



PUBLIC HEALTH BOARD MEETING

1478 E Hwy 162 Montezuma Creek, Utah 84534 (North Conference Room)
May 18, 2026 at 12:00 PM

AGENDA

Virtual Meeting Notice

SJ Public Health Board Meeting

Monday, May 18 · 11:45am – 3:00pm

Google Meet joining info

Video call link: <https://meet.google.com/sca-hfme-qvc>

Or dial: (US) +1 662-591-8256 PIN: 741 523 819#

More phone numbers: <https://tel.meet/sca-hfme-qvc?pin=1981173647007>

CALL TO ORDER

1. Board Chair - Ron Skinner

Board Vice-Chair - Sylvia Zhonnie

Board Members - Lois Young, Suzette Morris, Stephen Hiatt, Revina Talker

County Commission Representative - Jamie Harvey

Public Health Staff - Health Director - Mike Moulton and Business Manager - Joell Lambdin

APPROVAL OF MINUTES

2. Approval of the SJPH Board Meeting Minutes from 3/9/2026 - Chairman Skinner

PUBLIC COMMENT

3. Public Comment

EXECUTIVE SESSION

4. Personnel

DIRECTOR'S REPORT

- [5.](#) Report on the current status of the Health Department - Mike Moulton, Interim Public Health Director

FINANCIAL UPDATE

6. Financial Update - Joell Lambdin, Business Manager

INFORMATIONAL/RECOGNITION ITEMS

- [7.](#) Newsletter of recent program activities.
- [8.](#) Emergency Preparedness (Operations) Plan. The attached plan was created in 2015. An updated plan is in the early stages of being drafted.
9. A/C problem and possible solutions - Rebecca Benally & Dennis Shumway

BUSINESS ACTION ITEMS

- [10.](#) Nursing program referral form
11. Food Service Permits for Schools - Dennis Shumway
- [12.](#) Updated Bylaws - Ron Skinner

UPCOMING AGENDA ITEMS

Call for upcoming items.

CONFIRM FUTURE MEETING TIME & LOCATION

July 27, 2026

Location TBD - LaSal?

September 28, 2026

Location TBD

November 30, 2026

Location TBD

ADJOURNMENT

In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk's Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice

Mar 9, 2026

Public Health Board Meeting

Invited Sylvia Zhonnie Tranner Sharpe Steve Hiatt Ron Skinner Jamie Harvey
Joell Lambdin Suzette Morris Revina Talker Mike Moulton Lois Young

Summary

The board, including Ron Skinner, Sylvia Zhonnie, Lois Young, and Steve Hiatt, met Tranner Sharp, where they unanimously approved a motion to interview all four candidates—Brady and the three state-approved applicants—for the Health Officer position to ensure fairness and avoid discrimination concerns, tentatively scheduling interviews for March 20th. Mike Moulton also provided updates on staff changes, including the resignation of Marta Mooneyan and the hiring of Devynn Gappmayer as the full-time administrative assistant, and highlighted ongoing initiatives such as the public health dashboard development and efforts to improve departmental culture and employee retention. The board also agreed to review the bylaws before their next meeting on May 18th in Montezuma Creek. The board received financial and program updates from the business manager Joell Lambdin and Health Officer Mike Moulton.

Details

- **Meeting Opening and Administration:** Ron Skinner opened the public health board meeting at 12 PM on March 9th, 2026, confirming a quorum of four board members: Ron Skinner (Chair), Sylvia Zhonnie (Vice Chair), Lois Young, and Steve Hiatt. The board unanimously approved the meeting minutes. Ron also apologized for previous scheduling miscommunications, noting an adjustment to May 18th for a scheduled visit.
- **Motion to Enter Closed Session:** Following the administrative approvals and noting no public comment, the board moved to enter a closed executive session.

Steve made the motion to enter a closed session. Lois seconded the motion, and the board affirmed it.

- **Closed Session ended and Regular Session resumed at 1:38 pm.**
- **Review of Bylaws:** The board members were asked to review the current bylaws, specifically section 4.1, and bring any potential additions or changes to the next meeting scheduled for May 18th in Montezuma Creek. A request was made to have the bylaws presented in a "red line" version, clearly showing the old text and the new additions, which Mike Moulton agreed to circulate in future revisions.
- **Financial Update:** The business manager provided a financial update, noting that the month-end report for November has been submitted and confirmed by the state, but is currently with the federal government for final acceptance, which is a lengthy process. Due to being short-staffed and the prolonged process of federal review, the business manager is still behind on the December and end-of-year reports.
- **Personnel and Program Updates:** Marta Mooneyan has resigned, and the position for a part-time front desk/office assistant has been posted, with interviews beginning soon. Devynn Gappmayer has taken on full-time duties and administrative work, and Rebecca Benally is hiring for a part-time health educator. The Children with Special Health Care Needs program recently held a successful autism clinic, which resulted in a waiting list and the potential for increased grant utilization.
- **Grant Initiatives and Rural Health Transformation:** Rebecca Benally attended a traditional tobacco grant conference and is looking into organizing a similar conference in San Juan County, while also investigating the grant funds that could allow a board member to attend an out-of-state conference. Discussion was held regarding the Rural Transformation Grant, which is being managed by the governor's office, but the specifics of local health department involvement and allocation remain unclear, with the state having until the end of March to decide.
- **Emergency Preparedness and Other Initiatives:** Mike Moulton reported that the emergency preparedness plan is still in draft form, a duty that has been deferred due to a lack of time. Mike Moulton will share the old emergency plan and the current draft with the board before or during the next meeting. Tisheena, the epidemiologist, is working with the state to develop a public health dashboard

that provides real-time, localized information for San Juan County to better inform prevention efforts.

- **Staff Communication and Newsletter Content:** Mike Moulton agreed to the suggestion of sharing the board newsletter with all staff, noting that the business manager is the one compiling it under their direction. The board also requested that the newsletter be updated to include success stories from each department and updates on epidemiology, which they consider important information to share with the community.
- **Clarification on Financial Reporting:** A board member expressed concern over the delayed and changed format of the financial reports, noting that the prior manager, Tyler, provided timely closed reports and did not mention the extensive state and federal review process. Mike Moulton provided clarity, explaining that they have been limited by the county in updating financial numbers due to staffing changes and the required multi-step process of state and federal approvals for financial reports and funding disbursements.
- **Financial Software Access and Accounting Updates:** Mike Moulton is in talks with Tranner to gain privileges to enter information directly into the accounting software, aiming to reduce the delay in providing financial updates. The plan is to provide all accounting information in a timely manner, and this effort is intended to clarify why information is behind schedule. A separate item was a spelling correction for Rebecca's name in the newsletter, which Mike Moulton committed to fixing.
- **Emergency Preparedness Training Opportunity:** Sylvia Zhonnie informed the group about an opportunity for staff to attend an emergency preparedness event where all expenses are paid, noting that this is available through the national IHS and under FEMA. They suggested this is a good opportunity that would benefit public health and also potentially UNHS. Mike Moulton confirmed they would make copies of the information to share.
- **Website and Staffing Updates:** The department's website still needs to be updated with current staff names, which Mike Moulton is working on, as previous attempts to delegate this task failed due to the complexity of the backend system. Marta, the former administrative assistant, left the previous week, and Devynn Gappmayer has taken over the role as the full-time administrative assistant, having started two weeks ago. Mike Moulton is scheduled to sit down

with staff, including Dennis and Autumn, to review and update links, acknowledging the difficulties associated with staff turnover.

