



New Hampshire Health Officers Association

Welcome to our
Annual Spring
Workshop



May 12, 2021 ~ Zoom Webinar



New Hampshire Health Officers Association

8:00 – 8:30 a.m.

Welcome – NH Health Officer Association Update

*Wayne Whitford, President, NH Health Officers Association;
Sophia Johnson, NH DHHS Health Officer Liaison*

8:30 – 9:00 a.m.

**Keynote Address: State and Local Response to the
COVID-19 Pandemic in New Hampshire –**

Dr. Benjamin Chan, State Epidemiologist, NH DHHS

9:00 – 9:50 a.m.

Policy and Legislative Updates

Representative William Marsh

Matt Cahillane, NH DHHS

9:50 – 10:00 a.m.

Break

10:00 – 11:30 a.m.

Unsanitary Living Conditions Panel Discussion

Rachel Lakin, Adult Protective Services, NH DHHS

Brian Lockard, Salem Health Officer

Ted Joubert, Former Lancaster Health Officer

11:30 a.m.

Adjourn



New Hampshire Health Officers Association

8:00 – 8:30 a.m.

Welcome – Updates:

Wayne Whitford, President, NH Health Officers Association

Kevin Kaveny, Compliance Supervisor, DES

Sophia Johnson, NH DHHS Health Officer Liaison





New Hampshire Health Officers Association

NHHOA Update

Busy Year for the Health Officers Board as well as all health officers

- **Board continues to meet virtually on a monthly basis**
- **Board support of Representative Marsh on legislation**
- **Work with Health Officer Liaison to support local health officers**
- **Advise liaison on Health Officer Manual updates**

Looking Ahead

- **Work with Health Officers and DHHS on implementing RSA 128**
- **Develop a strategic plan for the association**
- **Plan for in-person fall workshop**
- **Continuing board support for health officer training**

As always, the Health Officer's Association Board is looking for new members.



