

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, May 27, 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 April 22, 2014 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (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 (15 mins.)***
Discussion/Approval of revised policies:
1. Tuberculin Skin Testing Policy (5 mins.)
 2. Bloodborne Pathogen At-Risk Employee Education and Hepatitis B Vaccination Policy (5 mins.)
 3. Bloodborne Pathogen Post-Exposure Policy (5 mins.)
- 12:45** ***Environmental Health (45 mins.)***
Enforcement Action:
1. Resolution #14.13.8 – Upstate District Nazarene Church, T-Caroline, Violation of Subpart 5-1, 7-1 and 7-2 of the New York State Sanitary Code (Water) (5 mins.)
 2. Resolution # 14.10.9 – Thai Basil, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
 3. Resolution #14.10.10 – Easy Wok, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
- Discussion/Action:**
1. Farrell Request for On-site Wastewater Treatment System (OWTS) Permit Fee Refund, 346 West King Road, T-Ithaca (5 mins.)
 2. Environmental Health Division Proposed 2015 Fees – draft for discussion (15 mins.)
 3. Public Water System Sanitary Survey Frequency Draft Policy Review (10 mins.)
- 1:30** ***Adjournment***

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

Present: Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Patrick McKee; Michael McLaughlin, Jr.; and Patricia Meinhardt, MD

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

Excused: Will Burbank and Janet Morgan, PhD

Guests: Samantha Hillson, Tobacco Program Education Coordinator; Steven Kern, Sr. Public Health Sanitarian; Theresa Lyczko, Director of Health Promotion Program; Skip Parr, Sr. Public Health Sanitarian; and Ted Schiele, Program Coordinator for Tobacco Free Tompkins

Privilege of the Floor: No one was present for Privilege of the Floor.

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:05 p.m.

Approval of March 25, 2014 Minutes: Dr. Koppel moved to approve the minutes of the March 25, 2014 meeting as written; seconded by Mr. McLaughlin; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby referred to the March 2014 financial summary submitted in the packet. Reviewing her notes for program areas in red, she reported:

- **Preschool Special Education:** The revenue situation will improve once the Automated Voucher Listing (AVL) split between 2013 and 2014 is calculated and posted.
- **Planning and Coordination:** Due to the grant claiming process, preparedness expenses are not filed until one month later so revenues will always be a month behind expenditures. There was also a vacancy in the Preparedness Coordinator position for the first four months of 2013.
- **Vital Records:** Revenue is on track based on the budget for the year. In this program, the financial presentation still needs to be reduced to two graphs. There is more work to be done on the dashboard; however, Kevin McGuire in County Administration has been redirected to other projects so the dashboard is in limbo.

- Division for Community Health: Reduced revenues are primarily due to a staffing shortage dating back to September 2013. Additionally, there is an issue related to the Medicaid Obstetrical and Maternal Services (MOMS) program billing and Medicaid managed care. Staff will be meeting to discuss the issue.
- Early Intervention: The State owes a significant sum of money to the program as staff continues to deal with State management of the billing process through a fiscal agent.
- Two grants are new functional units this year. Last year, the Community Partnerships Tobacco Control Grant was folded into Division for Community Health and the Healthy Neighborhoods Program was folded into Environmental Health. Both are now stand-alone budgets that need to be represented in the dashboard. Expenses are in line with their grants.

Questions/discussion regarding the financial summary:

Dr. Meinhardt noted the dashboard has become easier to understand so she wondered how staff views the software program. Ms. Grinnell Crosby believes it will be useful once staff members grasp the meaning of the numbers and how to interpret them.

Knowing revenue is eventually coming from the State, Dr. Koppel asked if there is a way to depict the meaning or significance of programs being in the red. Mr. Kruppa replied the notes associated with the graphs should be helpful. There is an expectation of payment built into the system with revenues flowing in on a regular basis for work completed in the past. In addition to the State, other funding sources include the County and third parties.

Mr. McLaughlin heard the County's sales tax revenue is down so inquired about the potential effect upon the Health Department to receive its funding from the County. Mr. Kruppa explained the County maintains a contingency fund and a fund balance to deal with potential emergency or unforeseen events. If there is a shortfall, the next budget cycle would be affected. Eventually it would impact the Health Department's ability to deliver services.

In response to Dr. Meinhardt's question, Ms. Grinnell Crosby stated the Health Department does not actually receive money from the County. The County pays bills from a global account. The Health Department submits its bills at the end of the month and files claims for reimbursement at the end of the quarter.

Mr. Greenhouse asked whether the financial reports to the Board are based on an accrual or cash basis. Ms. Grinnell Crosby responded it is a blend. Article 6 State Aid claims are filed on a cash basis; the County's books are on an accrual basis for most lines. Internally, the Health Department posts on an accrual basis while keeping track of cash received.

Administration Report: Mr. Kruppa reported staff members from the tobacco control grant in the Health Promotion Program (HPP) are present to discuss the issue of tobacco sales in pharmacies. They are here to provide data around the issue and answer questions. The process will begin with the presentation of the issue followed by a discussion that will include the proposed resolution language. After the Board has time to consider the issue, there will be an opportunity to take action on the resolution language at the next

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meeting. In the future, there will be another discussion about the County's local law related to smoking and electronic cigarettes (e-cigarettes).

Medical Director's Report: Dr. Klepack updated his influenza report. At the time he submitted his report, influenza was showing a downturn; however, there has been an increase in influenza, predominately influenza B, in the last month. Three more pediatric deaths were reported making a total of five for the year in New York. It is too soon to say if this trend will continue into the spring. Influenza vaccinations are still available at the Health Department.

Being an outdoorsman, Mr. McLaughlin has been surprised by the number of ticks that survived the harsh winter. He suggested informing the public about the timeline for removing ticks to reduce the risk of Lyme disease. Dr. Klepack emphasized the importance of checking for ticks and removing them within 36 hours. During a conference call, Ms. Connors heard a State epidemiologist report temperatures were very low this winter, but the extensive snow cover provided insulation for ticks to survive.

Division for Community Health Report: Ms. Connors had nothing to add to her written report. She welcomed staff members from the Health Promotion Program.

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.

Discussion - Ending Tobacco Sales in Pharmacies: The Health Promotion Program (HPP) staff members introduced themselves: Theresa Lyczko, Director of the HPP; Ted Schiele, Planner/Evaluator and Program Coordinator for the Tobacco Control Program; and Samantha Hillson, Education Coordinator for the Tobacco Control Program.

Mr. Schiele thanked everyone for the opportunity to speak about the sale of tobacco products in pharmacies and drug stores. This issue is part of the Tobacco Control Program's work plan for its grant which ties into the goal of preventing the initiation of smoking and tobacco use among youth. Pharmacies and drug stores promote themselves as direct service providers of health care and as trusted, responsible sources for medical advice; however, the largest retailers sell cigarettes, a product that kills more than 25,000 New Yorkers each year. Boards of Health across the State are being asked to consider this issue.

Ms. Hillson reviewed the timeline and efforts to ban tobacco sales in stores with pharmacies. The municipalities of Boston and San Francisco acted more than five years ago with 81 other Massachusetts municipalities acting by February 2014. Earlier this year, CVS Caremark announced its pharmacies will stop selling tobacco products by October 2014. Last month, 28 Attorneys General urged the five largest retailers to stop selling tobacco products in their stores having pharmacies.

Regarding local efforts, Ms. Hillson reported the Cortland County Board of Health signed a resolution in support of ending tobacco sales in pharmacies in December

2012. The draft resolution in the packet is an amended version of that resolution. In Tompkins County, pharmacies currently selling tobacco products are located in five large chain retailers: Kinney, Rite Aid, CVS (until October), Wal-Mart, and Tops. From a telephone survey conducted in June 2013, a majority of Tompkins County adults (60%) believe pharmacies should not be allowed to sell tobacco.

In bringing this issue to the Board, Mr. Schiele explained the tobacco control program's main goal is finding ways to deter youth initiation and decrease their exposure to tobacco marketing. Pharmacies and drug stores are places to start. After spending time with the 7th grade health classes at Boynton Middle School, Ms. Hillson and Mr. Schiele heard students say they have seen tobacco marketing and products in pharmacies. If tobacco was not sold in stores with pharmacies, the number of tobacco outlets in Tompkins County would be reduced by 17%. It would also help people wanting to quit.

Mr. Schiele passed around an advertisement (Attachment 1) promoting the pharmacist as "happy to help you manage your health," and a notice (Attachment 2) that banning tobacco sales in pharmacies prevents people from buying tobacco products in the same stores that sell cessation products. He concluded his remarks by saying there is a need to end the mixed messages and create a healthier tobacco free community for everyone.

Questions/comments/discussion regarding the resolution:

Dr. Macmillan appreciated the presentation. To him, it never made sense for pharmacies to be selling tobacco products. He feels it is time for this change.

Noting he supports the effort, Mr. McKee prefers a science-based approach to the issue rather than an emotional approach.

Dr. Meinhardt suggested including the names of large retailers that have proactively decided not to sell tobacco products as additional documentation. Mr. Schiele said a statement could be included noting Tobacco Free Tompkins recognized Green Street Pharmacy on World No Tobacco Day in 2013 for not selling tobacco products. Some retailers are reluctant to publicize that decision.

Mr. McLaughlin raised concerns about regulating behavior and activities, even those considered unhealthy. Mr. Schiele responded this is the opportunity to educate the public regarding the evidence and data going back 60 years about tobacco use and its addictiveness. When used as intended, tobacco kills half the people who use it.

According to Mr. Kruppa, the Board would be acknowledging the CVS Caremark decision to end tobacco sales in their pharmacies. From a public health standpoint, there is no safe way to use tobacco. Throughout the state, programs are bringing this issue to their Boards of Health and Legislatures to have discussions. It is a resolution of support that the Board believes ending tobacco sales in pharmacies is important. There is no force of law behind it.

Mr. Greenhouse inquired about opportunities for the Health Department to recognize local pharmacies proactive in complying with the resolution. Ms. Lyczko noted the Tobacco Control Program did acknowledge Green Street Pharmacy last year. Kinney Drugs on Cayuga Street is another local pharmacy that does not sell tobacco products. Mr. Kruppa suggested he could send a cover letter with a copy of the resolution to local pharmacies asking them to contact him if interested in participating in this conversation. There was positive feedback from Board members for the suggestion.

In response to Mr. Greenhouse's question about the validity of the telephone survey, Mr. Schiele responded it is considered valid; the questions were tested and the sample size of 400 Tompkins County adults was adequate and considered a reliable sample. He would be happy to share the survey with Board members. Ms. Connors added it met the research definition of validity.

Mr. McKee asked whether tobacco companies took legal action against the Massachusetts municipalities for the restrictions. Mr. Schiele stated there was no action. The tobacco companies lost in the courts in the San Francisco ban of tobacco products in free standing pharmacies and there was no challenge when Boston enacted its ban. That does not mean that the tobacco industry will not respond.

Dr. Macmillan wondered if anyone was willing to move the resolution forward rather than waiting another month. Mr. Greenhouse moved to approve the resolution with the following modifications:

- Insert language in the 2nd paragraph to read, "...National Association of Chain Drug Stores identify **their members** as..."
- Remove the second comma in the 4th paragraph to read, "...a conflict of interest for pharmacies or other providers of health care to also profit from the sale of harmful products such as tobacco..."
- Changing periods to semicolons at the end of paragraphs 2, 4, 5 and 10.

Note: The resolution contains commas to meet the standards of the Legislature.

There was some discussion about changing the language in paragraph 3: "Whereas, tobacco products are highly addictive and *responsible for* the preventable death of 25,000 people in New York each year." The suggestion was made to substitute "*contributing to*" in place of "*responsible for.*" However, it has been well established that those deaths were caused by smoking cigarettes so the language was left as written.

Dr. Meinhardt seconded the motion to approve the resolution with the aforementioned modifications. The vote carried unanimously.

Mr. Kruppa will present the Board's resolution (Attachment 3) to the Health and Human Services Committee of the County Legislature for direction on any further action.

The main points from a discussion regarding the impact of the BOH resolution and other steps to be taken:

- Mr. Schiele and his group will meet with Mr. Kruppa to discuss additional steps based on the Board's interest in further action or activities.
- In Dr. Macmillan's opinion, it is about time the issue was considered. He believes it is a beginning step with more work to be done.
- Ms. Lyczko noted changing norms is incremental and takes time. As part of the groundswell, the BOH is on record for not endorsing the sale of tobacco products.
- Expressing his concern about accomplishing a realistic goal, Mr. McLaughlin believes having the ability to fine people for breaking the rules may give "teeth" to the resolution.
- In addition to a press release, Mr. Greenhouse asked about the future of the resolution. Mr. Kruppa said the first step is to present the resolution to County Legislators in a continuing effort to move the discussion forward about tobacco

and the dangers associated with it. Ms. Grinnell Crosby added the Legislature often tags on to a BOH resolution that is distributed to a long list of state legislative members and state health personnel. Mr. Kruppa will work with staff on the distribution list.

- Dr. Klepack said the Board should not underestimate its influence with the community at large. The message needs to emphasize the protection of youth, the desirability of protecting health and the discontinuity of pharmacies selling an unhealthy product.
- Dr. Macmillan summarized this action is not meant as an uncompassionate act against smokers, but an attempt to limit the impact of this addiction.

Mr. Kruppa announced e-cigarettes will be the next topic of discussion for potential inclusion in the County's smoking policy. Dr. Meinhardt pointed out e-cigarettes are nicotine delivering devices. She recently put together medical documentation for including e-cigarettes in the no smoking policy at Cornell. Since companies do not want e-cigarettes included in smoking bans, she suggested staff research the legal challenges that may be presented. Mr. Kruppa advised this would be Tompkins County local law. The BOH could recommend the County Legislature consider including e-cigarettes as part of the smoking policy, but it would be up to the County to go through the evaluation.

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): Ms. Cameron reported the enforcement action regarding the mobile home park and its water system was brought before the Board in April 2012. Gregory Carman, owner/operator, has been unresponsive. He was sent a Notice of Violation for water system sampling violations and failure to submit reports. Staff also observed the electrical box had exposed live wires. Mr. Carman did not respond to the Notice of Violation or the Stipulation Agreement. As a result, the matter went to hearing but he did not appear to present his case. From his findings, the Hearing Officer has supported the resolution. It is now before the Board for consideration.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Koppel.

Responding to questions from Board members, Mr. Parr said there are six units in the mobile home park. There is one family with children; the other units are primarily adults. He estimated 15 to 20 people are affected. A Boil Water Notice reminder is issued to tenants on a monthly basis. If the tenants are home, staff members speak to them directly.

Mr. Kruppa advised the strongest hammer available is to close the mobile home park which is a drawn out process. The challenge lies in achieving some resolution that protects people without having to take that final step of closing the mobile home park. It can put people in a situation where they no longer have a place to live. From an enforcement standpoint, this went through an administrative hearing and there is a significant fine.

Despite the owner/operator not maintaining the chlorine residual in the water, Mr. Parr reported an unchlorinated water sample was collected by staff and the sample came

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back negative for total coliform. At this time, there is no indication of a contaminated water supply. By not maintaining the chlorine residual, an added layer of protection is taken away.

When water or sewage systems are not being maintained by landlords, Ms. Cameron said staff members routinely refer tenants to the code enforcement officer. On all enforcement actions, town supervisors and code enforcement officers are copied so they are aware of the situation. Mr. Parr noted the Town of Enfield Code Enforcement Officer knows of the violations and offered to speak with Mr. Carman. This case is unique because the owner/operator is not responding.

Ms. Cameron remarked there is no easy answer. When an owner/operator does not sign the Stipulation Agreement, there is a hearing. During the administrative hearing, Mr. Wood explained witnesses testify, evidence is presented and the hearing officer makes a determination. Ms. Cameron stated the final action may be to close the park. It is a long-term process; this is the first step.

The vote on the resolution, as written, carried unanimously.

Adjournment: At 1:43 p.m. Dr. Macmillan adjourned the meeting.

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Happy to help you manage your health.

I have a responsibility – not only to fill your prescriptions, but to help those medications work best for you.

That's why when you come to Walgreens, we can discuss potential side effects of prescriptions, avoiding interactions with other medications, over-the-counter products and the foods you eat. I can also provide you with a free Personal Medication Passport™ that gives you an up-to-date record of your medication and health information.

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ATTENTION WALGREENS CUSTOMERS

The San Francisco Board of Supervisors is proposing an ordinance that unfairly targets Rite Aid and Walgreens, preventing ONLY them from selling tobacco products.

Please contact the Board of Supervisors and tell them:

This proposal will make it less convenient for you to shop for all your needs in one location in your neighborhood, while limiting your access to legally available products.

The proposal will force smokers to liquor stores, tobacco shops, gas stations or other retailers that don't carry smoking cessation products and don't have pharmacists available for advice on quitting.

Please let the SF Board of Supervisors know that this ordinance is unwarranted, unfair and punitive to smokers.

