

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, April 22, 2014
12:00 Noon**

12:00 I. Call to Order

12:01 II. Privilege of the Floor – Anyone may address the Board of Health (max. 3 mins.)

12:04 III. Approval of March 25, 2014 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Old Business (15 mins.)

Administration

Children with Special Care Needs

Medical Director's Report

County Attorney's Report

Division for Community Health

Environmental Health

12:30 VI. New Business

12:30 ***Division for Community Health*** (25 mins.)

Discussion:

1. Ending Tobacco Sales in Pharmacies (25 mins.)

12:55 ***Environmental Health*** (5 mins.)

Enforcement Action:

1. Resolution #14.18.6 – Bell-Gate Mobile Home Park, T-Enfield, Violations of Subpart 5-1 and Part 17 of the New York State Sanitary Code (Water & Mobile Home Park) (5 mins.)

1:00 ***Adjournment***

DRAFT

Tompkins County Board of Health
March 25, 2014
12:00 Noon
Rice Conference Room

Present: Will Burbank; Edward Koppel, MD; James Macmillan, MD, President; Patrick McKee; Michael McLaughlin, Jr.; Patricia Meinhardt, MD; and Janet Morgan, PhD

Staff: Sylvia Allinger, Director of CSCN; Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; Frank Kruppa, Public Health Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

Excused: Brooke Greenhouse; and William Klepack, MD, Medical Director

Guests: Steven Kern, Sr. Public Health Sanitarian; and Skip Parr, Sr. Public Health Sanitarian

Privilege of the Floor: Tomo Shibata, Property Owner; and Mary Dietershagen, FDF Development Company

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:00 p.m.

Privilege of the Floor: Tomo Shibata, property owner of 360 East Miller Road in the Town of Danby, addressed Board members regarding her request to waive a conversion sewage system permit application fee. Ms. Shibata reviewed her reasons for the waiver request as described in an email she sent to Ms. Cameron on March 10, 2014.

Mary Dietershagen, representing the FDF Development Company, stated she was present to answer any questions about the proposed shared sewage system for a parcel of land located in the Town of Lansing. There were no questions from Board members.

Approval of February 25, 2014 Minutes: Mr. McLaughlin moved to approve the minutes of the February 25, 2014 meeting as written; seconded by Dr. Meinhardt. The minutes carried with Mr. Burbank and Mr. McKee abstaining.

Financial Summary: Ms. Grinnell Crosby referred to the February 2014 financial summary included in the packet. Instead of writing a separate memo she used the notes feature at the bottom of each page of graphs to describe the situation. She reported:

- The Preschool Special Education program has increased expenditures due to the annual payment of administrative fees to school districts. Revenues do not reflect the Automated Voucher Listing (AVL) for preschool payments that should be processed in March or April. It is for a significant amount of money.
- Division for Community Health has a reduction in revenues due to a staffing shortage the first two months of the year and subsequent reorganization which

caused staff to fall behind in billing. Also, there have been significant billing issues with Medicare concerning reimbursement for flu vaccinations.

- Early Intervention (EI), a mandate program, continues to be in flux due to the change in fiscal agent from counties to New York State. Some progress is being made now that Public Consulting Group (PCG) has contracted to be the State's fiscal agent. To date, numerous reimbursements have not been paid by the State. There was a data dump to help calculate the amount owed to the county, but there are questions about the accuracy of the data.
- The County's financial records for 2013 are still open so there is no final report for the year.

There was a lengthy discussion about reimbursement issues for the EI program with the following comments:

- Ms. Allinger stated the data dump covered the first quarter of 2013. Mr. Kruppa estimated about a quarter of a million dollars is owed from those three months.
- Mr. Kruppa explained the issue is the flawed data systems the State is using. The New York State Early Intervention System (NYEIS) does not provide reports so staff does not have the information to track the services provided related to payments. The State has acknowledged the system does not work and is in the process of fixing it. Ms. Allinger added she believes PCG will develop fiscal reports for counties.
- During a recent trip to Albany, Mr. Kruppa visited state legislators. He reported the New York State Association of County Health Officials (NYSACHO) was pushing the Legislature to solve this payment issue. However, there is a disagreement between the State Assembly and State Senate on how to handle the problem so there probably will not be a change this year.
- Dr. Meinhardt questioned the amount of the reimbursements owed. Mr. Kruppa responded it is significant but that number is unknown because the details are in multiple data systems.
- Mr. McLaughlin wondered if there is an issue of running the business day-to-day. Mr. Kruppa replied there is money that flows in on a regular basis; just from a long time ago.
- In response to Dr. Koppel's question, Mr. Kruppa said the system of using a fiscal agent was implemented in April, 2013; prior to that date billing was handled locally by the county.
- Mr. McKee observed other agencies having contracts with the State are in the same situation.
- On the positive side, Mr. Kruppa noted there are a lot of voices speaking from different perspectives. One group pushing to resolve this issue is a large lobbying contingent from New York City. With a significant amount of money at stake, any tinkering with the percentage the State pays could quickly bankrupt a lot of counties. Ms. Allinger's program is half the budget at the Health Department.
- Mr. Kruppa commended Ms. Allinger and her staff for their efforts tracking information and working with other counties in the region to compare and share ideas.

DRAFT

Ms. Grinnell Crosby concluded her report by stating the 2014 State Aid application is due next week. The State made major revisions to the application which has prompted a lot of questions. Staff participates in conference calls twice a week to gather information and is close to filing the application.

Administration Report: Mr. Kruppa reported:

- New York State Department of Health recognizes local public health workers through the Public Health Works! Honor Roll. This year Tompkins County nominated Brenda Coyle, administrative support staff in Environmental Health, and Cindy LaLonde, community health nurse in Children with Special Care Needs, for their efforts to support public health.
- In response to requests from staff, he wrote a report providing information about his monthly activities. He plans to include those reports in the packet and welcomes feedback from Board members. Wherever possible he will provide links to outside activities.

Medical Director's Report: Dr. Klepack was not present for the meeting.

Division for Community Health Report: Ms. Connors had nothing to add to her written report.

Children with Special Care Needs Report: Ms. Allinger had nothing to add to her written report.

County Attorney's Report: Mr. Wood stated he had nothing to report.

Environmental Health Report: Ms. Cameron had nothing to add to her written report.

Resolution #13.1.34 – German Cross Road Apartments, T-Dryden, Revise Resolution to Extend Deadlines (Water): Ms. Cameron noted the original German Cross Road Apartments resolution was adopted at the last Board meeting. The severe winter weather has forced the owners to request an extension to the deadline for completing the project. Their request is a minor modification to the resolution that Environmental Health (EH) supports.

Dr. Morgan moved to accept the resolution as written; seconded by Mr. McLaughlin; and carried unanimously.

Comment: Mr. McLaughlin expressed his appreciation for the opinion statement presented at the end of the action/discussion items. He believes it is helpful knowing the opinion of EH staff when considering an action. Other Board members agreed they found it helpful.

Resolution #14.33.7 W – Fraternal Order of Eagles #1253, C-Ithaca, Clean Indoor Air Act (CIAA) Waiver Renewal Request: Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Macmillan.

Ms. Cameron explained this one year waiver from the Clean Indoor Air Act has been issued to the Eagles organization for several years. The Eagles made a number of changes to their facility to create a separate smoking area that meets the specific requirements and conditions contained in the waiver. It is the only waiver in Tompkins County and must be renewed annually.

According to Mr. Kern, the Eagles could not apply for a waiver until one year into the law. Then they had to show a significant monetary loss due to the law and make the necessary accommodations for a separate facility having its own HVAC system, entryways; signage, etc. This was the only waiver requested and the only one issued. Mr. McLaughlin recalled the Eagles also made accommodations so employees did not have to enter the smoking area.

Dr. Morgan pointed out this is the ninth time the request for renewal has been made since the waiver was first approved in 2005.

Dr. Macmillan commented it meets the letter of the law. Mr. Kern stated one complaint would mean the Eagles were not in compliance and the waiver would be revoked.

The vote: Aye – 6; No - 1 (Dr. Morgan); carried.

McEver Request to Waive Sewage Permit Application Fee, 22 Station Road, T-Danby: Ms. Cameron stated the owner is requesting the replacement sewage system permit application fee be waived due to financial hardship.

Mr. McLaughlin asked whether lack of funds would inhibit the owner from replacing the system. Mr. Parr reported Mr. McEver has been in contact with Better Housing and would qualify for funding, but there are deed issues that may prevent him from securing the grant. There is a documented financial hardship as reported from Better Housing.

With the system currently in failure, Mr. McLaughlin wondered about the level of risk to the community if not repaired soon. Mr. Parr advised there would be a deadline for the owner to install a new system. Ultimately, there would be a stipulation for the owner to sign requiring him to vacate the premises if he is unable to replace his system. Ms. Cameron pointed out that is a separate issue from the waiver request before the Board.

Mr. McLaughlin moved to approve the request to waive the fee as recommended by the EH Division; seconded by Mr. Burbank. The vote in favor of waiving the permit application fee was unanimous.

Shibata Request to Waive Sewage Permit Application Fee, 360 East Miller Road, T-Danby: Ms. Shibata spoke earlier in the meeting regarding her request to waive a conversion sewage system permit application fee. Ms. Cameron reviewed the situation for the Board. Ms. Shibata originally applied for a new construction permit for a four bedroom house. After staff designed the system, she requested the permit be changed to three bedrooms so it was redesigned. Now she wants the system to accommodate five bedrooms. Since staff already issued a permit, she needs a conversion permit for the two extra bedrooms; she is requesting a waiver of that fee. Ms. Cameron advised the Board that the Division has never issued a fee waiver for a new construction or conversion permit.

DRAFT

Mr. Kern added the three bedroom sewage system has been installed so this is a separate permit for a two bedroom system to make the total of five bedrooms. Ms. Cameron noted the original permit fee was paid and the system designed twice; this would be the third design.

Ms. Cameron informed the Board this would be precedent setting. The other fee waiver requests have been for replacement systems where staff members are working with an existing homeowner and a failed system. The Division has never issued a waiver for new construction. For owners wanting to change the number of bedrooms in their houses, the process begins when they apply for a conversion permit and pay the fee. Then staff members complete the field work and design process to accommodate the change.

Since this would be precedent setting, Mr. Burbank asked why a fee waiver request would be inappropriate for new construction but appropriate for replacement systems. Ms. Cameron answered the main differences in this request and the ones previously encountered:

- Homeowners on limited incomes needing financial assistance to replace a system can roll the cost of their permit fees into their grants or loans from Better Housing.
- New construction is not addressing a public health hazard but a replacement system is.
- This case is also for a rental property so it is a commercial operation rather than a homeowner living in a place with a failed sewage system.

Dr. Macmillan asked if there was any motion from Board members. No action was taken.

Flinn/Dietershagen Waiver Request of Tompkins County Sanitary Code S-6.03.c, Whitetail Crossing Cottages, T-Lansing: Ms. Cameron stated this is an unusual situation. There are four cottages on one parcel of land owned by two families. They plan to stop renting the cottages commercially and subdivide the parcel of land. The sewage system is on one parcel so the waiver allows them to operate the system until it fails. Upon failure, the owners will install separate sewage systems. She reported Mr. Wood has reviewed the agreement and it meets his approval. EH supports the waiver request in this case.

According to Ms. Cameron, shared sewage systems are normally not allowed because it violates the Tompkins County Sanitary Code, but this is a unique situation. Mr. Wood agreed this is a unique situation. He said it does not change the environmental situation; it is just a convenience to the owners. When the system fails, the owners will comply with the code.

Mr. McLaughlin moved to approve the waiver request; seconded by Dr. Macmillan; and carried unanimously.

Adjournment: At 12:52 p.m. Dr. Macmillan adjourned the meeting.

Dashboard Display thru March 2014

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education		
Plng. & Coord. (Health)		
Women, Infants & Children		
Occupational Hlth.& Sfty.		
Medical Examiner		
Vital Records		
Division For Community Health		
Medical Examiner Program		
Plng. & Coord. Of C.S.N.		
Phys.Handic.Chil.Treatmnt		
Early Intervention (0-3)		
Environmental Health		
Public Health State Aid		

LAST REFRESH: April 10, 2014

EXPENDITURES

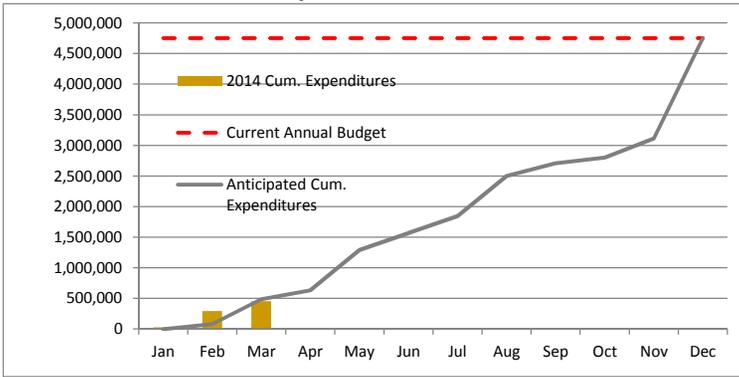
Cumulative to date compared to budget (over budget by more than 25% = Red, between 110% and 125% of budget = Yellow, below 110% of budget = Green)

REVENUES

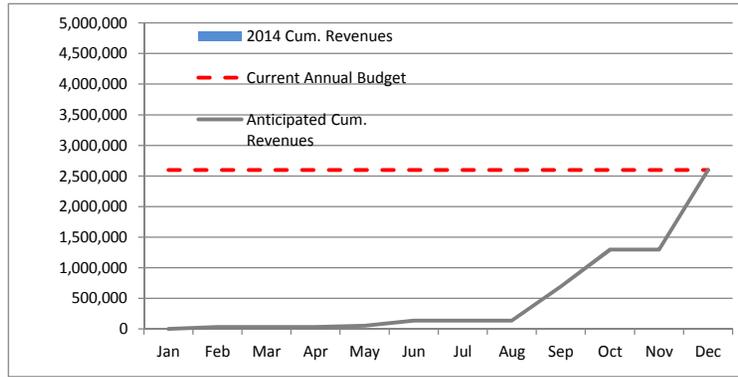
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Health Dept - Preschool Special Education (2690)

Cumulative Expenditures thru March 2014



Cumulative Revenues thru March 2014



Data Lapse:
30 days

Appropriations

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

Revenues

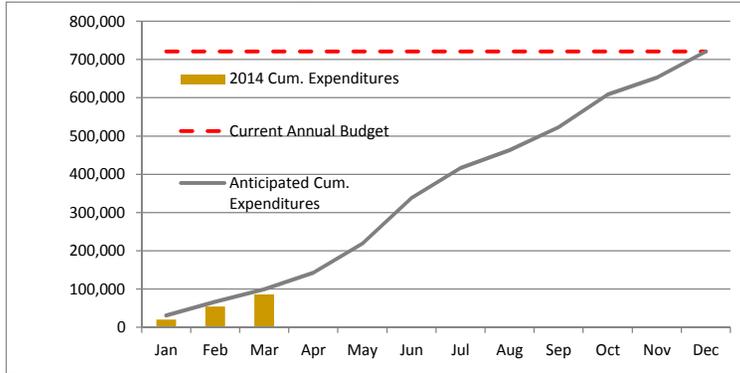
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

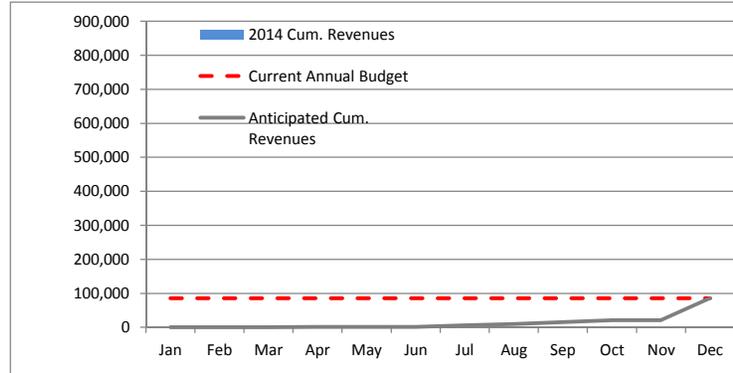
Notes: Revenues are not reflected as of the run date, a major AVL (Automated Voucher Listing) was filed on April 1, 2014. This AVL splits between 2013 and 2014.

