

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, August 26, 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 July 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** **Administration** (5 mins.)
1. Report on Board of Health Nominating Committee Activities (5 mins.)
- 12:35** **Division for Community Health** (10 mins.)
1. Approval for revisions to *Bloodborne Pathogen Post-Exposure Policy* (5 mins.)
 2. Approval for revisions to *Tuberculin Skin Testing Policy* (5 mins.)
- 12:45** **Environmental Health** (35 mins.)
- Enforcement Action:**
1. Resolution #12.1.25 – Village of Dryden Public Water System, V-Dryden, Revised Resolution to Extend Deadlines (Water) (5 mins.)
 2. Resolution #14.1.11 – Bradford Apartments, T-Dryden, Violations of Subpart 5-1 of the New York State Sanitary Code (Water) (5 mins.)
 3. Resolution #14.20.14 – Michael McEver, 22 Station Road, T-Danby, Violation of Article VI of the Tompkins County Sanitary Code (Sewage) (5 mins.)
 4. Resolution #14.18.16 – Newfield Estates Mobile Home Park, T-Newfield, Violations of Part 17 of the New York State Sanitary Code and Article VI of the Tompkins County Sanitary Code (Sewage) (5 mins.)
 5. Resolution #14.10.17 – Taste of Thai, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
 6. Resolution #14.11.19 – Inlet Island Café, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
 7. Resolution #14.14.18 – Trip Hotel, V-Lansing, Violations of Subpart 6-1 of the New York State Sanitary Code (Swimming Pool) (5 mins.)
- 1:20** **Adjournment**

DRAFT

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

Present: Will Burbank; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Janet Morgan, PhD

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

Excused: William Klepack, MD, Medical Director

Guests: Jessica Bartholomew, BOH Applicant; Frank Cantone, BOH Applicant; Samantha Hillson, Healthy Neighborhoods Program Education Coordinator; Sue Merkel, BOH Applicant; Skip Parr, Sr. Public Health Sanitarian; and Ted Schiele, Planner/Evaluator, Health Promotion Program

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 12:07 p.m.

Introduction of Board of Health Applicants: Mr. Kruppa welcomed the applicants for the at-large position and asked them to introduce themselves.

Sue Merkel teaches microbiology at Cornell University to undergraduate students. Her interest in serving on the Board is partly professional as she teaches a course in public health microbiology and looks to connect students with real life experiences. As a community member who has been active in a number of organizations, she would like to share her talents with the community and interact with different people.

Jess Bartholomew has a Masters in Community Health Education. She has always worked in healthcare and loved it. Her husband is a chiropractor. Working together in their chiropractic office, they practice an alternative form of medicine with a focus on natural health which is something she believes the community wants. Based on her personal interests, she would like to be a part of this organization.

Frank Cantone is the Biological Safety Officer in Environmental Health and Safety at Cornell. He is a research microbiologist by training with a Masters in Public Health. At Cornell, he partners with Gannett Health Services to look after the public health and safety of the university community. A Tompkins County resident for 22 years, he has many community interests in addition to volunteering as an emergency medical

technician with the Ithaca Fire Department. For professional and personal interests, he is pursuing this opportunity to become more involved in the community.

Mr. Kruppa thanked the applicants for coming to the meeting. The next step in the process is setting up interviews with the Nominating Committee comprised of Mr. Burbank, Dr. Macmillan and Dr. Morgan. Interview questions will be sent to both the Nominating Committee and candidates to make the process comfortable for everyone. Once a name is brought to the Board for approval, the Health and Human Services Committee (HHS) and the full Legislature will consider the appointment. The goal is to have a candidate seated by the September meeting.

For the benefit of the applicants, Board members and Tompkins County staff members introduced themselves and noted their areas of expertise.

Approval of June 24, 2014 Minutes: Mr. Greenhouse moved to approve the minutes of the June 24, 2014 meeting as written; seconded by Dr. Koppel; and carried unanimously.

Financial Summary: Referring to the June 2014 summary, Ms. Grinnell Crosby stated there is no change from prior months; the same programs continue to reflect red in revenues.

Administration Report: Mr. Kruppa reported:

- Dr. Meinhardt is relocating and has resigned her position on the Board. The next step will be to advertise the vacancy and begin the recruitment process for a physician.
- The Health Department's 2015 budget was presented to County Administrator Joe Mareane for inclusion in his budget presentation to the Legislature. The maintenance of effort budget has no over-target requests (OTRs). When the Legislature approves a budget in November, it will take effect January 1, 2015.
- Since Tompkins County Health Department (TCHD) no longer operates a Certified Home Health Agency (CHHA), staff cannot bill Medicaid for in-home nursing services provided by the Medicaid Obstetrical Maternal Services (MOMS) program. TCHD has entered into contract negotiations to partner with Visiting Nurse Service of Ithaca (VNS) for billing purposes. VNS has been wonderful in working through this situation quickly.
- Two press releases went out since the last meeting. With the first confirmed West Nile Virus case in Tompkins County this year, the public was advised to avoid mosquito exposure whenever possible. The second press release was related to a rabid bat found in Montgomery Park in Dryden. Three children were reported to have been in the area poking at the bat, but it was not certain there was an exposure. Staff went door to door in the neighborhood, put notices up, posted information on Listserv, and requested media coverage. Although unsuccessful in locating the children, Mr. Kruppa commended staff for their outreach efforts. He also recognized the media for getting the message out quickly.

Mr. Kruppa answered questions from Board members:

- As a matter of awareness, he attended the Ithaca Housing Authority's public hearing on rate increases. The housing rate is established in one of two ways:

either 30% of income or by existing flat rates. Through the United States Department of Housing and Urban Development (HUD), housing authorities have been informed the flat rates need to be 80% of Fair Market Value to put those flat rates closer to actual housing costs in the community, but no one would pay more than 30% of their income. The flat rate has not been raised in 12 years; it is a correction by the federal government to try to reduce the cost of the program. There is some concern about the rapid increase which will be implemented over three years. This possibly relates to TCHD programs by taking money out of the income pool of people already seeking services; otherwise, there is not a direct impact.

- In putting together the budget, Mr. Kruppa explained he tries to manage the budget according to the directive from the County. For 2015, it was maintenance of effort instructions. If TCHD was losing positions, then he would put those positions into OTRs.

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

Division for Community Health Report: Ms. Connors reported:

- Dr. Klepack could not attend today's meeting so the revised *Bloodborne Pathogen Post-Exposure Policy* will be on the August Agenda along with the revisions to the *Tuberculin Skin Testing Policy*.
- In January, staff received notice from New York State Department of Health (NYSDOH) that TCHD would no longer be able to bill Medicaid for maternal/child services. She appreciates the assistance provided by Mr. Kruppa and Ms. Grinnell Crosby in the discussions with VNS. The contract is a positive step to generate much needed revenue.
- New York State has offered a performance improvement project to all Women, Infants and Children (WIC) programs in the state. It is 10% of the operating budget for the fiscal year starting in October. She will be working with WIC Program Director Beth Huber on the application due August 15th.

Children with Special Care Needs Report: Ms. Allinger informed members that the Franziska Racker Centers hired a clinical psychologist this past year. A process has been developed whereby the psychologist will provide local, diagnostic evaluations of young children on the autism spectrum. Families will no longer have to travel to Rochester or Syracuse.

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

Environmental Health Report: Ms. Cameron provided the following updates:

- Last week, hydrilla in Fall Creek was treated with the herbicide endothall. Results from that application are being monitored and will be reviewed by the Hydrilla Task Force. Due to area storms, water flow is high so the levels being detected are low compared to what is normally expected after treatment. The Cayuga Inlet will receive an application of endothall next week. Both areas will receive follow-up treatments of the herbicide fluridone at the end of August. Endothall is

the herbicide that kills vegetation through contact with vegetation and fluridone is a systemic herbicide that is absorbed through the roots.

- The Village of Dryden's public water supply is contained in a reservoir located inside a building that is essentially an open reservoir, not a traditional storage tank. The Village is on a compliance schedule to replace the reservoir, and is conducting weekly inspections and daily chlorine readings. During an inspection last week, the operator found frogs in the reservoir. He immediately shut off the water supply and contacted Environmental Health (EH) staff who coordinated with NYSDOH as to appropriate actions. The Village was able to isolate the water without impacting their water supply so a Boil Water Order was not issued. Daily chlorine readings have had a chlorine residual and the results from bacteriological testing downstream of the reservoir were clean. EH staff is working with the Village's engineers on short-term modifications. It will be a couple of years before the reservoir is replaced.

Resolution #14.18.15 – Bell-Gate Mobile Home Park, T-Enfield, Violation of Board of Health Orders dated April 22, 2014: Mr. Parr reported Bell-Gate Mobile Home Park was brought before the Board a few months ago. The owner/operator, Greg Carman, had stopped maintaining chlorine residuals and had not been sampling the water or submitting reports. Action was taken with the previous resolution adopted by the Board. For a month and a half, the owner's wife took over operations. A certified water operator was hired and chlorine residuals were present and being checked as required. The situation was moving in a positive direction. Then Mr. Parr received a phone call from the water operator saying his position was terminated by Mr. Carman. In early July, Mr. Parr canvassed the residents trying to locate Mr. Carman, but no one had a forwarding address for him. At this point, there is no established communication with him. Ms. Cameron added this resolution includes language stating the permit will not be renewed when it expires at the end of October if substantial compliance has not been achieved.

Dr. Morgan moved to accept the resolution as written; seconded by Mr. Greenhouse.

In response to Mr. McLaughlin's question regarding who had responsibility for the mobile home park, Mr. Parr said the owner's wife advised him she had turned that responsibility back to Mr. Carman.

Mr. Burbank wondered whether there is ongoing total coliform testing. Mr. Parr stated staff members visit the park on a monthly basis to check on the situation but do not sample every time. To date, there has not been a positive sample for total coliform.

In answer to Dr. Morgan's question about collecting the fine should the property be sold, Mr. Wood explained there would be a judgment with a lien on the property that would need to be cleared.

Dr. Macmillan asked whether tenants are aware they may have to seek a new place to live. Mr. Parr replied they have been informed about the possibility the permit may not be reissued. While he supports the resolution, Mr. Burbank expressed his concern that an unintended consequence will be people being displaced. Ms. Cameron noted there are laws and regulations governing notice to tenants in the event the park needed to be closed.

Mr. Greenhouse wondered about pulling the permit. Although the permit can be revoked, Ms. Cameron said it is a long, involved process. It seems a reasonable course of action to wait until the permit expires.

Once the permit expires, Dr. Koppel asked about the period of time before tenants would need to leave. Ms. Cameron explained there would be discussions with Mr. Wood. Staff would adhere to regulatory requirements and be compassionate toward the tenants.

Mr. Greenhouse suggested amending the resolution and sending copies to known residences. It is a public record that notifies tenants about the process. Ms. Cameron said tenants could be added to the list of people copied with the documentation. Noting the tenants are concerned, Mr. Parr offered to hand deliver copies of the Order to them.

Board members discussed the importance of clarifying the date when the next permit will not be renewed unless there is compliance. Dr. Macmillan offered an amendment to insert the date in the last paragraph of Resolution#14.18.15 to read: **“Further Resolved, on recommendation of the Tompkins County Board of Health,** That the TCHD will deny future permit renewals (**next due on October 31, 2014**) for failure to substantially comply with these Orders.”

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

Discussion: Adding *Electronic Nicotine Delivery Systems (ENDS)* to Tompkins County’s Local Law for Clean Indoor Air: Mr. Kruppa introduced the subject of electronic nicotine delivery systems (ENDS) which is the official designation for e-cigarettes and other electronic devices used to deliver nicotine. The TCHD has been talking internally about a County response to the proliferation of these devices that would ensure there is a clean, safe environment for people wanting to avoid secondhand vapor. Staff members have been looking at the County’s local law related to indoor air quality and burning tobacco indoors. Written in 2003, that law seems to be the most effective way for the County to make a statement about electronic nicotine delivery systems that would ensure people are protected. These electronic devices are not regulated. From an exposure standpoint for the nonuser, it is unknown what substances are coming out of them. There are chemicals in the aerosol that are considered carcinogens at certain levels. It is important to get in front of this issue and address the use of these devices indoors in businesses. There are cases where outdoor spaces would be included, but that is related to restaurants and bars with outdoor seating space.

Staff members have looked at the County local law. They added a definition for an electronic nicotine delivery system and included ENDS in the definition for smoking. It effectively says anywhere smoking is currently banned by the law; these electronic nicotine devices would also be prohibited.

One reason to present this proposed addition to the law for the Board’s review is enforcement. TCHD is the enforcement arm; however, the operators of business establishments are also an enforcement mechanism. This law clarifies that these devices need to be treated the same as tobacco products and are prohibited. These devices are being marketed as a cool alternative to tobacco products. The risk is the potential exposure to youth. It has been a long-standing goal for public health to protect youth by limiting exposure to tobacco products and potentially becoming hooked on cigarettes and tobacco.

A second reason relates to the public health risk due to the unknown substances contained in these devices and lack of regulation. There have been significant increases in poison center calls since these devices have become prolific with many of those calls related to children being exposed to them. It becomes an issue not having them regulated from a youth standpoint or by what is expressed into the environment. TCHD's focus is making sure there is a clean indoor environment for employees and visitors to those facilities.

Mr. Kruppa said the Board has three options regarding its recommendation to TCHD on the next step: (1) no action, (2) find a different approach, or (3) take proposed language to the local law to the Legislature for consideration.

Mr. Greenhouse moved the proposed resolution for discussion purposes; seconded by Dr. Macmillan.

Discussion among Board members:

Mr. Greenhouse recalls the wording of the County's local law was about secondhand exposure to employees. His concern is that the regulations should be focused on that same theme. He questioned how to reconcile this law with secondhand smoke exposure to employees in hookah bars. Ms. Cameron responded it is similar to the situation with tobacco shops. People can smoke in tobacco shops if that is the sole business. Mr. Kruppa noted the County local law references New York State law. He distributed a copy of sections of the State law (see Attachment). There is an exemption for retail tobacco businesses which is defined on the first page. On the second page, there is a list of places where smoking restrictions are inapplicable; retail tobacco businesses are listed third. A definition and exemption to the County's local law may have to be added so that it is not more restrictive than what is currently being required for tobacco. Mr. Schiele mentioned there are shops that sell electronic devices but do not sell tobacco products. To his knowledge, they are not registered tobacco retailers. Ms. Cameron remarked they are subject to the Adolescent Tobacco Use Prevention Act (ATUPA) which bans the sale of electronic cigarettes to minors.

Mr. McLaughlin pointed out the public has the perception these devices are a means to quit smoking. Mr. Kruppa explained they are not approved smoking cessation products. Not knowing what is being ingested or expressed from the devices is enough of a risk to be considered an indoor air contaminant that needs to be controlled. Since these devices are not approved by the Food and Drug Administration (FDA) as smoking cessation products, Mr. Schiele reported they are being marketed as an alternative to be used in places where smoking is prohibited.

Recognizing there are unknown substances exhaled from these devices, Mr. Greenhouse recommended some changes under Section 72-5 before voting on the resolution. He suggested switching the order of paragraphs "G" and "H" for a logical progression of the points. Also, he proposed the current paragraph "G" should read: "This Legislature further finds that individuals are subject to ETS **and/or the exhaled vapors of ENDS** at their places of employment..." Lastly, he suggested eliminating paragraph "I" because it is outside the scope of the rest of the document.

Dr. Koppel referred to the "Smoking" definition under Section 72-6. He believes "mimics" is a nebulous term so he wondered about language specifying vaporization or chemical emissions. Ms. Hillson said she would look at the Policy Center's language.

DRAFT

After a lengthy discussion, the Board agreed on the wording: “The burning of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco; **or the use of ENDS.**”

Referring to Section 72-5, current paragraph “H,” Dr. Macmillan was concerned about the language following “is virtually indistinguishable...” The Board agreed to the following: “After inhaling, the user then blows out the heated vapors, producing a ‘cloud’ of undetermined substance that contains known carcinogens and chemicals that cause airway irritation. These irritants could cause potential harm to individuals at their places of employment.”

The vote to approve the resolution with the aforementioned modifications to Article II of Chapter 72 carried unanimously. The next steps include presentations to the Health and Human Services Committee and full Legislature for their consideration.

Adjournment: At 1:55 p.m. Dr. Macmillan adjourned the meeting.

Public Health

§ 1399-n. Definitions. For purposes of this article:

1. "Bar" means any area, including outdoor seating areas, devoted to the sale and service of alcoholic beverages for on-premises consumption and where the service of food is only incidental to the consumption of such beverages.

2. "Employer" means any person, partnership, association, limited liability company, corporation or nonprofit entity which employs one or more persons, including the legislative, executive and judicial branches of state government and any political subdivision of the state.

3. "Food service establishment" means any area, including outdoor seating areas, or portion thereof in which the business is the sale of food for on-premises consumption.

4. "Membership association" means a not-for-profit entity which has been created or organized for a charitable, philanthropic, educational, political, social or other similar purpose.

5. "Place of employment" means any indoor area or portion thereof under the control of an employer in which employees of the employer perform services, and shall include, but not be limited to, offices, school grounds, retail stores, banquet facilities, theaters, food stores, banks, financial institutions, factories, warehouses, employee cafeterias, lounges, auditoriums, gymnasiums, restrooms, elevators, hallways, museums, libraries, bowling establishments, employee medical facilities, rooms or areas containing photocopying equipment or other office equipment used in common, and company vehicles.

6. "School grounds" means any building, structure, and surrounding outdoor grounds contained within a public or private pre-school, nursery school, elementary or secondary school's legally defined property boundaries as registered in a county clerk's office, and any vehicles used to transport children or school personnel.

7. "Retail tobacco business" means a sole proprietorship, limited liability company, corporation, partnership or other enterprise in which the primary activity is the retail sale of tobacco products and accessories, and in which the sale of other products is merely incidental.

8. "Smoking" means the burning of a lighted cigar, cigarette, pipe or any other matter or substance which contains tobacco.

Public Health

§ 1399-q. Smoking restrictions inapplicable. This article shall not apply to:

1. Private homes, private residences and private automobiles;
2. A hotel or motel room rented to one or more guests;
3. Retail tobacco businesses;
4. Membership associations; provided, however, that smoking shall only be allowed in membership associations in which all of the duties with respect to the operation of such association, including, but not limited to, the preparation of food and beverages, the service of food and beverages, reception and secretarial work, and the security services of the membership association are performed by members of such membership association who do not receive compensation of any kind from the membership association or any other entity for the performance of such duties;
5. Cigar bars that, in the calendar year ending December thirty-first, two thousand two, generated ten percent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, not including any sales from vending machines, and is registered with the appropriate enforcement officer, as defined in subdivision one of section thirteen hundred ninety-nine-t of this article. Such registration shall remain in effect for one year and shall be renewable only if: (a) in the preceding calendar year, the cigar bar generated ten percent or more of its total annual gross income from the on-site sale of tobacco products and the rental of on-site humidors, and (b) the cigar bar has not expanded its size or changed its location from its size or location since December thirty-first, two thousand two;
6. Outdoor dining areas of food service establishments with no roof or other ceiling enclosure; provided, however, that smoking may be permitted in a contiguous area designated for smoking so long as such area: (a) constitutes no more than twenty-five percent of the outdoor seating capacity of such food service establishment, (b) is at least three feet away from the outdoor area of such food service establishment not designated for smoking, and (c) is clearly designated with written signage as a smoking area; and
7. Enclosed rooms in food service establishments, bars, catering halls, convention halls, hotel and motel conference rooms, and other such similar facilities during the time such enclosed areas or rooms are being used exclusively for functions where the public is invited for the primary purpose of promoting and sampling tobacco products, and the service of food and drink is incidental to such purpose, provided that the sponsor or organizer gives notice in any promotional material or advertisements that smoking will not be restricted, and prominently posts notice at the entrance of the facility and has provided notice of such function to the appropriate enforcement officer, as defined in subdivision one of section thirteen hundred ninety-nine-t of this article, at least two weeks prior to such function. The enforcement officer shall keep a record of all tobacco sampling events, and such record shall be made available for public inspection. No such facility shall permit smoking under this subdivision for more than two days in any calendar year.