- **Employee Retention and Culture Initiative:** There was a discussion about motivating and retaining employees, and the board discussed this topic two years ago. Mike Moulton shared that their goal for the year is to work as a team to change the department's culture, focus on camaraderie, and build relationships of trust so that all employees feel supported. They noted that the department has been slowly changing a negative narrative and is now receiving compliments from the community, with the aim of making Public Health a desirable place to work.
- **Collaborative Efforts and Positive Attitude:** The importance of setting aside personal feelings to work for the betterment of the people was emphasized. Joell Lambdin's background in HR has allowed them to observe a huge change in personnel, attitudes, and culture, driven by Mike's vision for the department. The collaboration among different managers, such as the environmental health manager and the nursing manager going to White Mesa together, demonstrates resource efficiency and teamwork.
- **Contract Amendments and Funding Updates:** Mike Moulton provided an update on contract agreements, noting that most are five-year agreements that have recently been renewed or amended since December. The amendments generally involve updating the next year's batch of funding from the state, which can range from a few hundred to a couple of thousand dollars. Furthermore, for unilateral changes, such as increasing or releasing the next batch of funding within a five-year contract, the state is no longer requesting the amendments be signed for approval, which reduces the need to present them to the Commissioners for signature.
- **Next Meeting Date and Agenda Items:** The next meeting is scheduled for May 18th, and Ron Skinner will coordinate with others on the agenda. One item on the agenda will be a visit from the health officer of the Southern Ute tribe on May 18th in Montezuma Creek, who will share an overview of what they are doing. The board members were also reminded to review the bylaws so they can vote on adding a small section, following discussion with the attorney.

SJC Epidemiology Report

May 2026

Over the past 10 years, San Juan has seen an average of **104** deaths per year. This count ranged from 442 to 114 deaths. Between 2016 and 2026, the leading causes of death in San Juan County were cardiopulmonary arrest, pneumonia, and dementia, while heart disease represented a significantly higher percentage of deaths in San Juan County (**23%**) compared to the Utah State average (**20%**).

Measles Update in Utah (as of 5/13/26)

Location	Confirmed Cases	Case Rate	Current Status
SJC	3 Limited Resident-Associated cases reported	Suppressed due to low numbers	No widespread community transmission reported
State of Utah	663 Total Cases	19.2 per 100,000 population	Active statewide outbreak

Public Health Concerns Regarding Measles

- Declining childhood MMR vaccination rates.
- Increased spread among unvaccinated individuals
- Potential exposure in schools, healthcare facilities, and community events.
- Rural and tribal community vulnerability due to healthcare access barriers.
- Continued need for proactive vaccination outreach, education, and outbreak surveillance.

The MMR vaccine remains the most effective prevention strategy, with two doses providing approximately 97% protection against measles infection.

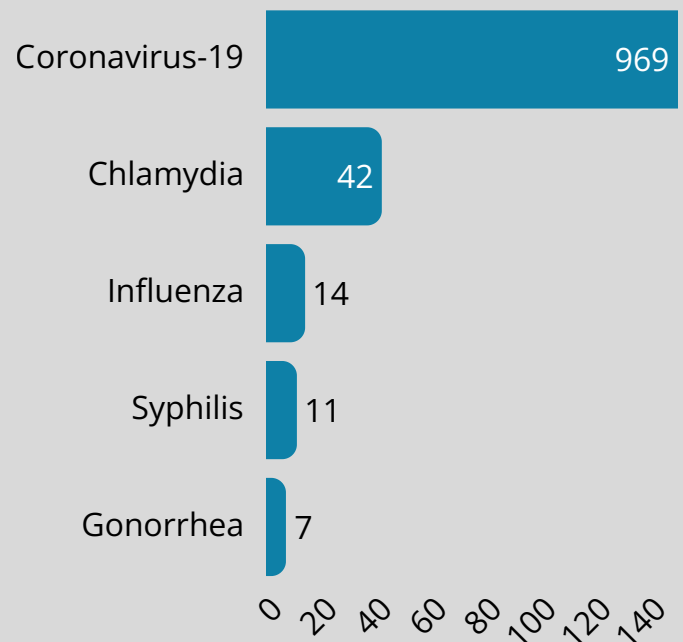
Adult Diabetes Prevalence Rate in SJC
16.6%

2x

Rate compared to the Utah State Average Rate
8.7%

San Juan County includes high rates of chronic disease, particularly diabetes, obesity, and cardiovascular disease. Obesity also remains a major concern, affecting approximately **37.3%** of adults in the county.

Top 5 Diseases Reported to SJPH on average from 2021-2025



By Utah State law, 76 diseases must be reported to the public health. During the years 2018-2021, COVID-19 ranked among the top leading causes of death.

National Hantavirus Update - Cruise Ship Exposure

As of May 14, 2026:

