

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, March 24, 2015
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 February 24, 2015 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 ***Environmental Health*** (20 mins.)

Enforcement Action:

1. Resolution ENF-15-0011 – Upstate District Nazarene Church, T-Caroline, Violation of Board of Health Orders #14.13.8 (Temporary Residence/ Children's Camp) (10 mins.)

Discussion/Action:

1. Consideration of Changes in Local Law Regarding Sparklers (10 mins.)

12:50 ***Adjournment***

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Tompkins County Board of Health
February 24, 2015
12:00 Noon
Rice Conference Room

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

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

Excused: Sylvia Allinger, Director of CSCN; and Jonathan Wood, County Attorney

Guests: Steven Kern, Senior Public Health Sanitarian

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 12:03 p.m.

Introductions: Mr. Kruppa introduced Dr. David Evelyn from Cayuga Medical Center as the newly appointed physician member to the Board of Health (BOH). Dr. Evelyn described himself as a family medicine physician by training. Additional educational background includes a Master in Public Health degree. He has worked as a primary care physician in private practice and has held various administrative medical roles. One such role was Medical Director in Otsego County. In his work, he has had numerous contacts with state and local health departments. Public health has always been one of his interests. After welcoming him to the group, BOH members and Health Department staff introduced themselves.

Approval of January 27, 2015 Minutes: Dr. Morgan moved to approve the minutes of the January 27, 2015 meeting as written; seconded by Dr. Koppel. The minutes carried with Ms. Merkel abstaining.

Financial Summary: Referring to the January 2015 financial summary report, Ms. Grinnell Crosby reviewed her notes at the bottom of each program's graph.

- Division for Community Health – As a Licensed Home Care Services Agency (LHCSA), the Health Department can no longer bill Medicaid. In late 2014, the department contracted with Visiting Nurse Services of Ithaca and Tompkins County (VNS) to provide MOMS services. VNS processes the billing and makes payment to the Health Department.

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- Medical Examiner Program – There was a significant increase in the number of cases requiring autopsy/forensic laboratories; 10 cases for January 2015 compared to 3 and 4 cases in the previous two years.
- Early Intervention – With the change from County to State management of fiscal responsibilities, the budget is more in line with how the program is operating with the State as the fiscal agent.
- Environmental Health – Revenue issues are likely related to the time when permits fees were actually paid. There was a deposit to the County at the end of December 2014 which may have impacted January figures.

Administration Report: Mr. Kruppa announced the Tompkins County Mental Health Commissioner has submitted her resignation. At the request of the County Administrator, he has agreed to serve as interim commissioner while a search is conducted to fill the vacancy. Effective March 2nd, he will be serving the County as both the Public Health Director and the Acting Mental Health Commissioner. This is an opportunity to support staff in the Mental Health Department on large projects and enable them to continue working on their goals. Additionally, he will be making connections that will assist with the Community Health Improvement Plan's work toward promoting mental health and preventing substance abuse in Tompkins County.

In response to questions from Board members, Mr. Kruppa said he anticipates recruitment for the new commissioner will take 6 to 8 months. Day-to-day operations will be handled by Mental Health administrative staff members, and he will serve as the executive manager. His duties will include making decisions about expending funds, moving projects forward, resolving any personnel related matters and attending meetings related to mental health.

Medical Director's Report: Dr. Klepack reported:

- Influenza continues to be prevalent.
- It is important to conceptualize the HPV vaccine as a cancer prevention vaccine.
- Public health is faced with the real challenge of trying to present scientific information about vaccines to the public but also address the risk of vaccines. There needs to be a strong message about the benefit versus the risk.

Responding to Mr. Burbank's question about the adult population targeted to receive the vaccination, Dr. Klepack clarified the vaccine is for young adults under 26; preferably preadolescents.

Dr. Macmillan heard a report there is a 9-valent HPV vaccine that may protect against more strains of the virus. According to Dr. Klepack, the 9-valent vaccine is not being fully marketed but is close to being rolled out.

In discussions with her students about vaccines, Ms. Merkel has observed many people have the misconception that vaccination is a personal decision. They do not understand the concept of herd immunity. It might be helpful to have a message that people who get vaccinated are helping people who are unable to get the vaccine.

Mr. McLaughlin received an email from a reporter interested in interviewing him about vaccines which prompted him to ask how Board members should handle these questions. Mr. Kruppa explained this was a student reporter from Ithaca College who sent

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emails to everyone on the Board. When Board members forwarded the email to him, he shared it with Theresa Lyczko, Public Information Officer, who was able to assist the reporter with information. Board members may speak to the media, but he encouraged members to contact the department so staff can help with the response and/or be prepared for any follow-up questions.

Division for Community Health Report: Ms. Connors reported:

- The staff member who supervised billing and compiled the Division's statistical reports has resigned. With the position currently posted, she will be interviewing applicants soon.
- New York State Department of Health (NYSDOH) Communicable Diseases yearly report for 2014 and monthly report for January 2015 are in the packet. With more detail provided by the State, staff will be able to tailor reports with information the Board may want included.
- Through an ongoing WIC Performance Improvement Project, WIC staff members have reduced the clinic appointment "No-Show" rate from 20.9% in October 2014 to the preliminary rate of 14.5% in January 2015. The NYS average no-show rate is ~ 14%.
- The Institute of Medicine (IOM) has chosen two WIC clinics in upstate New York to evaluate the WIC experience from a participant perspective, Buffalo and Tompkins County Health Department WIC agency. The IOM representatives will go through the entire process of intake, income eligibility certification, nutrition counseling and check issuance as well as shopping for the WIC check items at the grocery store.

Ms. Connors answered questions from Board members:

- With the current staff vacancy, processes are being examined to identify better, more efficient ways to perform tasks. Part of the goals and objectives of the Health Department is to take the institutional knowledge staff members possess and establish written procedures.
- There were 12 cases of syphilis for 2014. The 2015 Communicable Disease report only shows reported cases of a disease. Since there were no cases of syphilis reported in January 2015, it was not on the list.
- With the increase in syphilis cases in 2014, a coalition representing the colleges and community providers had been discussing ways to address the increase. In October, the group stopped meeting when the first case of Ebola was identified in the United States. The plan is to resume coalition meetings in late spring. Mr. Kruppa added there is a student intern who continues to reach out to the LGBT community with information about syphilis.
- There was a community wide Ebola response drill in January. A media event sponsored by Public Information Officers from the participating organizations helped provide continuity of the message. Mr. Kruppa commented the Health Department is still dealing with Ebola questions, but interest has diminished as national media attention has decreased.

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Point of Dispensing (POD) Exercise: Mr. Kruppa announced there will be a POD exercise at Tompkins-Seneca-Tioga BOCES on March 31st from 1:00 to 2:30 p.m. He invited Board members to participate as patients and walk through the process. It will be a good opportunity to observe the Health Department in action. Information about preregistering for the POD will be sent to Board members.

Children with Special Care Needs Report: Ms. Allinger was not present for the meeting.

County Attorney's Report: Mr. Wood was not present for the meeting.

Environmental Health Report: Ms. Cameron reported:

- Although oil spills are rare in Tompkins County, there was a fuel oil release in a homeowner's garage after the heating system was serviced. After the spill, the homeowner called the heating company; the company reported the spill to NYS Department of Environmental Conservation (DEC) as required; and DEC called the Health Department. A remediation company has set up a ventilation system and Environmental Health (EH) staff members are monitoring the volatile organic compounds (VOCs) which have decreased.
- There is a new numbering system for enforcement cases in connection with the Accela software management program.
- Work continues on setting up the Accela Citizen portal for restaurant owners to renew their permits online. Once the payment system is operational, there will be a link on the EH Food Service Program web page for renewing permits online and making payments by credit card. Applicants will be able to send any other required documentation electronically or by mailing paper copies separately.

Ms. Cameron recognized Steven Kern, Senior Public Health Sanitarian, who is attending his last BOH meeting. Earlier in the meeting, Mr. Kern had announced he will be retiring in March after working 30 years at the Health Department. On behalf of the Board, Dr. Macmillan thanked him for his service.

Resolution #EH-15-0002 – Fraternal Order of Eagles, C-Ithaca, Clean Indoor Air Act (CIAA) Waiver Renewal Request: Mr. Kern provided background on the waiver renewal request. The waiver was first issued to the Fraternal Order of Eagles in 2005. A waiver provision in the CIAA of 2003 allowed facilities able to show undue financial hardship during the first year of the law's implementation to obtain a waiver. The Eagles Club was the only facility in Tompkins County to submit an application and show the organization had suffered financial hardship. Every year Health Department staff members verify the conditions of the waiver are still in place before submitting the resolution to the Board. There have been no complaints from the public in the past year.

Mr. Greenhouse moved to accept the resolution as written; seconded by Mr. Burbank. The vote: Aye – 7; No - 1 (Dr. Morgan); carried.

Authorization to Issue Position Letter on Childhood Evaluations: In Ms. Allinger's absence, Mr. Kruppa led the discussion. He noted Deputy County Attorney, Bill Troy,

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has researched the laws regarding this ruling and believes NYSDOH is violating the Individuals with Disabilities Education Act (IDEA). This federal law governs how states and public agencies provide early intervention, special education and related services to children with disabilities. The NYSDOH stance is childhood evaluations are medical, but the IDEA identifies evaluations as educational. Mr. Troy is still researching the matter and will share any draft communication with the Health Department before sending to the NYS Education Department, NYSDOH, and potentially Senators Kirsten Gillibrand and Chuck Schumer.

Discussion ensued after Mr. Greenhouse voiced his concern that this is an urgent matter requiring swift resolution. He raised the possibility of a standing motion authorizing the County Attorney to seek an injunction to immediately stop enforcement of the new policy and allow services to be provided while the issue is decided. Mr. Kruppa explained there may not be any need for the Board to act in this situation. The attorney believes he can make a strong case, but he is still looking at the matter. If BOH approval is required, the attorney would make a presentation to the Board. After listening to the discussion indicating Board members support expeditious action, Mr. Kruppa commented he feels comfortable moving forward. He reiterated the Health Department's commitment that this is a priority to be addressed as there are long-term ramifications if the ruling does not get changed.

Mr. Kruppa referenced the letter (BOH Minutes, January 27, 2015, Attachment 1) he previously sent to local State legislators discussing the issue. In a meeting with two of the legislators, State Senator O'Mara and Assemblywoman Lifton recommended a letter be sent to the Governor requesting an executive order to modify legislation.

Referring to Ms. Allinger's draft letter, Mr. Kruppa asked for comments/edits from the Board that he will pass along to her.

- Several members thought there should be a sentence at the end of the first paragraph referring to Mr. Kruppa's previous letter.
- Dr. Macmillan recommended an edit in paragraph two, sentence one: "While we recognize that the NYS *Education Department* had a reason..."
- Dr. Macmillan suggested language edits to paragraph two, sentence three: "The slow movement in delivery of evaluations *produces potentially impactful* issues for the very young, due to the significance of and *rapidity of* developmental changes during the *period of* birth to five *years of age.*"

Mr. McLaughlin made a motion to send the letter as edited; seconded by Dr. Evelyn; and carried unanimously.

Adjournment: At 1:15 p.m. Dr. Macmillan adjourned the meeting.

