

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, March 22, 2016
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 23, 2016 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (15 mins.)
- | | |
|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Medical Director’s Report | County Attorney’s Report |
| Division for Community Health | Environmental Health |
- 12:30** VI. New Business
- 12:30** ***Division for Community Health (5 mins.)***
Discussion/Approval of revised policy:
1. Quality Assurance and Performance Improvement Program Policy and Procedure (5 mins.)
- 12:35** ***Adjournment***

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Tompkins County Board of Health
February 23, 2016
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.; and Janet Morgan, PhD

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Deb Thomas, Senior Community Health Nurse in CSCN; and Shelley Comisi, Keyboard Specialist

Excused: Sylvia Allinger, Director of CSCN; Susan Merkel, Board of Health Member; and Jonathan Wood, County Attorney

Guests: Dooley Kiefer, Tompkins County Legislator; Theresa Lyczko, Director of Health Promotion Program; and Skip Parr, Senior Public Health Sanitarian

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

Approval of January 26, 2016 Minutes: Dr. Morgan moved to approve the minutes of the January 26, 2016 meeting as written; seconded by Mr. Burbank. The minutes carried with Dr. Koppel abstaining.

Privilege of the Floor: Dooley Kiefer, member of the Tompkins County Legislature, addressed the Board regarding the local heroin epidemic. She recalled a time when there was a stigma associated with AIDS. Once the stigma was removed and AIDS was recognized as a public health problem; money became available, research was conducted, and progress resulted. It is her view that there is a stigma surrounding heroin addiction so that it is not recognized as a public health problem. She referred to an article published in the *Ithaca Journal* on February 22, 2016. In that article, Bill Rusen from Cayuga Addiction Recovery Services (CARS) stated it is not known how bad the problem is locally because no one collects data. Ms. Kiefer believes that the Tompkins County Health Department (TCHD) is the appropriate organization to start collecting data. She also hopes there will be a discussion regarding a role for the department to become more involved.

Financial Summary: Ms. Grinnell Crosby reported work continues on closing 2015 accounts. Once final claims are posted to the books, there will be a clearer financial picture for 2015. This is the time of year when Administration is busy with fiscal reporting.

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Administration Report: Mr. Kruppa noted he was recently in Albany presenting a proposal to members of the State's Assembly and Senate joint legislative meeting on the health budget. The proposal advocated by the New York State Association of County Health Officials (NYSACHO) requests three changes in State Aid funding: (1) increase the base amount that provides 100 percent State reimbursement of eligible expenses to \$750,000, (2) increase the reimbursement percentage rate beyond the base amount to 38 percent, and (3) increase the reimbursement per capita rate to \$1.30 for counties with large populations (more than a million people). The requests emerge from the State's administrative changes over the years that have reduced services that are eligible for claims. As a result, local health departments have not been able to use the entire appropriation from the Legislature to secure the foundation of public health services within the counties. NYSACHO has been advocating for these changes with elected officials since September when the budget process began. The Governor's budget did not include increased State Aid so work continues to persuade the State Legislature to include the changes in its funding bill.

Highlights from the discussion on State Aid funding:

- Article Six State Aid covers core public health services in broad terms. It is the New York State Department of Health (NYSDOH) that decides what a core public health service is.
- Messaging with the State Legislature has been to inform its members that local health departments have not been using the total appropriation.
- NYSACHO is working with a professional firm to move this proposal through the Legislative process. For Board members who are interested in voicing an opinion, there are advocacy materials on the NYSACHO website.
- Examples of services no longer eligible for State Aid: Early Intervention, the medical examiner program, and parts of the sewage program.

Update on Local Licensing of Tobacco Retailers: At the last BOH meeting, Ted Schiele of the Health Promotion Program gave a presentation on the local licensing of tobacco retailers. Mr. Kruppa announced an internal workgroup will discuss the options and the issue will be brought back to the Board in the coming weeks.

CSB and BOH Collaboration: Mr. Kruppa initiated a discussion on the opportunity for the Community Services Board (CSB) for Mental Health and BOH to collaborate. Members from both boards have agreed there is interest in growing and continuing the relationship over time. There was positive input from BOH members indicating they would like more information about the people and programs involved in mental health. Mr. McLaughlin and Mr. Burbank volunteered to work together to develop a plan for connecting the two groups. Dr. Macmillan asked Mr. Kruppa to make a presentation at the next meeting that would describe the roles and responsibilities of the boards with a special emphasis on the CSB.

Medical Director's Report: Dr. Klepack provided updates:

- The Centers for Disease Control and Prevention (CDC) has a map of the U.S. showing the distribution of the two species of mosquitoes capable of carrying the

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Zika virus. The species that is highly effective at carrying the virus is found in southern states. The second species has been detected along the eastern seaboard as far north as the boroughs of New York City. So far, health care providers in the U.S. are dealing with travel-associated disease cases. Ms. Bishop contributed the most recent local data: seven people (four female; three male) have been tested with one positive case (male). She explained that testing must be authorized by the local health department. Dr. Evelyn added Cayuga Medical Center (CMC) has set up a process to act as a collection site for those cases approved for testing by the local health department.

- Influenza has become widespread. The flu vaccine remains a good match to the current viruses in circulation. As he mentioned in his written report, influenza-associated deaths rank eighth in the top ten causes of death in the country.

Division for Community Health Report: Ms. Bishop informed the Board that NYSDOH recently conducted a desk survey of Licensed Home Care Service Agencies (LHCSAs). When our program was selected for the survey, NYSDOH staff reviewed Quality Improvement Committee minutes for the past two years in addition to Policies and Procedures. They found that our nursing staff did not consistently review both active and discharged cases. A plan of correction addressing that concern was submitted and accepted by NYSDOH.

Children with Special Care Needs Report: Ms. Thomas, Senior Community Health Nurse, represented Ms. Allinger at the meeting. She had nothing to add to the report.

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

Environmental Health Report: Ms. Cameron updated her report by announcing Cynthia Mosher has been hired to fill the temporary position of Public Health Technician.

Lead Levels in Drinking Water at Caroline and Enfield Elementary Schools

Discussion: Mr. Kruppa briefed the Board on the situation with the two elementary schools. In August 2015, routine drinking water samples were taken at Caroline and Enfield schools to test for lead and copper. Those schools are regulated because they have their own ground water wells. The Ithaca City School District (ICSD) owns and operates the systems. The other schools in the district are served by the City of Ithaca water system or Bolton Point. In December, TCHD staff noticed the elevated lead levels when entering those sample results into the State data system. Staff immediately contacted ICSD to advise them there was a problem requiring a plan of action that included re-sampling and notification of the public. It was not an immediate public health risk but needed to be addressed.