New Hampshire Health Officers Association

NHHOA Board Members

President, Wayne R. Whitford
Health officer, Newbury and Sunapee

Vice President, Brian Lockard
Health Officer, Salem

Treasurer, Denise DeBlois
Deputy Health Officer, Allenstown

Secretary, Dennise Horrocks
Health Officer, Plaistow

Dennis Roseberry
Health Officer, Farmington

Heidi Peek-Kukulka
Health Officer, Nashua

James Murray
Health Officer, Exeter

Rene Beaudoin
Deputy Health Officer, Nashua

Ronald Beard
Fire Chief and Health Officer, Lincoln

Ron Eisenhart
Health Officer, Allenstown

Arthur Capello
Deputy Health Officer, Farmington



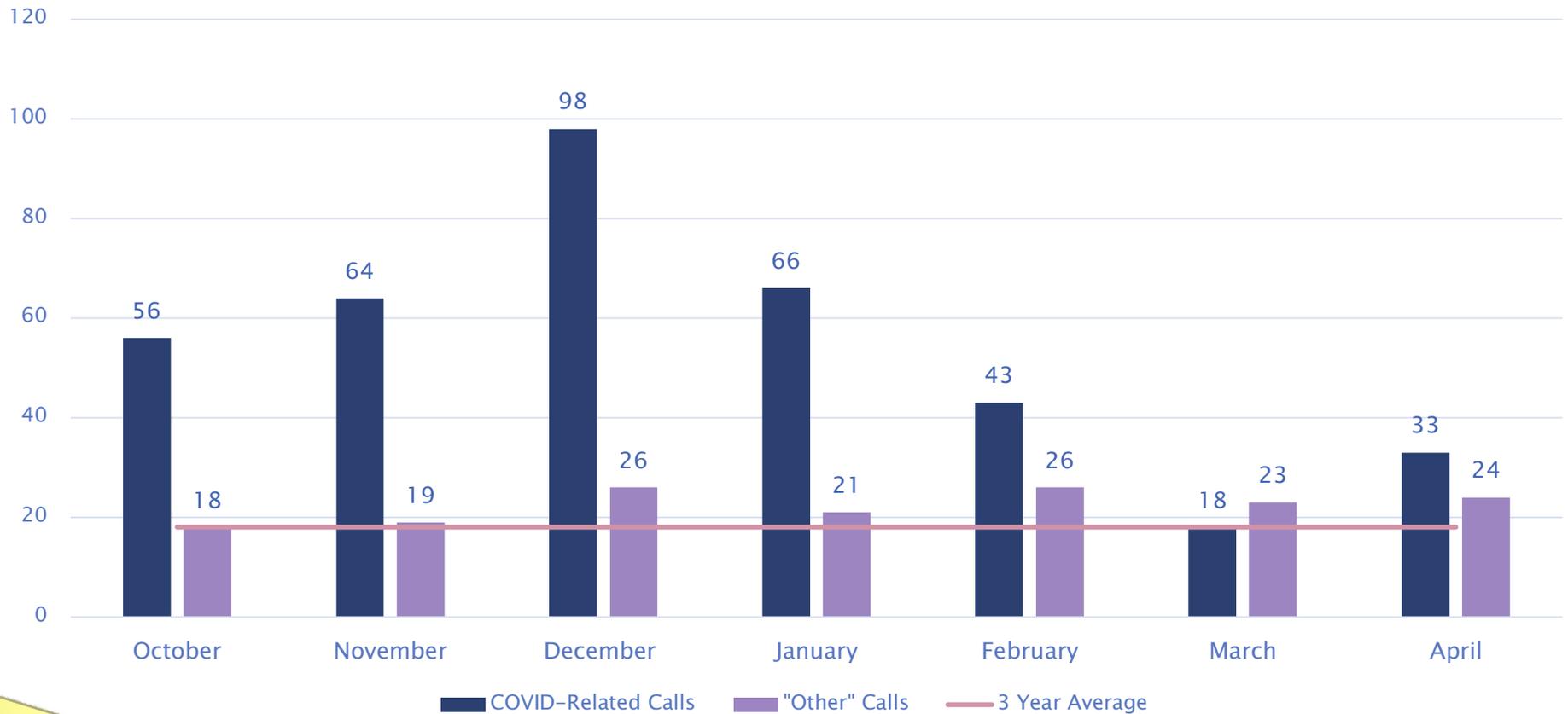
New Hampshire Health Officers Association

- **DES Subsurface Systems Bureau Update, Kevin Kaveny**
- **DPHS Health Officer Program Update, Sophia Johnson**
 - HHS Disparities Grant
 - Upcoming Trainings
 - HB79 Training with NHMA (Date TBD)
 - Health Officer Manual Update
 - Mold and Moisture
 - Indoor Smoking
 - Foster Care Inspections
 - Child Care Inspections (In progress)
 - <https://www.dhhs.nh.gov/dphs/holu/manual.htm>

Technical Consult Overview

HOLU Monthly Technical Assistance Inquiries (Oct 1 2020 – April 30 2021)

Total Calls: 535
Total COVID Calls: 337
Yearly Call Average: 220





New Hampshire Health Officers Association

Workshop Overview

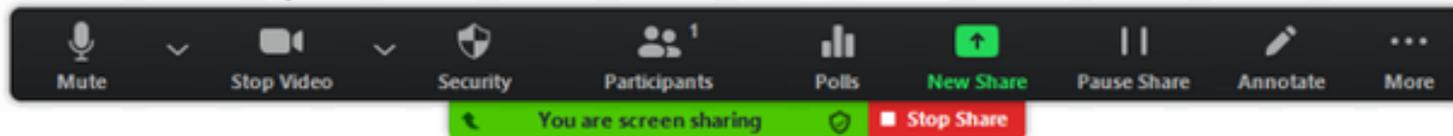
Highlights:

- Mute audio
- Asking Questions – use the Chat feature
- Technical difficulties – try turning off video

Mute

Video

Chat



State and Local Response to the COVID-19 Pandemic in New Hampshire

*Dr. Benjamin Chan,
State Epidemiologist, NH DHHS*

2020-2021 Policy and Legislative Updates

Rep. William Marsh, Brookfield Health Officer
Matt Cahillane, Program Manager, NH DHHS
Spring Training Day for NH Health Officers Association
Wednesday May 12, 2021



Agenda

- Review changes to State law
 - RSA 128; RSA 141-C; RSA 485 and others
- Understand how responsible parties can implement the legislative changes
- Understand how these changes affect Local Health Officers (LHOs) and their municipalities