Dashboard Display thru February 2015

	Expenditures	Revenues
Health Department		
Mandates		
Non-Mandates		
Preschool Special Education (2960)		
Plng. & Coord. (Health) (4010)		
Women, Infants & Children (4012)		
Occupational Hlth.& Sfty. (4013)		
Medical Examiner (4014)		
Vital Records (4015)		
Division For Community Health (4016)		
Medical Examiner Program (4017)		
Plng. & Coord. Of C.S.N. (4047)		
Phys.Handic.Chil.Treatmnt (4048)		
Early Intervention (0-3) (4054)		
Environmental Health (4090)		
Public Health State Aid (4090)		

LAST REFRESH: March 03, 2015

EXPENDITURES

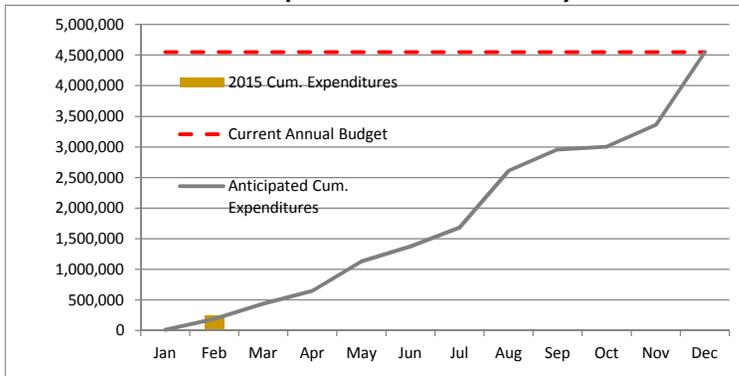
Cumulative to date compared to budget (over budget by more than 25% = Red, between 110% and 125% of budget = Yellow, below 110% of budget = Green)

REVENUES

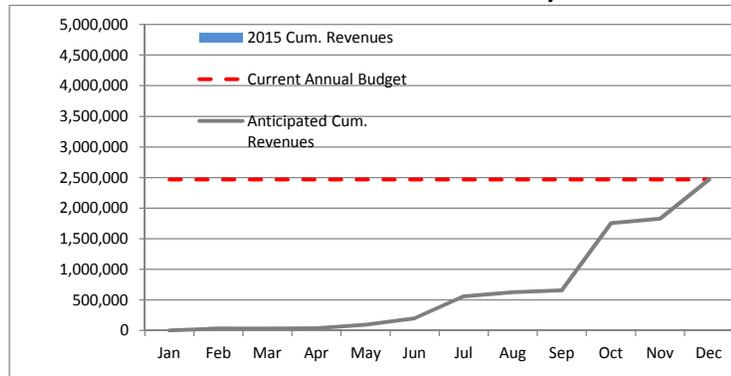
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Health Dept - Preschool Special Education (2690)

Cumulative Expenditures thru February 2015



Cumulative Revenues thru February 2015



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

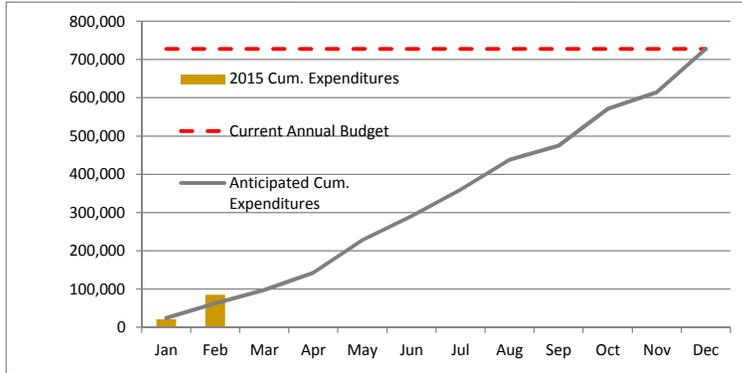
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

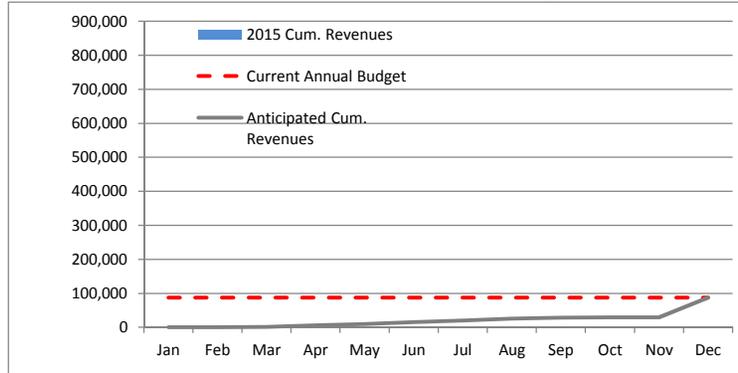
Notes: Expenditures are reflected "red" due to 2013 expenditures were significantly less than 2014 or 2015. Rates for this program are established by NYSED and delays in rate postings delays our ability to process invoices.

Health Dept - Planning & Coordination (4010)

Cumulative Expenditures thru February 2015



Cumulative Revenues thru February 2015



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

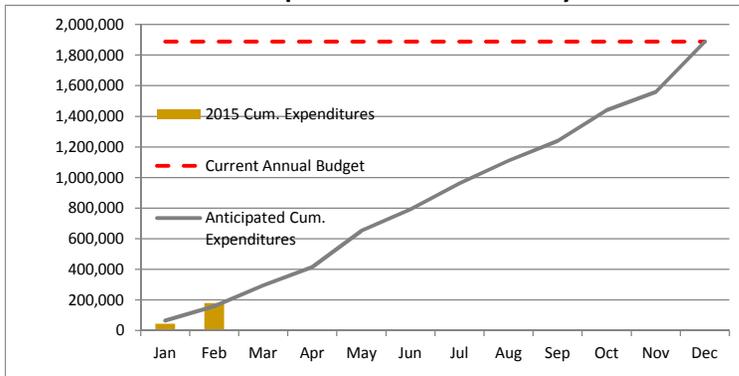
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

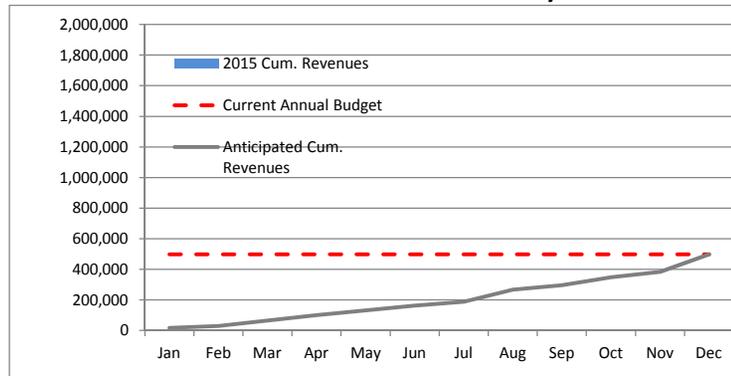
Notes: Expenditures reflected for 2015 are higher primarily due to posting of fringes to the county books. Fringes were not posted for the period thru February for 2013 and 2014.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru February 2015



Cumulative Revenues thru February 2015



Data Lapse:
30 days

Appropriations

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

Revenues

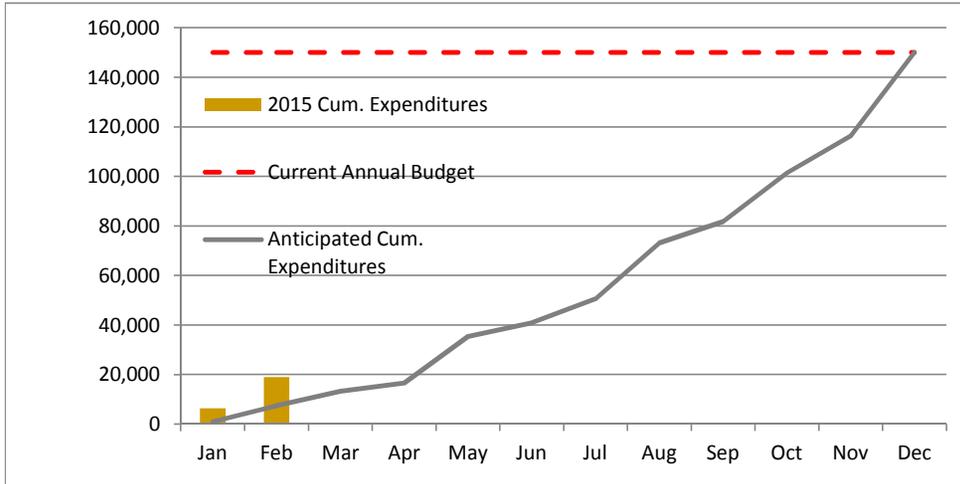
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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

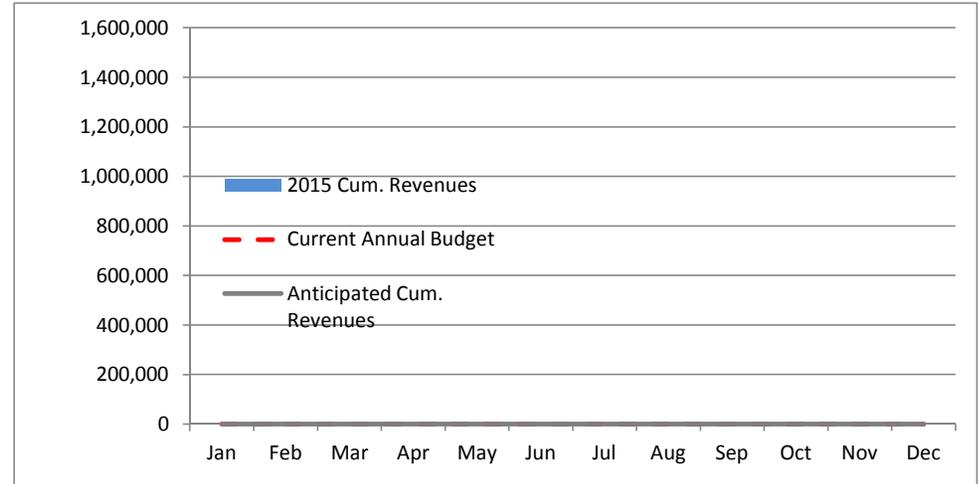
Notes: The average of the prior two years includes when the department billed Medicaid directly for MOMS services (this is contracted out to VNS late 2014 and 2015). Other increased revenues in the two year average include a grant payment and flu billing that was processed late. Revenues in 2014 and 2015 are lower due to timely processing of flu billing and LHCSA billing now processed through VNS.

Health Dept - Medical Examiner Program (4017)

Cumulative Expenditures thru February 2015



Cumulative Revenues thru February 2015

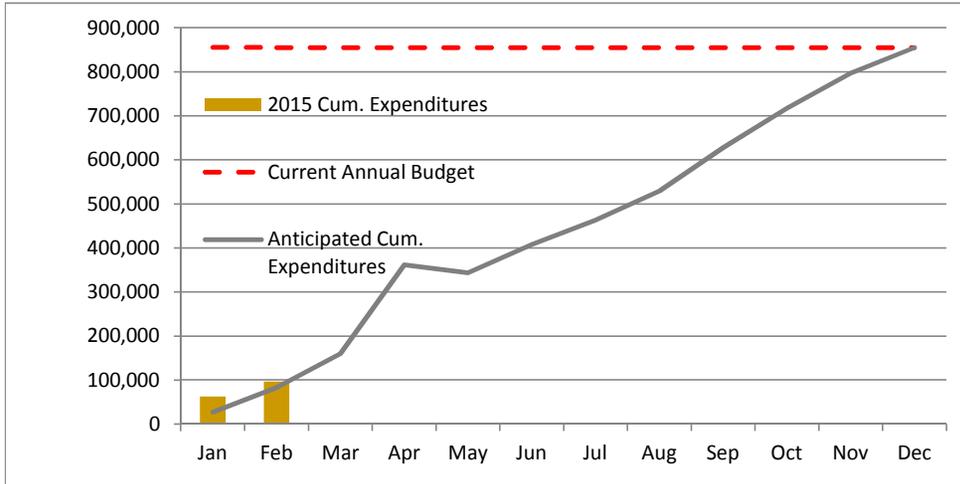


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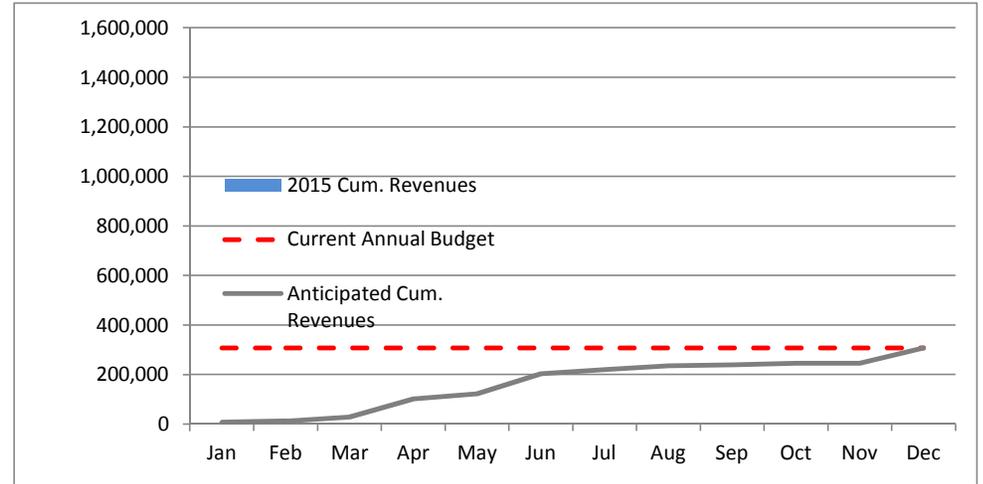
Notes: The number of cases with expenses responded to in January 2015 (10) are higher than the prior two years (3-4), February cases are lower. (1). Expenses are often delayed pending final autopsy report.