Samples were taken in January 2016 at the two schools per TCHD's direction. Both schools were within regulatory limits. Two samples exceeded the lead action level of 15 parts per billion (ppb) but still within the protocol for allowing the system to be in compliance. After receiving the results from those samples, notification went out to the public. At this point, TCHD was in daily communication with the school district.

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Although not required, ICSD made a decision to sample every potable water source throughout the school buildings: 91 samples at Caroline and 65 samples at Enfield. Those results came back with several above the lead action level of 15 ppb. Upon the recommendation of TCHD, the school district shut off any consumptive-use fixture that exceeded the lead action level of 15 ppb. They also provided bottled water to students and staff at the schools. The purpose was to eliminate the exposure while staff figured out what was happening. After a few days of reviewing the sample results, TCHD staff discovered there were some anomalies in the sampling procedure which may have produced inaccurate results. Staff followed up on this information and put together a plan of action. TCHD has provided letters to ICSD containing instructions for additional sampling. The first letter (Attachment 1) explains TCHD's concern about their sampling methodology. The other two letters (Attachments 2 and 3) are instructions for going forward with sampling to ensure protocol is followed so the results are representative of the system during normal usage. Good data is needed for decision making going forward.

Mr. Kruppa answered questions from Board members during a lengthy discussion:

- The ICSD is responsible for conducting the testing.
- This problem emerged now because there was a failure in the procedure this time. In August, the water system had not been in use for several weeks because school was not in session. The water system needed to be flushed after a long stagnation period prior to taking the samples but that did not happen.
- ICSD is interested in looking at the internal water fixtures in the district's other schools. They have discovered in their records some results from 2005 showing some elevated action levels for lead. During the process of evaluating their facilities, they have decided to turn off the drinking water fountains and provide bottled water to students and staff. TCHD is committed to working with them.
- Schools in the district that are on the City of Ithaca or Bolton Point water systems are not normally sampled. They are part of a larger water system that selects sampling points considered to be high risk. Separate sampling procedures for schools are more desirable.
- TCHD has shared an Environmental Protection Agency (EPA) guidance document with all school districts in the county that is specifically written for schools with concerns about lead fixtures or lead leaching into the water. It outlines procedures and messaging.
- In support of parents who have concerns, TCHD has consulted with NYSDOH; Dr. Weinberger, lead expert at the Regional Lead Resource Center; and Dr. Uphoff, Medical Director for ICSD. In this particular instance, the level of risk was not enough to warrant a statement recommending testing for all children at the schools. Drinking water has never been identified as the primary source of lead exposure for elevated blood lead levels in Tompkins County.
- In communicating with parents, TCHD is working with the school district. Letters sharing our expertise have had two message points: (1) TCHD is collaborating with the district to identify the problem and ensure the water is safe, and (2) drinking water is not a usual source for elevated blood lead levels, but parents who are concerned should talk to their health care provider or contact us. TCHD also has a comprehensive program for dealing with elevated blood lead levels and

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lead exposure. To keep everyone informed of the message, Ms. Bishop and her team have shared the letter that was sent out to parents (Attachment 4) with primary care providers.

- TCHD staff has participated in a public meeting where there was feedback. Most of the concern was about the delay in notification which is valid. Work is continuing on processes to make sure it never happens again.

Ms. Cameron commented:

- The sampling results back to 2006 were good.
- ICSD's records from 2005 showing elevated lead levels in some samples taken at their facilities is ten year old data for schools that are part of the City of Ithaca water system. In 2008, corrosion control was added to the City's water supply so there have been changes to the water system.

Resolution ENF-15-007 – Village of Dryden Public Water System, V-Dryden, Revised Resolution to Modify Deadlines (Water): As Ms. Cameron reported at the previous BOH meeting, the Village of Dryden needs a revision to the Time Table of Compliance. It is a complicated situation, but the Village is moving forward to correct the problems with its public water system. EH staff supports the proposed changes.

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

Resolution ENF-16-0002 – Rongovian Embassy, V-Trumansburg, Violation of Subpart 14-1 of the New York State Sanitary Code for Operating without a Permit (Food): Mr. Greenhouse moved to accept the resolution as written; seconded by Dr. Morgan; and carried unanimously.

Resolution #EH-16-0003 – Fraternal Order of Eagles #1253, C-Ithaca, Clean Indoor Air Act (CIAA) Waiver Renewal Request: Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Koppel. The vote: Aye – 6; No – (Dr. Morgan); carried.

Proposed Regulatory Changes – Children's Camps: Mr. McLaughlin asked about the changes mentioned in the Environmental Health report. Ms. Cameron explained the proposed changes are to meet the requirements of the New York State Justice Center for the Protection of People with Special Needs. The regulations were expanded to include all children's camps. Mr. Kruppa pointed out the proposed changes would put a financial strain on every camp to meet the requirements that had previously applied to camps registering 20 percent or more children with developmental disabilities. It could put some camps out of business and reduce the number of camps available to everyone. While there is no opposition to making every camp accessible to every child, it would be beneficial to look at the regulations and how they apply to camps.

Adjournment: At 1:42 p.m. Dr. Macmillan adjourned the meeting.



Your Partner for a Healthy Community

02/23/16 draft Minutes
Attachment 1

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

ENVIRONMENTAL HEALTH DIVISION
www.tompkinscountyny.gov/health/eh

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

February 22, 2016

David M. Brown
Chief Administration Officer
P.O. Box 549
Ithaca, New York 14851

Subject: **Immediate Concern with Lead Testing Procedures**

Dear David:

At the Ithaca City School District's (ICSD) request, W2O Operator Training Group recently obtained samples from all drinking water fixtures at Caroline and Enfield Elementary Schools. In the sampling procedures that were recently submitted for the Caroline school, W2O reported that:

At 10:00 pm the water system was shut off at the point of entry into Caroline Elementary in order to prevent any accidental water draw from the well and disturbing the six hour minimum residence time.

W2O noted that the same procedures were followed at Enfield Elementary School.

This is a significant departure from normal water system operation and standard sampling procedures. During a meeting with TCHD, ICSD and BOCES on February 18, the ICSD reported information indicating that there was a leak in the Caroline water system and the system depressurized during the time between when the entry point shut-off valve was closed and when sampling was conducted the following morning. Both shutting off the system and the reported depressurization of the Caroline Elementary School water system may have created disruptive, turbulent or scouring conditions in the water pipes, potentially releasing lead-containing particles into the distribution system.

At the ICSD's request, TST BOCES recently collected samples from all other schools in the District. At the February 18 meeting, BOCES noted that they shut off the valve at each fixture the night before the sampling. The EPA guidance (Exhibit 4.4 Drinking Water Fountains: Bubblers) states:

Do not close the shut-off valves to the water fountains to prevent their use prior to sample collection. Minute amounts of scrapings from the valves will produce inaccurate results showing higher than actual lead levels in the water.