Legislative Background and Changes

Representative William Marsh,
Health Officer, Town of Brookfield NH



RSA 128 Amendments

- 128:2 Residency requirement removed
- 128:3: Local Boards of Health
 - *The local board of health for each town **shall meet at least once every year**, and as frequently as needed, to review the state of local public health issues and concerns **and provide information, as requested**, to the department of health and human services, on the **readiness to address relevant public health threats** at the local or regional levels.*
- 128:5-b Deputy Health Officer term to match Health Officer
 - *“The term of the deputy health officer **shall** expire with that of the health officer...”*

RSA 128 New Sections

- 128:8 Training and Qualifications
 - **“Within one year of appointment every health officer shall complete a minimum of 3 hours of training on topics related to the specific state laws that provide authority to health officers. The training shall be administered at no cost to the municipality by the department of health and human services in collaboration with the New Hampshire health officers association (NHHOA).”**
 - 128:9 Background Check. *“Each municipality shall request and obtain a criminal history record information request...”*

RSA 128 New Sections Cont.

➤ 128:11 Reporting Requirement

- *Beginning November 1, 2021, and annually thereafter, **the New Hampshire health officers association, in consultation with the department of health and human services, shall report to the joint legislative oversight committee on health and human services, and the state health assessment and state health improvement plan advisory council regarding the readiness of municipal health officers to respond to potential public health threats in New Hampshire.***

RSA 141-C:5 Amendments

- III. *“After being informed of isolation and quarantine orders issued pursuant to RSA 141-C:12 to persons in their jurisdiction, inform the commissioner if they identify any substantive non-compliance with the order.”*
- IV. *“In the event of a public health emergency declared pursuant to RSA 4:45, enforce orders issued pursuant to RSA 4:47.”*

RSA 141-C:5 New Section

- Information sharing requirements
- V. ***”The department may share information with town and city health officers acting in accordance with their duties under RSA 141-C:5, provided the health officer has signed a confidentiality agreement at the time of his or her appointment under RSA 128 and has presented proof of successful completion of training on adherence to applicable confidentiality and security laws and regulations required when assisting the department of health and human services under RSA 141-C:5.”***

RSA 485-A:27, II(b) Amendment

- Safety Regulations for Pools and Bathing Places; Injunction; Emergency Closures
 - *“If the department determines that a pool at the facility is not in compliance with the standards and safety requirements specified in subparagraph (a) and that the deficiencies threaten the health or safety of patrons of the facility, **the department [DES] shall** issue an emergency closure notice to the owner of the facility or the owner's on-site representative and **immediately provide a copy of the notice to the town or city health officer.** “*

DHHS Proposed Plan to Implement the Legislative Changes

Matt Cahillane,
Program Manager, NH DHHS

Priority DHHS Response Items

As the law states:

- Changes to RSA 141-C and A 485-A:27, II(b) shall take effect 60 days after passage
- Changes to RSA 128 shall take effect upon its passage
 - DHHS will finalize a curriculum based on RSAs related to LHOs
 - DHHS expects the changes to take place over a number of months.

Next Steps:

- Implement the 3-hour training requirements
 - Our goal is to limit the burden on health officers
 - Our plan is to provide utility and variety
- Provide guidance on readiness reports for BoH
- Provide access to training courses on confidentiality

Training Requirements

“Within one year of appointment every health officer shall complete a minimum of 3 hours of training on topics related to the specific state laws that provide authority to health officers”

- Health officers will be nominated by BOS, then receive conditional appointments until training is complete
- Training to be provided up to four times a year, either virtual or in-person
- Minimum competencies to be developed in collaboration with the NHHOA and subject matter experts.

Basic 3-Hour Curriculum

- Overview of Roles and Responsibilities of Health Officer
- Review Laws and Regulations that specify Health Officer duties and powers, including:
 - RSA 128: Town Health Officers
 - RSA 147: Nuisances
 - RSA 48A: Housing Inspections
 - RSA 141-C: Communicable Disease
 - Applicable RSAs for inspection of schools, daycare, and foster/adoptive homes
- Review How to Perform an Inspection & Gather Evidence
- Clarify any Enforcement Authority

Advanced 3-Hr Curriculum:

- Provide topic specific training as an option for those who have completed basic training during the first term of appointment (i.e. years 1-3).
 - RSA 128, Sanitary Inspect & Enforcement RSAs
 - RSA 48-A Housing Inspect & Enforce RSAs
 - RSA 147 Nuisance and Septic RSAs
- Develop topic-specific competencies

Post Training Survey and Certification

- Post-training survey requirement to gauge the level of understanding:
 - A score of 60% is the anticipated minimum level of competency.
 - Likely conducted via a virtual Learning Management System (LMS) similar to a college platform.
- DHHS' Health Officer Liaison program staff plans to:
 - Send reminder emails for upcoming training dates and lapsed/missing certifications
 - Monitor participation and completion of training. Completion of training and appointment status will be mailed
 - Any enforcement of training will be soft, that is, reminders and encouragement.