Contact the Board immediately at (415) 554-5184 or email at board.of.supervisors@sfgov.org

Attachment 3

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, and¹

WHEREAS, the National Association of Chain Drug Stores identify their members as “The face of neighborhood healthcare,” and “an integral component of the healthcare system”, and²

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

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, and³

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, and⁴

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, and⁵

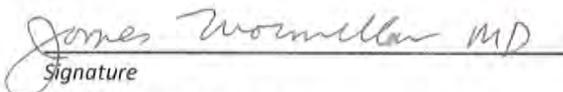
WHEREAS, a majority (59.7%) of adult residents of Tompkins County believe pharmacies should not be allowed to sell tobacco products, and⁶

WHEREAS, the majority of pharmacists are opposed to pharmacies selling tobacco, and⁷

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, now therefore be it⁸

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

April 22, 2014

Date

James Macmillan, M.D.
President, Tompkins County Board of Health

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]

Dashboard Display thru April 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: May 05, 2014

EXPENDITURES

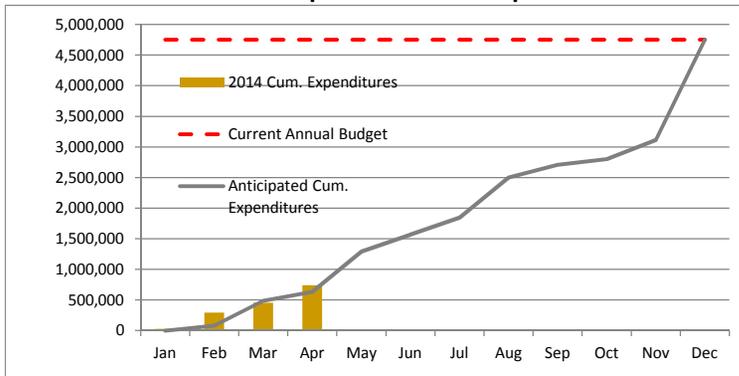
Cumulative to date compared to budget (over budget by more than 25% = Red, between 110% and 125% of budget = Yellow, below 110% of budget = Green)

REVENUES

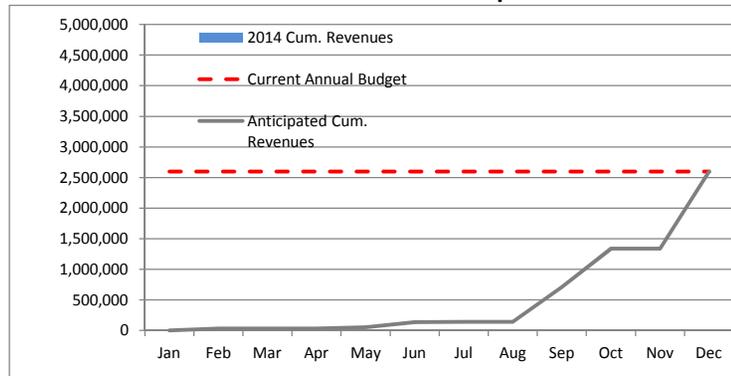
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Health Dept - Preschool Special Education (2690)

Cumulative Expenditures thru April 2014



Cumulative Revenues thru April 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

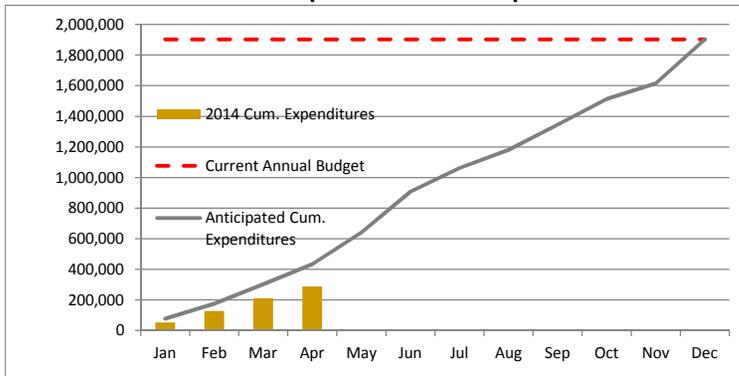
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

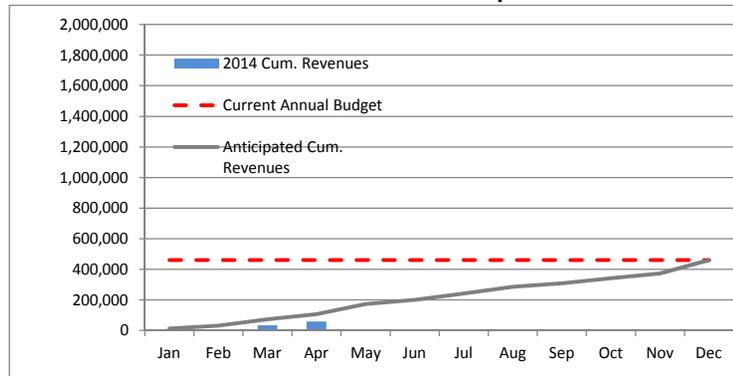
Notes: The first large Automated Voucher Listing for the 2014 school year is due in June 2014. Medicaid billing will be processed at the end of the school year.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru April 2014



Cumulative Revenues thru April 2014



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30 days

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- Consider review of adopted budget amount

Revenues

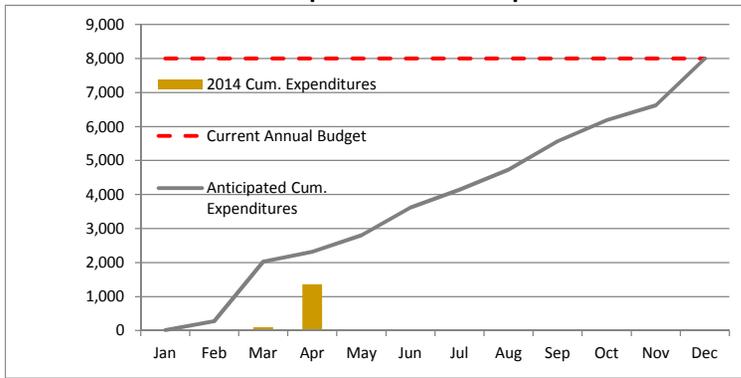
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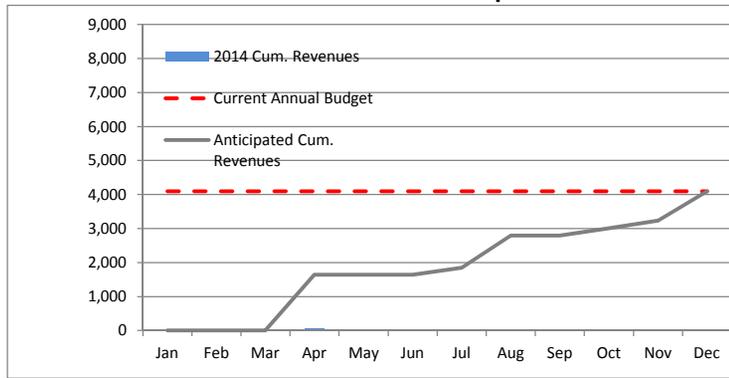
Notes: Staff continue to resolve billing issues and are evaluating the billing to Medicaid Managed Care for MOM's services rendered in the home. In addition, revenues are lower due to a delay in receiving the final fringe rate for 2013 causing a delay in filing claims. Claims are filed and reflected in the May revenue.

Health Dept - Phys.Handic.Chil.Treatment (4048)

Cumulative Expenditures thru April 2014



Cumulative Revenues thru April 2014



Data Lapse:
30 days

Appropriations

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- Current cumulative compared to last year
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Revenues

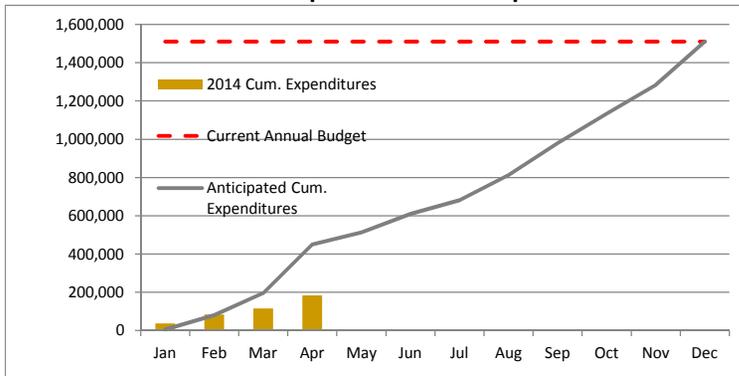
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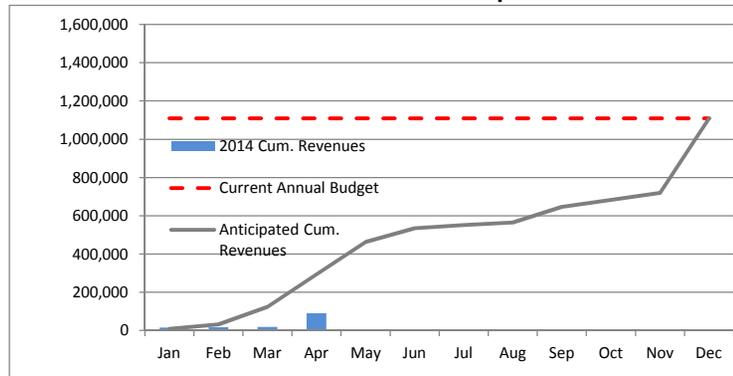
Current clients do not have a parent payment for services. Claims for this program are done quarterly. Services rendered are based on needs from eligible families.

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

Cumulative Expenditures thru April 2014



Cumulative Revenues thru April 2014



Data Lapse:
30 days

Appropriations

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

Revenues

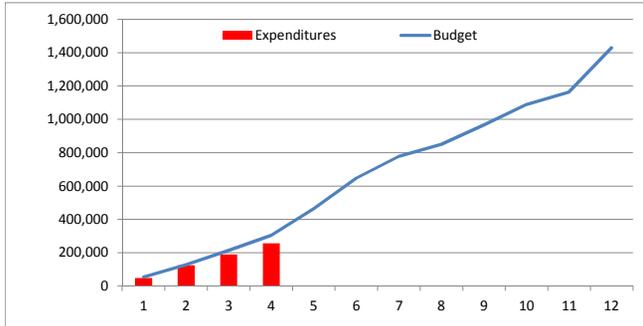
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- Current cumulative compared to last year
- Consider review of adopted budget amount

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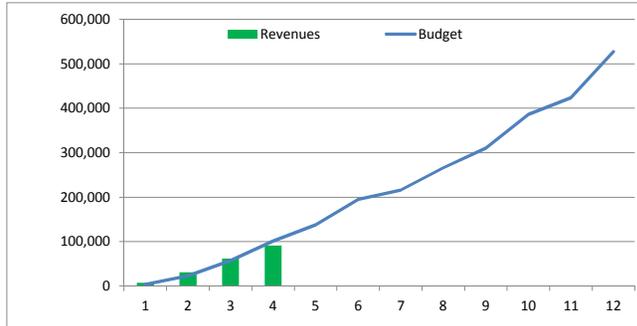
Notes: Early Intervention expenditures and revenues continues to be in flux due to the change in fiscal agent. Service providers are not experienced in working the insurance claim system. Comparisons to prior years still show when the county was the fiscal agent for the program. State reimbursements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

Health Department - Environmental Health

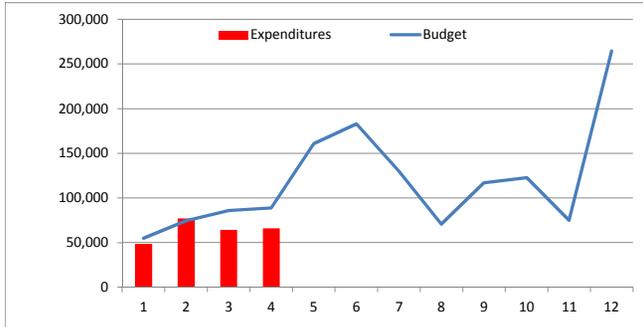
Cumulative Expenditures thru April 2014



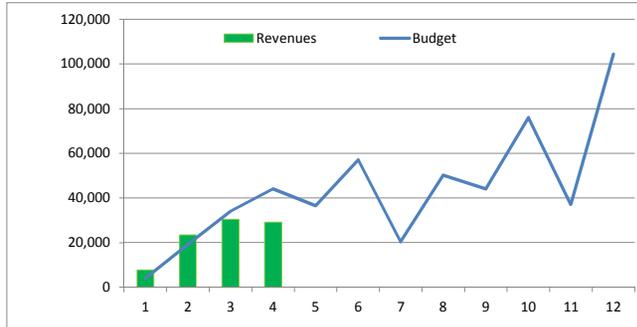
Cumulative Revenues thru April 2014



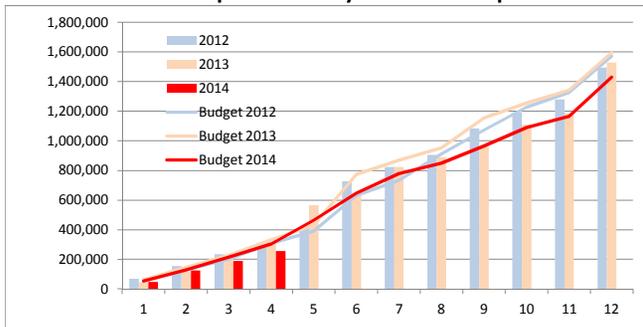
2014 Expenditures by month thru April



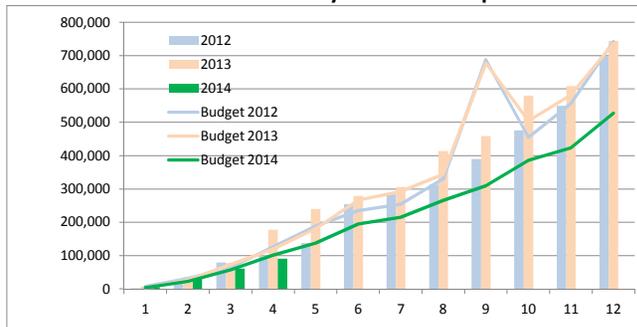
2014 Revenues by month thru April



Cumulative Expenditures by month thru April 2014



Cumulative Revenues by month thru April 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 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.

Environmental Health revenues are reflecting lower compared to the prior two years in April due to a delay in receiving the final fringe rate for 2013 causing a delay in filing claims. Claims are filed and reflected in the May revenue.

**Public Health Director
Report
May 2014**

- Met with WIC leadership and facilities to evaluate options for increasing privacy in the WIC Nutritionists work area. We are awaiting some design options from a vendor.
- Welcomed a group to a Mass Prophylaxis training coordinated by the TCHD Preparedness Coordinator. Attendees included TCHD staff; IC, TC3 & Cornell staff; IC graduate students; and other surrounding county health department staff. The training was well received and progress is being made towards closed Point Of Dispensing agreements with the three educational institutions.
- Participated on the County White Collar Contract negotiating team.
- Attended Cayuga Medical Center (CMC) Annual Meeting where the bylaws were changed to facilitate a partnership with Schuyler Hospital.
- Participated in NYSACHO review of proposed summer camp legislation <http://www.nysacho.org/files/Advocacy/2014%20Advocacy/Memo%20in%20Opposition%20A2193D%20S1015E%20Single%20Use%20Summer%20Camps.pdf>.
- Met with staff regarding increase in Syphilis cases and developed a communication strategy <http://www.tompkinscountyny.gov/health/syphilis-tompkins-county>.
- Attended a meeting at CMC to assess the opportunity for partnering in their application to the Delivery System Reform Incentive Payment Program. We have agreed to sign on to the letter of intent and will be working to identify how to participate further http://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm.
- Hosted the Newfield High School Senior Class during their annual day of county department tours.
- Conducted the department biannual All Staff Meeting with Legislator Leslyn McBean-Clairborne as keynote speaker. She discussed the history and future of the County's new Diversity and Inclusion policy http://www.tompkinscountyny.gov/files/01-43%20Diversity%20and%20Inclusion_FINALv2-Adopted%2012032013.pdf.
- Conducted closeout with IC intern and reviewed her project that evaluated the CHA & CHIP's of the five counties we compared ourselves to, the counties surrounding us and the southern tier counties.
- Attended the Magnolia Supportive Housing Program Advisory Meeting.

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

Influenza Update 2013-2014:

Disturbingly we saw an uptick in influenza activity starting in late March this year. This is atypical, usually the laboratory and clinical cases dwindle downwards once you reach the zenith of the activity over the succeeding month or two you see a delineation of the activity. However, we saw a second peak begin in late March. Fortunately, recent reports show a decline which I hope will continue. In this late peak influenza B has been replaced with A as the predominant serotype. There have been six pediatric deaths in New York this year. This is not a record, but is a sad statistic.

Morbidity and Mortality Weekly published an interim report on the effectiveness of the vaccine for this year. The preliminary conclusions were that the vaccination reduced the risk for influenza associated medical visits by about 60%. It was urged that vaccination should continue as long as the influenza virus is circulating.

The 2013-2014 vaccine seasons were the first since 2009-2010 during which H1N1p viruses have dominated, they accounted for about 96% of subtype influenza A viruses. pH1N1 viruses are a variant of standard H1N1 and the vaccine for this season matched that virus quite well.

Regarding vaccine penetration for adults age 18-64 about 34% had been vaccinated, of children 6 months to 17 years about 41% were vaccinated and adults over 65, 62% were vaccinated. Amongst the pregnant women 41% had been vaccinated appropriately. As of this publication a comparison of these percentages with regards to previous years was not available. Notably these percentages are in the face of even more distribution centers for influenza vaccine.

In New York State this year so far there have been six pediatric deaths. Overall the vaccine 2013-2014 matched the strains of virus circulating. Of note is that we had one vaccine which was 3 antigenic components and this year for the first time a separate vaccine which had those three plus one other. The additional antigenic strain that was added to the later vaccine covered an influenza B virus which was of the Victoria lineage and accounted for about 47% of the influenza B viruses that were tested. B is usually a minor actor compared to influenza A in clinical cases, but there are a number of people that do contract this later B strain. For next year there will be both 3 component and 4 component vaccines being manufactured.

General Activities:

- On April 8th attended meeting of the Ithaca City School District Physician Collaboration Committee to improve communication between the school district and area practitioners with regard to physical and mental health issues. I provided them with some materials as examples of communication devices, some of which were gleaned from the Tompkins County Health Department and others from physical therapy services in the region, as examples that the City School District might use.

- Reviewed information on closed points of distribution/ dispensing for use in public health emergencies. In brief there are methods of delivering medications, vaccines and/or other materials to populations in times of a mass event. Closed points of distribution/dispensing are held at individual employment locations and are held by the employer as well as the Health Department. Open points of distribution are solely held by the Health Department for the population at large.
- Attended a two day seminar / workshop on Points of Dispensing (POD) which gave participants hands on experience in running a closed or open POD. It also gave us experience in managing the multiple PODs that would be active in the county.
- Attended the annual Tompkins County Blood borne Pathogen Committee meeting at which any exposures of county employees are reviewed and county policies and procedures are updated. Policies are updated annually. No disturbing issues arose.

May 27, 2014 BOH Meeting
Division for Community Health
April 2014 Highlights

Agenda – 3 policies (see end of BOH packet)

ADMINISTRATION REPORT

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, April 4, 11, 18 and 25. The proposed plan for 2015 will increase the number of on-call nursing staff in the Community Health Services program from 3 to 9 in 2015. Currently there are 3 nursing management staff in addition to the DPS sharing rotation of the 24/7 coverage.
- Convened the Annual Bloodborne Pathogen (BBP) Committee on April 15 with representatives from five county departments. The Committee approved the April 16, 2013 meeting minutes and revisions to two policies (see May BOH Agenda). In 2013, Community Health Nurse Susan Dunlop held nine BBP training sessions for the Airport, Facilities, Health, Mental Health, Probation and Solid Waste departments serving 125 staff in At-Risk positions. The Committee reviewed lessons learned from one BBP Exposure in 2013. Since the BBP Exposure Control Plan was developed 24 years ago no transmission of HIV, Hepatitis B or C Virus has been documented as a result of a county employee BBP work exposure.
- Completed one staff evaluation, April 29.
- Met with Community Health Nursing team to review updated state aid codes and definitions for use in their daily work activity reports, April 2.
- Provided WIC and MOMS program brochures to the Shops at Ithaca for display at the Baby Expo, April 3.
- Coordinated with the Health Promotion Program staff for the proposed resolution to ban sale of tobacco products presentation at the April BOH meeting, April 3, 4.
- Assessed potential structural changes in WIC due to close quarters, high noise level and reduced privacy in the WIC nutrition cubicles, April 23.
- Convened meetings to review Medicaid Obstetrical Maternal Services (MOMS) home visit billing to Medicaid Managed Care insurance due to NYSDOH clarification of regulatory requirements, April 23 and 28.
- The federal government changed the ICD-10 coding implementation deadline from October 1, 2014 to no earlier than October 1, 2015. The ICD-9 codes in current use are required to code client diagnoses and services for billing. The delay in implementation gives more time for the CHS Software Replacement project. Software demonstrations for the two company bids are planned for May.
- Communicable Disease – two new suspect active Tuberculosis cases admitted to service in April. Respiratory fit-testing completed for one nurse due to change in N95 face mask product availability.