The Tompkins County Health Department consulted the New York State Department of Health regarding this. Because of concerns with these improper sampling procedures, the results may not be representative of actual conditions and may have produced inaccurate results.

Please contact me if you would like to discuss this further.

Respectively,



Elizabeth Cameron, P.E.
Director of Environmental Health

ec: ICSD: Paul Alexander, Director of Facilities; Matt Landahl, Deputy Superintendent;
Amanda Verba, Chief Operations Officer
TCHD: Frank Kruppa, Public Health Director; Chris Laverack, Public Health Sanitarian;
Adriel Shea, Sr. Public Health Sanitarian; Steve Maybee, Public Health Engineer
NYSDOH: John Strepelis, Regional Environmental Health Director

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- Immediate Concern 2-21-16.docx

ENVIRONMENTAL HEALTH DIVISION
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Ph: (607) 274-6688
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February 18, 2016

David M. Brown
Chief Administration Officer
P.O. Box 549
Ithaca, New York 14851

Subject: Follow-up to School-wide Lead Sampling – Caroline Elementary School

Dear Mr. Brown:

The 90th percentile result of drinking water samples from Caroline Elementary School that were obtained on August 25, 2015, and February 6, 2016, exceeded the action level for lead in drinking water, resulting in a violation of the NYS Sanitary Code Subpart 5-1.

Action at Elevated Fixtures: As discussed on Tuesday, February 16, as an interim corrective measure, the Ithaca City School District must turn off all drinking water fountains that exceeded 15 ppb. Other sources that exceeded the action level must be turned off if it is possible they may be used for consumption (e.g, if a drinking water bottle can be filled from them) or use of the fixtures must be done under the supervision of an adult. We recommend putting a plastic bag over these fixtures when they are not in use and locking the room when no adult is present. For consistency with your prior actions, we suggest you also do this for fixtures with sample results at the action level (15 ppb).

Follow-up Sampling: Additional sampling is required. Samples must be collected by the end of next week (by February 26) from the following locations:

1. the 9 fixtures that tested highest in the February 6 sampling and that are for consumptive use,
2. a consumptive use fixture that had lead levels between 20 and 30 ppb,
3. the fixture with the next highest elevated result (after the other 9 samples), and
4. the location that was previously designated source water/entry point to the distribution, for a total of 12 sampling locations. This sample should be collected last.

Standard lead sampling procedures are to be followed with the following additions or modifications:

- Collect one first draw sample from each source except for the sample identified in #3 above.
- Flush the fixture for 30 seconds at normal flow - don't flush aggressively.
- Collect a second sample after flushing.
- Remove and examine the aerator, collect samples of any solids, etc, off the aerator and place in a zip lock sandwich bag or other sealed container and label to identify the location.
- Take photos of the aerator and the plumbing and fixtures associated with the sample and label these.
- For the sample in #3, collect twice the normal volume for a first draw sample, to be split and sent to separate laboratories.

- Do not close the shut-off valves to the water fountains or other fixtures or to the water system to prevent their use in the 6-hr or more period prior to sample collection.

Please submit a schematic showing sample results and a spreadsheet summary along with the actual lab results.

Thank you for your continued cooperation in addressing this situation.

Respectively,



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

ec: ICSD: Paul Alexander, Dr. Matthew Landahl
NYSDOH: John Strepelis
TCHD: Frank Kruppa, Adriel Shea, Chris Laverack, Karen Bishop, Theresa Lyzcko

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ENVIRONMENTAL HEALTH DIVISION
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Ph: (607) 274-6688
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February 18, 2016

David M. Brown
Chief Administration Officer
P.O. Box 549
Ithaca, New York 14851

Subject: Follow-up to School-wide Lead Sampling – Enfield Elementary School

Dear Mr. Brown:

The 90th percentile result of drinking water samples from Enfield Elementary School that were obtained on August 25, 2015, and February 6, 2016, exceeded the action level for lead in drinking water, resulting in a violation of the NYS Sanitary Code Subpart 5-1.

Action at Elevated Fixtures: As discussed on Tuesday, February 16, as an interim corrective measure, the Ithaca City School District must turn off all drinking water fountains that exceeded 15 ppb. Other sources that exceeded the action level must be turned off if it is possible they may be used for consumption (e.g, if a drinking water bottle can be filled from them) or use of the fixtures must be done under the supervision of an adult. We recommend putting a plastic bag over these fixtures when they are not in use and locking the room when no adult is present. For consistency with your prior actions, we suggest you also do this for fixtures with sample results at the action level (15 ppb).

Follow-up Sampling: Additional sampling is required. Samples must be collected by the end of next week (by February 26) from the following locations:

1. the 4 fixtures that tested highest in the February 6 sampling and that are for consumptive use,
2. a consumptive use fixture that had lead levels between 20 and 30 ppb,
3. the fixture with the next highest elevated result (after the other 4 samples), and
4. the location that was previously designated source water/entry point to the distribution, for a total of 7 sampling locations. This sample should be collected last.

Standard lead sampling procedures are to be followed with the following additions or modifications:

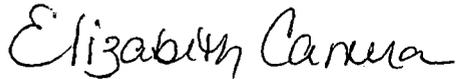
- Collect one first draw sample from each source except for the sample identified in #3 above.
- Flush the fixture for 30 seconds at normal flow - don't flush aggressively.
- Collect a second sample after flushing.
- Remove and examine the aerator, collect samples of any solids, etc, off the aerator and place in a zip lock sandwich bag or other sealed container and label to identify the location.
- Take photos of the aerator and the plumbing and fixtures associated with the sample and label these.
- For the sample in #3, collect twice the normal volume for a first draw sample, to be split and sent to separate laboratories.

- Do not close the shut-off valves to the water fountains or other fixtures or to the water system to prevent their use in the 6-hr or more period prior to sample collection.

Please submit a schematic showing sample results and a spreadsheet summary along with the actual lab results.

Thank you for your continued cooperation in addressing this situation.

Respectively,



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

ec: ICSD: Paul Alexander, Dr. Matthew Landahl
NYSDOH: John Strepelis
TCHD: Frank Kruppa, Adriel Shea, Chris Laverack, Karen Bishop, Theresa Lyzcko .

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February 19, 2016

Dear Parent/Caregiver,

We recognize there are concerns about lead in the drinking water in our schools and offer the following information on lead, lead in drinking water and how it affects the health of your child.

A few facts about lead:

- Lead can be found in lead-based paint, air, soil, household dust, food, certain types of pottery, porcelain and pewter as well as jewelry, toys and folk medicines. Most lead exposures occur from lead based paint.
- Lead seldom occurs naturally in the source for water supplies like rivers, lakes and ground water.
- Lead enters drinking water as a result of corrosion, or wearing away, of materials containing lead in the water distribution system and plumbing.
- Lead is not absorbed through the skin during activities like hand washing, bathing or showering.
- Low levels of lead in drinking water is common. United States Environmental Protection Agency (EPA) and NYS Department of Health set safe drinking water standards.