Anticipated Questions

- *Are there alternative options to fulfill the training requirement other than taking a 3-hour course?*
 - *Test-out or alternative curriculum at NEHA*
- *Can I legally fulfill all of my duties under the law if I only have a conditional appointment?*
- *Do I have to complete the training each 3 year term?*
- *What if I do not pass the post-test?*
- *Are Deputy Health Officers required to take training?*

Reporting Requirements: Local Readiness via BOH

- Who is responsible:
 - *“The health officer shall be the secretary and executive officer of, and with the selectmen, shall constitute the local board of health for the town.”*
- Reporting requirement:
 - *“The local board of health for each town shall meet at least once every year,*
 - *to review the state of local public health issues and concerns*
 - *provide information, as requested, to DHHS*
 - *on the readiness to address relevant public health threats*
 - *at the local or regional levels*

Local Reporting

- DHHS' Health Officer Liaison staff will:
 1. Provide a sample template for a local readiness report
 2. Provide technical assistance to complete reporting requirement (**yet not write it for you*)
- DHHS recommends:
 1. Local Boards of Health keep copies of meeting notes to document action items and compliance
 2. Meet at least yearly, or more frequently if needed
 3. The report is meant to be an assessment process that help LHOs do their job better

Sample Template – Summary of Readiness to Address Local Public Health Threats

To be completed by Municipal Board of Health

Date of Report: _____

Municipality: _____ Population Size: _____

Health Officer: _____ Health Officer Phone # _____

Section 1: Readiness of Local Health Officer to Fulfill Public Health Duties

Has the local health officer completed a training course on the state laws that provide authority?

Yes No Scheduled for training on this date: _____

Is the Local Health Officer able and willing to perform the duties under the following laws:

1. RSA 128: Sanitary Inspections Yes No Needs Training _____
2. RSA 147 Nuisances Yes No Needs Training _____
3. RSA 48A Housing Inspections Yes No Needs Training _____
4. RSA 141-C Communicable Disease Yes No Needs Training _____
5. RSA xx Health & Safety Plan Yes No Needs Training _____

Are appropriate PPE available to the Health Officer? Yes No Partial/Need Supplies

Please list any available PPE or Safety equipment (e.g. type of mask, gloves, gown, booties, etc.)

Are appropriate inspections tools available to the Health Officer? Yes No

Please list any inspection tools (e.g. air or food thermometer, camera, inspection forms, etc.)

Section 2: Readiness of Municipality to Collaborate with a Regional Public Health Network (RHPN)

Does the municipality have a preparedness plan for public health issues? Yes No

If so, please attach a copy or provide a link to the plan.

Samples of Community Health Improvement Plans (CHIPs): <https://www.dhhs.nh.gov/dphs/rphn/index.htm>

Section 3: Readiness via Training and Certifications

Has the Health Officer completed any specialized Environmental Health training courses?

Yes No Comment: _____

Has the Health Officer completed any advanced environmental health certifications?

REHS CEH Specialist Other relevant training _____

A description of certificates is available at <https://www.neha.org/professional-development/credentials>

Section 4: Local Board of Health

As per RSA 128:3, the health officer and selectmen shall constitute the local board of health.
Please list members of the local Board of Health (BOH):

-

How many meetings did the BOH have this past year? _____
If none, when is the date of the next scheduled meeting? _____

Section 5: Narrative

1. Please describe the top three public health challenges you have for your municipality.

2. Please describe the readiness of the Local Health Officer to respond to these community concerns.

Reporting Requirements: State Readiness via NHHOA

- *“Beginning November 1, 2021... NHHOA...shall report annually to the joint legislative oversight committee on health and human services and the state health assessment and state health improvement plan advisory council regarding the readiness of municipal health officers to respond to potential public health threats in New Hampshire.*

Reporting Requirements: NHHOA Readiness Report

- DHHS' Health Officer Liaison staff will:
 - Provide sample template for a readiness report
 - Consult with NHHOA to identify appropriate reporting material (*yet not write the report for you*)
- NHHOA Board members may:
 - Consult with municipalities & NHMA on emerging public health concerns to include in the report
 - Focus on the readiness of both towns and cities
 - Focus on the individual health officers – do you have the training, equipment and authority to be ready?