Health Dept - Planning & Coordination (4010)

Cumulative Expenditures thru March 2014



Cumulative Revenues thru March 2014



Data Lapse:

30 days

Appropriations

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

Revenues

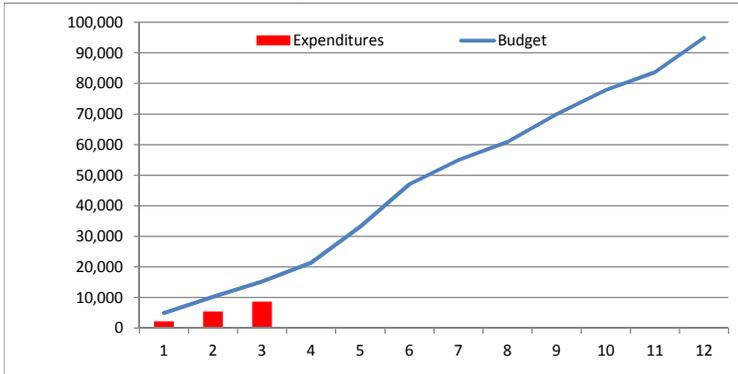
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

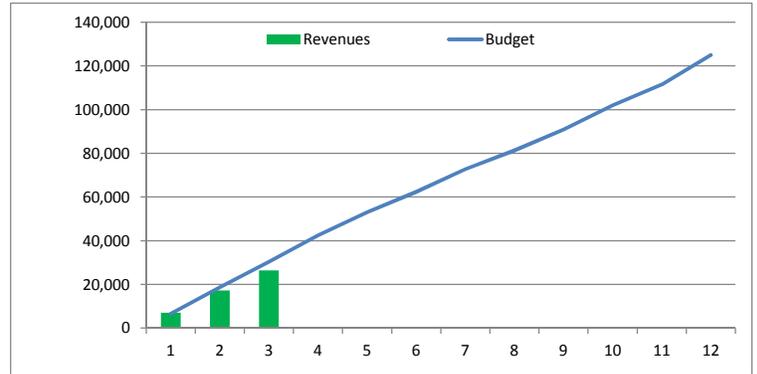
Notes: Revenues are running below budget due to timing of grant claims. Preparedness expenses for March are not filed until April . We will always be one month of expenditures ahead of revenues for monthly filed claims. Last year we had a vacancy in our Preparedness Coordinator.

Health Department - Vital Records

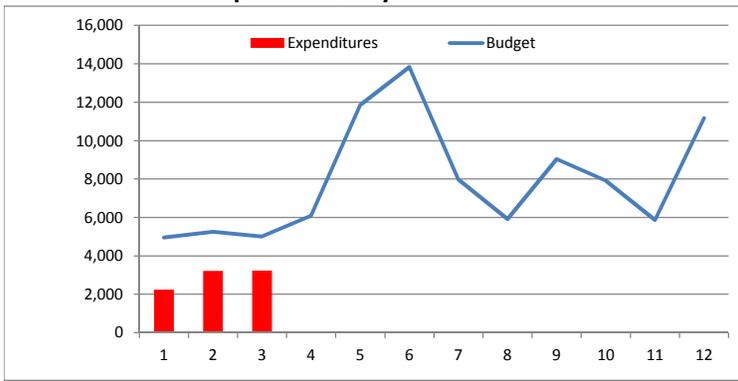
Cumulative Expenditures thru March 2014



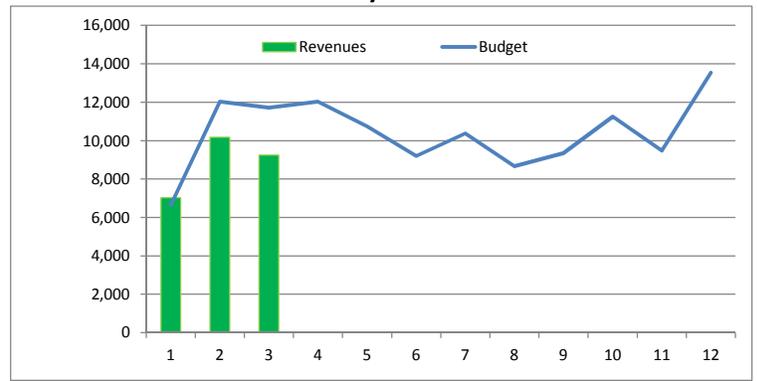
Cumulative Revenues thru March 2014



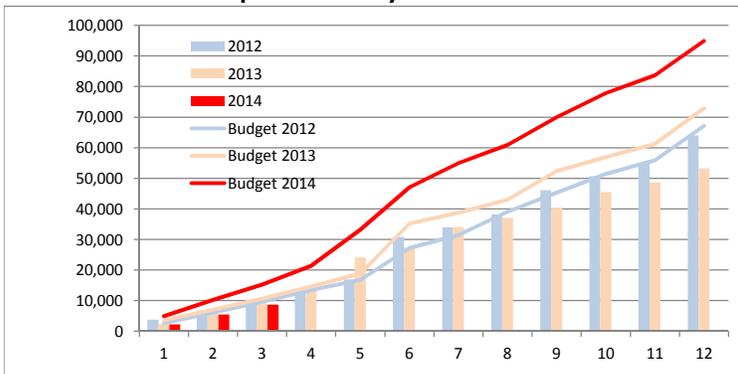
2014 Expenditures by month thru March



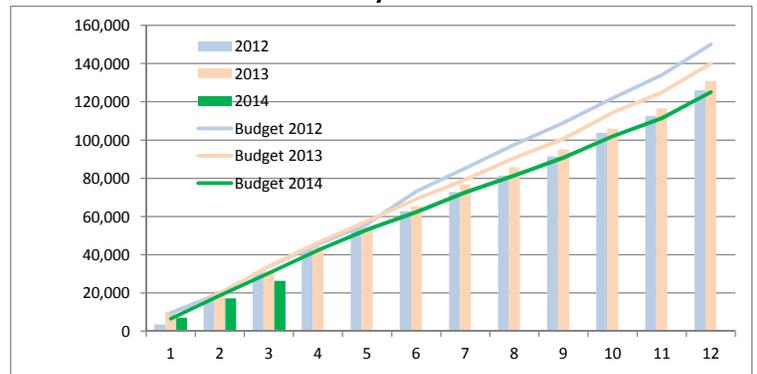
2014 Revenues by month thru March



Cumulative Expenditures by month thru March 2014



Cumulative Revenues by month thru March 2014

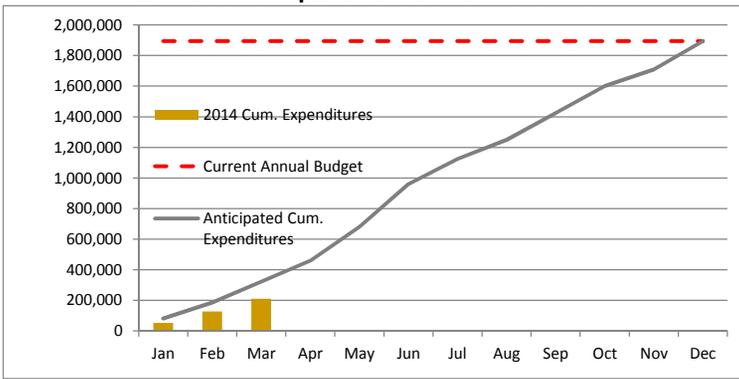


The budget line for each graph is based on the average of the prior two years actuals in a given month as a percent of the total applied to the current years budget.

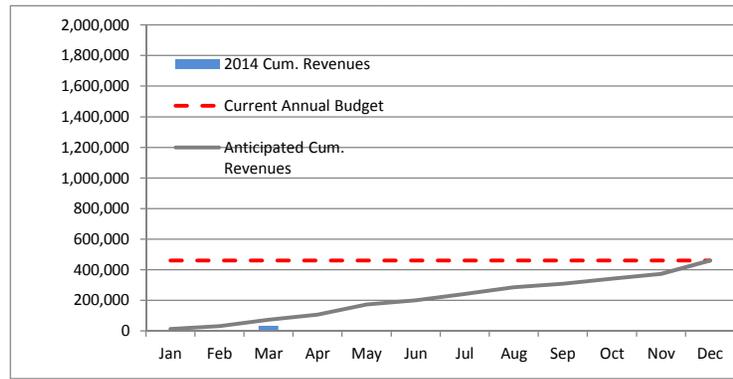
Notes: Revenues are on track based on budget this year. The budgeted revenue was reduced this year based on prior years actuals.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru March 2014



Cumulative Revenues thru March 2014



Data Lapse:
30 days

Appropriations

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

Revenues

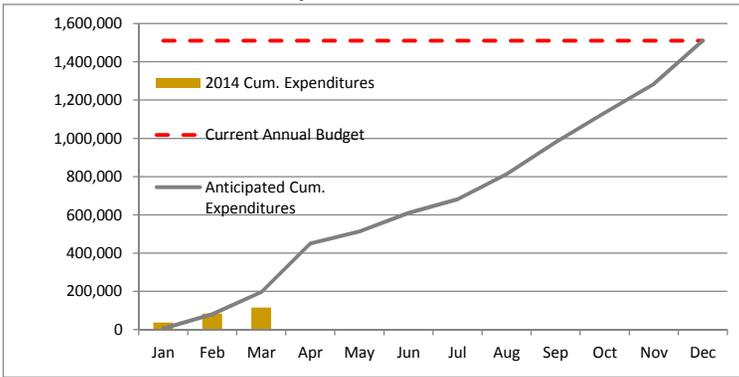
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

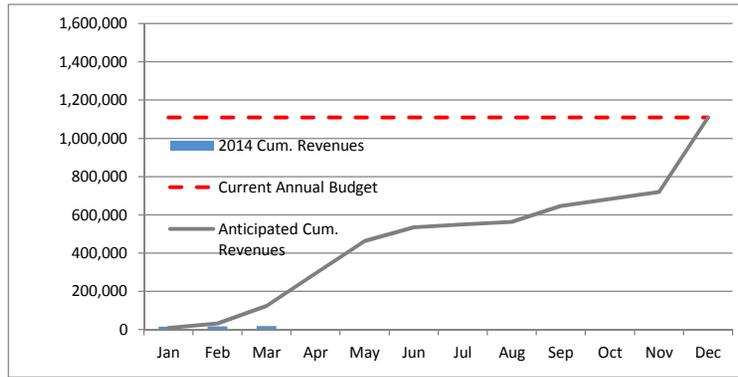
Notes: The reduction in revenues is due to a staffing shortage for the first two months of the year. In addition, staff continue to try and resolve the flu billing issue with Medicare.

Health Dept - Early Intervention (0-3) (4054)

Cumulative Expenditures thru March 2014



Cumulative Revenues thru March 2014



Data Lapse:
30 days

Appropriations

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

Revenues

- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

Notes: Early Intervention expenditures and revenues continues to be in flux due to the change in fiscal agent. Service providers are not experienced in working the insurance claim system. Comparisons to prior years still show when the county was the fiscal agent for the program. State reimbursements continue to lag for our service coordination.

**Public Health Director
Report
April 2014**

- Conducted interviews with WHCU, ICTV and WICB on County Health Rankings. Tompkins County ranked 2nd healthiest county in New York.
<http://www.countyhealthrankings.org/>
- Attended Annual Communicable disease staff meeting with Gannett Health Services.
- Co Chaired NYSACHO EH committee meeting on proposed day camp law changes.
- Met with Ithaca College intern advisor about current interns and how to successfully continue the relationship with IC. Reviewed draft intern application process for the Health Department.
- Presented the CHA and CHIP to the Tompkins County Early Childhood Collaboration.
- Reported to the Health and Human services Committee that we were successful in obtaining our Healthy Neighborhoods Grant for another 5 years. Also reported the Health department will be reviewing Chapter 72 of County law to consider including electronic cigarettes and other vaporizing forms to the indoor smoking prohibition.
<http://www.ecode360.com/8411798>
- Met with representatives of Cornell Community Health Professionals Mentorship Program about exposing students to careers in Public Health.
<http://www.gannett.cornell.edu/services/volunteer/mentorship.cfm>
- Attended Tompkins County Emergency Management Planning meeting and reported on status of EOC training and Functional Needs Sheltering planning.
- Completed internal 8 week process to create new On Call language for consideration during White Collar Union negotiations.
- Attended meeting called by City of Ithaca Mayor on evaluating the possibility of a public health rather than law enforcement based approach to drug abuse.
- Participated in conference call with NYSAC about potential state aid reductions proposed by the Governor.

**Medical Director's Report
Board of Health
April 2014**

Influenza:

We are continuing to see a downturn in the amount of influenza circulating. We are still seeing sporadic cases of it, but in general the statewide statistics are showing a downturn.

Lyme Disease:

We are coming into the start of Lyme season as the weather warms up. Tompkins Weekly ran an article on its front page covering a community presentation by a panel discussion about Lyme disease. The article was focused on only the viewpoints of the presenters at that presentation. I interacted with one of the physicians working with the Ithaca Free Clinic to encourage him to discuss Lyme issues with personnel there so they have better appreciation of the clinical issues regarding diagnosis and treatment of this disease.

In addition, I collaborated with members of the department with regard to the presentation. The Health Department will be putting out additional press releases and articles with more information on diagnosis and treatment which I think will be more representative of the situation.

E Cigarettes:



As information begins to accumulate concern grows about their health implications. E cigarettes vaporize chemicals, including liquid nicotine, for inhalation by heating the liquid in a battery operated device. They do not incinerate tobacco as conventional cigarettes do. Therefore, they avoid many of cigarettes' combustion products. However, the vaporized chemicals have been shown to increase airway resistance in humans. The health effects of the chemicals themselves are yet to be fully evaluated.

We do know however, that the amount of nicotine in them can vary from 1% to almost 20%. We know nicotine is toxic in high amounts. An average cigarette delivers 1 mg of nicotine. The lowest strength of nicotine gum delivers 2 mgs. E cigarettes range from 0 mg nicotine to 20mg. To look at the nicotine delivered by inhalation [Goniewicz ML](#) et al did a study:

Introduction:

The electronic cigarette (EC) is a plastic device that imitates conventional cigarettes and was developed to deliver nicotine in a toxin-free vapor. Nicotine in a solution is heated and vaporized when a person puffs through the device and is inhaled as a vapor into the mouth. The EC is a new product on the market and little is known about its safety and nicotine delivery efficacy. The aim of the study was to analyze nicotine levels in vapor generated from various EC brands and models. The study was designed to assess efficacy and consistency of various ECs in converting nicotine to vapor and to analyze dynamics of nicotine vaporization.

Methods:

Sixteen ECs were selected based on their popularity in the Polish, U.K. and U.S. markets. Vapors were generated using an automatic smoking machine modified to simulate puffing conditions of real EC users. Nicotine was absorbed in a set of washing bottles with methanol and analyzed with gas chromatography.

Results:

The total level of nicotine in vapor generated by 20 series of 15 puffs varied from 0.5 to 15.4 mg. Most of the analyzed ECs effectively delivered nicotine during the first 150-180 puffs. On an average, 50%-60% of nicotine from a cartridge was vaporized.

Conclusions:

ECs generate vapor that contains nicotine, but EC brands and models differ in their efficacy and consistency of nicotine vaporization. In ECs, which vaporize nicotine effectively, the amount inhaled from 15 puffs is lower compared with smoking a conventional cigarette.

[Nicotine Tob Res.](#) 2013 Jan;15(1):158-66. doi: 10.1093/ntr/nts103. Epub 2012 Apr 22.

Nicotine can be absorbed through the skin. Recharging an E cigarette can be done by the user using bottles of purchased solutions. The nicotine content of these will vary. If absorbed through the skin even an adult can become toxic (as for example if the solution is spilled on the body (see <http://www.nytimes.com/2014/03/24/business/selling-a-poison-by-the-barrel-liquid-nicotine-for-e-cigarettes.html>)

And for youth there is concern that they will be a gateway drug to cigarettes. This concern is fueled by the deceptive marketing strategies of e-cigarette companies, including the variety of flavors marketed (e.g. bubble gum). It is also important to note that in recent years, the three major tobacco companies (Altria, RJ Reynolds, and Lorillard) have either created their own e-cig

product or purchased existing companies. The involvement of big tobacco puts into question the motivation and target audience of e-cigarettes.