What are the health effects of lead?

The health effects of lead depend on the total exposure to lead sources over time and an individual's health status. Elevated blood lead levels in children can result in behavior and learning problems, lower IQ, hyperactivity, slowed growth, hearing problems and anemia.

What about lead testing for my child?

If you have concerns about lead exposure in your child, consult your child's primary care provider. A "fingerstick" blood test can be done at most primary care provider offices. The test results are known within several minutes. Other primary care providers may refer you to a testing lab.

What if my child does not have a primary care provider?

The Health Department can help you find a primary care provider as well as assist with obtaining blood lead testing for your child. Call the Health Department at 274-6616.

Have there been any elevated blood lead levels in children who attend either Caroline or Enfield Elementary Schools?

In the last two weeks, of the approximately 35 children tested, no measurable blood lead levels have been detected.

For additional lead information, you can access the websites below or call the Tompkins County Health Department at 274-6616.

www.epa.gov

www.tompkinscountyny.gov/health

Frank Kruppa
Public Health Director

Dashboard Display thru December 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 09, 2016

EXPENDITURES

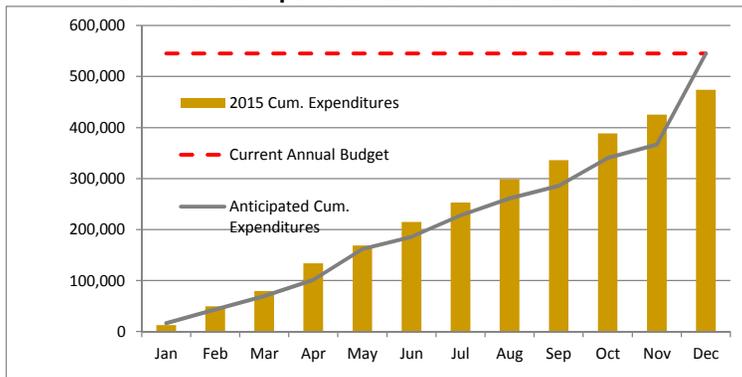
Cumulative to date compared to budget (over budget by more than 10% = Red, between 90% and 110% of budget = Yellow, below 90% of budget = Green)

REVENUES

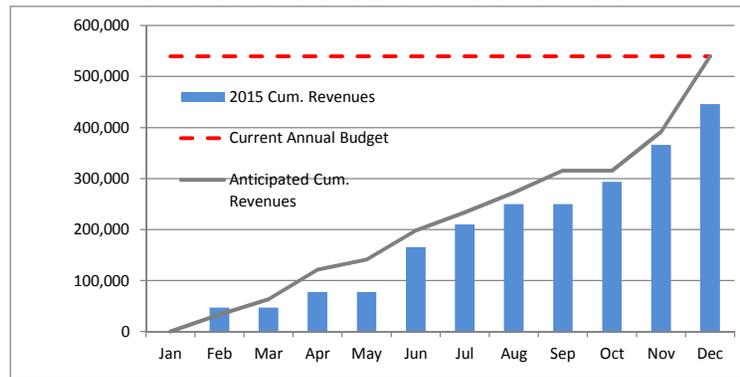
Cumulative to date compared to budget (over = Green, above 90% of budget = Yellow, below 90% of budget = Red)

Health Dept - Women, Infants & Children (4012)

Cumulative Expenditures thru December 2015



Cumulative Revenues thru December 2015



Data Lapse:
75 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

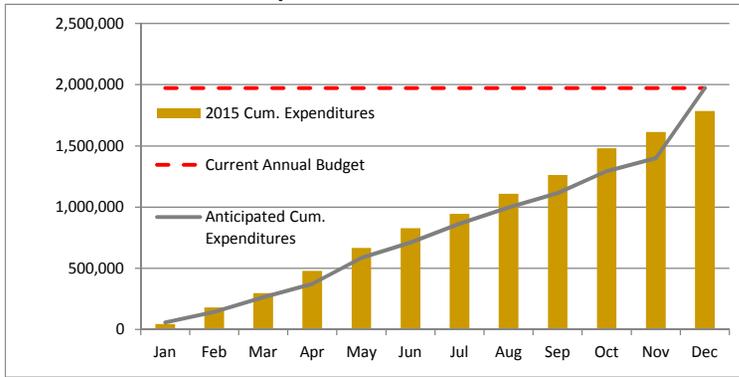
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

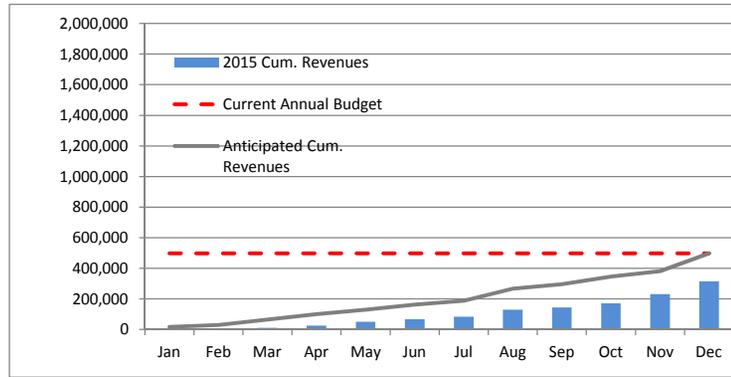
Notes: COLA revenues have not been posted to the 2015 books as of March 9, 2016. This program is 100% grant funded.

Health Dept - Division For Community Health (4016)

Cumulative Expenditures thru December 2015



Cumulative Revenues thru December 2015



Data Lapse:
75 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

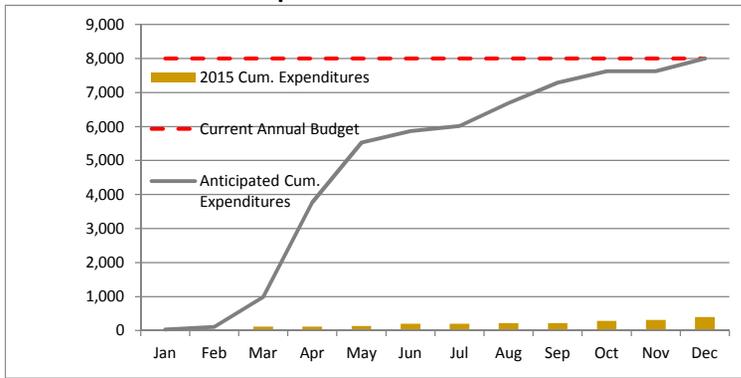
- Cumulative to date compared to budget
- Current month compared to budget
- Current cumulative compared to last year
- Consider review of adopted budget amount

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.