Sample Template—State Readiness Report Health Officers
To be Completed by the New Hampshire Health Officers Association (NHHOA)

Date: _____

NHHOA Contact number _____ NHHOA Email _____

Section 1: Job Status of New Hampshire's Local Health Officers

Full-Time Health Officers _____
Part-Time Health Officers _____
Volunteer Health Officers _____
Vacancies _____
Total Health Officers _____

Health Officers who are first-responders (i.e. affiliated with local Fire, Police, or EMT) _____

Section 2: Readiness to Collaborate with Regional Public Health Network (RHPN)

Percentage of municipalities reporting to have a public health emergency preparedness plan?

Section 3: Readiness to Response via Training and Certifications

Percentage of Health Officers who have completed the required 'Basic Certification' 3-hour training course required under RSA 128:xx? _____

Percentage of Health Officers having completed advanced environmental health training? _____

Number and Type of Trainings provided by NHHOA this past year:
_____ (attach information if needed).

Section 4: New Hampshire Health Officer Association

Please list NHHOA Board Members: _____

How many meetings did the NHHOA board have this past year? _____ (please attach minutes)

Section 5: Narrative (description of local public health readiness challenges and resources)

Confidentiality Training

For Health Officers who would like to receive confidential information as it relates to communicable disease (under RSA 141-C), you must have:

- A signed confidentiality agreement
- Proof of successful completion of training on adherence to applicable confidentiality and security laws

DHHS staff may:

- Suggest options for confidentiality training, and provide information on training opportunities
- Connect LHOs with appropriate DHHS staff to facilitate process
- Provide technical assistance as necessary to complete requirements

Other DHHS Initiatives

- DHHS' Health Officer Liaison Staff will:
 - Update Health Officer Manual in accordance with statute and administrative changes
 - Update nomination forms
 - Update Health Officer Liaison website to reflect new requirements
 - Provide ongoing information to LHOs on changes via list serve messages and online webinars

What Changes for the Municipality?

- May appoint a LHO from out of State
- Shall perform a background check on a nominee
- Shall have a DHO serve the same term as the HO
- Shall have the local Board of Health meet yearly
- Shall cover reasonable costs of attending the NHHOA training subject to the provisions of RSA 129:1.
- May report to DHHS on the readiness of the municipality to respond to public health threats

DHHS may adopt rules to implement this chapter. Rules will clarify any grey areas and address any needed definitions, measures or procedures

Questions and Open Discussion

Contact Information

- ***Sophia Johnson***, MPH, NH DHHS, DPHS, Bureau of Public Health Protection, Health Officer Liaison Unit (HOLU)
- 603-271-3468
- Sophia.Johnson@dhhs.nh.gov
- healthofficer@dhhs.nh.gov

- ***Matt Cahillane***, MPH, Program Manager, NH DHHS/DPHS/ Bureau of Public Health Protection
- 603.271.4072
- matthew.cahillane@dhhs.nh.gov



www.dhhs.nh.gov/dphs/holu/index.htm



New Hampshire Health Officers Association

Break



Unsanitary Living Conditions Panel Discussion

Rachel Lakin, Adult Protective Services Administrator
Lancaster Case Study, Ted Joubert, Former Health Officer, Lancaster
Salem Case Study, Brian Lockard, Health Officer, Salem
Facilitator: Sophia Johnson, DHHS

Introduction to Panelists

Rachel Lakin

- Adult Protective Services Administrator

Ted Joubert

- Former Health Officer, Lancaster
- Member of the Lancaster Fire Department

**Brian
Lockard**

- Health Officer, Salem

Agenda

- 10:00-10:30 **Unsanitary Living Conditions Overview**
- 10:30-10:50 **Lancaster Case Study**
- 10:50-11:10 **Salem Case Study**
- 11:10 – 11:30 **Open Discussion**
- 11:30 **Adjourn Workshop**

New Hampshire Adult Protective Services



**Working Together to Give a Voice
To a
Silent Problem
In New Hampshire**



The Law: History and Purpose

- RSA 161-F: 42-57: Protective Services to Adults
- “The purpose ... is to provide protection for vulnerable adults who are abused, neglected or exploited. Implicit ... is the philosophy that whenever possible an adult’s right to self-determination should be preserved, and that each adult should live in safe conditions and should live his own life without interruption from state government...”