Dashboard Display thru July 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: August 05, 2014

EXPENDITURES

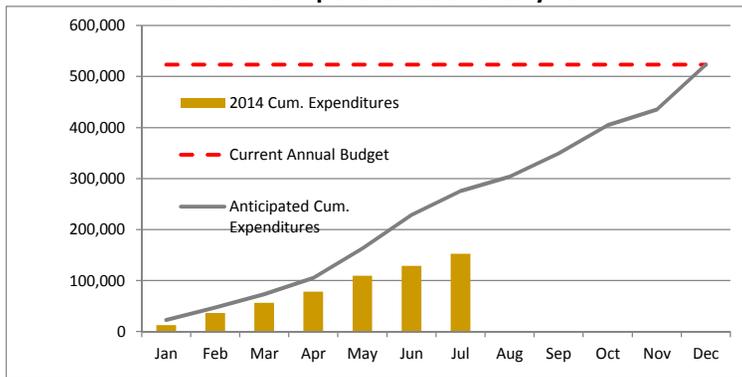
Cumulative to date compared to budget (over budget by more than 15% = Red, between 110% and 115% of budget = Yellow, below 110% of budget = Green)

REVENUES

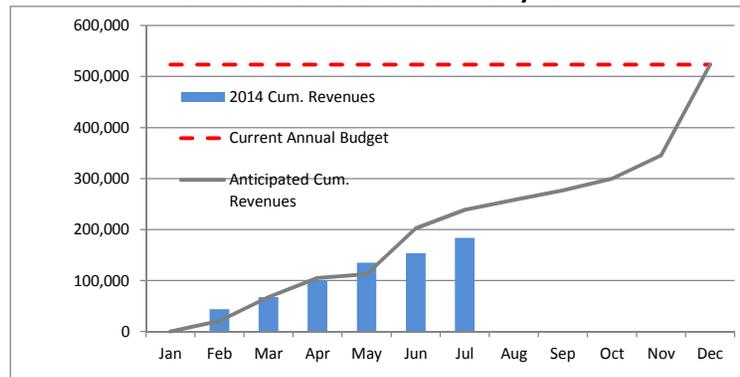
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Health Dept - Women, Infants & Children (4012)

Cumulative Expenditures thru July 2014



Cumulative Revenues thru July 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

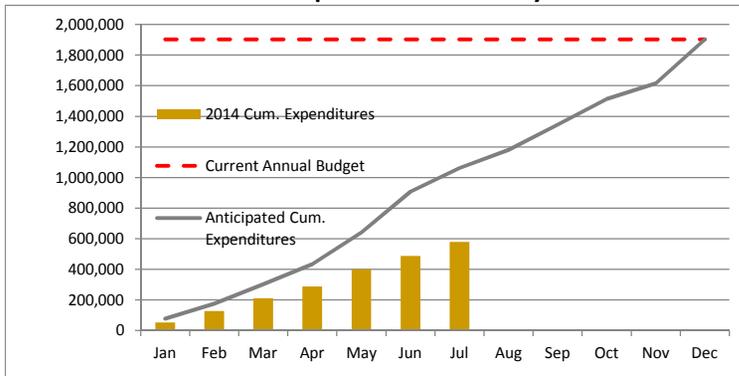
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

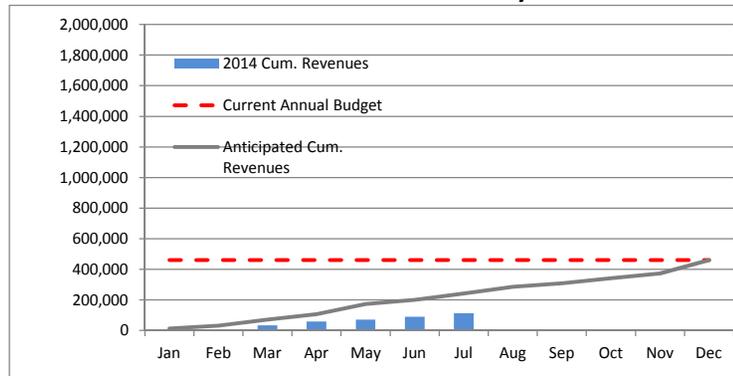
Decreased revenues are likely a result of the fringe reduction that was made by the County for 2013 that was applied in a 2014 claim. In addition spending is tracking lower while the new WIC Director determines areas of need. Funds are currently reserved pending approval of a "renovation project" from the federal government. The program is 100% grant funded.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru July 2014



Cumulative Revenues thru July 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

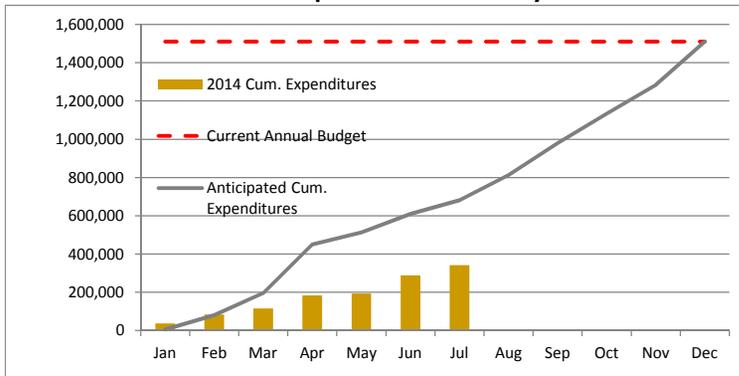
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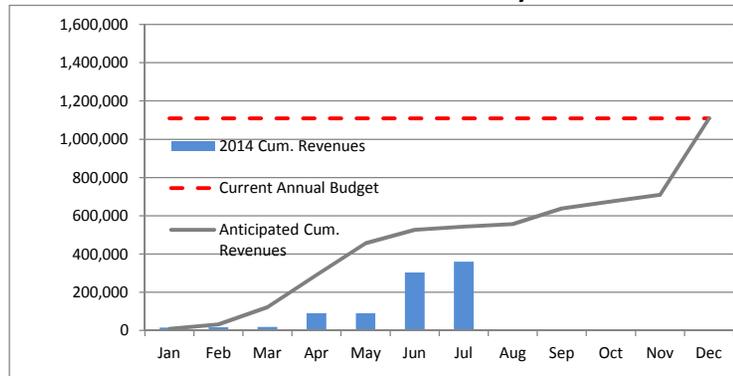
Notes: Staff continue to resolve billing issues and are evaluating the billing to Medicaid Managed Care for MOM's services rendered in the home.

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

Cumulative Expenditures thru July 2014



Cumulative Revenues thru July 2014



Data Lapse:
30 days

Appropriations

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

Revenues

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

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

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

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

Mosquito-Borne Illness

Recently with the identification of a West Nile virus case within our county borders, the subject of mosquitoes and mosquito-borne illness rises to the top of our consciousness once again.

We all know that standing water breeds mosquitoes and that the need to eliminate standing water is a primary method of reducing mosquito-borne illness threats. Standing water commonly is a problem when neglected pools in residential areas are left to breed mosquito larva. Also a problem when tires and other containers that trap water are left to stand in back yards, commercial facilities and also on our farms. Putting rock salt into those tires to contaminate the water with salt is a way of discouraging mosquitoes as well as drilling holes in them or otherwise draining the water. In some areas of the country law enforcement can put an offending person into jail if they fail to remedy a hazard which has been identified.

Diseases that are borne by mosquitoes include West Nile virus as well as malaria, and dengue fever.

With an increase in summer borne diseases comes our consciousness for mosquito control. The public would do well to be aware of these issues and take action to do primary prevention- i.e. eliminate standing water.

As of July 10th the Wadsworth lab reported that there had been a positive mosquito pool in Nassau County and that two West Nile virus positive mosquito pools had been found elsewhere in New York State. The other mosquito-borne illnesses, eastern equine encephalitis, dengue fever and malaria had only been reported in travelers to areas where these diseases are endemic and none were locally acquired.

Under Reporting Cases of Foodborne Illness

It's well known that not all instances of foodborne illness related to restaurant usage are reported to health authorities. The New York City Department of Health and Mental Hygiene took note that patrons were reporting symptoms on the business review website called "Yelp" which had not been reported to the department. The department then investigated the potential of using Yelp to identify unreported outbreaks. The department worked with Columbia University and Yelp itself on a pilot project. From July 1st of 2012 to March 31st of 2013 nearly 300,000 Yelp restaurant reviews were analyzed by a software program that was developed for the project. Of those 893 reviews were deemed interesting enough that a foodborne disease epidemiologist looked them over. Of those 56% described an event that was consistent with a foodborne illness, only 3% of the illnesses referred to in the 468 reviews had been reported directly to the Department of Health. 129 of those 468 reviews were deemed to justify further investigation

resulting in 27 interviews. Three previously unreported restaurant related outbreaks linked to 16 illnesses meet outbreak investigation criteria. Environmental investigation of the 3 restaurants identified multiple food handling violations.

The results did suggest that online restaurant reviews might be a viable strategy to identify unreported outbreaks of foodborne illness and, also, restaurants with deficiencies in food handling. However, it was observed that doing so might require considerable time and resources (editorial note - both of which are short in supply in the public health sector at this point in history).

Comment: One wonders as we go forward if such tactics might become more practical and cost efficient than they are currently.

Smokeless Tobacco Use among Working Adults

Comparing 2005 to 2010 as reported in the Morbidity and Mortality report of June 6, 2014.

We know that smokeless tobacco causes cancers of the oral cavity, esophagus, and pancreas. Its use varies by age, sex and education. It's also been shown that targeted workplace interventions are effective in reducing tobacco use. Between 2005 and 2010 cigarette smoking declined amongst working adults (22% versus 19%). However, smokeless tobacco use did not differ hovering around 3%. Smokeless tobacco use varies widely by industry and occupation going up to nearly 11% in construction and extraction workers (mining). Among working adults who were currently smoking cigarettes the proportion that also used smokeless tobacco was about the same between 2005 and 2010 - around 4%.

There are opportunities for reducing the adverse health effects and economic impact of tobacco use particularly amongst certain industries as mining. The CDC recommended best practices include effective employer intervention such as providing employees health insurance that covers proven cessation treatment strategies and offering easy accessible help for those who want to quit. It is also helpful to establish and enforce tobacco free workplace policies. The lack of reduction in the smokeless tobacco use, the editors reported, might be attributed to the introduction of new smokeless tobacco products into the U.S. marketplace (for example snuff and dissolvable tobacco). Another factor that may be playing a role is increased expenditures to market smokeless tobacco in recent years. Tobacco industry advertising encourages cigarette smokers to use smokeless tobacco as an alternative in locations where conventional smoking is not permitted. There may be also some perceptions that switching to smokeless tobacco is healthier than smoking tobacco. However, it is not a safe alternative and, additionally, there is no scientific evidence showing that switching to smokeless tobacco promotes long term cigarette smoking cessation.

Tobacco Use amongst Adults in 2012-2013

In the years 2012 to 2013 one in five U.S. adults used any tobacco product every day or on some days. If you added in the category of using tobacco products *rarely* the number rose to one in four U.S. adults or about 60 million people.

Notably in April of 2014 the FDA proposed to extend its authority to include the additional products of e-cigarettes, cigars, pipes, water pipes and hookahs. The proposed rule would set a national minimum age for sales; it would require health warnings, tobacco ingredient reporting and also, the listing of harmful and potentially harmful constituents. It would also insure FDA pre-market review of new and changed tobacco products and all marketing of reduced risk products. It would enable future rule making regarding product manufacture, marketing and sales.

The prevalence of 18% for the year 2012 to 2013 was significantly lower than the previous prevalence in 2009-2010 of 19.5%. In spite of the reduction we cannot rest on our laurels because we know that the consequences of smoking include diseases resulting in death that rank in the top five causes for human premature death throughout our country. Thus the findings underscore the importance of continued implementation of proven population based interventions to address all forms of tobacco use.

CDC Reporting on Influenza Activity in 2013-2014

I have been reporting to you through the season about the trends and changes in influenza activity. Now I have a report from the CDC which looks at the season as a whole.

Interestingly in the national scene influenza activity peaked the final week of December whereas, in New York State as a whole that peak was shifted into January.

There was one case during the season of a human infection with a novel influenza A virus in a child in Iowa who had direct exposure to swine. That was the only case in which an animal source was implicated however, and fortunately, that child recovered.

With regard to the predominant strains of virus: influenza A (H1N1) which you will remember from the H1N1 pandemic worries that we had a couple of years ago predominated over all. H3N2 was also reported in the United States, and pH1N1 virus predominated overall for the first time since the 2009 pH1N1 pandemic. However, illness this season with this predominant virus was characterized overall by lower levels of outpatient illness and also of mortality less than seasons that are predominately H3N2. There were higher rates of hospitalization in adults of age group 50-64, however.

As in past years, resistance of viruses to influenza antiviral medications did not surface as an issue this season. Viruses remained sensitive to both recommended drugs which are commonly used and their resistance to older drugs remained unchanged.

For next year 2014-2015 the influenza vaccine will have the same antigen composition as that used in 2013-2014, based on global viral surveillance predictions.

96 laboratory confirmed influenza associated pediatric deaths were reported from 30 different states (18 were in those under 6 months of age, 24 between 6-23 months of age, 8 between 2-4 years, 27 between the ages of 5-11 and finally 19 between 12 years old and 17).

Restaurant Menu Labeling - Who Uses It and Does It Help

A Morbidity and Mortality Weekly Report looking at usage in 2012 gives us some indications. An analysis showed that in 17 states using the survey method in 2012, that among adults who noticed menu labeling information at fast food or chain restaurants, 57% of those indicated that they used them at least some of the time. Men were more likely than women to report using them and use by different age groups, race and ethnicities varied by state. A similar survey conducted in 3 states (Hawaii, Minnesota and Wisconsin) in 2011 revealed that 52% of adults used menu labeling. Previous studies had reported that, when calorie information is available, women are more likely to see and use this information than are men.

The researchers believe that data currently are not available to determine whether menu labeling users choose more *healthy* foods than non users. For persons who want to reduce their caloric intake at a restaurant menu labeling can help them select items with a lower caloric content.

Increasing the appropriate use of menu labeling might be achieved through health communication and social marketing strategies. One study found that a health communication strategy that provided information on the recommended daily caloric requirement, plus menu labeling, significantly reduced total calories consumed during and after the meal by 250 calories. If one reduces their intake by 250 calories for 7 days then one loses a half pound of body weight per week - the recommended weight loss rate to achieve sustained weight loss. Sustained weight loss is the ultimate goal of any health intervention strategy therefore the target of 250 calories is a very meaningful one.

Ebola Virus

The department has sent out to area practitioners CDC recommendations for the evaluation and testing of individuals who may travel to risky areas come back to this region and fall ill. Generally travel to an area where Ebola virus is endemic would be required for one to raise a suspicion of Ebola virus.

The information has been transmitted to all area practitioners and health facilities in an effort to raise awareness of the specific criteria required.

Update on Chikungunya Virus

Chikungunya virus formally was limited to urban areas in Tanzania first identified in 1952. It mostly caused small outbreaks there and also was noted in Asia through the 60's and 70's. With global travel the virus spread to other countries of Africa, India, into the Southeast Asia, Pacific Ocean and also into the Caribbean. The first known cases in the western hemisphere were discovered in October of 2013 in the Caribbean. Subsequent to that, numerous other Caribbean Islands saw over 4 months 31,000 cases. The virus is dependent upon the same mosquito to spread it that transmits dengue fever. The virus does not require any kind of an intermediate animal host. There is no vaccine or specific treatment against the disease. The only interventions available and useful are reducing mosquitoes of the appropriate type, as well as personal protection methods using appropriate clothing and mosquito repellents. In our area the population most likely to encounter this disease is travelers to areas where it is endemic.

August 26, 2014 BOH Meeting

Division for Community Health – July 2014 Highlights

ADMINISTRATION REPORT

Sigrid Larsen Connors, Director of Patient Services (DPS)

Agenda – Approval for two policy revisions (see BOH agenda section)

- **Bloodborne Pathogen Post-Exposure**
- **Tuberculin Skin Test (TST)**

Administration – The DPS:

- Finalized contract with Visiting Nurse Service of Ithaca and Tompkins County (VNS). Their agency will provide program oversight and billing of the TCHD Medicaid Obstetrical Maternal Services (MOMS) program *home visits*. The MOMS program home visits are governed by the NYSDOH Licensed Home Care Services Agency (LHCSA) regulations. As a Certified Home Health Agency VNS is approved to bill Medicaid and Medicaid Managed Care (MMC) insurance. Although TCHD had approved contracts with Total Care and Fidelis MMC companies, NYSDOH issued a January 2014 notice disallowing LHCSA's from billing MMC for home visits. A clinical, billing and quality assurance process is in process to assure appropriate CHHA oversight of the LHCSA services.
- Received USDA approval of ~ \$36,000 in WIC operational funds to renovate the WIC nutrition staff cubicle area. The renovation will replace the cubicle space with a closed modular office system designed by DIRTT Environmental Solutions. The new offices walls will reach to the ceiling and have a lockable door, changes which will improve participant confidentiality and significantly reduce noise levels.
- Assisted WIC Program Director Beth Huber apply for ~ \$32,400 to implement three performance improvement projects. The projects include a multi-county media outreach campaign to increase public awareness and improve participation rates; purchase of enhanced technology and communication systems including a health-message text system and a retention improvement project to reduce participant no-show rate and improve check reimbursement. If funded the projects will begin in the new WIC fiscal year starting October 1.
- Conducted Safety Audit walk-through for the Tompkins County Health Department facility with Health & Safety Coordinator Frank Croteau on July 14. There were no findings.
- Participating in the *Peace of Mind Community Partnership* to develop community based interventions due to the recent increase in syphilis cases, July 24, 31.
- The Community Health Quality Assurance Committee Minutes for March 18, 2014 are attached. Draft June 17 CHQA Meeting Minutes are in review.
- Completed 2nd Quarter 2014 NYSDOH state aid report on nursing activity hours in the Community Health and Health Promotion programs. Report also includes Chronic Disease, Communicable Disease, Injury and Lead Poisoning Prevention, Emergency Preparedness and Community Assessment/Improvement Plan activity hours for the DPS, Health Promotion Program Director and the Planner/Evaluator, July 31.

- Responded to four telephone or email requests for information in July: CNA re-certification; employer Hepatitis B vaccination; CD statistics and telephone interview with college graduate interested in a public health career.
- Training/Meetings
 - *NYS WIC Performance Improvement Projects*, Webinar, July 22
 - *Improving Systems that Serve Vulnerable Populations*, CDC Webinar, July 23

Other Meetings – Senior Leadership (2), Tompkins County Safety (16), Billing & Support (18) and BOH (22).

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

COMMUNITY HEALTH SERVICES – no report

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program

- Set up new Google Group for the new tobacco grant, Ted Schiele – Planner Evaluator
- Met with Cortland County representatives to discuss goals, objectives, and timelines for new Tobacco grant, July 15. Ted Schiele, Theresa Lyczko
- Attended Board of Health meeting to hear and participate in discussion on E-cigarette amendment to local law on indoor air, July 22. Ted Schiele
- Technical Assistance (TA) conference call, July 28. Ted Schiele
- Met with County Legislator Dan Klein to discuss Tobacco Free Tompkins program objectives and tobacco free pharmacies, July 29. Ted Schiele
- Developed poster for Family & Children’s Services new tobacco-free property policy, Ted Schiele

TCHD Participation and Support

- Collected data for 2012-2013 annual report, drafted design template, Ted Schiele
- Immunization: Attended Immunization Coalition meeting, July 1. Met with Karen Bishop to plan outreach for 2014 – 2015 flu season, Theresa Lyczko
- Media budget info to CHS staff for Peace of Mind Community Partnership (POM). Ted Schiele
- Media: Coordinated TCHD ‘s WHCU monthly interview for July with WIC Director highlighting WIC services and emphasis on families, July 25. Theresa Lyczko
- Media: Worked with EH to alert the Dryden community about a rabid bat and the potential exposure of three children. Outreach included press releases, press release postings, and coordinating interviews with staff, July 2 through July 7. Theresa Lyczko
- Assisted the Medical Director with communication to local clinicians about NYSDOH West Nile Virus (WNV) infected mosquitoes in the County as it relates to diagnosis and treatment of WNV. Theresa Lyczko

Web Site Postings

- New page for 2014 Hydrilla treatment; post regular weekly testing updates

Community Outreach

- Creating Healthy Places (CHP) – Met with potential vendor about Health Risk Assessment product and how it might fit in with the Creating Healthy Places program, July 15. Ted Schiele
- CHP -Attended Owing Your Own Health committee (subcommittee of TCOG) meeting, July 16. Discussed building wellness program participation among covered employees. Ted Schiele
- CHP - Wellness Committee meetings: TCHD July 17 and two other worksites, July 17 and 18. Ted Schiele
- CHP - Worked with TCHD staff satisfaction committee to draft sign-out forms for TCHD bicycles that were acquired through the CHP grant. Ted Schiele
- CHP - Webinar: “HEcheck” workplace health evaluation system developed by Tom Golaszewski (SUNY Brockport) July 24. Ted Schiele
- CHP - Quarterly worksite contractors statewide conference call, July 31 – Ted Schiele
- CHP – Friends of Stewart Park (FSP) – Chamber “After Hours” event to promote the Park and FSP projects, July 9. Theresa LYczko
- Met with Cooperative Extension nutrition team coordinator to discuss potential for cooking classes for Diabetes Prevention Program (DPP) participants and how to reach underserved sectors in the community with other nutrition educational initiatives, July 9. Susan Dunlop, Community Health Nurse
- Diabetes Prevention Program at Dryden Family Medicine began on July 17 – the first of 16 weekly sessions. Susan Dunlop and Theresa Lyczko co-facilitated on July 17, 31; Susan on July 24.
- Met with respiratory staff at CMC to develop COPD presentation for Cornell employees in September, July 15. Susan Dunlop

Meetings and Trainings

- Community Coalition for Healthy Youth (CCHY): annual retreat, July 16. Ted Schiele. The CCHY is the core outcome of a federal Drug Free Communities grant held by Tompkins County Youth Services. www.healthyyouth.org
- CCHY Planning committee for Kevin Sabet September event, “Reefer Sanity,” July 18 Ted Schiele. Kevin Sabet, Ph.D., a former senior advisor in the Office of National Drug Control Policy is a national expert on marijuana policy and advocates against legalization. www.tompkinscounty.ny.gov/wellness/sabet-event.
- Developed poster and newspaper ad for Sabet event, Ted Schiele
- “Goals of Weight Loss Therapy and Strategies for Attainment,” Medscape 0.75 C.E., July 7, Susan Dunlop

WIC PROGRAM – no report

ATTACHMENTS

- March 18, 2014 CH QA Committee Meeting Minutes
- Division Statistical Highlights (Clinics and Program Visits) Jan-July 2014
- Communicable Disease Summary Report – Jan-July 2014

Community Health Quality Assurance Committee
March 18, 2014 meeting minutes

Committee Members Present: *Debora Axtell, RN*, Community Health Nurse (CHN), Community Health Services (CHS)/TCHD; *Gail Birnbaum, RN*, CHN, CHS/TCHD; *Sigrid Larsen Connors, RN*, Director of Patient Services/TCHD; *Beth Huber, RD*, WIC Program Director/TCHD; *William Klepack, MD*, TCHD Medical Director/TCHD; *Karen LaCelle, RN*, CHN, CHS/TCHD; *Terri MacCheyne, RN*, Director of Maternal Child Unit/Cayuga Medical Center at Ithaca; *Nancy Schaff, RN*, CHN, CHS/TCHD; *Maureen Reedy*, Child Development Council; *Lori Sibley, RN*, CHN, CHS/TCHD; *Marge Strosnider, NP*, community member/retired and *Kathy Taves, RN*, Team Leader, CHS/TCHD
Guest: *Nanette Scogin, RN*, CHN, CHS/TCHD

Excused: *Karen Bishop, RN*, CHN Supervisor, CHS/TCHD; *Melissa Gatch, RN*, Team Leader, CHS/TCHD and *Tina Snyder*, Nutrition Program Educator/Certified Lactation Counselor/Cornell Cooperative Extension of Tompkins

Welcome: Sigrid Connors welcomed committee members and introduced the new WIC Program Director, Beth Huber.