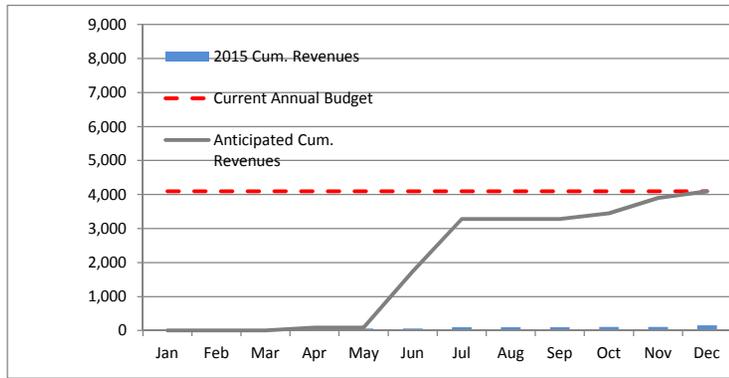
Notes: We are now able to bill and are receiving funds for some 2015 services (again based on timely filing rules; 90 days from date of service rendered). The Department has had to create work arounds for all billing processes including for submission to VNS and for clinical services that involve both paper and electronic submissions. Cerner is not functional for billing and Core is not up as we anticipated.

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

Cumulative Expenditures thru December 2015



Cumulative Revenues thru December 2015



Data Lapse:
75 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: Services rendered are based on needs from eligible families, currently we only have a couple of children receiving benefits, which is less than prior years. Claims for this program are done quarterly and are current with expenditures.

**Public Health Director
Report
March 2016**

- Lead continues to be the main focus of my public health time. Liz Cameron and her team continue to work with ICSD to determine the cause and find solutions for the water systems at Caroline and Enfield Elementary Schools. They have also provided summary guidance of the EPA's 3T's for schools districts. All of our guidance and communication can be found on our website <http://www.tompkinscountyny.gov/health/schooldrinkingwater>
- A combined meeting of the BOH and Community Services Board has been scheduled for March 29th at 5:30 in the Heyman Conference Room on the first floor of the Old Jail.
- I continue my work with NYSACHO to increase State Aid support. Our request to increase the base and percentage of state aid was not included, but we are now trying to get language added to require any year end remaining appropriation be redistributed out to the Counties. Also we are asking for a requirement of one year notice before any administrative changes to the distribution of state aid can be enforced. Both those items are in the Senate budget bill and we are working to get them in the Assembly. Stay tuned.
- In March we have had a couple of preparedness drills. The first was an activation of our closed Point Of Dispensing (POD) partners. They were all sent a notification that we needed to open for a drill scenario. The goal was to test the communication capacity and the drill went well. We will also be conducting a call down drill of our staff to determine how quickly we could reach all of them with a drill message.

Medical Director's Report
Board of Health
March 2016

Activities of the Previous Month:

- Generated and sent out an update on what comprises acceptable immunity in healthcare personnel for measles and rubella
- Reviewed the latest information on Zika virus transmission and collaborated on updates for practitioners
- Reviewed a webinar on that same topic
- Reviewed NYSDOH's review of Community Health Services and plan for correction as well as the Quality Assurance policy for the department
- Participated in annual quality assurance on site chart review of Planned Parenthood (conducted annually as part of our contract with PP for sexually transmitted disease prevention, screening, and treatment)
- Met with Frank Kruppa to discuss TCHD's evaluation to date of the City of Ithaca's proposals to mitigate drug use in our region

Health Promotion Program

Theresa Lyczko, Director

Tobacco Control Program – Ted Schiele, Evaluator/Planner (unless otherwise noted)

- Reality Check Smoke-Free Movie event for “International Week of Action.” (IWA)
 - IWA calls attention to the influence that tobacco use (primarily smoking) in movies has in motivating youth to initiate smoking. The Week coincides with the date of the Academy Awards.
 - The Smoke-Free Movie event was a free showing of Jurassic World on Saturday, February 20. Educational materials and promotion to keep tobacco use out of movies were included at the event. Sponsored by Reality Check. Developed the event poster, website updates, and press release. Total attendance approximately 35.
- Smoke-Free Housing, Ellis Hollow Apartments Survey: In response to communications from residents, a survey was developed to determine awareness of current smoking policy, exposure to secondhand smoke, and support for a smoke-free building policy. Management’s support and collaboration was obtained, and surveys were printed and delivered for management to distribute beginning March 7. Survey respondents will be entered in a drawing to win one of four \$25 gift cards.
- Tobacco Free Colleges, Ithaca College (IC): Met with an IC student who stepped forward last November to work for a tobacco free campus. He is drafting a document to take to the Student Government Association, calling for a tobacco-free campus in 2017. Assisted with drafting the document.
- Landlord Disclosure of Smoking Policy: Met with Ithaca Common Council member Seph Murtagh to (once again) discuss the benefits of requiring landlords to specify their smoking policy within the lease.
- The Ithaca Plan: Attended panel discussion and press conference related to releasing the Municipal Drug Policy Committee’s final report, February 23, 24.
- Sustainability: Meeting with Assemblywoman Barbara Lifton (D-125) to update her on the work and status of tobacco control in her district, February 4.
- Monthly Cortland grant staff meeting, February 26.
- Statewide conference calls: tobacco free outdoors, statewide media workgroup, smoke-free housing, tobacco-free pharmacies, statewide Advancing Tobacco Free Communities (ATFC) program

TCHD Participation and Support

- Attended NYSDOH webinar – ZIKA update with CHS staff, February 1. Theresa Lyczko
- Developed a participant inquiry chart for the Diabetes Prevention Program (DPP) for DPP partner providers. Ted Schiele
- WIC media campaign: Met with WIC Director to plan a Spring media campaign. Corresponded with media outlets to complete the ad buys, including scheduling, providing artwork & recordings created by WIC’s agency. Ted Schiele
- Follow-up meeting with CSCN staff who are planning revisions to their webpage, February 29. Ted Schiele
- Ithaca City School District – Drinking water/Lead – approximately 32 hours – Theresa Lyczko:
 - Meetings with TCHD staff, to learn about the scope of the issue and prepare communication for the public, the media and the website.
 - Participated in a conference call with physician lead expert at Upstate Medical that included TCHD, ICSD medical and nursing staff, February 19

- Responded to and coordinated response to multiple media requests from: Time Warner Cable, *Ithaca Journal*, *Ithaca Times*, *Tompkins Weekly*, WCNY TV, WENY TV, Channel 9 in Syracuse, WICB, WRVO, WBNG TV, IC journalism student, *USA TODAY*.
- Coordinated TCHD website postings; prepared Frequently Asked Questions (FAQ) for the website based on media inquiries and general public questions. Transposed technical questions on health concerns and water testing for the lay public.