- Responded to 9 telephone or email requests for information in April from the public including information on nurse aid certification; vaccination requirements for health care workers; BBP exposure information and college students interested in public health careers.
- Training/Meetings
 - *Maternal-Child Billing and Service Discussion*, NYSACHO teleconference, April 3.
 - *Immunization Billing Project Summary*, NYSDOH Web-ex, April 9.
 - *Public Health Grand Rounds: Updates on the Affordable Care Act*, Public Health & Prevention Web-ex, April 10.
 - *Transportation to Medical Services*, Health Planning Council, TCHD, April 14.

Other Meetings – Senior Leadership (2, 16), Billing/Support (17) & BOH (22).

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

COMMUNITY HEALTH SERVICES

Karen Bishop, Supervising Community Health Nurse – no report

Communicable Disease – See attached statistical reports.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Attended Community Health Services staff meeting to discuss Tobacco Control resources and NYS Smokers' Quitline materials, April 2. Samantha Hillson, Tobacco Education Coordinator
- Met with the Outreach Coordinator for Ithaca Health Alliance, to review tobacco control resources and display in clinic, provided materials, April 2. Samantha Hillson
- Guest speaker in health classes at Boynton Middle School and discussed Tobacco Free Outdoors (TFO) and Point of Sale (POS) with students, April 3. Samantha Hillson
- Attended the T-Free Cortland Coalition meeting, April 4. Ted Schiele, Planner Evaluator, Samantha Hillson
- Met with Director of Patient Services, Public Health Director regarding tobacco free pharmacies and e-cigarettes, April 4. Ted Schiele, Samantha Hillson, Theresa Lyczko
- Attended regional steering committee in Syracuse, April 7 and conference call, April 29. Ted Schiele
- Board of Health presentation regarding T-free Pharmacies, presentation and resolution in support of ending the sale of tobacco products in pharmacies passed, April 22. Ted Schiele, Samantha Hillson, Theresa Lyczko
- Met with Common Council members Seph Murtagh and Cynthia Brock regarding smoking policy disclosure in leases, April 10. Samantha Hillson, Ted Schiele
- Meeting at New Roots with students regarding senior capstone project on tobacco, April 10. Samantha Hillson
- Met with the Tompkins County Office of Human Rights to discuss smoke-free housing and exchange resources about tobacco-free and fair housing information, April 17. Theresa Lyczko
- Participated in Twitter Chat hosted by Reality Check regarding smoke-free movies, April 17. Samantha Hillson
- Youth Action Committee for Coalition for Healthy Youth, April 28. Samantha Hillson
- Meeting with Lakeview Mental health program director to review first year of tobacco free policy, April 24. Ted Schiele
- Revised Downtown Ithaca Alliance brochure for Ithaca's smoke-free outdoor areas. Ted Schiele

- Webinar: CADCA – Ask the Experts: e-cigarettes, hookahs, and other tobacco products, April 17. Samantha Hillson
- CDC webinar: Point of Sale strategies, April 29. Ted Schiele, Samantha Hillson
- Conference calls: POS April 8; Tobacco Free Pharmacies, April 25; Samantha Hillson. Tobacco Free Outdoors, April 22, Ted Schiele, Samantha Hillson; Tobacco Free Colleges, April 9. Ted Schiele
- Human Services Coalition Forum: Social media use in public nonprofit and human services agencies, April 9. Samantha Hillson, Ted Schiele
- Earned media: Letter to the editor from Dr. Klepack regarding the sale of tobacco products in pharmacies. Published in the *Ithaca Journal* on April 2 and the *Ithaca Times* on April 28. Theresa Lyczko submitted.

TCHD Participation and Support

- Attended on-call meeting, April 4, Theresa Lyczko; April 11, Susan Dunlop – Community Health Nurse
- Attended annual Blood Borne Pathogen (BBP) meeting; gave a report on BBP county trainings for 2013. Susan Dunlop
- Attended staff satisfaction/wellness monthly meeting, April 17. Susan Dunlop
- Emergency Preparedness: Attended SERV NY in-service on how to use SERV NY website in case of emergency. Susan Dunlop
- Emergency Preparedness: Attended Joint Information Center (JIC) training – Planning for Tribal, State, and Local PIOs – 7.0 hours at Department of Emergency Response, April 30. Theresa Lyczko
- Attended Lead Poisoning Prevention coalition meeting, April 24. Theresa Lyczko
- Designed and produced Teen Immunization brochure for Teen Immunization Awareness month. Ted Schiele

Media

- IC Online – online Ithaca College news – inquiry on physical activity and older adults particularly those participating in marathons, April 7. Theresa Lyczko
- Coordinated monthly WHCU morning interview – CHS staff on Lyme Disease prevention, April 28. Theresa Lyczko
- *Ithaca Journal* inquiry on Lyme Disease in Tompkins County, article appeared April 28. Theresa Lyczko
- Edited and submitted rabies clinic and prevention press release, April 22. *Ithaca Journal*, April 25. Theresa Lyczko

Website postings

- Rabies press release
- BOH packet, approved minutes
- WIC calendars and Google calendar update
- Water week information
- Flu update – flu widespread in New York State as of April 19

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

- Webinar: A New Paradigm for Population Health: Partnering in Community Needs Assessments – University of Michigan Public Health Training Center, 1.5 hours, April 24. Theresa Lyczko
- HANYS webinar: NYS counties and hospitals CHA and CHIP review and summary, 1.5 hours, April 29. Ted Schiele, Theresa Lyczko
- Review of County charter as it relates to requirements of CHA and CHIP. Theresa Lyczko

Community Outreach

- Creating Healthy Places (CHP) – Wellness committee meetings at four worksites including TCHD – April 1, 10, 15, and 24. Ted Schiele

- Attended meeting of Own Your Own Health of the TCOG consortium, April 16. Ted Schiele
- Taught a Diabetes Prevention Program post –core session to five participants, April 8. Susan Dunlop
- Met with Health Planning Council staff to assess recruitment and outreach efforts for the Diabetes Prevention Program, April 18. Susan Dunlop, Theresa Lyczko
- Began a six week Diabetes Self Management class at Titus Towers; nine people registered, April 23. Susan Dunlop
- Met with four staff from the Cayuga Center for Healthy Living and Health Planning Council staff to discuss joint outreach efforts for diabetes programs offered to the community, April 30. Susan Dunlop

Meetings and Trainings

- Nutrition Program Committee, Cooperative Extension, April 22. Samantha Hillson
- City of Ithaca Comprehensive Plan Land Use workshop, April 29. Samantha Hillson
- Talks at Twelve – Bronfenbrenner Center at Cornell University – School Gardens: Examining Effects on Children’s Diet and Physical Activity – Nancy Wells, researcher. 1.0 hours, April 24. Theresa Lyczko, Samantha Hillson
- Health Planning Council Board meeting, April 23 and Community Health and Access Committee, April 27. Theresa Lyczko
- Community Coalition for Healthy Youth Executive Committee, April 14 and Board April 17. Ted Schiele

WIC PROGRAM

Beth Huber, RD, Director

- The WIC Federal Income Eligibility Guidelines increased as of May 1st. These guidelines are set at 185% above the poverty level as determined by the United States Department of Agriculture (USDA). More detail can be found on the TCHD/WIC website: <http://www.tompkinscountyny.gov/health/wic/index>.
- The WICSIS Participant by Month final report reflects a significantly improved show rate in March. The no-show rate decreased from 15.9% in February to 13.7% in March which is the lowest no-show rate of the fiscal year.
- The annual Farmer’s Market Nutrition Program Redemption Report issued by the NYS Department of Agriculture and Markets cannot be produced this year due to technical difficulties. Although the specific redemption of Farmer Market Checks in Tompkins County isn’t available the overall NYS redemption rate increased from 56.8% to 58.7% in 2013.
- To ensure compliance with USDA policy and Nutrition Services Standards, the state developed a WIC Exit Counseling Brochure titled “You are an Amazing Mom”. The brochure is being offered to breastfeeding and post-partum women at their last WIC visit. It serves as an informational and motivational pamphlet with resource information intended to support mothers beyond the WIC experience.
- All staff attended a Regional Poverty Simulation and Civil Rights training in Cortland on April 30th.
- WIC Director Beth Huber, WIC Nutrition Educator II Andrea Smith and WIC Clerks Jamie Breedlove and Bonnie Hart attended all day training on Participant Centered Group Facilitation in Syracuse on April 15th & 16th.

Attachments

- Division Statistical Highlights, April 2014
- Communicable Disease Summary Report

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	16									76	79	272
# of Immunizations Given	35	35	28	24									122	114	434
Children 0 - 19 yrs.	18	24	23	20									85	75	321
Adults 20 yrs. & over	17	11	5	4									37	39	113
# of Flu Immunizations	48	9	2	1									60	2	971
Rabies Vaccination Program															
Post-Exposure Clients	1	4	0	8									13	5	91
Post-Exposure Vaccinations	3	8	0	16									27	15	210
Tuberculosis Program															
Cumulative Active TB clients	0	0	0	2									2	2	3
Active TB Admissions	0	0	0	2									2	0	1
Active TB Discharges	0	0	0	0									0	1	3
Cumulative Latent TB Infection Clients	7	9	9	9									9	37	42
Latent TB Infection Admissions	1	2	0	0									3	7	12
Latent TB Infection Discharges	1	1	0	0									2	9	27
TB Direct Observe Therapy Visits	0	0	0	27									27	63	251
# of PPDs	18	32	35	21									106	143	532
Anonymous HIV Clinics															
# of HIV Clinics - including Walk-Ins	5	6	8	9									28	22	71
# of Counseled & Tested	5	4	7	15									31	30	84
HIV+ Eliza & Western Bloc	0	0	0	0									0	0	0
WIC															
Newly Enrolled	UA	UA	50										50	N/A	N/A
Total Participants Served	UA	UA	541										541	N/A	N/A
Participants w/Active Cks*	1458	1445	1479										1461	1549	1507
Total Enrolled*	1736	1720	1713										1723	1799	1797
No-Show Rate (%)	15.7%	16.0%	13.7%										15.1%	13.13%	15.33%
% Active Participation	73.0%	72.3%	73.4%										72.9%	78.20%	75.58%
% Caseload Target *2000 FY14	UA	UA	85.6%										85.6%	UA	UA

New Information being collected as of March 2014

All statistics are considered primary as data is continually collected and updated

UA = Unavailable at this Time

*Information taken from the WICSIS CM015T Final Report; YTD represents the average number

**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	274									274	269	513
# of Admissions	29	24	25	35									113	120	354
# of Discharges	38	24	34	28									124	112	351
Total # of Office Visits	31	27	22	49									129	126	382
# of Antepartum Home Visits	47	38	49	35									169	178	533
# of Postpartum Home Visits	34	20	32	22									108	104	311
# of Pediatric Home Visits	3	2	3	2									10	49	136
Total # of Home Visits	84	60	84	59	0	0	0	0	0	0	0	0	287	331	980
Total # of Home & Office Visits	115	87	106	108	0	0	0	0	0	0	0	0	416	457	1362
# of RN Home Visit Hours	132	103	123	115									473	316	1175
# of Childbirth Education Classes	1	2	3	0									6	6	15
# of Childbirth Education Moms	7	7	7	0									21	25	49
On Call Visits															
Maternal Child On Call Visits	0	0	0	0									0	0	5
Rabies On Call Vaccinations	1	4	0	0									5	2	30
TB Direct Observe Therapy On Call Visits	0	0	0	4									4	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	112									487	1934	2182
Immunization (including Flu)	164	86	95	94									439	1853	1460
Maternal Child/Family/MOMS	378	317	310	318									1323	3520	4127
Miscellaneous	51	52	45	49									197	543	472
Total	727	589	557	573	0	2446	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	8	0	0	0	0	0	0	0	0	37
HEPATITIS C, ACUTE	4	0	1	0	0	0	0	0	0	0	0	0	0	1
HEPATITIS C, CHRONIC	59	9	9	10	8	0	0	0	0	0	0	0	0	36
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	11	0	0	0	0	0	0	0	0	24
BACTERIAL	47	1	3	1	8	0	0	0	0	0	0	0	0	13
CAMPYLOBACTERIOSIS	20	1	3	1	3	0	0	0	0	0	0	0	0	8
E. COLI O157:H7	7	0	0	0	1	0	0	0	0	0	0	0	0	1
LISTERIOSIS	2	0	0	0	0	0	0	0	0	0	0	0	0	0
SALMONELLOSIS	15	0	0	0	3	0	0	0	0	0	0	0	0	3
SHIGELLOSIS	1	0	0	0	1	0	0	0	0	0	0	0	0	1
YERSINIOSIS	2	0	0	0	0	0	0	0	0	0	0	0	0	0
PARASITIC	27	1	3	2	3	0	0	0	0	0	0	0	0	9
AMEBIASIS	1	0	0	0	0	0	0	0	0	0	0	0	0	0
CRYPTOSPORIDIOSIS	12	1	2	0	2	0	0	0	0	0	0	0	0	5
CYCLOSPORIASIS	0	0	0	1	0	0	0	0	0	0	0	0	0	1
GIARDIASIS	14	0	1	1	1	0	0	0	0	0	0	0	0	3
MYCOBACTERIUM AGENTS	1	0	0	0	2	0	0	0	0	0	0	0	0	2
TUBERCULOSIS	1	0	0	0	2	0	0	0	0	0	0	0	0	2
RABIES EXPOSURE	96	3	8	0	16	0	0	0	0	0	0	0	0	27
ADMINISTERED @ TCHD	87	3	8	0	16	0	0	0	0	0	0	0	0	27
ADMINISTERED @ GANNETT	9	0	0	0	0	0	0	0	0	0	0	0	0	0
SEXUALLY TRANSMITTED DISEASES	314	24	18	31	33	0	0	0	0	0	0	0	0	106
CHLAMYDIAL INFECTIONS	268	19	18	30	30	0	0	0	0	0	0	0	0	97
GONORRHEA	45	5	0	0	2	0	0	0	0	0	0	0	0	7
LYMPHOGRANULOMA VENEREUM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SYPHILIS, INFECTIOUS	1	0	0	1	1	0	0	0	0	0	0	0	0	2
INVASIVE DISEASES, NOT VACCINE PREV.	10	2	1	1	2	0	0	0	0	0	0	0	0	6
STREPT GROUP A	2	0	0	0	1	0	0	0	0	0	0	0	0	1
STREPT GROUP B	8	2	1	1	1	0	0	0	0	0	0	0	0	5
VACCINE PREVENTABLE DISEASES	27	1	2	1	1	0	0	0	0	0	0	0	0	5
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	1	0	0	0	0	0	0	0	0	1
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	73	0	0	0	0	0	0	0	0	212

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

ENVIRONMENTAL HEALTH DIVISION

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

Ph: (607) 274-6688

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ENVIRONMENTAL HEALTH HIGHLIGHTS

April 2014

Outreach and Division News

Safe Medication Disposal Day: A Safe Medication Disposal Day event was held on Saturday, April 26 in Slaterville. Cindy Schulte was involved in preparations for the event. Ed Gottlieb, the pre-treatment coordinator at the Ithaca Area Wastewater Treatment Facility, reported that the event was another big success. "A total of 493 people participated, half for the first time, dropped off 915 pounds of outdated or otherwise unwanted medications. For comparison, Staten Island with six locations, took in a total of about 384 pounds," he noted.

EH/ITS Permit Management Software Project: A lot of progress was made in identifying and resolving issues with the set up of the Accela software. A critical component – generating our OWTS permits – has been accomplished and we're on-target to go live with the office component of the software on Monday, May 19. We will be delaying access to the public portal until the payment processing functions.

Water System Operator Training: On April 3, the Division hosted the *EPA Safe Drinking Water Act Training* presented by Bessie Williams of the Texas A&M Engineering Extension Service (TEEX). Fifty-one certified water system operators from many counties in the area attended a comprehensive and informative workshop that earned them continuing education credits toward their re-certification. Chris Laverack and Steven Kern participated as students and as trainers.

Healthy Neighborhoods Program. Skip Parr and Liz Cameron are working on preparing the documents for the Healthy Neighborhoods Program (HNP) grant. With the assistance of Brenda Crosby and Tompkins County Personnel, we have developed a HNP Education Coordinator position that is currently posted as a vacancy on the Tompkins County website. We hope to fill that position by mid-July.

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 reviewed the current and historical information and coordinated with the Southern Cayuga Lake Intermunicipal Water Commission (SCLIWC) on any concerns or monitoring conditions that should be required. The lampricide was first applied by NYSDEC in 1986. We submitted comments on the permit application on April 17. In our comments, we requested that the Water Use restrictions identified in the original Environmental Impact Statement be required. The NYSDEC requires monitoring a half mile downstream from the application. We did not require additional monitoring but requested to be copied on the results of the NYSDEC monitoring.

Hydrilla: Anne Wildman and Steven Kern attended the Hydrilla Local and State Task Force meetings in April. Anne participated in the Peer-Review conference call on April 4 to discuss the process for this year's efforts.

Rabies Control Program

On April 19, Sarah Caputi attended the Pet Expo at The Shops at Ithaca Mall to promote the Division's Free Spring Rabies Clinics.

There was one rabid bat during April, confirmed by the New York Wadsworth Laboratory. Although there was no known bite from this bat, two people received rabies treatment. Because bats are small animals with tiny teeth, shots are authorized where there is the possibility of an undetected bite.