Approval of September 17 and December 17, 2013 meeting minutes – MOTION – Deb Axtell made a motion to accept the minutes as written, motion seconded by Nancy Schaff and approved unanimously.

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

Incident Reports: 8 incidents from 12/17/13 to 03/17/14 (3 in CHS, 5 in WIC) 5 client related & 3 staff related.

- 1/21 – One yr old fell off chair into metal bookcase. Bump between eyes and scrape/bump by R eye. Parent declined ice or RN assessment. Medical Director 3/11 review suggested use of small child sized chairs. WIC Director evaluated suggestion. WIC does have small chairs in waiting room but there isn't room for additional chairs in offices or cubicles.
- 1/23 – Four yr old pushed measuring board over and broke slider stick off. WIC Director facilitated getting the broken slider fixed and the board measurement recalibrated.
- 1/24 – One yr old tripped over grandmother's foot, hit edge of wall, had bump/bruise on forehead. RN assessed child, bag of frozen peas applied, advised caretaker to monitor S&S of concussion and/or infection and seek medical attention as needed. Medical Director 3/11 review had no additional recommendations.
- 2/10 – Employee entering Reception area had physical reaction to strong odor of Micro-kill wipes that had just been used to wipe the Reception counters. Employee c/o tightness in chest, cough and difficulty breathing which was quickly relieved by going outside. Employee was then able to return to work. Employee advised to seek medical attention if any return of symptoms. Micro-kill wipes removed from Reception and replaced with house grade Lysol wipes. CHS Supervisor to remind staff to vacate the clinic rooms after wiping tables with Micro-kill and to follow product instructions.
- 2/19 – WIC ppt reported lost or stolen checks. Staff sent appropriate report to state. WIC Director on review learned 'stop payment' not placed on checks. Director verified the checks had not been redeemed and completed stop payment process. Director reviewed appropriate procedure with staff to remind them of need to stop payment. In follow-up to questions the Director reviewed WIC policies on handling reports of lost and stolen checks.
- 2/20 – Employee slipped in parking lot on black ice, scraped knee, twisted L ankle. First aid self-applied, advised to seek medical attention if needed. No lost work time. Facilities alerted to salt parking lot.

Incident Reports continued

- 2/28 – Employee moved to new office, ergonomic evaluation completed 3/14 with no changes recommended.
- 3/14 – Ppt issued breast pump 10/30/13. Baby was transferred to Rochester hospital 12/16. Ppt mother telephoned 12/23 with inquiry about transferring to Rochester WIC program. Clerk explained pump would need to be returned before transfer. 2/14 telephone call found ppt telephone had been disconnected. 3/11 WICSIS inquiry found ppt had not enrolled in Rochester WIC. CPA reported case to BSI 3/14 for investigation.

Committee recommendation: *Committee agreed with actions taken.*

Client Complaints – HIPAA Breach

CHS – 2/20/14 – CHS CHN Supervisor (CHNS) received 2/25/14 TC from client who reported TCHD released hospital records to TP3 without her authorization. CHNS investigation found employee faxed referral to TP3 on 2/20/14 due to hospital's referral for social worker. Employee didn't realize there was no authorization in record. CHNS reviewed consent form and disclosure of record procedure with employee who expressed understanding. TP3 requested to shred documents and agreed to do so. CHNS spoke with client and apologized for the agency error. Disclosure of Protected Health Information identified as a HIPAA breach and reported to Public Health Director and Tompkins County Healthcare Security and Privacy Officer. County policy Breach Incident Form completed 3/3/14. A letter acknowledging the PHI disclosure mailed to client 3/3/14 following Client Complaint policy and HIPAA notification requirements. Incident will be reviewed at 3/5/14 CHS Team Meeting. Medical Director reviewed incident report and agreed with actions taken.

Committee recommendation: *Committee discussed the authorization process at TP3. Sigrid recommended CHS staff obtain authorization for release of information at the time of admission when appropriate. CHS staff needs client's authorization to release health and identifiable information to any human service agency or organization which is not a covered entity. Covered entities include health providers, hospitals, labs and pharmacies. Committee agreed with actions taken.*

WIC Report – Beth Huber reported on QA activities from December 2013 – March 18, 2014

- NYS designed new QA forms for FFY14. Focal Area is on providing participant (ppt) centered nutrition services. At least 2 evaluations need to be documented during the year (1 supervisor and 1 self)
- NYS WIC Quarterly Chart Review Results: 1st Quarter (15 charts queried).
 - 100% Compliance in documentation of HRCP, Medical Documentation, Peer Counseling Referrals and Secondary Nutrition Education appointments.
- New Policy and Procedure in place for breast pump assessment and issuance. Created in collaboration with Karen Bishop and the CHS nurses as well as WIC team. This process follows new NYS WIC directive for breast pump issuance which requires using the "Breast Pump Assessment and Justification Form".
- 3 NYSDOH Site Surveys in March. 3/6/14 – Temporary Site in Newfield and a 3/11/14 Permanent Site at TCHD (Nancy Mendillo and Pat Chambers). Local agency training logs and exposure control plan were reviewed. Participant centered nutrition education skills were observed and clinic space evaluated. Initial feedback was positive. Written report to follow.

Lead Poisoning Case Reviews – Kathy Taves reviewed three active cases all previously reported

Case #1 – Two year old initially identified with blood lead level (BLL) 65 mcg/dL on 4/25/13 requiring immediate hospitalization for chelation. Blood lead level is now 24 mcg/dL. Child Protective and CSCN involved. Case management coordinated with primary care provider and Lead Resource Center. Next repeat BLL due in April. Mother reported she wants to spend more time with child is considering moving to apartment in Tompkins County. EH visited this proposed apartment, identified lead hazards, and recommended remediation to the landlord who is hesitant to address. Child cannot be present in this apartment until cleared by EH. Plan: Continue case management services until case meets closure criteria.

Lead Poisoning Case Reviews continued

Gail Birnbaum noted the family had the child retested in March with a result of 23 mcg/dL, although the BLL is still high, other lab test markers have shown improvement. Per state recommendations the test will be repeated in June.

Case #2 – Two year old with initial blood lead level 25 mcg/dL on 8/2/13. Child had history of residing in two residences where multiple lead hazards were found. Required remediation by the landlords of both residences and moving child to lead safe home. Last BLL on 01/10/2014 was 12 mcg/dL. Repeat BLL due in April 2014. Plan: Keep case open to case management services until case meets closure criteria.

Case #3 – One year old with initial blood lead level 11 mcg/dL on 11/01/13. No lead sources found in primary home. Parents believe source was in grandparents home and refuse follow up by the health department in either home. Repeat BLL due in February but not done. Reminder letter sent to parent and MD office. Plan: Keep case open to ensure repeat lead testing done and discharge case when meets case closure criteria. *In response to a question Gail said in this case the child's health care provider has responsibility for follow-up. Dr. Klepack said the provider attempts to establish trust and leverage the relationship to get the family to understand that testing is in the child's best interest. If MD unable to obtain family compliance and the child is at risk a CPS referral will be made. In response to another question Gail noted landlords are not subject to fines but public health laws demand remediation which EH regulates and enforces. Sometimes the landlord may only be required to provide a letter of disclosure regarding lead in the rental; however, Section 8 requires all housing for children be lead safe.*

Committee Recommendations: Committee agreed with plans for all cases and had no additional recommendations.

Infection Control Report – Melissa Gatch sent report of the December 20, 2013 **Annual Infection Control Committee Meeting**. Topics included review of the clinic and vaccine room monthly infection control log which RN's use to document compliance with the cleanliness, disinfection, hand hygiene, sharps disposal and verifying that they are without complaint of communicable disease. The Committee put several items on the workplan; to merge several policies addressing universal precautions into one infection control policy including how to respond to clients and staff presenting with signs and symptoms of infectious disease and ideas on providing more infection control education to staff and providers. CHN Nanette Scogin, new in September now has responsibility for maintaining and updating the staff TB screening procedures. Lastly the Committee discussed need to expand the Influenza Vaccination and Prevention policy and procedure to include WIC, Reception and Vitals staff.

Committee Recommendations: continue as planned.

Member Updates

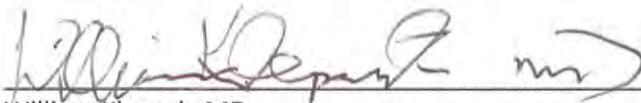
- TP3/Maureen Reedy – Caseloads are high (~150), they may need to institute a wait list but Maureen asked CHS RN's to continue to refer clients, especially high-risk clients. They are seeing an increase in heroin substance abuse either with the client or family unit. Also seeing increase in "cutting", information they may learn only after trust is established. They refer clients to mental health for counseling and sometimes refer to Advocacy Center when sexual abuse is reported. TP3 continuing with the family DSS partnership grant program. TP3 worker goes with CPS worker to follow-up on low-risk Child Protective Service (CPS) reports. CPS may close case and TP3 will continue to work with family. For example, one teen accepted referrals for dental, orthopedic and mental health which they might not have accepted from DSS worker.
- WIC/Beth Huber – Reported on a multi-million dollar fraud case in NYC, WIC formula for participants (ppts) was being sold illegally. Ppts must now go to a vendor with a pharmacy to obtain WIC formula. It was suggested that WIC list the 12 vendors on their website, Beth will follow-up.

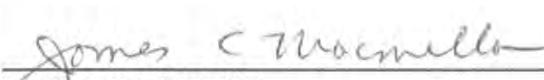
Member Updates continued

- CMC/Terri MacCheyne – They are interviewing to fill the MSW vacancy. She is pleased to report they now have two neonatologists MD's on staff. CMC expects the new Maternal OB unit will open in June with ~ 20 rooms. The NYSDOH "Great Beginnings" breastfeeding initiative started in October, for CMC it is not a change but an acknowledgement of their pro-BF procedures. CMC also seeing increased incidence of heroin, Subutex, cocaine and prescription drugs, use of bath salts and meth though has declined. Newborns testing drug positive sometimes need up to a 3 week hospitalization to wean them from the drugs. Terry reported some partners coerce the woman to ask for drugs at MD office and unfortunately there are several MD's outside of the county with questionable prescribing practices. CMC assesses mothers arriving for delivery to determine who might need drug testing.
- MOMS/Lori Sibley – Reported MA applications are now done on NYSDOH online system instead of with the local DSS and there is a lot of confusion regarding eligibility between the state and local DSS. Also, communication with the online application is very difficult because they have to call a 800 phone number and local DSS cannot help them, the client has to talk with the state. She thinks the online system is not steering pregnant women to the local DSS to apply for presumptive eligibility (which is handled by the local DSS). She is finding that women are waiting until they get their MA approved which may take a few months hence delaying their prenatal care. She is following up with DSS and providers. Also, the local CAPS Network is no longer participating with BCBS Excellus MA. MOMS' clients with Excellus in Seneca County now must seek OB care and delivery in Canandaigua or Newark, NY. These are women with limited transportation resources as it is and now they must travel farther. Lori noted there are no MOMS programs in Seneca, Schuyler, Tioga and Cayuga Counties. She is assisting out-of-county clients who are planning to deliver at CMC complete the Medicaid applications. Dr. Klepack suggested public education via the WHCU radio program and Weekly Shoppers to encourage pregnant women to call for information about coverage. Sigrid will follow-up with Karen Bishop on his suggestions.
- TCHD/Nanette Scogin – The HIV testing & counseling information is now updated on the TCHD website. She is also planning to update the STD information on the website.

Next meeting: June 17, 2014

Respectfully submitted,
Sigrid Larsen Connors, Director of Patient Services
June 18, 2014

 Date 7/15/14
William Klepack, MD
Medical Director, Tompkins County Health Department

 Date 7/22/2014
James Macmillan, MD
President, Tompkins County Board of Health

Division for Community Health

Clinic Statistical Highlights 2014

| Community Health Services | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD 2014 | YTD 2013 | Total 2013 |
|--|-------|-------|-------|-------|-------|-------|------|-----|------|-----|-----|-----|----------|----------|------------|
| Clinics | | | | | | | | | | | | | | | |
| # of Immunization Clients | 24 | 21 | 15 | 16 | 21 | 17 | 25 | | | | | | 139 | 123 | 272 |
| # of Immunizations Given | 35 | 35 | 28 | 24 | 31 | 22 | 39 | | | | | | 214 | 171 | 434 |
| Children 0 - 19 yrs. | 18 | 24 | 23 | 20 | 23 | 6 | 29 | | | | | | 143 | 104 | 321 |
| Adults 20 yrs. & over | 17 | 11 | 5 | 4 | 8 | 16 | 10 | | | | | | 71 | 76 | 113 |
| # of Flu Immunizations | 48 | 9 | 2 | 1 | 1 | 0 | 0 | | | | | | 61 | 2 | 971 |
| Rabies Vaccination Program | | | | | | | | | | | | | | | |
| Post-Exposure Clients | 1 | 4 | 0 | 8 | 11 | 11 | 14 | | | | | | 49 | 41 | 91 |
| Post-Exposure Vaccinations | 3 | 8 | 0 | 16 | 19 | 22 | 31 | | | | | | 99 | 118 | 210 |
| Tuberculosis Program | | | | | | | | | | | | | | | |
| Cumulative Active TB clients | 0 | 0 | 0 | 2 | 2 | 2 | 2 | | | | | | 2 | 3 | 3 |
| Active TB Admissions | 0 | 0 | 0 | 2 | 0 | 0 | 0 | | | | | | 2 | 1 | 1 |
| Active TB Discharges | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 2 | 3 |
| Cumulative Latent TB Infection Clients | 7 | 9 | 9 | 9 | 9 | 9 | 11 | | | | | | 11 | 40 | 42 |
| Latent TB Infection Admissions | 1 | 2 | 0 | 0 | 0 | 0 | 2 | | | | | | 5 | 10 | 12 |
| Latent TB Infection Discharges | 1 | 1 | 0 | 0 | 0 | 0 | | | | | | | 2 | 20 | 27 |
| TB Direct Observe Therapy Visits | 0 | 0 | 0 | 27 | 38 | 37 | 31 | | | | | | 133 | 176 | 251 |
| # of Tuberculosis Screening Tests** | 18 | 32 | 35 | 21 | 10 | 31 | 15 | | | | | | 162 | 262 | 532 |
| Anonymous HIV Clinics | | | | | | | | | | | | | | | |
| # of HIV Clinics - including Walk-Ins | 5 | 6 | 8 | 9 | 9 | 11 | 11 | | | | | | 59 | 40 | 71 |
| # of Counseled & Tested | 5 | 4 | 7 | 15 | 12 | 11 | 9 | | | | | | 63 | 48 | 84 |
| HIV+ Eliza & Western Bloc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 0 | 0 |
| WIC | | | | | | | | | | | | | | | |
| Newly Enrolled | UA | UA | 50 | 46 | 51 | 37 | UA | | | | | | 184 | N/A | N/A |
| Total Participants Served | UA | UA | 541 | 612 | 577 | 468 | UA | | | | | | 2198 | N/A | N/A |
| Participants w/Active Cks* | 1458 | 1445 | 1479 | 1441 | 1438 | 1395 | UA | | | | | | 1443 | 1532 | 1507 |
| Total Enrolled* | 1736 | 1720 | 1713 | 1721 | 1736 | 1722 | UA | | | | | | 1725 | 1793 | 1797 |
| No-Show Rate (%) | 15.7% | 16.0% | 13.7% | 16.2% | 17.6% | 18.9% | UA | | | | | | 16.3% | 14.08% | 15.33% |
| % Active Participation | 73.0% | 72.3% | 73.4% | 72.1% | 71.9% | 69.7% | UA | | | | | | 72.1% | 77.0% | 75.58% |
| % Caseload Target *2000 FY14 | UA | UA | 85.6% | 86.1% | 86.8% | 86.1% | UA | | | | | | 86.2% | 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 | 296 | 333 | 346 | | | | | | 346 | 374 | 513 |
| # of Admissions | 29 | 24 | 25 | 35 | 25 | 17 | 27 | | | | | | 182 | 225 | 354 |
| # of Discharges | 38 | 24 | 34 | 28 | 27 | 33 | 34 | | | | | | 218 | 193 | 351 |
| Maternal & Infant Health - Office Visit* | 31 | 27 | 22 | 32 | 35 | 31 | 36 | | | | | | 214 | 234 | 382 |
| Maternal & Infant Health - Home Visit* | 84 | 60 | 84 | 76 | 52 | 51 | 59 | | | | | | 466 | 588 | 980 |
| Preventative Child Health >1 Yr | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 0 | 0 |
| Total # of Home & Office Visits | 115 | 87 | 106 | 108 | 87 | 82 | 95 | | | | | | 680 | 822 | 1362 |
| # of RN Visit Hours | 132 | 103 | 123 | 115 | 79 | 88 | 102 | | | | | | 742 | 562 | 1175 |
| # of Childbirth Education Classes | 1 | 2 | 3 | 0 | 3 | 0 | 2 | | | | | | 11 | 9 | 15 |
| # of Childbirth Education Moms | 7 | 7 | 7 | 0 | 10 | 0 | 5 | | | | | | 36 | 25 | 49 |
| On Call Visits | | | | | | | | | | | | | | | |
| Maternal Child On Call Visits | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 3 | 5 |
| Rabies On Call Vaccinations | 1 | 4 | 0 | 0 | 1 | 3 | 1 | | | | | | 10 | 17 | 30 |
| TB Direct Observe Therapy On Call Visits | 0 | 0 | 0 | 4 | 2 | 0 | 0 | | | | | | 6 | 3 | 3 |

| 2014 Log of Public Contacts* (Via Telephone or Email) For Community Health Services | | | | | | | | | | | | | 2014 Total | 2013 Total | 2012 Total |
|--|------------|------------|------------|------------|------------|------------|------------|----------|----------|----------|----------|----------|-------------------|-------------------|-------------------|
| Communicable Disease (including STD, HIV, Rabies and TB) | 134 | 134 | 107 | 112 | 142 | 133 | 132 | | | | | | 894 | 1934 | 2182 |
| Immunization Appointments | 164 | 86 | 95 | 94 | 88 | 77 | 78 | | | | | | 682 | 1853 | 1460 |
| Maternal Child/Family/MOMS | 378 | 317 | 310 | 318 | 284 | 319 | 325 | | | | | | 2251 | 3520 | 4127 |
| Miscellaneous | 51 | 52 | 45 | 49 | 47 | 58 | 62 | | | | | | 364 | 543 | 472 |
| Total | 727 | 589 | 557 | 573 | 561 | 587 | 597 | 0 | 0 | 0 | 0 | 0 | 4191 | 7850 | 8241 |

All statistics are considered preliminary as data is continually collected and updated.

