and mission
- Determine an effective and efficient focused approach to achieve that vision through specific strategies, goals, and objectives
- Formalize the process of envisioning what our Board should be in the future by systematically assessing the environment and our own capabilities
- Become part of a long-term commitment to strategic thinking and operations
- Ensure the most effective use of Board resources by focusing on key priorities
- Build a common vision and language by communicating the strategic plan to stakeholders and the community
- Be proactive instead of reactive in order to achieve maximum potential

## Mission, Vision, Core Values

### Our Vision

All People Empowered to Lead Healthy Lives

### Our Mission

Supporting our community by optimizing equitable access to health systems, resources, services, and partnerships through data, policy, and education for generations to come

### Our Fundamental Core Values

- **Equity:** As allies and advocates for our most vulnerable among us, we will work to assure better access to services and resources, empowering all to live well. When residents are provided resources and equitable support to assume ownership of their health, everyone succeeds. We will ensure that everything we do as a Board is through the lens of both justice and inclusion in relation to equity.
- **Innovation:** With open minds, we endeavor to always be innovative in how we assess public health issues, process data, and propose solutions to problems, form partnerships, and spend resources.
- **Communication:** Through transparent stewardship, we take communication seriously for all our residents and partners. With education as a primary tenet of our mission statement, we will continuously strive to improve our communication efforts.

## Strategic Planning Development Process

Planning for the 2024-2025 Thurston County Board of Health Strategic Plan began in January 2024 with a greatly simplified process from a traditional 5-year strategic plan. This is an internal plan, where the audience is the Board of Health members. The following are the activities that occurred related to our internal Strategic Planning process.

- A review of the Public Health & Social Services (PHSS)'s Strategic Plan
- An all-Board member survey which included a mini-SWOT (Strength, Weaknesses, Opportunities and Threats) analysis and vision, mission, values brainstorming
- An all-Board discussion of the survey results and brainstorming consensus session

## Strategic Plan Living Process

The Board of Health commits to keep the strategic plan alive throughout the next two years as opposed to letting it sit on a shelf. There is commitment to actively working on the goals and objectives methodically so that we can gauge our progress and see real achievement at the end of two years. Hence, we greatly redacted our plan to just 3 goals, thus making this plan realistic and achievable. Our plan for gauging progress on the strategic plan is as follows:

- We will meet as an entire Board of Health monthly (10 times a year). These meetings will include a standing item of critical reflection on upcoming components of the Strategic Plan as opposed to just a report out of our progress by the Board of Health Clerk.
- At the first Strategic Plan meeting in March 2024, we will review the drafted Two-Year Strategic Plan and determine subcommittee members and subcommittee leads for each of the objectives.
- Subcommittee leads will determine assignments and number/type of subcommittee meetings if necessary.
- At each meeting, subcommittee leads will create a progress report to distribute to the rest of the Board of Health members at the monthly meetings. The progress report can take on any form (i.e., PowerPoint, 1-page Word document, Spreadsheet, etc.) or Board of Health Clerk can form a formal and standardized progress report.
- Twice a year, the Clerk of the BOH will create and send out a newsletter or prepare a presentation to educate community members and city administrators on the progress of the Strategic Plan. Wins will be posted on social media, website, and in media if so warranted.
- At the end of two years, a formal presentation to the community will detail the successes and lessons learned from the Strategic Plan and its process.

## Our Strategies and Goals

### Strategy 1: Assess data to monitor population health

- **Goal 1.1: Increase data visibility in the community.** The Board of Health will be taking a more active role to review, understand, and utilize data to inform their ideas and to support the programs and services of Thurston County's Public Health & Social Services Department. They will also look at how data can be used to inform the community and increase awareness of public health issues.

### Strategy 2: Innovate through policy and research

- **Goal 2.1: Establish a system for policy support and development.** With the onboarding of the new Board of Health Clerk known as the Policy Program Manager, the Board of Health seeks to champion public health policies and laws while increasing involvement in advocacy at the city, county, and state levels. This could also lead to new partnerships with secondary education institutions.