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

Cumulative Expenditures thru February 2015



Cumulative Revenues thru February 2015

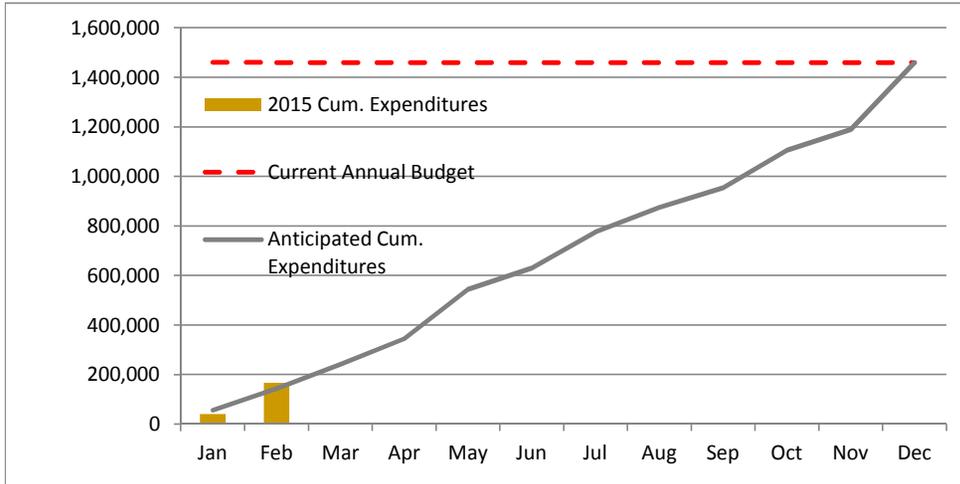


The "Anticipated Cum." line in each graph is derived by calculating the ratio of the average of the prior two years actuals for any given month to the total average actual for those two years and then applying that ratio to the current year's budget.

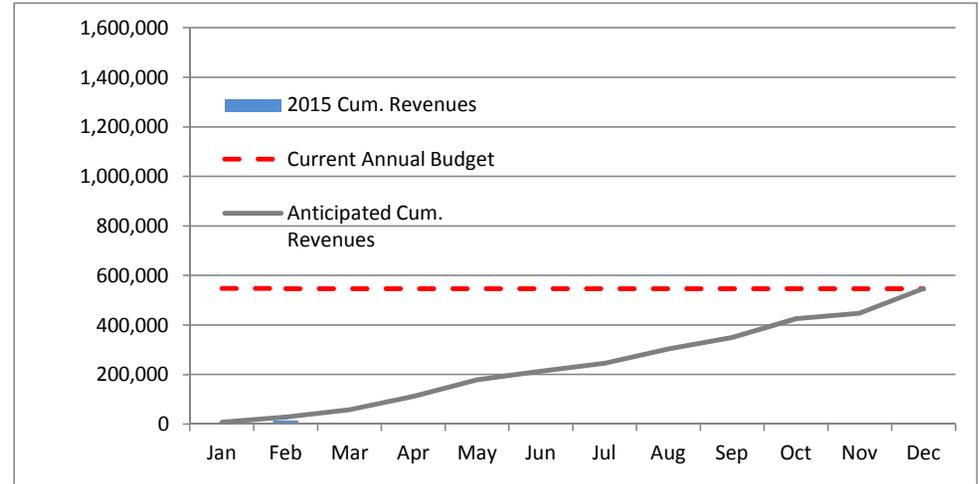
Notes: Early Intervention expenditures and revenues are now budgeted more in line with how the program is operating with the state as the fiscal agent. The average of the prior two years continues to be a blend of when the county managed the contracts, billing and invoices and the state takeover.

Health Dept - Environmental Health (4090)

Cumulative Expenditures thru February 2015



Cumulative Revenues thru February 2015



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

Notes: The likely impact at this time of the year is when permit fees are actually paid. We received funds right up until the end of 2014 for the 2014 books which may have impacted the January receipts.

**Public Health Director
Report
March 2015**

- The past month has been dominated by my adjustment to serving as Interim Mental Health Commissioner. In the first two weeks I spent 50% of my time in each place. I expect over time I will be able to better manage my schedule so I won't need to be in both buildings every day. It is going well and I am learning a lot about the services and community connections within the Mental Health Department. It can only help our long term plans to promote Mental Health and prevent Substance Abuse.
- We continue planning for our March 31st Point of Dispensing exercise. On Tuesday March 17th we have a set up drill to determine how long it would take us to set up at TST BOCES as we have never used their site before.
- I was in Albany for Legislative visits as part of the New York State Association of County Health Officials (NYSACHO). We were advocating for a 2% increase in our state aid reimbursement from 36 to 38%. We heard support, but neither the Senate nor Assembly took it up in their budget proposals. We are hopeful we set the ground work for the future. I am also running for Vice President of NYSACHO. If elected it is a three year commitment. One year as Vice President, one year as President and one year as Past President.
- I have promoted Karen Bishop to Director of Community Health in anticipation of Sigrid Connors' retirement. Melissa Gatch has been promoted to Supervising Community Health Nurse to replace Karen Bishop. Both appointments will take effect end of April, early May. In EH Brenda Coyle was promoted to Administrative Assistant 4 and Kristee Morgan to Senior Sanitarian to replace the retiring Steven Kern.
- I was elected to serve as one of 11 members of the governing board of our nine county region DSRIP project.
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

**Medical Director's Report
Board of Health
March 2015**

Birth Defects and Dietary Factors

For every hundred babies born, about 2 or 3 will have a major structural or genetic birth defect. The chances of this occurring can be reduced somewhat by the mother's health habits. The most significant strategies are to avoid smoking, alcohol and use of tobacco in any form.

Dietary preferences also make an impact. One example of this is the intake of folic acid. Women should take 400 micrograms of folic acid every day starting at least a month before becoming pregnant. Folic acid is a B vitamin which is essential to produce new cells. Folic acid is important for all humans. Women considering pregnancy should have an adequate amount of it starting at least a month prior to conception.

Two birth defects that can be reduced by having adequate folic acid are spina bifida and anencephaly. Spina bifida is a condition affecting the spine. The spinal canal fails to be enclosed properly within the lower vertebra and nerves serving the bladder and legs are particularly damaged. About 1,500 babies are born each year with this condition. Anencephaly is a less frequent, but even more serious birth defect which is incompatible with life. A baby is born without parts of their brain and skull in this type of defect. An estimated 150 anencephalic babies are born in the United States each year.

If a woman is ingesting 400 micrograms of folic acid each day prior to conception and during early pregnancy, the frequency of these defects can be reduced. Two ways in which an adequate amount of folic acid can be ingested is through an adequate diet and ingesting foods that are folic acid supplemented (such as breakfast cereals). By checking the nutrition labels the woman can assure herself that it has 100% of the daily requirement for folic acid. In addition, most multivitamins sold in the United States have the required amount and, alternatively, one could choose to take a small folic acid pill supplement each day. There is no known benefit to ingesting more than 400 micrograms per day and ingesting 1000 micrograms or more may be harmful.

General Activities:

- Conducted jail quality assurance chart review.
- Signed orders for treatment.
- Reviewed measles outbreak information.
- Routed materials that I wrote for dissemination to area practitioners and for publication.
- Attended CME webinar on "Isolation and Quarantine".
- Modified medication questionnaire and screening algorithm for use in POD (Point of Distribution) centers and for upcoming POD exercise on March 31.
- Routed materials from NYSDOH and CDC to area practitioners.

Division for Community Health
March 24, 2015 Board of Health Meeting

ADMINISTRATION REPORT

Sigrid Larsen Connors, Director of Patient Services (DPS)
February 2015 Report

Agenda – none

FYI – After over twenty one years of service with the Tompkins County Health Department I am retiring on April 29. I have enjoyed a challenging and rewarding career and been very fortunate to work with so many dedicated and caring professional colleagues and community representatives. The Public Health Director will announce my successor.

Administration – The DPS:

- Core Solutions Software Implementation
 - Met with TCHD/Information Technology Services – Core Solutions Software Team to continue record management planning and system configuration in preparation for new software implementation, February 4, 5, 11, 12, 18 & 25.
 - Hired Project Assistant Deidre DeMatteo, February 17. She is working on record management of the Certified Home Health Agency (CHHA) client records that sit on the current software server. Plan is to move the ~ 5000 CHHA records off of the server to Laser Fiche storage for the required 10 years retention period.
- Completed 2013 statistical reports for the Licensed Home Care Services Agency (LHCSA) Cost Report, February 9.
- Teleconferenced with the NYSDOH WIC Regional staff and WIC Program Director Beth Huber in review of the 2014 Local Agency Compliance & Self-Assessment (LACASA) report. Of the 45 program measurements ~ 80% met or exceeded the expected work performance, a very favorable report, February 12.
- Participated in emergency preparedness planning meetings for the March 31 Medical Countermeasures dispensing drill, February 17, 18, 24.
- Interviewed candidates for the vacant WIC Nutrition Educator II position, February 19 and candidates for the vacant Administrative Coordinator position, February 24, 25, 27.

Other Meetings and Training

- Senior Leadership, February 4, 18; BOH, February 24
- Oriented Staff and Interns – February 4, 23
-

Division Statistical Highlights – not available, position responsible for program statistics reports is currently vacant.

COMMUNITY HEALTH SERVICES

Karen Bishop, Supervising Community Health Nurse

CHS Staffing – Nancy Schaff, retired Community Health Nurse, returned part-time temporarily through early February to assist with MOMS intake visits, home visits and immunization clinics as needed. A Senior Account Clerk Typist resigned effective January 16. This position was reclassified to Administrative Coordinator to better suit the billing needs of CHS programs, interviews are in process.

Communicable Disease (CD) – Statistical report pending, in review by TCHD Medical Director

Influenza – Influenza activity level continues to be categorized as geographically widespread in NYS with 78% Influenza A and 21% Influenza B; peak activity in January. By the end of February, there was a gradual decrease in reported cases and flu related hospitalizations. Year to date there have been 5 influenza-associated pediatric deaths reported in NYS. Flu vaccine continues to be offered at TCHD immunization clinics.

Tuberculosis (TB)

TB Disease – Active TB

Case #1- Bone/Lymph node/Peritoneal – No Drug Resistance

63 year old, foreign born. History of +PPD; treated for LTBI in 2005. Patient co-morbidities include diabetes, gout, cirrhosis and peritoneal dialysis. Right chest abscess developed and was MTB culture positive on 4/7/14. 4-drug therapy began 4/1/14. Treatment plan changed several times initially due to drug side effects. Patient remained on daily 3-drug therapy until the end of December when they traveled out of the country, at that time they were transitioned to 2-drug therapy. DOT visits resumed at the end of January with completion of treatment scheduled for the end of March.