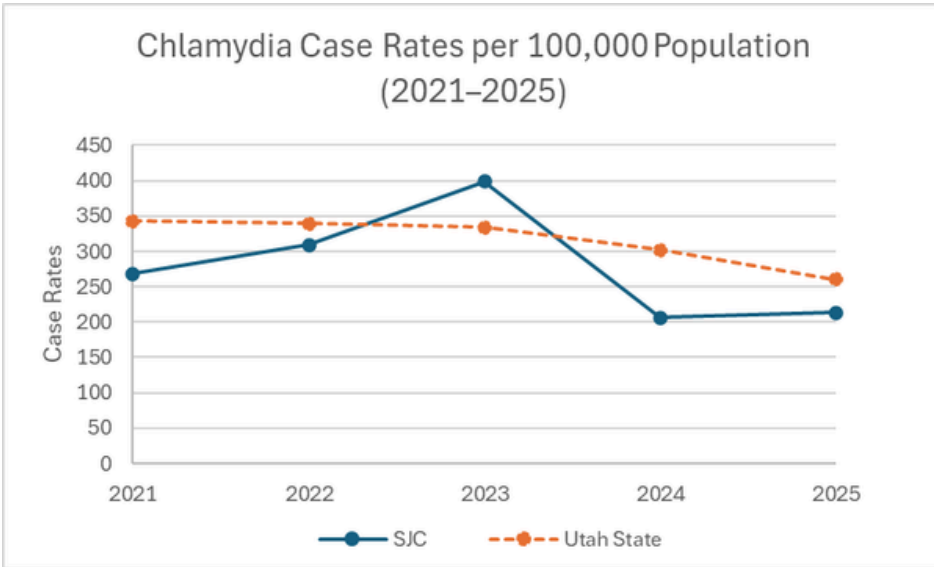
- National public health agencies are monitoring a hantavirus cluster linked to the M/V Hondius cruise ship.
- As of May 2026, **11** total cases have been reported internationally.
- **3** deaths have been associated with the outbreak.
- The CDC states the risk to the general U.S. public remains very low.
- There is currently **no known exposure** associated with San Juan County.
- At this time, the risk to San Juan County residents is considered **low**.
- Public health officials continue monitoring the situation and will provide updates if needed.

References

1. Utah Death Certificate Database, Utah Office of Vital Records and Statistics, 2016-2025 data queried via IBIS-PH [April, 2026].
3. Utah Department of Health and Human Services. (2022). Health indicator report: Diabetes prevalence. IBIS-PH: Indicator-Based Information.
3. Utah Department of Health and Human Services. (2026). Utah measles dashboard.

5-Year STD Case Rates: SJC vs. Utah State

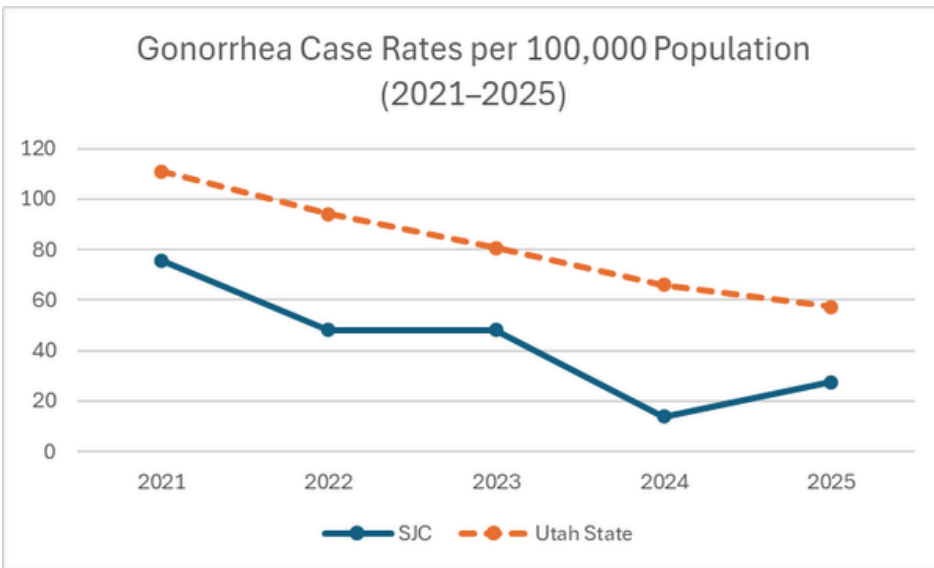
*All confirmed and probable case counts include Chlamydia, Gonorrhea, HIV, and Syphilis from EpiTrax data.



*Rates per 100,000 population. Source: Utah EpiTrax data, queried April 2026.

Key Statistics for Chlamydia

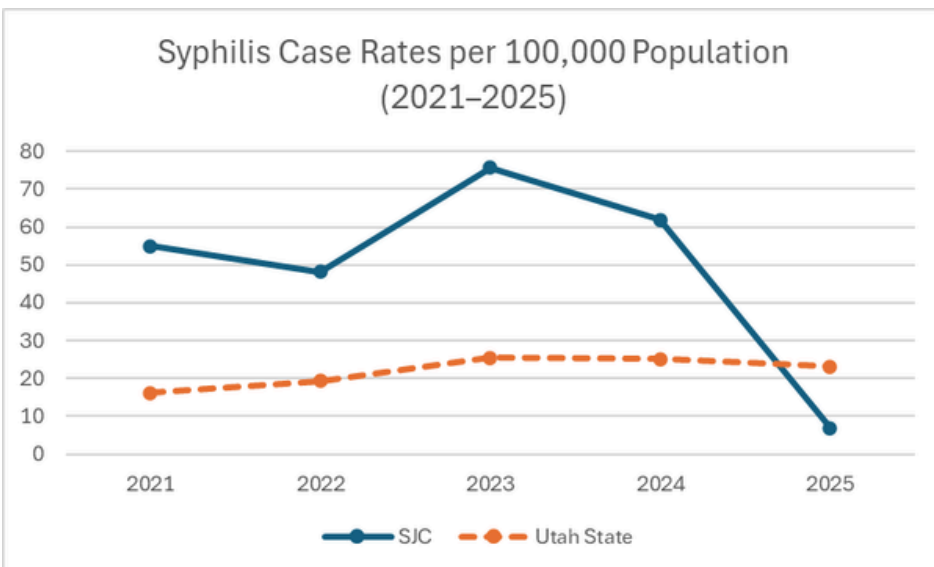
- Chlamydia rates in San Juan County peaked in 2023 at 398.8 cases per 100,000 population.
- San Juan County rates exceeded Utah rates in 2023.
- Utah statewide Chlamydia rates showed a gradual decline from 343.3 in 2021 to 260.4 in 2025.
- San Juan County experienced a sharp decrease between 2023 and 2024, declining nearly 48%.
- Chlamydia remained the highest reported STD rate among the three diseases analyzed.



*Rates per 100,000 population. Source: Utah EpiTrax data, queried April 2026.

Key Statistics for Gonorrhea

- Gonorrhea rates in San Juan County remained consistently below Utah statewide rates during all years analyzed.
- Utah gonorrhea rates steadily declined from 111.0 in 2021 to 57.3 in 2025.
- San Juan County experienced its lowest gonorrhea rate in 2024 at 13.8 cases per 100,000.
- A slight increase occurred in San Juan County between 2024 and 2025.
- Overall trends suggest declining gonorrhea transmission in both San Juan County and statewide populations.



*Rates per 100,000 population. Source: Utah EpiTrax data, queried April 2026.