### Strategy 3: Strengthen education and outreach

- **Goal 3.1: To build public trust, provide regular, timely, and effective information to the general public and partners.** It is critical that local Public Health & Social Services (PHSS)s are recognized by the public as a consistent source of accurate information regarding local, state, and national public health issues. Increasing public awareness of the Thurston County Board of Health as a consistent and authoritative resource will also assure effective communication in times of community and/or public health emergencies. It is imperative that the public have an accurate perception of the role and services of public health and our Public Health & Social Services (PHSS) Department.
- **Goal 3.2: Build and strengthen community partnerships to enhance collective impact strategies.** The Board of Health will create a plan to build more partnerships, expanding and enhancing collaboration among its members and with the Public Health & Social Services Department. These partnerships will have a focus on health and racial equity including equitable access to care.

## Action Plan Framework

The Thurston County Board of Health Strategic Plan is organized using the following framework:

**Strategy:** Strategies are broad actions of what the Thurston County Board of Health intends to use achieve the mission and goals in the next 2 years. In all, the Thurston County Board of Health Strategic Plan identifies 3 strategies.

**Goal:** Goals are statements of major approach or methods for attaining strategies and resolving specific issues. In all the Thurston County Board of Health Strategic Plan identifies 3 goals.

**Objective:** Objectives are specific, concrete, measurable statements of what will be done to achieve each of the three goals over the next two years. Objectives were developed using the SMART format (Specific, Measurable, Achievable, Realistic, and Timely).

**Resources Needed:** All resources necessary may not be immediately or readily available to achieve an objective but are listed none-the-less to provide a framework for efficient use of dollars and time that are focused on key priorities.

**Anticipated Challenges:** When present, some challenges may force a review of the objectives set forth and a reprioritization when outside the control of those implementing the strategic plan's objective.

**Lead:** Identifies the lead person responsible for the objective.

**Projected Due Date:** Identifies the projected due date for each objective in order to assure the Strategic Plan stays on track. When completed, the date should be included but changed to a green font to signify that the objective was completed.

**Notes/Course Correction Needs:** This is a place to make brief notes for progress reports or state any needs that should be put into writing in order to ensure accountability.

# Thurston County Board of Health Strategies, Goals, and Objectives Action Plan

## Strategy 1: Assess Data to Monitor Population Health

Goal	Objectives	Resources Needed	Anticipated Challenges	Lead	Projected Due Date / Completion Date			Notes/Course Correction Needs
					24	25	26	
Goal 1.1: Increase data visibility in the community	By June 2024, all BOH members will have a briefing on epidemiology, the science of public health and how data informs funding, services, and programs.	Public health best practice examples from around the nation	Time on an agenda; determining the presenters	Policy Program Manager to arrange	June			Devi 3/24 comment: should there be an objective regarding assessing existing collected data and how its currently used and then separately figuring out what additional data is needed to inform decision making? Cr is that already part of the consideration when assessing data overall?
	By July 2024, the BOH will determine if a subcommittee is needed to carry out this goal.	N/A	Finding time for subcommittee members	Policy Program Manager to facilitate	July			
	By October 2024, the BOH will review 3-4 community or large assessments for understanding	PHSS Epi Staff to assist	Finding time	Policy Program Manager to arrange	Oct			
	By November 2024, at least two BOH members will attend a conference or training session on data usage and share the information with other members	Funds to attend the conference plus travel	Not finding a conference or training	Subcommittee Lead	Nov			
	By December 2024, the BOH will develop an action plan on how use certain data points for public education.	Best practice copies from other municipalities	Ensuring data shared is clear and not misconstrued by public	Subcommittee Lead	Dec			

## Strategy 2: Innovate through Policy and Research

Goal	Objectives	Resources Needed	Anticipated Challenges	Lead	Projected Due Date / Completion Date			Notes/Course Correction Needs
					24	25	26	
Goal 2.1.1: Establish a system for policy support and development	By July 2024, the BOH will determine if a subcommittee is needed to carry out this goal.	N/A	Finding time for subcommittee members	Policy Program Manager to facilitate	July			
	By August 2024, the BOH will establish a monthly way to assess current city, state, and federal legislation as a standing item on each BOH agenda.	N/A	Listing of all current legislation	Policy Program Manager to implement	Aug			
	By March 2025, the BOH will develop and implement a policy review and advocacy plan.	N/A	Determining which policies to act on	Subcommittee Lead		Mar		