UA = Unavailable at this time

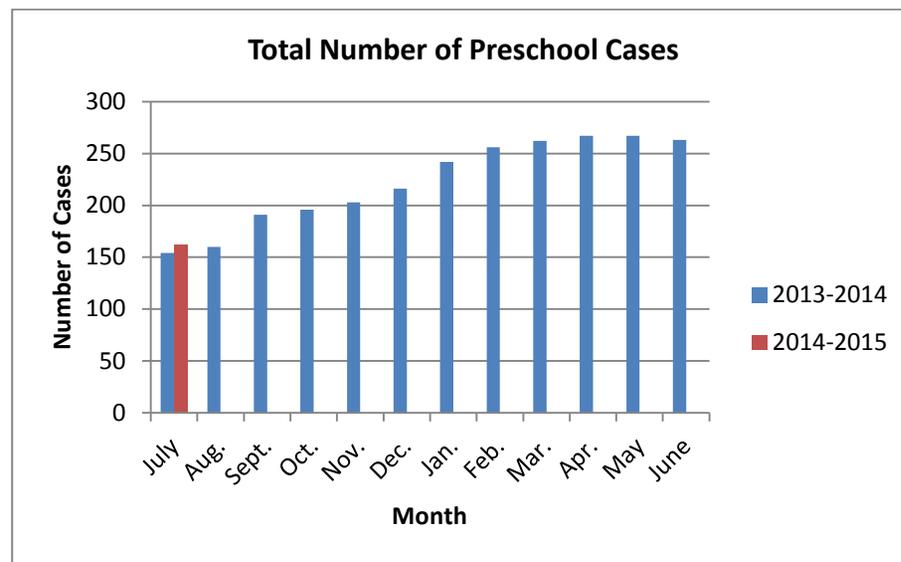
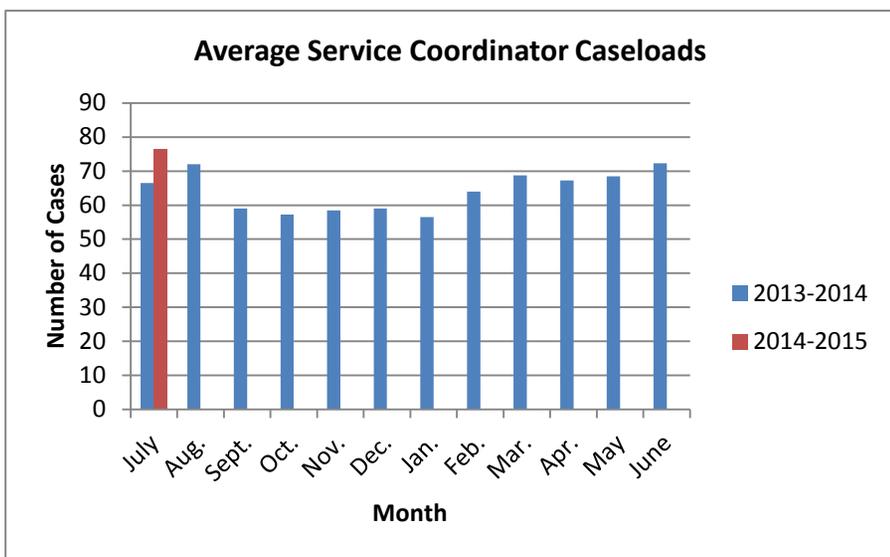
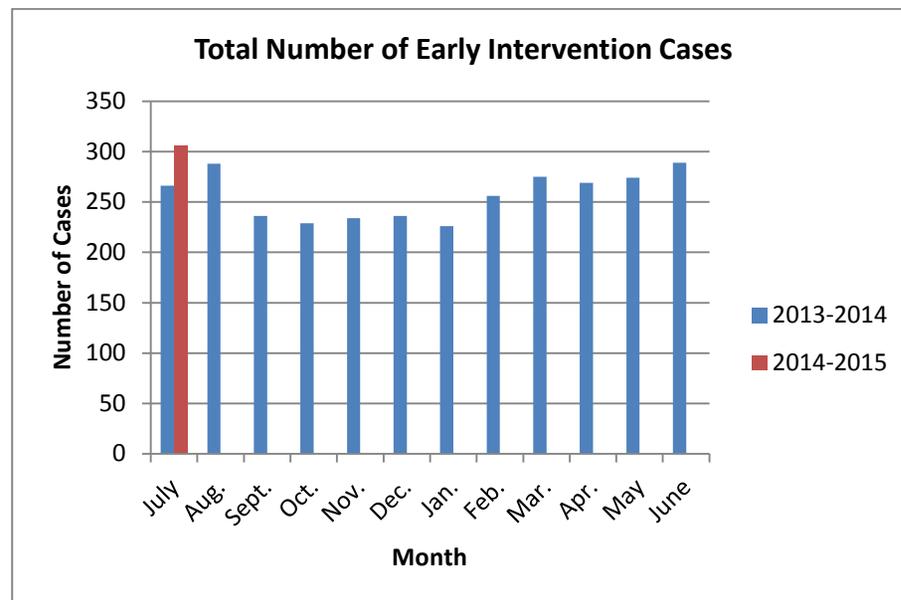
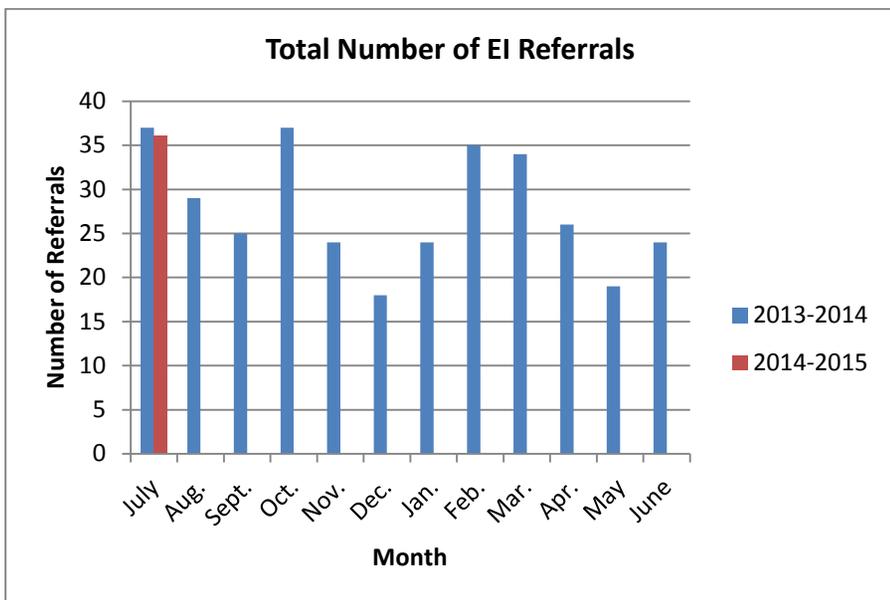
Due to State Aid reimbursement directives - visit descriptions changed effective April 1, 2014

| TOMPKINS COUNTY, N.Y. | 2014 Communicable Disease Report | | | | | | | | | | | | | | |
|---|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|--------|-----|
| DISEASE | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | 2014 | 2013 | |
| | | | | | | | | | | | | | TOTALS | TOTALS | |
| AIR-BORNE ENVIRONMENTAL DISEASE | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| LEGIONELLOSIS | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| ARTHROPODA-BORNE DISEASES | 1 | 1 | 3 | 0 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 36 |
| ANAPLASMOSIS | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| BABESIOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| *LYME DISEASE | 1 | 1 | 3 | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 34 |
| MALARIA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| BLOODBORNE DISEASES | 9 | 10 | 10 | 8 | 8 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51 | 63 |
| HEPATITIS C, ACUTE | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 |
| HEPATITIS C, CHRONIC | 9 | 9 | 10 | 8 | 7 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49 | 59 |
| CENTRAL NERVOUS SYSTEM DISEASES | 0 | 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 | 0 |
| GASTROINTESTINAL ILLNESSES | 4 | 6 | 3 | 11 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 74 |
| BACTERIAL | 1 | 3 | 1 | 8 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 47 |
| CAMPYLOBACTERIOSIS | 1 | 3 | 1 | 3 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 20 |
| E. COLI 0157:H7 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 |
| LISTERIOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| SALMONELLOSIS | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 15 |
| SHIGELLOSIS | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| YERSINIOSIS | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| PARASITIC | 1 | 3 | 2 | 3 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 | 27 |
| AMEBIASIS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| CRYPTOSPORIDIOSIS | 1 | 2 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 12 |
| CYCLOSPORIASIS | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| GIARDIASIS | 0 | 1 | 1 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 14 |
| MYCOBACTERIUM AGENTS | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |
| TUBERCULOSIS | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |
| RABIES EXPOSURE | 3 | 8 | 0 | 16 | 19 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 68 | 96 |
| ADMINISTERED @ TCHD | 3 | 8 | 0 | 16 | 19 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 68 | 87 |
| ADMINISTERED @ GANNETT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| SEXUALLY TRANSMITTED DISEASES | 24 | 18 | 31 | 33 | 25 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 155 | 314 |
| CHLAMYDIAL INFECTIONS | 19 | 18 | 30 | 30 | 20 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 138 | 268 |
| GONORRHEA | 5 | 0 | 0 | 2 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 45 |
| LYMPHOGRANULOMA VENEREUM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SYPHILIS, INFECTIOUS | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 1 |
| INVASIVE DISEASES, NOT VACCINE PREV. | 2 | 1 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 10 |
| STREPT GROUP A | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| STREPT GROUP B | 2 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 8 |
| VACCINE PREVENTABLE DISEASES | 1 | 2 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 27 |
| DIPHTHERIA | 0 | 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 | 0 |
| HEPATITIS A | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| HEPATITIS B, ACUTE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| HEPATITIS B, CHRONIC | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 6 |
| MEASLES | 0 | 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 | 0 |
| PERTUSSIS | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10 |
| RUBELLA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STREPT PNEUMO, INVASIVE | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 7 |
| TETANUS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MISCELLANEOUS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| GRAND TOTAL OF REPORTS | 44 | 46 | 49 | 73 | 66 | 62 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 340 | 625 |

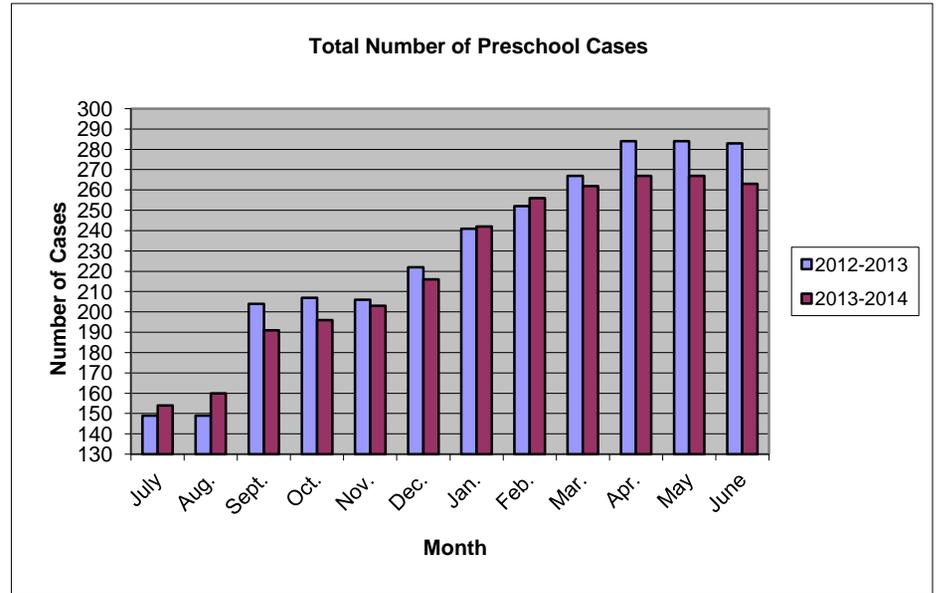
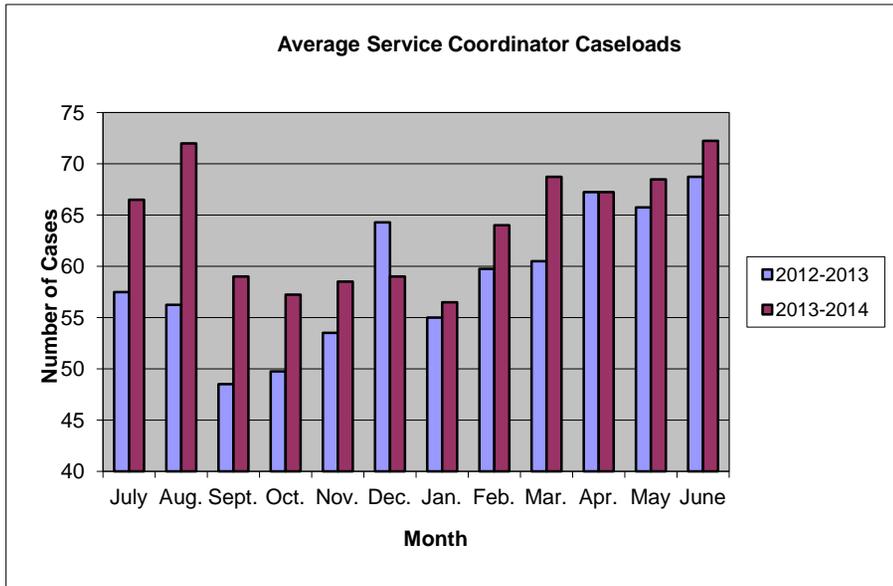
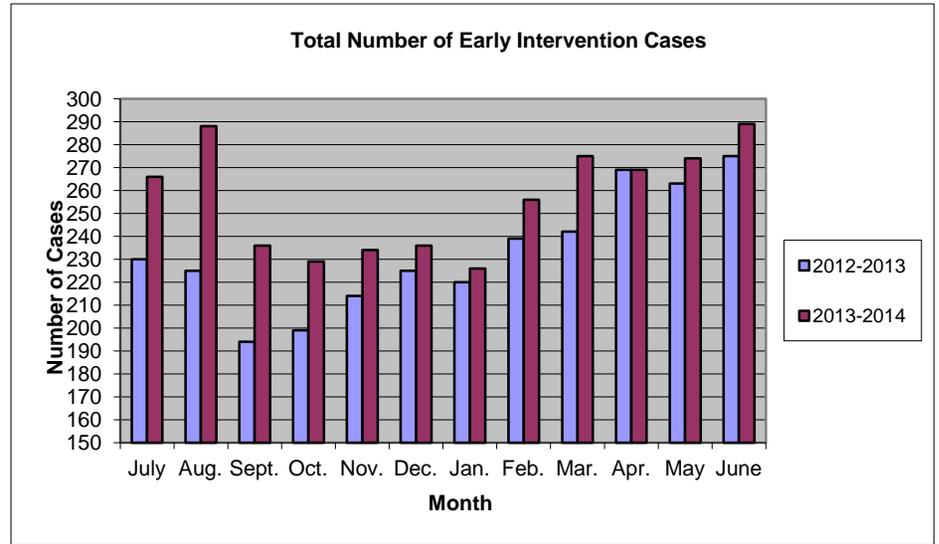
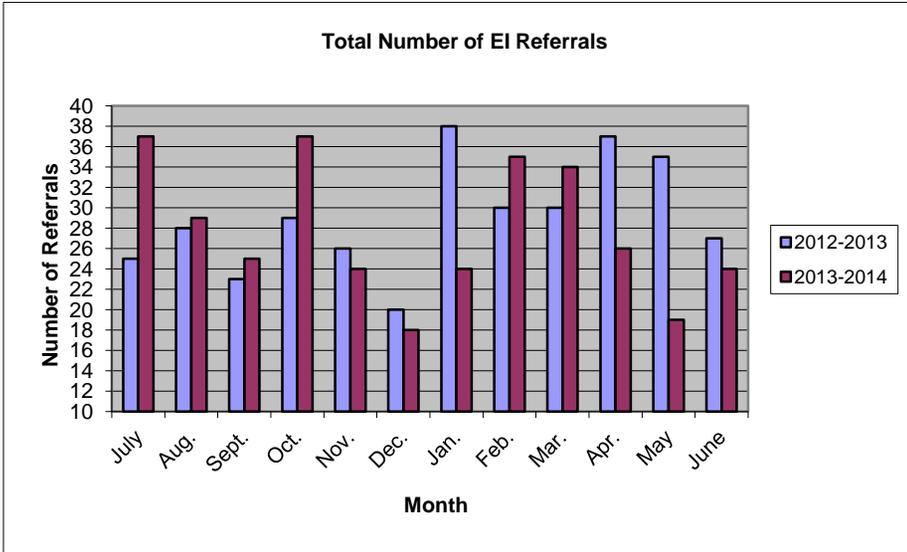
*Due to high incidence, Tompkins Co. designated "sentinel county" by NYSDOH, only 20% of reported lab confirmed cases are investigated.