Key Data Overview				
	This Month	YTD 2014	YTD 2013	TOTAL 2013
Bites ¹	15	32	42	234
Non Bites ²	3	7	4	66
Referrals to Other Counties	3	9	9	47
Submissions to NYS Rabies Lab	11	35	17	203
Human Post-Ex Treatments	5	12	8	88
Unvaccinated Pets Quarantined ³	0	0	1	3
Unvaccinated Pets Euthanized ⁴	0	0	0	0
Rabid Animals(Lab Confirmed)	1	2	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	6	14	14	80	0	0	0	2	0	0	0	0
Dog	9	17	25	133	0	0	0	4	0	0	0	0
Cattle	0	0	0	1	0	1	1	1	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	0	0	2	0	0	0	0
Domestic	0	0	0	2	0	0	0	0	0	0	0	0
Raccoon	0	0	0	1	0	0	0	2	0	1	1	1
Bats	0	0	0	5	7	1	8	18	1	1	1	6
Skunks	0	0	0	1	0	0	0	0	0	0	0	0
Foxes	0	0	1	3	0	0	0	1	0	0	0	1
Other Wild	0	0	3	8	0	2	2	5	0	0	0	0
Totals	15	32	43	234	7	4	11	35	1	2	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:

- Arby's Roast Beef, V-Lansing
- Bella Pizza, C-Ithaca
- Clubhouse Grille, V-Trumansburg
- CU Cook House, C-Ithaca
- CU Flora Rose, C-Ithaca
- CU Jansens at Bethe House, C-Ithaca
- CU Keeton House, C-Ithaca
- CU Northstar, C-Ithaca
- CU Risley Dining Hall, C-Ithaca

- CU Robert Purcell Dining, C-Ithaca
- CU Trillium, C-Ithaca
- CU Willard Straight, C-Ithaca
- Creekside Café, V-Trumansburg
- Crossroads Bar & Grille, T-Lansing
- Dryden Middle School, T-Dryden
- Dunkin Donuts, V-Dryden
- Fraternal Order of Eagles, C-Ithaca
- Gimme! Coffee, V-Trumansburg

Green St. Pharmacy, C-Ithaca
 IC-Towers Dining Hall, T-Ithaca
 ICSD Ithaca High School, C-Ithaca
 ICSD South Hill Elementary School, C-Ithaca
 Iron Owl Kitchen, Throughout Tompkins
 Joe's Restaurant, C-Ithaca
 JJ's Café, V-Cayuga Heights
 Just a Taste Wine & Tapas Bar, C-Ithaca
 LCSD-Lansing High School, T-Lansing
 Lincoln Street Diner, C-Ithaca
 Mama Teresa Pizzeria, C-Ithaca
 Mandible Café, C-Ithaca
 McDonalds – Dryden, V-Dryden
 McDonalds - Triphammer Road, V-Lansing
 Newfield Elementary School, V-Newfield
 Newfield Middle/High School, V-Newfield

Pizza Aroma, C-Ithaca
 Pizza Hut, V-Lansing
 Regal Cinemas 14, V-Lansing
 The Shop, C-Ithaca
 Sicilian Delight Pizzeria, V-Lansing
 Starbucks Coffee Co. #10395, C-Ithaca
 Starbucks Coffee Co. #11932, C-Ithaca
 Statler Hotel – Mac's, C-Ithaca
 Statler Hotel – Terrace Dining, C-Ithaca
 Subway #29252, V-Lansing
 Subway of Dryden, V-Dryden
 Sunrise Samosas, V-Freeville
 TC Action-TC3 Farmhouse, T-Dryden
 Tellez Mexican Catering, Throughout Tompkins
 Trumansburg Elementary School, V-Trumansburg
 Trumansburg High School, V-Trumansburg

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:

Fingerlakes Residential Center, T-Lansing
 Hal's Delicatessen, C-Ithaca
 IC-Terrace Dining, T-Ithaca
 ICSD-Beverly J. Martin, C-Ithaca

Mehak Cuisine, C-Ithaca
 Plum Tree Japanese Restaurant, C-Ithaca
 Stella's, C-Ithaca
 Tompkins Cortland Community College, T-Dryden

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:

IC-Terrace Dining, T-Ithaca

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

Tompkins Cortland Community College, T-Dryden

Potentially hazardous foods were not kept at or below 45°F in cold holding. A product on the line for customer service was observed to be at 49-50°F. The product was discarded.

Plantation Bar & Grill, T-Dryden

Potentially hazardous foods were not kept at or below 45°F in cold holding. A product for customer service was found in a cooler at 51-52°F. The product was voluntarily discarded during the inspection.

IC-Egbert Dining Hall, T-Ithaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. A product on the line for customer service was observed to be at 50°F. The product was moved to the walk-in to be chilled to 45°F or less before use.

Statler Hotel – Banfi’s, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in a cold holding unit were observed to be at 48-52°F. The products were moved to the walk-in to be chilled to 45°F or less before use.

Easy Wok, V-Lansing

During a complaint investigation, potentially hazardous foods were not stored under refrigeration. Products were observed stored under the wok station at 55°F. Products were voluntarily discarded during the inspection. Board of Health action will be taken.

Thai Basil, C-Ithaca

An accurate thermometer was not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding during a re-inspection. Board of Health action will be taken.

Collegetown Bagels, Aurora St., C-Ithaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in a cold holding unit were observed to be at 48-54°F. The products were moved to the walk-in to be chilled to 45°F or less before use.

Coal Yard Café, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Product in a food storage cooler was observed to be at 52°F. The product was moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

Sammy’s Pizzeria, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Product in a food storage cooler was observed to be at 48-52°F. The product was moved to functioning refrigeration equipment to be chilled to 45°F or less before use. Product in another cooler was observed to be at 49-58°F; it was moved to a functioning cooler to be chilled to 45°F or less before use.

A-1 Pizzeria, T-Dryden

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 storage cooler were observed to be at 48-55°F. The products were either discarded or moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

Jimmy John’s Gourmet Sandwiches, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in a cold holding unit were observed to be at 48-55°F. The products were chilled to 45°F or less before use.

Lou’s BBQ, Throughout Tompkins

Potentially hazardous foods were not kept at or below 45°F in cold holding. Products in a cold holding unit were observed to be at 60°F during cold holding. The products were placed under ice to be chilled to 45°F or less before use.

Futai Buffet, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F in cold holding. Product on the buffet for customer service was observed at 48-50°F. The products were chilled to 45°F or less before use.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product on the buffet line for customer service was observed at 120°F. Product was removed from service and reheated to 165°F or above before use.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 65 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:

Alpha Gamma Rho Fraternity, Ithaca-C	McLean Community Council, T-Groton
Alpha Zeta Fraternity, C-Ithaca	NDO Hornets, C-Ithaca
Dryden HS SANE, V-Dryden	NPR Hanmaum Korean Church, T-Lansing
Ithaca Babe Ruth League, C-Ithaca	Reynolds Racing, V-Trumansburg
LACS Canoe Group, C-Ithaca	Sigma Alpha Sorority, C-Ithaca
LDS Church, T-Lansing	Trumansburg Rotary, V-Trumansburg

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:

Metzgar Catering, T-Groton

Plans Approved:

Metzgar Catering, T-Groton
 Dunkin Donuts-Pine Tree Road, T-Ithaca

New Permits Issued:

Mama Teresas Pizzeria, C-Ithaca
 Tellez Mexican Catering, Throughout Tompkins
 Metzgar Catering, T-Groton
 JJ's Café, V-Cayuga Heights

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

Engineering Plans Approved

One plan for cross-connection control to protect municipal water systems from hazardous connections was approved this month.

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. See below for Enforcement Action.
- 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. Engineering plans have been submitted and approved.

Health Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	March	YTD 2014	YTD 2013	TOTAL 2013*
# of Home Visits	32	104	86	401
# of Revisits	13	24	20	56
# of Asthma Homes	1	7	12	22
# of Homes Approached	74	189	125	641

HEALTHY NEIGHBORHOODS PROGRAM	April	YTD 2014	YTD 2013	TOTAL 2013*
# of Home Visits	21	125	125	401
# of Revisits	8	32	22	56
# of Asthma Homes	7	14	14	22
# of Homes Approached	138	327	166	641

*Total 2013 covers the calendar year (January through December)

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	3	0	5
B: Total Environmental Inspections:				
B1: Due to A1	0	2	0	11
B2: Due to A2	1	3	0	0
C: Hazards Found:				
C1: Due to B1	0	0	0	8
C2: Due to B2	1	3	0	0
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	1	2	0	7
F: Interim Controls Completed:	0	0	0	3
G: Complaints/Service Requests (w/o medical referral):	5	18	7	52
H: Samples Collected for Lab Analysis:				
- Paint	0	0	0	0
- Drinking Water	0	0	0	3
- Soil	1	2	0	4
- XRF	1	3	0	7
- Dust Wipes	1	3	0	9
- Other	0	1	0	0

Status of Enforcement Actions

Office Conference Held:

Thai Basil, C-Ithaca, Banjong Thamkankeaw, owner: repeat food service violations; signed Stipulation with PHD Orders on 4/24/2014; to BOH 5/27/2014.

Office Conferences Scheduled:

Easy Wok, V-Lansing, Max168, Inc., owner: repeat food service violations; 5/12/2014.

Upstate District Nazarene, T-Caroline, Stanley McLain, manager: water system violations, 5/9/2014.

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; **payment received, awaiting compliance.**

- 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; BOH assessed a \$2400 penalty and Orders for Compliance on 4/22/2014.
- 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; **payment received, case closed.**
- 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.**

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

On April 24, Skip Parr attended the training course "Performance Reviews that Inspire Performance and Commitment" as part of the Supervising for Success Level 2 Training Series.

On April 28 and 29, Skip Parr participated in Emergency Preparedness Training at Ithaca College that covered Mass Prophylaxis Preparedness & Planning. Part of the two-day training session included a table-top scenario where groups planned and coordinated a simulated mass prophylaxis event.

Cindy Schulte successfully completed the two day ServeSafe Food course for Managers offered at CCE on April 22 and 29 and is now certified as a ServSafe Manager by the National Restaurant Association.

Cindy Schulte, Adriel Shea and Sarah Caputi successfully completed the FSIO I classroom training from NYSDOH April 17 in Syracuse .

Eric Shearer, Kristee Morgan, Adriel Shea and Liz Cameron participated in a NYSDOH Children's Camp conference call on March 24. The new guidance on amusement devices was discussed. The guidance will have minimal effect on our Children's Camp program.

Tompkins County Board of Health
May 27, 2014

Division for Community Health
AGENDA

Approval for Policy Revisions –

- **Tuberculin Skin Testing Policy** – Policy updates include: current terminology and procedures in line with the *CDC 2013 Core Curriculum on Tuberculosis* and recommendations from the TCHD TB Consultant and TCHD Medical Director.
 - App A – Tuberculin Skin Test Form

The Tompkins County Bloodborne Pathogen Committee approved revisions to the following BBP policies at their April 15, 2014 annual meeting.

- **BBP At-Risk Employee Education & Hepatitis B Vaccination Policy** – Policy updates include: current terminology; CDC 2013 serology testing changes; NYSDOH 2014 health care personnel vaccination requirements and OSHA documentation requirements. Information from the former policy: “Employee Hepatitis B Vaccination Policy” also merged into this policy to eliminate redundancies.
 - App A – Tompkins County BBP At-Risk Employee Department Position List
 - App B – CDC Hepatitis B Vaccination Information Statement (2/2/12)
 - App C – TCHD Hepatitis B Vaccination Consent Form
 - App D – TCHD Hepatitis B Vaccination Declination Form
- **Bloodborne Pathogen (BBP) Post-Exposure Policy** – Policy updates include CDC 2013 changes in post-exposure baseline and repeat test intervals.
 - App A – Information Required for BBP Incident Reports
 - App B – Memorandum of Understanding – Clinical Evaluation of Bloodborne Pathogen Exposure for Tompkins County Employees

DRAFT revised Tuberculin Skin Testing Policy

(Name brand: **Tubersol**; Manufacturer: Sanofi Pasteur)

Key: TST = Tuberculin Skin Test ~~= Tubersol~~

Policy Goal: Screen at risk populations for Tuberculosis per the Core Curriculum on Tuberculosis, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Sixth Edition, 2013¹.

Procedure:

A. Who should be tested is defined in the Core Curriculum on Tuberculosis*

1. Persons at higher risk for TB exposure or infection, see the Tuberculin Skin Test form.
2. Persons at higher risk for TB disease once infected.

* ~~Defined in Core Curriculum on Tuberculosis,~~

B. Indications for use

1. Tubersol is indicated as an aid in the detection of infection with Mycobacterium tuberculosis.
2. Use 5 TU (test units) per test dose (0.1cc intradermally). TCHD only purchases the 5 TU per test dose product.

C. Tubersol components

1. Tubersol contains tuberculin in phosphate buffered saline, Tween 80 (0.0005%) as a stabilizer, and phenol 0.28% as a preservative. The tuberculin has been obtained from a human strain of Mycobacterium tuberculosis grown on a protein-free synthetic medium.

D. Contraindications

1. Tubersol should not be administered to known tuberculin positive reactors because of the severity of reactions (i.e. vesiculation, ulceration or necrosis) that may occur at the test site in highly sensitive persons.

E. Warning

1. ~~Do not~~ Avoid ~~injecting~~ Tubersol subcutaneously. If this occurs, no local reaction will develop, but a general febrile reaction and/or acute inflammation around old tuberculosis lesions may occur in highly sensitive individuals. If Tubersol is administered subcutaneously, it should be repeated intradermally.

¹ Core Curriculum on Tuberculosis: What the Clinician Should Know, Centers for Disease Control and Prevention, Sixth Edition, 2013.

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F. Precautions

1. Hypersensitivity to any component of Tubersol.

~~2. Vaccination with live viruses (MMR, MMRV, Shingles, Varicella, Immune Globulin, Yellow Fever, Oral Polio, BCG or oral Typhoid) may interfere with TST~~

~~reactions. For persons scheduled to receive a TST, testing should be done as follows:~~

~~2. **Either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine. If the client has received a live vaccine (i.e. MMR, MMRV, Shingles, Varicella, Immune Globulin, Yellow Fever, Oral Polio, BCG or oral Typhoid) within the last 8 weeks, DO NOT GIVE.**~~

~~a) **Wait minimum of 4 weeks after receipt of a live vaccine before administering Tubersol to minimize potential false-negative reaction to Tubersol.**~~

~~b) **Exception:** If there is a strong history of exposure to Tuberculosis, administer the Tubersol. If the reaction is negative, repeat the Tubersol in 12 weeks.~~

~~c) **Tuberculin Skin Test can be administered simultaneously with live vaccines.**~~

~~3. **Pregnancy:** ~~TSTuberculin Skin Test~~ is both safe and reliable throughout the course of pregnancy. The~~

~~3. ~~target~~ target group for screening in pregnancy is the same ~~as for~~ the general adult population.~~

G. Side Effects

1. In highly sensitized individuals, strongly positive reactions including vesiculation, ulceration or necrosis may occur at the test site. Cold packs or topical steroid preparations may be employed for symptomatic relief of the associated pain, pruritis and discomfort. These individuals should be referred to their primary physician for medical evaluation.
2. Strongly positive reactions may result in scarring at the test site.
3. Immediate erythema or other reactions may occur at the injection site. The reason(s) for these infrequent occurrences are presently unknown.

H. Administration

1. Registered Professional Nurses on staff at Tompkins County Health Department or Registered Professional Nurses under TCHD supervision through an approved internship may administer Tubersol.
2. For **TCHD pre-employment screening**²: Two-step testing to detect “boosting” is ~~required~~recommended for anyone whose baseline Tuberculin Skin Test is negative, has no history of Tuberculin Skin Test done in the past 12 months and who will

² [Tompkins County Health Department, Employee Health Policy & Procedure.](#)

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Comment [DM1]: Change to CDC language: Vaccination with live viruses (list) may interfere with TST reactions. For persons scheduled to receive a TST, testing should be done as follows:
• Either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine

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require periodic screening in the future. **Administer a second Tuberculin Skin Test 1-3 weeks after the first Tuberculin Skin Test.**

3. **Dosage: Administer 0.1cc of Tubersol containing 5 TU intradermally in the volar surface of the left forearm** utilizing a tuberculin syringe with appropriate needle gauge (25-27 gauge) and needle length (3/8" – 1"). The same dose is administered to all age groups.
 - a) Fill the syringe just prior to administering since the Tubersol solution can adsorb to the inside of the plastic syringe.
 - b) Cleanse the dorsal surface of the left forearm with alcohol and allow to air dry.
 - c) Hold the skin taut, keep the needle bevel up, and the syringe parallel to the forearm, insert it slowly at a 5-15 degree angle.
 - d) Inject the Tubersol just beneath the skin surface to produce a discrete, pale elevation of the skin (wheal) 6-10 mm in diameter. If you do not produce a wheal, repeat the test at once at another site, preferably on the other arm. If the same arm must be used, be sure to repeat the test several inches away from the original injection.

I. Medical Order

1. Tuberculin Skin Test is on the approved list of agents for standing orders by the Board of Regents. A patient specific medical order is not required to administer Tuberculin Skin Test to all age groups.

J. Interpretation of the test

1. Assess for risk factors when placing the Tuberculin Skin Test and note results on **Tuberculin Skin Test form**³.
2. Read the Tuberculin Skin Test 48-72 hours after administration. Sensitivity is indicated by induration, usually accompanied by erythema.
3. Visualize and palpate for the presence or absence of induration (firm swelling). Per the **Core Curriculum on Tuberculosis**⁴: the diameter of the indurated area should be measured across the forearm. Induration should be measured in millimeters (mm), even those classified as negative.
4. Erythema (redness) is never included in measurement.
5. "Positive" or "negative" result are determined following the **Core Curriculum on Tuberculosis***:
 - a) **≥5 mm** is classified as positive in HIV-positive persons, recent contacts of TB case, persons with fibrotic changes on chest radiograph consistent with old healed TB, patients with organ transplants and other immunosuppressed patients.
 - b) **≥10 mm** is classified as positive in recent (**<5 years**) arrivals from high-prevalence countries, injection drug users, residents and employees of high-risk

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Comment [DM3]: (<5 years)

³ F:Prev/TB/TB forms/PPD/Tuberculin Skin Test

⁴ Core Curriculum on Tuberculosis: What the Clinician Should Know, Centers for Disease Control and Prevention, Sixth Edition, 2013.

congregate settings, Mycobacteriology laboratory personnel, persons with clinical conditions that place them at high risk, and children <4 years of age, or children and adolescents exposed to adults in high-risk categories.

- c) ≥ 15 mm is classified as positive in persons with no known risk factors for TB.
- d) False-positive results may be caused by nontuberculous mycobacteria or BCG vaccination.
- e) False-negative results may be caused by anergy, recent TB infection, very young age (<6 months), live-virus vaccination, or overwhelming TB disease.

K. Storage and handling

- 1. Refrigerate between 35 and 46 degrees Fahrenheit.
- 2. Protect from light.
- 3. Do not freeze or store drawn up in plastic syringe.

L. Consent/Record

- 1. Complete the **Tuberculin Skin Test form** and obtain the client's signature.
- 2. Instruct the client to return to TCHD within 48-72 hours of the test to have it read by a Registered Professional Nurse. A copy of the Tuberculin Skin Test form with the recorded results will be given to the client.
- 3. Instruct Cornell, Ithaca College or TC3 students to go to their respective campus health center to have it read by a Registered Professional Nurse there. College health center staff will report the test results verbally or via fax to TCHD.
- 4. Completed Tuberculin Skin Test forms will be filed alphabetically by year test performed.

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M. Cost

- 1. A fee is charged to administer and read the Tuberculin Skin Test per agency defined Sliding Fee Scale.
- 2. TCHD employees receive Tuberculin Skin Testing at no charge.