### Strategy 3: Strengthen Education and Outreach

Goal	Objectives	Resources Needed	Anticipated Challenges	Lead	Projected Due Date / Completion Date			Notes/Course Correction Needs
					24	25	26	
Goal 3.1: Provide regular, timely, and effective information to the general public and partners	By July 2024, the BOH will determine if a subcommittee is needed to carry out these 2 goals under this strategy.	N/A	Finding time for subcommittee member	Policy Program Manager to facilitate	July			
	By September 2024, the BOH will establish a regular cadence for how to disseminate information to the public as a Board of Health.	N/A	Determining which information to disseminate and how often	Policy Program Manager to facilitate	Sep			i.e. information about CDs and offering access to programs (vaccination clinics, home visitation, nutrition programs, etc.); Determine a method for evaluating this form of communication.
Goal 3.2: Build and strengthen community partnerships to enhance collective impact strategies	By April 2025, the BOH will develop and implement an education and outreach plan.	N/A		Subcommittee Lead		Apr		
	By October 2024, the BOH will determine which partners need initial and additional outreach by the Board of Health members.	N/A	BOH members finding time and partner willingness	Policy Program Manager to facilitate	Oct			Devi 3/24 comment: this may not need to be spelled out in the plan itself but I'm curious how that determination will be made? Perhaps that's what the potential subcommittee will discuss?

# Thurston County Board of Health Bylaws

## Article 1: Authority

**1.1** The Board of Health is established pursuant to [RCW 70.05.030](#) and [Thurston County Code ch. 2.07](#). The Board of Health has supervision over all matters pertaining to the preservation of the life and health of the people within Thurston County as set forth in [RCW 70.05.060](#), and exercises the powers and duties established in state and local law.

**1.2** The Board adopts these Bylaws to establish its operating procedures. The Board of Health's Bylaws may be no less stringent than, and may not conflict with, state statutes, rules of the Washington State Board of Health, and Thurston County codes, ordinances, and resolutions.

## Article 2: Powers and Duties

**2.1** The Board of Health appoints a Health Officer and sets compensation pursuant to [RCW 70.05.050](#). The Health Officer serves at the pleasure of the Board of Health and shall only be removed in accordance with [RCW 70.05.050](#). The Board of Health shall evaluate the performance of the Health Officer biennially.

**2.2** The Board of Health will annually review and approve by motion its recommendation for the Public Health and Social Services Department's budget. The purpose of this budget approval is to be high-level, assessing overall achievement of PHSS vision, mission, and goals.

**2.3** The Board of Health's city and county elected officials only, shall review and approve a fee schedule for services provided by the Health Department pursuant to [RCW 70.05.060\(7\)](#) and [RCW 70.46.031\(1\)\(I\)](#), and in accordance with Board of Health budget policy.

**2.4** The Board of Health shall enforce, through the local health officer or administrator, the public health statutes of the state and rules promulgated by the State Board of Health or Secretary of Health. The Board of Health shall enact such local rules and regulations as are necessary to preserve, promote, and improve the public health and provide for the enforcement thereof ([RCW 70.05.060](#)).

**2.5** The Board of Health shall supervise the maintenance of all health and sanitary measures for the protection of public health; provide for the control and prevention of any dangerous, contagious, or infectious disease; and provide for the prevention, control, and abatement of nuisances detrimental to the public health within its jurisdiction ([RCW 70.05.060](#)).

**2.6** The Board of Health shall make reports to the State Board of Health through the local health officer and as required by the State Board of Health ([RCW 70.05.060](#)).

**2.7** The Board of Health may hear testimony from persons or groups appearing before it at regular meetings regarding items on the posted agenda. Members of the public may also provide testimony on items not on the posted agenda.

**2.8** No member of the Board can bind the Board by word or action unless the Board has, in its capacity as advising body, designated such member as its agent for some specific purpose and for that purpose only.