[A survey from the Centers for Disease Control and Prevention](http://www.nytimes.com/2014/02/23/health/a-hot-debate-over-e-cigarettes-as-a-path-to-tobacco-or-from-it.html?_r=0) found that in 2012, about 10 percent of high school students said they had tried an e-cigarette, up from 5 percent in 2011. But 7 percent of those who had tried e-cigarettes said they had never smoked a traditional cigarette, prompting concern that e-cigarettes were, in fact, becoming a gateway. “I think the precautionary principle — better safe than sorry — rules here,” said Dr. Thomas Frieden, director of the C.D.C. http://www.nytimes.com/2014/02/23/health/a-hot-debate-over-e-cigarettes-as-a-path-to-tobacco-or-from-it.html?_r=0

The share of middle and high school students who use e-cigarettes doubled in 2012 from the previous year, federal data show. The rise is prompting concerns among health officials that the new devices could be creating as many health problems as they are solving.

One in 10 high school students said they had tried an e-cigarette last year, according to [a national survey by the Centers for Disease Control and Prevention](http://www.nytimes.com/2013/09/06/health/e-cigarette-use-doubles-among-students-survey-shows.html), up from one in 20 in 2011. About 3 percent said they had used one in the last 30 days. In total, 1.8 million middle and high school students said they had tried e-cigarettes in 2012.

“This is really taking off among kids,” said Dr. Thomas Frieden, director of the C.D.C. <http://www.nytimes.com/2013/09/06/health/e-cigarette-use-doubles-among-students-survey-shows.html>



For toddlers and young children the concern is that routes of poisoning include ingestion and skin absorption.

“These “e-liquids,” the key ingredients in e-cigarettes, are powerful neurotoxins. Tiny amounts, whether ingested or absorbed through the skin, can cause vomiting and seizures and even be lethal. A teaspoon of even highly diluted e-liquid can kill a small child.... pose a significant risk to public health, particularly to children, who may be drawn to their bright colors and fragrant flavorings like cherry, chocolate and bubble gum.

The problems with adults, like those with children, owe to carelessness and lack of understanding of the risks. In the cases of exposure in children, “a lot of parents didn’t realize it was toxic until the kid started vomiting,” said Ashley Webb, director of the Kentucky Regional Poison Control Center at Kosair Children’s Hospital.”
<http://www.nytimes.com/2014/03/24/business/selling-a-poison-by-the-barrel-liquid-nicotine-for-e-cigarettes.html>

Indoor air quality:

And for employers the question is whether to ban the vapors from the workplace to protect non users. Major cities such as New York, Boston, Chicago, and Los Angeles have amended current smoking laws to ban the use of e-cigarettes in public places where smoking is already banned, including restaurants and bars.

See <http://www.npr.org/blogs/thetwo-way/2013/12/19/255582225/new-york-extends-smoking-ban-to-e-cigarettes> and <http://www.reuters.com/assets/print?aid=USBREA2324920140305>.

General Activities:

I conducted a jail review on March 4th at the Tompkins County Jail completing a quality assurance report. Copies go to the Public Health Director, the jail Sheriff, and the jail Medical Director. Generally I do a 10% sample of charts of the inmates looking at quality assurance issues.

Attended Management meeting on March 11th, where encrypted e-mail compliant with HIPPA requirements was discussed.

Met with Susan Dunlop to discuss further plans for upcoming diabetes prevention workshops for patients. In general the workshops remain successful. Patients lose weight (approximately 6 %) which lowers their diabetes risk.

Reviewed a patient issue with the MOMS personnel, with regards to a MOMS client, to help resolve it.

Attended Quality Assurance Committee Meeting on March 18th. We reviewed cases and quality assurance issues from multiple arms of the Health Department. These include, but are not limited to WIC, the Lead Program and MOMS.

Attended a meeting of the Ithaca City School District, which had asked for my help as the Health Department Medical Director, to aid in fostering better communications between the school district and the health care practitioners regarding the medical needs for their patients in order to coordinate services and maximize care. We will have more meetings over the next couple of months to make progress on this. Hopefully the model could be used in Dryden, Enfield/Newfield and Groton.

Reviewed Emergency Preparedness materials on Point of Distribution models in preparation for upcoming two day seminar on local preparedness at Ithaca College in April.

April 22, 2014 BOH Meeting
Division for Community Health

March 2014 Highlights

Agenda – Discussion: Ending Tobacco Sales in Pharmacies (see attached)

ADMINISTRATION

Sigrid Larsen Connors, Director of Patient Services (DPS)

Administration – The DPS:

- Participated in the TCHD On-Call workgroup meetings in review of after-hours response for department programs, March 7, 14, 21 and 28. In 2013 the Division responded to 107 after-hour calls and provided 38 on-call visits on weekends and holidays including 30 rabies clinic vaccinations.
- Revised program state aid activity codes to match the updated NYSDOH state aid categories. Reviewed draft codes in meetings with program staff March 11, 13, 20. All RN's, the DPS, Health Promotion Director and Planner/Evaluator record their activity time using state aid codes. The codes link to core and enhanced public health services eligible for state aid. One service no longer eligible for state aid includes PPD's for employees, students and EMT's, this activity time is recorded separately than PPD's provided for contacts in active TB case investigations or indigent populations which are eligible for state aid.
- Convened the quarterly Community Health Quality Assurance Committee, March 18. Per Diagnostic & Treatment Center and Licensed Home Health Services Agency Article regulations the 2013 September and December CH QA Minutes are attached.
- Completed one staff evaluation, March 19.
- Attended Health Promotion Program event Kick Butts Day at GIAC, March 19.
- Two bids received March 27 in response to the Request For Proposal (RFP) to purchase an updated software system for documentation, billing and scheduling of the Division clinic and maternal child services. Convened the Software Search Team March 28 to outline the review and evaluation process. The companies are requested to demonstrate their software solutions on-site in April.
- Training
 - *Local Health Department Community Health Assessment & Improvement Plans* Summary, NYSDOH Web-ex, March 6.
 - *Public Health Grand Rounds: Multidrug Resistant TB* CDC Web-ex, March 18.
- Emergency Preparedness Meetings & Training
 - *ARC/FEMA Special Medical Needs Shelter Course*, Clay, NY, March 1
 - *After Action Report Meeting on Ithaca City Ice Jam response*, TCHD, March 11

- *Legal Update for Mass Dispensing Operations*, NYSDOH Web-ex, March 19
- *Medical Sheltering During a Flood Evacuation*, Upstate Medical Grand Rounds Web-ex, March 20
- *Citizens Preparedness Training Program*, Cornell, March 29.

Other Meetings – TCHD Management (11); Senior Leadership (12); DCH Management (13) & BOH (25).

Division Statistical Highlights – January to March preliminary 2014 reports attached.

COMMUNITY HEALTH SERVICES

Karen Bishop, Supervising Community Health Nurse

Communicable Disease – See attached statistical reports.

Communicable Disease Performance Improvement Report for November 2013 – NYSDOH February 2014 graded Tompkins County Health Department 100% for timeliness of investigation initiation and 100% for case report form completeness. This is the second month in a row the CHS team has scored 100%. Kudos to the CD team!

Influenza- Health care worker mask regulation remains in effect until the NYSDOH Health Commissioner lifts the requirement. CHS continues to offer flu vaccination by appointment at the health department.

Norovirus outbreak – Recent outbreak in a senior congregate living site involved 20 residents and 2 staff. Appropriate infection control measures were taken to disrupt disease transmission between residents and staff.

Immunization – NYS Public Health Law 2164 was amended to align school entry immunization requirements with the Advisory Committee on Immunization Practices (ACIP) recommended childhood immunization schedule. This change goes into effect July 1, 2014. Karen Bishop met with the Ithaca City School District school physician and school nurses to discuss implementation. A letter to area private providers was also blast faxed regarding the required school immunization changes. Karen Bishop provided immunization training to 11 nurses at one family practice on March 25. Training included vaccine storage and handling, ACIP 2014 recommended childhood immunization schedule, NYS school immunization requirements and vaccination scenarios. Favorable post training evaluations received from all 11 attendees.

An April 2014 NYSDOH Health Advisory on health care personnel vaccination requirements and recommendations was blast faxed to area health care providers, hospital, colleges, nursing homes and urgent care settings.

Lead Poisoning – (1 new case, 3 active cases)

Active cases – 3 – No changes, all remain open to case management services.

New case – Two year old with blood lead level 14 mcg/dL on 3/12/14. After numerous attempts to reach the parent, a joint home visit was conducted with nursing and Environmental Health on 4/1/14. The child eats PICA – dirt, animal and human feces, dog/cat food, soap, books and cell phone buttons. Child receives speech therapy via Early Intervention. No environmental hazards identified on initial visit. XRF testing ordered. Plan: Ongoing Early Intervention involvement and lead case management services. Repeat blood lead level due in June 2014.

Tuberculosis (TB)

TB Disease (Active) – **one case** – Foreign born; USA resident since 2005; history of positive PPD, negative chest x-ray with subsequent Latent TB Infection (LTBI) treatment 2005-2006. Late 2013 to present, complaint of arm/shoulder pain x 2-3 months with suspicious abscess in shoulder, biopsy AFB smear negative. 3/14 CT Infiltrate in one lung, sputum AFB smear negative, culture pending. Fever, weight loss, but denied respiratory symptoms, MD suspected extrapulmonary TB. Patient with significant co-morbidities including diabetes, HBV and Cirrhosis. 4-drug TB medications initiated 4/1/14 empirically while hospitalized for risk factors. PCR test results pending. Respiratory precautions maintained while hospitalized. At discharge TCHD issued home isolation order 4/8/14. Wound culture positive for MTB 4/7/14. TB Consultant confirmed diagnosis of bone and lymph node MTB. Patient admitted to TCHD for Direct Observe Therapy beginning 4/8/14. Contact investigation initiated.

Training

Community Health Nurse (CHN) Gail Birnbaum attended training in Waterloo, NY on lead poisoning issues and medical/religious exemptions to immunization, March 17.

Karen Bishop attended the NYSDOH Immunization Meeting in Albany on March 18-19.

Team Leader Melissa Gatch and CHN Nanette Scogin attended Syracuse conference on *“Managing the Hepatitis C Patient: From Screening through Treatment”*, April 3.

Mentoring

CHS nurses mentored two TC3 nursing students, one Binghamton University nursing student and one Ithaca College student interested in pursuing nursing degree. Students observed MOMS initial office intake visits, home visits and immunization clinic.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Kick Butts Day planning March 12, - activities with GIAC after school teen program, (March 4, 11, 18), planning meeting with Ithaca Youth Council (March 4), activities with Southside Community Center after school program (March 7), outreach at Ithaca High School during lunch hour and event at GIAC (March 19). Event went very well, high school students from Ithaca Youth Council (3) and New Roots Charter School volunteered at the event (5). Samantha Hillson, Tobacco Education Coordinator – all planning meetings; Ted Schiele, Planner Evaluator, March 12 only.
- Kick Butts Day Event at GIAC, March 19. Samantha, Hillson, Ted Schiele, Theresa Lyczko
- Meeting with New Roots student at the Health Department to discuss Kick Butts Day plans for New Roots and GIAC. Student also conducted video interview with Ted Schiele, March 6. Samantha Hillson
- Presentation to the Lansing Village Board, regarding tobacco free outdoors on Village property, March 17. Ted Schiele; Samantha Hillson, attended.
- Meeting at Kendal at Ithaca regarding tobacco free outdoor signage, March 25. Ted Schiele, Samantha Hillson
- St. Joseph’s Hospital Cessation Center Training – “Motivating Health Clinicians to Implement Clinical Practice Guidelines,” March 26. Ted Schiele, Samantha Hillson

- Outreach to West Village property manager about smoke free housing. He will send email to corporate office. Emailed Bronx partnership to see if they have had contact with Omni NY (the owner of West Village), March 27. Samantha Hillson
- Monthly regional conference calls: Regional Steering Committee, March 3, Media work group, March 7, World No Tobacco Day planning, March 13; Tobacco Free Colleges, March 12. Ted Schiele
- Conference calls: Modality meeting, March 10; Point of Sale (POS), March 11. Ted Schiele, Samantha Hillson
- Conference calls: Collaborative Conference Call: Treating Pregnant Women’s Tobacco Use and Dependence, March 5; Youth Action Committee, March 17; Tobacco Free Pharmacy call, March 28. Samantha Hillson
- Kill the Butts webinar, March 27. Samantha Hillson

Tobacco Program Media – Samantha Hillson

- Published “E-Cigarettes: Not a Safe Alternative” in COPD Foundation Digest, Vol.10, No.1 - 2014
- Published “Students Campaign Against Tobacco,” Ithaca Journal, March 20, coverage from Kick Butts Day at GIAC
- Published Surgeon General 50th Anniversary article in DeWitt Middle School newsletter for March/April/May 2014

TCHD Collaboration and Support

- Assisted with final draft of WIC brochure, Theresa Lyczko, Ted Schiele
- Attended Department on-call meetings, March 7, 21. Theresa Lyczko
- Attended After Action meeting on public health flood response, March 11. Theresa Lyczko
- Participated in TCHD Staff Satisfaction Committee, March 20. Susan Dunlop – Community Health Nurse

Media

- Referred reporter from WSKG to other agencies for information on local heroin deaths, March 18. Theresa Lyczko
- Press release on annual County Health Rankings – Tompkins County is the second healthiest county in New York State, March 26. Posted on website. The release resulted in press interviews with Public Health Director. Arranged for WHCU monthly interview on Newstalk 870 with Public Health Director on the county rankings. Reported in *Ithaca Journal* on March 28 and *Tompkins Weekly*, March 31. Theresa Lyczko

Community Outreach

- Creating Healthy Places (CHP) – Three wellness committee meetings at separate worksites, March 4 and 6 and March 20 at TCHD. Ted Schiele
- CHP – monthly conference call with NYSDOH contract manager, March 6. Met with state wide worksite contractors of CHP grants, March 27. Ted Schiele
- CHP – Together with Human Services Coalition (HSC) staff met with company that provides biometric screenings for worksites, March 11. Ted Schiele
- CHP – Along with HSC staff provided information on biometric screening to “Own Your Own Health,” committee – a subcommittee of TCOG, March 19. Ted Schiele
- CHP – Attended Friends of Stewart Park board meeting; recorded and submitted meeting minutes, March 11. Theresa Lyczko
- Taught the fourth post core session for the Diabetes Prevention Program, March 4. Susan Dunlop

- Facilitated focus group discussion on marketing Diabetes Prevention Program (DPP) to worksites at Health Planning Council monthly board meeting. Theresa Lyczko. Susan Dunlop panelist on DPP outreach. Ted Schiele attended, March 10.
- Attended the *Sister Friends* annual celebration and presented information about the DPP to approximately 30 people, Susan Dunlop. Theresa Lyczko and Samantha Hillson attended, March 13.
- Met with peer counselor at FLIC to discuss the presentation of Chronic Obstructive Pulmonary Disease informational sessions at their site. Coordinated with EH's Healthy Neighborhood Program to discuss its services that may help to mitigate asthma triggers, March 31. Susan Dunlop
- Met with HSC staff to review presentation of DPP in a medical office setting, March 31. Susan Dunlop

Meetings and Trainings

- Human Services Coalition annual luncheon and networking opportunity, March 7. Theresa Lyczko, Ted Schiele, Samantha Hillson, Susan Dunlop
- Community Coalition for Healthy Youth (CCHY), executive meeting, March 10; board meeting, March 20. Ted Schiele
- Cooperative Extension Nutrition meeting, March 18. Samantha Hillson
- Community Café discussion at Lehman Alternative Community School, March 20. Samantha Hillson
- DASH –NY (Designing a Strong and Healthy NY) Conference: Healthy Community Development: Economic and Infrastructure Strategies to Reduce Obesity Disparities, Rochester, NY. March 24. Samantha Hillson

WIC PROGRAM

Beth Huber, RD, Director

- The NYSDOH Division of Nutrition has new leadership: Director of the Bureau of Supplemental Food Program (BSFP), April Hamilton and Assistant Director, Mary Carroll.
- The USDA on 3/4/14 published their “Revisions in the WIC Food Packages”; Final Rule. This rule addresses public comments submitted in response to revising the WIC food packages. NYS has until April 2015 to decide what if any changes they will be making to the WIC food card based on the final rule.
- Three regional office site visits were made this month to the local agency:
 - Newfield (3/6/14) & TCHD (3/20/14) - both visits completed by John Lute, Public Health Nutritionist (PHN) - written Newfield report indicates follow-up on a minor schedule change.
 - TCHD- (3/11/14)- visit completed by Nancy Mendillo, Health Program Administrator I (HPA I) and Patricia Chambers, Health Program Administrator (HPA) – written summary received with mostly positive feedback offering a few suggestions regarding WIC clinic space and staff allocation of time to better improve clinic flow.
- Local Agency Policy and Procedure was completed for the **Issuance of Breast Pumps and Breastfeeding Aids** and approved by the NYSDOH Regional Office on 3/5/14.
- Program Director Beth Huber, RD completed a site visit to Newfield WIC Clinic on 3/6/14 where she completed a QA assessment and site evaluation checklist.