Date

William Klepack, M.D.
TCHD Medical Director

Date

Douglas MacQueen, M.D.
TB Consultant

References

¹ Core Curriculum on Tuberculosis: What the Clinician Should Know, Centers for Disease Control and Prevention, Sixth Edition, 2013 available at www.cdc.gov

² Tompkins County Health Department, Employee Health Policy & Procedure

³ Tuberculin Skin Test Form, F:Prev/TB/TB forms/PPD/Tuberculin Skin Test

Written: 8/88

Revised: 4/91 EMW, 1/92 EMW, 4/93 EMW, 3/95 KMB, 5/26/98 KMB, 6/8/01 KMB, 9/21/01 KMB,
2/19/14 KMB

BOH approval: 4/4/95, 7/14/98, 7/10/01, 11/13/01

~~***Core Curriculum on Tuberculosis** is available at www.cdc.gov. The Sixth Edition, 2013 is stored as a pdf file at F:Prev/TB/Core Curriculum.~~

Attachments: Tuberculin Skin Test Form
Tuberculin Skin Test Reading Reminder



Tuberculin Skin Test

55 Brown Road, Ithaca, NY
607-274-6616
Fax 607-274-6620

PLEASE PRINT

Last Name _____ **First Name** _____ **DOB** ____/____/____

Address _____ City _____ State _____ Zip _____

Gender: male or female Phone _____ Cell _____ Physician _____

Reason for PPD: contact of +TB case; health care worker; college/school; other _____

Do you have a history of positive PPD test? no yes **test date** _____ **and result in mm** _____
(If yes, defer further PPD testing and use TB symptom check form)

Your vaccination history: BCG/year _____; **In the last 4 weeks have you received a live vaccine (MMR, MMRV, Shingles, Varicella, Flu Mist, Yellow Fever Oral Polio, oral Typhoid or Immune Globulin)** no yes, circle which vaccine
(If yes, defer PPD testing for minimum of 4 weeks after receipt of live vaccine)

Have you had any of these symptoms (**cough, fever, night-sweats, coughed-up blood, chest pain, loss of appetite, wt. loss, swollen glands**) for more than 3 weeks? no yes—date symptom(s) began _____ **Circle which symptoms you have.**

I give Tompkins Co. Health Department permission to give me a PPD skin test. I acknowledge receipt of the Tompkins County Health Dept. Notice of Privacy Practices.

Client Signature _____ Date _____ Client initials _____ Date _____

_____ I give permission to release my PPD result & necessary follow-up to my health care provider, employer _____ or
Client initials _____ school _____.

*******RN COMPLETE BELOW WHEN PLACING THE PPD*******

Criteria for positive result = \geq 5mm Known exposure to TB disease; HIV +; Abnormal chest x-ray suggestive of previous TB;
 Immunosuppression (Long term steroid use; organ transplant recipient)

Criteria for positive result = \geq 10mm Health care worker; Resident/employee of nursing home, correctional or homeless facility;
 IV drug user; Have a condition that places you at high-risk of developing TB (diabetes, silicosis, cancer, renal disease, intestinal bypass or gastrectomy, malabsorption syndromes, 10% or more below ideal body weight);
 Mycobacteriology laboratory personnel; Children <4yrs. or children exposed to adults in high-risk categories

Born, lived or travel > **2 months** in a country where TB is endemic: **Country** _____ (**Anywhere except:** US, Canada, Jamaica, St.Kitts, St.Nevis, St.Lucia, US Virgin Islands, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, UK, AM.Samoa, Australia, New Zealand)

Criteria for positive result = \geq 15mm **No known risk factors**

Date Adm: _____ Time: _____ AM/PM Sanofi (Tubersol/0.1cc) lot # _____ Site: L forearm intradermal

RN Administered: _____ Date read: _____ RN Read: _____

Results _____ mm Interpretation: NEGATIVE POSITIVE If positive, chest X-ray ordered: YES No
Chest X-ray Date _____ normal abnormal Referred to TB consultant on _____

For Office Use:

Bill to: _____ Pd Cash Pd Check Receipt # _____

Bloodborne Pathogen At-Risk Employee Education and Hepatitis B Vaccination Policy*

Policy¹

1. Provide initial and annual Bloodborne Pathogen (BBP) education to Tompkins County employees assigned to perform BBP At-Risk procedures.
2. Offer Hepatitis B vaccination series to BBP At-Risk employees free of charge within 10 working days of initial assignment.
3. BBP At-Risk Employees are defined as employees (permanent, temporary or seasonal) who have a reasonable expectation of being exposed to blood and body fluids on the job per OSHA regulations. Refer to *"Tompkins County BBP At Risk Employee Department Position List"* (Appendix A).

Responsibility for Employee Bloodborne Pathogen Education and Vaccination^{1, 2, 3}

1. Each County Department with BBP At-Risk positions will assign a Safety Coordinator or Department Contact(s) to assure BBP Exposure Control Plan compliance.
2. Department Contact to be notified of newly hired employees whose duties place them in a *BBP At-Risk Position*. The Department Contact will:
 - a. Assure initial and annual BBP education training, AND
 - b. Assess employee Hepatitis B Vaccination status and coordinate offer of Hepatitis B vaccination at a reasonable time and place within 10 working days of initial assignment including provision of the *CDC Hepatitis B Vaccination Information Sheet (VIS)* (Appendix B), OR obtain employee documentation of:
 - Hepatitis B vaccination (Appendix C), AND laboratory serology report showing serum Hepatitis B surface antibody (anti-HBs), OR
 - Contraindications to Hepatitis B Vaccine due to medical reasons (Appendix D), OR,
 - Declination (Appendix D).

Laboratory Serology Testing^{2, 3}

1. All employees assigned to BBP At-Risk positions should be tested for anti-HBs to document immunity one to two months after receiving dose # 3 of the Hepatitis B vaccination series. If the level of anti-HBs is at least 10 mIU/mL (positive) the employee is immune and no further serologic testing or vaccination is recommended.
2. Employees presenting without documentation of vaccination and/or laboratory serology for immunity will be directed to contact Community Health Services at TCHD for determination of what vaccination and/or serologic testing may be required (see *Vaccination Information or Laboratory Serology section*).
3. Employees whose immunity remains at less than 10 mIU/ml (negative) after TCHD completes the post-vaccination serologic testing protocol will be considered Hepatitis B vaccine non-responders.
 - Non-responders should be considered susceptible to Hepatitis B Virus (HBV) and should be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) post exposure prophylaxis for any known or possible parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood. It is also possible that non-

responders are persons who are HBsAg positive and testing is recommended. Persons found to be HBsAg positive should be counseled and receive a medical evaluation.³

Vaccination Information, Appointments and Consent

1. Department Designees will provide employees considering Hepatitis B vaccination with a current *CDC Hepatitis B VIS (Appendix B)*.
2. Employees in Departments without vaccination services who elect vaccination and/or have questions will be directed to call 274-6616 to make appointment with the TCHD, Community Health Services or request to speak with a RN.
3. The vaccinating RN will use the *TCHD Employee Hepatitis B Vaccination Consent Form (Appendix C)* at the time of vaccination.

Vaccination Declination

1. Employees in At-Risk positions who do not elect to receive Hepatitis B vaccination must be informed of the risk of contracting Hepatitis B in the event of a BBP exposure. Subsequent hazards of contracting Hepatitis B include chronic active hepatitis, cirrhosis, liver cancer or death (*Appendix B*).
2. Employees who decline vaccination or have a medical contraindication must complete the *TCHD Hepatitis B Declination Form (Appendix D)*.
3. Employees who initially decline Hepatitis B vaccination may later decide to accept vaccination if they are still employed in a BBP At-Risk position. The vaccination will then be offered free of charge at a reasonable time and place.

Vaccination Procedure

1. Primary Hepatitis B adult vaccination usually consists of three intra-muscular injections of 1.0 ml of inactive (non-infective) vaccine on a 0, 1 and 6 month schedule.^{2,4}
2. No patient specific medical order is needed if administered in accordance with the *TCHD Hepatitis B Vaccine Policy*. Hepatitis B vaccine is on the approved list of immunizing agents for "Non-Patient Specific Standing Order and Protocol Guidelines" as authorized by the NYS Education Department Board of Regents.⁵
3. County Departments with vaccination staff and vaccine storage capabilities (Health & Sheriff) will use the current "TCHD Hepatitis B Vaccination Policy" in consultation with the TCHD Supervising Community Health Nurse.⁴
4. TCHD Community Health Services (CHS) will assist departments without vaccination personnel. Employee to note they are a county employee when calling CHS (274-6604) to make an appointment.

Vaccination Cost Responsibility & Record Keeping

1. County employee individual vaccine cost, vaccine administration and lab test fees are charged to Supplemental Benefits (fringe pool) through the Finance Director.
2. Original immunization records are maintained by the county department administering the vaccine and with employee consent, the record is entered into the NYSDOH immunization tracking database software.
3. OSHA requires one of the following forms be located in the BBP At-Risk employee's worksite medical file: Hepatitis B vaccination, laboratory Hepatitis B immunity report, or declination form.
4. Department Designee will assure copies of Hepatitis B vaccination; laboratory immunity report and/or declination forms are sent to the:
 - Personnel Department for the employee's personnel medical file,
 - Employee's worksite medical file, and to the
 - Employee.

5. Medical records will be handled confidentially using HIPAA standards for Protected Health Information and maintained in a separate and secure file location.

BBP Education Record Keeping

1. Departments with At-Risk Employees will:
 - a. Maintain summary or outline of annual BBP Education training on file including:
 - Date of training,
 - Name and qualification (license and/or education obtained) of the trainer, and
 - Names and job titles of all persons attending the training.
 - b. The Department will maintain employee BBP Training records for three years. Records will be available for inspection by the Health & Safety Coordinator and or Public Employee Safety & Health (PESH) inspector.

Appendices

Appendix A: Tompkins County BBP At Risk Employee Department Position List (4/15/14)

Appendix B: CDC Hepatitis B Vaccine Information Statement (2/2/12) www.immunize.org/vis/hepb01.pdf

Appendix C: TCHD Hepatitis B Vaccination Consent Form (12/21/10)

Appendix D: TCHD Hepatitis B Declination Form (4/15/14)

References

¹Code of Federal Regulations, CFR 1910.1030, Vol. 56, No. 235. December 6, 1991. Effective March 6, 1992.

²Centers for Disease Control and Prevention, December 20, 2013. *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*. MMWR; 2013:62 (RR10) 1-19. www.cdc.gov/mmwr/pdf/rr/rr6210.pdf.

³New York State Department of Health, Bureau of Immunization, April 2014. Health Advisory: Recommendations for Vaccination of Health Care Personnel.

⁴Tompkins County Health Department, 2005. *CHS Hepatitis B Vaccine Policy*. Location: TCHD Vaccine Room in CHS Vaccine Policy Manual (Vol. III.).

⁵NYS Education Department, 6/30/2009. *Non-Patient Specific Standing Order and Protocol Guidelines*, www.op.nysed.gov/prof/nurse/immuguide.htm.

William Klepack, MD
Tompkins County Health Department
Medical Director

Date: _____

Sigrid Larsen Connors MS, RN,
Bloodborne Pathogen Committee Coordinator
Director of Patient Services

Date: _____

Original: 6/90

Revised: 7/95, 3/98, 12/02, 6/03, 6/04, 1/06, 4/08, 12/09, 4/15/14

Reviewed: 6/05, 12/06, 12/10, 12/11, 8/12, 4/16/13

Approved: Tompkins County Bloodborne Pathogen Committee – 12/10, 4/15/14

Approved: Tompkins County Board of Health – May 13, 2008, 5/27/14 pending

* Includes information merged from former "Employee Hepatitis B Vaccination Policy & Procedure" 4/14.

Policy Location: Tompkins County Health Department: Tompkins County Exposure Control Plan, Section IV (Prophylaxis and Evaluation). Located in the office of the Director of Patient Services.

**Bloodborne Pathogen (BBP) At-Risk Employee
Department Position List**

BBP At-Risk Employee Positions = Employees who are reasonably anticipated to have skin, eye, mucous membrane (nose, mouth) or parenteral (through intact skin) contact with blood or other potentially infectious materials as a result of the performance of their duties (OSHA Bloodborne Pathogen 1910.1030).

Employee Positions Not At Risk = Employees whose job duties are defined as without risk of BBP exposure are exempt.

First Aid Responders = Employees designated by their department to respond to first aid needs (these positions are marked with an asterisk unless otherwise noted*).

Department Contact and/or Safety Coordinator Responsibilities = Assess BBP At-Risk Employee Hepatitis B Vaccine status when hired and coordinate initial and annual BBP Training (refer to BBP At-Risk Employee Education and Hepatitis B Vaccination Policy & Procedure).

Department	Contact Person(s)	Position Titles
Airport	Dave Crawford Roxan Noble	Airport Fire Fighter/Operations Technician* Airport Fire Fighter/Operations Technician Trainee* Airport Operations Supervisor/ARFF Chief*
Facilities	Barbara O'Brien Alan Lockett	Building Maintenance Supervisor Carpenter (may assist with clean-up) Cleaner Cleaning Supervisor HVAC Technicians Maintenance Mechanic Maintenance Mechanic Trainee Senior Cleaners
Health	Sigrid Connors	Community Health Nurse Community Health Nurse Supervisor Deputy Registrar of Vital Records Director of Patient Services Medical Director Nutrition Educator Public Health Sanitarians (rabies program only)** Senior Account Clerk Typist (Div.for Comm.Health only) Senior Public Health Sanitarian (rabies program only)** Team Leader WIC Clerk WIC Program Director WIC Program Nutritionist WIC Nutrition Educator WIC Nutrition Educator II

**Bloodborne Pathogen (BBP) At-Risk Employee
Department Position List**

Department	Contact Person(s)	Position Titles
Mental Health	Barbara Davieds	Community Mental Health Nurse Medical Director Nurse Practitioner Psychiatrist
Probation	Eileen Sommers	Deputy Probation Director Probation Administrator* Probation Director Probation Officer Probation Supervisor Security Officer Senior Probation Officer Work Project Supervisor
Sheriff (Road Patrol)	Kipp Rainbow James Barrett	Captain Criminal Investigator Deputy Sheriff Senior Criminal Investigator Sergeant Deputy Sheriff Sheriff Undersheriff
Sheriff (Corrections)	Kipp Rainbow James Barrett	Chief of Corrections Corrections Corporal Corrections Lieutenant Corrections Officer Corrections Sergeant Jail Cook Jail Nurse
Social Services	Kit Kephart	Case Aides Emergency contacts - current volunteers Registered Nurse Professional Security Officer Staff Development
Solid Waste Management	Paul Cowles	Solid Waste Enforcement Officer

** These Health Department positions involve potential exposure to animal blood. The OSHA "BBP standard...only applies to human blood...unless the blood is known to be infected with HIV or HBV." Because handling of potentially rabid animals and body fluids poses biological risks, these job titles are included on the 'at-risk' list as a precautionary measure.

www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

**Bloodborne Pathogen (BBP) At-Risk Employee
Department Position List**

Departments with no Bloodborne Pathogen At-Risk Job Titles

County Administration
Assessment
Assigned Counsel
Board of Elections
County Attorney
County Clerk
District Attorney
Finance
Emergency Response
Highway
Human Rights Commission
Information Technology Services
County Legislature
Motor Vehicles
Office for the Aging
Personnel
Planning
Public Works Administration
Stop DWI
Weights & Measures
Youth Services

Original: 1993

Revised: 7/95, 8/97, 10/98, 11/99, 12/02, 12/03, 1/05, 5/08, 12/09, 12/10, 11/11, 8/20/12

Reviewed: 1994, 1996, 2000, 2001, 2004, 2006, and 2007

Approved: Tompkins County Bloodborne Pathogen Committee – 12/11, 4/13, 4/15/14

Approved: Tompkins County Board of Health – 5/13/08

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
 - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
 - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
 - having unprotected sex with an infected person;
 - sharing needles when injecting drugs;
 - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
 - sex partners of people infected with hepatitis B,
 - men who have sex with men,
 - people who inject street drugs,
 - people with more than one sex partner,
 - people with chronic liver or kidney disease,
 - people under 60 years of age with diabetes,
 - people with jobs that expose them to human blood or other body fluids,



- household contacts of people infected with hepatitis B,
 - residents and staff in institutions for the developmentally disabled,
 - kidney dialysis patients,
 - people who travel to countries where hepatitis B is common,
 - people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
 - Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4 Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5 What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26

Office Use Only



APPENDIX C

**Employee Hepatitis B Vaccination
CONSENT FORM¹**

I understand that I am eligible to participate in the Hepatitis B Vaccination Program on a voluntary basis and at no cost to myself. I acknowledge that I have had the opportunity to ask questions and understand the Hepatitis B Vaccine Information Sheet provided that explains the risks involved in receiving this vaccination².

I **DO** wish to be vaccinated and agree to contact Community Health Services at the Tompkins County Health Department if I have further questions and/or vaccination. When I call **(607) 274-6616** for an appointment I will identify myself as a Tompkins County employee.

I acknowledge that I understand the inherent risks involved in receiving Hepatitis B Vaccination and have decided to participate in the vaccination program voluntarily. I therefore release Tompkins County from any liability that arises as a result of my receiving the Hepatitis B vaccination series.

Employee Name (please print)	Employee Signature	Date
Employee County Department	Position Title	
Department Safety Coordinator Signature	Date	

¹ Original to the Personnel Department; copies to the worksite Employee Medical File and employee

² Hepatitis B Vaccination Information Sheet (2/12) www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

Original: 9/89

Revised: 7/95, 6/04, 4/08, 12/09, 12/10, 4/15/14

Approved: Tompkins County Board of Health – May 13, 2008

Reviewed: 12/05, 10/06, 9/09

Approved: Tompkins County Bloodborne Pathogen Committee – 12/21/10

Inclusion Through Diversity

APPENDIX D

Hepatitis B Vaccination DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself.

- I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series, at no charge to myself.
- I decline Hepatitis B vaccination because I have previously received the vaccination series. (Please provide a copy of your Hepatitis B vaccination record).
- I decline Hepatitis B vaccination because I have a medical contraindication.
- I decline Hepatitis B vaccination because I have had a serum blood test drawn showing immunity to Hepatitis B. (Please provide a copy of your Hepatitis B immunity titer).

Employee Name (please print)

Employee Signature Date

Employee County Department

Position Title

Department Safety Coordinator Signature Date

Original to Employee's Designated Safety Office for Personnel Employee Medical File. Safety Officer to assure copy is maintained at employee's worksite. Employee to receive copy.

Reference: OSHA Standards 29 CFR – 1910.1030, FR Vol 66, No.12/January 18, 2001

Original: 11/89

Revised: 3/92, 9/94, 7/95, 1/98, 6/04, 4/08, 12/09, 1/12, 4/15/14

Bloodborne Pathogen (BBP) Post-Exposure Policy

EMPLOYEES – READ THIS FIRST: If you experience a needlestick, cut and/or splash AND were exposed to blood or another infectious body fluid during the course of your work:

- ❑ Follow the First Aid instructions,
- ❑ Review Definition below to see if your exposure meets the BBP exposure definition,
- ❑ Notify your supervisor as soon as possible, and
- ❑ If you suspect this is a BBP exposure, go immediately to the nearest Emergency Department for medical evaluation.

First Aid/Initial Action

1. Provide immediate first aid as needed:
 - a. Wash needlesticks and cuts or wounds immediately with soap and water. Apply a bandage or dressing to stop bleeding and protect the wound.
 - b. Flush splashes to the nose, mouth or skin with water.
 - c. Irrigate eyes with clean water, saline or sterile irrigants.
2. No scientific evidence shows that the use of antiseptics for wound care or expressing fluid by squeezing the wound will reduce the risk of transmission of Human Immunodeficiency Virus (HIV). However, the use of antiseptics is not contraindicated. The application of caustic agents (e.g. bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.
3. Notify your supervisor as soon as possible.