Case #2- Pulmonary – No Drug Resistance

21 year old, foreign born. Patient experienced hemoptysis one week duration prior to seeking medical evaluation. Patient was AFB smear negative sputum x3 with MTB positive PCR. 4-drug therapy initiated in early December with daily DOT visits. Patient isolated at home for first two weeks of treatment and tolerated medications well. Patient transitioned to 2-drug therapy twice weekly at the beginning of February. Contact investigation is complete.

Suspect TB Disease

52 year old, US born. No travel history. Presented to local ER with cough x1 month, weight loss and night sweats. CXR showed LUL nodules. Patient was evaluated by TB consultant. Sputum specimens fast tracked to Wadsworth Lab for PCR testing. QFT negative, AFB smear negative x3 and MTB PCR negative. TB Disease ruled out.

Latent TB Infection (LTBI)

2 clients referred to TCHD for follow up with positive Tuberculosis Screening Tests (TST).

- 21 year old foreign born with a 17mm TST. Chest x-ray was negative and client was asymptomatic. Education provided on TB and LTBI treatment. Client refused treatment at this time.
- 46 year old US born with a 17mm TST. Client reports no travel out of the country. Reports working in SNF's for over 20 years. Chest x-ray was negative and client was asymptomatic. Education provided on TB and LTBI treatment. Client refused treatment at this time.

38 TST's were placed during January and February with no positive results.

HEALTH PROMOTION PROGRAM

Theresa Lyczko, Director

Tobacco Control Program – Ted Schiele, Planner/Evaluator

- Attended the Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum, Washington, D.C., February 2-5.
- Drafted section on retail licensing for the Prevention pillar (subcommittee) of the Municipal Drug Policy Committee. The Prevention subcommittee proposal for the full committee will include a section on licensing of retail outlets for tobacco and marijuana, a section on social hosting laws, and a section on establishing a working advisory board on drug and substance use prevention issues.
- Planning meetings and activities related to annual Kick Butts Day program held in collaboration with CMC, GIAC, and South Side Community Center.
- Groton Middle and High Schools, Mr. Weeks' health class. Taught 5 classes about tobacco marketing, total 96 students, February 11-12.
- Reality Check meeting with students at New Roots Charter School, February 11.
- Colleges Against Cancer statewide call about tobacco-free college campuses, February 10, 24.
- Grant staff meeting in Cortland, February 27.
- Responded to inquiry from the web site about smoking in a neighboring apartment.
- Webinar: CDC about smoke-free housing.
- Arranged underwriting schedule with WSKG public radio for mid-Feb through June.

TCHD Participation and Support

- Media: The **measles** outbreak in California resulted in a busy month for media inquiries related to the issue in Tompkins County particularly to the lower immunization rates in some schools in the County. Calls were received from the *Rochester Democrat and Chronicle*, *Elmira Star Gazette*, *The Ithaca Voice*, and an IC student newspaper – *Ithaca Week*. The feature story that appeared in the Rochester paper was published in the *Ithaca Journal*, both Gannett newspapers. The *Ithaca Times* requested and published a statement from the Public Health Director on the importance of vaccination. Social media picked up the information and it was distributed through Twitter and Facebook. Coordination, editing, interviews – Theresa Lyczko
- Media: *Ithaca Journal* inquiry on safe disposal of syringes. The reporter saw and heard reports about syringes left in public restrooms, parking lots, etc.
- Media: Ithaca Voice inquiry and request for comment on penalty for meth use/production in the state legislature and meth use in Tompkins County. Referred caller to other community organizations. Theresa Lyczko
- Informational interviews related to TCHD initiatives and the Health Promotion Program with IC student intern, February 4 and with a public health professional who recently moved to the area, February 18. Theresa Lyczko.

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

- DSRIP – Project Advisory Committee (PAC) conference call – 9 county Southern Tier region, February 20. Theresa Lyczko
- New York Academy of Medicine (NYAM) technical assistance “learning collaborative” conference call. NYAM under contract with NYSDOH is providing technical assistance to counties to help them achieve their CHIP measures. Health Promotion Program (HPP) is coordinating these technical assistance monthly calls with local partners who are providing the Diabetes Prevention Program. February 3. Theresa Lyczko, Susan Dunlop – Community Health Nurse

Web site postings

- Measles page review for accuracy; Public Health Director statement.
- Updated Diabetes Prevention Program page and class schedule updated.
- ServSafe course info posted.
- Accela access link for EH; working on FAQ page.
- Sharps safe disposal page updated.

Community Outreach

- Creating Healthy Places (CHP) - Owning Your Own Health (OYOH) municipal consortium Committee meeting, February 18. Ted Schiele.
- CHP - TCHD Wellness committee (Staff Satisfaction committee), February 19. Ted Schiele as CHP collaborator with Human Services Coalition staff and Susan Dunlop as member of staff satisfaction committee.
- CHP – Met with CFCU (a worksite wellness program funded by CHP) and representative from American Heart Association (AHA). Coordinated the introduction of both organizations to facilitate a certification as a Fit Worksite by the AHA. Certification must be renewed annually; this builds in a level of sustainability for the CFCU wellness program, February 23. Ted Schiele
- CHP - Met with County personnel staff regarding wellness ideas for Owning Your Own Health Committee and for county employees, February 25. Ted Schiele
- CHP – Worked with Human Services Coalition (HSC) staff to organize the first meeting for a Tompkins County Wellness Coalition meeting to be held March 17. This is an effort to provide sustainability and support to worksite grant recipients. Ted Schiele
- CHP – Attended Friends of Stewart Park (FSP) board meeting and as secretary recorded and submitted minutes, February 10. Theresa Lyczko
- CHP – Attended community outreach meeting to recruit volunteers to a long term commitment to plan, raise funds, and build a new playground at Stewart Park, February 28. Theresa Lyczko
- Tabled at the Cayuga Health Systems “Red Dress Tea “that was held in the main lobby of the hospital. Eighteen people filled out the “Are You at Risk” for Type 2 diabetes. Met informally with the staff at the Cayuga Health Institute to review the program they offer for clients who require cardiovascular health information, February 6. Susan Dunlop
- Met with health educator from Cayuga Center for Healthy Living to review the different programs they offer and to collect current brochures to include in her “Women and Heart Disease “presentation, February 10. Susan Dunlop
- Presented “Women and Heart Disease” at the Cornell Wellness Forum. There were 53 people in attendance, February 12. Susan Dunlop
- Met with respiratory therapy staff from CMC and Samantha Hillson – Healthy Neighborhoods Program to develop an outline for an Asthma presentation for a Healthy Neighborhoods event in April, February 19. Susan Dunlop
- Diabetes Prevention Program (DPP) at Cornell University – 7 participants, February 4, 11, 18, 25. Susan Dunlop
- DPP – Fourth post-core monthly session at Dryden Family Medicine – 7 participants – February 26. Make – up session for third session for 2 participants, February 4. Theresa Lyczko

Emergency Preparedness

- IHANS course online (CTI-300) – allows registered users to send various levels (advisory to alert) of notices on emerging health or emergency issues to internal staff and external partners, February 24. Theresa Lyczko, Ted Schiele
- Planning meeting for March 31 POD exercise, February 24. Theresa Lyczko

- County Public Information Officer (PIO) meeting, February 19. Theresa Lyczko

Meetings and Trainings

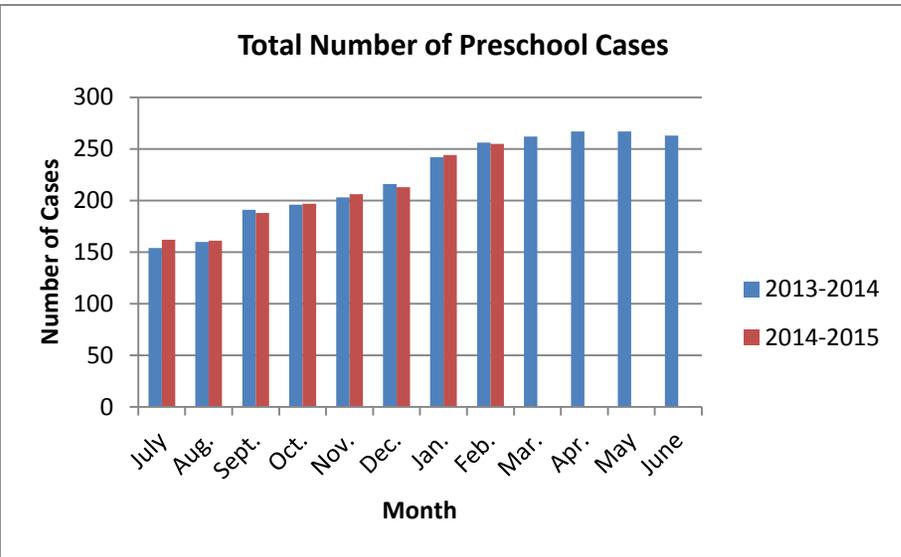
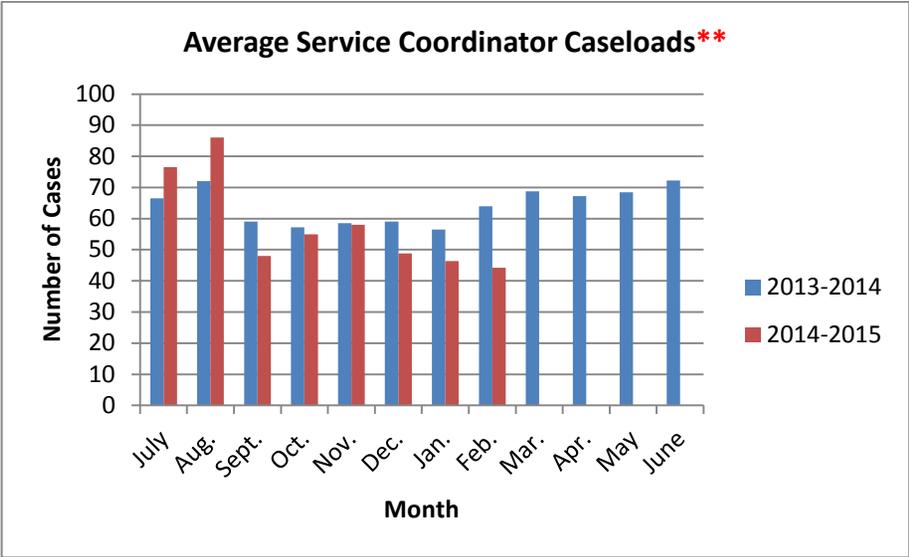
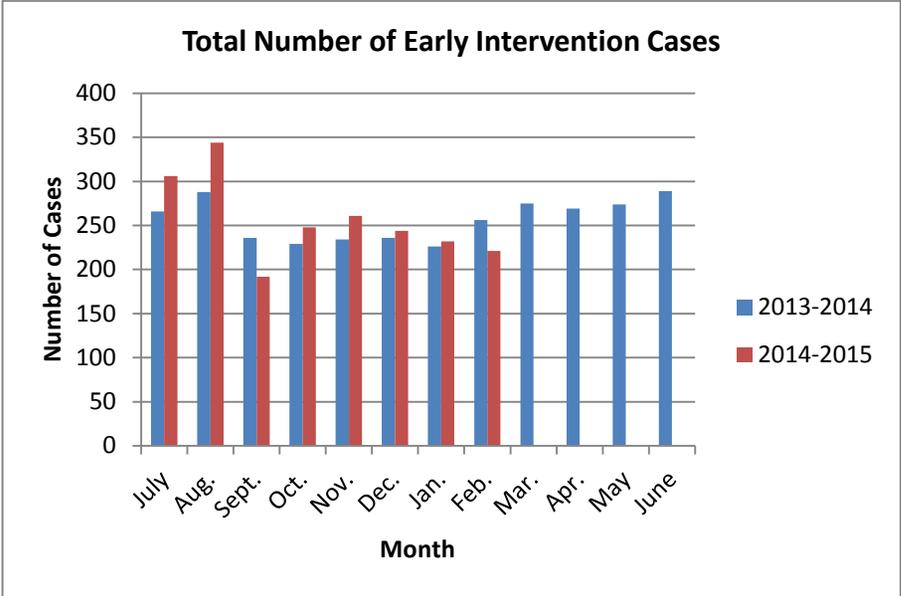
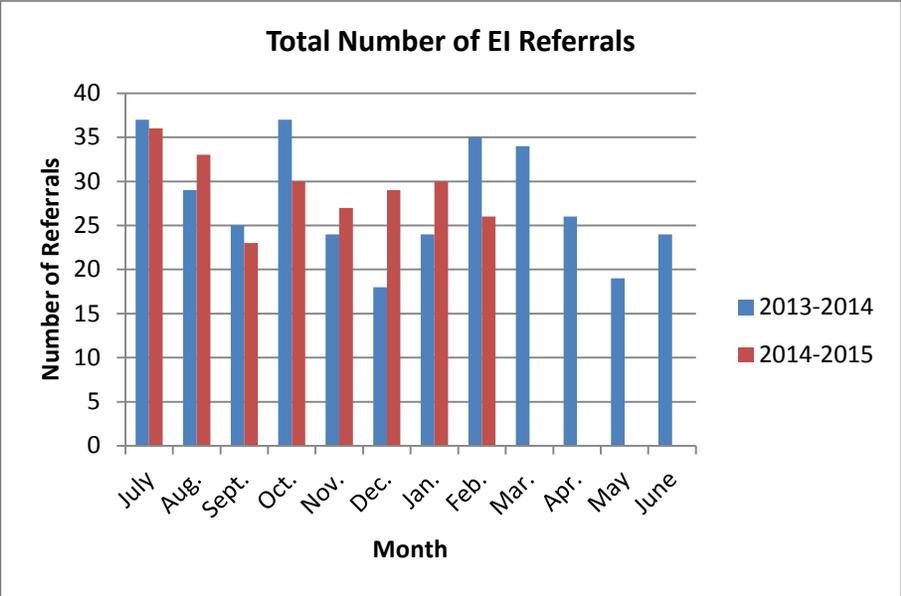
- Community Coalition for Healthy Youth (CCHY) Executive Committee meeting, February 23. Ted Schiele
- CCHY meeting to prepare for “Data Day,” a meeting at which student survey data is released to staff attending from all county school districts, Ted Schiele
- Health Planning Council – Community Health and Access Committee, February 18. Theresa Lyczko
- Pre-Diabetes: How Healthcare Providers Can Take Action- Albany School of Public Health, 1.0 CEU, February 23. Susan Dunlop
- Diabetes Patients Run Higher Risk for Cancer- Medscape- 0.25 CEU, February 23. Susan Dunlop
- Finding Perspective: Influenza in the Shadow of Ebola- Medscape- 0.50 Continuing Education credit, February 23. Susan Dunlop