8/18/14

Statistics Based on Program School Year



Statistics Based on Program School Year



| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|---|------|-----|-------|-------|------|-------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014 Totals | 2013 Totals |
| Early Intervention Program | | | | | | | | | | | | | | |
| Number of Program Referrals | 24 | 35 | 34 | 26 | 19 | 24 | 36 | 0 | 0 | 0 | 0 | 0 | 198 | 367 |
| Initial Concern/reason for referral: | | | | | | | | | | | | | | |
| -- Birth/Medical History | | | | | | | | | | | | | 0 | 0 |
| -- DSS Founded Case | | 1 | | | | | 1 | | | | | | 2 | 10 |
| -- Drug Exposure in Utero | | | 1 | | | | | | | | | | | |
| -- Failed MCHAT Screening | | | | | | | | | | | | | 0 | 0 |
| -- Gestational Age | 2 | 2 | 1 | | | | 2 | | | | | | 7 | 16 |
| -- Gestational Age & Hearing | | | 1 | | | | | | | | | | 1 | 0 |
| -- Gestational Age & Weight | | | | | | 1 | | | | | | | | |
| -- Global Delays | 2 | 2 | | | 3 | 1 | 1 | | | | | | 9 | 4 |
| -- Hearing | 1 | | | | | | | | | | | | 1 | 2 |
| -- Physical | | | | | | | | | | | | | 0 | 0 |
| -- Feeding | 1 | | 3 | 1 | | | | | | | | | 5 | 11 |
| -- Gross Motor | 5 | 9 | 8 | 5 | 4 | 5 | 5 | | | | | | 41 | 74 |
| -- Gross Motor & Feeding | | 1 | | | | | | | | | | | 1 | 3 |
| -- Gross Motor & Fine Motor | 1 | | | | | | | | | | | | 1 | 4 |
| -- Gross Motor & Social Emotional | | | | | | | | | | | | | 0 | 3 |
| -- Gross Motor & Vision | | | | | | 1 | | | | | | | | |
| -- Fine Motor | | | | | 1 | | 1 | | | | | | 2 | 3 |
| -- Fine Motor & Cognitive | | | | | 1 | | | | | | | | | |
| -- Fine Motor/Vision | | | | | | | | | | | | | 0 | 0 |
| -- Social Emotional | | | 1 | | | 1 | 1 | | | | | | 3 | 15 |
| -- Social Emotional & Adaptive | | | | | | 1 | | | | | | | 1 | 3 |
| -- Social Emotional & Cognitive | | | | | | | | | | | | | 0 | 0 |
| -- Social Emotional & Feeding | | | | | | | | | | | | | 0 | 1 |
| -- Social Emotional & Vision | | | | | | | | | | | | | 0 | 0 |
| -- Speech | 6 | 13 | 11 | 14 | 7 | 8 | 15 | | | | | | 74 | 127 |
| -- Speech & Adaptive | | | 1 | | | | | | | | | | 1 | 0 |
| -- Speech & Cognitive | | | | | | | | | | | | | 0 | 1 |
| -- Speech & Fine Motor | 1 | | | | | 1 | 1 | | | | | | 3 | 0 |
| -- Speech & Gross Motor | 3 | 2 | 3 | 1 | | 2 | 4 | | | | | | 15 | 11 |
| -- Speech & Social Emotional | 1 | 2 | 2 | 5 | 2 | | 1 | | | | | | 13 | 14 |
| -- Speech & Feeding | | | | | | 1 | 1 | | | | | | 2 | 4 |
| -- Speech & Hearing | | | | | | | | | | | | | 0 | 2 |
| -- Adaptive | | | | | | | | | | | | | 0 | 1 |
| -- Adaptive/Feeding | | 2 | | | | | | | | | | | 2 | 5 |
| -- Vision | | | | | | 1 | | | | | | | 1 | 0 |
| -- Qualifying Congenital / Medical Diagnosis | | 1 | | | | | 1 | | | | | | 2 | 15 |
| -- Child Find (At Risk) | 1 | | 2 | | 1 | 1 | 2 | | | | | | 7 | 33 |
| Total # of clients qualified and receiving svcs | 210 | 218 | 231 | 248 | 255 | 260 | 269 | | | | | | | |
| Total # of clients pending intake/qualification | 16 | 38 | 44 | 21 | 19 | 29 | 37 | | | | | | | |
| Total # qualified and pending | 226 | 256 | 275 | 269 | 274 | 289 | 306 | 0 | 0 | 0 | 0 | 0 | | |
| Average # of Cases per Service Coordinator | 56.5 | 64 | 68.75 | 67.25 | 68.5 | 72.25 | 76.5 | 0 | 0 | 0 | 0 | 0 | | |
| # of Family/Client visits | | | | | | | | | | | | | | |
| -- Intake visits | 17 | 33 | 24 | 26 | 19 | 22 | 23 | | | | | | 164 | 293 |
| -- Introduction Visits | | | | | | | | | | | | | 0 | 0 |
| -- IFSP Meetings | 47 | 39 | 58 | 61 | 53 | 34 | 58 | | | | | | 350 | 471 |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014 Totals | 2013 Totals |
| -- Supplemental Evaluations | 9 | 7 | 5 | 8 | 13 | 4 | 5 | | | | | | 51 | 74 |
| Type: | | | | | | | | | | | | | | |
| -- Audio | 1 | 1 | 2 | | | | | | | | | | 4 | 14 |
| Early Intervention Program (continued) | | | | | | | | | | | | | | |
| -- Feeding | 1 | | | | | | | | | | | | 1 | 1 |
| -- Occupational Therapy | 6 | 1 | 3 | 4 | 5 | 3 | 1 | | | | | | 23 | 37 |
| -- Physical Management Clinic | | | | | | | | | | | | | 0 | 0 |
| -- Physical Therapy | 1 | 1 | | 1 | 3 | 1 | 1 | | | | | | 8 | 7 |
| -- Psychological | | 1 | | | | | | | | | | | | |
| -- Social Emotional | | | | | | | | | | | | | 0 | 3 |
| -- Speech Therapy | | 3 | | 3 | 5 | | 3 | | | | | | 14 | 12 |
| -- Vision | | | | | | | | | | | | | 0 | 0 |
| Autism Spectrum | | | | | | | | | | | | | | |
| -- Children currently diagnosed: | 1 | 2 | 3 | 3 | 3 | 3 | | | | | | | | |
| -- Children currently suspect: | 19 | 18 | 21 | 19 | 19 | 18 | | | | | | | | |
| Children with 'Other' Diagnosis | | | | | | | | | | | | | | |
| -- Agenesis Corpus Collosum | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Bronchopulmonary Displasia (BPD) | 3 | 3 | 1 | 2 | 2 | 2 | 1 | | | | | | | |
| -- Cardiac Anomalies | | 2 | 1 | 1 | 1 | 1 | | | | | | | | |
| -- Cerebral Palsy (CP) | 4 | 4 | 1 | 2 | 2 | 3 | 2 | | | | | | | |
| -- CP with Hearing-Vision Loss | | | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Chromosome 22Q Deletion | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Cleft Lip/Palate | 3 | 2 | 2 | 3 | 3 | 4 | 2 | | | | | | | |
| -- Congenital Anomaly | 2 | | | | | | | | | | | | | |
| -- Congenital Hand Deformity | | | | | | | | | | | | | | |
| -- Craniosynostosis | | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Crouzon Syndrome | | | | 1 | 1 | 1 | 1 | | | | | | | |
| -- Cyclic Neutropenia | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Down Syndrome | 3 | 3 | 2 | 3 | 3 | 2 | 3 | | | | | | | |
| -- Failure to Thrive | | | | 1 | 1 | 1 | 1 | | | | | | | |
| -- Femoral Anteversion | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Gastroesophageal reflux disease (GERD) | | | | | | | 1 | | | | | | | |
| -- Genetic Disorders | | | | | 3 | 2 | 2 | | | | | | | |
| -- Hearing/Vision Loss | 1 | | | | 2 | 1 | 1 | | | | | | | |
| -- Hydrocephalus | 1 | | 2 | 2 | 3 | 1 | 2 | | | | | | | |
| -- Hydrocephaly (benign) | 1 | 3 | | 1 | | 2 | 1 | | | | | | | |
| -- Hydronephrosis | 1 | 3 | 2 | 4 | 4 | 1 | 3 | | | | | | | |
| -- Hypotonia -- Severe | | | | | | | | | | | | | | |
| -- Juvenile Diabetes | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Juvenile Rheumatoid Arthritis | 1 | 1 | | 1 | | | 1 | | | | | | | |
| -- Laryngomalacia | 1 | | | | | | | | | | | | | |
| -- Left Side Weakness | | | | | | | | | | | | | | |
| -- Leg Abnormality | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | |
| -- Metabolic Disorder | | | | | | | | | | | | | | |
| -- Microcephaly | 1 | 1 | 1 | | 1 | 1 | 1 | | | | | | | |
| -- Microtia Atresia | | | | | | | | | | | | | | |
| -- Musculoskeletal Anomaly | | | | | | | | | | | | | | |
| -- Nasal Encephalocele | | | | | | | | | | | | | | |
| -- Neurofibromatosis Type 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|--|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014 Totals | 2013 Totals |
| -- Optic Nerve Hypoplasia | | | | | | 1 | | | | | | | | |
| -- Prematurity | 16 | 14 | 19 | 17 | 18 | 18 | 16 | | | | | | | |
| -- Prematurity (Micro) | 4 | 4 | 3 | 6 | 7 | 4 | 6 | | | | | | | |
| -- Prematurity with 3 Failed ABRs | | | | 1 | | | | | | | | | | |
| -- Radial Nerve Palsy | | | | | | | | | | | | | | |
| Early Intervention Program (continued) | | | | | | | | | | | | | | |
| -- Retinopathy of Prematurity (ROP) | | | | | 2 | 2 | | | | | | | | |
| -- Sensorineural Hearing Loss | | | 1 | 1 | 1 | 1 | | | | | | | | |
| -- Spina Bifida | | | | | | | | | | | | | | |
| -- Tay Sachs Disease | | | | | | | | | | | | | | |
| -- Temporal & Frontal Subdural Hematomas | | | | | | | | | | | | | | |
| -- Torticollis | 5 | 5 | 6 | 6 | 6 | 7 | 7 | | | | | | | |
| -- Transposition | | | | | | | | | | | | | | |
| -- Ventriculomegaly | | | | | | | | | | | | | | |
| Children Discharged from Early Intervention | 9 | 7 | 8 | 22 | 13 | 15 | 18 | | | | | | 92 | 271 |
| -- To CPSE | 2 | 0 | 1 | 0 | 0 | 4 | 0 | | | | | | 7 | 77 |
| -- Aged out | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 2 | 6 |
| -- Declined | 0 | 3 | 2 | 1 | 1 | 2 | 2 | | | | | | 11 | 22 |
| -- Skilled out | 4 | 0 | 2 | 6 | 1 | 0 | 1 | | | | | | 14 | 48 |
| -- Moved | 1 | 1 | 1 | 0 | 0 | 4 | 9 | | | | | | 16 | 26 |
| -- Not Eligible | 0 | 3 | 1 | 12 | 10 | 5 | 5 | | | | | | 36 | 87 |
| -- Other | 0 | 0 | 1 | 3 | 1 | 0 | 1 | | | | | | 6 | 5 |
| Child Find | | | | | | | | | | | | | | |
| Total # of Referrals | 4 | 1 | | 2 | 3 | | 2 | | | | | | 12 | 33 |
| Total # of Children in Child Find | 32 | 27 | 27 | 14 | 14 | 14 | 13 | | | | | | | |
| Initial Consents Sent | 1 | 2 | | | | 1 | 2 | | | | | | 6 | 30 |
| Initial Consents Resent | | | | | | | | | | | | | 0 | 1 |
| Consents Returned | 1 | 1 | | | | | | | | | | | 2 | 16 |
| ASQs Sent | 8 | 5 | | 3 | 7 | 2 | 5 | | | | | | 30 | 83 |
| ASQs Returned | 9 | 1 | | 3 | 7 | 7 | 1 | | | | | | 28 | 54 |
| MD Letters sent with ASQ Results | | | | | | | | | | | | | 0 | 25 |
| Total # Transferred to Early Intervention | | | | | 2 | | 1 | | | | | | 3 | 6 |
| Total # of Discharges | 2 | 5 | | | 2 | | 0 | | | | | | 9 | 40 |
| Preschool Special Education | | | | | | | | | | | | | | |
| Total # of clients qualified and receiving svcs | 242 | 256 | 262 | 267 | 267 | 263 | 162 | 0 | 0 | 0 | 0 | 0 | | |
| Children per School District | | | | | | | | | | | | | | |
| -- Ithaca | 111 | 122 | 123 | 126 | 126 | 123 | 87 | | | | | | | |
| -- Dryden | 39 | 41 | 40 | 41 | 42 | 42 | 30 | | | | | | | |
| -- Lansing | 29 | 30 | 32 | 32 | 32 | 32 | 14 | | | | | | | |
| -- Newfield | 30 | 31 | 28 | 28 | 27 | 26 | 15 | | | | | | | |
| -- Groton | 19 | 18 | 23 | 23 | 23 | 23 | 7 | | | | | | | |
| -- Trumansburg | 13 | 13 | 15 | 15 | 15 | 15 | 8 | | | | | | | |
| -- Spencer VanEtten | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Newark Valley | 0 | 0 | 0 | 1 | 1 | 1 | 1 | | | | | | | |
| -- Odessa-Montour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Candor | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | | | |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|----------------|----------------|
| Statistical Highlights 2014 | | | | | | | | | | | | | | |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | 2014 Totals | 2013 Totals |
| -- Moravia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Cortland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Breakdown of services received | | | | | | | | | | | | | | |
| -- Speech Therapy (individual) | 132 | 140 | 146 | 151 | 150 | 146 | 53 | | | | | | | |
| -- Speech Therapy (group) | 15 | 18 | 17 | 17 | 17 | 17 | 1 | | | | | | | |
| -- Occupational Therapy (individual) | 42 | 47 | 52 | 51 | 49 | 50 | 32 | | | | | | | |
| Preschool Special Education (continued) | | | | | | | | | | | | | | |
| -- Occupational Therapy (group) | 1 | 1 | 2 | 2 | 2 | 2 | 2 | | | | | | | |
| -- Physical Therapy (individual) | 24 | 26 | 31 | 29 | 27 | 29 | 12 | | | | | | | |
| -- Physical Therapy (group) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Transportation | | | | | | | | | | | | | | |
| -- Birnie Bus | 35 | 35 | 35 | 34 | 34 | 34 | 34 | | | | | | | |
| -- Ithaca City School District | 27 | 27 | 28 | 32 | 32 | 32 | 32 | | | | | | | |
| -- Parent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Birnie Bus/Parent | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Service Coordination | 11 | 19 | 24 | 26 | 25 | 24 | 9 | | | | | | | |
| -- Counseling | 44 | 51 | 54 | 57 | 56 | 54 | 32 | | | | | | | |
| -- 1:1 (Tuition Program) Aide | 5 | 4 | 4 | 4 | 4 | 3 | 0 | | | | | | | |
| -- Special Education Itinerate Teacher | 26 | 32 | 31 | 31 | 30 | 28 | 13 | | | | | | | |
| -- Parent Counseling | 16 | 18 | 19 | 20 | 20 | 19 | 5 | | | | | | | |
| -- Program Aide | 2 | 2 | 2 | 3 | 3 | 3 | 2 | | | | | | | |
| -- Teaching Assistant | 4 | 4 | 4 | 4 | 4 | 4 | 3 | | | | | | | |
| -- Psychological Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- ASL Interpreter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Audiological Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Teacher of the Deaf | 1 | 1 | 1 | 1 | 1 | 1 | 0 | | | | | | | |
| -- Auditory Verbal Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Teacher of the Visually Impaired | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Nutrition | 4 | 5 | 5 | 5 | 5 | 3 | 2 | | | | | | | |
| -- Assistive Technology Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Total # of children rcvg. home based related svcs. | 170 | 184 | 190 | 197 | 195 | 193 | 95 | | | | | | | |
| Total # attending Special Ed Integrated Tuition Progr. | 72 | 72 | 72 | 70 | 71 | 70 | 67 | | | | | | | |
| -- # attending Franziska Racker Centers | 43 | 42 | 42 | 41 | 41 | 40 | 37 | | | | | | | |
| -- # attending Ithaca City School District | 29 | 30 | 30 | 29 | 30 | 30 | 30 | | | | | | | |
| Children from each school district | | | | | | | | | | | | | | |
| (attending tuition based programs) | | | | | | | | | | | | | | |
| -- Ithaca | 33 | 34 | 36 | 33 | 35 | 35 | 33 | | | | | | | |
| -- Dryden | 12 | 11 | 11 | 11 | 11 | 10 | 10 | | | | | | | |
| -- Lansing | 5 | 6 | 5 | 7 | 7 | 7 | 9 | | | | | | | |
| -- Groton | 3 | 2 | 2 | 2 | 2 | 2 | 1 | | | | | | | |
| -- Newfield | 14 | 14 | 13 | 12 | 11 | 11 | 9 | | | | | | | |
| -- Trumansburg | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | |
| -- Odessa-Montour | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Spencer VanEtten | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| -- Moravia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Municipal Representation | | | | | | | | | | | | | | |

| Children with Special Care Needs Division | | | | | | | | | | | | | | |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|--------|--------|
| Statistical Highlights 2014 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 2014 | 2013 |
| | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Totals | Totals |
| Committee on Preschool Special Education | | | | | | | | | | | | | | |
| -- Ithaca | 18 | 10 | 27 | 14 | 41 | 31 | 15 | | | | | | 156 | 237 |
| -- Dryden | 7 | 5 | 8 | 14 | 9 | 6 | 1 | | | | | | 50 | 81 |
| -- Groton | 3 | 0 | 3 | 0 | 6 | 0 | 2 | | | | | | 14 | 11 |
| -- Lansing | 4 | 0 | 5 | 2 | 4 | 2 | 0 | | | | | | 17 | 27 |
| -- Newark Valley | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | | 1 | |
| -- Newfield | 2 | 0 | 3 | 4 | 8 | 0 | 0 | | | | | | 17 | 43 |
| --Trumansburg | 3 | 0 | 2 | 0 | 0 | 0 | 1 | | | | | | 6 | 9 |

ENVIRONMENTAL HEALTH DIVISION

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

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ENVIRONMENTAL HEALTH HIGHLIGHTS

July 2014

Outreach and Division News

EH/ITS Permit Management Software Project: We completed the contract with Redmark, our Accela implementation consultants, and have successfully transferred management of the Accela software to Tompkins County ITS and EH. Work on the backfile project to upload our historical, hardcopy files is proceeding slowly. Caitlin Feller, our OWTS Project Assistant, will be joined by another Project Assistant in mid-August, and both will continue working on the project through February 2015. We hope that is sufficient time to complete the backfile project.

Hydrilla: Both Fall Creek and Cayuga Inlet were treated with endothall during July. Heavy rains and high water flow delayed treatment in Fall Creek until the week of July 14. There was significant hydrilla growth in Fall Creek, resulting in the installation of barriers to prevent heavy boat traffic in the infested areas prior to treatment. Water flow rates were higher than desirable during treatment, resulting in significantly lower endothall concentrations being detected during monitoring. Endothall was applied to Cayuga Inlet the week of July 28. Fluridone treatments are scheduled for August.

Anne Wildman and Steven Kern attended the Local and State Hydrilla Task Force meetings and calls on July 9, and reviewed and distributed the water quality monitoring results for the endothall treatment.

Finger Lakes GrassRoots Festival: The Finger Lakes GrassRoots Festival was held on July 17 -20. This was the first time the festival was permitted as a Mass Gathering, and everything went smoothly. Mass Gathering regulations require most festival preparations to be completed 48 hours before the festival begins. This ended up being a welcome requirement by many involved parties since it decreased the last minute frenzy of preparation activities.

Healthy Neighborhoods Program: We received the executed HNP contract and are in the process of interviewing for a Project Assistant to assist with outreach and home visits.

EH Staffing: One of our Division staff is out on disability at least until mid-September. We are evaluating options (including increasing hours for existing staff and making short-term hires) for covering programs during our busy summer season.

Rabies Control Program

There were two rabid animals confirmed by the New York Wadsworth Laboratory during July. One was a rabid bobcat that attacked two dogs. The other was a rabid bat that children were observed to be poking with sticks. The bat incident involved an extensive search for the identities of the children to determine if any of them were bitten. The Tompkins County Health Department worked with the New York State Health Department, the Village of Dryden, and the media, to get the word out about the potential for exposure. The search failed to identify the children, leaving the question of exposure unanswered.

| Key Data Overview | | | | |
|--|------------|----------|----------|------------|
| | This Month | YTD 2014 | YTD 2013 | TOTAL 2013 |
| Bites ¹ | 19 | 86 | 135 | 234 |
| Non Bites ² | 16 | 34 | 37 | 66 |
| Referrals to Other Counties | 7 | 24 | 34 | 47 |
| Submissions to NYS Rabies Lab | 23 | 74 | 96 | 203 |
| Human Post-Ex Treatments | 18 | 43 | 53 | 88 |
| Unvaccinated Pets 6-Month Quarantined ³ | 0 | 0 | 3 | 3 |
| Unvaccinated Pets Euthanized ⁴ | 0 | 0 | 0 | 0 |
| Rabid Animals-Lab Confirmed | 2 | 4 | 6 | 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 | 2 | 29 | 43 | 80 | 1 | 0 | 1 | 4 | 0 | 0 | 0 | 0 |
| Dog | 13 | 49 | 78 | 133 | 1 | 0 | 1 | 6 | 0 | 0 | 0 | 0 |
| Cattle | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 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 |
| Other Domestic | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Raccoon | 0 | 1 | 1 | 1 | 1 | 1 | 2 | 5 | 0 | 1 | 1 | 1 |
| Bats | 1 | 1 | 3 | 5 | 16 | 1 | 17 | 41 | 1 | 2 | 4 | 6 |
| Skunks | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Foxes | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 4 | 0 | 0 | 1 | 1 |
| Other Wild | 3 | 4 | 6 | 8 | 1 | 1 | 2 | 10 | 1 | 1 | 0 | 0 |
| Totals | 19 | 86 | 135 | 234 | 20 | 3 | 23 | 74 | 2 | 4 | 6 | 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:

- | | |
|--------------------------------------|---|
| AGAVA, T-Ithaca | Celebrations Banquet Facility, T-Caroline |
| The Antlers, T-Dryden | CU Robert Purcell Dining, C-Ithaca |
| Ben Conger Inn, V-Groton | CU Robert Purcell Summer Feed, C-Ithaca |
| BOCES Summer Feed, T-Ithaca | CU Trillium Dining, C-Ithaca |
| Bright Futures Summer Feed, C-Ithaca | CU Trillium Summer Feed, C-Ithaca |
| Carriage House Café, C-Ithaca | |

Groton Summer Recreation Program Summer Feed, V-Groton
 The Heights Café, V-Cayuga Heights
 Ithaca High School Summer Feed, C-Ithaca
 Kids First Summer Feed, C-Ithaca
 Le Cent Dix, C-Ithaca
 New Delhi Diamonds, C-Ithaca

Newfield School Summer Feed, V-Newfield
 Northside Community Center Summer Feed, C-Ithaca
 Pre-School NE Summer Feed, T-Ithaca
 Rogues Harbor Steak & Ale, T-Lansing
 Serendipity Catering, T-Ithaca
 Sri Lankan Curry in a Hurry, Throughout Tompkins
 Upstate District Nazarene Camp, T-Caroline

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:

Easy Wok, V-Lansing
 Fat Jacks BBQ, C-Ithaca
 Groton Golf & Recreation, T-Groton
 Homewood Suites, V-Lansing
 John Thomas Steakhouse, T-Ithaca

Main St. Pizzeria, V-Groton
 Napoli Pizzeria, C-Ithaca
 Osakaya, Throughout Tompkins
 Sarah's Collegetown, C-Ithaca
 Thai Basil, C-Ithaca

***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:

Groton Golf & Recreation, T-Groton

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food preparation cooler were observed to be at 50°F. The products were discarded during the inspection.

Inlet Island Café, C-Ithaca

Potentially hazardous foods were not prepared using pre-chilled ingredients and were not pre-chilled to 45°F or below before use. Prepared salad product to be used for customer orders was observed to be at 51°F. Product was removed from service to be chilled to 45°F or less before use. This was a repeat violation and will be referred to the Board of Health.

Southside Community Center, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food preparation cooler were observed to be at 60°F. The products were discarded during the inspection.

Southside Community Center Summer Feed, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food preparation cooler were observed to be at 50°F. The products chilled to 45°F or less before use.

John Thomas Steakhouse, T-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food preparation cooler were observed to be at 53-60°F. The products were discarded during the inspection.

Sahara, C-Ithaca

Food workers did not use proper utensils to eliminate bare hand contact with ready to eat foods. A food worker was observed preparing a ready to eat product for customer service with bare hands. The product was cooked and used for other menu items.

Viva Taqueria, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food preparation cooler were observed to be at 49-52°F. The products were discarded during the inspection or moved to functioning refrigeration equipment to be chilled to 45°F or less before use.

Osakaya, Throughout Tompkins

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a cooler were observed to be at 57-60°F. Products were rapidly chilled to 45°F or less before use.

Thai Basil, C-Ithaca

An accurate thermometer was not available to evaluate temperatures of potentially hazardous foods.

Blue Moon Catering, C-Ithaca

Potentially hazardous foods were not made using pre-chilled ingredients and not pre-chilled to 45°F or less before use. Products were observed to be at 52°F and 60°F and were discarded during the inspection.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Products were observed at 105°F and 118-120°F in hot holding units. Products were rapidly reheated to 165°F or above before return to service.

Saigon Kitchen, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in two cold holding units were observed to be at 51°F and 60°F. Products were rapidly chilled to 45°F or less.

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 walk-in cooler were observed to be at 52°F. The products were discarded during the inspection.

Potentially hazardous foods were not cooled by an approved method. The cooling process was completed using approved procedures.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed at 52-54°F. Products were rapidly reheated to 165°F or above before return to service.

Country Inn and Suites, T-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food service cooler were observed to be at 51°F. The products were rapidly chilled to 45°F or less.

Taste of Thai, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 50-53°F. The products were discarded during the inspection.

Food from unapproved source, spoiled, adulterated on premises. Food with mold growth was observed in a cooler. Products were discarded during the inspection.

State Diner, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 48-54°F. The products were moved to the walk-in cooler to be rapidly chilled to 45°F or less before use.

Southside Community Center Summer Feed, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 53°F. The products were moved to the walk-in cooler to be rapidly chilled to 45°F or less before use. This was a repeat violation and will be referred to the Board of Health.

Southside Community Center, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a food storage cooler were observed to be at 60°F. The products were moved to the walk-in cooler to be rapidly chilled to 45°F or less before use. This was a repeat violation and will be referred to the Board of Health.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 32 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:

American Legion Post 770, T-Ulysses
Branchwater Productions, V-Lansing
Iroquois Kitchen, T-Ulysses
Lao Village, T-Ulysses

Little Blue Raiders Football, T-Ulysses
MacDonald Farms, T-Ulysses
NY Pizzeria, T-Ulysses

Critical Violations were found at the following establishments:**Real Falafel, Grassroots Festival**

Inadequate facilities were present to maintain cold holding temperatures. Products in a cooler were observed at 55°F. The products were moved to coolers to be chilled to 45°F or less before returning to service. A re-inspection was satisfactory.

Stonecat Café, Grassroots Festival

Potentially hazardous foods were held at an improper temperature. Product was observed at 54°F, and was chilled to 45°F or less before use. A re-inspection was satisfactory.

Outback Kate's, Grassroots Festival

Potentially hazardous foods were held at an improper temperature. Product was observed at 135°F, and was reheated to 165°F or higher before use. A re-inspection was satisfactory.

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:

Denny's, C-Ithaca

Plans Approved:

Gimme! Coffee, C-Ithaca

New Permits Issued:

Denny's, C-Ithaca

Gimme! Coffee, C-Ithaca
 Paulie's Global Kitchen, Throughout Tompkins
 Pontillos Pizza, V-Groton

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

Engineering Plans Approved

- Farm Pond Circle Subdivision – Lots 20 and 21, T-Lansing
- Madigan 220 gpd sewage system, T-Dryden
- Route 13 Watermain Extension, V-Lansing

Problem Alerts/Emergency Responses

- 14-01-15 Bradford Apartments, T-Dryden. Boil Water Order (BWO) issued 7/29/14 due to lack of chlorine in the distribution system.
- 14-01-14 Country Garden Apartments, T-Dryden. BWO issued 7/21/14 due to a distribution pump failure. Pump repaired and system stabilized. BWO released 7/23/14.
- 14-01-13 Village of Dryden Public Water Supply. Dryden operator found frogs in the Lee Road finished water supply reservoir. Reservoir supply shut off, chlorine level raised, reservoir drained and disinfected, openings sealed. Bacteriological samples taken. Reservoir filled and back on line 8/1/14.
- 14-01-12 Country Garden Apartments, T-Dryden. BWO issued 7/11/14 due to a water line break. System repaired, samples taken, and BWO released 7/15/14.
- 14-01-11 Brooktondale Community Center, T-Caroline. BWO issued due to malfunctioning UV disinfection unit. Unit repaired, sample results obtained, and BWO released 7/10/14.