Definition of a Work-Related Bloodborne Pathogen (BBP) Exposure^{1, 2, 3, 4}

1. **Two** standards are used to determine whether an exposure provides a route for bloodborne disease transmission: **one**, the body fluid involved and **two**, the type of injury or contact. **Exposures involving BOTH of the following factors require immediate medical evaluation.**
 - a. **Type of body fluid involved:**
 - (1) Blood, semen, anal or vaginal secretions; OR
 - (2) Other potentially infectious fluids include: brain and spine (cerebrospinal); abdomen (peritoneal), heart (pericardial), lung (pleural), joint (synovial), or uterine cavity (amniotic) fluids; OR
 - (3) Visibly bloody contamination of body fluids listed in 'Definition' # 3, **AND**
 - b. **Type of injury or contact:**
 - (1) Needlestick or cut with a sharp object (percutaneous injury), OR
 - (2) Direct splash or spray into the mouth or eyes (mucous membrane) OR
 - (3) Direct contact with chapped skin, an open wound, abrasion, or dermatitis (cutaneous injury), OR
 - (4) Human bites are included due to the possibility that both the person bitten and the person who inflicted the bite may have been exposed to bloodborne pathogens. Transmission of HIV infection by this route has been reported rarely, but not after an occupational exposure.

2. Contact of intact skin with bodily fluids is generally not considered a transmission risk. However, if the contact was prolonged [several minutes or more] or covered an extensive area of skin, post-exposure follow-up may be considered on a case-by-case basis.
3. In the **absence of any visible blood**, exposure to the following body fluids from a person infected with HIV is **NOT** considered a risk for **HIV** transmission: urine, feces, tears, sweat, saliva, sputum, nasal secretions and vomitus.
 - a. Post-exposure evaluation for **Hepatitis B Virus (HBV) and Hepatitis C (HCV)** should be provided if contact with saliva occurred via percutaneous, mucous membranes or cutaneous injury.
4. Occupational exposure to human breast milk has not been implicated in HIV transmission and does not require post-exposure follow-up.

Emergency Evaluation

1. Following any employee BBP exposure, **timeliness** is the MOST important factor for an effective medical follow-up. In high-risk cases, HIV Post Exposure Prophylaxis (PEP) drug treatment may be recommended and should be started as soon as possible – ideally within one to two hours. 72 hours is considered the outer limit of opportunity to initiate PEP³.
2. Employees should report **IMMEDIATELY** to the Emergency Department at the Cayuga Medical Center at Ithaca or to the nearest hospital Emergency Department for medical evaluation if they have a BBP exposure. We recommend that the employee get assistance with transportation as needed.
3. Employees need to inform the Emergency Department staff that this is a **work related potential bloodborne pathogen exposure**.
4. Employees who are medically evaluated and found to have a bloodborne pathogen exposure are recommended to have HIV, HBV and/or HCV testing to determine baseline measures.
 - a. If the Source Person is tested and not infected with a bloodborne pathogen, baseline HIV testing or further follow-up of the Exposed Person normally is not necessary.
5. The decision to test the Source Person is based on the medical evaluation and consent needs to be initiated as soon as possible. Supervisor to assure Source Person testing or contact Director of Patient Services (DPS) or designee (see Notifications #3b) who will coordinate testing.
6. Testing of Source Person is a Departmental cost.

Basic Tenets in the Management of Occupational Exposures

1. Respond within 1 to 2 hours,
2. Consult with experts to assist in the determination whether an exposure has actually occurred.
3. Use rapid HIV & Hepatitis C blood tests for Source Person if available,
4. Counsel and use current standards³ for follow-up testing of Exposed Person, and
5. If HIV Post exposure Prophylaxis (PEP) is indicated,
 - a. Use medications that are more likely to be tolerated,
 - b. Educate employee to potential drug interactions involving drugs used for HIV PEP,
 - c. Consult with experts for post exposure management strategies and selection of HIV PEP regimens.
6. Receive Hepatitis B Immune Globulin within 24 hours when indicated.
7. BBP exposures are stressful and referral to Employee Assistance Program is strongly recommended.

Notifications

1. After the Emergency Department medical evaluation, notify your supervisor within 24 hours so an incident report can be initiated.
2. Employees may also want to notify their personal physician in case any follow-up is needed.
3. During or by the next business day the Supervisor must notify the:

- a. Personnel Department (607) 274-5526,
- b. Director of Patient Services (DPS), (607) 274-6604 or if not available the Supervising Community Health Nurse 274-6604. The DPS or designee will:
 - Consult with the TCHD Medical Director regarding subsequent follow-up.
 - Ask employee if they want an incident summary sent to their health provider and follow-through as instructed.
- c. Health & Safety Coordinator (607) 274-6674 (to assure timely OSHA reporting).

Incident Report Completion

1. Supervisor or designated manager to initiate an incident report and complete as much information in Appendix A as known or available,
2. Upon notification of the incident, the DPS will assure completion of incident report. See *Appendix A* for medical information required for the BBP incident.
3. Department must ensure incident is recorded on Department Injury and Illness form (OSHA 300 Log).
4. The incident will be kept confidential among the aforementioned parties and handled according to HIPAA and NYSDOH HIV standards.

Multiple Factors Affect the Risk for HIV Transmission

1. Increased risks have been associated with needlesticks or cuts from a sharp object (percutaneous exposures) to a:
 - a. Device or needle visibly contaminated with the person's blood,
 - b. Procedure that involved a needle being placed directly in a vein or artery, particularly a hollow bore needle,
 - c. Deep injury,
 - d. Large quantity of blood, OR
 - e. Blood from a Source Person with HIV/AIDS who is in an advanced stage of life-limiting illness and/or receiving end-of-life/hospice care.

Post-exposure Testing for HIV, HBV and HCV

1. Information for the employee regarding BBP Post-Exposure management, counseling and testing, Source Person testing & Post-Exposure registries as indicated will be followed-up by the DPS or designee per the most recent public health recommendations¹.
2. Regardless of whether the exposed worker accepts or declines PEP treatment, **if the post-exposure evaluation determines that PEP is indicated, baseline, repeat HIV testing at 4 weeks and 12 weeks** should be obtained. A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to the occupational exposure; **routine testing at 6 months post-exposure is no longer recommended**³.
3. For HBV post exposure testing and vaccination recommendations refer to Table 2 of the CDC MMWR December 2013 reference².

Memorandum of Understanding (MOU)

1. DPS will assure the MOU "Clinical Evaluation of Bloodborne Pathogen Exposure for Tompkins County Employees" (*Appendix B*) is signed with Cayuga Medical Center at Ithaca and any other area Hospital Emergency Departments as appropriate.
2. MOU will include recommendation for health practitioners to follow the Center for Disease Control and Prevention MMWR guidelines listed below^{1, 2, 3, 4}, or most recent public health recommendations.

Appendices

References

¹David T. Kuhar, et, al., September 2013. *Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis*. Infection Control and Hospital Epidemiology. September 2013; 34 (No. 9): 875-892. <http://www.ncbi.nlm.nih.gov/pubmed/23917901>

²Center for Disease Control and Prevention, December 20, 2013. *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*. MMWR 2013;62 (RR10) 1-19. <http://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf>

³ New York State Department of Health AIDS Institute, October 2012. *HIV Clinical Guidelines Program*. 1-38. <http://www.hivguidelines.org>

⁴National HIV/AIDS Clinician’s Consultation Center (NCCC), December 2013. *PEPline Guidances for Occupational Exposures*, Quick guide to assist in urgent decision-making for occupational exposures to HIV, HBV and HCV. **PEPline available daily from 9am-2 am EST, 888-448-4911** or <http://nccc.ucsf.edu/clinician-consultation/post-exposure-prophylaxis-pep>

William Klepack, MD
Tompkins County Health Department Medical Director

Date: _____

Sigrid Larsen Connors, MS, RN
Bloodborne Pathogen Committee Coordinator
Director of Patient Services

Date: _____

Original: 06/29/90

Revised: 7/95, 1/98, 10/98, 10/01, 12/02, 8/22/12
Reviewed 11/99, 1/00, 7/03, 6/05, 12/06, 12/07, 12/18/12

Approved: Tompkins County Bloodborne Pathogen Committee: 4/08, 12/09, 12/10, 12/11, 4/13 & 4/15/14
Approved: Tompkins County Board of Health: 3/98, 7/03, 5/08 & 5/27/14 *pending*

BBP Post-Exposure Policy

Appendix A

Information Required for BBP Incident Reports

For occupational BBP exposures, the circumstances and post exposure management should be recorded in the employee's confidential medical record. All BBP exposures are also recorded as a Sharps Injury in the OSHA 300 Log. Relevant information includes:

- Date, location and time of exposure;
- Record time of exposure to the time of medical evaluation;
- Details of the procedure being performed and the use of protective equipment at the time of the exposure, include where and how the exposure occurred;
- If exposure related to a sharp device include the type and brand of device and how and when in the course of handling the device the exposure occurred;
- Details of the exposure, including the type and amount of fluid and the severity of the exposure (e.g., for a percutaneous exposure, depth of injury and whether fluid was injected; or for a skin or mucous-membrane exposure, the estimated volume of material and duration of contact and the condition of the skin [e.g., chapped, abraded or intact]).
- Details about the exposure (i.e. whether the source material contained HBV, HCV, or HIV) and whether consent was obtained for HIV testing of the Source Person; if the Source Person is known to be an HIV-infected person, the stage of disease, history of antiretroviral therapy, viral load, and antiretroviral resistance information, if known;
- Details about the Exposed Person (e.g., hepatitis B vaccination and vaccine-response status); and
- Details about counseling, post exposure management, and follow-up.

Original: 7/03
Reviewed: 12/10, 12/11, 8/12
Revised: 5/08, 4/13, 4/15/14

**Appendix B
Clinical Evaluation of Bloodborne Pathogen Exposure
For Tompkins County Employees
Memorandum of Understanding (MOU)**

Tompkins County Health Department and Cayuga Medical Center at Ithaca, agree to the partnership as described below from June 1, 2014 until terminated by either party as outlined below.

Both parties agree to provide the following services as needed to assist employees of Tompkins County.

Cayuga Medical Center at Ithaca will:

- 1) Evaluate Employees of Tompkins County with potential occupational Bloodborne Pathogen (BBP) exposures who present at the Emergency Department, using current Centers for Disease Control and Prevention (CDC) public health recommendations (see attached references).
- 2) Assess the BBP exposure incident including but not limited to, the risk of HIV, Hepatitis B and C infection.
- 3) If incident determined to be a BBP exposure, obtain baseline measures, regardless of whether employee accepts or declines Post Exposure Prophylaxis. Determination of the need for post exposure BBP prophylaxis should be based on information available at the time of the exposure.
- 4) Provide access, when feasible, to clinical evaluation within one hour of a reported incident so that anti-viral prophylaxis, if indicated, is possible within 1-2 hours of the reported incident.
- 5) Initiate treatment protocol and appropriate referrals for employees with exposures determined to warrant BBP prophylaxis.

Tompkins County Health Department will coordinate:

- 1) Review of exposure with employee and supervisor and arrange for source individual testing when indicated, and
- 2) Post-exposure testing at current CDC recommended intervals or as indicated.

Either party, upon giving ninety (90) days written notice to the other party may terminate the agreement without cause. By signing this MOU both parties agree to abide by the terms of this partnership.

Date: _____
William Klepack, MD, Medical Director
Tompkins County Health Department

Date: _____
Frank Kruppa, Public Health Director
Tompkins County Health Department

Date: _____
Signature/Title
Cayuga Medical Center at Ithaca

Appendix B
Clinical Evaluation of Bloodborne Pathogen Exposure
For Tompkins County Employees
Memorandum of Understanding (MOU)

References

National HIV/AIDS Clinician's Consultation Center (NCCC), December 2013. *PEpline Guidances for Occupational Exposures*, Quick guide to assist in urgent decision-making for occupational exposures to HIV, HBV and HCV.

PEpline available daily from 9am-2 am EST, 888-448-4911 or <http://nccc.ucsf.edu/clinician-consultation/post-exposure-prophylaxis-pep>

Centers for Disease Control and Prevention (CDC), December 2013. *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management*. MMWR 2013; 62 (No. RR-10):1–19.

<http://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf>

David T. Kuhar, et, al (September 2013). *Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis*. Infection Control and Hospital Epidemiology, September 2013; 34 (No. 9): 875-892.

<http://www.ncbi.nlm.nih.gov/pubmed/23917901>

New York State Department of Health AIDS Institute, (October 2012). *HIV Prophylaxis Following Occupational Exposure*. 1-38. <http://www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-occupational-exposure>

For questions regarding employee BBP exposures please contact the Tompkins County BBP Coordinator, Sigrid Connors, Tompkins County Health Department, (607) 274-6629, sconnors@tompkins-co.org



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

May 16, 2014

Mr. Stanley McLain
4980 Randel Rd.
Oneida, NY 13421

**Re: Tompkins County Board of Health Draft Resolution # 14.13.8
Upstate District Nazarene Church, Temporary Residence/Children's Camp, T-Caroline**

Dear Mr. Stanley McLain:

Thank you for signing the Stipulation Agreement on May 13, 2014, for the Upstate District Nazarene Church.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, May 27, 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, Letter from Church of Nazarene date 5/13/14 Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Nazarene\Enforcement\Draft Resolution 14.13.8.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Caroline; Supervisor T-Caroline; Daniel Klein, TC Legislature; John Strepelis, P.E., NYSDOH;
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Pete Coats;
Kristee Morgan; Sarah Caputi; Steven Kern; Adriel Shea; Skip Parr; Brenda Coyle
scan: Signed copy to eh

DRAFT RESOLUTION # 14.13.8 FOR

**Upstate District Nazarene Camp
Upstate District Nazarene Church, Stanley McLain, Owner/Operator
120 White Church Road, T-Caroline
Brooktondale, NY 14817**

Whereas, owners and operators of children's camps and temporary residences with public water systems are required to comply with Subpart 5-1, Subpart 7-1 and Subpart 7-2 of New York State Sanitary Code (NYSSC); **and**

Whereas, in 2013, the Upstate District Nazarene Camp did not submit the required bacteriological sampling results to the Tompkins County Health Department while operating as a children's camp and a temporary residence; **and**

Whereas, Stanley McLain, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on May 13, 2014, agreeing that Upstate Nazarene Camp violated these provisions of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, **due July 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit completed monthly operation reports of daily free chlorine residual readings for all of the Upstate District Nazarene Camp Water Treatment Systems **by the 10th day of the following month** for every month that the water systems are in operation.
3. Collect total coliform sample test results for all of the Upstate District Nazarene Camp Water Treatment Systems as per applicable Code requirements and submit test results **by the 10th day following the end of the reporting period**. When operating as a children's camp, monthly total coliform samples must be collected from each water system in service during the operational period. When operating as a temporary residence, quarterly total coliform samples must be collected from each water system in service during the operational period.
4. Comply with all the requirements of Subpart 5-1, Subpart 7-1 and Subpart 7-2 of the NYSSC.



Brooktondale Camp & Retreat Center

Upstate New York District
Church of the Nazarene
120 White Church Rd.
Brooktondale NY 14817

May 13, 2014

Tompkins County Dept. of Health
55 Brown Road
Ithaca, NY 14817

Attn. Skip Parr, Kristine Morgan, Peter Coates,

Please note we are very concerned that these tests were not performed in a timely manner. We were under the impression that arrangement for the appropriate tests had been made with our testing agency as in past years. Our children's camping took place over a 5 week period, July 15 - August 15, and we did not come to the realization that the coliform testing had not taken place in conjunction with our nitrate testing until the camping season had already passed. Our water system did remain chlorinated during the entire period of time.

Sincerely,
Stan McLain 865-335-8457
Administrative Director
Brooktondale Camp & Retreat Center



Your Partner for a Healthy Community

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

STIPULATION AGREEMENT AND ORDERS # 14.13.8

**Upstate District Nazarene Camp
Upstate District Nazarene Church, Stanley McLain, Owner/Operator
120 White Church Road, T-Caroline
Brooktondale, NY 14817**

I, Stanley McLain, as a representative for Upstate District Nazarene Camp, agree that 2013, I was in violation of Part 5-1.50, Subpart 7-1.9(a) & (b) and Subpart 7-2.6(a) & (f) of the New York State Sanitary Code (NYSSC) for failure to submit required bacteriological sampling results.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Submit completed monthly operation reports of daily free chlorine residual readings for all of the Upstate District Nazarene Camp Water Treatment Systems **by the 10th day of the following month** for every month that the water systems are in operation.
2. Collect total coliform sample test results for all of the Upstate District Nazarene Camp Water Treatment Systems as per applicable Code requirements and submit test results **by the 10th day following the end of the reporting period**. When operating as a children's camp, monthly total coliform samples must be collected from each water system in service during the operational period. When operating as a temporary residence, quarterly total coliform samples must be collected from each water system in service during the operational period.
3. Comply with all the requirements of Part 5-1, Subpart 7-1 and Subpart 7-2 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Stan McLain Date: 5/13/2014

Stanley McLain is hereby ordered to comply with these Orders of the Public Health Director.

Signed: FL Kruppa Date: 5/14/14
Frank Kruppa
Public Health Director

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

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

CASE SUMMARY

**Upstate District Nazarene Camp
Upstate District Nazarene Church, Stanley McLain, Owner/Operator
120 White Church Road, T-Caroline
Brooktondale, NY 14817**

May 2014

Date	Action
5/13/14	Signed stipulation agreement received by TCHD. Letter received regarding missed samples.
5/12/14	Missing monthly operating reports were received by TCHD. Stanley McLain confirmed that sampling had not been performed as thought.
5/9/14	Office conference held with TCHD staff. Stanley McLain stated that operating reports were on file and would be sent to TCHD and that arrangements had been made with a contract lab to collect samples.
4/18/14	Stipulation Agreement sent to Stanley McLain.
1/29/14	<p>Narrative Water System Inspection Report for 2013 written by TCHD, and sent to Stanley McLain (operator), listed the following:</p> <p><u>Violations:</u> <i>Failure to perform required facility microbiological distribution sampling in 2013. The facility has not submitted any 2013 microbiological distribution sample results to the Health Department.</i></p> <p><u>Deficiencies:</u> <i>Operation Reports – The Health Department has only received two partial monthly operation reports, June (received 7/24) and August (received 11/13) for all three systems in 2013. The June report only had free chlorine residual recorded for 18 days and the August report only had readings entered for 12 days.</i></p>
1/15/14	Email from TCHD to Stanley McLain (operator) advising that TCHD had not received the 2013 coliform water test results and asked him to submit them.
11/12/13	Telephone call from TCHD to Stanley McLain (operator), advising him of missing 2013 microbiological water sample results and monthly operation reports. McLain said he would check to see if they had the missing results/reports.
7/15 – 8/15/13	Effective dates of TCHD issued permit to for Upstate District Nazarene Church to operate a Children’s Camp.
5/31 – 10/31/13	Effective dates of TCHD issued permit to for Upstate District Nazarene Church to operate a Temporary Residence.