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New Hampshire Department of
HEALTH AND HUMAN SERVICES



Adult Protective Services

- Who is eligible for services?
 - APS can investigate and provide services to “vulnerable” adults who are being abused, neglected or exploited.
- RSA 161-F:43, VII. “Vulnerable” means that the physical, mental, or emotional ability of a person is such that he or she is unable to manage personal, home, or financial affairs in his or her own best interest, or he or she is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver.

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Adult Protective Services

- Investigates six categories of adult abuse:

Emotional
Physical
Sexual
Self-Neglect
Neglect
Exploitation



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Reporting

161-F: 46 “Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any (vulnerable) adult... has been subjected to abuse, neglect, self-neglect or exploitation...shall report...”



Making a Report

- If the call is an emergency, you should consider phoning the police for a well check or 911 first.
- If you need to leave a message, please include your availability that day or the next business day. If you believe APS is already involved with a specific individual, leave the name and DOB so we can look it up before calling and/or so we connect you with the assigned worker in the field.
- When you speak with an intake worker, you will be asked many questions. You may not have all the answers and that is fine. Please just share as much as you can regarding:
 - If you are unsure if something is “reportable”, air on the side of caution and call. Intake will review all information provided and determine
 - if the concerns meet the statutes for an investigation. In some situations, if the vulnerable individual is aware of the call and open to/agrees

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Where to Report

New Hampshire Department of Health and Human
Services

Bureau of Elderly and Adult Services

1-800-949-0470 (In NH)

or

603-271-7014

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New Hampshire Department of
HEALTH AND HUMAN SERVICES



What Are Protective Services

- Voluntary
- Case Management
- Counseling
- In Home Supports: Homemaker, Meals on Wheels, Adult-in Home Care, Chore, Emergency Support
- Out-of-Home Supports: Adult Group Day Care, Senior Centers, Respite Care, Other Community Services: Mental Health Services, Choices for Independence (HCBC), Medical Services, ...

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What's Not in the Law

- No authority to remove individuals from their homes or other residences without their permission
- No authority to make individuals accept services
- No authority to make individuals go to doctors, take their medications, “behave.”
- Adults are presumed to be “competent” unless found otherwise by a Probate Court



Thank You

Rachel Lakin, APS Administrator

Phone: (603) 271-9092

Rachel.Lakin@dhhs.nh.gov

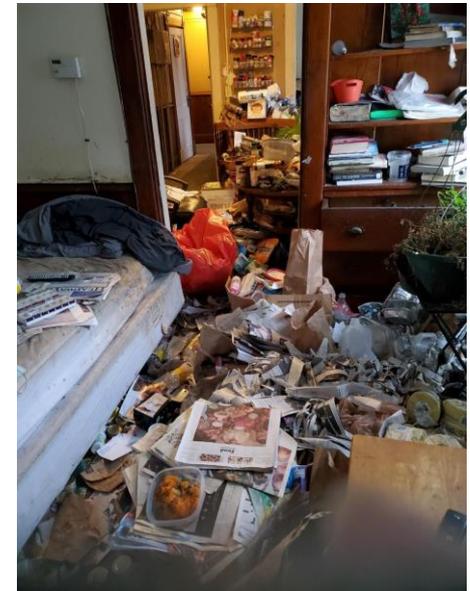
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2020 Unsanitary living Condition: Lancaster, NH

Health Officer: Ted Joubert

Background

- Fire Department responded to a medical alarm activation at a unit in a local apartment building
- Staff found apartment inundated with significant amounts of trash, junk, and rotting food. Rampant bed bug infestation despite landlords attempts to treat pests. Concerns for presence of rodents. Overwhelming stench
- Occupant is a disabled male who lives alone and has a history of living in this type of situation
- Health Officer was also a member of the Fire Department
 - primarily the "stick" of the stick and carrot routine, but took the approach of using the “stick” only when necessary
 - was able to control most of the time frames, set a lot of the meeting dates and shared information amongst the involved parties