- A conference call was held on 3/14/14 with the WIC Program Director and Lara Kaltman from Cornell Cooperative Extension to discuss future collaboration and updating of a Joint Services Agreement.
- WIC Nutritionist Cindy Mallery attended a training on Rapport Building for Behavioral Change in Syracuse 3/18 & 3/19.

Attachments

- CH QA Committee Meeting Minutes, September 2013
- CH QA Committee Meeting Minutes, December 2013
- Division Statistical Highlights, March 2014
- Communicable Disease Summary Report
- WIC Dashboard, March 2014
- Agenda discussion
- Draft BOH Resolution

Community Health Quality Assurance Committee
September 17, 2013 meeting minutes

Committee Members Present: *Gail Birnbaum, RN*, Community Health Nurse (CHN), Community Health Services (CHS)/TCHD; *Karen Bishop, RN*, CHN Supervisor, CHS/TCHD; *Sigrid Larsen Connors, RN*, Director of Patient Services/TCHD; *Melissa Gatch, RN*, Team Leader, CHS/TCHD; *William Klepack, MD*, TCHD Medical Director/TCHD; *Maureen Reedy*, Child Development Council; *Nancy Schaff, RN*, CHN, CHS/TCHD; *Lori Sibley, RN*, CHN, CHS/TCHD; *Marge Strosnider, NP*, community member/retired and *Kathy Taves, RN*, Team Leader, CHS/TCHD

Guest: Mary Beth Simmons, Elmira State College BSN Student

Excused: *Debora Axtell, RN*, CHN, CHS/TCHD; *Terri MacCheyne, RN*, Director of Maternal Child Unit/Cayuga Medical Center at Ithaca; *Alida Osetek, MSW*/Cayuga Medical Center at Ithaca; *Tina Snyder*, Nutrition Program Educator/Certified Lactation Counselor/Cornell Cooperative Extension of Tompkins and *Andrea Smith, RD*, WIC Program Director/TCHD

Welcome: Sigrid Connors welcomed committee members

Approval of June 18, 2013 meeting minutes – deferred to December meeting

Licensed Home Care Services Agency (LHCSA) & Diagnostic & Treatment Center (D&TC) – Policy & Procedure Approval

- **MOTION** - Karen Bishop moved to accept the **Influenza Vaccination & Prevention Requirements** Policy & Procedure as presented, motion seconded by Lori Sibley and approved unanimously.

Action – Sigrid will take the policy to the next Board of Health meeting for approval.

Dr. Klepack noted he drafted a letter encouraging staff vaccination to be sent to private provider practices. Karen said she will repeat the flu survey for private providers this fall. She has ~ 40 providers in the survey, to date, 6 reported 100% vaccination.

Licensed Home Care Services Agency Survey and Plan of Correction Review

July 15-18, a Regional NYSDOH representative conducted an unannounced survey of the LHCSA program which governs maternal child, lead and TB client home visits. The surveyor went on 2 home visits, reviewed client home visit records, personnel files, policies & procedures and quality assurance minutes. Only one deficiency in the "Plan of Care (POC)" was cited. The POC approved by the state included revisions to the computer profiles and visit standards, record audits and staff education on the record changes and visit expectations. The POC audit findings are noted below.

MOMS/Maternal Child record audit: Kathy Taves summarized QA activities.

Computer system changes:

- **Lead Cases** – Certification set for 6 months with visit frequency standard of one assessment and one prn visit. The care plan was revised to include case management and evaluation of client care plans and assessment of growth and development. Documentation to include any referrals to EI and/or MD if concerns were identified.

MOMS/Maternal Child record audit continued

- Maternal/Child Cases – Durable Medical Equipment (DME) Screen added to assessment and revisit profiles to include use of DME's, reporting parameter, acuity level and if needed follow-up to the plan of care.

August Review –

- Lead records – 3 of 3 reviewed had appropriate visit frequency accuracy and assessments.
- Maternal/Child records – 118 records reviewed (29 cases for each of 4 nurse case managers and 2 records for intake nurse).
 - 118 of 118 had assigned priority/acuity levels appropriate to the assessed level of care and accurate visit frequency as ordered in the plan of care.
 - 2 cases required use of DME, 1 record did not include the DME (glucometer) or reporting parameter. RN counseled on appropriate documentation, record amended and interim medical orders were sent.

September Review –

- Lead records – 5 of 5 records reviewed had appropriate assessments and visit frequency as medically ordered.
- Maternal/Child records – 40 reviewed (10 for each of four nurse case managers).
 - 40 of 40 had assessed priority/acuity levels appropriate to the assessed care level, and DME documentation and reporting parameters when applicable.
 - 38 of 40 had appropriate medical orders, of the two missing medical orders; one record visit frequency did not match certification orders and needed correction. RN counseled on appropriate documentation, record amended, and interim medical orders were sent.

Chart review trends were reviewed at the 9/12/13 CHS team meeting and individually when indicated. Team Leader reviewed required computer documentation changes.

Committee Recommendations: *No additional recommendations.*

Medicaid Obstetrical Maternal Services (MOMS) case review: Nancy Schaff summarized one high-risk active case.

- 35 year old client, from Russia, G1PO, start of care in May, due date 11/24. At the CHN's July home visit the client reported she had been bleeding x 5 days. Client hadn't gone to MD due to transportation problems. CHN had client go to CMC ED where she was diagnosed with placenta previa. At a CHN home visit in late August client was found with high BP, 3+protein in urine & 3+pitting edema. CHN notified client MD advised client be sent to ED, subsequently sent to Elmira Hospital for C-section and 1#, 14 oz baby born. Baby in extended care in NICU. At follow-up home visit CHN found client to have high BP, found the client hadn't gotten prescribed meds. CHN facilitated getting the client medications by the next day.
- Referrals made to WIC for electric breast pump, DSS for transportation for mom and breast milk to hospital, CSCN and ESL classes. Lori Sibley noted that Total Care MA Managed Care insurance will pay for an interpreter. Maureen Reedy noted that this client could also be referred to TP3 for DSS family support services.
- Committee praised CHN for astute assessment and follow-up of critical signs and symptoms.
- Committee discussed care issues related to language barrier. CHN learned that client didn't call for help sooner because in her experience in Russia she didn't expect she would receive immediate care.

Committee Recommendations: *Committee agreed with the actions and discharge plan.*

Incident Reports since last CHQA meeting: four incidents from 7/1 – 9/10 (CHS-3, WIC-1) 1 client related, 1 staff related and 2 related to environment/equipment.

- 2/19 Incident update related to reported bump to head – Employee continues on intermittent medical leave.
- 7/1 – Family member of child receiving immunization became ill with nausea, vomiting and dizziness. RN assisted and assessed. After an hour without improvement, family agreed to RN recommendation for ambulance to ED. The RN called the family member person on 7/2 and they reported they were diagnosed with vertigo and released on 7/1. Issues addressed in relation to the incident included: wheelchair (WC) not in easily accessible location (upstairs in Admin storage); valve on BP cuff stuck and needed to be fixed. In follow-up the WC was re-located to 1st floor TB exam room. DPS sent request to Admin to relocate WC's to more visible but secure location in lobby.
- 8/16 – Employee reported broken tail light as a result of backing up in client driveway and bumping into a tree. No personal injury to self, property or tree. Tail light repaired.
- 8/23 – Employee on-site at TCHD presented to CHS RN with one hive above one eye, denied any other signs or symptoms, history of recent insect bite or contact with other known allergy. Employee reported they husked an ear of corn at lunchtime. RN administered Benadryl and checked with employee 20-30 later with employee who reported no new or further exacerbation of hives. No further action.
- 9/10 – Member of WIC participant family reported to TCHD reception that they pulled out of space in the TCHD parking lot and scraped/dented the rear bumper of car in parking lot. No person identified themselves as a witness to the accident. Receptionist notified employee whose car was damaged. Employee exchanged insurance information with the person.

Committee recommendation: *Committee agreed with actions taken, no additional recommendations.*

Complaints since last CHQA meeting: – none!

WIC Report – The DPS reported the WIC Director continued to work reduced hours through August. The WIC Director announced she would resign from her role September 30 and requested voluntary move to a WIC Nutrition Educator II role on October 1. These changes were implemented. The DPS will serve as Interim Director until a new Director is hired.

Lead Poisoning case reviews – Karen Bishop reviewed six cases (3 open and 3 new)

Case #1 – (Previously reported to QI) Two year old initially identified with blood lead level 65 mcg/dL on 4/25/13 requiring immediate hospitalization for chelation. Blood lead level dropped to 35 mcg/dL prior to hospital discharge. This child has a complex psychosocial history. Her maternal aunt has custody and has moved to a lead safe home. Repeat blood levels every two weeks have shown a steady decrease in blood lead with the most recent level at 26. Developmental evaluation was conducted on 7/31/13 noting developmental lags in social/behavior with recommendation for weekly visits by MSW for behavioral and social intervention. Plan – CHS will continue to monitor the case to ensure repeat blood levels are done and continue to decrease. Child Protective Services is involved.

Case #2 & #3 cases – (One previously reported to QI, the other sibling new) Two year old and four year old siblings with slightly elevated blood lead levels of 13 & 11 mcg/dL. Exposure occurred as a result of remodeling done to their 1800's home. Parents educated regarding lead, immediately stopped grinding paint, and temporarily moved children to another family member's home. Parents

Lead Poisoning Case Reviews *continued*

have requested to have both children tested once a month. Plan – Will keep cases open until meets case closure criteria.

Case #4 – (New) One year old with initial blood level 11 mcg/dL on 6/18/13. Multiple lead hazards identified in home. Developmental assessment is within normal limits. Plan – Repeat blood lead test due in September. Recommended older sibling gets tested.

Case #5 – (Previously reported to QI) Three year old with initial blood level 12 mcg/dL on 8/17/12. Child had not accessed medical care prior to the 8/17/12 office visit. Developmental and behavior abnormalities identified. Referred child for developmental services but parent has resisted to date. The lead nurse made multiple attempts to encourage the parent to follow through on repeat blood testing, medical appointments and developmental evaluation. Due to the lack of response by the parent, the case was reported to Child Protective Services. Plan – Case will remain open to monitor repeat blood lead test, regular medical care and developmental evaluation.

Case #6 – (New) Two year old with venous blood lead level 25 mcg/dL on 8/2/13. Child resides in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Repeat blood lead level two weeks later was 28 mcg/dL. Plan – Will continue to monitor blood lead levels and coordinate care with primary care provider and the Lead Resource Center.

Committee Recommendations: *Committee agreed with care plans.*

Infection Control Report: Sigrid noted she and Karen Bishop have discussed the need to merge and update several related policies on Infection Control and Universal Precautions. A draft is in process. Also, a draft of the WIC Clinic Infection Control Policy is in process. The policy is based on a template from the airlines because staff assessment of risk is based on observed behaviors and symptoms not clinical assessment which is done by nursing in CHS clinics.

Committee Recommendations: *continue as planned.*

Member Updates –

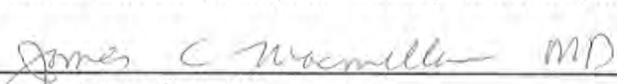
- **Child Development Council - Maureen** described a new DSS grant contract program they started working with families in foster care.

Next meeting date: December 17, 2013

Respectfully submitted,

Sigrid Larsen Connors, Director of Patient Services

 Date 3/18/14
William Klepack, MD
Medical Director, Tompkins County Health Department

 Date 3/25/2014
James Macmillan, MD
President, Tompkins County Board of Health

Community Health Quality Assurance Committee
December 17, 2013 meeting minutes

Committee Members Present: *Debora Axtell, RN*, Community Health Nurse (CHN), Community Health Services (CHS)/TCHD; *Gail Birnbaum, RN, CHN, CHS/TCHD*; *Karen Bishop, RN, CHN Supervisor, CHS/TCHD*; *Sigrid Larsen Connors, RN*, Director of Patient Services/TCHD; *Melissa Gatch, RN*, Team Leader, CHS/TCHD; *William Klepack, MD*, TCHD Medical Director/TCHD; *Karen LaCelle, RN, CHN, CHS/TCHD*; *Nancy Schaff, RN, CHN, CHS/TCHD*; *Lori Sibley, RN, CHN, CHS/TCHD*; *Marge Strosnider, NP*, community member/retired and *Kathy Taves, RN*, Team Leader, CHS/TCHD

Excused: *Beth Huber, RD*, WIC Program Director/TCHD; *Terri MacCheyne, RN*, Director of Maternal Child Unit/Cayuga Medical Center at Ithaca; *Alida Osetek, MSW/Cayuga Medical Center at Ithaca*; *Maureen Reedy*, Child Development Council and *Tina Snyder*, Nutrition Program Educator/Certified Lactation Counselor/Cornell Cooperative Extension of Tompkins

Welcome: Sigrid Connors welcomed committee members and was pleased to announce a new member, Beth Huber, began as WIC Program Director on December 9, 2013.

Approval of June 17, 2013 meeting minutes – MOTION – Karen Bishop made a motion to accept the minutes as written, motion seconded by Kathy Taves and approved unanimously.

Licensed Home Care Services Agency (LHCSA) – Policy & Procedure Approval – none

LHCSA Record Reviews – Kathy Taves summarized recent record reviews:

September Review

- Lead Poisoning Prevention records – 5/5 had appropriate visit frequency as medically ordered and assessment documentation.
- Maternal/Child records
 - 40 of 40 (10 each for the four CHN's) documented appropriate reporting parameters and acuity/priority appropriate to the assessed level of care.
 - 40 of 40 documented Durable Medical Equipment (DME) and parameters when applicable.
 - 39 of 40 – Had appropriate visit frequency as medically ordered. In one record the visit frequency needed correction to match the certification order.
 - 38 of 40 had documentation of medical orders.
 - CHN (s) counseled on appropriate documentation on the two findings, records amended and/or updated and interim medical orders sent.

October Review –

- Lead Poisoning Prevention records – 4/4 had appropriate visit frequency as medically ordered and assessment documentation.
- Maternal/Child records –
 - 22 of 22 (5 each for the four CHN's and 2 intake records) documented appropriate acuity/priority appropriate to the assessed level of care.

LHCSA Record Reviews continued

- 19 of 22 had documentation of medical orders, medical diagnoses, DME testing parameters, medications, and nutrition education documentation.
 - One case needed: MD orders for fasting blood sugar testing DME parameters; assessment and documentation of diet teaching and restrictions; and report to primary CHN and DME.
 - One case had chronic medical condition intervention noted on the Plan of Care (POC) but client did not have a chronic medical condition.
 - One case missing prenatal vitamin documentation and condition of lactose intolerance not documented in POC nutrition record.
 - CHN(s) counseled, records amended, interim medical orders sent as indicated.

These record reviews conclude the reviews as outlined in the July 2013 LHCSA Plan of Correction.

Committee Recommendations: *Committee agreed with the actions taken.*

Incident Reports since last CHQA meeting: three incidents from 9/17– 12/16 (CHS-1, WIC-2) 1 client related, 1 staff related and 1 equipment related.

- 10/15 –A young adult client reported feeling faint, CHN placed client in head down position first, then repositioned them to lie flat with feet elevated and an ammonia inhalant was administered. Client recovered without incident and left without assistance. Client reported feeling fine when RN telephoned later in the day, and reported no further symptoms. Medical Director reviewed incident report 10/22/13 and had no additional recommendations.
- 11/20 – At the Salvation Army WIC clinic a young child moved a folding wall and began to pull a heavy object onto himself, staff intervened to prevent injury to the child. Parent was not supervising child. When the employee stood up after assisting the child they hit their forehead on the edge of the folding divider. The employee reported a small abrasion, no blood, mild pain and no loss of consciousness and resumed work. Employee reported they did not feel well in the evening and went to CMC Convenient Care for evaluation. Employee reported CMC advised her to rest for 24 hours and f/u with own MD if any symptoms got worse or appeared. Employee returned to work the next day. After reporting the incident and medical orders to the supervisor then employee left and returned to work the next business day. DPS will follow-up with new WIC Director to assess the off-site clinic to see if a safer protective measure could be put in place to prevent a reoccurrence.
- 12/10 – Peer counselor reported they lost their TCHD ID, new ID and lanyard/ID holder issued.