Inclusion Through Diversity

2/4/13	Letter from TCHD to Brooktondale Camp and Retreat Center, Church of the Nazarene, listing water sampling requirements for 2013.
10/31/12	<p>Narrative Water System Inspection Report for 2012 written by the TCHD, and sent to Stanley McLain (operator).</p> <p><i>All six microbiological distribution samples (3 TCHD pre-op, one each system, 6/5 and yours 7/25) analyzed in 2012, which we have on file, were satisfactory.</i></p>
7/15 – 8/15/12	Effective dates of TCHD issued permit to for Upstate District Nazarene Church to operate a Children’s Camp.
6/27 – 10/31/12	Effective dates of TCHD issued permit to for Upstate District Nazarene Church to operate a Temporary Residence.
2/7/12	Letter from TCHD to Brooktondale Camp and Retreat Center, Church of the Nazarene, listing water sampling requirements for 2012.
2011	Permits issued to Upstate District Nazarene Church to operate a Temporary Residence 7/1 – 9/29/11 and Children’s Camp 7/18 – 8/18/11. Facility met 2011 microbiological distribution sampling requirements. The Health Department did not receive copies of the August and September, 2011 monthly operation reports.



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 AND REGULAR MAIL

May 5, 2014

Thai Basil
Banjong Thamkankeaw
124 West State Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.10.9
Repeat Critical Violations – Thai Basil, Food Service Establishment, C-Ithaca**

Dear Banjong Thamkankeaw:

Thank you for signing the Stipulation Agreement on April 24, 2014, for Thai Basil.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, May 27, 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Thai Basil\Draft Resolution 14.10.9.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mayor Myrick, C-Ithaca; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan, Adriel Shea; Skip Parr; Brenda Coyle
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 # 14.10.9 FOR

**Thai Basil
Banjong Thamkankeaw, Owner/Operator
124 West State Street, C-Ithaca
Ithaca, NY 14850**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code; **and**

Whereas, on March 27, 2014, the Tompkins County Health Department observed and recorded a critical violation for failure to provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods; **and**

Whereas, on April 17, 2014, the Tompkins County Health Department observed and recorded a critical violation for failure to provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods; **and**

Whereas, Banjong Thamkankeaw, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on April 24, 2014, agreeing that Thai Basil violated this provision of the New York State Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$400 for these violations, due July 15, 2014. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods at all times and comply with all the requirements of Subpart 14-1 of the NYSSC.



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

STIPULATION AGREEMENT AND ORDERS # 14.10.9

**Thai Basil
Banjong Thamkankeaw, Owner/Operator
124 West State Street, C-Ithaca
Ithaca, NY 14850**

I, Banjong Thamkankeaw, as a representative for Thai Basil, agree that on March 27, 2014, and April 17, 2014, Thai Basil was in violation of Subpart 14-1 of the New York State Sanitary Code (NYSSC) for failure to provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods.

I agree to pay a penalty not to exceed \$400 for this violation following adoption of a resolution by the Board of Health. *(Do not submit penalty payment until notified by the Tompkins County Health Department.)*

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Provide an accurate, metal stem-type thermometer on-site to monitor cold holding and cooking temperatures of potentially hazardous foods at all times and comply with all the requirements of Subpart 14-1 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Bjg [Signature] Date: 4/24/14

Banjong Thamkankeaw is hereby ordered to comply with these Orders of the Public Health Director.

Signed: [Signature] Date: 4/25/14
for Frank Kruppa
Public Health Director



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

CASE SUMMARY – FOR RESOLUTION #14.10.9

**Thai Basil
Banjong Thamkankeaw, Owner/Operator
118 West State Street, C-Ithaca
Ithaca, NY 14850**

Compiled on May 1, 2014

Date	Action
4/24/2014	Office Conference held with owner and Health Department staff. Stipulation agreement signed.
04/17/2014	Re-inspection: Accurate thermometer not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.
03/27/2014	Inspection: Accurate thermometer not available or used to evaluate potentially hazardous food temperatures during cooking, cooling, reheating and holding.
03/03/2014	Permit to Operate issued to Banjong Thamkankeaw.



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

May 16, 2014

Easy Wok
Max168, INC
40 Catherwood #C-12 Road
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.10.10
Easy Wok, Food Service Establishment, V-Lansing**

Dear Zheng Dong Weng:

Thank you for signing the Stipulation Agreement on May 12, 2014 for Easy Wok.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, May 27, 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, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Easy Wok\Enforcement\Draft Resolution.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Zhendong Weng, Easy Wok; Supervisor V-Lansing; Dooley Kiefer, TC Legislature; TCHD: Elizabeth Cameron, P.E.,
Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Adriel Shea; Steven Kern; Skip
Parr; Brenda Coyle
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 # 14.10.10 FOR

**Easy Wok
MAX168 INC, Zhen Dong Weng, Owner/Operator
40 Catherwood #C-12 Road, V-Lansing
Ithaca, NY 14850**

Whereas, the owner/operator of a Food Service Establishment must comply with the regulations established under Part 14-1 of the New York State Sanitary Code; **and**

Whereas, on April 17, 2014, the Tompkins County Health Department observed and recorded a critical violation for failure to store potentially hazardous food under refrigeration; **and**

Whereas, on April 21, 2014, the Tompkins County Health Department observed and recorded a critical violation for failure to store potentially hazardous food under refrigeration; **and**

Whereas, Zhen Dong Weng, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on May 12, 2014, agreeing that Easy Wok violated this provision of the New York State Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Zhen Dong Weng, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due July 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Ensure that at least two food service workers attend and successfully complete a food safety training course approved by the Tompkins County Health Department (TCHD). The certificates documenting successful completion of the course must be submitted to the TCHD by **August 29, 2014**.
 - In the event that the trained employee separates from employment, a certificate documenting successful completion of an approved food safety course by a food service worker must be submitted to the TCHD within 90 days of the inspection.
 - In the event that no course is offered, contact the TCHD to make alternative arrangements.
 - After initial training is completed, at least one employee who has successfully completed the food safety training must be on-site during hours of operation.
3. To maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-1 of the NYSSC.

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

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

STIPULATION AGREEMENT AND ORDERS # 14.10.10

Easy Wok
MAX168 INC, Zhen Dong Weng, Owner/Operator
40 Catherwood #C-12 Road, V-Lansing
Ithaca, NY 14850

I, Zhen Dong Weng, as a representative for Easy Wok, agree that on April 17, 2014 and April 21, 2014, I was in violation of Part 14-1 of the New York State Sanitary Code for failure to store potentially hazardous food under refrigeration.

I agree to pay a penalty not to exceed \$400 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)

I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Ensure that at least two food service workers attend and successfully complete a food safety training course approved by the Tompkins County Health Department (TCHD). The certificates documenting successful completion of the course must be submitted to the TCHD by **August 29, 2014**.
 - In the event that the trained employee separates from employment, a certificate documenting successful completion of an approved food safety course by a food service worker must be submitted to the TCHD within 90 days of the inspection.
 - In the event that no course is offered, contact the TCHD to make alternative arrangements.
 - After initial training is completed, at least one employee who has successfully completed the food safety training must be on-site during hours of operation.
2. To maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-1 of the NYSSC.

I understand this agreement is offered as an alternative to a formal administrative hearing and that I am subject to further action if I fail to comply with the orders.

Signed: Zhendong Weng Date: 05/12/2014

Zhen Dong Weng is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 5/14/14
Frank Kruppa
Public Health Director



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
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CASE SUMMARY – FOR RESOLUTION #14.10.10

**Easy Wok
MAX168 INC, Zhen Dong Weng, Owner/Operator
40 Catherwood Road #C-12, V-Lansing
Ithaca, NY 14850**

May 2014

Date	Action
5/13/14	Zheng Dong Weng emailed copy of degree certificate along with current course requirements to TCHD.
5/12/14	Zhen Dong Weng met with TCHD staff to discuss violations and stipulation agreement. Stipulation agreement was signed by Zhen Dong Weng. Zhen Dong Weng requested that his TC3 degree in Hotel and Restaurant Management be accepted as meeting food safety training requirement. Stipulation agreement signed by Zhen Dong Weng.
4/29/14	Stipulation Agreement and Orders sent to Easy Wok with schedule office date of 5/12/14.
4/21/14	Re-inspection: Potentially hazardous foods not stored under refrigeration. Observed bin of fried chicken at 54-60 °F on push rack under service window. Dead cockroaches were observed in kitchen beneath equipment on floor. TCHD staff stated that more complaints had been received regarding insects in food and that the Public Health Director witnessed a bug crawl out of a take-out container after it had been served to a customer. Easy Wok was informed that enforcement action would be pursued because of continued non-compliance.
4/18/2014	Public Health Director (PHD) observed patron purchase lunch. When patron opened the container a roach came out of the container. Operator was informed of the incident on 4/21/14 by TCHD staff during follow-up visit.
04/17/2014	Complaint Investigation: Potentially hazardous foods not stored under refrigeration. Observed bin of approximately 5 lb cooked lo mein in a partially covered pan stored under the wok station. Product was observed to be at 55°F. Cockroaches were observed in kitchen beneath equipment and in oven vent.
02/25/2014	Re-inspection: Temperature violations observed during inspection of 02/12/2014 were corrected. No cockroaches observed. Pesticide application receipt from 2/19/14 provided at time of inspection.
02/18/2014	Field Visit: Cockroaches observed in kitchen area. Pesticide application reported to have occurred 3 weeks prior.
02/17/2014	Complaint received regarding insects found in food.
02/12/2014	Complaint received regarding insects found in food.
02/12/2014	Inspection: Potentially hazardous foods not stored under refrigeration. Observed bin of approximately 5 lb fried chicken and pan with 1 lb cooked rice on push cart by the service window at 54-55°F. Products stored under oven and under wok station. A bowl of cooked chicken was observed out –of-temperature on the bottom of push cart by cooler at 58°F. Food was observed not properly protected during storage.
09/09/2013	Re-inspection: Temperature violations observed during inspection of 8/15/2013 were corrected.
08/15/2013	Inspection: Potentially hazardous foods were not stored under refrigeration. Observed approximately 10 lb of fried chicken, 3 dozen egg rolls, and 5 lb cooked lo mein sitting on carts by wok in back kitchen. Foods were observed to be stored under the oven and under the wok station. Temperatures for these products were between 60-64°F. Observed approximately 1 lb of fried potatoes on bottom of cart by sandwich cooler at 98°F. Potentially hazardous foods were not stored at or above 140°F in hot holding. Observed approximately 5 pounds of fried chicken being held in the oven by the service window at 115-

Inclusion Through Diversity

	120°F. Food was observed not properly protected during storage and cockroaches were observed in the kitchen.
01/28/2013	Inspection: No critical violations observed.
08/02/2012	Re-inspection: Violations observed during inspection of 07/11/2012 were corrected.
07/11/2012	Inspection: Potentially hazardous foods are not cooled by an approved method. Observed 2 bus pans each with 5 pounds cooked white rice at 52-57°F in walk-in cooler. Rice had been cooked the night before. Potentially hazardous foods were not kept at or above 140°F during hot holding. Bourbon chicken, chicken with cooked vegetable and lo mein were observed on the service line at 120-132°F.
06/27/2012	Ownership changed, Permit to Operate issued to Max168, Inc.



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

Date: May 15, 2014
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, Director of Environmental Health
Subject: Refund Request – 346 West King Road, T- Ithaca
Tax Map #35.-2-6.2

On April 30, 2014, this office received a refund request from Kelli Farrell for an Onsite Wastewater Treatment System (OWTS) Conversion Permit. On August 22, 2014, Kelli Farrell submitted an OWTS Conversion Application for her property at 346 West King Road. She paid a fee of \$415 for the application at that time. Ms. Farrell has indicated that due to paperwork for the Town of Ithaca and working with her plumber, it took more than 6 months to clarify her plans. She has changed her plans and no longer needs a conversion permit from the Health Department.

Refund requests may be granted by the Division if received within 6 months of receipt. There is a refund request fee of \$25. Because Ms. Farrell is requesting the fee after 6 months of submitting her OWTS Application, she is requesting that the Tompkins County Board of Health allows her to have the fee returned to her minus the \$25 refund request fee. The total refund to Ms. Farrell would be \$390.

The Environmental Health staff did not do any field work on the Kelli Farrell Project. Environmental Health staff support this request.

Attachment: Email dated 5/5/2014

ec: Kelli Farrell (rocksmeller@gmail.com)

Inclusion Through Diversity

>>> Kelli Farrell <rocksmeller@gmail.com> 5/6/2014 7:58 AM >>>
May 5, 2014

To whom it may concern:

I am requesting a refund of my payment. It has taken me many months to understand codes, my personal finances and evolve my thoughts on somewhat renovating my garage. When I first made the decision by coming to the Department of Health I got the application and wanted to get things in motion. However, it took much longer to get clarity from my plumber and all the paperwork that the Town of Ithaca needed. By the time I learned and discovered more of the process I found out that my original fee was not necessary for the work I was going to do.

Thank you for your understanding,

Kelli Farrell

On Mon, May 5, 2014 at 2:11 PM, Janice KOSKI <JKOSKI@tompkins-co.org> wrote:

Hi Kelli,

I gave your request to the people at our office who will be presenting your request to the Board of Health. They said they will need a written request explaining the situation. If you can explain why you had applied and what happened where you can not proceed with your plans. Also, why it has taken more than 6 months to ask for a refund. An email to me is fine. I will pass it along. If you have any questions you can call me at [607-274-6688](tel:607-274-6688). Thank you.

Janice Koski

Public Health Sanitarian
Environmental Health Division
Tompkins County Health Department
[607-274-6688](tel:607-274-6688)

>>> Kelli Farrell <rocksmeller@gmail.com> 5/5/2014 11:59 AM >>>
Hello- Janis

I would like to request that my conversion fee is returned for 346 West King Road.

Sincerely,
Kelli Farrell

ENVIRONMENTAL HEALTH DIVISION

Ph: (607) 274-6688

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

Fx: (607) 274-6695

Date: May 15, 2014
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: Suggested Environmental Health Division Fees for 2015

Information concerning fees proposed for 2015 is attached for your review. Based on the proposed fees, the sources of estimated revenue for 2015 are:

Estimated Revenue:

Operating/permit fees	\$334,246
Plan review/other fees	\$14,915
Fines/penalties/late fees/other	\$9,500
Subtotal*:	\$358,661
Less credit card processing cost	\$9,684
Total Estimated EH Revenue*:	\$348,977

* Does not include revenue from grants and State Aid.

(2013 EH Expenses: \$1,821,928)

The Environmental Health Division will experience significant changes in our program and financial operations during the remainder of 2014 and continuing at least through 2015. Many of these changes are related to the phased implementation of the Accela electronic permit management system and the impending ability to accept credit and debit card payments and electronic checks. Considering this, we are not proposing any major changes in our fee structure. The changes proposed are summarized below.

1. Generally, all fees were increased by 2.7% to offset credit card processing charges. We believe the new payment system will be more cost effective in the long term. Therefore, we want to encourage the public to use the system and did not want to impose an additional credit card surcharge. The actual costs incurred will vary depending on the type of payment – credit card, debit card, or electronic check, ranging from \$2.50 for electronic checks to 2.65% of the payment amount for credit cards.
2. A fee for existing Mass Gatherings was added for the GrassRoots Festival. Costs recovery for this service is expected to be consistent with other programs and will be evaluated annually. The previously existing fee for new Mass Gatherings was retained.
3. Costs incurred for our Food Service Establishment program were re-evaluated based on risk, and separate fees for Medium Risk and High Risk facilities have been reinstated to more equitably distribute the fees to permitted facilities.
4. The plan review fee for Campgrounds was increased due to a review of associated time spent on proposed operations.
5. No significant changes have been proposed for the Temporary Food Service program; however, we are concerned that cost recovery in this program continues to decline. We plan to re-evaluate this program later this year and may propose changes at that time. Any changes proposed at a later date would be expected to increase, not decrease, the revenue/cost ratio for this program.

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The following information is attached for your review:

- Table 1. 2015 Proposed Environmental Health Fee Schedule.
- Table 2. Operating or Permit Fees Detail Sheet.
- Table 3. Plan Review Fees Detail Sheet.
- Table 4. Estimated vs. Actual Revenue and Expenses



Your Partner for a Healthy Community

ENVIRONMENTAL HEALTH DIVISION

55 Brown Road, Ithaca, NY 14850

PH: (607) 274-6688

Draft for BOH Review

May 2014

Effective January 1, 2015

Table 1 - 2015 Proposed Environmental Health Fee Schedule

2015 OPERATING PERMIT, PLAN REVIEW, AND OTHER FEES

Food Service Establishment Operating Permit				Recreational Aquatic Facility Operating Permit			
High Risk	\$400	<input type="checkbox"/>		Swimming Pool/Bathing Beach	\$335	<input type="checkbox"/>	
Medium Risk	\$375	<input type="checkbox"/>		Slide and Wave Pool/Spray Park/Other Aquatic Facility	\$360	<input type="checkbox"/>	
Low Risk	\$235	<input type="checkbox"/>					
Additional Mobile Unit	\$85	<input type="checkbox"/>		Recreational Aquatic Facility Plan Review			
Temporary Food Service Establishment	\$65	<input type="checkbox"/>		Swimming Pool/Bathing Beach/Other Aquatic Facility			
Expedited processing within 2 weeks of event <i>(Applies to all applicants including non-profits)</i>	\$20	<input type="checkbox"/>		Up to 5,000 square feet	\$360	<input type="checkbox"/>	
				Slide and Wave Pool/Spray Park/Other Aquatic Facility			
				Over 5,000 square feet	\$770	<input type="checkbox"/>	
Food Service Establishment Plan Review				Children's Camp Operating Permit			\$200 <input type="checkbox"/>
High & Medium Risk	\$210	<input type="checkbox"/>		Agricultural Fairground Operating Permit			\$330 <input type="checkbox"/>
Low Risk	\$150	<input type="checkbox"/>		Mass Gathering Operating Permit (New Event Per day)			\$4,100 <input type="checkbox"/>
Push Cart	\$100	<input type="checkbox"/>		Mass Gathering Operating Permit (Existing Events)			\$1,550 <input type="checkbox"/>
Mobile Home Park Operating Permit				Mass Gathering Plan Review (New Event)			\$6,100 <input type="checkbox"/>
\$130 plus \$3.35 per unit/lot		<input type="checkbox"/>		Mass Gathering Plan Review (Existing events)			\$1,050 <input type="checkbox"/>
Mobile Home Park Plan Review				OTHER FEES			
\$460 plus \$30 per unit/lot		<input type="checkbox"/>		Late Application Fee (May be waived at TCHD discretion)	\$45	<input type="checkbox"/>	
Temporary Residence Operating Permit				Duplicate Rabies Certificate	\$10	<input type="checkbox"/>	
\$150 plus \$3.50 per unit/site		<input type="checkbox"/>		<i>(Covers multiple certificates per occurrence)</i>			
Campground Operating Permit				Waiver/Variance Request	\$75	<input type="checkbox"/>	
\$130 plus \$3.35 per unit/site		<input type="checkbox"/>		<i>(Requiring Board of Health action)</i>			
<i>Sliding scale for per unit/site fee for seasonal operation:</i>				Copies (Cost per page)	\$0.25	<input type="checkbox"/>	
up to 1 month operation	20%	<input type="checkbox"/>		Electronic copies of oversized files (up to 10 pages)	\$20	<input type="checkbox"/>	
over 1 month and less than 4 months operation	40%	<input type="checkbox"/>		Each additional 10 pages	\$10	<input type="checkbox"/>	
over 4 months and less than 6 months operation	60%	<input type="checkbox"/>		Sanitary Codes	\$1.00	<input type="checkbox"/>	
over 6 months and less than 8 months operation	75%	<input type="checkbox"/>		Refund Request (within 6 months of receipt)	\$25	<input type="checkbox"/>	
Campground Plan Review				Environmental Impact Statement Review		<input type="checkbox"/>	
	\$200	<input type="checkbox"/>		<i>(Where Tompkins County is the lead Agency fee assessed as allowed by 6NYCRR 617.7)</i>			
TOTAL FEES - pg 1							
TOTAL FEES - pg 2							
TOTAL FOR OPERATING, CONSTRUCTION AND PLAN REVIEW FEES (pg 1 and 2)							