Key Statistics for Syphilis

- San Juan County syphilis rates exceeded Utah statewide rates from 2021-2024.
- The highest syphilis rate in San Juan County occurred in 2023 at 75.6 cases per 100,000 population.
- Utah statewide syphilis rates increased overall between 2021 and 2025.
- San Juan County experienced a substantial decline in syphilis rates in 2025.
- Syphilis trends in San Juan County showed greater year-to-year variability than statewide trends.

SAN JUAN PUBLIC HEALTH

A newsletter brought to you by San Juan Public Health Department

VOL. 1, ISSUE 3

APRIL 2026

Recent Activities

- ◆ Rebecca hosted ULACHES (Utah Association of Community Health Education Specialists) at Bluff Dwellings.
- ◆ Tisheena was spotlighted in DHHS's HEART Program Newsletter.
- ◆ Mike, Dennis, and Joell attended the annual Preparedness Summit in Baltimore.
- ◆ The front desk welcomed Leslie Cardall as the new part-time Office Assistant.
- ◆ Health Promotion & Prevention welcomed Danielle Smiley (Tso) as a full-time Health Educator.
- ◆ The nursing team has a signed MOU to begin doing WIC mobile clinic in White Mesa.
- ◆ The Monthly Expenditure Reports (MER) are up to date, which will provide more accurate financial reports.
- ◆ Autumn attended Public Health Leadership Training.
- ◆ Vital Records audit received 100% accuracy. KUDOS Devynn!
- ◆ Mike attended the Utah Association of Local Boards of Health (UALBOH) Symposium
- ◆ Dennis attended Conference of Local Environmental Health Administrators (CLEHA).
- ◆ Dennis was nominated as the Chairperson of the Utah pool committee for a 2 year term.
- ◆ Dennis has gained his FDA certification to conduct food inspections.
- ◆ Sheila attended the Utah Association of WIC Administrators (UAWA) meeting in Ogden.
- ◆ Joell attended the quarterly Business Manager meeting in Logan.
- ◆ Mike attended the Emergency Response Coordinators meeting in Salt Lake City.
- ◆ All department employees has completed the following trainings:
 - ◆ Defensive Driving
 - ◆ HIPPA
 - ◆ Active Shooter
 - ◆ Customer Service
- ◆ CPR Training will be held in June

Upcoming Meetings

- ◆ July 27, 2026
- ◆ September 28, 20206
- ◆ November 30, 2026



Working To protect and promote the health of all families and communities we serve.

EMERGENCY SUPPORT FUNCTION #8

PUBLIC HEALTH AND MEDICAL SERVICES



ESF Coordinator:

San Juan County Public Health Department

ESF Primary Agency:

San Juan County Public Health Department

ESF Support Agencies

San Juan County Emergency Management

San Juan Hospital

Adult & Aging Services

Blue Mountain Hospital-Blanding

American Red Cross

San Juan Counseling Center

Montezuma Creek Clinic

Navajo Mountain Clinic

San Juan County Emergency Medical Services (EMS)

San Juan County Community Health Center

San Juan County School District

San Juan Clinic – Monticello,

San Juan County Fire

Blanding Clinic,

Blanding Family Practice

Monument Valley Clinic.

Utah Navajo Health Systems (UNHS)

Primary Points of Coordination and Associated Actions:

- A. ESF#1 (Transportation) coordinate mass care medical related transportation resources.
- B. ESF #5 (Emergency Management): receive and provide information and incident management, support and coordinate requests for materials and supplies, provide briefings to outside jurisdictions, provide mission assignments, and receive consolidated SITREPS.
- C. ESF #6 (Mass Care, Housing and Human Services): provide stress counseling
- D. ESF #10 (Hazardous Materials): identify areas where there are hazardous materials. ESF #8 (Health & Medical): determines impact on health and safety of responders and citizens.

- E. ESF #11 (Agriculture and Natural Resources): coordinate to ensure the safety of water supply.
- F. ESF #15 (Public Information): Share and coordinate health and medical information for release to the media and public.

I. INTRODUCTION

A. Purpose

1. ESF #8 – Public Health and Medical Services is responsible for coordinating state and Federal assistance to supplement local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated state and federal response, and/or during a developing potential health and medical emergency. The phrase “medical needs” is used throughout this annex. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the “at risk” or “special needs” population described in the Pandemic and All-Hazards Preparedness Act and in the *National Response Framework (NRF) Glossary*, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident.
2. Public Health and Medical Services includes behavioral health needs consisting of both mental health and substance abuse considerations for incident victims and response workers and, as appropriate, medical needs groups defined in the core document as individuals in need of additional medical response assistance and veterinary and/or animal health issues.

B. Scope

ESF #8 provides a coordinated response and supplemental assistance to local governments in the following core functional areas:

1. Assessment of public health/medical needs
2. Health surveillance
3. Medical care personnel
4. Health/medical/veterinary equipment and supplies
5. Patient evacuation
6. Patient care
7. Safety and security of drugs, biologics, and medical devices
8. Blood and blood products
9. Food safety and security
10. Agriculture safety and security
11. All-hazard public health and medical consultation, technical assistance, and support
12. Behavioral health care

13. Public health and medical information
14. Vector control
15. Potable water/wastewater and solid waste disposal
16. Mass fatality management, victim identification, and decontaminating remains
17. Veterinary medical support
18. Mental health care/substance abuse counseling

C. Policies

The San Juan County Public Health Department in its primary agency role for ESF #8, directs the provision of State of Utah health and medical assistance to fulfill the requirements identified by the affected county and local authorities having jurisdiction. Included in ESF #8 is overall public health response; triage, treatment, and transportation of disaster victims; and working with local systems to assist in the evacuation of patients out of the disaster area as needed. Assistance in pre-event evacuation may also come under the purview of ESF #8 whenever such patients or clients of the county are involved.