Committee recommendation: *Committee agreed with actions taken.*

Complaints since last CHQA meeting: two (1 CHS and 1 WIC)

- CHS – 11/5/13 – CHS CHN Supervisor (CHNS) received 11/14/13 TC from the Fire Department Supervisor who reported a TCHD CHN administered flu shots too high on the shoulder and broke through on backside of forearm skin when administering a PPD. CHNS reports this CHN spoke with her 11/6 and said she had difficulty with the new, shorter PPD needles used at the Fire Dept clinic. The needles were shorter (3/8") than the usual (5/8") length and also detached from the syringe at least once. Supervisor reviewed complaint with CHN on 11/15. CHN expressed understanding of appropriate technique. CHNS observed CHN administer two shots with appropriate technique on 11/16. CHNS will f/u & investigate return/replacement of PPD needles. Fire Department requested alternate CHN for 2014 flu/ppd clinic. Complaint

reported timely to DPS who notified PHD 11/18. Medical Director reviewed incident report 11/26/13 and agreed with actions taken.

- WIC – 12/6/13 – Proxy for WIC participant complained to CPA stated the intake staff was “rude” and asked ppt questions regarding residence and income. Intake person reported they talked with the participant but not with proxy. According to WIC requirements staff need to ask probing questions regarding residence and income because this information determines benefit eligibility. Upon review it was determined staff communicated appropriately.

Committee recommendation: *Committee agreed with actions taken.*

WIC Report – no report

Medicaid Obstetrical Maternal Services (MOMS) case review: Karen LaCelle reviewed a recent case. Start of Care (SOC) – April 2013, Estimated Date of Confinement – December 2013

- 16 year old, G1P1, 10th grade, living with foster family due to PINS program and mother’s history of substance abuse. Boyfriend is Father of Baby (FOB), FOB incarcerated.
- Client has history of not being truthful and not following foster family rules. In July client moved to group home for teenagers. Left group home in September to stay with mother. Relocated to another foster family in November. Client visiting FOB and mother, etc during day but agreed to sleep at foster family at night.
- OB office contacted CHN re: client non-compliance with visits.
- Client hospitalized once for labial abscess, IV antibiotics in August.
- CHN visited client 3 X at TC Public Library, group home or in county vehicle.
- Client seen at TCHD twice, but recent appointments were no-shows, RN unable to visit home because client reported “couch surfing” & living occasionally in another county (no MOMS program). Client did attend CBE classes. Client states no transportation to make TCHD visits.
- Baby born at ~ 38 weeks term in December, 6# 12 oz, Apgar 8/9, D/C weight 6# 6oz.
- Concerns: PINS, Foster Care, incarceration of FOB, non-compliance, parental substance abuse, making decisions based on FOB influence not best for baby.
- Positives: Gained 16 # during pregnancy, reported no smoking or substance abuse, weekly pediatric appointments, has goals, wants to raise her baby.
- Discharge Plan: To DSS and TP3 – Family Support Services.
- Referrals/agencies involved: TP3, CMC, Glove House, DSS – PINS/Foster Care, TCMH.

Committee Recommendations: *Committee reviewed concerns and positives and agreed with discharge plan.*

Lead Poisoning Case Reviews – Karen Bishop reviewed eight cases (4 discharged, 2 active and 2 new) Case #1 – (Previously reported to QI) Two year old initially identified with blood lead level 65 mcg/dL on 4/25/13 requiring immediate hospitalization for chelation. Blood lead level now 24 mcg/dL. Child Protective and CSCN involved. Case management coordinated with primary care provider and Lead Resource Center. Plan: Continue case management until meets case closure criteria.

Case #2 & #3 cases – (Previously reported to QI) Two year old and four year old siblings with slightly elevated blood lead levels of 13 & 11 mcg/dL. Exposure occurred as a result of remodeling their 1800’s home. Parents educated regarding lead, immediately stopped grinding paint and temporarily moved children to another family member’s home. Repeat blood lead levels fell below 10 mcg/dL (8 & 6) and cases were discharged.

Lead Poisoning Case Reviews *continued*

Case #4 – (Previously reported to QI) One year old with initial blood level 11 mcg/dL on 6/18/13. Repeat blood lead level 8 mcg/dL on 10/1/13 and case discharged.

Case #5 – (Previously reported to QI) Three year old with initial blood level 12 mcg/dL on 8/17/12. Child had not accessed medical care prior to the 8/17/12 office visit. Developmental and behavior abnormalities identified. Referred child for developmental services but parent resisted. Due to the lack of response by the parent to follow through on repeat lead testing, the case was reported to Child Protective Services. The child was retested with blood lead level of 7 mcg/dL and discharged.

Case #6 – (Previously reported to QI) Two year old with initial blood lead level 25 mcg/dL on 8/2/13. Child resides in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Recent blood lead level 19 mcg/dL. Plan: Will continue to monitor blood lead levels and coordinate care with primary care provider and the Lead Resource Center.

Case #7: (New case) 10 month old with initial blood lead level 11 mcg/dL on 11/01/13. No lead sources found in primary home. Parents believe source was in grandparents home and refuse follow up by the health department in either home. Repeat blood lead level to be done in provider office. Plan: Keep case open to ensure repeat lead testing done and discharge case when meets case closure criteria.

Case #8: (New case) One year old with blood lead level 22 mcg/dL. Twin sibling's blood lead level 7 mcg/dL. Case is very oral, chews window sills and rocks at the lake. Lead found in several interior and exterior places in his home. Remediation ordered. Plan: Keep case open until meets case closure criteria.

Committee Recommendations: *Committee agreed with plans.*

Infection Control Report: Melissa Gatch will convene Annual Infection Control meeting December 20.
Committee Recommendations: *continue as planned.*

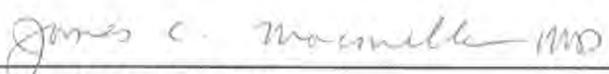
Member Updates – none.

Next meeting: March 18, 2014

Respectfully submitted,

Sigrid Larsen Connors, Director of Patient Services

 Date 3/18/14
William Klepack, MD
Medical Director, Tompkins County Health Department

 Date 3/25/2014
James Macmillan, MD
President, Tompkins County Board of Health

Division for Community Health
Clinic Statistical Highlights 2014

Community Health Services	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2014	YTD 2013	Total 2013
Clinics															
# of Immunization Clients	24	21	15										60	66	272
# of Immunizations Given	35	35	28										98	93	434
Children 0 - 19 yrs.	18	24	23										65	60	321
Adults 20 yrs. & over	17	11	5										33	33	113
# of Flu Immunizations	48	9	2										59	2	971
Rabies Vaccination Program															
Post-Exposure Clients	1	4	0										5	3	91
Post-Exposure Vaccinations	3	8	0										11	9	210
Tuberculosis Program															
Cumulative Active TB clients	0	0	0										0	2	3
Active TB Admissions	0	0	0										0	0	1
Active TB Discharges	0	0	0										0	1	3
Cumulative Latent TB Infection Clients	7	9	9										25	34	42
Latent TB Infection Admissions	1	2	0										3	4	12
Latent TB Infection Discharges	1	1	0										2	5	27
TB Direct Observe Therapy Visits	0	0	0										0	50	251
# of PPDs	18	32	35										85	123	532
Anonymous HIV Clinics															
# of HIV Clinics - including Walk-Ins	5	6	8										19	17	71
# of Counseled & Tested	5	4	7										16	23	84
HIV+ Eliza & Western Bloc	0	0	0										0	0	0
WIC															
Total Enrolled (average)	1736	Final	Prelim										1723	1799	1797
Total # Served (average)	1458	1445	1467										1457	1549	1507
% Caseload Target (avg) *2000 FY14	73.0%	72.3%	73.4%										72.87%	78.20%	75.58%
Monthly Clinic No-Show Rate (% avg.)	15.7%	16.0%	14.4%										15.36%	13.13%	15.33%
# of Clinics	20	19	21										60	65	251

All statistics are considered primary as data is continually collected and updated
UA = Unavailable at this Time

**Division for Community Health
Program Visit Statistical Highlights**

Maternal Child Services/MOMS program	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2014	YTD 2013	Total 2013
Cumulative Unduplicated Client Count	197	225	255										255	238	513
# of Admissions	29	24	25										78	89	354
# of Discharges	38	24	34										96	90	351
Total # of Office Visits	31	27	22										80	92	382
# of Antepartum Home Visits	47	38	49										134	128	533
# of Postpartum Home Visits	34	20	32										86	82	311
# of Pediatric Home Visits	3	2	3										8	41	136
Total # of Home Visits	84	60	84	0	0	0	0	0	0	0	0	0	228	251	980
Total # of Home & Office Visits	115	87	106	0	0	0	0	0	0	0	0	0	308	343	1362
# of RN Home Visit Hours	132	103	123										358	238	1175
# of Childbirth Education Classes	1	2	3										6	3	15
# of Childbirth Education Moms	7	7	7										21	13	49
On Call Visits															
Maternal Child On Call Visits	0	0	0										0	0	5
Rabies On Call Vaccinations	1	4	0										5	1	30
TB Direct Observe Therapy On Call Visits	0	0	0										0	0	3

2014 Log of Public Contacts* (Via Telephone or Email) For Community Health Services													2014 Total	2013 Total	2012 Total
Communicable Disease (including Flu/Pneumonia disease related, HIV, Rabies and TB)	134	134	107										375	1934	2182
Immunization (including Flu)	164	86	95										345	1853	1460
Maternal Child/Family/MOMS	378	317	310										1005	3520	4127
Miscellaneous	51	52	45										148	543	472
Total	727	589	557	0	1873	7850	8241								

All statistics are considered preliminary as data is continually collected and updated.
UA = Unavailable at this time

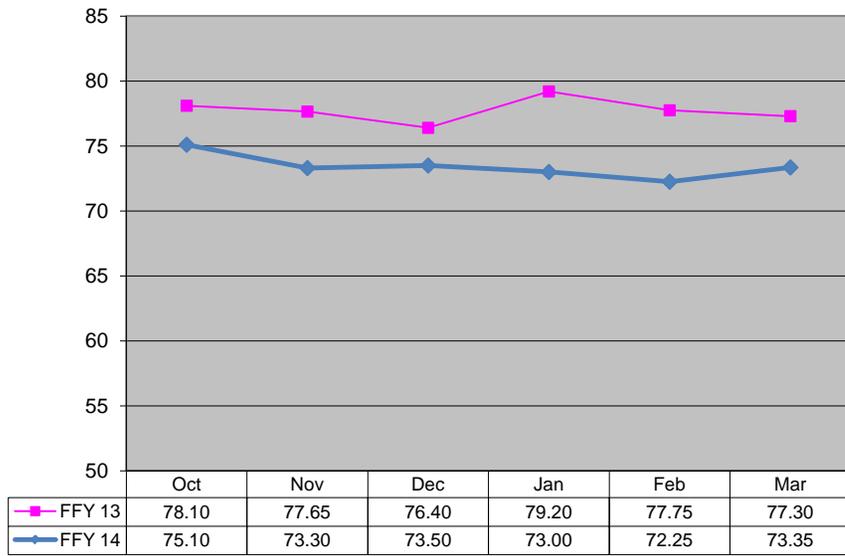
2014 Communicable Disease Report

DISEASE	2013												2014	
	TOTALS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
AIR-BORNE ENVIRONMENTAL DISEASE	4	0	0	0	0	0	0	0	0	0	0	0	0	0
LEGIONELLOSIS	4	0	0	0	0	0	0	0	0	0	0	0	0	0
ARTHROPODA-BORNE DISEASES	36	1	1	3	0	0	0	0	0	0	0	0	0	5
ANAPLASMOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BABESIOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
*LYME DISEASE	34	1	1	3	0	0	0	0	0	0	0	0	0	5
MALARIA	2	0	0	0	0	0	0	0	0	0	0	0	0	0
BLOODBORNE DISEASES	63	9	10	10	0	0	0	0	0	0	0	0	0	29
HEPATITIS C, ACUTE	4	0	1	0	0	0	0	0	0	0	0	0	0	1
HEPATITIS C, CHRONIC	59	9	9	10	0	0	0	0	0	0	0	0	0	28
CENTRAL NERVOUS SYSTEM DISEASES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MENINGITIS, BACTERIAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GASTROINTESTINAL ILLNESSES	74	4	6	3	0	0	0	0	0	0	0	0	0	13
BACTERIAL	47	1	3	1	0	0	0	0	0	0	0	0	0	5
CAMPYLOBACTERIOSIS	20	1	3	1	0	0	0	0	0	0	0	0	0	5
E. COLI O157:H7	7	0	0	0	0	0	0	0	0	0	0	0	0	0
LISTERIOSIS	2	0	0	0	0	0	0	0	0	0	0	0	0	0
SALMONELLOSIS	15	0	0	0	0	0	0	0	0	0	0	0	0	0
SHIGELLOSIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
YERSINIOSIS	2	0	0	0	0	0	0	0	0	0	0	0	0	0
PARASITIC	27	1	3	2	0	0	0	0	0	0	0	0	0	6
AMEBIASIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS	12	1	2	0	0	0	0	0	0	0	0	0	0	3
CYCLOSPORIASIS	0	0	0	1	0	0	0	0	0	0	0	0	0	1
GIARDIASIS	14	0	1	1	0	0	0	0	0	0	0	0	0	2
MYCOBACTERIUM AGENTS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
RABIES EXPOSURE	96	3	8	0	0	0	0	0	0	0	0	0	0	11
ADMINISTERED @ TCHD	87	3	8	0	0	0	0	0	0	0	0	0	0	11
ADMINISTERED @ GANNETT	9	0	0	0	0	0	0	0	0	0	0	0	0	0
SEXUALLY TRANSMITTED DISEASES	314	24	18	31	0	0	0	0	0	0	0	0	0	73
CHLAMYDIAL INFECTIONS	268	19	18	30	0	0	0	0	0	0	0	0	0	67
GONORRHEA	45	5	0	0	0	0	0	0	0	0	0	0	0	5
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS, INFECTIOUS	1	0	0	1	0	0	0	0	0	0	0	0	0	1
INVASIVE DISEASES, NOT VACCINE PREV.	10	2	1	1	0	0	0	0	0	0	0	0	0	4
STREPT GROUP A	2	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT GROUP B	8	2	1	1	0	0	0	0	0	0	0	0	0	4
VACCINE PREVENTABLE DISEASES	27	1	2	1	0	0	0	0	0	0	0	0	0	4
DIPHTHERIA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE, INVASIVE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS A	0	0	0	1	0	0	0	0	0	0	0	0	0	1
HEPATITIS B, ACUTE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B, CHRONIC	6	1	2	0	0	0	0	0	0	0	0	0	0	3
MEASLES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MUMPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PERTUSSIS	10	0	0	0	0	0	0	0	0	0	0	0	0	0
RUBELLA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STREPT PNEUMO, INVASIVE	7	0	0	0	0	0	0	0	0	0	0	0	0	0
TETANUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	4	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL OF REPORTS	625	44	46	49	0	0	0	0	0	0	0	0	0	139

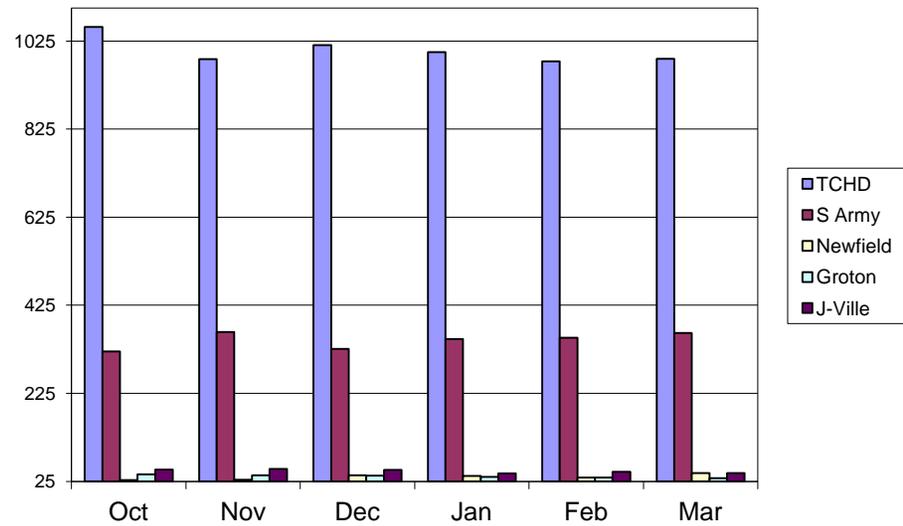
*Due to high incidence, Tompkins Co. designated "sentinel county" by NYSDOH, only 20% of reported lab confirmed cases are investigated.