Web site postings

- BOH packets, reports, minutes
- Zika webpage, www.tompkinscountyny.gov/health/factsheets/zika
- School Drinking Water webpage; updates to Lead Poisoning Prevention page. See www.tompkinscountyny.gov/health/schooldrinkingwater

Community Outreach

- Facilitated the Diabetes Prevention Program sessions; 7 participants. This completes the sixteen-week core session, February 9, 16, and 22. Susan Dunlop, Community Health Nurse
- Presented “Women and Heart Disease,” at Finger Lakes Independence Center (FLIC); 8 attendees, February 25. Susan Dunlop
- Supported development, review, editing of a new newsletter published by the Municipal Health Insurance Consortium. Ted Schiele
- Attended local business’ Wellness Committee, February 2. Ted Schiele
- Friends of Stewart Park (FSP) executive committee, February 2; board meeting, February 9. As Secretary recorded and submitted board minutes. Theresa Lyczko
- Supported (review, suggestions, etc.) Human Services Coalition staff and others in writing an application for Excellus grant to fund a Worksite Wellness Coalition project. Ted Schiele
- Bus posters (inside TCAT buses) promoting Diabetes Prevention Program in the month of March. Ted Schiele, design; Susan Dunlop and Theresa Lyczko, coordination.
- Advised Rockland County, NY Health Department on TCHD processes to attain CDC recognition as an approved provider; successes and challenges delivering the program and obtaining physician referrals. Theresa Lyczko

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

- Met with Population Health Improvement Plan (PHIP) coordinator, Health Planning Council (HPC) director and CMC representative to discuss strategy to coordinate CHA, CHIP due to NYSDOH late this year, February 8. Theresa Lyczko
- “County Health Rankings 2016: Measures and New Features” webinar, February 29, Ted Schiele
- DSRIP Webinar: Mental and Emotional Well Being (MEB) and Public Health – New York Academy of Medicine, February 4. Ted Schiele, Theresa Lyczko
- Chronic Disease sub-committee of the North Regional Performing Unit (RPU) of Care Compass Network, February 10. Theresa Lyczko
- Health Planning Council presentation by Health eConnections, - a regional health information organization that supports transmission and sharing of medical information to improve population health, improve patient care, and lower costs, February 8. Ted Schiele, Theresa Lyczko
- Regional PHIP planning call, February 23. Theresa Lyczko
- NYSDOH planning call with program presenters - Prevention Agenda meeting on March 24 in Albany, February 29. Theresa Lyczko

Emergency Preparedness

- Prepare “RealOpt” information to discuss with Emergency Preparedness Coordinator per her request, February 9. Ted Schiele

- Attended County Public Information Officer (PIO) FEMA training on the role of journalists during emergency situations, February 24. Theresa Lyczko

Meetings and Trainings

- Attended Human Services Coalition annual networking and celebration event, February 18. Susan Dunlop, Ted Schiele, Theresa Lyczko
- Robert Wood Johnson Foundation Naloxone Webinar, February 9. Ted Schiele
- CDC update: Sexual Activity Precautions to Prevent ZIKA virus – Medscape, 0.25 C.E. hours, February 25. Susan Dunlop
- CDC report: Heart Failure Mortality is on the Rise – Medscape, 0.25 C. E. hours, February 26. Susan Dunlop
- Bronfenbrenner Center for Translational Research at Cornell – Research presentation on how major and every day stressors affect participant compliance in a behavioral change program, February 22. Theresa Lyczko, Susan Dunlop
- New York Academy of Medicine, Learning Collaborative – webinar and conference call – “Improving Access to Preventive Care and Disease Self-management,” February 16. Theresa Lyczko, Susan Dunlop

Division for Community Health
March 22, 2016 Board of Health Meeting

Karen Bishop, Director of Community Health
February 2016 Report

Agenda – Review of revised *Quality Assurance and Performance Improvement Program Policy & Procedure*

Administration –

- Participated in NYSDOH pilot desk survey of our Licensed Home Care Service Agency (LHCSA) on Feb. 3. The survey reviewed our Quality Assessment, Quality Improvement and Complaint Policies & Procedures including Quality Improvement Committee meeting minutes and complaint log for the past 24 months. We were cited for failing to complete clinical record reviews of active and discharged records during quarterly Quality Improvement meetings. Our plan of correction included a revision to our Quality Improvement Plan specifying a mixed quarterly review of both active and discharged records. NYSDOH accepted our submitted plan of correction.
- Attended the Family Treatment Presentation on Feb. 1 to learn more about the Safe Care Project.
- Met weekly with CHS managers to review program billing processes and concerns.
- Met weekly with Cathy Sinnott, WIC Director to review program and staff needs.
- Participated in Zika virus conference calls with NYSDOH. Developed Zika poster for provider offices.
- Met with Ithaca City School District officials and School Physician regarding lead in drinking water at Enfield and Caroline Elementary Schools. Attended public forums at both Enfield and Caroline Elementary Schools. Provided health information input for public information via our website, media outlets and internal handling of consumer calls.

Statistical Reports –

- Division statistical reports – see attached reports.
- Communicable Disease statistical reports include monthly and year to date (not annual).

WIC –

- WIC program recently started their Healthy Lifestyles project for 2016. Focusing on the MyPlate curriculum from the USDA, WIC is working to decrease maternal weight gain during pregnancy and reduce childhood obesity in children ages 2-5. The nutrition staff is incorporating the recently released US Dietary Guidelines to reinforce appropriate portion sizes and healthy food choices. Children receive a MyPlate cup and plate to help them reach their goal and pregnant participants receive a MyPlate slide guide.

- Starting March 1st, our local WIC program is introducing the WIC Strong campaign with the goal of increasing enrollment by reaching working families that may be unaware they still qualify for WIC services. WIC Strong is an advertising plan developed by local WIC programs of the central region and was funded by the NYS WIC program. Our campaign in Tompkins County includes bus ads, TV and Radio spots and local newspaper ads. The public is directed to the central region website www.wicstrong.com.
- Cathy Sinnott, WIC Program Director was recently elected to a 1 year term on the NYS WIC Association Board of Directors. In this role, Cathy will be able to work directly with the state WIC office as well as local WIC programs across the state to develop policies and procedures. She will be traveling to Albany every other month for board meetings and to meet with state WIC officials.

March 2016 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

CHS staffing-

- Community Health Services (CHS) will be mentoring one second year TC3 nursing student during March.

Continuing Education-

- CHS staff attended several webinars sponsored by the NYSDOH and the CDC during February on the Zika Virus.
- MOMS nursing staff attended the Prevention and Family Recovery presentation given by Dr. Sherri Green at the Tompkins County Health Department on February 1.
- CHS staff attended a webinar on February 18 presented by the NYSDOH on Flu and Tdap vaccinations during pregnancy.
- Community Health Nurses' Nanette Scogin and Amy Hopkins provided an in service on the Zika Virus to CSCN staff on February 26.