The intent of ESF #8 is to coordinate, manage, and supplement county and local governments affected by the emergency or disaster by using additional resources primarily available from the following sources:

1. Resources available within the Utah Department of Health
2. Resources available from other supporting agencies
3. If a local medical or health related "State of Emergency" is declared by the San Juan County Commissioners, the Governor of Utah will make additional resources available to San Juan County from areas outside San Juan County
4. Resources available from in-state National Disaster Medical System (NDMS), Disaster Medical Assistance Teams, Emergency Medical Services (EMS) providers, and commercial and private donations of goods and services
5. ESF #8 will be implemented upon the San Juan County Public Health Department request for assistance following (or prior to expectation of) the occurrence of a emergency, disaster or major catastrophe
6. ESF #8 shall have a field deployment capability in the form of nurses, health care workers and environment analyst
7. In accordance with assignment of responsibilities in ESF #8 and further tasking by the primary agency, each support organization participating under ESF #8 will contribute to the overall response but will retain full control over its own resources and personnel
8. Any assets deployed under the National Response Framework for ESF #8 in response to an event will be coordinated by the state ESF #8. All federal health and medical response to an event must be requested by and is subordinate to the state ESF #8 operations. Likewise, if state or federal resources are deployed to San Juan County, they are subordinate to the county ESF #8 operations

9. It is understood that the next level of response assistance available after the state is a federal regional response and clear lines of communication and expectations will be established on a routine basis with FEMA Region VIII headquarters
10. A federal Disaster Mortuary Operational Response Team (DEMORT) may be needed to supplement overwhelmed health and medical services and would be requested through the State EOC
11. ESF #8 is the primary source of public health and medical response information for all county officials involved with response operations
12. ESF #8 will not release medical information on individual patients to the general public to ensure patient confidentiality protection; and
13. Statewide information for missing or dead persons as a result of a major disaster will be coordinated by DOH in conjunction with the Division of Emergency Management (DEM). Local sheriff's offices and law enforcement will compile information regarding missing persons. The State Medical Examiner's Office or their local representative will identify deceased persons
14. The Joint Information Center (JIC) will coordinate incident-related public information, and is authorized to release general medical and public health response information to the public. When possible, a recognized spokesperson from the public health and medical community (State or local) delivers relevant community messages
15. In the event of a zoonotic disease outbreak and in coordination with ESF #11 – Agriculture and Natural Resources, public information may be released after consultation with the Department of Agriculture (USDA). In the event of an oil, chemical, biological, or radiological environmental contamination incident, ESF #8 coordinates with ESF #10 – Hazardous Materials Response on the release of public health information

II. SITUATION

1. San Juan County is served by San Juan Hospital in Monticello and the Blue Mountain Hospital in Blanding. Medical Clinics are located at the following locations: San Juan Clinic – Monticello, Monticello Clinic, Blanding Clinic, Blanding Family Practice – Blanding, Montezuma Creek Clinic, Navajo Mountain Clinic and Monument Valley Clinic.
2. Three volunteer EMS units are located in San Juan County and are certified at the intermediate and basic level. These are located in Monticello, Blanding, Bluff.
3. UNHS has EMS units available for Montezuma Creek and Monument Valley.
4. There is also an inter-facility transport ambulance certified at an intermediate basis plus an Intermediate Responder Vehicle. A first responder medical unit is located at La Sal.
5. Several volunteer rescue-extrication units are located throughout the County. Units are located in Monticello and Blanding and rescue units are also located in Montezuma Creek, Monument Valley, Bluff and La Sal.
6. San Juan County is served by medical helicopter services from St. Mary's Hospital in Grand Junction, Colorado (Care Flight), San Juan Regional Medical Center in Farmington, New Mexico (Air Care One), Classic in Moab Utah, Care Flight, Durango, and Eagle Air-med, Blanding.

7. The nearest trauma center is St. Mary's Hospital in Grand Junction, Colorado and San Juan Regional Medical Center in Farmington, New Mexico.
8. The hospitals that routinely receive patients transported by San Juan County EMS units are San Juan Hospital in Monticello, Blue Mountain Hospital in Blanding, Southwest Memorial Hospital in Cortez, Colorado, Northern Navajo Medical Center located in Shiprock, New Mexico, St. Mary's Medical Center located in Grand Junction, Colorado, Mercy Medical Center located in Durango, Colorado, San Juan Regional Medical Center located in Farmington, New Mexico, and Moab Regional Hospital located in Moab, Utah.
9. A mass casualty event has the potential to quickly overwhelm the limited emergency medical resources existing in San Juan County.
10. There is a nursing home located in Blanding that houses patients.
11. All County EMS units rely on the San Juan County Communications system for paging and dispatching.
12. The San Juan County Health Department also known as Public Health Administration office is located in Monticello, Utah with a service location located in Blanding , Utah.
13. This annex applies primarily to large-scale jurisdiction wide and single point mass-casualty disaster events that would cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities.
14. Health and medical issues that may need to be addressed include: multiple deaths and injuries; behavioral health crisis counseling; environmental contamination; transportation of medical casualties out of disaster area; infectious disease control; public information and education; assistance and guidance to hospitals, health care providers and first responders; patient or individual medication renewals or prescription replacements for lost medications and provision of emergency medical services.
15. Resources within the affected disaster area will be inadequate to clear casualties from the scene or treat them in local hospitals. Additional mobilized state capabilities will urgently be needed to supplement and assist county and local governments to triage and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility. Additionally, re-stocking of medical supplies will be needed throughout the disaster area. In this instance the National Disaster Medical System (NDMS) can be requested through the State. In a major disaster, patient transport will be necessary. Transportation could be by ground or air to the nearest area where patient needs are matched with the necessary definitive medical care. The transportation and coordination with receiving hospitals will require significant coordination.
16. However, a disaster situation may result in San Juan County being cut off from any outside health assistance in a disaster emergency for a period of time.
17. Emergency measures to protect life and health during the first 12 to 24 hours after the disaster in all likelihood will be exclusively dependent upon local and area resources.
18. All available public and environmental health resources located in the jurisdiction will be provided for use during disaster situations, but many of these resources, especially human resources, will themselves be impacted by the disaster.
19. Ambulance Service in San Juan County is provided by San Juan County EMS, and on the San Juan

County Reservation by UNHS Clinic.

20. The state will contact other care facilities to look for space. Care facilities licensed by the state include: nursing homes, assisted living facilities, some home health and hospice care, and some daycare facilities.
21. Many injured citizens are self-treated and may not be transported to hospitals by medical personnel.
22. A major medical and environmental emergency resulting from nuclear, biological, or chemical (NBC) weapons of mass destruction (WMD) could produce a large concentration of specialized injuries and problems that could overwhelm the State, county, local and/or tribal public health and medical care system(s). In the event of a suspected or confirmed chemical, biological, or radiological act of terror, supplemental assistance to local governments will be needed to identify the agent, stabilize and Mitigate the circumstances, treat patients, and provide technical assistance until federal resources are in place to support on-going incident management activities.
23. A nuclear, biological, chemical or large-scale epidemic incident will be responded to at the local level. The Metropolitan Medical Response System (MMRS) is trained and ready to respond to such incidents. These teams, in conjunction with county and state public health, have the capability to assess incidents, determine impact and recommend the deployment of the Strategic National Stockpile (SNS) to the Department of Health. Through the MMRS, pharmaceutical stocks may be used at bioterrorism and other health emergencies.
24. A Center for Disease Control (CDC) Team of 5 – 8 technical advisors, a Technical Advisory Response Unit (TARU), usually comprised of a team lead, pharmacist, public health advisors, logistician and emergency response liaisons, will be deployed at the time of the first shipment.