Tompkins County WIC Dashboard for April BOH Meeting - Report of official NYS WIC statistics

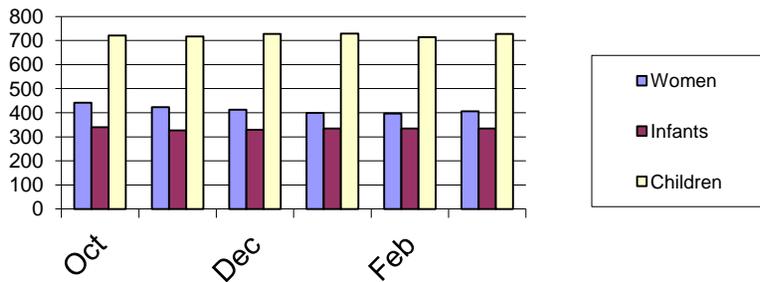
Percentage of Caseload Target



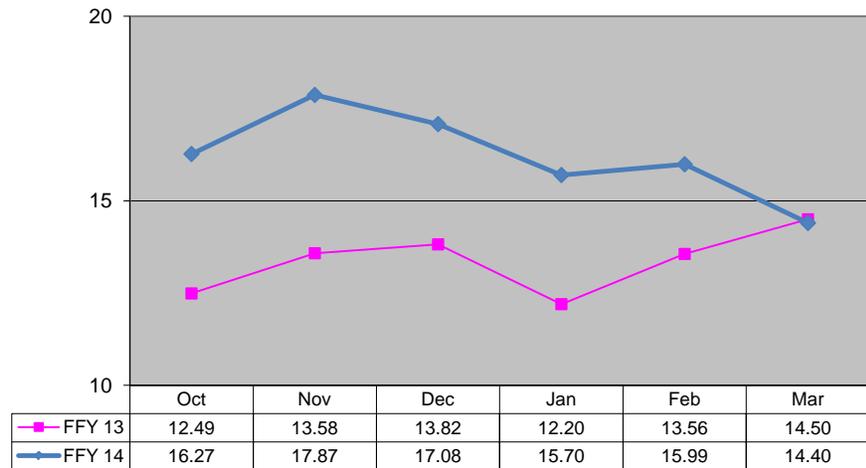
WIC Participants Receiving Benefits at each Site



Total Number of Women, Infants & Children Receiving Benefits



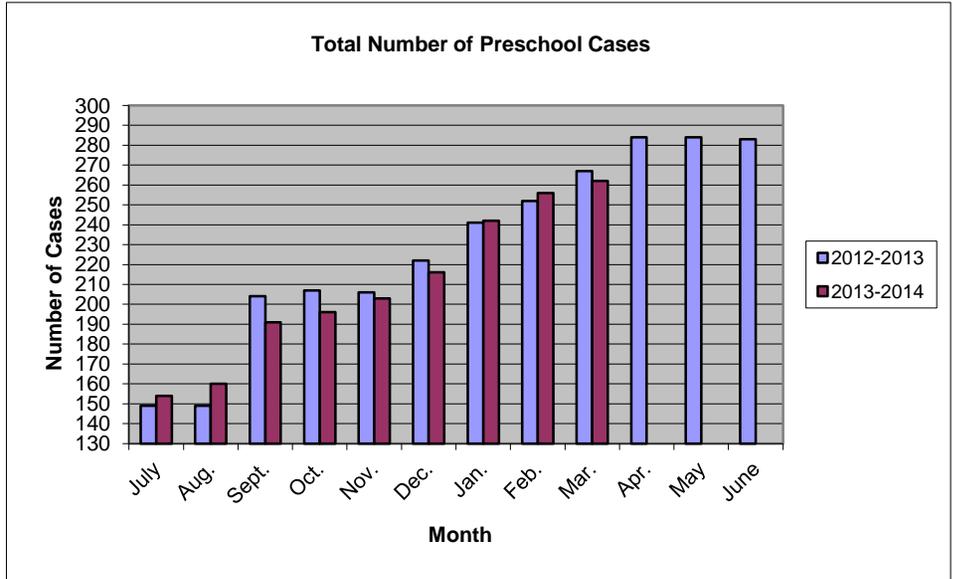
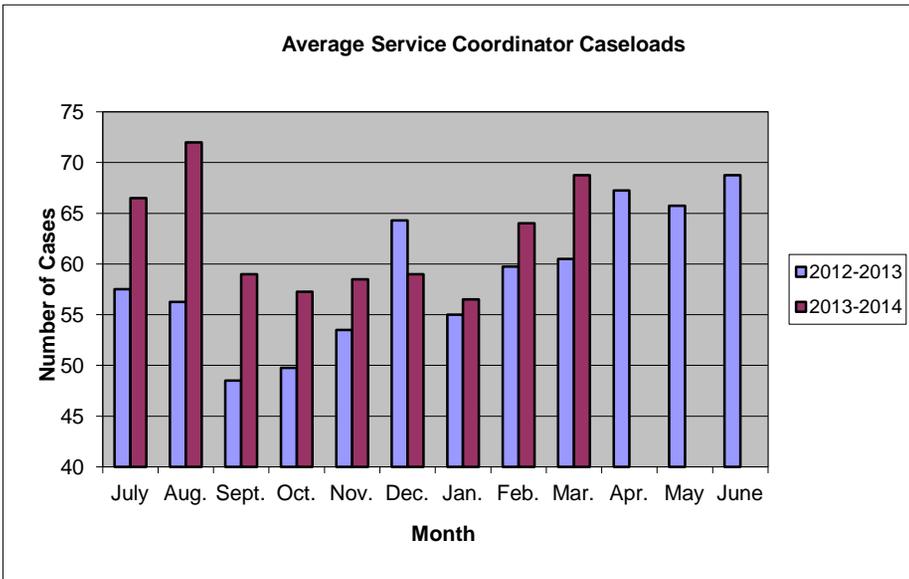
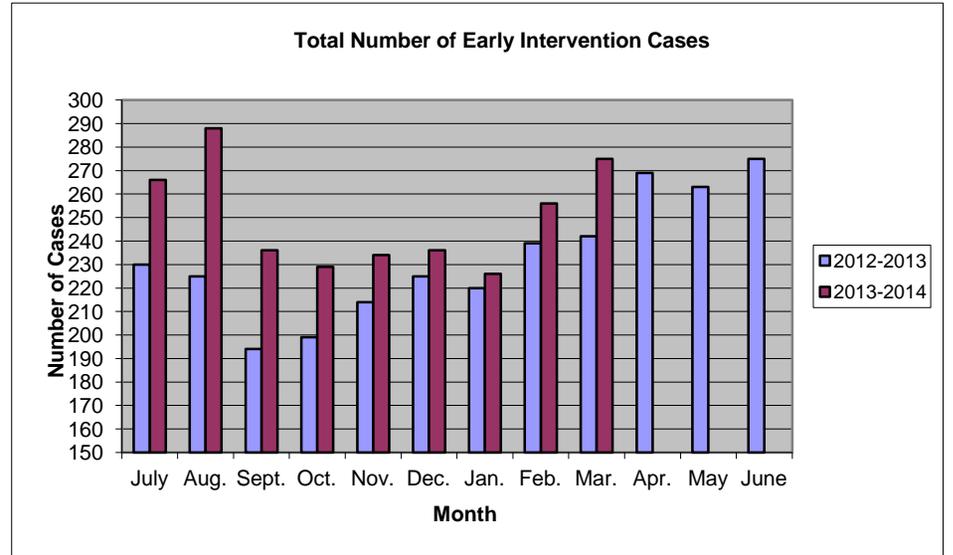
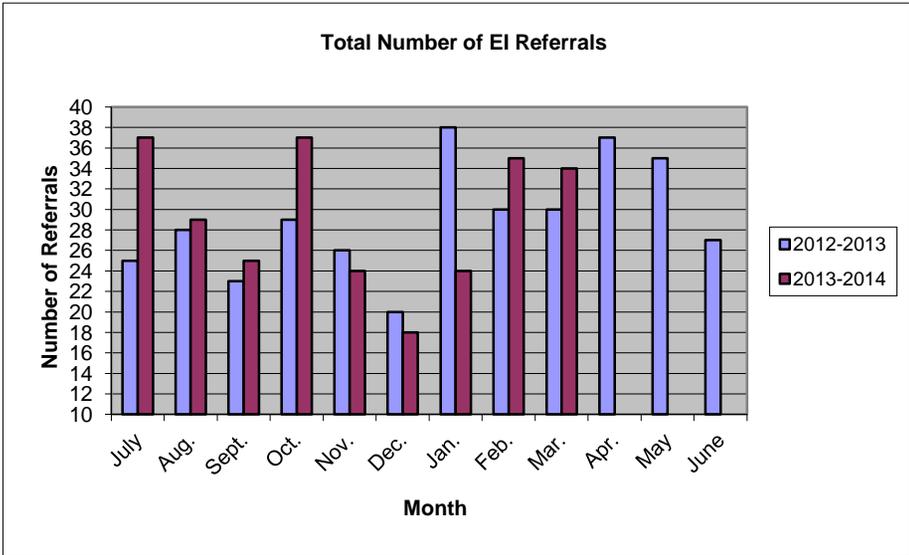
Participant No Show Rate



Total WIC Participation	March 2013	March 2014
	1546	1467

WIC Participant Target Caseload	FFY 2013	FFY 2014
	2000	2000

Statistics Based on Program School Year



Children with Special Care Needs Division														
Statistical Highlights 2014														
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2014 Totals	2013 Totals
Early Intervention Program														
Number of Program Referrals	24	35	34	0	0	0	0	0	0	0	0	0	93	367
Initial Concern/reason for referral:														
-- Birth/Medical History													0	0
-- DSS Founded Case		1											1	10
-- Drug Exposure in Utero			1											
-- Failed MCHAT Screening													0	0
-- Gestational Age	2	2	1										5	16
-- Gestational Age & Hearing			1										1	0
-- Global Delays	2	2											4	4
-- Hearing	1												1	2
-- Physical													0	0
-- Feeding	1		3										4	11
-- Gross Motor	5	9	8										22	74
-- Gross Motor & Feeding		1											1	3
-- Gross Motor & Fine Motor	1												1	4
-- Gross Motor & Social Emotional													0	3
-- Fine Motor													0	3
-- Fine Motor/Vision													0	0
-- Vision													0	0
-- Social Emotional			1										1	15
-- Social Emotional & Adaptive													0	3
-- Social Emotional & Cognitive													0	0
-- Social Emotional & Feeding													0	1
-- Social Emotional & Vision													0	0
-- Speech	6	13	11										30	127
-- Speech & Adaptive			1										1	0
-- Speech & Cognitive													0	1
-- Speech & Fine Motor	1												1	0
-- Speech & Gross Motor	3	2	3										8	11
-- Speech & Social Emotional	1	2	2										5	14
-- Speech & Feeding													0	4
-- Speech & Hearing													0	2
-- Adaptive													0	1
-- Adaptive/Feeding		2											2	5
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis		1											1	15
-- Child Find (At Risk)	1		2										3	33
Total # of clients qualified and receiving svcs	210	218	231											
Total # of clients pending intake/qualification	16	38	44											
Total # qualified and pending	226	256	275	0	0	0	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	56.5	64	68.75	0	0	0	0	0	0	0	0	0		
# of Family/Client visits														
-- Intake visits	17	33	24										74	293
-- Introduction Visits													0	0
-- IFSP Meetings	47	39	53										139	471
-- Amendments	20	12	11										43	224
-- Core Evaluations	29	13	29										71	342

ENVIRONMENTAL HEALTH DIVISION

<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688

Fx: (607) 274-6695

ENVIRONMENTAL HEALTH HIGHLIGHTS

March 2014

Outreach and Division News

Healthy Neighborhoods Program: Terrific news! The Environmental Health Division was notified on March 26, 5 days before our current contract expired, that our Healthy Neighborhoods Program (HNP) grant application was successful and our HNP will continue for another 5 years. We will be operating with one-third of the staff and current supplies while waiting to receive and process the contract documents.

EH/ITS Permit Management Software Project: This was another busy month on the Accela project. Involved staff continued to identify configuration issues which our consultants, Redmark, continue to address. In addition to the user training in early March, one critical accomplishment was the configuration of all of our permit documents and other reports through Accela. While there are many changes that need to be made to how the Accela documents look, these are details compared to the effort required for the system to generate the reports.

In another significant accomplishment, agreement was reached with Official Payments for our credit card processing. The contract is in the process of being signed and implemented. It is expected to take approximately 45 days for the credit card processing to be configured and implemented. When we go live with the office portion of the Accela system, we may delay access to the public portal until the payment processing functions.

The schedule was delayed due to difficult and time-consuming tasks involved with the concurrent reviews of the Accela office interface, the public portal, and the mobile office module for use in the field. The current schedule is for Accela to go live on May 5.

FSIO Training: After a long period of anticipation, the New York State Department of Health (NYSDOH) offered Food Safety Inspector Officer (FSIO) training. FSIO certification is required to conduct inspection at high risk food establishments in accordance with NYSDOH guidelines. The Environmental Health Division has lost three FSIO-certified staff in the last couple of years due to retirements and staff transfers. Cindy Schulte, Clayton Maybee, Sarah Caputi, Adriel Shea, Liz Cameron, and Kristee Morgan participated in the required FSIO training webinars on March 11 and 13. Cindy, Sarah, Adriel and Kristee also attended the two-day training in Syracuse on March 19 and 20. Clayton Maybee attended the on-site training in early April. We hope to be able to complete the FSIO certification process for Cindy, Clayton and Sarah in the coming year. There is a significant field component to the training, in addition to the required courses.

Lampricide Permit Application: On March 18, we received a permit application from the New York State Department of Environmental Conservation (NYSDEC) for the application of an aquatic pesticide for the control of sea lampreys. The application is scheduled to take place in Cayuga Inlet south of the fish ladder in June. Anne Wildman is reviewing the information and coordinating with the Southern Cayuga Lake Intermunicipal Water Commission (SCLIWV) on any concerns or monitoring conditions that should be required. Our comments are due to NYSDEC by April 17.

Hydrilla: Anne Wildman and Steven Kern attended the Hydrilla Local and State Task Force meetings on March 12. The hydrilla management plan for this year has been drafted and is under review by these groups.

On-Call Work Group: Steven Kern, Cindy Schulte, Skip Parr, Adriel Shea, and Liz Cameron are participating in the On-Call Work Group organized by Frank Kruppa. The group meets every Friday to discuss concerns, requirements, and options for meeting our on-call requirements. This is a very difficult issue for the Environmental

Health Division that has generated a lot of discussion; however, the overall process has provided opportunities for different views and ideas to be voiced.

Municipal Water Supply Meeting: Steve Maybee and Liz Cameron attended a meeting on March 1, at the Ithaca Town Hall. Representatives from SCLIWC, Ulysses, the Town of Ithaca, Trumansburg and the TCHD attended. The primary topic addressed was options for addressing the high levels of Total Trihalomethanes (TTHMs) in the Ulysses water supply. Ulysses, who purchases water from SCLIWC, is under Board of Health orders to reduce the levels of TTHMs in their system. In addition to treatment options, they are looking at options such as connecting to the Village of Trumansburg water system.

Rabies Control Program

This report is a combination of February and March rabies activities.

There was one rabid raccoon during March, confirmed by the New York Wadsworth Laboratory. It was killed as it wandered through a dairy barn. Fortunately, there were no known exposures to humans or domestic animals. However, domestic animals at the farm were all vaccinated as a precaution against unknown exposure.