WIC PROGRAM

Beth Huber, WIC Program Director – no report

ATTACHMENTS - none

Statistics Based on Program School Year



**Beginning December 2014, the number of full-time Service Coordinators increased from 4 to 5.

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

Ph: (607) 274-6688
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ENVIRONMENTAL HEALTH HIGHLIGHTS

February 2015

Outreach and Division News

Steven Kern Retires: Senior Public Health Sanitarian Steven Kern will be retiring on March 12 with over 30 years of service. Steven is highly regarded for his expertise in public water systems, enforcement, and tobacco control, as well as many other programs. Environmental Health staff have repeatedly praised Steven for his professional support and guidance. The office has also benefited from his sense of humor. Steven will be greatly missed on a professional and personal level. Thank you, Steven, for all of your contributions!

Emergency Response: Environmental Health staff handled two emergency situations in late February and early March. Kudos to Adriel Shea, Kristee Morgan, and Skip Parr for responding when a water emergency at the mall left the food court restaurants without water. Kudos also to Steve Maybee for his extra efforts when the Village of Trumansburg suffered three water main breaks that threatened the Village with a loss of pressure or total loss of water. Thank all of you for your commitment to public health!

Accela: Brenda Coyle and Liz Cameron continue to work with Katy Prince and Greg Potter from ITS on the Accela permit management software system. In February, we expanded Accela to handle temporary food permit application information. Additionally, we successfully launched the Accela Citizen portal for on-line Food Service Establishment applications. Thanks to Ted Schiele in Health Promotion for setting up the link on the Environmental Health Division food program web page:

<http://www.tompkinscountyny.gov/health/eh/food/index>

So far we have one (unsolicited) application submitted on-line – with no questions or complaints from the applicant and the credit card payment processed successfully! We are working to have the Temporary Food Service application and Public Water System fee payment set up on-line by the end of March.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during February 2015. However, rabies continues to appear in wildlife animals throughout New York State. Avoiding contact with wild animals and vaccinating domestic animals is the best way to minimize exposure to rabies.

Key Data Overview				
	This Month	YTD 2015	YTD 2014	TOTAL 2014
Bites¹	12	22	9	167
Non Bites²	0	1	1	86
Referrals to Other Counties	2	3	5	43
Submissions to the Rabies Lab	8	15	7	190
Human Post-Ex Treatments	1	3	3	103
Unvaccinated Pets 6-Month Quarantined³	0	0	0	0
Unvaccinated Pets Destroyed⁴	0	0	0	0
Rabid Animals (Laboratory Confirmed)	0	0	0	12

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 2015	YTD 2014	Total 2014	By TCHD	By Cornell	Totals		Mo	YTD 2015	YTD 2014	Total 2014
							Mo	YTD				
Cat	4	7	5	58	2	0	2	2	0	0	0	0
Dog	8	15	3	94	0	0	0	1	0	0	0	0
Cattle	0	0	0	0	0	0	0	0	0	0	0	0
Horse/Mule	0	0	1	1	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	0	0	0	0	0	0	0	0	0	0	0
Raccoon	0	0	0	1	0	0	0	0	0	0	0	3
Bats	0	0	0	6	6	0	6	12	0	0	0	5
Skunks	0	0	0	2	0	0	0	0	0	0	0	3
Foxes	0	0	0	0	0	0	0	0	0	0	0	0
Other Wild	0	0	0	5	0	0	0	0	0	0	0	1
Totals	12	22	9	167	8	0	8	15	0	0	0	12

Food Program

The results of food service establishment inspections conducted in Tompkins County can be viewed directly on the Environmental Health website (<http://www.tompkinscountyny.gov/health/eh/food/index>). Inspections can be sorted to meet the needs of the viewer (by facility, date, etc.) by clicking on the column heading of interest. This is a valuable tool for easily providing information to the public.

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:

- Argos Inn, C-Ithaca
- Bun Appetit Bakery, V-Groton
- Coddington Road Community Center, T-Ithaca
- Cornell Child Care Center, T-Ithaca
- Crossroads Bar & Grille, T-Lansing
- CU-Northstar House, C-Ithaca
- CU-Risley Dining, C-Ithaca
- Dunkin Donuts, V-Dryden
- Enat Ethiopian Cuisine, Throughout Tompkins
- Fabrizio New York Pizzeria, V-Trumansburg
- Five Guys Burgers, C-Ithaca
- Franziska Racker Center, T-Ulysses

- Glenwood Pines Restaurant, T-Ulysses
- Greenstar Market Events, C-Ithaca
- ICSD-Belle Sherman Elementary, C-Ithaca
- ICSD-Belle Sherman Annex, C-Ithaca
- ICSD-Fall Creek Elementary School, C-Ithaca
- Ithaca Community Childcare Center, T-Ithaca
- LCSD-Lansing High School, T-Lansing
- LCSD-Lansing Middle School, T-Lansing
- Lincoln Street Diner, C-Ithaca
- Little Ceasars Pizza, C-Ithaca
- McDonald's-Dryden, V-Dryden
- McDonald's-Triphammer Rd., V-Lansing

New York Garden, V-Groton
 Papa John's, C-Ithaca
 Paradise Café, T-Ulysses
 Pizza Hut, V-Lansing
 Roman Village, T-Groton
 Smart Start Preschool, T-Ulysses
 The Smash Truck, Throughout Tompkins
 Subway-Buttermilk Falls, C-Ithaca

TC Action – Groton, V-Groton
 Taco Bell, C-Ithaca
 Tim Horton's Coldstone Creamery, C-Ithaca
 Todi's Italian Pizzeria, V-Dryden
 Tokyo Hibachi, Sushi & Asian Bistro, C-Ithaca
 Wendy's #1005, C-Ithaca
 Yogurtland, C-Ithaca

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

No HACCP inspections were conducted this month.

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:

Chili's Grill & Bar, C-Ithaca
 Chipotle Mexican Grill #1661, C-Ithaca
 Dryden Community Center Café, V-Dryden
 Mark's Pizzeria, V-Groton

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:

Best Western University Inn, T-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products for customer service were observed to be at 53°F and 55°F. The products were either discarded during the inspection or rapidly chilled to 45°F or below before use.

Smart Yogurt - Ithaca Mall, V-Lansing

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

Firehouse Subs, C-Ithaca

Cooked or prepared foods were subjected to cross-contamination from raw foods. Storage was rearranged during the inspection.

Gateway Kitchen, C-Ithaca

Toxic chemicals were improperly labeled so that contamination of food could occur. The chemicals were properly labeled during the inspection.

Moe's Southwest Grill, C-Ithaca

Toxic chemicals were improperly stored so that contamination of food could occur. Storage was rearranged during the inspection.

Potentially hazardous foods were not kept at 140°F or above during hot holding. Product in an autosham was observed to be at 110°F. The product was rapidly reheated to 165°F or higher before use.

Gimme! Coffee, V-Trumansburg

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product on a counter for customer use was observed to be at 66°F. The product was discarded during the inspection.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program Issued 19 temporary permits.

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

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

Cayuga Medical Center, C-Ithaca
Cornell Yamatai, (C)-Ithaca
F. Oliver's, C-Ithaca
Ithaca Beer Company Taproom, C-Ithaca

Critical Violations were found at the following establishments:

None

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

The following pre-operational inspections were conducted:

Atlas Bowl, V-Trumansburg
EconoLodge, V-Lansing

Plans Approved:

EconoLodge, V-Lansing

New Permits Issued:

Atlas Bowl, V-Trumansburg
Capplehouse Catering, Throughout Tompkins
Hawi Ethiopian Cuisine, C-Ithaca
Just Because Center, C-Ithaca
Level B, C-Ithaca

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

Engineering Plans Approved

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

Problem Alerts/Emergency Responses

On Wednesday, February 18, Janice Koski received after-hours notification by NYSDEC of a fuel oil spill in a residence in Tompkins County. Liz Cameron was contacted, who coordinated with NYSDEC and NYSDOH to ensure there was no immediate health hazard to the residents. Approximately 70-125 gallons of #2 fuel oil were released, resulting in volatile organic contaminants being detected in the house as well as in the garage where the spill occurred. The spill was confined to the garage and no subsurface contamination was apparent. The residence is on public water. A remediation company responded, cleaned up the spill, and installed a ventilation system in the garage. Chris Laverack and Liz Cameron met the remediation company on-site on Thursday to evaluate the situation. Liz Cameron met NYSDEC and the remediation company workers on a subsequent date to check volatile

concentrations. The ventilation system was to remain in place until no volatile readings were detected in the garage. NYSDEC will continue monitor the situation to confirm that levels do not increase when the system is turned off.