III. CONCEPT OF OPERATIONS

During normal daily activities, the coordination of emergency response operations resides in the San Juan County Public Health Department. Large emergencies will result in the activation of the San Juan County Emergency Operations Plan (EOP). The plan may be activated by the San Juan County Administrator, the Commissioners or designee.

Upon activation of the San Juan County EOP, the overall control and coordination of health and medical response activities will transfer to ESF #8 in the San Juan County Emergency Operations Center (EOC). County EOC staff will initiate a notification procedure that alerts ESF #8 Primary Agencies.

A. Public and Environmental Health Coordinator will:

1. Respond to the EOC when notified.
2. Prioritize emergency response activities, due to staffing limitations.
3. Provide public health nurses and/or other support personnel to schools, reception centers, or other mass care facilities for medical assistance and services.
4. Maintain communications with field personnel and the EOC.

5. Work to quickly identify sources of hazardous chemicals or infectious diseases, controlling their spread, and reporting their presence to appropriate State and Federal health and environmental authorities.
6. Provide health and sanitation oversight at mass feeding locations. Ensure that all public facilities utilized for mass care meet current health standards.
7. Coordinate with the County Engineer, Soil and Water Conservation District officials, and State Health officials to protect and ensure sanitation of water systems. Inspect damaged buildings. Inspect sewer systems and landfill sites to ensure compliance with State Health requirements.
8. Assist the medical coordinators with the acquisition and disposition of medications and medical supplies and equipment.
9. Implement actions to prevent or control vectors such as flies, mosquitoes, and rodents.
10. Issue health advisories to the public on such issues as emergency water supplies, waste disposal, mass feeding services, vectors, immunizations, disinfection, and others as required.
11. Participate in air, water, ground, and/or structure sampling plan development and implementation. Participate in the Recovery Planning Group, if activated. Provide technical assistance to decision-makers regarding reentry and recovery decisions.
12. Continually update and maintain EOC status boards, providing briefings or other information relating to public and environmental health response and recovery activities. Provide Event Log Coordinator with information regarding key response actions and corresponding execution times. Detailed information is critical in portraying an accurate picture of overall emergency response and recovery operations.
13. Plans are under development with the local health department for the provision of assistance to special needs populations and medically dependent individuals at an existing shelter or at a "special needs" shelter facility, if required.

B. The Medical Coordinator will be requested to report to the San Juan County EOC, and will:

1. Work closely with the San Juan County Public Health Department representative on all medical response team efforts and make appropriate information and situation reports available to the Health District and the San Juan County Policy Group.
2. Coordinate with both the Incident Commander(s) (ICs) and hospitals, in mass casualty disasters utilizing medical command post(s) at or near the disaster site(s). The IC, chief medical authority or designee at the site(s) may be responsible to:
 - a. Fill a large demand for water and intravenous equipment.
 - b. Ensure triage is conducted in an area where ambulances have easy access.
 - c. Establish one or more areas for EMS equipment to be deposited as units enter. Otherwise ambulances, carrying equipment that may be needed at the scene, may leave with patients.

3. Ensure that disaster operations include:
 - a. in-hospital triage and treatment
 - b. holding and treatment areas, if required
 - c. adequate medical control of field operations
 - d. Advanced Life Support (ALS) trained personnel
 - e. transport of the injured is provided
 - f. Isolation, decontamination and treating victims of hazardous chemicals or infectious diseases, has occurred when necessary; and,
 - g. maintaining communications with the EOC, the hospital, and the appropriate medical control officer and field commanders.
4. Be prepared to provide the Joint Information Center (JIC) with medical advisories pertinent to the situation.
5. Work closely with the Health Coordinator to ensure adequate medications, medical personnel, supplies and equipment is available.
6. Work with the Human Needs Coordinator and School Coordinator for the needs of special populations and to ensure adequate transportation resources are available.
7. Request support from outside jurisdictions where mutual aid agreements are in place; or request additional resources through the State EOC Health Coordinator.
8. The Office of the Medical Examiner Investigator (OME Investigator) may be asked to respond to the EOC or, under the direction of the San Juan County Sheriff, may operate from the field and coordinate with appropriate agency representatives in the EOC.

IV. RESPONSIBILITIES

Director/Designee, San Juan County Public Health Department

1. Act as Public Health Coordinator when the Emergency Operations Center is activated. If unavailable, will ensure the alternate responds to the EOC.
2. Ensure the availability of public health nurses to respond to reception center(s)/shelter(s), if requested during disaster situations.
3. Designate an environmental health specialist to act as Environmental Health Coordinator when the EOC is activated.
4. Establish preventative health services and make the general public aware of same, including the control of communicable diseases.
5. Establish and manage a Medical Reserve Corp, consisting of retirees or people who work out of the immediate area but live in San Juan County, who can be drawn upon to assist San Juan County in a disaster or catastrophic event to supplement the county's resources when they become overwhelmed.

A. ESF 8 Coordinator: Public Health Coordinator

1. Coordinate all public health services in the jurisdiction.
2. Maintain updated resource inventories on health and medical supplies and equipment.
3. Provide epidemiologic surveillance, case investigating, and follow up.
4. Provide coordination of laboratory services for identification required to support emergency health and emergency medical services.
5. Provide public health advisories on general sanitation matters to the public and media whenever possible through the Joint Information Center serving the emergency.
6. Coordinate with neighboring areas and State Public Health Coordinator on matters requiring assistance from other jurisdictions.
7. Coordinate of all health-related activities among other local public and private response groups or agencies.
8. Coordinate operations for general or mass emergency immunizations or quarantine procedures.
9. Take all appropriate hazard specific emergency response operations training.

B. Environmental Health Coordinator

1. Provide for monitoring and evaluation of environmental health risks or hazards as required and take or assign appropriate correctional measures.
2. Inspect for purity and usability and quality control of vital food stuffs, water, drugs, and other consumables.
3. Coordinate with the water, public works or sanitation departments in the jurisdiction, as appropriate, to ensure the availability of potable water and an effective sewage system, sanitary garbage disposal, and the removal of dead animals.
4. Ensure that medical wastes are handled and disposed of properly, if services are disrupted or the demand for disposal increases.
5. Implement actions to prevent or control vectors and the spread of disease through animals.
6. Monitor food handling and mass feeding sanitation services in emergency facilities.
7. Detect and inspect sources of contamination dangerous to the general public's physical and mental health.
8. Inspect damaged buildings for health hazards.
9. Coordinate with the animal control officer to dispose of dead animals.
10. Ensure that adequate sanitary facilities are provided in reception centers and shelters for response personnel and the public.
11. Provide guidance and oversight on all appropriate recovery planning issues.
12. Provide environmental health advisories to the public and media whenever possible through the Joint Information Center serving the emergency.
13. Will take all appropriate hazard specific emergency response operations training.
14. Ensure that all reporting and record keeping requirements are met with local, state and federal agencies.