BWOs remain in effect at:

- 14-01-05 Upstate NY Nazarene Camp, T- Caroline. BWO issued 5/29/14 due to inadequate chlorine and unapproved modifications to a well. Will be referred to an engineer.
- 13-01-14 Bell Gate Mobile Home Park, T-Enfield. BWO issued 11/21/13 due to no detectable chlorine in the distribution system. No chlorine detected during repeat inspection on 12/12/13. BWO reminder issued 6/24/14. Under Board of Health Orders. Difficulties continue. Additional enforcement pending.

Healthy Neighborhoods Program

| HEALTHY NEIGHBORHOODS PROGRAM | Month | YTD 2014 | YTD 2013 | TOTAL 2013* |
|-------------------------------|-------|----------|----------|-------------|
| # of Home Visits | 28 | 196 | 230 | 401 |
| # of Revisits | 7 | 48 | 66 | 56 |
| # of Asthma Homes | 9 | 30 | 33 | 22 |
| # of Homes Approached | 137 | 521 | 421 | 641 |

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

In July 2014, the following outreach and networking took place: a flyer was hung on the community bulletin board at Significant Elements; flyers were provided to the Ulysses Town Clerk (7/10/2014). Samantha Hillson conducted outreach at Loaves and Fishes Food Pantry, 2 people signed up for a home visit, 30 were reached (7/14/2014).

Samantha provided information and flyers to the 4-H Urban Outreach Program, Cayuga Center for Healthy Living, Creating Healthy Places, and the Cornell Cooperative Extension Nutrition Program (7/16/2014). Information was provided to a Landlords Association board member and plans were made to attend an upcoming meeting (7/17/2014). Flyers were given to the Southside Community Center summer camp to go home with each camper, 30 campers (7/23/2014). A flyer was hung on the community bulletin board at Bloom children's store and information was given to the Human Services Coalition Navigators Program (7/23/2014).

A meeting was held with Better Housing for Tompkins County to discuss a partnership; flyers will be given out to all clients who participate in the home repair program as well as the loan programs (7/24/2014). Samantha spoke with a representative of the Office of the Aging and provided flyers to be given out to all home visits (7/25/2014). Flyers were given to the camp director of the Groton Summer Camp to be sent home with the 90 campers (7/31/2014).

Childhood Lead Program

| 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 | 1 | 2 |
| A2: # of Children w/ BLL 10-19.9ug/dl | 1 | 4 | 3 | 5 |
| B: Total Environmental Inspections: | | | | |
| B1: Due to A1 | 0 | 2 | 5 | 11 |
| B2: Due to A2 | 1 | 4 | 0 | 0 |
| C: Hazards Found: | | | | |
| C1: Due to B1 | 0 | 0 | 4 | 8 |
| C2: Due to B2 | 1 | 4 | 0 | 0 |
| D: Abatements Completed: | 0 | 0 | 0 | 0 |
| E: Environmental Lead Assessment Sent: | 1 | 3 | 3 | 7 |
| F: Interim Controls Completed: | 1 | 1 | 0 | 3 |
| G: Complaints/Service Requests (w/o medical referral): | 4 | 31 | 33 | 52 |
| H: Samples Collected for Lab Analysis: | | | | |
| - Paint | 0 | 0 | 0 | 0 |
| - Drinking Water | 0 | 0 | 1 | 3 |
| - Soil | 0 | 2 | 3 | 4 |
| - XRF | 1 | 4 | 3 | 7 |
| - Dust Wipes | 1 | 3 | 3 | 9 |
| - Other | 0 | 1 | 0 | 0 |

Status of Enforcement Actions

Office Conference Scheduled: Taste of Thai, C-Ithaca, Angsana Pancharoen, owner: food service violations (sewage); 8/6/2014.

Office Conferences Held: 22 Station Road, T-Newfield, Michael McEver, owner: sewage violations, signed Stipulation Agreement with PHD Orders on 7/15/2014; to BOH 8/26/2014.

Inlet Island Café, C-Ithaca, Claudia Drong, manager: repeat food service violations; signed Stipulation Agreement with PHD Orders on 7/23/2014; to BOH 8/26/2014.

Hearing Held Bradford Apartments, T-Dryden, Jeremiah Bradford, owner: water system violations; did not attend office conference or accept Stipulation Agreement; Administrative Hearing scheduled for 8/5/2014.

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

- Comfort Inn, C-Ithaca, Jennifer Foster, manager: food and temporary residence violations; signed Stipulation Agreement with PHD Orders on 6/4/2014; BOH assessed \$500 penalty on 6/24/2014; **awaiting payment received, case closed.**
- 149 Sage Road, T-Enfield, Louis Lupo, owner: sewage violation; signed Stipulation Agreement with PHD Orders on June 4, 2014; BOH issued Orders to abate the violation on 6/24/2014; **compliance completed, case closed.**
- Thai Basil, C-Ithaca, Banjong Thamkankeaw, owner: repeat food service violations; signed Stipulation with PHD Orders on 4/24/2014; BOH assessed \$400 penalty on 5/27/2014; second notice sent, **referred to collection.**
- 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; second notice sent, referred to collection; **awaiting payment and compliance.**
- Bell-Gate MHP, Greg Carman, owner: water and mobile home park violations; Hearing Officer issued Findings of Fact, ruling that violations occurred; and violation of BOH Orders for continued non-compliance; BOH assessed a \$4800 penalty and Orders for Compliance on 7/22/2014; **awaiting payment and compliance.**
- 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; on 6/24/2014 extended compliance deadline; **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; on 6/24/2014 BOH extended compliance deadline; **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
- Bell-Gate MHP, T-Enfield, Greg Carman

Training

Chris Laverack participated by phone in a New York Rural Water Association (NYRWA) Source Water Protection Workshop on July 24. The goals of the workshop were to discuss protection efforts in New York State, coordinate assistance, and help identify planning areas where local pollution efforts are needed most to protect public drinking water.

Tompkins County Board of Health – August 26, 2014

Division for Community Health
AGENDA

Approval of policy revisions

- **Bloodborne Pathogen Post-Exposure Policy – edits include:**
 - “First Aid” – language clarified for better understanding
 - “Definition...BBP Exposure” more detail added on breast milk exposure
 - “Emergency Evaluation” language clarified for better understanding and a section was added instructing supervisors to send a Fax notice (new Appendix C) to the Emergency Department regarding timely evaluation for work-related potential BBP exposures.
- **Tuberculin Skin Testing (TST) Policy – edits include:**
 - “Who should be tested...” (A) – expanded and clarified for better understanding
 - “Contraindications” (D) – expanded to include additional restrictions
 - “Warning” (E) – provides an explanation for the warning
 - “Special Considerations” (N) – new section added with instructions regarding alternative testing and appropriate follow-up.

8/18/14

Inclusion Through Diversity

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 you may have a blood borne pathogen exposure and must comply with this policy:

- ❑ 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, puncture wounds, and cuts, or wounds-abrasions 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, so far, 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.
- ~~a.~~ 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.
- ~~3.~~
- ~~b.~~ 4. 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.
- 5. Occupational exposure to human breast milk has not been implicated in the transmission of HIV or HBV transmission-infection to health care workers, and does not require post-exposure follow-up. However, because human breast milk has been implicated in transmitting HIV from mother to infant, gloves should be worn as a precaution by health care workers who are frequently exposed to breast milk.⁵
- ~~3.~~

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Emergency Evaluation

- 1. Following any employee BBP exposure, **timeliness** is the MOST important factor for preventing you, the Employee, from becoming sick and for you to have 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. Employee or designee must notify supervisor or designee of incident and need for BBP evaluation.
- ~~1.~~ 3. Upon notification, the supervisor must immediately complete and fax Appendix C: Medical evaluation of a work-related Bloodborne Pathogen (BBP) Exposure to the Cayuga Medical Center Emergency Department.
- ~~2.~~ 4. 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.~~ 5. Employees need to inform the Emergency Department staff that this is a **work related potential bloodborne pathogen exposure**.
- 4. 6. Employees who are medically evaluated and found to have a bloodborne pathogen exposure will be advised regarding treatment options and they are will be recommended advised to have HIV, HBV and ~~or~~ HCV testing to determine baseline measures. (see section "Post Exposure Testing" below for further follow up testing that is required)
- ~~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 whether to test the Source Person is based on the employee's medical ~~employee's~~ medical evaluation. ~~and~~ When testing of the Source Person is required then the consent of the Source Person needs to be initiated obtained as soon as possible. Employee's Supervisor to assure is responsible for Source Person testing ~~or~~ (In the supervisor's absence employee must contact Director of Patient Services (DPS) or their designee (see Notifications #3b)) who will coordinate testing. The obtaining of consent and the testing of the Source Person will follow NYSDOH Aides Institute Clinical Guidelines.³ (www.hivguidelines.org)
- 6. Testing of Source Person is a Departmental cost.

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Comment [SC1]: #4a deleted because post-exposure testing is addressed on page 3 "Post-testing for HIV, HBV, HCV" # 2.

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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 and Hepatitis B vaccine 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 and 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.

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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

Appendix A: *Information Required for BBP Incident Reports* (~~4/15/14~~)

Appendix B: *MOU – Clinical Evaluation of BBP Exposure for Tompkins County Employees* (~~6/27/14~~)

~~Appendix C: FAX – Medical evaluation of a work-related Bloodborne Pathogen (BBP) Exposure (8/5/14)~~

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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>

³New 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-peg>

⁵~~Center for Disease Control and Prevention, July 31, 2013. *Breastfeeding, Frequently Asked Questions*, <http://www.cdc.gov/breastfeeding/fqa/index.htm>~~

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Date: _____

William Klepack, MD
Tompkins County Health Department Medical Director

Date: _____

Sigrid Larsen Connors, MS, RN
Bloodborne Pathogen Committee Coordinator

Bloodborne Pathogen Post-Exposure Policy

Director of Patient Services

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~~ 8/26/14 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 ~~September 1, 2012~~ 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 and New York State Department of Health Aids Institute Clinical Guidelines recommendations (see attached references).
- 2) Assess the BBP exposure incident including but not limited to, the risk of HIV, Hepatitis B and C infection.
- ~~2)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.
- ~~3)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.
- ~~4)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 ~~6, 12 and 24 weeks~~ current CDC recommended intervals or as when 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.

Tompkins County Health Department

Date: _____

William Klepack, MD, Medical Director

Date: _____

Brenda L. Grinnell Crosby, Public Health Administrator

Cayuga Medical Center at Ithaca

Date: _____

Signature/Title

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

| [SC-7/10/14](#)



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

Community Health Services
Phone: 607-274-6616

Total Fax Pages = _____
Fax: 607-274-6620

Fax Transmittal Cover Sheet

Date: _____

To: CMC ED Fax - 607-274-4132

ATTENTION: Deliver these documents immediately to Triage Nurse, Cayuga Medical Center, ED,
TIME SENSITIVE INFORMATION

From: William Klepack, MD, Medical Director, Tompkins County Health Department
Sigrid Connors, RN, Tompkins County Bloodborne Pathogen Coordinator, TCHD

Re: Medical evaluation of a work-related Bloodborne Pathogen (BBP) Exposure

Our employee has suffered a BBP exposure. The attached agreement allows for evaluation within an hour of the incident by the ED clinician in order that our employee may receive anti-HIV drug therapy within the 2 hour window if clinically indicated. Please expedite our employee's care.

Our employee is either presenting to the ED at this time or is en route. Please have staff bring them back for evaluation upon presentation.

Employee Name _____ Employee Department _____
(Print name)

Questions regarding the employee's BBP exposure incident may be directed to their supervisor or designated contact _____ at _____.
(Print name) (Telephone number)

Questions regarding the Tompkins County BBP Post Exposure Plan and Policies may be directed to the TCHD BBP Coordinator at (607) 274-6616.

Thank you

Confidentiality Notice

"This fax transmission, with accompanying records is intended only for the use of the individual or entity to which it is addressed, and may contain confidential and/or privileged information belonging to the sender, including individually identifiable health information subject to the privacy and security provisions of HIPAA. This information may be protected by pertinent privileges(s), e.g. attorney-client, doctor-patient, HIPAA, etc., which will be enforced to the fullest extent of the law. **If you are not the intended recipient, you are hereby notified that any examination, analysis, disclosure, copying, dissemination, distribution, sharing, or use of the information in this transmission is strictly prohibited. If you have received this message and associated documents in error, please notify the sender immediately for instructions"**.

Tuberculin Skin Testing Policy (DRAFT 6/24/14 edits)

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

Key: TST = Tuberculin Skin Test

Policy: 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.

Included in the targeted groups are the following:

1. Persons who should be routinely screened based on their employment, volunteer work and/or school attendance, and
2. Persons based on personal risk factors.
3. Those at high risk for progression to TB disease if infected (ex HIV or diabetes)

~~1-4.~~ For at high risk for TB exposure or infection risk factors refer to the, see the Tuberculin Skin Test form.

~~2.~~ Persons at high risk for TB disease once infected.

B. Indications for use

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

C. Tubersol components

- 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

- 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.
- Tubersol should not be given to persons who have received BCG.
- ~~2-3.~~ Tubersol may not be the best test in persons who are unlikely to return for interpretation of the TST (see section N – Special Considerations).

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

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E. Warning

1. Do not inject Tubersol subcutaneously. Subcutaneous administration renders the test invalid. Inadvertent subcutaneous injection should be immediately followed by a re-application of Tubersol intradermally and only the intradermal site should be evaluated in reading the test.

~~2. If thisa subcutaneous administration 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.~~

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:

- **Either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine.**

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.

3. **Pregnancy:** TST is both safe and reliable throughout the course of pregnancy. The target group for screening in pregnancy is the same as 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 screening²:** Two-step testing to detect “boosting” is required 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 require

² Tompkins County Health Department, Employee Health Policy & Procedure.

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

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.

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.

N. Special Considerations

- 1. Alternative testing is available for persons in whom Tubersol is contraindicated or who are unlikely to return for interpretation of their test or in whom the TST is "indeterminate" or whose TST is negative but they are at high risk for TB infection/disease.
- 2. In these situations, consult the Tuberculosis Medical Consultant or, in their absence, the TCHD Medical Director for direction. Blood testing for TB (Quantiferon-Gold) is available, is more expensive and can be used in special circumstances.

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, [6/24/14 WK](#)

BOH approval: 4/4/95, 7/14/98, 7/10/01, 11/13/01, 5/27/14

Attachments: Tuberculin Skin Test Form
Tuberculin Skin Test Reading Reminder



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 MAIL, AND ELECTRONIC

August 18, 2014

Village of Dryden
James Zimmer, Mayor
PO Box 820
Dryden, NY 13053

**Re: Tompkins County Board of Health Draft Revised Resolution # 12.1.25
Jay Street Well – Arsenic Exceeding Maximum Contaminant Level
Lee Road Reservoir – Unprotected Finished Water Reservoir**

Dear Mayor Zimmer:

We have prepared a Draft Revised Resolution and Revised Time Table of Compliance that allows additional time for evaluation of options such as connecting to the Bolton Point water system or installing new Village water supply wells. Enclosed is a copy of the Draft Revised Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 2014**.

You or your 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 Steve Maybee, P.E., Public Health Engineer 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).

We appreciate your cooperation to date and working with us to abate these violations.

Sincerely,

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

Enclosures: Revised Draft Resolution; Draft Time Table of Compliance

pc: Ron Moore (V) Dryden; Steven Kern, TCHD
F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Dryden (V)\Enforcement\DrydenDraftRevBOHRevisedResolution12.1.25
ec: Jim Zimmer; Mayor; Dryden Village Clerk; Bill Davis, MRB Group; Clement Chung, MRB Group; Michael Lane, TC
Legislature; Elizabeth Cameron, P.E., TCHD; Frank Kruppa, Public Health Director; Steven Kern, TCHD; Skip Parr,
TCHD
John Strepelis, P.E., NYSDOH
scan: Signed copy to eh

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

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

DRAFT REVISED RESOLUTION # 12.1.25 FOR

**Village of Dryden, PWS
James Zimmer, Mayor, Village of Dryden Representative
PO Box 820
Dryden, New York 13053**

Whereas, the Jay Street Well exceeds the maximum contaminant level for arsenic of 10 ug/l, which is a violation of Subpart 5-1.52 of the New York State Sanitary Code; **and**

Whereas, the Lee Road Finished Water Reservoir is outdated and can not reliably be protected from contamination by animals, insects, and excessive dust, which is a violation of Subpart 5-1. Appendix 5-A Recommended Standards for Water Works, Part 7.0.3 states: "*All finished water storage structures shall have suitable watertight roofs which exclude birds, animals, insects, and excessive dust;*" **and**

Whereas, on December 11, 2012, the Board of Health adopted Resolution # 12.1.25 with tasks and deadlines established in the Time Table of Compliance dated November 30, 2012; **and**

Whereas, the Village of Dryden Public Water System has requested additional time to evaluate other options for addressing these violations (including connecting to the Southern Cayuga Lake Intermunicipal Commission public water supply or installing new Village water supply wells); **now therefore be it**

Resolved, on recommendation of the Tompkins County Board of Health, that the Village of Dryden, is ordered to:

1. Meet the requirements of the attached Revised Time Table of Compliance dated August 11, 2014.

Dryden Village Public Water System Revised Time Table of Compliance - *draft*

11/30/2012, rev 8/11/14

| System Modifications | To be Completed By | Notes |
|--|---|---|
| Submit the updated engineering study report to the TCHD. | 12/30/2012 (COMPLETE) | <i>The updated report shall include a recommended alternative for resolving the arsenic violation, and replacement of the Lee Road Reservoir and the Ferguson Road water storage tank, and proper abandonment of the old Jay Street well.</i> |
| Submit quarterly progress reports to the TCHD that summarize progress made to remediating the violations, including the status of funding, Village Board reviews and approvals, environmental documents, and preliminary and final design documents. | Beginning 1/15/13 and then every three months until the project is completed | <i>Schedule: Village Board commits to project scope—10/2013; Environmental Review begins—11/2013; Preliminary and Final Design complete—Summer 2014; Request bids—Fall 2014; Start Construction—Spring 2014; Complete Construction—Spring 2014—</i> |
| Inspect the Ferguson Road water storage tank and submit the report to the TCHD. | 5/15/2013 (COMPLETE) | <i>Interim repairs will also be needed.</i> |
| Submit a revised engineering study to the TCHD containing an evaluation of the options for resolving the arsenic violation, and replacement of the Lee Road Reservoir and the Ferguson Road water storage tank, and proper abandonment of the old Jay Street well. | 12/15/2014 | The revised report engineering report shall evaluate use of the two wells located south of the Village as a source of water for the Village and the option for connecting to SCLIWC PWS. |
| Submit the Map, Plan and Report (MPR) for the potential formation of a water district for connection to SCLIWC PWS. | 12/15/2014 | |
| Submit the preliminary an engineering report and plans to the TCHD for the Jay Street well to reduce arsenic below the MCL of 10 ppb and for replacement of the Lee Road reservoir. | 6/15/2015 | <i>Options to reduce arsenic include treatment, blending, and/or replacement of the source with new wells and/or connection to the SCLIWC PWS.</i> |
| Submit the final an engineering report and plans to the TCHD for the Jay Street well to reduce arsenic below the MCL of 10 ppb and for replacement of the Lee Road reservoir. | 7/31/2014 12/15/2015 | |
| Submit certification that the bid for construction has been awarded | 6/15/2016 | |
| Submit certification that construction has commenced. | 6/15/2016 | |

| | | |
|--|--------------------------------------|--|
| Complete construction of the arsenic reduction project and replacement storage tank. | 5/1/2016 8/30/2017 | |
|--|--------------------------------------|--|

| Lee Road Reservoir | To be Completed By | Notes |
|--|-----------------------------|--|
| Inspect the Lee Road structure weekly. Openings shall be repaired/remedied within 24 hours. Document the inspections, findings, and repairs in the monthly operating report (MOR). | Monthly with the MOR | <i>The inspector shall identify any holes and openings and shall verify the chlorine residual in the tank.</i> |

| Arsenic Violation | To be Completed By | Notes |
|---|--------------------------------------|--|
| Conduct quarterly monitoring of the Jay Street well as long as the running annual average for arsenic concentrations in the well exceeds the MCL of 10 ppb. | Quarterly | |
| Provide notification of the arsenic violation and to all users in compliance with Tier 2 public notification requirements. | Quarterly beginning 9/25/2012 | <i>Annual due dates: 1/15; 4/15; 7/15; and 10/15</i> |



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

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

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CERTIFIED, REGULAR, & ELECTRONIC MAIL

August 14, 2014

Jeremiah Bradford
PO Box 4314
Ithaca, NY 14852

**Re: Tompkins County Board of Health Draft Resolution # 14.1.11
Bradford Apartments, T-Dryden**

Dear Mr. Bradford:

Enclosed is the Hearing Officer's Findings of Fact and Recommendations from the August 5, 2014, hearing and a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 2014.**

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

Sincerely,

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

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

pc: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Apartments (SC-9)\Bradford (was Wittko)\Enforcement-Legal\#14.1.11\Draft Resolution 14.1.11.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislature; John Strepelis, P.E., NYSDOH; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Steven, Kern; Skip Parr; Chris Laverack; 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 # 14.1.11 FOR

**Bradford Apartments
Jeremiah Bradford, Owner/Operator
5 Mineah Road, Freeville, NY 13068**

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

Whereas, Bradford Apartments is a public water system with twelve service connections; **and**

Whereas, Bradford Apartments violated the following sections of this code:

1. Subpart 5-1.51(b) of the New York State Sanitary Code (NYSSC) for not submitting required total coliform sampling results for the third and fourth quarters of 2013 and the first quarter of 2014.
2. Subpart 5-1.72(c)(1) of the NYSSC for not submitting required monthly operation reports of daily chlorine readings from June 2013 to April 2014.
3. Subpart 5-1.30(a) of the NYSSC for repeatedly not maintaining a free chlorine residual in the water system at the apartments December 4 through December 20, 2013, February 4 through March 4, 2014, May 17 through June 5, 2014, and July 29, 2014, to the present; **and**

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

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

1. Pay a penalty of \$1500 for these violations, due **October 15, 2014**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit total coliform sample test results quarterly for the Bradford Apartments Water Treatment System **by the 10th day of the following month**; **and**
3. Submit completed monthly operation reports of **daily** free chlorine residual readings for Bradford Apartments Water Treatment System **by the 10th day of the following month** for every month you own the property; **and**
4. Maintain acceptable free chlorine residuals **at all times** in the Bradford Apartments Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l; **and**
5. Provide a responsible individual to be in charge of the property and who shall be readily available **at all times** while the property is occupied; **and**
6. Comply with all the requirements of Subpart 5-1 of the NYSSC.