## Article 3: Composition and Committees

**3.1** Board shall consist of twelve (12) members: six (6) elected and six (6) non-electeds. The number of elected officials may not constitute a majority of the total membership of the Board of Health.

**3.2** The six elected members shall be comprised of the five (5) Thurston County Commissioners and one (1) representative of Lacey, Olympia, or Tumwater on a two-year rotational basis.

**3.3** The six (6) non-elected members shall be comprised of the following: one (1) tribal representative from a federally recognized tribe that holds reservation, trust lands, or has usual and accustomed areas within Thurston County, selected by the American Indian Health Commission; and five (5) non-elected members selected from the categories specified in [RCW 70.46.031\(1\)\(a\)](#). The non-tribal, nonelected members shall be approved and appointed by the Board of County Commissioners after recruitment and referral from the Board of Health. Non-elected board members are voting members of the Board of Health except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees in accordance with [RCW 70.46.031\(1\)\(l\)](#).

**3.4** The term of each elected Board of Health member shall begin at the first Board of Health meeting after they are sworn into office or appointed by their legislative body. Terms run concurrent with the elected official's term of office or as outlined in the city member rotation.

**3.5** The term of a non-elected member shall be three (3) years. Staggered terms are intended to help preserve continuity of the board membership and operations.

**3.6** The Board of Health may establish committees by resolution or by a simple majority vote. ([BOH Resolution H-2-2022](#), adopted November 8, 2022.)

- a. The size, membership (including any non-Board of Health members), duration of committee, length of committee assignments, and responsibilities of these committees are determined by the Board of Health.
- b. These committees may also be subject to the Open Public Meetings Act if [acting on behalf of the Board of Health, conducting hearings, or taking testimony or public comment](#), or if a quorum of Board of Health members participates in a committee meeting.
- c. No more than five (5) members of the Board of Health may participate in any one committee. The Chair may participate as one of the members, in any committee.
- d. The Chair of the Board of Health shall make temporary or long-standing committee assignments by calling for volunteers from the Board of Health membership. The Chair may also arrange for non-Board member assignments to a committee, consistent with the authorization of the Board of Health.

## Article 4: Roles and Responsibilities

**4.1** The Board of Health shall elect a chair and vice-chair by majority vote on an annual basis, or upon a vacancy of the chair or vice-chair. No Board member may serve in the same officer role for more than two consecutive one-year terms unless the Board of Health votes to extend their terms. ([TCC 2.07.040](#)).

**4.2** The Chair shall:

- a. Preside at all meetings of the Board of Health.
- b. Have the authority to vote on all matters, except as prohibited by law.
- c. Call special meetings of the Board whenever there is enough business to come before the Board, upon written request of at least three (3) members of the Board, or upon written request of the Health Officer or Director.
- d. Advise the Board of Health Administrator, or their designee, on agenda preparation for the meetings.
- e. Act as signatory for all decisions, acts, orders, papers, and documents as required by law or as authorized by action of the Board.
- f. Exercise such other powers as may be delegated by the Board.

g. In the absence of the Chair and Vice-Chair, Board of Health members present will designate a Board member to preside over meetings of the Board.

**4.3** The Vice-Chair shall, in the absence of the Chair, serve in the capacity and assume the duties of the Chair.

**4.4** The Public Health and Social Services Director shall administer the operations of the Board, as set forth in [RCW 70.05.045](#) or delegate it to the PHSS Policy Program Manager as Clerk of Board of Health and set within their job functions.

The Clerk of the Board of Health or designee shall:

- a. Set agendas and identify and confirm presenters of all meetings
- b. Record minutes of all meetings of the Board of Health
- c. Maintain electronic files of numbered and dated resolutions and ordinances passed by the Board of Health
- d. Be custodian of all records, books, and papers belonging to the Board of Health
- e. Carry on the usual correspondence of the Board of Health, including such matters as notifying members of public meetings dealing with public health matters and making written recommendations thereon

**4.5** The Health Officer, acting under the direction of the Public Health & Social Services Director, shall enforce the public health statutes of the state, rules of the State Board of Health and the Secretary of Health, and all local health rules, regulations and ordinances as authorized in [RCW 70.05.070](#).