C. Hospital Medical Control Officer

1. Implement hospital disaster plan.
2. Provide medical guidance, as needed, to EMS units, field collection and/or treatment locations, et cetera.
3. Oversee and coordinate the activated medical organizations to assess their needs, help them obtain resources, and ensure that necessary services are provided.
4. Coordinate with the Medical Coordinator and the Health Coordinator in the EOC on distribution of patients to and among health care facilities based on the capability to treat and bed capacity, including transfers outside the area and/or rerouting to alternative facilities.
5. Maintain a patient tracking system in coordination with the Medical Coordinator in the EOC.
6. Establish and maintain EOC, field and inter-hospital medical communications.
7. Work with the Medical and Health Coordinators to provide transportation of medical resources to health care facilities and to and from disaster sites as required.
8. Upon request make available qualified medical personnel, supplies and equipment available within the jurisdiction.
9. Screen, and coordinate, with neighboring community medical organizations, State and Federal officials and incoming Disaster Medical Assistance Teams (DMAT) to ensure that positive identification and proof of licensing is made for all medical volunteers as appropriate. Licensure can be verified by calling the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing, 801-530-6628.
10. Maintain liaison with the coordinators of other emergency services such as fire, law enforcement, public works, emergency management, et cetera, to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
11. Provide patient identification information to the American Red Cross upon request.

D. Medical Coordinator (in the EOC or command post)

1. Report to the EOC/command post and establish and maintain field communications and coordination with field units, other responding forces, and radio or telephone communications with the hospital(s) and other casualty care facilities or command posts as appropriate.
2. Respond to Sheriff's dispatch with emergency rescue, medical and ambulance units.
3. Provide personnel to administer emergency medical assistance at the disaster scene. Provide patient identification information to the American Red Cross upon request.
4. Work in conjunction with the Hospital Medical Control Officer to provide transportation of medical resources to health care facilities and to and from disaster sites as required.
5. Assist with the evacuation of patients from hospitals, the skilled nursing facility, or home healthcare clients, if resources permit.

6. Provide first-aid and medical supplies for disaster use in coordination with the Health Coordinator.
7. Ensure that medical teams responding to a disaster site establish a medical command post.
8. Maintain a casualty tracking system in coordination with the Medical Control Officer.
9. Maintain updated resource inventories on medical supplies and equipment.

SUPPORT ORGANIZATIONS

AGENCY	FUNCTIONS
American Red Cross Navajo Nation	<ul style="list-style-type: none"> • Provide food for emergency medical responders and other field support personnel, volunteers and patients. • Maintain a Disaster Welfare Inquiry System in coordination with hospitals, aid stations, and field triage units to collect, receive and report information about the status of victims. • Assist with the notification of next of kin of the injured and deceased. • Assist with the reunification of the injured with their families. • Provide blood, blood substitutes, and blood by-products, and/or implementing reciprocal agreements for replacement of blood items. • Provide first aid and other related medical support at temporary treatment centers, as requested, and within capability.

All tasked agencies should:

1. Maintain existing communication capability and follow established procedures for inter- and intra-agency and IC communications for daily and emergency field operations;
2. Each tasked organization is expected to provide its own logistical support ((food, water, emergency power, fuel, equipment/supplies replacement, etc.) during the initial phase (at least the first 24 hours) of response operations. Additional support should be obtained through the EOC, or the IC, as appropriate.
3. Sources of medical supplies and equipment will be developed and maintained by the appropriate health and medical organizations, and made available to the EOC for reference.
4. Plan for and schedule training and exercise.
5. Establish a procedure to identify damage to organizational resources and facilities and cost accounting of damages, for reporting to the EOC Finance Coordinators.
6. Ensure that organizational staff members in the EOC have authority to commit resources and set policies, or know the appropriate procedures for doing so.
7. If appropriate, establish a protocol for interfacing with State/Federal responders and coordinating centers.

8. Activate a control center to support and facilitate the organization/department's response activities.
9. Ensure 24 hour staffing in the EOC and control center, when requested by the EMD;
10. Maintain communication with appropriate Branch or Section Chiefs;
11. Keep appropriate ESF Coordinators in the EOC and JFO informed of status of operations at all times;
12. Maintain daily staff and equipment usage records and expense reports and provide to the financial officer in the field and/or EOC as appropriate. Request forms if not readily available; and,
13. Clean, repair and perform maintenance on all equipment, as required for daily use, and before returning to normal operations or to storage

San Juan Public Health Referral Form

Client's Name: _____

Date of Referral: _____

Medicaid ID Number: _____

Address _____

Birthdate: _____

Telephone Number: _____

Referral To: [Service provider's name, address, and telephone number]

Referred By: [Service provider's name, address, and telephone number]

Reason for Referral: _____

Authorization: I, _____ [Client's Name], give my permission to _____ [Service Provider's Name], to release this information to _____ [Care Coordination Provider's Name]. The information is to be used to assist me in monitoring and coordinating my health care and social service needs.

Signature of client/parent or guardian: _____

Date: _____

Service Provider's Reply (summary of findings, diagnosis, recommendations, comments, as appropriate):

Signature: _____

Date: _____

BYLAWS

OF THE SAN JUAN COUNTY BOARD OF HEALTH

ARTICLE I

Authority, Name and Structure

- Section 1.1 The San Juan County Health Department is organized as a county health department pursuant to Utah Code Ann., Section 26A-1-101, et seq.
- Section 1.2 The Board is established and governed by County Ordinance 2018-01, and under authority of Utah Code Ann., Title 26A-1-101, et. seq.
- Section 1.3 The Board shall act as the Local Health Authority as defined in the Utah Local Health Department Act.
- Section 1.4 The name of the Board shall be the San Juan County Board of Health, hereinafter called Board.
- Section 1.5 The Board shall adopt and implement through policies and procedures, where applicable, Utah Code Ann., Sections 26A-1-101-through 26A-1-133, as well as the articles specified in these Bylaws. The Board shall adopt and implement written procedures to determine the general public health policies as required by Utah Code Ann., Section 26A-1-109(8).
- Section 1.6 The Board shall consist of seven members.
- Section 1.7 After initial appointments, Board members shall serve for four (4) year terms. Members appointed to fill vacancies shall hold office until the expiration of the terms of their predecessors.