Lead Poisoning Prevention- (2 cases) Lead nurse Gail Birnbaum is case managing 2 children with elevated Blood Lead Levels. (BLL's) The case summaries are as follows:

- Case #1 : One year old with initial BLL 10.2mcg/dL on 9/4/15. Joint visit made with Environmental Health on 9/22/15 as well as ECOSPEC inspector for XRF lead analyzer testing. Parents own older home. Visual inspection did not reveal any deteriorating paint despite its age. Child does not attend daycare and only visits grandparents' local home which was built after 1978. Parents reported trip to Maine for several weeks over the summer to visit a family member who was renovating an older home. Education provided to parents on sources of lead, house cleaning methods and nutrition. Paint sampling results using XRF analyzer found lead-based paint in a few areas on the interior of the home. A letter was sent to the parents by Environmental Health listing the lead testing results and recommendations to reduce lead hazards. It is suspected that the lead exposure was likely during trip to Maine where older home was being renovated. Plan: Repeat December BLL not done. Letter sent to PCP and parents to have done. 1/25/16 follow up with medical provider and parents reveals fingerstick BLL done in office at 15 month well visit in January- result was 9mcg/dL. Lead nurse advised that venous sample needs to be obtained. Medical provider will draw at next visit in March. Keep case open to ensure repeat lead testing done and if below 10mcg/dL discharge.
- Case #2: Two year old with initial BLL 35.1 mcg/dL on 11/23/15. Previous BLL at one was 3.3 mcg/dL 9/3/14. Joint visit made with Environmental Health on 11/23/15. No obvious lead hazards identified at child's home which was built after 1978- home is a rental home. Education provided to parents on sources of lead, housecleaning methods and nutrition. Interview of

parents revealed that child spends several days each week visiting both sets of grandparents who live nearby but not in Tompkins County- both are in older homes. Child is no longer in daycare but spent 6 weeks in a daycare. Referred two homes in outside county for lead testing- done 11/27/15. No lead hazards identified in either home except for one door in one home which is unavailable to the child. Daycare was assessed 12/1/15 and found no lead hazards. Repeat BLL on 11/27/15 30.9mcg/dL, 12/7/15 29.5 mcg/dL, 12/23/15 28.1mcg/dL and 1/13/16 22.2mcg/dL. Paint sampling results using XRF analyzer in parents rental home found a kitchen door that leads to the upstairs bedroom positive for lead paint and in deteriorated condition. Report includes that the child spends a significant amount of time at this doorway/landing and was in contact with the door daily. The parents removed the door upon discovering this and provided cleaning of the floor. A "Notice and Demand" was issued by EH on December 8th to the landlord outlining steps to take to minimize further exposure. Plan: Repeat BLL due in February was not done- letter sent to parents and PCP 2/23/15 requesting BLL be completed. Keep case open to ensure repeat testing done and that BLL's continue to go down.

Communicable Disease-

- **Zika Virus-** A total of 10 Tompkins County residents have been tested for the Zika Virus to date. All traveled to areas of known Zika Virus infection and returned to the US. Of the 10 tested, one tested positive. The positive case is a 44 year old male with travel history to Haiti. Symptoms included full body maculopapular rash, conjunctivitis, joint and muscle ache. He has since improved and convalescent serum is pending. The process for testing suspect cases has been further streamlined; with all testing needing to be approved by the LHD of residence. If criteria for testing are met, suspect cases are sent to an approved NYSDOH laboratory for Zika Virus specimen collection (in Tompkins County CMC laboratory) and then specimens are shipped per protocol to Wadsworth laboratory for testing. At this time commercial laboratories are not able to do Zika Virus testing.
- **Influenza:** Flu activity in New York State and in Tompkins County is increasing in number and continues to be widespread. Year to date there have been 113 Influenza A and 4 Influenza B lab confirmed cases in Tompkins County. There have been no pediatric influenza-associated deaths in NYS. We continue to offer flu vaccine by appointment at our weekly immunization clinics. As of 2/11/16, the NYSDOH Commissioner declared that regulated health care workers not vaccinated, must wear a mask in patient areas until influenza is no longer prevalent. The declaration will remain in effect until the Health Commissioner lifts it.
- **GI Outbreak:** Two elementary schools in Tompkins County had an increase in GI illness during February. One school had 21% of the student population in the elementary school absent with illness. Environmental Health was consulted and made a site visit to the school. They found no deficits within the cafeteria or illness with the cafeteria staff. Instruction on environmental cleaning at the school was provided. After consultation with the TCHD, the school generated a letter to parents which included keeping children home until 24 hours after symptoms resolved. A telephone call to the nurse at the school the following week revealed that, "all was back to normal." The other school with GI illness also received consultation from Environmental Health,

site visit not needed. Measures were put in place for environmental cleaning, letter sent to parents as well as a robo call to inform of GI illness and keeping ill students home.

- **Health Advisories and Informational Messages Blast Faxed to Providers:**

- Weekly Influenza Surveillance Report
- CDC call for practitioners: Update on Interim Zika Virus Guidance and Recommendations.
- NYSDOH Commissioner declares influenza prevalent in NYS and requires unvaccinated Health Care Workers to wear a mask in patient areas.
- New School Requirements for Meningococcal Vaccine

Tuberculosis (TB): One Active TB Disease Case:

- 22 year old foreign born college student entering US in August 2015. Case with complaint of 1-2 month history of fever and productive cough. Work-up from the college revealed a positive QFT, chest x-ray with left lower lobe infiltrate and pleural effusion. CT of the chest included cavitation and airspace consolidation within the right lower lobe. Case was referred to TB consultant for follow up. Three sputa specimens sent to Wadsworth lab with results AFB (Acid Fast Bacillus) negative for two specimens and positive for one. 4-drug treatment initiated at the end of August given clinical presentation and strong suspicion of active pulmonary disease. Culture and PCR negative for MTB but will continue to treat as culture negative TB as case has showed continued improvement on therapy. Transitioned to 2-drug therapy 2x/week at the end of October. Follow-up CXR in February revealed normal exam; case will complete treatment March 11th.

Latent TB Infection (LTBI): There were **19** Tuberculin Screening Tests (TST) placed during the month of February; with 18 read (one person didn't return); all were negative results.

Last month we reported on two migrant farm workers that had positive TST results- both reported exposure to an active TB case in another state. Both had CXR's which were normal. TB consultant advised sputum x 3 for one of the clients (the other client was asymptomatic) who presented with weight loss and night sweats. Specimens were AFB negative x3 and PCR negative for MTB. Specimens are awaiting culture results.