Coalition Building



PARTNER AGENCIES

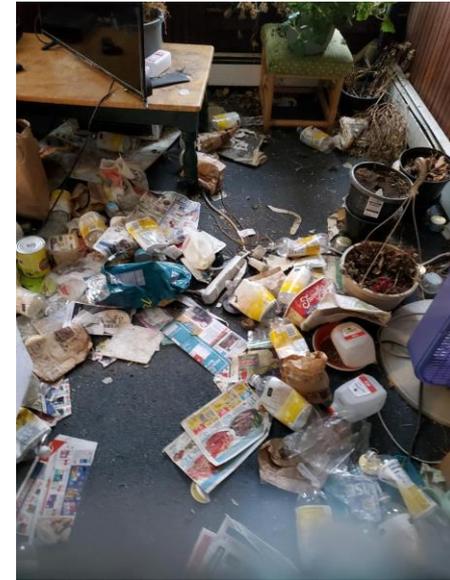
- ▶ Health Officer brought together coalition of partners to surround the resident with many options and enticements
 - BEAS/APS: provided social services to this individual, has paid for cleaning services in the past
 - Local PD
 - Granite State Independent Living:
 - Local Hospital System
 - Property Manager
 - Brain Injury Institute
- ▶ Partners worked together to identify next steps and solutions for this individual

SHARED CONCERNS

- ▶ If the apartment is cleaned, will this happen again?
- ▶ Is the individual able to care for himself?
- ▶ What are the risks he is posing to adjacent units?
- ▶ If evicted, where will he go?
- ▶ Resident refuses to comply

Follow Up

- Frequent Zoom meetings with partner agencies
- Site visits, education, verbal warnings, and 3 letters provided
 - *Excerpt from order letter below*
- Resident ultimately ordered to vacate apartment
- Police presence used to get him out of the apartment. He was transported to the fire station and completely deconned. All of his clothing was red bagged and destroyed. He was provided a complete set of fresh clothing purchased by welfare monies. He was then sent to a hotel room at the request of his home health staff.



The following corrective actions need to be taken:

All garbage, trash bags, rotting food, debris and refuse needs to be properly disposed of. If any garbage bags have been broken or damaged by vermin or rotting food has been left uncontained it must be cleaned so no waste remains. Any porous property inside the apartment that is contaminated with rotting food will also need to be cleaned. *This should be started immediately upon receipt of this letter and completed within five (5) days. You must contact me for a compliance inspection for the end of day five (5).*

Court Appeal



- Resident appealed order to vacate in local court
- Court session facilitated via virtual platform
- The judge ruled in the towns favor and stated: "the Court finds based on the credible evidence before it that the conditions of the property ***constitutes a clear and imminent danger*** to the life or health of occupants or other persons..."
- He appealed twice, including on the morning of his removal, but the court upheld her order.

Outcome

- Resident was moved to a new apartment, after staying in a hotel for a few weeks. He refused offers for assisted living. His refusals made finding a safe and health location difficult.
- The landlord lost \$24,000.00+
 - Lost revenue for the one year time period that the case took to evolve.
 - Four apartments were unable to be rented
 - Clean up costs fell entirely on the owner of the building. Initial clean up costs just to remove the trash was \$4500.00 dollars.
- The apartment needed to be cleaned prior to pest treatment.
- Resident appealed to the State Supreme Court. The case is still pending, but it is believed it will most likely be settled. The resident is willing to drop the case if he is provided what the previous town manager promised him.

Lessons Learned

- The health officer seems to have a far reaching amount of power and authority. However it needs to be wielded with solid documentation and a persistent focus on the case
- Coalition approach definitely seemed to help create strong documentation.
- Slow and steady approach. There was a serious health issue for the other residents but the issue was never going to be solved over night. Thorough documentation, clear communication and the collaborative approach made the case pretty solid.

- Keeping notes on the case, names, numbers, better storage of photos etc, was so important. This was crucial for the court hearing.
- Town leadership at times inserted themselves, made deals or promises or tried to change plans established by the coalition. This created confusions as the entire coalition was working together and an exterior party was not.

“The ability to remove people from their homes should be respected but at times does need to be used to its fullest. Being polite, advocating for the resident and being honest go a long way in clearing ones guilt or conscious and feeling righteous in the end.

Most importantly - while the living conditions in this case were horrific. What's worse is the resident surrendered and had accepted living in the conditions. His parents were Concentration Camp Survivors. They were removed from there home and lost all of their possessions during WWII. While the building and it's occupants needed the apartment to be treated. The resident also needs to be cared for.”