AUG 11 2014

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

TOMPKINS COUNTY
HEALTH DEPARTMENT

Findings of Fact

In the Matter of the Complaint

- against -

Jeremiah Bradford
d/b/a Bradford Apartments
5 Mineah Rd.
Freeville, New York 13068

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

Pursuant to a notice of Hearing issued on July 3, 2014, a hearing was convened on August 5, 2014 at 9:25 AM in the Tompkins County Department of Public Health Rice Conference Room, 55 Brown Road, Ithaca, New York, by Robert J. Spitzer, Cortland, New York, Hearing Officer for the Tompkins County Department of Public Health.

Appearances for the County were:

Steven Kern, Senior Public Health Sanitarian
Jonathan Wood, Esq., County Attorney
Chris Laverack, Public Health Sanitarian

Respondent:

Jeremiah Bradford (not present)*

STATEMENT OF VIOLATIONS

Subparts 5-1.51(b), 5-1.72(c), and 5-1.30(a) of the State Sanitary Code pertaining to coliform sampling and reporting, chlorine residual readings reporting, and proper chlorine disinfection standards.

FINDINGS OF FACT

Jeremiah Bradford is the owner/operator of the twelve-unit Bradford Apartments, Freeville, New York.

From July 2013 through the day of this Hearing, representatives of the Health Department reported that Respondent failed to submit required microbiological sample results and free chlorine residual readings (Exhibit A). Public Health Sanitarian Chris Laverack made eight site visits to the apartment complex, noting various violations. Several boil water notices were issued during this period, which included in-person delivery of individual notices to the respective apartments.

CONCLUSION

Respondent is in violation of Subparts 5-1.51(b), 5-1.72(c), and 5-1.30(a) of the State Sanitary Code.

RECOMMENDATIONS

That respondent shall comply with all required actions as determined by the Health Department, to wit:

That respondent shall submit required coliform sample test results quarterly.

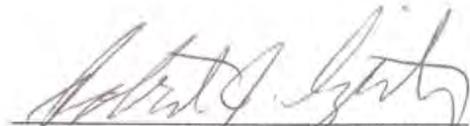
That respondent shall submit required monthly operating reports of daily chlorine readings.

That respondent shall maintain acceptable chlorine residual results at all times.

That respondent shall provide a person to be responsible for the water system who is available communicate with the Health Department at such times and under such circumstances as the Health Department shall describe.

That respondent shall pay a fine of \$1500, to be paid according to a schedule determined by the Health Department.

DATED: August 6, 2014



Robert J. Spitzer, Ph.D.
Hearing Officer

*ADDENDUM

This addendum is being added for the record to note some exchanges that took place before the Hearing was formally convened. When the Hearing Officer, County Attorney, and representatives of the Health Department entered the hearing room, Mr. Bradford and a small boy (presumably his son) were already seated at the table. As I prepared to begin the proceeding, including pulling out a tape recorder, Mr. Bradford asked if the proceedings were to be tape recorded. I responded yes. He then said that such recording was illegal because he had not been notified in writing prior to the hearing, a point he made more than once. I pointed out that tape recording was not illegal, as this was a public hearing, that it was standard procedure, and that the county was obligated to make a record of the proceeding for the benefit of all concerned. Mr. Bradford then said that if the proceeding was to be tape recorded, that he wanted a lawyer. I explained that he was entitled to have a lawyer present, and that he had been so informed in the Notice of Hearing sent to him on July 3 (Exhibit B), adding that the presence of an attorney for the respondent is not required, nor is the presence of the respondent required for the hearing to proceed. (While seated at the table, Mr. Bradford appeared to be texting on his mobile device.) Mr. Bradford then said that, since the proceeding was going to be recorded, he was going to leave, which he did. I said that was his choice. Mr. Bradford did not request an adjournment or postponement.

Shortly after the Hearing began, Mr. Bradford re-entered the room. Without any explanation, he began repeating a phone number. When I began to ask what the number was, he said it was the number of his lawyer. He asked if I would call the lawyer; I declined, noting that this person was Mr. Bradford's lawyer, not mine. I repeated that he knew that he was entitled to bring a lawyer, and pointed out that he obviously had one. Mr. Bradford then left the room, not to return. We resumed and completed the Hearing. Throughout the aforementioned interaction, Mr. Bradford exhibited a manner that appeared hostile and aggressive.

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

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CASE SUMMARY – FOR RESOLUTION # 14.1.11

**Bradford Apartments
Jeremiah Bradford, owner
5 Mineah Road
Freeville, NY 13068**

Compiled on June 2014

| Date | Action |
|-----------------|--|
| August 11, 2014 | Findings of Fact Report received by TCHD from the Hearing Officer. |
| August 5, 2014 | Hearing held at the Health Department. Mr. Bradford left shortly after hearing started. |
| July 29, 2014 | <ul style="list-style-type: none"> - Staff went on-site to perform a chlorine check. No chlorine was detected. A Boil Water Notice (BWN) was posted (also handed to Mr. Bradford). A Boil Water Order (BWO) was mailed to Mr. Bradford. - Chlorine pump was plugged into standard electrical outlet and continually running, although pump had lost prime and was not pumping chlorine into water system. Chlorine containers within the mechanical room had no NSF approved labeling for appropriate use for potable water. |
| July 3, 2014 | Notice of Hearing sent to Mr. Bradford. Hearing scheduled for August 5, 2014. |
| June 30, 2014 | Mr. Bradford did not contact us; decision made to schedule a hearing. |
| June 26, 2014 | Mr. Bradford did not attend the office conference. Staff sent email advising him to contact the Division to reschedule the conference by 9:00 am Friday or a hearing would be scheduled. |
| June 19, 2014 | Staff sent email to Mr. Bradford reminding him of the office conference on June 25, 2014. |
| June 17, 2014 | Staff sent Notice of Violation with attached stipulation agreement. Notice informed Mr. Bradford of scheduled office conference date of June 25, 2014, to discuss the stipulation agreement. |
| June 5, 2014 | Staff went on-site for system follow-up. The new maintenance person had cleaned out the water room and established a free chlorine residual for several days. BWO was released as staff determined that an acceptable residual was present. As requested by maintenance person, several blank monthly operating sheets were delivered by EH staff for future use. |
| May 17, 2014 | <ul style="list-style-type: none"> - Staff went on-site to perform 2014 annual sanitary survey. - There was no free chlorine residual in the water system and a BWO was issued to the owner and BWNs were distributed to the tenants. |
| May 13, 2014 | Mr. Bradford did not show up for the scheduled sanitary survey. |
| May 12, 2014 | Staff sent Mr. Bradford an email noting which reports the Division did not receive from him and asked him to present them at the time of the sanitary survey. |

Inclusion Through Diversity

| | |
|--------------------|---|
| May 8, 2014 | Mr. Bradford contacted staff to discuss his violations and to set up appointment for a sanitary survey on May 13, 2014. For the first time Mr. Bradford provided staff with his email. |
| April 20, 2014 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings and his 2014 first quarter microbiological sample result were past due. The results and reports were never received. |
| March 20, 2014 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and report were never received. |
| March 4, 2014 | Staff field visit verified water pressure was restored – BWO released. |
| February 28, 2014 | Staff called Mr. Bradford – no answer, voice mail full. |
| February 20, 2014 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and report were never received. |
| February 12, 2014 | Staff called Mr. Bradford – no answer, voice mail full. |
| February 6, 2014 | <ul style="list-style-type: none"> - Staff contacted Mike Ladue at Section 8 Housing and Kevin Ezell, CEO Town of Dryden to advise them of the situation at the apartments. - Staff called Mr. Bradford – no answer, voice mail full. |
| February 4, 2014 | Staff field visit in response to complaint. Low pressure noted in distribution system, BWO mailed to Mr. Bradford, BWN issued to the tenants, called Mr. Bradford voicemail full. |
| January 27, 2014 | 2014 Sample Schedule was mailed to Mr. Bradford. |
| January 20, 2014 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings and his 2013 fourth quarter microbiological sample result were past due. The results and reports were never received. |
| December 20, 2013 | <ul style="list-style-type: none"> - Staff mailed 2013 Sanitary Survey – Third and fourth quarter microbiological samples and 5 MOR's noted as not being submitted. - Staff Field visit - Free chlorine residual restored, BWO released. - Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and report were never received. |
| December 11, 2013 | <ul style="list-style-type: none"> - Staff field visit – no chlorine residual. - Staff contacted Mike Ladue, Section 8 Tenant Relations Assistant, about the situation at the apartments since many of the tenants are enrolled in the Section 8 program. Mr. Ladue requested to be informed. |
| December 4, 2013 | <ul style="list-style-type: none"> - Staff went on-site to perform 2013 annual sanitary survey. - Mr. Bradford stated that the third and fourth quarter microbiological samples and 5 MOR's would be sent. - At this time there was no free chlorine residual in the water system and a BWO was issued to the owner and BWNs were distributed to the tenants. |
| November 20, 2013 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and report were never received. |
| October 20, 2013 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings and his 2013 third quarter microbiological sample result were past due. The results and reports were never received. |
| September 20, 2013 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and |

| | |
|----------------------|--|
| | report were never received. |
| August 20, 2013 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and report were never received. |
| July 20, 2013 | Reminder card mailed to Mr. Bradford notifying him that his monthly operation report of daily free chlorine residual readings was past due. The results and report were never received. |
| January to June 2013 | <ul style="list-style-type: none"> - Monthly operation reports were received by the Division. - First and second quarter microbiological sample result sheets were received by the Division. |
| January 25, 2013 | Meeting in office with Mr. Bradford regarding operation of the water system at Bradford Apartments, a 12-unit apartment complex. At this time staff reviewed his requirements for operation of the system including maintaining and submitting monthly operation reports of daily free chlorine residual reading, submission of quarterly microbiological sample results, and maintaining a free chlorine residual in the system. Mr. Bradford was given copy of his 2013 Sample Schedule. |



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

July 25, 2014

Michael McEver
22 Station Road
Spencer, NY 14883

**Re: Tompkins County Board of Health Draft Resolution # 14.20.14
22 Station Road, T-Danby (Tax Map # 17.-1-18)**

Dear Mr. McEver:

Thank you for signing the Stipulation Agreement on July 15, 2014, for the sewage system at 22 Station Road, Town of Danby, Tax Parcel #17.-1-18.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 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\SEWAGE (SSW)\Facilities (SSW-7)\Danby\#2-17.-1-18 - 22 Station Road\Draft Resolution 14.20.14.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Danby; Supervisor T-Danby; Daniel Klein, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Steve Maybee, P.E.; Cindy Schulte; Steven Kern; Skip Parr; Brenda Coyle
scan: Signed copy to eh and Accela

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

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

DRAFT RESOLUTION # 14.20.14 FOR

**Michael McEver
22 Station Road, Town of Danby
Tax Map # 17.-1-18
Spencer, NY 14883**

Whereas, it is a violation of Article VI Section 6.02 (b) of the Tompkins County Sanitary Code for anyone to discharge human wastes or sewage to the atmosphere or to the surface of the ground; **and**

Whereas, on January 16, 2014, sewage was observed on the ground at 22 Station Road, T-Danby; **and**

Whereas, on March 25, 2014, the Board of Health approved the request to waive the sewage system permit application fee at 22 Station Road, T-Danby; **and**

Whereas, on April 24, 2014, a letter and permit were sent to Michael McEver requiring the replacement of the sewage system at 22 Station Road, T-Danby, to be installed by June 16, 2014; **and**

Whereas, Michael McEver, Owner, failed to meet the June 16, 2014, deadline to install a replacement sewage system and on July 15, 2014, signed a Stipulation Agreement with Public Health Director's Orders agreeing that that the property at 22 Station Road, T-Danby, violated this provision of the Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Michael McEver, Owner, is ordered to:**

1. Immediately and until the sewage system is replaced, fence the area of surfacing sewage in order to prevent access to the area and apply lime to area for odor control.
2. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler.
3. Complete the replacement of the sewage system in accordance with the OWTS Construction Permit by **September 8, 2014.**

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

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

STIPULATION AGREEMENT AND ORDERS # 14.20.14

Michael McEver
22 Station Road, Town of Danby
Tax Map # 17.-1-18
Spencer, NY 14883

I, Michael McEver, as owner of 22 Station Road (Tax Map # 17.-1-18), agree that on I am in violation of Article VI of the Tompkins County Sanitary Code, Section 6.02 (b) for the discharge of human wastes or sewage to the atmosphere or to the surface of the ground.

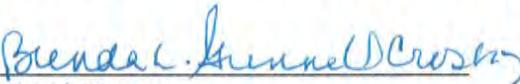
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. Immediately fence the area of surfacing sewage in order to prevent access to the area and apply lime to area for odor control.
2. Immediately and until the sewage system is replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler.
3. Complete the replacement of the sewage system in accordance with the OWTS Construction Permit by **September 8, 2014.**

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:  Date: 7-15-14
Health Van House 7-15-14

Michael McEver is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/15/14
for 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 – FOR RESOLUTION # 14.20.14

Michael McEver
22 Station Road, Town of Danby
Tax Map # 17.-1-18
Spencer, NY 14883

Compiled July 2014

| Date | Action |
|-------------|--|
| 7/15/14 | Stipulation agreement signed by Mr. McEver. |
| 7/03/14 | Stipulation agreement sent by TCHD. |
| 4/24/14 | Permit issued and letter sent by TCHD requiring installation by 6/16/14. |
| 3/25/14 | BOH approves Mr. McEver's request to waive the sewage system permit application fee. |
| 2/21/14 | Email from Better Housing received by TCHD stating that Mr. McEver qualifies for assistance but deed problems will prevent assistance. |
| 1/29/14 | Mr. McEver's application and request to waiver sewage application fee received by TCHD. |
| 1/21/14 | TCHD sent a Notice of Violation to the owner. Application and fees due 2/21/14. |
| 1/16/14 | During a field visit, TCHD staff observed discharge of sewage and odors were present. Sewage system failure was apparent and application for Better Housing of Tompkins County was left. |
| 1/14/14 | TCHD received complaint regarding sewage discharge to ground surface from 22 Station Road in Danby. |
| 3/29/11 | Field visit by TCHD staff. No surfacing sewage observed and no odors detected at 22 Station Road. |
| 3/28/11 | Complaint regarding strong odor of sewage from 22 Station Road. |
| 3/17/11 | Field visit by TCHD staff. No sewage observed surfacing. The McEvers were told that TCHD would continue to monitor. McEvers indicated that they intended to move in a couple of months after school was out. |
| 3/9/11 | Field visit by TCHD staff. Sewage was observed. Lisa McEver stated they forgot about office conference and did not have money to pump or replace sewage system. |
| 3/8/11 | Mr. McEver did not present for office conference. |
| 2/16/11 | Stipulation Agreement sent by TCHD to Mr. McEver. Office conference was scheduled for 3/8/11. |
| 2/7/11 | Notice of Violation issued by TCHD staff during field visit for discharge of sewage to ground surface. |
| 7/28/10 | TCHD issued a sewage system construction permit to Mr. McEver. |
| 7/13/10 | Sewage System Permit Application received by TCHD from Mr. McEver. |
| June 2010 | Complaint received by TCHD regarding sewage discharge at 22 Station Road. Discharge was verified by TCHD. |

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Ph: (607) 274-6688
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

July 31, 2014

Keith Hoffman
Newfield Estates
425 Douglas Road
Newfield, NY 14867

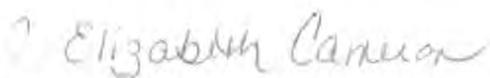
**Re: Tompkins County Board of Health Draft Resolution # 14.18.16
Newfield Estates Mobile Home Park, T-Newfield**

Dear Mr. Hoffman:

Thank you for signing the Stipulation Agreement on July 23, 2014 for the Newfield Estates Mobile Home Park.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 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\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Newfield Estates\Enforcement\2014\Draft Resolution 14.18.16.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Newfield; Supervisor T-Newfield; David McKenna, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Steve Maybee, P.E.; Adriel Shea; Eric Shearer; Steven Kern; Skip Parr; Brenda Coyle
scan: Signed copy to eh and Accela

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

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

DRAFT RESOLUTION # 14.18.16 FOR

**Newfield Estates Mobile Home Park
Keith Hoffman, Owner/Operator
425 Douglas Road
Newfield, NY 14867**

Whereas, Newfield Estates was cited for violations of Part 17 of New York State Sanitary Code and Article VI of Tompkins County Sanitary Code regarding discharge of sewage to the ground surface from the sewage systems serving the 700 Section of East Ward Boulevard on September 24, 2013 and June 26, 2014; **and**

Whereas, on December 9, 2013, an inspection of the sewage systems serving the 700 Section of East Ward Boulevard was performed by Tompkins County Health Department and no sewage was observed at that time. A follow-up letter was sent on December 17, 2013 by Tompkins County Health Department requiring tanks to be pumped to prevent any future discharges of sewage to the ground surface and also requiring Newfield Estates to submit a timeline for sewage system replacement to the Health Department by January 24, 2014; **and**

Whereas, the Health Department did not receive the required timeline for sewage system replacement from Newfield Estates and sewage discharge to the ground surface from the sewage systems serving the 700 Section of East Ward Boulevard was observed by Tompkins County Health Department staff on June 26, 2014; **and**

Whereas, Keith Hoffman, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 23, 2014, agreeing that Newfield Estates Mobile Home Park violated these provisions of the New York State Sanitary Code and the Tompkins County Sanitary Code; **now therefore be it**

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

1. Continue to fence the area of surfacing sewage in order to prevent access to the area and apply lime to area for odor control; **and**
2. Continue to and until the sewage systems serving the 700 Section of East Ward Boulevard are repaired or replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler; **and**
3. Submit permit applications, required engineering plans prepared by a NYS licensed professional engineer and associated permit fees and plan review fees for the repair or replacement of the sewage systems serving the 700 Section of East Ward Boulevard by **August 22, 2014; and**
4. Complete installation of the replacement or repair of the sewage systems within **30 days** of Health Department approval; **and**
5. Submit the professional engineer's certificate of completion of the replacement or repair of the sewage systems within **15 days** of completion of the sewage systems installation.

Further Resolved, on recommendation of the Tompkins County Board of Health, Newfield Estates will pay a penalty not to exceed \$100 per day for any future violations where sewage discharge is observed by Tompkins County Health Depart staff from the sewage systems serving the 700 Section of East Ward Boulevard following adoption of a resolution by the Board of Health.



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 # 14.18.16

**Newfield Estates Mobile Home Park
Keith Hoffman, Owner/Operator
425 Douglas Road
Newfield, NY 14867**

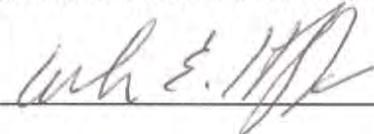
I, Keith Hoffman, as a representative for Newfield Estates Mobile Park, agree that on September 24, 2013, and June 26, 2014, I was in violation of Article VI of the Tompkins County Sanitary Code, Section 6.02 (b) and New York State Sanitary Code Part 17.6 (b) for the discharge of human wastes or sewage to the atmosphere or to the surface of the ground.

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

1. Continue to fence the area of surfacing sewage in order to prevent access to the area and apply lime to area for odor control.
2. Continue to and until the sewage systems serving the 700 Section of East Ward Boulevard are repaired or replaced, prevent the discharge of sewage to the ground surface by keeping the septic tank pumped as needed by a licensed septic hauler.
3. Submit permit applications, required engineering plans prepared by a NYS licensed professional engineer and associated permit fees and plan review fees for the repair or replacement of the sewage systems serving the 700 Section of East Ward Boulevard by **August 22, 2014**.
4. Complete installation of the replacement or repair of the sewage systems within **30 days** of Health Department approval.
5. Submit the professional engineer's certificate of completion of the replacement or repair of the sewage systems within **15 days** of completion of the sewage systems installation.