- 15-01-03 Village of Trumansburg Public Water System, T-Dryden. The Village of Trumansburg voluntarily Conserve Water Order on Friday, March 6. Decreased yield from their water supply well and three simultaneous water main breaks resulted in rapidly dropping levels in their water storage tank. NYSDOH was notified of the emergency. Village workers repaired these and additional water main breaks. Trumansburg requested permission to use their emergency well, which was put on-line late Friday. The Conserve Water Order was lifted on Monday, March 9 when all water main breaks were repaired and water levels in the storage tank were back to normal.
- 15-09-04 The Food Court at the Ithaca Mall, V-Lansing. The following restaurants were placarded for lack of water on February 27, due to a service line break: Sicilian Delight, Subway, Akashi, Easy Wok and Arby's. Water was restored by early Friday evening and the placards were removed. The restaurants could reopen but Boil Water Orders (BWOs) were issued until satisfactory bacterial water sample results were received on Saturday afternoon. No ice or fountain drinks could be used during this time. The BWOs were released Saturday afternoon.

BWOs remain in effect at:

- 14-01-15 Bradford Apartments, T-Dryden. BWO issued 7/29/14 due to lack of chlorine in the distribution system. Currently under Board of Health Orders.
- 14-01-05 Upstate NY Nazarene Camp, T- Caroline. BWO issued 5/29/14 due to inadequate chlorine and unapproved modifications to a well. Engineer developing plans. Seasonal operation. Will correct by next operating season.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2015	YTD 2014	Total 2014*
# of Initial Home Visits	27	54	63	426
# of Revisits	18	32	21	98
# of Asthma Homes (initial)	5	9	9	67
# of Homes Approached	25	94	87	2034

***Covers the calendar year (January through December)**

Updates

Pat and Samantha continue to conduct visits and outreach through the Healthy Neighborhoods Program. We are coordinating and planning for a statewide HNP meeting that will take place on April 21, 2015 at the Tompkins County Health Department. Currently, 10 counties will be represented at the meeting.

Outreach

- On February 12, Pat spoke with and provided flyers to a representative of TC Action Groton. The flyers will be distributed to youth.
- On Feb. 18, Samantha and Pat presented at the Enfield Senior Group meeting (4 visits, 40 reached).
- On Feb. 24, Samantha conducted outreach at the Immaculate Conception Food Pantry in the City of Ithaca (4 visits, 100 reached).
- On Feb 26, Samantha spoke with Doreen Osterman, Executive Secretary, about HNP. Doreen requested that HNP write an ongoing column for the IHA monthly newsletter. The article will include information about our products and contact information.
- On Feb. 28, Samantha presented at the Village at Ithaca Community Resources Discussion (8 reached). The other presenters included Catholic Charities and Collaborative Solutions Network.

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2015	YTD 2014	TOTAL 2014
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	0
A2: # of Children w/ BLL 10-19.9ug/dl	0	0	1	5
B: Total Environmental Inspections:				
B1: Due to A1	0	0	2	3
B2: Due to A2	0	0	1	8
C: Hazards Found:				
C1: Due to B1	0	0	0	0
C2: Due to B2	0	0	1	6
D: Abatements Completed:	1	1	0	0
E: Environmental Lead Assessment Sent:	0	0	1	5
F: Interim Controls Completed:	0	0	0	3
G: Complaints/Service Requests (w/o medical referral):	4	7	9	55
H: Samples Collected for Lab Analysis:				
- Paint	0	0	0	0
- Drinking Water	0	0	0	0
- Soil	0	0	0	2
- XRF	0	0	1	6
- Dust Wipes	1	1	1	6
- Other	0	1	1	1

Status of Enforcement Actions

Office Conference Scheduled: None

Office Conferences Held: Trumansburg Village PWS, Marty Petrovic, mayor: discussions regarding current well yield problems and of a framework for a timetable of Compliance for the development of a second source on 2/27/2015.

Violation of BOH Orders: None

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

- Argos Inn, C-Ithaca, Avi Smith, owner: violation of BOH Orders regarding Temporary Residence Permit; BOH assessed \$750 penalty on 1/27/2015; **awaiting payment.**
- Best Western University Inn, T-Ithaca, Terry Terry, manager: violation of BOH Orders regarding Temporary Residence Permit; BOH assessed \$1250 penalty on 1/27/2015; **awaiting payment.**
- New Delhi Diamonds, C-Ithaca, G&S Restaurant of Ithaca, owner: food service violations; Stipulation Agreement with PHD Orders signed 12/12/2014; BOH assessed \$400 penalty on 1/27/2015; **awaiting payment.**
- Econo Lodge, T-Ithaca, Jay Bramhandkar, owner: food service violation, Stipulation Agreement with PHD Orders signed 11/20/2014; BOH assessed \$500 penalty 1/27/2015; **awaiting payment.**
- Travelers' Kitchen, mobile, Eric Bean, owner: temporary food service violations; Stipulation Agreement with PHD Orders signed 12/22/2014; BOH assessed \$800 penalty on 1/27/2015; **awaiting payment.**
- 22 Station Road, T-Newfield, Michael McEver, owner: sewage violations, signed Stipulation Agreement with PHD Orders on 7/15/2014; BOH issued Orders to abate the violation on 8/26/2014 and 9/23; **awaiting compliance.**
- Bradford Apartments, T-Dryden, Jeremiah Bradford, owner: water system violations; did not attend office conference or accept Stipulation Agreement; Administrative Hearing held 8/5/2014, results received by BOH;

BOH assessed \$1500 penalty and issued Orders for abatement of violations on 8/26/2014, BOH assessed \$3000 penalty and issued Orders of Abatement on 12/02/2015; **awaiting compliance (first penalties sent to collection – below).**

- Newfield Estates, T-Newfield, Keith Hoffman, operator: sewage violations, signed Stipulation Agreement with PHD Orders on 7/23/2014; BOH issued Orders to abate the violations on 8/26/2014; **awaiting 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 (penalties sent to collection – see below). Ownership has changed.**
- 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, three actions
- Bradford Apartments, T-Dryden, Jeremiah Bradford



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

ENVIRONMENTAL HEALTH DIVISION
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

March 13, 2015

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

**Re: Tompkins County Board of Health Draft Resolution # ENF-15-0011
Violation of Board of Health Orders # 14.13.8
Upstate District Nazarene Church, Temporary Residence, T-Caroline**

Dear Mr. Stanley McLain:

Enclosed is the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, March 24, 2015**. Resolution #14.13.8 adopted on May 27, 2014, required Upstate District Nazarene Church to comply with all the requirements of Subpart 5-1 of New York State Sanitary Code. Due to modifications made to the facility's water systems, a Notice of Violation was sent on September 4, 2014, requiring an engineering report and plans to be submitted by September 30, 2014. To date, an acceptable report and approvable plans have not been received by this office.

The facility has not operated since it closed its seasonal operations in August of 2014 but has indicated its intent to obtain permit applications to renew its Temporary Residence and Children's Camp operations in the Spring of 2015. If substantial compliance with the New York State Sanitary Code and the attached Orders is not achieved, the Environmental Health Division does not intend to renew your permits to operate.

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 ENF-15-0011, Resolution 14.13.8, Case Summary, Notice of Violation-9/4/14, General Layout

pc: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\Nazarene\Enforcement\Draft Resolution ENF-15-0011.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Caroline; Supervisor T-Caroline; Daniel Klein, TC Legislature; John Strepelis, P.E., NYSDOH;
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Pete Coats;
Kristee Morgan; Sarah Caputi; Adriel Shea; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

DRAFT RESOLUTION # ENF-15-0011 FOR

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

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

Whereas, on May 27, 2014, the Tompkins County Board of Health adopted Resolution #14.13.8 ordering Stanley McLain, as a representative of Upstate District Nazarene Church, to submit monthly operating reports and required samples and to comply with all the requirements of Subpart 5-1, Subpart 7-1 and Subpart 7-2 of NYSSC; **and**

Whereas, Upstate District Nazarene Camp has complied with most sampling and reporting requirements but, on September 4, 2014, a Notice of Violation was issued for failure to comply with Subpart 5-1.22(a) of NYSSC that requires Health Department approval prior to modification of a public water supply. The Notice of Violation required the submittal of an engineering report and plans before September 30, 2014; **and**

Whereas, as of March 13, 2015, the required engineering report and plans to address the modifications to the water systems have not been received by the Tompkins County Health Department; **and**

Whereas, Upstate District Nazarene Camp obtained permits for replacement sewage systems but has not submitted the required Certificates of Completion; **and**

Whereas, Upstate District Nazarene Camp has not operated since it closed its seasonal operations in August of 2014 but has indicated that it intends to submit permit application renewals for its Temporary Residence and Children's Camp operations; **and**

Whereas, the Tompkins County Health Department Upstate District Nazarene Camp does not intend to renew your permits to operate if substantial compliance with the New York State Sanitary Code and these Orders is not achieved; **and now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Upstate District Nazarene Church, Owner, is ordered to:**

1. By **May 1, 2015**, submit a report from a NYS licensed design professional which identifies the service connections that the Well #3 water system serves and documents if the Well #3 water system is interconnected with the other two water systems utilized by the Upstate District Nazarene Camp; **and**
2. Prior to putting Well #3 into service and no later than **June 15, 2015**, submit a report from a NYS licensed design professional containing a full evaluation of the Upstate District Nazarene Camp water systems (detailing water source locations, water treatment systems, service connections, the areas

- served by each treatment system including private cabins, and the modifications made to the Well #3 water system); **and**
3. Prior to putting Well 3 into service and no later than **June 15, 2015**, submit a report detailing all operations and use of the facility identifying the number of days each unit of the facility including private cabins that may be in operation and the maximum number of people in each unit; **and**
 4. By **May 1, 2015**, submit the Certificates of Completion for the sewage systems installed during 2014; **and**
 5. Cease further alterations to Upstate District Nazarene Camp facilities until written approval from the Tompkins County Health Department has been granted; **and**
 6. Submit completed monthly operation reports of daily free chlorine residual readings for all of the Upstate District Nazarene Camp Water Treatment Systems **by the 10th day of the following month** for every month that the water systems are in operation; **and**
 7. Collect total coliform sample test results for all of the Upstate District Nazarene Camp Water Treatment Systems as per applicable Code requirements and submit test results **by the 10th day following the end of the reporting period**. When operating as a children's camp, monthly total coliform samples must be collected from each water system in service during the operational period. When operating as a temporary residence, quarterly total coliform samples must be collected from each water system in service during the operational period; **and**
 8. Comply with all the requirements of Subpart 5-1, Subpart 7-1 and Subpart 7-2 of the NYSSC.

Further Resolved, on recommendation of the Tompkins County Board of Health,
That the TCHD may seek further monetary penalties and/or deny future permit renewals for failure to substantially comply with these Orders.



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

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

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

CERTIFIED, REGULAR & ELECTRONIC MAIL

May 30, 2014

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

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

Dear Mr. Stanley McLain:

The Tompkins County Board of Health adopted the enclosed resolution at its regular meeting on May 27, 2014. Please note that the enclosed resolution requires a penalty payment in the amount of \$400 due by **July 15, 2014**.

If you have any questions please contact Skip Parr or me at the Environmental Health Division at (607) 274-6688.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink that reads "Skip Parr".

^{for}
C. Elizabeth Cameron, P.E.
Director of Environmental Health

Enclosure- Final Resolution

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

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

Ph: (607) 274-6688
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RESOLUTION # 14.13.8 FOR

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

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

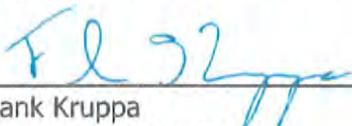
Whereas, in 2013, the Upstate District Nazarene Camp did not submit the required bacteriological sampling results to the Tompkins County Health Department while operating as a children's camp and a temporary residence; **and**

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

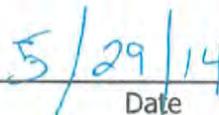
**Resolved, on recommendation of the Tompkins County Board of Health,
That Stanley McLain, Owner/Operator, is ordered to:**

1. Pay a penalty of **\$400** for these violations, **due July 15, 2014; and**
2. Submit completed monthly operation reports of daily free chlorine residual readings for all of the Upstate District Nazarene Camp Water Treatment Systems **by the 10th day of the following month** for every month that the water systems are in operation.
3. Collect total coliform sample test results for all of the Upstate District Nazarene Camp Water Treatment Systems as per applicable Code requirements and submit test results **by the 10th day following the end of the reporting period**. When operating as a children's camp, monthly total coliform samples must be collected from each water system in service during the operational period. When operating as a temporary residence, quarterly total coliform samples must be collected from each water system in service during the operational period.
4. Comply with all the requirements of Subpart 5-1, Subpart 7-1 and Subpart 7-2 of the NYSSC.