Key Data Overview				
	This Month	YTD 2014	YTD 2013	TOTAL 2013
Bites¹	8	17	42	234
Non Bites²	3	4	4	66
Referrals to Other Counties	1	6	9	47
Submissions to NYS Rabies Lab	17	24	17	203
Human Post-Ex Treatments	4	7	8	88
Unvaccinated Pets Quarantined³	0	0	1	3
Unvaccinated Pets Destroyed⁴	0	0	0	0
Rabid Animals (Lab Confirmed)	1	1	2	8

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2014	YTD 2013	Total 2013	By TCHD	By Cornell	Totals		Mo	YTD 2014	YTD 2013	Total 2013
							Mo	YTD				
Cat	3	8	14	80	0	0	2	2	0	0	0	0
Dog	5	8	25	133	3	1	4	4	0	0	0	0
Cattle	0	0	0	1	0	0	0	0	0	0	0	0
Horse/Mule	0	1	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	1	1	2	0	0	0	0
Domestic	0	0	0	2	0	0	0	0	0	0	0	0
Raccoon	0	0	0	1	1	1	2	2	1	1	1	1
Bats	0	0	0	5	7	0	7	10	0	0	1	6
Skunks	0	0	0	1	0	0	0	0	0	0	0	0
Foxes	0	0	1	3	0	1	1	1	0	0	0	1
Other Wild	0	0	3	8	0	2	2	2	0	0	0	0
Totals	8	17	43	234	11	6	17	24	1	1	2	8

Food Program

Routine facility inspections are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.

The following inspections were conducted with no critical violation(s) noted:

- | | |
|---|--|
| Bookers Backyard, T-Lansing | ICSD-Cayuga Heights Elementary, V-Cayuga Heights |
| Casablanca Mediterranean Cuisine, C-Ithaca | ICSD-Enfield Elementary, T-Enfield |
| CU-104 West, C-Ithaca | ICSD-Northeast Elementary, C-Ithaca |
| CU-Becker House, C-Ithaca | Jade Garden, C-Ithaca |
| CU-Synapsis Café, C-Ithaca | LCSD-Lansing Middle School, T-Lansing |
| Dragon Village, V-Trumansburg | MacCormick Center, T-Caroline |
| George Jr. Republic-Ewald Dining, T-Dryden | Madeline's Restaurant, C-Ithaca |
| George Jr. Republic-Le Café, T-Dryden | Maxie's Supper Club, C-Ithaca |
| Groton Elementary School, V-Groton | McGraw House, C-Ithaca |
| Hazelnut Kitchen, V-Trumansburg | Papa John's, C-Ithaca |
| Hilton Garden Inn at Seneca Place, C-Ithaca | Pudgie's Pizza and Subs, C-Ithaca |
| ICSD-Arts Café, C-Ithaca | Sticky Rice, C-Ithaca |
| ICSD-Belle Sherman Annex, C-Ithaca | Tokyo Hibachi, Sushi & Asian Bar, C-Ithaca |
| ICSD-Boynton Middle School, C-Ithaca | |

The Hazard Analysis Critical Control Point (HACCP) Inspection is an opportunity for the establishment to have the health department review food processes in the facility to make sure that all potential hazards are identified and to assure that the best food safety practices are being used.

None

Re-Inspections are conducted at any establishments that had a critical violation(s) to ensure that inadequate or unsafe processes in a facility have been corrected.

The following re-inspections were conducted with no violations noted:

- | | |
|------------------------------------|--|
| Buffalo Wild Wings, C-Ithaca | Fork & Gavel, C-Ithaca |
| Casper's Diner, V-Groton | ICSD-Belle Sherman Elementary, C-Ithaca |
| Corners Deli, V-Cayuga Heights | Stella's Barn Restaurant & Gift Shop, T-Newfield |
| CU-NY Veterinary College, T-Ithaca | Tim Horton's Coldstone Creamery, C-Ithaca |
| Dunkin Donuts, T-Lansing | |

Critical violations may involve one or more of the following: the condition of food (e.g. food that may be at improper temperatures on delivery or damaged by rodents), improper food cooking and storage temperatures (e.g. food cooked to and/or held at improper temperatures), improper food preparation practices (e.g. preparing ready-to-eat foods with bare hands), and water and/or sewage issues (e.g. low disinfection levels in the water system). These critical violations relate directly to factors that could lead to food related illness.

Critical Violations were found at the following establishments:

Mehak Cuisine, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in two food preparation coolers were observed to be at 49-53°F. Products were either discarded or moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

Fingerlakes Residential Center, T-Lansing

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food preparation cooler were observed to be at 60°F. Products were either discarded or moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

ICSD-Belle Sherman Elementary, C-Ithaca

Cooked or prepared foods were subjected to cross-contamination from raw foods. Raw eggs were observed stored in a cooler over ready to eat foods. Storage was rearranged during the inspection.

Stella's, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Products were observed on a counter for customer service at 50-56°F. Products were voluntarily discarded during the inspection.

Plum Tree Japanese Restaurant, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Products to be used for food preparation were observed sitting on a counter and were found to be 60°F. Products were either discarded or moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

ICSD-Beverly J. Martin Elementary, C-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product on service line for lunch was observed to be at 108-118°F. The product was removed from service and reheated to 165°F before use.

Canned goods were found in poor condition. A severely dented can was observed in the dry storage area.

Hal's Delicatessen, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a deli display cooler were observed to be at 52-53°F. Products were either discarded or moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

Thai Basil, C-Ithaca

An accurate thermometer was not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.

Collegetown Bagels East Hill, T-Ithaca

Potentially hazardous foods were not stored under refrigeration. Products were observed to be at 72°F. The product was voluntarily discarded during the inspection.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a sandwich preparation cooler were observed to be at 51-54°F. Products were moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 12 temporary permits.

Temporary food operation inspections are conducted to protect public health. The inspections are made without advance notice to ensure that the food processes at the event are adequate, safe, and meet code requirements. The operation must correct Critical Violations during the inspection. When a Temporary Food Operation has Critical Violation/s, a re-inspection is conducted when the event is longer than one day.

The following inspections were conducted with no violation(s) noted:

Cayuga Medical Center, C-Ithaca
Cornell Indonesian Association, C-Ithaca
Crown City Steak House, T-Dryden
Lansing Market, C-Ithaca
Tompkins Trust Company, T-Dryden

Critical Violations were found at the following establishments:

None

Pre-Operational inspections are conducted, following a thorough review of proposed plans, at new or extensively remodeled facilities to ensure code compliance prior to opening to the public.

The following pre-operational inspections were conducted:

None

Plans Approved:

None

New Permits Issued:

Thai Basil, C-Ithaca

Gateway Kitchen, C-Ithaca

Istanbul Turkish Kitchen, C-Ithaca

Celia's Ice Pops, Throughout Tompkins

The Food Protection Program received and investigated four complaints related to issues and/or problems at permitted food service establishments.

Engineering Plans Approved

- Village Circle South Water Main Ext., 1240 ft of 8" Diameter DIP, Lansing-T
- Village Circle South Booster Pump Station, Lansing-T
- Yellow Barn Water System Improvements, Replacement 53,700 gallon steel water storage tank, PRV and treatment room, Dryden-T

Problem Alerts/Emergency Responses

There were no problem alerts or emergency responses this month.

BWOs remain in effect at:

- 13-01-14 Bell Gate Mobile Home Park, T-Enfield. Boil Water Order (BWO) issued 11/21/13 due to no detectable chlorine in the distribution system. No chlorine detected during repeat inspection on 12/12/13. Enforcement action initiated for these and other violations. Hearing conducted. Board of Health action pending.
- 13-01-11 German Cross Roads Apartments, T-Dryden. BWO issued 9/13/13 due to positive coliform samples. Owners working to add a well and treatment. Enforcement Order issued 2/25/14, revised 3/25/14.

Health Neighborhoods Program

On March 17 and on March 28, Pat Jebbett conducted outreach for the Healthy Neighborhoods Program at the Salvation Army food pantry. A total of 5 people indicated an interest in a home visit and at least 10 more received information about the program.

On March 19, HNP interns, Mik Kern and Caitlyn Fenner, conducted outreach at Loaves and Fishes soup kitchen and later at the Smokeout event at a local elementary school. Many people received information about the Healthy Neighborhoods Program at these events.

102 homes were canvassed for HNP during the month of March. The HNP interns were very helpful with this activity, as well as many other activities while they were with us.

Childhood Lead Program

	MONTH	YTD 2014	YTD 2013	TOTAL 2013
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	2
A2: # of Children w/ BLL 10-19.9ug/dl	1	2	0	5
B: Total Environmental Inspections:				
B1: Due to A1	0	2	0	11
B2: Due to A2	1	2	0	0
C: Hazards Found:				
C1: Due to B1	0	0	0	8
C2: Due to B2	1	2	0	0
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	1	0	7
F: Interim Controls Completed:	0	0	0	3
G: Complaints/Service Requests (w/o medical referral):	4	13	7	52
H: Samples Collected for Lab Analysis:				
- Paint	0	0	0	0
- Drinking Water	0	0	0	3
- Soil	1	1	0	4
- XRF	1	2	0	7
- Dust Wipes	1	2	0	9
- Other	0	1	0	0

Status of Enforcement Actions

Office Conference Scheduled: None

Office Conferences Held: None

Hearing Held: Bell-Gate MHP, Greg Carman, owner: water and mobile home park violations; 3/26/2014; Hearing Officer issued Findings of Fact, ruling that violations occurred; to BOH 4/22/2014.

Compliance Schedules/Board of Health Orders/PH Director's Orders:

- German Cross Road Apartments, T-Dryden, Matthew Wyllie, owner: water and sewage violations; signed Stipulation Agreement with PHD Orders on 1/23/2014; BOH assessed \$400 penalty and ordered compliance on 2/25/2014; **awaiting payment and compliance.**
- Stork H & E Turbo Blading, T-Danby, Don Chandler, President and CEO: water violation; signed Stipulation Agreement with PHD Orders on 1/29/2014; BOH assessed \$400 penalty on 2/25/2014; **payment received, case closed.**
- Mountainview Manor MHP, T-Caroline, Orson Ledger, owner: water violation; signed Stipulation Agreement with PHD Orders on 1/28/2014; BOH assessed \$400 penalty on 2/25/2014; **payment received, case closed.**
- Massey Apartments, T-Enfield, Orson Ledger, owner: water violation; signed Stipulation Agreement with PHD Orders on 1/28/2014; BOH assessed \$400 penalty on 2/25/2014; **payment received, case closed.**
- Main Street Pizza, V-Groton, Dale Dickey, manager: sewage on floor in building; signed Stipulation Agreement on 2/5; BOH assessed \$200 penalty on 2/25/2014; **awaiting payment.**
- Ulysses WD #3, T-Ulysses, Doug Austic, operator: water system violation; signed Stipulation Agreement with PHD Orders on 10/30/2013; BOH issued Orders for compliance on 12/10/2013; **awaiting compliance.**
- Village of Dryden, PWS: water system violations; signed a Compliance Schedule with PHD Orders on

- 11/15/2012; BOH ordered Compliance on 12/11/2012; **awaiting compliance.**
- Beaconview MHP, T-Dryden; Rudy George, owner: Violation of BOH Orders regarding water system violations (see below); BOH assessed \$800 penalty on 12/10/13; **payment received, awaiting compliance,**
 - Beaconview MHP, T-Dryden, Rudy George, owner: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; further BOH action scheduled for 12/10/2013; **payment received, awaiting compliance.**
 - JAM MHP, T-Lansing, Jack and Mary Burns, owners: water system violations, signed Stipulation Agreement with PHD Orders on 8/12/2013; BOH assessed Timetable of Compliance and penalty on 8/27/2013; **payment received; compliance completed, case closed.**
 - Argos Inn, C-Ithaca, Avi Smith, owner: operating without a Temporary Residence permit; signed Stipulation Agreement with PHD Orders on 12/30/2013; BOH assessed \$500 penalty on 1/28/2014; **payment received, case closed.**

Referred to Collection:

- CC's, C-Ithaca, Jian Wang
- P&Y Convenience, T-Lansing, Min Gyu Park
- William Crispell, T-Caroline – two penalties
- 1795 Mecklenburg Road, T-Enfield, V. Bruno
- At The Ridge, T-Lansing, Sherri Hildreth

Training

Janice Koski completed an FSOI I refresher training webinar on March 11 and March 13.

Eric Shearer and Chris Laverack participated in a webinar "Fracking, Water Quality and Public Health: Examining Current Laws and Regulations" on March 20.

Tompkins County Board of Health
April 22, 2014

Division for Community Health
AGENDA

Discussion: Ending Tobacco Sales in Pharmacies

The Issue and Why We Need to Act:

Smoking cigarettes continues to be the leading cause of preventable death and disease in the United States.ⁱ Tobacco marketing is visible throughout our communities in the form of brightly colored displays, posters, and packaging.

Based on the 2013 Tobacco Assessment Survey, 2/3 of adults in Tompkins County have noticed packs of cigarettes or cigars displayed in stores during the past 30 days.ⁱⁱ However, adults are not the only people who see cigarettes; children also see the marketing and displays.

Young people are getting mixed messages about tobacco products, especially when they see cigarettes sold in drug stores and pharmacies. As a County, we need to take all possible measures to prevent youth from becoming the next generation of tobacco users!

National:

Pharmacies across the country promote themselves as *trusted* places for medicine and health care advice. But, most chain pharmacies also sell cigarettes, products that kill more than 25,000 New Yorkers per year.ⁱⁱⁱ Nationally, municipalities are leading the way to end tobacco sales in pharmacies.

- In 2009, **Boston** banned tobacco sales in all stores with a pharmacy.
- The Massachusetts Department of Public Health formally endorsed the regulation and as of February 2014, **81 municipalities across Massachusetts**, including the four largest cities, have enacted a ban on tobacco sales in pharmacies.^{iv, v}
- In 2008, **San Francisco** banned the sale of tobacco products in stores with a pharmacy.
- In February 2014, **CVS Caremark** announced that the company's drugstore chains will stop selling cigarettes and other tobacco products by October 2014.

Local:

- In December 2012, the **Cortland County** Board of Health passed a resolution in support of ending tobacco sales in pharmacies.
- In Tompkins County, pharmacies that sell tobacco products are all located in five large chain retailers: Kinney, Rite Aid, CVS, Wal-Mart, and Tops.^{vi}

Inclusion Through Diversity

- A majority of Tompkins County adults (59.7%) believe that pharmacies should not be allowed to sell tobacco.^{vii}
- In New York State, cigarette product displays (“power walls”) in pharmacies average 50-60 square feet, about twice the size of displays in convenience stores.^{viii}

Tompkins County can help support those who want to quit and deter youth initiation of tobacco use. Retailers that promote their name as a trusted resource for family health should not also sell tobacco products, which are addictive and cause disease and death when used as intended.

ⁱ Centers for Disease Control and Prevention. “Tobacco Use: Targeting the Nation’s Leading Killer At a Glance.” 2011. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/osh.htm>

ⁱⁱ LaLone, Joel. 2013 Tompkins County Community Tobacco Assessment Adult Survey. June 2013

ⁱⁱⁱ American Cancer Society, The Cancer Burden in New York State, July 2012.

^{iv} Changelab Solutions. “A Prescription for Health: Tobacco Free Pharmacies.