I also agree to pay a penalty not to exceed \$100 per day for any future violations where sewage discharge is observed by Tompkins County Health Department staff from the sewage systems serving the 700 Section of East Ward Boulevard following adoption of a resolution by the Board of Health. (**Do not submit penalty payment until notified by the Tompkins County Health Department.**)

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:  Date: 7/23/14

Keith Hoffman is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/23/14
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 – FOR RESOLUTION # 14.18.16

**Newfield Estates Mobile Home Park
Keith Hoffman, Owner/Operator
425 Douglas Road
Newfield, NY 14867**

July 2014

| Date | Action |
|----------|---|
| 7/23/14 | Keith Hoffman attended office conference and stipulation agreement was signed. |
| 7/10/14 | Stipulation sent by TCHD scheduling and office conference scheduled for 7/23/14 |
| 7/8/14 | Newfield Estates notified TCHD that they have been in touch with an engineer who is scheduled to evaluate the system mid to late July. In the meantime, Newfield Estates indicated that the areas impacted would be fenced, limed and the system would be pumped to prevent further discharges to the ground surface. |
| 7/1/14 | TCHD received call from owner who stated permit application would be submitted by the end of the week for replacement. |
| 6/26/14 | Field visit. TCHD staff observed sewage surfacing to the ground from both systems serving the 700 Section of East Ward Boulevard. The park office was notified of the violation. |
| 6/25/14 | Complaint received by TCHD regarding sewage surfacing near 702 East Ward Blvd. |
| 12/9/13 | Re-inspection of mobile home park by TCHD staff. No discharge observed. Follow-up letter sent requiring submission of a timeline for replacement of system by January 24, 2014. |
| 9/24/13 | Sewage discharge to ground surface observed by TCHD staff during mobile home park inspection. TCHD staff notified park of issue and required area to be fenced and tanks pumped until issue addressed. |
| 9/12/12 | Mobile Home Park inspection performed by TCHD staff. No sewage violation observed. |
| 10/11/11 | Mobile Home Park inspection performed by TCHD staff. No sewage violation observed. |
| 6/1/2011 | Ownership transferred to Newfield Estates, LLC (Keith Hoffman) by TCHD. Operating permits issued annually on November 1 st . |



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

July 31, 2014

Angsana Pancharoen
ANAK INC, Taste Of Thai
216 East State Street
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.10.17
Taste of Thai Food Service Establishment, C-Ithaca**

Dear Angsana Pancharoen:

Thank you for signing the Stipulation Agreement on July 28, 2014 for the Taste of Thai Food Service Establishment.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 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)\Taste of Thai\Enforcement-Legal\Draft Resolution #14.10.17.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Ithaca Building Department; Marc Albanese, Ithaca Water and Sewer; 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; 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 # 14.10.17 FOR

**Taste of Thai
Angsana Pancharoen/ANAK INC., Owner/Operator
216 The Commons, C-Ithaca
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 June 24, 2014, Health Department staff inspected Taste of Thai and observed a violation of 14-1.10(c) 3 of the New York State Sanitary Code for contamination of a food storage area with sewage. Sewage contamination of a food storage area is a critical violation that requires immediate closure; **and**

Whereas, a placard was posted at Taste of Thai by Tompkins County Health Department staff on June 24, 2014, and the restaurant was reopened on June 25, 2014, after repairs were made and the area was sanitized; **and**

Whereas, on June 30, 2014, Health Department staff inspected Taste of Thai and observed a violation of 14-1.10(c) 3 of the New York State Sanitary Code for contamination of a food storage area with sewage. The Critical Violation included contamination of a food storage area with sewage; **and**

Whereas, a placard was posted at Taste of Thai by Tompkins County Health Department staff on June 30, 2014, and the restaurant was reopened on July 14, 2014, after temporary repairs to the grease trap approved by the City of Ithaca Plumbing Inspector were made and the area was sanitized; **and**

Whereas, on June 11, 2014, a Taste of Thai representative sent an email to the City of Ithaca Chief Inspector of Plumbing stating that the existing grease trap would be removed and installed with a new one within 30-45 days of the email correspondence; **and**

Whereas, Angsana Pancharoen, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 28, 2014, agreeing that Taste of Thai violated these provisions of the New York State Sanitary Code and/or the Tompkins County Sanitary Code; **now therefore be it**

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

1. Pay a penalty of \$1,500 for these violations, due by October 15, 2014(***Do not submit penalty payment until notified by the Tompkins County Health Department.***); **and**
2. Immediately contact the Health Department and cease all food service operations and close in the event of any future leaks of sewage or liquid waste in any area of the restaurant; **and**
3. Replace the grease trap servicing the Taste of Thai restaurant as per the requirements set forth by the City of Ithaca and provide documentation from the City of Ithaca to the Health Department that installation has been done in accordance with City of Ithaca requirements by **September 30, 2014;** **and**
4. Comply with all the requirements of Subpart 14-1 of the New York State Sanitary Code for Food Service Establishments.



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 # 14.10.17

**Taste of Thai
Angsana Pancharoen/ANAK INC., Owner/Operator
216 The Commons, C-Ithaca
Ithaca, NY 14850**

I, Angsana Pancharoen, as a representative for Taste of Thai, agree that on June 24, 2014, and June 30, 2014, Taste of Thai was in violation of Part 14-1 of the New York State Sanitary Code for Food Service Establishments for sewage on the floor in a food storage area.

I agree to pay a penalty not to exceed \$1500 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. Immediate contact the Health Department and cease all food service operations and close in the event of any future leaks of sewage or liquid waste in any area of the restaurant building.
2. Replace the grease trap servicing the Taste of Thai restaurant as per the requirements set forth by the City of Ithaca and provide documentation from the City of Ithaca to the Health Department that installation has been done in accordance with City of Ithaca requirements by **September 30, 2014**.
3. Comply with all the requirements of Subpart 14-1 of the New York State Sanitary Code for Food Service Establishments.

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: Angsana Pancharoen Date: 7/28/2014

Angsana Pancharoen is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 7/29/14
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 – FOR RESOLUTION # 14.10.17

Taste of Thai
Angsana Pancharoen, ANAK INC, Owner/Operator
216 The Commons, C-Ithaca
Ithaca, NY 14850

Compiled July 2014

| Date | Action |
|----------|--|
| 7/29/14 | Signed stipulation agreement received by TCHD via mail. |
| 7/25/14 | Stipulation agreement sent by TCHD. Office conference date set for August 6, 2014. |
| 7/22/14 | Inspection performed by TCHD staff. Grease trap was not leaking waste water. However, two red critical violations observed for failure to maintain enough refrigerated storage and for spoiled food. One blue violation was observed for food not protected during storage (50 lb bag of onions stored on floor in basement dry storage). Re-inspection pending in 2-3 weeks. |
| 7/14/15 | <ul style="list-style-type: none"> • TCHD staff in conjunction with the City of Ithaca Plumbing Inspector verified the repairs to the grease trap. • Placard was removed by TCHD staff allowing the restaurant to resume food service operations. |
| 7/11/14 | TCHD staff spoke with City of Ithaca Plumbing Inspector. Plumbing Inspector states that Taste of Thai may be allowed to temporarily fix the grease trap while a new grease trap is order. Plumbing Inspector stated he will notify TCHD once agreement is in place and inspection occurs. |
| 7/8/14 | City of Ithaca Plumbing Inspector informs TCHD that grease trap needs replacement. |
| 6/30/14 | <ul style="list-style-type: none"> • Inspection by TCHD staff. Staff observed sewage leaking from the grease trap in basement area. • TCHD staff closed restaurant with placard. |
| 6/25/14 | Re-inspection by TCHD staff. Staff noted repairs to drain pipes and that area was sanitized. Restaurant was allowed to re-open. Staff noted on inspection report that restaurant must close immediately if further leaks. |
| 6/24/14 | <ul style="list-style-type: none"> • Complaint received by TCHD for sewage back-up in the restaurant. • Inspection performed by TCHD staff. Staff observed a quarter inch of liquid in basement and noted foul odors. Restaurant was open and serving customers. Workers stated it was due to grease trap overflow. • TCHD staff closed restaurant with a placard. |
| 10/28/13 | Re-inspection performed by TCHD. No violations observed. |
| 10/11/13 | Inspection performed by TCHD. Two red critical violations observed for foods not cooled by an approved method and food not protected during storage |

Inclusion Through Diversity

| | |
|---------------|---|
| | from potential sources of contamination. |
| 2/21/13 | Inspection performed by TCHD staff. One blue violation observed for non-food contact surfaces improperly maintained. |
| 10/16/12 | Re-Inspection performed by TCHD staff. No violations observed. |
| 9/13/12 | Inspection performed by TCHD staff. Red critical violation observed for potentially hazardous foods not cooled by approved method. One blue violation observed for improper thawing procedures. |
| 6/11/12 | Field visit performed by TCHD staff as follow-up to a complaint that grease was leaking into alley way from hood system. |
| 2/14/12 | Re-inspection by TCHD staff. One blue violation observed for non-food contact surfaces improperly maintained. |
| 1/31/12 | Inspection performed by TCHD staff. Two red violations observed for potentially hazardous food not kept below 45°F during cold holding and potentially hazardous food not stored under refrigeration except during necessary prep. Two blue violations also observed for improper thawing techniques and non-food contact surfaces improperly maintained. |
| 11/10/11 | Re-inspection performed by TCHD staff. No violations observed. |
| 10/11/11 | Resolution adopted by BOH at its regular meeting. |
| 9/6/11 | Draft resolution sent by TCHD. |
| 9/1/11 | Stipulation agreement signed by Taste of Thai representative agreeing to pay \$400 penalty for violation. |
| 8/30/11 | Re-inspection performed by TCHD staff. No violations were observed. |
| 8/23/11 | Stipulation Agreement sent for sewage contamination in a food storage area. |
| | TCHD removes placard. |
| 8/10/11 | <ul style="list-style-type: none"> • Inspection performed by TCHD staff. Three red critical violations observed including food areas contaminated by sewage, potentially hazardous foods not cooled by an approved method and not enough refrigeration storage equipment was present. One blue violation observed for non-food contact surface improperly designed. • Restaurant was placarded and closed by TCHD staff due to sewage contamination of food area. |
| 2/11/11 | Inspection performed by TCHD staff. One blue violation observed for lighting fixtures not properly shielded. |
| 9/9/10 | Re-inspection performed by TCHD staff. No violations were observed. |
| 8/18/10 | Inspection performed by TCHD staff. Red critical violation observed for not maintaining potentially hazardous foods at or below 45°F during cold holding. |
| 1/13/10 | Inspection performed by TCHD staff. No violations were observed. |
| Prior to 2009 | Restaurant issued permit to operate. Renewed annually. |



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

July 31, 2014

Claudia Drong
Inlet Island Café LLE
310 Taughannock Boulevard
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # 14.11.19
Inlet Island Café, Food Service Establishment, C-Ithaca**

Dear Ms. Drong:

Thank you for signing the Stipulation Agreement on July 23, 2014 for the Inlet Island Café.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 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)\Inlet Island\Enforcement\Draft Resolution 14.11.19.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
City of Ithaca Building Dept; 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; Steven, Kern; Skip Parr; Brenda Coyle
scan: Signed copy to eh

DRAFT RESOLUTION # 14.11.19 FOR

**Inlet Island Café LLC
Claudia Drong, Owner/Operator
310 Taughannock Boulevard
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 June 13, 2014, the Tompkins County Health Department observed critical violations which included failing to use pre-chilled ingredients when preparing potentially hazardous foods. Approximately one quart of tuna salad and one-half pound of sliced tomatoes were observed in the top of a sandwich prep unit at 50-52 °F.; **and**

Whereas, on July 3, 2014, the Tompkins County Health Department observed critical violations which included failing to use pre-chilled ingredients when preparing potentially hazardous foods. Approximately one quart of chicken salad was observed in the top of a sandwich prep unit at 51 °F.; **and**

Whereas, Claudia Drong, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 23, 2014, agreeing that Inlet Island Café 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 Claudia Drong, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due by October 15, 2014. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. To prepare all potentially hazardous food using pre-chilled ingredients at or below 45°F prior to placing into storage; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



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 # 14.11.19

**Inlet Island Café LLC
Claudia Drong, Owner/Operator
310 Taughannock Boulevard
Ithaca, NY 14850**

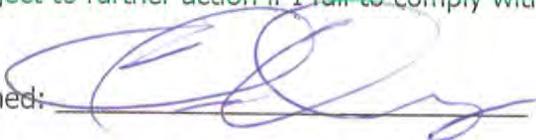
I, Claudia Drong, as a representative for Inlet Island Café LLC, agree that on June 13, 2014, and July 3, 2014, Inlet Island Café LLC was in violation of Part 14-1 of the New York State Sanitary Code for failure to prepare potentially hazardous food using pre-chilled ingredients that are 45 °F or less.

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.*)

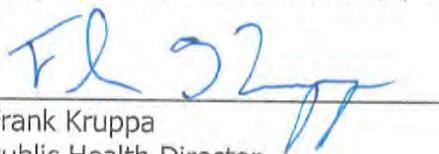
I also agree to comply with the following Orders when signed by the Tompkins County Public Health Director:

1. To prepare all potentially hazardous food using pre-chilled ingredients at or below 45°F prior to placing into storage.
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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:  Date: 7/23/14

Claudia Drong is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 7/25/14
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 – FOR RESOLUTION #14.11.19

Inlet Island Café
Inlet Island Café LLC, Claudia Drong, Owner/Operator
310 Taughannock Boulevard, C-Ithaca
Ithaca, NY 14850

July 2014

| Date | Action |
|-------------|---|
| 7/25/14 | Signed stipulation received by TCHD in the mail. |
| 7/16/14 | Stipulation agreement sent by TCHD. Office conference scheduled for July 30, 2014. |
| 07/03/2014 | Re-inspection by TCHD: Potentially hazardous foods were not prepared using pre-chilled ingredients and were not chilled to 45°F or less before use. Product for customer use was observed to be 51°F. |
| 06/13/2014 | Inspection by TCHD: Potentially hazardous foods were not prepared using pre-chilled ingredients and were not chilled to 45°F or less before use. Product for customer use was observed to be at 50-52°F. |
| 06/18/2013 | Re-inspection by TCHD: Violations observed during inspection of 05/29/2013 were corrected. |
| 05/29/2013 | Inspection by TCHD: Toxic chemicals were stored so contamination of food could occur. Potentially hazardous foods were not prepared with pre-chilled ingredients or chilled to 45°F or less before use. Products in a customer service cooler were observed to be at 52-56°F. |
| 02/14/2012 | Re-inspection by TCHD: Violations observed during inspection of 01/30/2012 were corrected. |
| 01/30/2012 | Inspection by TCHD: Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in service cooler for customer use were observed to be at 65-67°F. |
| 05/20/2011 | Inspection by TCHD: No critical violations observed. |
| 07/28/2010 | Re-inspection by TCHD: Violations observed during inspection of 07/07/2010 were corrected. |
| 07/07/2010 | Inspection by TCHD: Potentially hazardous foods were not stored under refrigeration. Cream for use in coffee was observed on a counter for customer use at 58°F. |
| 05/28/2009 | Re-inspection by TCHD: Violations observed during inspection of 05/13/2009 were corrected. |
| 05/13/2009 | Inspection by TCHD: Potentially hazardous foods were not kept at or below 45°F during cold holding. Prepared sandwiches and salads were observed to be at 50-52°F. |
| 08/27/09 | Permit to Operate issued to Inlet Island Café LLC. |



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

August 14, 2014

DANMAR Hospitality INC
INNTELL MGMT CORP
C/O Daniel Homik
705 Erie Boulevard West
Syracuse, NY 13204

**Re: Tompkins County Board of Health Draft Resolution # 14.14.18
Trip Hotel Indoor Swimming Pool, V-Lansing**

Dear Mr. Homik:

Thank you for signing the Stipulation Agreement on August 6, 2014, for the Trip Hotel Swimming Pool.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, August 26, 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\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Trip Hotel (formerly Clarion University)\Enforcement\Draft Resolution 14.14.18.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO V-Lansing; Mayor V-Lansing; Dooley Kiefer, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Anne Wildman; Steven Kern; 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 # 14.14.18 FOR

**Trip Hotel
Daniel Homik, DANMAR HOSPITALITY INC, Owner/Operator
1 Sheraton Drive
Ithaca, NY 14850**

Whereas, the Owner/Operator of a Swimming Pool must comply with the regulations established by Subpart 6-1 of the New York State Sanitary Code (NYSSC); **and**

Whereas, this code section requires that electrical circuits or wiring within ten feet of the swimming pool be properly protected and that adequate supervision of the swimming pool be maintained as prescribed; **and**

Whereas, on June 26, 2014, Health Department staff observed unprotected electrical wiring within ten feet of the swimming pool and observed the emergency phone not properly functioning which is a requirement of maintaining adequate Level IV supervision; **and**

Whereas, a placard was posted at the Trip Hotel Swimming Pool by Tompkins County Health Department staff on June 26, 2014, and the swimming pool was reopened on July 2, 2014, after repairs were made to properly secure the electrical wiring and a functional emergency phone was placed into service; **and**

Whereas, Daniel Homik, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on August 6, 2014, agreeing that the Trip Hotel 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 Daniel Homik, Owner/Operator, is ordered to:**

1. Pay a penalty of \$800 for these violations, due **October 15, 2014 (Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Revise the Trip Hotel Swimming Pool Safety Plan to include a daily opening checklist that requires responsible hotel staff to verify that there are no Public Health Hazards present prior to opening the swimming pool to guest. The Swimming Pool Safety Plan must be submitted the Health Department for approval by **August 29, 2014; and**
3. Submit certification statements for all staff responsible for pool oversight including front desk staff, maintenance and management that they have read and understand the Swimming Pool Safety Plan and the responsibilities delegated to them within two weeks of approval of the safety plan by the Health Department; **and**
4. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.



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

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STIPULATION AGREEMENT AND ORDERS # 14.14.18

**Trip Hotel
Daniel Homik, DANMAR HOSPITALITY INC, Owner/Operator
1 Sheraton Drive
Ithaca, NY 14850**

I, Daniel Homik, as a representative for the Trip Hotel, agree that on June 26, 2014, I was in violation of Subpart 6-1 of the New York State Sanitary Code for failure to properly maintain electrical wiring within ten feet of the swimming pool and failure to maintain adequate Level IV supervision.

I agree to pay a penalty not to exceed \$800 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. Revise the Trip Hotel Swimming Pool Safety Plan to include a daily opening checklist that requires responsible hotel staff to verify that there are no Public Health Hazards present prior to opening the swimming pool to guest. The Swimming Pool Safety Plan must be submitted the Health Department for approval by **August 29, 2014**.
2. Submit certification statements for all staff responsible for pool oversight including front desk staff, maintenance and management that they have read and understand the Swimming Pool Safety Plan and the responsibilities delegated to them within two weeks of approval of the safety plan by the Health Department.
3. Comply with all the requirements of Subpart 6-1 of the New York State Code for Swimming Pools.

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: Daniel Homik Date: 8-6-14

Daniel Homik is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Brenda Kruppa Date: 8/11/14
for Frank Kruppa
Public Health Director

RECEIVED

AUG 08 2014

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

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

CASE SUMMARY – FOR RESOLUTION # 14.14.18

**Trip Hotel Ithaca
Daniel Homik/DANMAR Hospitality Inc, Owner/Operator
1 Sheraton Drive
Ithaca, NY 14850**

August 2014

| Date | Action |
|---------|--|
| 8/8/14 | Signed stipulation agreement received by TCHD. |
| 8/6/14 | Mr. Homik called TCHD. He stated that he was willing to sign stipulation agreement and that he was committed to addressing pool issues and working with the Health Department to update Pool Safety Plan for the hotel. Mr. Homik did state that electrician for the hotel indicated to him that the exposed wires were not live and that power to the heaters was disconnected. |
| 7/31/14 | Stipulation agreement sent by TCHD. Office conference scheduled for 8/14/14. |
| 7/2/14 | Re-inspection performed by TCHD. Public Health Hazards were corrected at the pool. Placard was removed and pool was allowed to re-open. |
| 6/26/14 | <ul style="list-style-type: none"> - Inspection performed by TCHD. Public Health Hazards (red violations) observed included exposed, bare electrical wires from overhead heaters approximately 6 feet from side of pool and the emergency phone was not properly functioning. The phone was observed without a wire to connect it to the phone jack. In addition, 11 other violations (blue) were observed. - The pool was ordered closed by TCHD staff and placards were placed at the entrances to the pool area. - There was no apparent evidence of a link between the reported cryptosporidium case and the Trip Hotel pool. There were no fecal incidents reported/known and TCHD consulted with NYSDOH about testing the pool water and it was determined to be unnecessary since there was only one known case at the time and no other risk factors were present lending itself to a cryptosporidium outbreak. |
| 6/25/14 | EH staff was notified by TCHD nursing staff that they were working on a cryptosporidium case where a patient had recently swam at the Trip Hotel pool. |
| 3/27/13 | Inspection performed by TCHD staff. No Public Health Hazards observed but 9 blue violations were recorded including deficiencies in accessibility of lifesaving equipment, self-latching door, maintenance of deck, maintenance of equipment, disinfection level, reporting, glare/lighting, pool water levels, maintenance of weirs, maintenance of flow meter, signage requirements. |
| 9/25/12 | Inspection performed by TCHD staff. No Public Health Hazards observed but 6 blue violations were recorded including deficiencies in reporting, glare/lighting, pool water levels, maintenance of weirs, maintenance of flow meter, signage |

Inclusion Through Diversity

| | |
|---------------|--|
| | requirements. |
| 9/3/12 | Clarion University Hotel Ithaca changed name to Trip Hotel. There was no change in ownership. |
| 06/23/11 | Inspection performed by TCHD staff. No Public Health Hazards observed but one blue violation observed for missing weirs on skimmers. |
| 6/16/10 | Re-Inspection by TCHD staff. No violations observed. |
| 6/11/10 | Inspection performed by TCHD staff. Public Health Hazard observed for pool area not being properly enclosed and secured. |
| 7/22/09 | Inspection performed by TCHD staff. No Public Health Hazards observed but 3 blue violations were recorded including deficiencies for maintenance of weirs, maintenance of flow meter and self-latching door. |
| Prior to 2009 | Temporary Residence permit issued including a permit to operate an indoor swimming pool. Permit issued annually. |