This action was adopted by the Tompkins County Board of Health at its regular meeting on May 27, 2014.



Frank Kruppa
Public Health Director



Date

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

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

CASE SUMMARY

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

March 12, 2015

The Upstate District Nazarene Camp is a facility permitted by the TCHD to operate, on a seasonal basis, a Temporary Residence with campgrounds and a Children's Camp. Water is provided to the facility by three on-site wells. The facility is generally in operation from May through October.

Date	Action
2/26/15	Stan McLain responds via phone call. Requests clarification on the information required. Indicates he has not been in touch with his engineer, Steven McElwain, P.E. McElwain is currently unavailable. McLain also indicates that over the summer they completed the installation of one of the two Onsite Wastewater Treatment Systems and installed the leach field for the second. As of the date of this case summary, TCEH has not received the Certificate of Completion for these systems.
2/25/15	TCEH sends a letter requesting an assessment to determine the actual number of sites in use at the facility.
2/5/15	TCEH sends McLain the water system inspection report and narrative including a statement that the that, if the water system issues are not addressed, the permits for the Temporary Residence and Children's Camp will not be issued.
2/4/15	TCEH sends McLain the permit application for the Children's Camp including a memo that, if the water system issues are not addressed, the permit will not be issued.
1/8/15	TCEH receives missing August 2014 Water Operator Report.
10/1/14	Engineering report and plans to bring the water system(s) into compliance are not submitted to TCEH by the 9/30/14 deadline.
9/10/2014	Water Operator Report for August is not received by our office as required.
9/3/14	TCEH issues Notice of Violation to McLain regarding violations observed on 5/29/14 and 7/2/14.
7/21/14	The TCHD receives the Engineering Plan Review Fee of \$150.
7/8/14	TCEH staff meet with McElwain, P.E., at TCEH to discuss the water systems at the facility. It was agreed that a full evaluation of the Upstate Nazarene Camp's water systems was needed.
7/3/14	McElwain contacts TCEH requesting a meeting to discuss the Water System at the facility.
7/2/14	TCEH conducts a TR inspection and a Children's Camp pre-operative inspection

Inclusion Through Diversity

Nazarene Case Summary

Page 2 of 3

	at the Upstate District Nazarene Camp. Boil Water Notice has not been posted in the Motel that is supplied by Well #3. McLain states that they were providing bottled water to motel guests.
7/2/14	TCEH receives an email response from McElwain, P.E., with an updated sketch and answers to some of TCEH's questions.
6/30/14	McLain submits the Water Operator report for June 2014.
6/23/14	TCEH receives basic sketches of the Hotel (Well #3) water system from McElwain, P.E. TCEH responds with a list of questions. The submission is missing pertinent details that need clarification, a Water Supply Improvement Application and fee schedule.
6/10/14	TCEH informs McLain that the modification to the water system will need an engineer's plans. McLain states his engineer is Steve McElwain.
6/3/14	TCEH receives water system sketches from McLain. McLain is instructed to not make any further changes until it is determined what steps will be required to bring the systems into compliance.
5/29/14	A BWO is issued for Well 2 (later released) and Well 3 (for unapproved modifications).
5/29/14	A Pre-Operational Sanitary Survey was conducted by TCEH of the facility's water system. Violations and deficiencies were noted including failure to obtain health department approval prior to the construction or modification of a water system. Modifications were made to the configuration of the piping for the chlorine injection point at Well #2 (later corrected) and to the water system served by Well #3. Two 300 gallon storage tanks were added to the system prior to chlorination without health department approval. McLain is instructed to submit plans for these modifications to begin the process of approving the changes that had been made.
5/13/14	Signed stipulation agreement received by TCHD.
5/12/14	Missing monthly operating reports are received by TCHD. McLain confirms that sampling had not been performed as thought.
5/9/14	Office Conference held with TCHD staff. McLain states that operating reports were on file and would be sent to TCHD and that arrangements had been made with a contract lab to collect samples.
4/18/14	Stipulation Agreement sent to McLain.
1/29/14	TCEH sends Narrative Water System Inspection Report for 2013 to McLain. Violations and deficiencies include failure to perform required facility microbiological distribution sampling and failure to submit monthly operation reports. The facility has not submitted any 2013 microbiological distribution sample results to the Health Department. The Health Department has only received two partial monthly operation reports for all three systems in 2013.
1/15/14	TCEH emails McLain advising him that TCEH has not received the 2013 coliform water test results and asks him to submit them.
11/12/13	TCEH telephones McLain and advises him of missing 2013 microbiological water sample results and monthly operation reports. McLain states he would check to see if they had the missing results/reports.
6/18/13	TCHD approves plans for two on-site wastewater treatment systems.
2/4/13	TCEH sends Upstate District Nazarene Camp a letter listing water sampling requirements for 2013.
10/31/12	Narrative Water System Inspection Report for 2012 written by TCEH is sent to McLain. All required microbiological distribution samples were submitted.
2/7/12	TCEH sends Upstate District Nazarene Camp a letter listing water sampling

	requirements for 2012.
2011	Permits issued to Upstate District Nazarene Church to operate a Temporary Residence 7/1 – 9/29/11 and Children’s Camp 7/18 – 8/18/11. Facility met 2011 microbiological distribution sampling requirements. TCEH did not receive copies of the August and September, 2011 monthly operation reports.



Your Partner for a Healthy Community

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

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

Ph: (607) 274-6688
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Certified and Regular Mail

September 4, 2014

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

RE: Upstate Nazarene Camp 2014 Water System - Notice of Violation

Dear Mr. McLain:

As you know, the following violations were observed during water inspections on May 29, 2014 by Public Health Sanitarians Sarah Caputi & Peter Coats, and on July 2, 2014 by Peter Coats.

Violations observed on 5/29/14 (code references in parentheses):

Failure to obtain health department approval prior to the modification of a water system (part 5-1.22(a) New York State Sanitary Code [NYSSC]; and Articles S-3.04a and S-7.05a Tompkins County Sanitary Code [TCSC]).

1. The facility made modifications to the "Motel" water system with the addition of two 300 gallon storage tanks prior to chlorination without Tompkins County Health Department (TCHD) approval. A Boil Water Notice (BWN) was issued for this system by TCHD and remains in effect.
2. The facility made modifications to the chlorine injection point of the "Dining Hall" water system with the installation of a three foot tall 1 1/4" pipe on the water supply pipe. The chlorine injection point was moved from the water supply pipe to the top of the 3' column without TCHD approval.

Failure to maintain free chlorine residual at representative point in the distribution system (part 5.1.30(g) New York State Sanitary Code [NYSSC]; and Articles S-3.04a and S-7.08(2) Tompkins County Sanitary Code).

On the date of inspection (5/29) the measured free chlorine residual at the kitchen sink in the Dining Hall, served by well #2, was 0.12 ppm. The measured free chlorine residual at the spigot in the well house was 0.02 ppm. Code requires a minimum of 0.2 ppm in the distribution system. A BWN was issued for this system by TCHD and required discontinuing use of the "Dining Hall" (well 2) supply and supplying the Dining Hall and other connections with water from the "Pit (well 1) system.

Violations observed on 7/2/14 (code references in parentheses):

Failure to obtain health department approval prior to the modification of a water system (part 5-1.22(a) New York State Sanitary Code [NYSSC]; and Articles S-3.04a and S-7.05a Tompkins County Sanitary Code [TCSC]).

1. The facility made another modification to the chlorine injection point of the "Dining Hall" water system with the installation of a U shaped section of pipe on the water supply line without TCHD approval.
2. Failure to obtain health department approval prior to the use of a water supply (part 5-1.71a New York State Sanitary Code [NYSSC]; and Articles S-3.04a and S-7.05b Tompkins County Sanitary Code [TCSC]).

The "Dining Hall" (well 2) supply, which was under a BWN, was being used to supply the Dining Hall system without being boiled prior to use. The "Pit (well 1) system, which had been required to be used to supply the Dining Hall water system was no longer doing so. The TCHD had not released the BWN and had not given permission to use the "Dining Hall" (well 2) supply.

Your engineer, Steven McElwain, P.E. sent plans electronically to us on June 23, 2014 for the "Motel" water system modifications. These plans were incomplete and lacked many required details needed for approval as outlined in our email to Steven McElwain, P.E. dated June 23, 2014 on which you were copied. To help clarify the requirements, Steven Kern, Senior Public Health Sanitarian and I met with your engineer on July 8, 2014. During that meeting, we agreed that a full evaluation of the Nazarene water systems are needed since it is not clear if these water systems are interconnected. We received the engineering plan review fee of \$150 from you on July 21, 2014.

However, as of today, we have not received updated plans as required.
Therefore:

1. Submit engineering report and plans to the Tompkins County Health Department to bring the water system(s) into compliance before September 30, 2014; and
2. Complete the necessary changes to the water system and obtain engineering certification within 30 days after approval from this office and obtain engineering certification; and
3. Operate the water system according to the requirements of Subpart 5-1 of the New York State Sanitary Code.

If you have any questions please call me at (607) 274-6688 or by email at smaybee@tompkins-co.org.

Sincerely,



Stephen J. A. Maybee, P.E.
Public Health Engineer

UPSTATE NAZARENE GENERAL LAYOUT - 3/13/2015

areas shown are best approximations

Upper Rd

158

WELL #1

WELL #3

HOTEL

CAMPSITES AND RV SITES

RV SITES
PRIVATE & FACILITY CABINS

TABERNACLE

MOTEL

CHILDREN'S CAMP

White Church Road

Kitchen and Snack Shack
(CC and TR)

CC Dorm

PRIVATE & FACILITY CABINS

WELL #2

CC = Children's Camp
TR = Temporary Residence



County of Tompkins

Local Law No. _____ of the year 2015

Section 1. This is a Local Law creating a new Chapter _____ of the County Code allowing for common, safe items to be excluded from the dangerous fireworks definition as permitted by New York State Penal Law Section 405 (b)

Section 2. Chapter _____ shall read as follows:

Legislative Intent

On November 21, 2014 Governor Cuomo signed into law Chapter 477 of the Laws of 2014 (S.7888/A10141). This state law amended the State Penal Law, the Executive Law and the General Business Law placing further restrictions on dangerous fireworks while at the same time recognizing that certain fireworks should not be labeled dangerous when they pose little to no danger to the public and labeling them dangerous only restricts business and personal enjoyment.

The Governor signed this version of the bill into law allowing for certain fireworks to be sold and used in municipalities that affirmatively enact a local law authorizing such action. In keeping with Chapter 477 of the Laws of 2014, and Penal Code Section 405 this Legislature further finds and determines that “sparkler devices” may be sold and enjoyed, only in the manner described below, within Tompkins County. This Legislature finds that allowing our residents the use of safe “sparkler devices” will benefit them and our local businesses. The National Fire Protection Association adopted a recommended safety code (NFPA 1124) for the manufacture, transportation, storage and retail sales of fireworks. This local law and State Chapter 477 of the Laws of 2014 are compliant with the safety standards established in NFPA 1124.