Notes:

1. A check mark indicates the fee applies to your facility.
2. Fees are additive for all operations at a facility.
3. Checks should be made payable to: Tompkins County Health Department.
4. There will be a \$20 service charge on all returned checks.
5. Acceptable payment methods: **visa, master card, discover**, check, cash, or money order

Preparer/Date: _____

pc: Support Staff



Your Partner for a Healthy Community

ENVIRONMENTAL HEALTH DIVISION

55 Brown Road, Ithaca, NY 14850

PH: (607) 274-6688

Draft for BOH Review

May 2014

Effective January 1, 2015

Table 1 - 2015 Proposed Environmental Health Fee Schedule

2015 WATER SYSTEM OPERATING, ON-SITE WASTEWATER TREATMENT, AND DEVELOPMENT FEES

Water System Operating Fee

Community Water System (with sources)

Groundwater System **\$185**
 Surface Water System **\$1,800**

Non-Community Water System (with sources)

Bottled/Bulk Haulers, Ice Plants **\$360**

Water System Construction Permit and Plan Review

Community Water System (Part 5, NYSSC)

New Public Water System (new source) **\$410**

Non-Community Public Water System

New Water System (new source) **\$210**

Distribution Water Main - 6" or larger

< 5,000' **\$300**
 > 5,000' **\$400**

Cross-Connection Control

\$160 plus \$50/device

Water Storage Tank > 500,000 gal

\$230

Other Water System Modification

(May be waived at TCHD discretion) **\$160**

On-Site Wastewater Treatment System Construction Permit

New Construction/Conversion (< 1,000 gpd) **\$425**

Replacement System **\$335**

Permit Renewal (may only be renewed 1x prior to expiration) **\$80**

Permit Transfer (prior to expiration) **\$80**

Septic Tank Replacement **\$105**

Expedited Record Search (In less than 5 business days) **\$25**
 (unless abating a health hazard)

Application Renewal (may only be renewed 1x prior to expi. **\$80**

Plus increase in permit fee for current year

Application Transfer (prior to expiration)

Plus increase in permit fee for current year **\$80**

On-Site Wastewater Treatment System Plan Review

by Design Professional

0 - 499 gpd design rate **\$210**

500 - 999 gpd design rate **\$260**

1,000 - 1,999 gpd design rate **\$375**

2,000+ gpd design rate **\$600**

Collector Sewer - 6" and larger (DEC & Health Dept Projects)

< 5,000' **\$150**

> 5,000' **\$250**

Preliminary Development Review (where soil testing is required)

\$400 plus \$55 per lot

(Preliminary Development fees are applied to the Realty

Subdivision fee upon full plan submittal when submitted within 12

Realty Subdivision Development Review

\$800

Plus \$12.50 per lot NYS filing fee

Add \$35 per lot with individual water

Add \$55 per lot with individual sewage

(Subtract Preliminary Development fees paid)

Realty Subdivision Approval Renewal

\$200

Other Engineering Review

\$160

(May be waived at TCHD discretion)

TOTAL FEES - pg 2 (See notes on pg 1.)

Preparer/Date: _____

pc: Support Staff

Draft for BOH Review - May 2014
Table 2 - Environmental Health Division
Proposed Operating or Permit Fees Detail Sheet 2015

PROGRAM	FEES			# FACILITIES				STAFF TIME (days)		COST PER FACILITY			PROGRAM COST		REVENUE		REVENUE / PROGRAM COST				
	2015 PROPOSED	2014 FINAL	2013 FINAL	2015-EST TOTAL	2015-EST INVOICED	2013 TOTAL	2013 INVOICED	2015 ESTIMATE	2013 FINAL	2015-EST TOTAL	2015-EST INVOICED	2013 FINAL	2015 ESTIMATE	2013 FINAL	2015 ESTIMATE	2013 FINAL	2015 ESTIMATE	2013 FINAL			
FOOD SERVICE ESTABLISHMENTS (FSE)															\$358,252	\$361,577	\$173,025	\$167,065	0.48	0.46	
High Risk Renewal	\$400	\$375	\$375	190	175	186	172	260	261	\$784	\$852	\$869	\$149,033	\$149,434	\$70,000	\$142,075			0.47	0.95	
Medium Risk Renewal	\$375	\$375	\$375	260	205	268	207	165	165	\$364	\$461	\$457	\$94,579	\$94,636	\$76,875				0.81		
Low Risk Renewal	\$235	\$235	\$235	75	70	76	70	40	36	\$306	\$328	\$294	\$22,928	\$20,578	\$16,450	\$16,450			0.72	0.80	
Additional Mobile Unit	\$85	\$80	\$80	10	10	10	10								\$850	\$800					
Temporary	\$65	\$60	\$60	300	90	353	90	160	169	\$306	\$1,019	\$1,077	\$91,713	\$96,929	\$5,850	\$5,400			0.06	0.06	
Expedited Processing	\$20	\$15	\$15	150	150	156	156								\$3,000	\$2,340					
TEMPORARY RESIDENCE	\$150	\$125	\$125	31	31	31	31	60	69	\$1,109	\$1,109	\$1,274	\$34,392	\$39,494	\$11,227	\$9,800			0.33	0.25	
Per unit/site fee or Total # units/sites	\$3.50	\$3.25	\$3.25	1,879	1,879	1,879	1,879								\$6,577						
CAMPGROUNDS	\$130	\$125	\$125	7	7	8	7	20	21	\$1,638	\$1,638	\$1,728	\$11,464	\$12,095	\$1,766	\$2,708			0.15	0.22	
Per unit/site fee or Total # units/sites	\$3.35	\$3.25	\$3.25	426	256	2,016	403								\$856						
MOBILE HOME PARKS	\$130	\$125	\$125	39	39	39	44	100	97	\$1,470	\$1,470	\$1,257	\$57,320	\$55,314	\$11,783	\$12,633			0.21	0.23	
Per unit/lot fee or Total # lots/units	\$3.35	\$3.25	\$3.25	2,004	2,004	2,004	2,200								\$6,713						
AGRICULTURAL FAIRGROUND	\$330	\$320	\$320	1	1	1	1	2	2	\$1,318	\$1,318	\$1,318	\$1,318	\$1,318	\$330	\$320			0.25	0.24	
MASS GATHERING (NEW)	\$4,100	\$4,000	\$4,000	0	0	0	0	10	12	\$0	\$0	\$0	\$5,732	\$7,108	\$0	\$0					
MASS GATHERING (EXISTING)	\$1,550	\$1,500	\$4,000	1	1	0	0	10	12	\$5,732	\$5,732	\$0	\$5,732	\$7,108	\$1,550	\$0			0.27	0.00	
CHILDREN'S CAMPS	\$200	\$200	\$200	34	4	30	4	100	96	\$1,686	\$14,330	\$13,743	\$57,320	\$54,970	\$800	\$800			0.01	0.01	
SWIMMING POOLS/ BATHING BEACHES	\$335	\$325	\$325	58	57	59	58	115	117	\$1,137	\$1,156	\$1,151	\$65,918	\$66,778	\$19,095	\$18,850			0.29	0.28	
PUBLIC WATER SYSTEMS				149	149	146	146	585	582	\$1,339			\$199,504	\$198,014	\$27,770	\$23,760			0.14	0.12	
Community Water System																					
Groundwater System	\$185	\$180	\$160	88	88	87	87	500	502	\$1,926	\$1,926	\$1,963	\$169,485	\$170,746	\$16,280	\$13,920			0.10	0.08	
Surface Water System	\$1,800	\$1,750	\$1,600	3	3	3	3	25	24	\$2,888	\$2,888	\$2,754	\$8,663	\$8,262	\$5,400	\$4,800			0.62	0.58	
Non-Community Water System	\$105	\$100	\$90	58	58	56	56	60	56	\$368	\$368	\$339	\$21,356	\$19,006	\$6,090	\$5,040			0.29	0.27	
ON-SITE WASTEWATER SYSTEMS (OWTS)				260	240	268	255	650	653	\$1,433	\$1,552	\$1,468	\$372,582	\$374,325	\$86,900	\$91,305			0.23	0.24	
New Construction	\$425	\$415	\$415	125	120	129	122								\$51,000	\$51,480					
Replacement System	\$335	\$325	\$325	115	100	121	115								\$33,500	\$37,325					
Septic Tank/Pump Chamber Replacement	\$105	\$100	\$100	10	10	15	15								\$1,050	\$1,525					
Permit Transfer/Renewal	\$80	\$75	\$75	5	5	3	3								\$400	\$225					
Application Transfer/Renewal	\$80	\$75	na	5	5	na	na								\$400	\$0					
Plus increase in permit fee for current year	\$10	\$0	na	5	5	na	na								\$50	\$0					
Expedited Record Search	\$25	\$25	\$25	20	20	30	30								\$500	\$750					
OPERATING PERMITS								2,862	2,875						\$1,169,537	\$1,178,100	\$334,246	\$327,242	0.29	0.28	
PLAN REVIEWS																\$14,915	\$19,155				
OTHER REVENUE																\$9,500	\$12,796				
TOTAL ALL PROGRAMS															\$1,821,928	\$1,741,256	\$358,661	\$359,193	0.20	0.21	
ESTIMATED OFFICIAL PAYMENTS CREDIT CARD PROCESSING COST															\$9,684	\$0					
TOTAL ALL PROGRAMS															\$348,977	\$359,193	0.19	0.21			

NOTES:
2013 EH Cost \$1,821,928; Staff Time 3178.6 days Staff Cost = \$573.20 per day \$81.89 per hr
PWS - Surface Water Staff Time is calculated by facility only. This is an underestimate of the total program costs.
2013 OWTS costs were adjusted to exclude time spent on the development of the Accela software system.

Draft for BOH Review - May 2014
Table 3 - Environmental Health Division
Proposed Plan Review Fees Detail Sheet 2015

PROGRAM	FEES			# PLANS			LAST YEAR PLANS REVIEWED	ESTIMATED HOURS PER PLAN	COST PER PLAN REVIEW	PROGRAM COST	REVENUE		REVENUE / PROGRAM COST	
	2015 PROPOSED	2014 FINAL	2013 FINAL	2015-EST INVOICED	2013 APPROVED	2013 INVOICED					2013-or ESTIMATE	2015 ESTIMATE	2015 ESTIMATE	2013 FINAL
PUBLIC WATER SYSTEMS										\$7,428	\$6,460	\$6,875	0.87	0.90
Community Water System	\$410	\$400	\$400	1	1	2	2013	7.5	\$614	\$614	\$410	\$800	0.67	0.70
CWS Water Main Ext < 5,000'	\$300	\$300	\$300	4	4	4	2013	3.0	\$246	\$983	\$1,200	\$1,200	1.22	1.31
≥ 5,000'	\$400	\$400	\$400	0	0	0					\$0	\$0		
Cross-Connection Control	\$160	\$150	\$150	15	21	13	2013	2.5	\$205	\$3,071	\$2,400	\$3,400	0.78	0.78
Add per device	\$50	\$50	\$50	20						\$1,000	\$1,000		1.00	1.00
Non-Community Water System	\$210	\$200	\$200	2	4	4	2013	3.0	\$246	\$491	\$420	\$800	0.85	0.87
Water Storage Tank	\$230	\$225	\$225	1	1	1	2013	3.0	\$246	\$246	\$230	\$225	0.94	
Other Water System Modification	\$160	\$150	\$150	5	5	3	2013	2.5	\$205	\$1,024	\$800	\$450	0.78	0.78
FOOD SERVICE ESTABLISHMENTS										\$2,375	\$2,120	\$4,050	0.89	1.21
High and Medium Risk	\$210	\$200	\$200	7	14	15	2013	3.0	\$246	\$1,720	\$1,470	\$3,000	0.85	0.87
Low Risk	\$150	\$150	\$150	3	2	7	2013	2.0	\$164	\$491	\$450	\$1,050	0.92	0.98
Push Cart Medium/Low Risk	\$100	\$100	n/a	2	na	na	na	1.0	\$82	\$164	\$200		1.22	
MOBILE HOME PARKS	\$460	\$450	\$450	0	0	0	2007			\$0	\$0	\$0		
Add per unit/lot	\$30	\$30	\$30	0	0	0				\$0	\$0			
CAMPGROUNDS	\$200	\$150	\$150	0	0	0	2012	2.0	\$164	\$0	\$0	\$0		
SWIMMING POOLS/BATHING BEACHES	\$360	\$350	\$350	0	0	0	2012	5.0	\$409	\$0	\$0	\$0		
Swimming Pools > 5,000 sf	\$770	\$750	\$750	0	0	0	2008	12.0	\$983	\$0	\$0	\$0		
MASS GATHERING (NEW)	\$6,100	\$6,000	\$6,000	0	0	0	na			\$0	\$0	\$0		
MASS GATHERING (EXISTING)	\$1,050	\$1,000	\$6,000	0	0	0	2014			\$0	\$0	\$0		
ON-SITE WASTEWATER TREATMENT SYSTEMS										\$4,053	\$3,485	\$7,850	0.86	0.85
0 - 499 gpd Design Rate	\$210	\$200	\$200	10	17	15	2013	3.5	\$287	\$2,866	\$2,100	\$3,000	0.73	0.75
500 - 999gpd Design Rate	\$260	\$250	\$250	1	8	5	2013	3.5	\$287	\$287	\$260	\$1,250	0.91	0.93
1,000 - 1,999 gpd Design Rate	\$375	\$375	\$375	1	4	6	2013	4.0	\$328	\$328	\$375	\$2,250	1.14	0.98
2,000+ gpd Design Rate	\$600	\$600	\$600	1	2	2	2013	5.0	\$409	\$409	\$600	\$1,200	1.47	1.12
Collector Sewer < 5,000'	\$150	\$150	\$150	1	1	1	2013	2.0	\$164	\$164	\$150	\$150	0.92	0.98
≥ 5,000'	\$250	\$250	\$250	0	0	0					\$0			
REALTY SUBDIVISIONS	\$800	\$800	\$800	1	1	1	2013	5.0	\$409	\$409	\$800	\$180	1.95	2.09
Add per lot NYS filing fee	\$12.50	\$12.50	\$12.50	20							\$250			
with Individual Water	\$35	\$35	\$35	20				1.0	\$82	\$1,638	\$700		0.43	0.46
with Individual OWTS	\$55	\$55	\$55	20				1.0	\$82	\$1,638	\$1,100		0.67	0.72
Subdivision Renewal	\$200	\$200	\$200	0	1	1	2013	2.0	\$164	\$0	\$0	\$200		
Preliminary Development Review	\$400	\$400	\$400	0				5.0				\$0		
Add per lot	\$55	\$55	\$55	0				1.0						
REALTY SUBDIVISION TOTAL										\$3,685	\$2,850	\$380	0.77	0.83
OTHER PLAN REVIEW	\$160	\$150	\$150	0	0	0	2010	2.0	\$164	\$0	\$0	\$0		
TOTAL PLAN REVIEWS										\$17,541	\$14,915	\$19,155	0.85	0.90
ESTIMATED OFFICIAL PAYMENTS CREDIT CARD PROCESSING COST											\$403	\$0		
TOTAL ALL PROGRAMS											\$14,512	\$19,155	0.83	0.90

NOTES:

2013 EH Cost \$1,821,928; Staff Time 3178.6 days Staff Cost = \$573.20 per day \$81.89 per hr
2015 Proposed fee includes 2.7% increase to cover Official Payments Cost
Hours per plan are estimated - actual time for each submittal varies significantly.

**Table 4 - Environmental Health Division
Estimated vs Actual Revenue and Expenses**

YEAR	ACTUAL			ESTIMATED			ACT REV / EST REV	ACT EXP / EST EXP
	REVENUE	EXPENSE	REV / EXP	REVENUE	EXPENSE	REV / EXP		
2009	\$257,632	\$1,503,757	17%	\$250,105	\$1,162,759	22%	103%	129%
2010	\$262,917	\$1,610,262	16%	\$244,158	\$1,472,405	17%	108%	109%
2011	\$280,858	\$1,638,700	17%	\$277,658	\$1,503,757	18%	101%	109%
2012	\$324,796	\$1,741,256	19%	\$321,941	\$1,610,262	20%	101%	108%

ENVIRONMENTAL HEALTH DIVISION
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Public Water System Sanitary Survey Frequency Draft for Review

Objective: To ensure that an adequate and safe supply of water is delivered to all residents by establishing frequencies for inspections of public water systems by local health department staff.

Policy: The Tompkins County Health Department Environmental Health Division should perform sanitary surveys of public water systems which have their own source of supply and/or provide treatment at the frequency stated below:

1. Sanitary systems shall have a sanitary survey performed **every other year**. Exceptions to this are based on the following risk based criteria indicating annual sanitary surveys:
 - a. Systems that are under a voluntary and/or formal enforcement compliance schedule, or with known violation(s).
 - b. Systems that have had a Boil Water Order (BWO) issued to them in the past two years.
 - c. Systems that have an out-of-state owner.
 - d. Systems that have had a new owner or primary operator within the last year.
 - e. Systems that have made changes in the last year to the water supply system.
 - f. Systems that have a current waiver from permanent disinfection.
 - g. Systems that are at facilities with at-risk residents (schools, day care, senior living).
2. All new systems shall have a sanitary survey performed by the Division prior to use.

Discussion: The Division is currently performing sanitary surveys at all systems **annually**, but would like to reallocate its staff in a more effective manner. By decreasing the frequency of sanitary surveys, within the State guidelines, at certain **identified** public water systems in the county, we can:

1. Spend more time at sanitary surveys with systems that have more problems.
2. Utilize sanitary surveys at these problem systems to better train staff. We are undergoing staff changes that necessitate training of several staff in the water program.

If we were to institute these changes today, it would result in 47 systems (out of a total of 150 systems) with no sanitary surveys this year. They would be performed in 2015.