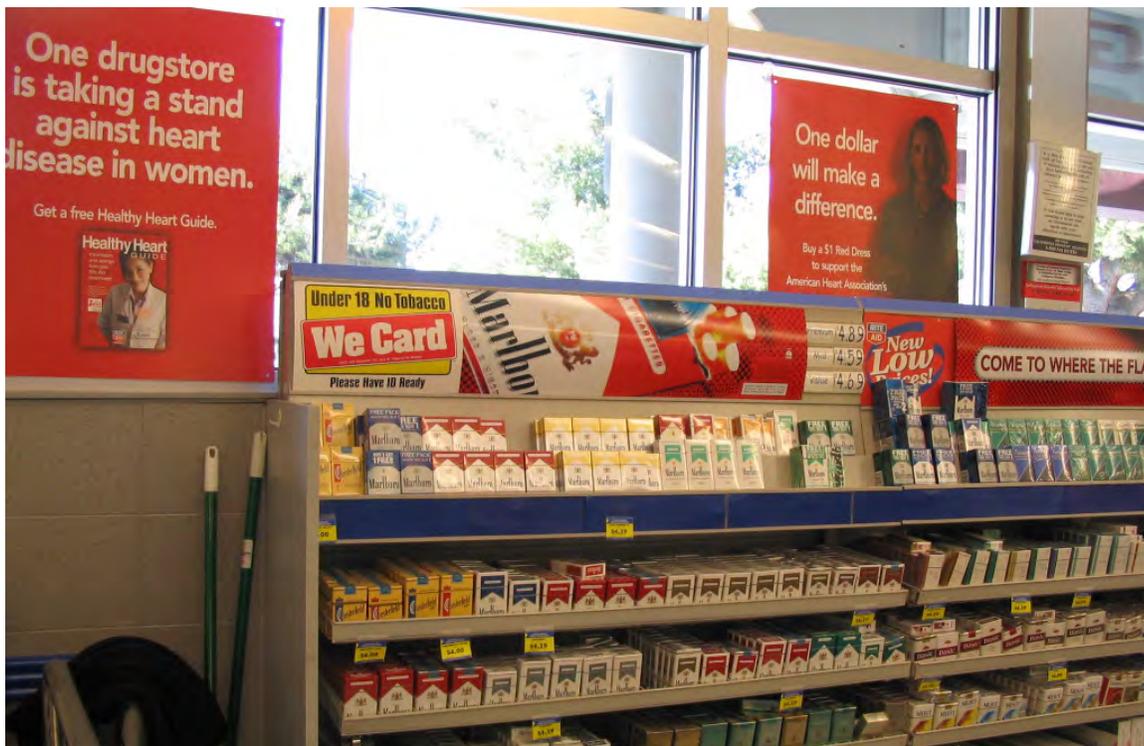
http://changelabsolutions.org/sites/default/files/A_Prescription_for_Health-FINAL_20130712_0.pdf

^v Municipal Tobacco Control Technical Assistance Program, “Local Summary on Tobacco Sales Bans in Pharmacies.” February 2014.

^{vi} Environmental Health Div., TCHD, ATUPA Checklist.

^{vii} LaLone, 2013.

^{viii} New York State Department of Health. Tobacco Control Program. “Power Wall” Display of Tobacco products by New York State Licensed Tobacco Retailers.” StatShot Vol. 5, No. 1. January 2012.



Rite Aid with “Go Red for Women” poster displayed directly above the cigarette display.
<http://www.rawbw.com/~jpk/stand/Pictures.html>

A Resolution in Support of Ending Tobacco Sales at Pharmacies

Whereas, in the State of New York, the practice and services of a pharmacy refers to the preparation and dispensing of drugs, as well as the counseling of patients in the proper use of these drugs;¹

Whereas, the National Association of Chain Drug Stores identify as “The face of neighborhood healthcare,” and “an integral component of the healthcare system.”²

Whereas, tobacco products are highly addictive and responsible for the preventable death of more than 25,000 people in New York each year;

Whereas, it is a conflict of interest for pharmacies or other providers of health care, to also profit from the sale of harmful products such as tobacco, known to cause cancer, heart and pulmonary diseases.³

Whereas, tobacco sales in pharmacies raises ethical questions since tobacco is the only consumer product that, when used as intended, will kill at least one half of its long term users.⁴

Whereas, tobacco companies use health oriented stores such as pharmacies and drug stores to help legitimize their products and increase exposure to tobacco marketing and advertising;⁵

Whereas, a majority (59.7%) of adult residents of Tompkins County believe pharmacies should not be allowed to sell tobacco products;⁶

Whereas, the majority of pharmacists are opposed to pharmacies selling tobacco;⁷

Whereas, the findings of the 2012 Surgeon General’s Report indicates that tobacco marketing increases youth tobacco use;

And Whereas, according to the Attorneys General of 28 states and territories, including New York, removing tobacco products from stores that contain a pharmacy would be a, “step forward in keeping tobacco products away from youth,” and preventing youth smoking initiation.⁸

THEREFORE, BE IT RESOLVED that the Tompkins County Board of Health supports ending the sale of tobacco products in all pharmacies and stores that contain a pharmacy department.

Signature

Date

Title

¹ What You Should Know About Pharmacists; NYS Education Department. Available at: <http://www.op.nysed.gov/prof/pharm/pharmbroch.htm> [Accessed: 04/4/2014]

² National Association of Chain Drug Stores Mission Statement. Available at: <http://www.nacds.org/aboutus/mission.aspx> [Accessed: 04/8/2014]

³ Bero, L., Corelli, R., Hudmon K., Kroon L. Position paper on amending the San Francisco Public Health Code to prohibit pharmacies from selling tobacco products. July 14, 2008. Available at: <http://www.no-smoke.org/pdf/Pharmacy%20UCSF-TobaccoSalesPositionPaper-v14-%28on%20letterhead%291.pdf> [Accessed 4/5/2014]

⁴ Ibid

⁵ Landman, Anne. The beginning of the end of cigarettes for sale in pharmacies? PR Watch. Oct. 2, 2008. <http://www.prwatch.org/news/2008/10/7809/beginning-end-cigarettes-sale-pharmacies> [Accessed 4/9/2014]

⁶ Community Tobacco Survey of Adult Residents of Tompkins. Joel LaLone Consulting, Watertown, N.Y. June 2013.

⁷ Hudmon K, Fenlon CM, Corelli RL, Prokhorov AV, Schroeder SA. Tobacco sales in pharmacies: Time to quit. Tobacco Control 2006; 15(1):35-38.

⁸ Office of the Attorney General, New York State. “A.G. Schneiderman Spearheads National Effort Calling On Major Pharmacies To Stop Selling Tobacco Products.” Press release, March 17, 2014. <http://www.ag.ny.gov/press-release/ag-schneiderman-spearheads-national-effort-calling-major-pharmacies-stop-selling> [Accessed 3/28/14]



Frank Kruppa
Public Health Director
55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CERTIFIED, REGULAR, & ELECTRONIC MAIL

April 7, 2014

Gregory Carman
Bell-Gate Park
119 North Applegate Road #2
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.18.6
Bell-Gate Park MHP, T-Enfield**

Dear Mr. Carman:

Enclosed is the Hearing Officer's Findings of Fact and Recommendations from the March 26, 2014 hearing and a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, April 22, 2014.**

You or a representative has the right to speak to the Board for a few minutes prior to them taking action. If you wish to speak to the Board, please contact Skip Parr or me at (607) 274-6688 at least one day before the meeting. If you plan to attend, please arrive by 12:00 p.m. (noon).

Sincerely,

C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosures –Draft Resolution, Hearing Officer's Findings of Fact and Case Summary

pc: F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Bell-Gate\Enforcement\Draft Resolution 14.18.6.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Jonathan Wood, Esq., County Attorney ; Robert Spitzer, Ph.D., Hearing Officer; CEO T-Enfield; Supervisor T-Enfield;
James Dennis, TC Legislature; Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health
Director; Steve Maybee, P.E., TCHD; John Strepelis, P.E., NYSDOH; Adriel Shea, TCHD; Sarah Caputi, TCHD; Eric
Shearer, TCHD; Steven, Kern, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

DRAFT RESOLUTION # 14.18.6 FOR

**Bell-Gate Mobile Home Park
Gregory Carman, Owner/Operator
119 North Applegate Road, T-Enfield
Ithaca, NY 14850**

Whereas, owners and operators of mobile home parks with public water systems are required to comply with Subpart 5-1 and Part 17 of New York State Sanitary Code (NYSSC); **and**

Whereas, Bell-Gate Mobile Home Park violated the following sections of those codes:

1. Subpart 5-1.51 (b) Table 8C of the NYSSC for not submitting the required one annual entry point nitrate sample report to the Tompkins County Health Department for 2013.
2. Subpart 5-1.72(c)1 of the NYSSC for not submitting required monthly operation reports of daily chlorine readings from June 2012 to February 2014.
3. Subpart 5-1.30(a) of the NYSSC for not maintaining a free chlorine residual in the water system at Bell-Gate Mobile Home Park since at least November 12, 2013.
4. Part 17.6(c) of the NYSSC for not maintaining the electrical box located behind the home of Lot #1 in Bell-Gate Mobile Home in manner to prevent potential injury to park residents; **and**

Whereas, on April 10, 2012, the Tompkins County Board of Health ordered Gregory Carman to submit quarterly total coliform sampling results by the 10th calendar day of the next reporting period from Bell-Gate Mobile Home Park as stated in Resolution # 12.17.6; **and**

Whereas, required total coliform sampling results for the third and fourth quarters of 2013 were not submitted for Bell-Gate Park; **and**

Whereas, based upon review of the Findings of Fact and Recommendations of the hearing held on March 26, 2014, presented to the Tompkins County Board of Health by the Hearing Officer, the Board of Health finds that Gregory Carman is in violation of Part 5-1 and Part 17 of the New York State Sanitary Code and Violation of Board of Health Orders #12.17.6; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Gregory Carman, Owner/Operator, is ordered to:**

1. Pay a penalty of \$2,400 for these violations, due within 30 days notice. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Collect quarterly total coliform samples for the Bell-Gate Mobile Home Park Water Treatment System and submit test results to the Health Department **by the 10th day following the end of the reporting period.**

3. Collect a nitrate sample every calendar year for the Bell-Gate Mobile Home Park Water Treatment System and submit the test result **by the 10th day following the end of the reporting period.**
4. Submit completed monthly operation reports of daily free chlorine residual readings for Bell-Gate Mobile Home Park Water Treatment System **by the 10th day of the following month** for every month you own the property.
5. Provide a responsible individual to be in charge of the property and who shall be readily available **at all times** while the property is occupied. A responsible individual along with that person's contact information must be submitted to this office by **April 30, 2014.**
6. Maintain acceptable free chlorine residuals **at all times** in the Bell-Gate Mobile Home Park Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l.
7. Properly seal the faceplate of the electrical box located behind the home at Lot #1 in order to prevent access and potential exposure to electrical connections by **April 30, 2014.**
8. Comply with all the requirements of Subpart 5-1 and Part 17 of the NYSSC.

**STATE OF NEW YORK: COUNTY OF TOMPKINS
Department of Health**

RECEIVED

MAR 31 2014

Findings of Fact

TOMPKINS COUNTY
HEALTH DEPARTMENT

In the Matter of the Complaint

- against -

Gregory Carman
d/b/a Bell-Gate Park
119 North Applegate Road #2
Ithaca, New York 14850

Under and Pursuant to the Public Health
Law of the State of New York and the
Sanitary Code of the Tompkins County
Health District

Pursuant to a notice of Hearing issued on February 25, 2014, a hearing was convened on March 26, 2014 at 1:30 PM in the Tompkins County Department of Public Health Rice Conference Room, 55 Brown Road, Ithaca, New York, by Robert J. Spitzer, Cortland, New York, Hearing Officer for the Tompkins County Department of Public Health.

Appearances for the County were:

Skip Parr, Senior Public Health Sanitarian
Jonathan Wood, Esq., County Attorney
Sarah Caputi, Public Health Sanitarian
Elizabeth Cameron, Director of Environmental Health

Respondent:

Gregory Carman (not present)

STATEMENT OF VIOLATIONS

Part 5-1 and Part 17 of the State Sanitary Code and Violation of Board of Health Orders #12.17.6, dated April 12, 2012.

FINDINGS OF FACT

Gregory Carman is the operator of record of the Bell-Gate Mobile Home Park in Ithaca (Enfield), New York.

Respondent failed to submit required coliform sampling results/reports, nitrate sampling results, and chlorine residual readings, to the Health Department. Health Department on site sanitary surveys found no chlorine residual in tested samples. A 2013 park inspection found an electrical violation (exposed live wires), which has not been remedied to date (Exhibit A).

CONCLUSION

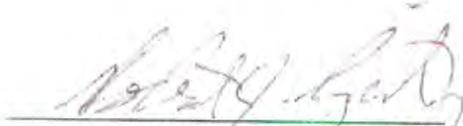
Respondent is in violation of Part 5-1 and Part 17 of the State Sanitary Code and Violation of Board of Health Orders #12.17.6.

RECOMMENDATIONS

That respondent shall comply with all required actions in a manner to be determined by the Health Department.

That respondent shall pay a fine of \$2400, to be paid according to the schedule determined by the Health Department.

DATED: March 27, 2014



Robert J. Spitzer, Ph.D
Hearing Officer

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkins-co.org/health/eh>

Ph: (607) 274-6688
Fx: (607) 274-6695

CASE SUMMARY – FOR RESOLUTION #14.18.6

**Bell-Gate Mobile Home Park
Gregory Carman, Owner/Operator
119 North Applegate Road, T-Enfield
Ithaca, NY 14850**

April 2014

Date	Action
4/7/14	Draft Resolution sent to Mr. Carman.
3/31/14	Finding of Facts from Hearing Officer received by TCHD.
3/26/14	Hearing held at the Health Department. Mr. Carman did not attend the hearing.
2/25/14	Notice of Hearing Issued by TCHD.
2/12/14	Mr. Carman did not respond to Draft Stipulation or show up for office conference date. Telephone calls were made but unanswered.
1/30/14	Draft Stipulation sent with a scheduled office conference date of 2/12/14.
1/17/14	TCHD staff observed that electrical violation was not corrected. Staff was unable to obtain information in order to contact Mr. Carman.
1/10/14	Annual nitrate sample result not received by TCHD.
12/23/13	Water inspection report sent outlining violations observed during inspection.
12/16/13	Notice of violation sent for electrical violation with correction date of 1/17/14. TCHD requested updated contact information in the correspondence due to the unresponsiveness of the owner.
12/12/13	TCHD collected sample (unchlorinated). Again, observed no chlorine residual in sample collected. Sample test negative for total coliform. 4 th quarter total coliform sample not received.
12/9/13	Park re-inspection by TCHD. Electrical violation not corrected. Phone message left by TCHD but was not returned.
12/4/13	Reminder letter mailed to system owner to sample nitrate by the end of the year.
11/13/13	Reminder letter mailed to system owner to sample nitrate by the end of the year.
11/12/13	Other sampling and reporting violations discovered in reviewing files and follow-up to inspection included: No Monthly Operating Reports were received in 2013, 3 rd quarter sample result not received and no responsible person/operator available.
11/12/13	Boil Water notice issued by TCHD. Gregory Carman, owner, was not responsive to calls from TCHD.
11/12/13	Annual sanitary survey completed by TCHD staff. No chlorine residual observed (violation). Note: there were 3 unreturned messages left by TCHD in November (11/12/13, 11/21/13 & 11/22/13).
11/16/13	Park inspection report sent by TCHD to owner.
10/26/13	Park inspection performed by Tompkins County Health Department (TCHD).

Inclusion Through Diversity

	Electrical violation observed (exposed live wires). No response from owner. Note: there were 4 unreturned messages left by TCHD in October (10/17/13, 10/24/13, 10/30/13 & 10/31/13).
10/24/12	Letter sent confirming suspension of \$400 fine for meeting compliance of BOH orders of submitting total coliform samples in a timely manner.
10/11/12	Annual sanitary survey completed by TCHD staff. Report sent on 12/5/12 citing missing MORs from July 2012 through November 2012.
4/10/12	Resolution adopted by the BOH to submit second quarter of 2012, and every subsequent quarter while Greg Carman owns the park. Pay \$400 by November 15, 2012. Penalty suspended if second quarter received by 7/10/12, and third quarter received by 10/10/12.
2/23/12	Draft stipulation Agreement sent to Greg Carman. Stipulation was drafted to suspend penalty of \$400 based on history of maintaining chlorine residuals and providing Monthly Operation Reports. Also, operator resides in park (six units) and it is reported that other family members live in park.
1/18/12	Notice of Violation issued requesting results by 1/31/12. Results not received.
10/18/11	Annual sanitary survey completed by TCHD staff. Park inspection Report sent on 12/30/11 with no progress on receiving past sampling results.
2011	One of four total coliform samples submitted.
10/21/10	Annual sanitary survey and park inspection completed by TCHD staff. Report sent on 11/22/10 stating that 2009 3 rd and 4 th quarter samples were not received and that only 1 st quarter 2010 total coliform sample received.
2010	One of four quarterly total coliform samples submitted.
9/17/09	Annual sanitary survey completed by TCHD staff. Report sent on 9/23/09 stating that 3 rd and 4 th quarter total coliform samples need to be submitted.
2009	Two of four quarterly total coliform samples submitted.
10/6/08	Annual Sanitary Survey completed by TCHD staff.
9/28/08	Ownership Change - Greg Carman takes ownership of the park.