This Legislature further finds that the sale and use of “sparkler devices” is permitted with the following restrictions:

- 1. Sales will only be permitted on or between June 1st through July 5th and December 26th and January 2nd of each calendar year.**
- 2. All distributors manufacturers and retailers must be licensed though the New York Department of State.**
- 3. Only those 18 years of age or older may purchase said products.**

Definitions :

“Sparkling Devices” are defined as follows:

“Sparkling Devices” which are ground-based or hand-held devices that produce a shower of white, gold, or colored sparks as their primary pyrotechnic effect. Additional effects may include a colored flame, an audible crackling effect, an audible whistle effect, and smoke. These devices do not rise into the air, do not fire inserts or projectiles into the air, and do not explode or produce a report (an audible crackling-type effect is not considered to be a report). Ground-based or hand-held devices that produce a cloud of smoke as their sole pyrotechnic effect are also included in this category. Types of devices in this category include:

(1) Cylindrical Fountain: cylindrical tube containing not more than seventy-five grams of pyrotechnic composition that may be contained in a different shaped exterior such as a square, rectangle, cylinder or other shape but the interior tubes are cylindrical in shape. Upon ignition, a shower of colored sparks, and sometimes a whistling effect or smoke, is produced. This device may be provided with a spike for insertion into the ground (spike fountain), a wood or plastic base for placing on the ground (base fountain), or a wood or cardboard handle to be hand held (handle fountain). When more than one tube is mounted on a common base, total pyrotechnic composition may not exceed two hundred grams, and when tubes are securely attached to a base and the tubes are separated from each other on the base by a distance of at least half an inch (12.7 millimeters), a maximum total weight of five hundred grams of pyrotechnic composition shall be allowed.

(2) Cone Fountain: cardboard or heavy paper cone containing not more than fifty grams of pyrotechnic composition. The effect is the same as that of a cylindrical fountain. When more than one cone is mounted on a common base, total pyrotechnic composition may not exceed two hundred grams, as is outlined in this subparagraph.

(3) Wooden sparkler/dipped stick: these devices consist of a wood dowel that has been coated with pyrotechnic composition. Upon ignition of the tip of the device, a shower of sparks is produced. Sparklers may contain up to one hundred grams of pyrotechnic composition per item.

(4) Novelties which do not require approval from the United States department of transportation and are not regulated as explosives, provided that they are manufactured and packaged as described below:

(A) Party Popper: small devices with paper or plastic exteriors that are actuated by means of friction (a string or trigger is typically pulled to actuate the device). They frequently resemble champagne bottles or toy pistols in shape. Upon activation, the device expels flame-resistant paper streamers, confetti, or other novelties and produces a small report. Devices may contain not more than sixteen milligrams (0.25 grains) of explosive composition, which is limited to

potassium chlorate and red phosphorus. These devices must be packaged in an inner packaging which contains a maximum of seventy-two devices.

(B) Snapper: small, paper-wrapped devices containing not more than one milligram of silver fulminate coated on small bits of sand or gravel. When dropped, the device explodes, producing a small report. Snappers must be in inner packages not to exceed fifty devices each, and the inner packages must contain sawdust or a similar, impact-absorbing material.

Separability

If any part of or provisions of this law, or the application thereof to any person or circumstance, shall be adjudged invalid by any court of competent jurisdiction, such judgment shall be confined in its operation to the part of or provision of, or application directly involved in the controversy in which such the remainder of this law, or the application thereof to other persons or circumstances.

Section 3. This law shall take effect immediately upon filing with the Secretary of State.

American Promotional Events, Inc.



New York Fireworks/Sparkling Device Fact Sheet

- Currently, 47 states and The District of Columbia and the Commonwealth of Puerto Rico allow the use of some form of Consumer Fireworks/Sparkling Devices. In other words, almost 95% of the U.S. population can legally use some form of Consumer Fireworks, including the recently legalized Sparkling Devices in the State of New York.
- On November 21, 2014, Governor Andrew Cuomo signed legislation making New York the 47th state to allow the sales and use of some form of Consumer Fireworks. The new items which are now excluded from the state definition of fireworks and dangerous fireworks in New York are Sparkling Devices. These devices which are ground-based or hand-held include Cylindrical Fountains up to 500 grams of pyrotechnic composition, Cone Fountains up to 200 grams of pyrotechnic composition, Wooden Sparklers/Dipped Sticks up to 100 grams of pyrotechnic composition and Novelties, which include Party Poppers and Snappers.
- These Sparkling Devices are meant for backyard family celebrations. Additionally, they may bring an economic benefit to retailers in New York with additional sales, as well as providing localities an additional tax base. No longer will citizens of New York have to travel to neighboring states to purchase these devices to celebrate holidays and special occasions.
- Surrounding states such as Connecticut, Vermont and Pennsylvania allow for the sale of sparkling devices. Rhode Island in 2010 became the 46th state to allow the sale of these items. History has shown, when a state's citizens have the opportunity to purchase sparkling devices, as now allowed in New York, fireworks related injuries actually go down. In 2000, Connecticut legalized the use of Sparkling Devices. Afterwards, the Connecticut Department of Public Safety showed a 58% decrease in fireworks related injuries in 2000 compared to the 14 years prior to the legalization of the Sparkling Devices.
- Consumer Fireworks and the recently legalized New York Sparkling Devices have been offered in thousands of retail locations annually for over two decades with no significant fire or life safety issues. This translates into billions and billions of customer contacts throughout the country with zero significant fire or life safety instances.
- The public consumption of fireworks continues to increase annually, while injuries attributed to these devices have continually and dramatically declined each year. In the past 20 years there have been 188,500 total fireworks related injuries nationwide for every age group.
- Recent studies conducted by State Forrest Commissions of prominently fire prone states show that fireworks have NOT been identified as a significant cause of wildfires. Florida, Georgia, Texas and California have all identified careless burning of debris to be the leading cause of wildfires. In 2000 thru 2010 in California and Florida there have been over 4 million total acres burned by wildfire. Fireworks are listed as a cause in only 1059 acres of the over 4 million acres of those wildfires or less than 2/100th of a percent. Additionally, according to the most recent NFPA Fire Data, fireworks related fires are almost non-existent. In 2011, 99.9% of fires recorded by NFPA in the United States were attributed to something other than fireworks.
- This stellar safety record can be contributed to by the Firework Industries continual pursuit of safety and education along with the proven regulatory guidelines of documents like the New York adopted 2006 Edition of NFPA 1124, which gives regulatory officials tested and proven safety protocols for the retail and storage of Consumer Fireworks/Sparkling Devices.

What is a sparkler made of?

A flammable material encases a thin metal rod, like a larger, slower burning matchstick. The metal rod, which the person holds while the top sparkles, can grow quite hot.

Why do sparklers frequently cause injuries?

Because sparklers are so common, they are a leading cause of injury. Here are several reasons that sparklers cause harm:

- Sparks can jump far from the sparkler head.
- The sparkler head can reach as much as 1000 degrees Fahrenheit or higher leading to dangerous burns.
- Smoke inhalation from spent sparklers is unhealthy. (see abstract on next page)

Sparklers remain one of the most dangerous fireworks in terms of accident statistics simply because they are taken for granted. Year after year people underestimate the dangers of these traditional items and get burnt.

Why sparklers are dangerous:

In a word – heat. Sparklers consist of a metal rod with a thin coating of pyrotechnic compound. This burns to give the sparks and in the process heats up to several hundred degrees celsius. They also remain very hot after use as the metal rod takes a few minutes to cool down. Outdoor sparklers also give off unpleasant smoke, especially the colored varieties.

New York's Division of Consumer Protection warned Tuesday that sparklers "burn as hot as 1,000 degrees" and are dangerous. "Frequently considered safe for children, sparklers and bottle rockets contributed to approximately 20 percent of the firework-related injuries reported last year," the state agency warned.

"Parents don't often realize that sparklers burn at a temperature of 2,000 degrees, and that is hot enough to melt some metals," said Patty Davis, a spokeswoman for the CPSC, voicing the high end of temperature estimates that range upward from 1,200 degrees. "The best way for parents to keep their kids safe this Fourth of July is to never let their kids handle sparklers or fireworks of any kind."

The NFPA, and allies like the American Academy of Pediatrics and the American Burn Association, are calling for people to voluntarily abstain from all consumer fireworks, and instead to attend public, professionally run fireworks exhibitions -- where the safety risk may be lower.

"There's no need to put 1,200-degree-Fahrenheit metal into the hands of kids," said NFPA President James M. Shannon. "It's crazy that we just don't adopt laws banning the consumer use of fireworks."

The Firemen's Association of the State of New York has distributed a letter against the passage of a NYS law (vetoed by Gov. Cuomo) to make sparklers legal in the State. It is worth the read and can be found at:

http://www.fasny.com/pdfs/Fireworks_Position.pdf

The Association of Fire Districts of the State of New York (AFDSNY), along with many other state and local fire service organizations, has gone on record of being opposed to dangerous consumer fireworks legislation. The opposition is an effort to minimize the staggering number of injuries, fatalities and incidents of fires caused by children and others using fireworks.

There is a misnomer to the labeling of this bill as the “sparkler bill”. It is being misconstrued as a consumer-friendly piece of legislation that would only allow these sparklers to be sold during limited time periods. However, statistics show that sparklers and novelty devices are not without danger. Nationwide, 34 percent of the emergency room fireworks injuries in 2011 were attributed to sparklers and other novelty devices authorized under this legislation. AFDSNY President Thomas J. Herlihy stated “these numbers clearly demonstrate that the devices allowed in this legislation pose a danger and threat not only to those using these items but also to first responders who respond to these types of instances.

This peer reviewed article is frequently referred to on the topic regarding inhalation concerns:

Aerosol and Air Quality Research, 14: 1477–1486, 2014

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doi: 10.4209/aaqr.2013.07.0255

PM2.5 Emissions from Hand-Held Sparklers: Chemical Characterization and Health Risk Assessment

Raghu Betha, Rajasekhar Balasubramanian*

Department of Civil and Environmental Engineering, Faculty

ABSTRACT

The central goal of this work is to improve our understanding of the distinctive and unusual chemistry of aerosol particles released from firework displays and their potential health risks due to inhalation exposure. The chemical composition of fine particles (PM_{2.5}) released from three commonly used sparklers (low smoke sparklers (LSS), whistling sparklers (WS) and colored sparklers (CS)) was investigated. In particular, total and water soluble elemental fractions (22 elements) and 13 polycyclic aromatic hydrocarbons (PAHs) in PM_{2.5} were quantified. The particulate emissions from LSS had relatively lower particulate-bound metals and less water-soluble fractions in them compared to those from WS and CS. However, PAHs were found to be relatively higher in LSS compared to those from WS and CS. Health risk due to inhalation of PM_{2.5} emitted from all the three types of sparklers was estimated for various dilution conditions including the case with little or no dispersion of particles. It was observed that WS had the highest carcinogenic risk (25×10^{-6} for adults and 75×10^{-6} for children) followed by CS (2.6×10^{-6} for adults and 7.9×10^{-6} for children) and LSS (7.6×10^{-7} for adults and 2.6×10^{-6} for children) for the worst case scenario of no dilution of emitted particles during inhalation. This carcinogenic risk is pronounced only when there is no or very low dilution (~10) of emitted particles during inhalation. **The health risk estimates for all sparkler types are below acceptable limits for dilution factors above 80 and thus exposure to PM_{2.5} in sparkler emissions is unlikely to have serious health effects.** The water soluble fraction of metals (bioavailable metals) made a major contribution to the carcinogenic health risk due to inhalation of PM_{2.5} released from WS (~100%) and CS (~96%) while PAHs played a major role in the carcinogenic risk associated with PM_{2.5} from LSS (~66%).

But there is this from Health.com:

Over the years there have been scattered reports of fireworks causing asthma attacks. In one especially chilling incident, detailed in 2000 in *Annals of Allergy, Asthma & Immunology*, a 9-year-old girl with moderate asthma suffered a severe asthma attack and died after playing with sparklers at a Fourth of July picnic.

When lit, Roman candles, bottle rockets, sparklers, and other fireworks release numerous chemicals, including sulfur dioxide, and can exacerbate asthma when inhaled in concentrated amounts.