- a. The Board of Health acknowledges that in the event of a health emergency, the Health Officer may act as needed pursuant to [RCW 70.05.070](#) and [Title 246 of the Washington Administrative Code](#), and considering the exigencies of an extreme emergency if there is no time for the Board of Health to meet and confer before such action is necessary.
- b. The Health Officer's appointment shall be at the will of the Board of Health. No term of office shall be established for the Health Officer, and the Health Officer shall not be removed from office until after notice is given and an opportunity for a hearing before the Board of Health as to the reason for the Health Officer's removal is provided ([RCW 70.05.050](#)).

**4.6** Board of Health members are expected to become knowledgeable about the duties, operations, and functions of the Public Health & Social Services Department through reading of materials, consultation with the Health Officer and Director, Health Department Division/Team presentations, and, when available, participation in State of Washington Department of Health training and/or conferences.

- a. Each Board member shall participate in orientation within 6 months of appointment. The orientation shall be scheduled by the Clerk in consultation with the Director of Public Health and Social Services and members of the board.
- b. All Board members must complete training on the requirements of the Open Public Meetings Act no later than ninety days after the date of appointment, and again every four years. [RCW 42.30.205](#).

## Article 5: Meetings

**5.1** The Board shall hold its regular meetings as frequently as determined by the Board, but quarterly at a minimum. The dates, times, and locations of meetings shall be established in [BOH Resolution H-2-2022](#), adopted November 8, 2022, or any [successor resolution](#).

**5.2** The Clerk of the Board of Health, or their designee, shall develop the agenda for the Board in consultation with, and at the direction of, the Chair. The order of business as specified on the agenda for Board meetings may be changed at the discretion of the Chair, or, during an open meeting, by the board.

- a. The business at all regular meetings, unless changed by a majority vote of members present, shall include: Call to Order; Approval of Minutes of Last Meeting; Proclamations; Public Concerns; Action Items; Discussion Items/Reports; Director's report; Health Officer's Report; and Adjourn. The Chair and Clerk of the Board of Health shall have discretion as to the order of items on a meeting's agenda and the amount of time allotted to each item.

5.3 Meetings will, in general, follow parliamentary procedure as contained in the most current edition of *Robert's Rules of Order*, so long as they are consistent with these bylaws or any amendments thereto.

5.4 Special meetings may be called in accordance with the Open Public Meetings Act by the Chair or a majority of members. [RCW 42.30.080](#).

5.5 Notice of regular, special, and subcommittee meetings of the Board of Health shall be provided at a time and in a manner consistent with the requirements of Washington's Open Public Meetings Act, Chapter 42.30 RCW. Executive sessions may be included in a meeting agenda in accordance with RCW 42.30.110.

5.6 All questions before the Board shall be decided by a majority vote of all members **present, including abstentions**, when a quorum of the members is present. The Board of Health quorum is established in [Thurston County Code 2.07.030](#) as a majority of members. The number of members required for a quorum is seven (7).

5.8 Any decision by the Board of Health related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board in accordance with [RCW 70.05.030\(1\)\(I\)](#) and [Thurston County Code 2.07.030](#).

## Article 6: Attendance

6.1 Board members are expected to provide notice to the Board of Health, through the Clerk of the Board of Health or their designee, at least 24 hours in advance of any meeting if they are unable to attend a Board meeting

6.2 Any member of the Board of Health may attend any Board of Health meeting by remote access, when available, using phone or other electronic means that allows real-time verbal communication. BOH Resolution H-2-2022, adopted November 8, 2022, or any successor resolution.

6.3 A Board member may send a designee to a meeting in the member's place, however the designee's presence at a meeting will not be considered attendance of the member. The designee may observe the meeting and provide such information as the Board of Health requests, but shall not be allowed to vote or participate in any decision-making.

6.4 Board members who miss three (3) meetings in a row or miss at least half of the meetings in a year may be referred to the Board of County Commissioners with a recommendation that the board member be removed from Board of Health membership. Removal of Board of Health members is subject to TCC 2.07.020.