ARTICLE II

Purpose and Function

- Section 2.1 The role of the Board is to adopt and implement policy in regard to public health.
- Section 2.2 The purposes of the Board shall be to evaluate, advise, and recommend policies and procedures of operation for the San Juan County Health Department to promote the general health of all citizens of the county.

Section 2.3 Specific functions of the Board include all activities identified in Utah Code (26A-1-109), (26A-1-110), (26A-1-111), and Utah Administrative Rules R380-40 which include:

- A. Establish policies and regulations as necessary.
- B. Adopt an annual budget.
- C. Monitor revenue and expenditures.
- D. Oversee compliance of the local health department with the Minimum Performance Standards (R380-40).
- E. Assure a process of ongoing planning.
- F. At least annually evaluate the performance of the Local Health Officer.
- G. Report at least annually to the county governing body and municipalities on the health status and operation of the Local Health Department.
- H. Assure an annual independent financial audit is conducted and review and accept the health department's audit findings.

Section 2.4 Powers & Duties. The Board shall have all the powers and duties outlined in Utah Code Annotated, Section 26A-1-114 and shall be subject to any restrictions set forth in said Section.

ARTICLE III

Composition of Board

Section 3.1 The Board shall be composed of influential citizens with experience, abilities and points of view that will contribute to the effective management of San Juan County Health Department. All members of the Board shall reside within San Juan County.

The following representation shall consist of:

- A. One (1) person representing San Juan County Commission, approved by the Commission.
- B. One (1) person representing Blanding City, appointed by Blanding City
- C. One (1) person representing Monticello City, appointed by Monticello City
- D. One (1) person representing Bluff City, appointed by Bluff City.
- E. Three (3) members selected and approved by the Board and ratified by the San Juan County Commission, with a goal of representing the interests of the communities of Aneth, Montezuma Creek, Oljato, Monument Valley, White Mesa, Red Mesa, and/or other unincorporated areas of the county. (One person may be able to represent more than one of the above listed groups, if appropriate.)

Section 3.2 No member of the Board shall be on the payroll of the Health Department. The Health Director shall be a non-voting member of the Board.

Section 3.3 Membership on the Board may be terminated by resignation. Termination of a Board member’s position will be considered by the Board after three (3) consecutive absences. Recommendations for termination of elected body appointees will be made by the Board to the appropriate body.

Section 3.4 Vacancies of Board of Health positions shall be filled by nomination and approval by the Board, and ratification by the County Commission.

Vacancies of elected officials shall be filled by recommendation and approval of the respective governing councils.

Section 3.5 Expired terms of Board appointees shall be filled by the nomination and appointment by the Board and ratified by the Commission.

If an elected official is appointed a member of the Board, the expiration of said official's elective term of office shall serve to terminate that person's term on the Board.

ARTICLE IV
Conducting Business

Section 4.1 Officers of the Board shall consist of the chairperson, vice chairperson, secretary and such other officers as may be determined by the Board members.

Board members will elect officers biannually at the first meeting of the calendar year. If an officer’s term ends before completion, the Board shall elect another member to serve for the remainder of that term. However, if the officer continues to serve on the Board for an additional term, they may complete their elected term.

If an Officer chooses to step down as of such duties after completing one year the Board shall elect another member to serve for the remainder of that term.

Section 4.2 Regular meetings of the Board shall be held not less than once every three (3) months, at a time and place designated by the Board.

Special meetings may be called by the chairperson, the Director, or by majority of the members by giving three (3) days’ written or oral notice, or in case of emergency, as soon as possible after the members of the Board have been notified.

All meetings will be conducted by the chairperson or vice chairperson. In the absence of both officers, meetings may be conducted by the Secretary of the Board or an acting chairperson, designated by the chairperson.

Section 4.3 A quorum shall be constituted by a majority of the voting members of the Board. A quorum shall consist of four (4) voting Board members. No proxies are permitted.

Meetings of the Board of Health may be held electronically in accordance with the following requirements:

- A. Electronic Board meetings may be conducted using telephone, video conferencing, internet-based meeting platforms, or other real-time electronic communication technologies that allow all participants to hear and communicate with one another simultaneously.

If a quorum of the Board is physically present at a meeting location, other Board members may participate electronically without prior approval.

If fewer than a quorum of the Board is physically present at the meeting location, the meeting may still be conducted electronically if approved by a quorum of the Board. Any Board member may request that a meeting be conducted electronically, and such approval may be granted at the meeting in question.

- B. Electronic Board meetings shall originate from the location in which Board members would meet if the meeting were not being held electronically (the designated location).
- C. For any electronic Board meeting, the Board will make every reasonable good faith effort to provide space, facilities and equipment at the designated location so that interested persons and the public may attend and monitor the open portions of the meeting including the comments made by members participating in the meeting from remote locations.
- D. Notice of each electronic Board meeting will be provided to the public at least 24 hours prior to the electronic meeting and in accordance with the requirements of Utah Code Ann., Section 52-4-207. The notice will include a description of electronic means to be used to connect remote Members to the Board meeting.
- E. Members of the public are not entitled to request electronic meetings of the Board or to monitor or participate in Board meetings from remote locations.

Section 4.5

Voting

All questions at a meeting of the Board shall be decided by majority vote of the quorum of the members present or in attendance electronically who are entitled to vote. Each voting member shall be entitled to one vote.

Section 4.6 The Public Health Director may serve as secretary to the Board and may assign certain functions to department staff members. Records will be kept in the office of the Public Health Director. The secretary shall attend or be responsive to all meetings of the Board, and preserve in the books of the Board true minutes of the proceedings. The minutes of the meetings shall be sent to the members of the Board along with notice of the next regular meeting at least one (1) week before said meeting.

ARTICLE V

Standing Committee

Section 5.1 Ad hoc committees may be called at the discretion of the Board by recommendation of the Department of Health with Board approval.

ARTICLE VI

Scope of Authority

Section 6.1 All decisions derived from the function of the Board which is not in conflict with State and County law shall be public policy and law and in full force in effect.

ARTICLE VII

Amendments

Section 7.1 These bylaws may be amended by a majority vote of the Board of Health and ratified by the County Commissioners.

Section 7.2 Any reference to statutes, rules or citations will be automatically amended when the statute, rule or citation is amended.

RESOLVED BY THE SAN JUAN COUNTY BOARD OF HEALTH, STATE OF UTAH, this ___ day of _____ 2026.

Ron Skinner, Chairperson
San Juan County Board of Health

Mike Moulton, Interim Director/Health Officer
San Juan Public

San Juan County Commission