-Ted Joubert

2018 Unsanitary living Condition: Salem, NH

May 12, 2021

Brian Lockard
Salem Health Officer
890-2050
blockard@salemnh.gov

Owner
XX Brookdale Road
Salem, NH 03079

Subject: XX Brookdale Road, Salem, NH, Map XX, Lot XXXX
Unfit for Human Habitation

Dear Owner:

I conducted an inspection of XX Brookdale Road on August 15, 2018 at 3:35 PM while accompanied by representatives of the Fire and Police Departments. This inspection was conducted in accordance with the Town of Salem Housing Code, Chapter 288, NH RSA 48-A:14 and 147:16-a and the following conditions were noted:



- **The dwelling is in an unsanitary condition. It is filled with trash, rotting food and debris as well as numerous flies.**
- **Dried feces and blood was observed on the carpets and floor in the kitchen and living room.**
- **A strong offensive odor emanated from this dwelling unit.**
- **The body of a deceased adult female was found in the home.**

The unsafe and unsanitary conditions noted above present a clear and imminent danger to the health and safety of any occupants of XX Brookdale Road. In accordance with the Town of Salem Housing Code, Chapter 288-8 and NH RSA 147:16-a, this dwelling is unfit for human habitation at this time and must not be re-occupied until these violations are corrected and an inspection by this office is conducted to verify compliance.



Failure to comply with this Order may result in court action. If you have any questions, please contact this office at 603-890-2050. If you want to contest this order, you can file a written request with the Salem Board of Health, 33 Geremonty Drive, Salem, NH 03079, c/o Brian Lockard. A request for a hearing must be submitted in writing within ten (10) days upon receipt of this order. You will be sent a hearing notice of the date and time.

Sincerely,

Brian A. Lockard
Health Officer

cc: Chris Dillon, Town Manager, Cheryl Bolouk, Tax Collector, Normand Pelletier, Town Assessor, Larry Best, Fire Chief, Paul Donovan, Police Chief, Jeff Emanuelson, Fire Marshal







Notice for Dwelling

DANGER

AUGUST 27, 2018

THIS DWELLING IS DECLARED UNSAFE FOR HUMAN OCCUPANCY OR USE. IT IS UNLAWFUL FOR ANY PERSON TO USE OR OCCUPY THIS DWELLING BECAUSE OF THE FOLLOWING DANGEROUS CONDITIONS:

- **UNSANITARY CONDITIONS WHICH RENDER THE DWELLING UNSAFE.**
- **ACCUMULATION OF FECES, OLD FOOD, TRASH AND DEBRIS.**

EFFECTIVE IMMEDIATELY, OCCUPANCY IS PROHIBITED BY ORDER OF THE HEALTH OFFICER OF THE TOWN OF SALEM, UNDER AUTHORITY OF RSA 147:16-a.A



DETAILS OF THESE VIOLATIONS ARE ON FILE AT THE HEALTH DEPARTMENT AT 33 GEREMONTY DRIVE, SALEM, NH 03079.

ANYONE ENTERING THIS BUILDING AT XX BROOKDALE ROAD WITHOUT PERMISSION OF THE HEALTH OFFICER, OR ANYONE REMOVING THIS NOTICE, SHALL BE GUILTY OF A MISDEMEANOR.

PERSONS AGGRIEVED BY THIS ORDER MAY REQUEST A HEARING IN THE SALEM DISTRICT COURT, AND MAY ASK THE COURT TO DIRECT THE RESPONSIBLE PARTY TO REMOVE OR ABATE THE DANGEROUS CONDITION.



Letter and Notice Posted on Front Door





Questions and Open Discussion

Contact Information: NHHOA Executive Board of Directors

Wayne R. Whitford, President

- Health Officer, Town of Newbury
- PO Box 296
- Newbury, NH 03255
- (603) 748-1583
- wrwhitford@aol.com

Brian Lockard, Vice President

- Health Officer, Town of Salem
- 33 Geremonty Drive
- Salem, NH 03079
- (603) 890-2050
- blockard@salemnh.gov

Denise DeBlois, Treasurer

- Deputy Health Officer, Town of Allenstown
- 16 School Street
- Allenstown, NH
- (603) 772-0230
- Dmdeblois65@gmail.com

Dennise Horrocks, Secretary

- Health Officer, Town of Plaistow
- 145 Main Street
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New Hampshire Health Officers Association

Questions?

Thank you!