## Article 7: Conflicts of Interest

7.1 All members of the Board of Health shall be subject to [Chapter 42.23 RCW](#) and the [Thurston County Ethics and Conflict of Interest Policy](#), completing any statements and forms upon appointment and annually thereafter.

7.2 Board members shall avoid all conflicts of interest and the appearance of such conflicts. Board members shall not use their position on the Board to further their outside interests. Board members shall not accept any gifts, gratuities, trips, personal property, or other items of value from an outside person or organization as an inducement to act or influence their actions as a member of the Board. Board members shall not abuse their positions by using their position as a Board member to obtain any Thurston County services, staff, equipment or property for their personal, family, or business use, or for the use of any organization they are affiliated with.

- a. A member who knowingly has a conflict of interest or believes they have a potential conflict of interest on any matter before the Board shall declare such conflict of interest prior to any discussion of the matter and shall refrain from any participation in discussion, debate, or voting on such matter.

- b. Any member who has reason to believe that another member has a potential conflict of interest shall state the potential conflict of interest to the Board. The Board may seek the advice of the Prosecuting Attorney.

## Article 8: Compensation and Reimbursement of Expenses

8.1 Board members shall serve without compensation. ([TCC 2.07.050](#))

## Article 9: Review and Amendments

9.1 The Board of Health will review these Bylaws every two years.

9.2 These Board of Health Bylaws may be amended, when determined by the Board, by affirmative vote of a majority of all members of the Board, provided that a written notice of the proposed changes be sent to each member at least ten (10) business days before the meeting at which the bylaws are to be amended.

## Article 10: Effective Date

10.1 These Board Bylaws shall become effective and binding upon the Board of Health immediately upon their adoption.

# Deseche sus medicamentos

GRATIS ■ SEGURO ■ FÁCIL

## LACEY:

- Departamento de Policía de Lacey  
420 College St SE
- QFC Pharmacy  
4775 Whitman Ln SE

## OLYMPIA:

- Albertsons Pharmacy  
3520 Pacific Ave SE
- Evergreen State College Police Department  
2731 McCann Plaza Drive NW
- Haggen Pharmacy  
1313 Cooper Pt. Rd. SW
- Kaiser Permanente Farmacia  
700 Lilly Rd NE -O-  
1200 Cooper Point Rd SW Ste 100
- Departamento de Policía de Olympia  
(Alcaldía de Olympia)  
601 Fourth Ave East
- Providence St. Peter's Hospital Pharmacy  
413 Lilly Rd NE
- Ralph's Thriftway Pharmacy  
1908 Fourth Ave East
- SeaMar Farmacia  
3030 Limited Ln NW
- Walgreens  
1510 Cooper Pt Rd SW

## TUMWATER:

- Departamento de Policía de Tumwater  
555 Israel Rd SW

## TODO EL CONDADO:

- Rite Aid
- Safeway
- Walmart  
(Excepto Yelm)



Escanee el código QR para conocer las ubicaciones de buzones actuales

# TAKE BACK YOUR MEDS

FREE ■ SAFE ■ EASY

## LACEY:

- Lacey Police Department  
420 College St SE
- QFC Pharmacy  
4775 Whitman Ln SE

## OLYMPIA:

- Albertsons Pharmacy  
3520 Pacific Ave SE
- Evergreen State College Police Department  
2731 McCann Plaza Drive NW
- Haggen Pharmacy  
1313 Cooper Point Rd SW
- Kaiser Permanente Pharmacy  
700 Lilly Rd NE  
-OR-  
1200 Cooper Point Rd SW Ste 100
- Olympia Police Department  
(Olympia City Hall)  
601 Fourth Ave East
- Providence St. Peter's Hospital Pharmacy  
413 Lilly Rd NE
- Ralph's Thriftway Pharmacy  
1908 Fourth Ave East
- SeaMar Pharmacy  
3030 Limited Ln NW
- Walgreens  
1510 Cooper Pt Rd SW

## TUMWATER:

- Tumwater Police Department  
555 Israel Rd SW

## COUNTY-WIDE:

- Rite Aid
- Safeway
- Walmart  
(except Yelm)



Scan the QR code for current drop-box locations

[thurstonmedicationtakeback.org](http://thurstonmedicationtakeback.org)

[thurstonmedicationtakeback.org](http://thurstonmedicationtakeback.org)

# ¿Qué puedo poner en el buzón?

## Sí

- Inhaladores
- Medicamentos líquidos, en recipientes a prueba de fugas (hasta 12 onzas)
- Ungüentos y lociones medicinales
- Medicamentos de venta libre
- Medicamentos para mascotas
- Medicamentos recetados



*Nota: Los sitios de entrega no son para uso comercial.*

## No

- Vendajes
- Residuos de comercios o de clínicas
- Guantes
- Equipo médico
- Agujas y objetos punzocortantes (sharps) usados
- Vitaminas y suplementos



### CONSERVACIÓN SEGURA DE LOS MEDICAMENTOS:

- Mantenga los medicamentos en sus contenedores originales con las tapas.
- Los niños son curiosos, mantenga los medicamentos fuera de su alcance. Guárdelos en un lugar seguro con llave.
- Evite almacenar el medicamento en el baño, cocina, cartera u otro lugar visible.
- Mantenga un registro de sus medicamentos y almacénelos de manera segura para ayudar a proteger a sus seres queridos.

### DESECHO DE OBJETOS PUNZOCORTANTES (SHARPS):

- 1 Coloque en un frasco de plástico rígido con una tapa bien ajustada, como un envase de detergente.
- 2 Cuando esté lleno, asegure la tapa firmemente con cinta adhesiva.
- 3 Escriba "desperdicio de objetos punzantes" en letras grandes en el envase con un marcador permanente.
- 4 **Colóquelo en su basura,** NO con materiales reciclables.



# What can I put in the drop box?

## Yes

- Inhalers
- Liquid medicines in leak-proof containers (up to 12 oz)
- Medicated ointments & lotions
- Over-the-counter drugs
- Pet medicines
- Prescriptions



**NOTE: DROP SITES ARE NOT FOR BUSINESS USE**

## No

- Bandages
- Business or clinic waste
- Gloves
- Medical equipment
- Used needles & sharps
- Vitamins & supplements



### HOW TO STORE MEDICINES SAFELY:

- Keep medications in their original containers with caps on.
- Kids are curious, keep medicine out of reach. Store in a locked location or box.
- Avoid storing medicine in the bathroom, kitchen, purse or other visible places.
- Keep track of your medications and store them safely to help protect the people you love.

### SHARPS DISPOSAL:

- 1 Place in a rigid plastic bottle with a tight fitting lid like a laundry detergent bottle.
- 2 When full, secure the lid tightly with tape.
- 3 Write "sharps waste" in large letters on the bottle with a permanent marker.
- 4 **Place in your trash,** NOT with recyclables.



Para obtener más información, llame a la línea directa de desechos peligrosos **(360) 867-2664** o WA Poison Control **(800) 222-1222** o visite [thurstonmedicationtakeback.org](http://thurstonmedicationtakeback.org)

For more information call the Hazardous Waste Hotline **(360) 867-2664** or WA Poison Control **(800) 222-1222** or visit [thurstonmedicationtakeback.org](http://thurstonmedicationtakeback.org)



Departamento de Salud Pública y Servicios Sociales del Condado de Thurston  
412 Lilly Rd. NE, Olympia, WA 98506  
[www.thurstoncountywa.gov/phss](http://www.thurstoncountywa.gov/phss)  
Para solicitar este folleto en un formato alternativo, llame a: **(360) 867-2674** or TTY/TDD: **7-1-1** or **1-800-833-6384**



Thurston County Public Health & Social Services Dept  
412 Lilly Rd. NE, Olympia, WA 98506  
[www.thurstoncountywa.gov/phss](http://www.thurstoncountywa.gov/phss)  
To request this brochure in an alternative format, call: **(360) 867-2674** or TTY/TDD: **7-1-1** or **1-800-833-6384**