Division for Community Health
PROGRAM Statistical Highlights for Board of Health - 2015

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2016	Total 2015	Total 2014
Maternal Child / MOMS Services															
Client Caseload	118	111													
# of Client Admissions	22	20											42	295	321
# of Client Discharges	27	22											49	337	357
Maternal & Infant Clinic Visit	10	11											21	209	355
Maternal & Infant Home Visit	59	58											117	862	758
Total Home & Clinic Visits	69	69	0	0	0	0	0	0	0	0	0	0	138	1071	1113

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0											0	0	0
Rabies On Call Vaccinations	0	0											0	28	37
TB DOT On Call Visits	0	0											0	9	11
Total # On-Call Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	37	48

Total Home, Clinic, On-Call Visits	69	69	0	0	0	0	0	0	0	0	0	0	138	1161	1161
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Childbirth Education															
# of Childbirth Education Classes	0	1											1	10	16
# of Childbirth Education Moms*	0	6											6	32	54

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

Shaded areas indicate revisions from the previous report

Community Health Services Clinical Statistics	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD 2016	Total 2015	Total 2014
Immunizations (Reported to NYSIIS, Updates May Be Pending)															
# of Immunization Clients	34	18											52	429	319
# of Immunizations Administered	38	33											71	761	534
^Children 0 thru 18 years, 364 days	19	11											30	319	423
^Adults 19 years and older	15	7											22	205	111
# of Influenza Immunizations	10	2											12	579	917
Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing)															
Post-Exposure Clients	0	0											0	107	106
Post-Exposure Clinic Vaccinations	0	0											0	258	267
Tuberculosis Program															
Cumulative TB clients	1	1											0	2	4
Active TB Admissions	0	0											0	2	4
Active TB Discharges	0	0											0	4	2
TB Direct Observe Therapy Home Visits	7	7											14	274	269
# of Tuberculosis Screening Tests*	30	19											49	283	421
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	10	9											19	109	99
# of Clients Counseled & Tested	4	11											15	94	96
HIV Positive Eliza & Western Bloc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Women, Infants, Children Clinic															
Monthly New Enrollments	68	52											120	676	430
Total Participants Served	560	485											1045	6417	4889
Participants w/Active Checks	1322	1184											1253	1338	1386
Total Enrolled (summary is an Average)	1559	1556											1558	1564	1689
% No-Show	15.9%	23.9%													18.3%
% Active Participation	87.4%	78.9%													69.3%
% Caseload Target (FY15 Target = 1500)****	103.9%	103.7%													84.4%

123 Red numbers indicate preliminary data; subject to revision

* Tuberculin Screening Tests - formerly described as PPD's (Purified Protein Derivative)

** # of Immunizations administered understates actual activity; Rabies activity updates to NYSIIS pending

^ Notation changed as of September report

UA = Unavailable at this time

*** 28 Screens placed, only 27 read - one client did not return for a read

**** Caseload target changed from 2000 to 1500 effective 10/1/2015

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 01MAR16
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=February

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	0	0.0	1	11.5	0	0.0
CAMPYLOBACTERIOSIS**	1	11.5	1	11.5	3	34.4	1	11.5	2	22.9
CRYPTOSPORIDIOSIS**	1	11.5	0	0.0	2	22.9	1	11.5	1	11.5
EHEC, SEROGROUP NON-O157	1	11.5	1	11.5	0	0.0	0	0.0	0	0.0
GIARDIASIS	0	0.0	1	11.5	1	11.5	0	0.0	1	11.5
HEPATITIS C,ACUTE	0	0.0	0	0.0	2	22.9	0	0.0	1	11.5
HEPATITIS C,CHRONIC	9	103.2	10	114.6	9	103.2	7	80.2	9	103.2
INFLUENZA A, LAB CONFIRMED	109	1249.4	105	1203.5	86	985.8	12	137.5	68	779.4
INFLUENZA B, LAB CONFIRMED	4	45.8	21	240.7	2	22.9	13	149.0	12	137.5
LYME DISEASE** *****	0	0.0	1	11.5	1	11.5	3	34.4	2	22.9
SALMONELLOSIS	1	11.5	3	34.4	0	0.0	1	11.5	1	11.5
STREP,GROUP B INVASIVE	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	1	11.5	1	11.5	1	11.5
STREP PNEUMONIAE,INVASIVE	2	22.9	0	0.0	0	0.0	1	11.5	0	0.0
GONORRHEA TOTAL.....	5	57.3	4	45.8	0	0.0	3	34.4	2	22.9
- GONORRHEA	5	57.3	4	45.8	0	0.0	3	34.4	2	22.9

	2016		2015		2014		2013		Ave (2013-2015)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CHLAMYDIA	39	447.0	32	366.8	18	206.3	12	137.5	21	240.7

*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect in 2013-2014

***Not official number

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 01MAR16
 Through February
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	0	0.0	1	5.7	0	0.0
CAMPYLOBACTERIOSIS**	1	5.7	1	5.7	4	22.9	1	5.7	2	11.5
CRYPTOSPORIDIOSIS**	1	5.7	0	0.0	3	17.2	2	11.5	2	11.5
EHEC, SEROGROUP NON-O157	1	5.7	1	5.7	0	0.0	0	0.0	0	0.0
GIARDIASIS	0	0.0	2	11.5	1	5.7	1	5.7	1	5.7
HEPATITIS B,CHRONIC	0	0.0	0	0.0	1	5.7	0	0.0	0	0.0
HEPATITIS C,ACUTE	0	0.0	0	0.0	2	11.5	0	0.0	1	5.7
HEPATITIS C,CHRONIC	14	80.2	15	86.0	18	103.2	10	57.3	14	80.2
INFLUENZA A, LAB CONFIRMED	113	647.6	276	1581.8	151	865.4	70	401.2	166	951.4
INFLUENZA B, LAB CONFIRMED	4	22.9	36	206.3	3	17.2	22	126.1	20	114.6
LYME DISEASE** ****	2	11.5	1	5.7	2	11.5	4	22.9	2	11.5
PERTUSSIS**	0	0.0	0	0.0	0	0.0	1	5.7	0	0.0
SALMONELLOSIS	1	5.7	3	17.2	0	0.0	1	5.7	1	5.7
STREP,GROUP A INVASIVE	1	5.7	0	0.0	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	1	5.7	2	11.5	2	11.5	1	5.7	2	11.5
STREP,GROUP B INV,EARLY/LATE ONSET	0	0.0	0	0.0	1	5.7	1	5.7	1	5.7

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
STREP PNEUMONIAE,INVASIVE	2	11.5	1	5.7	0	0.0	2	11.5	1	5.7
SYPHILIS TOTAL.....	1	5.7	0	0.0	0	0.0	0	0.0	0	0.0
- EARLY LATENT	1	5.7	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	9	51.6	11	63.0	5	28.7	4	22.9	7	40.1
- GONORRHEA	9	51.6	11	63.0	5	28.7	4	22.9	7	40.1
CHLAMYDIA	60	343.9	55	315.2	37	212.1	33	189.1	42	240.7

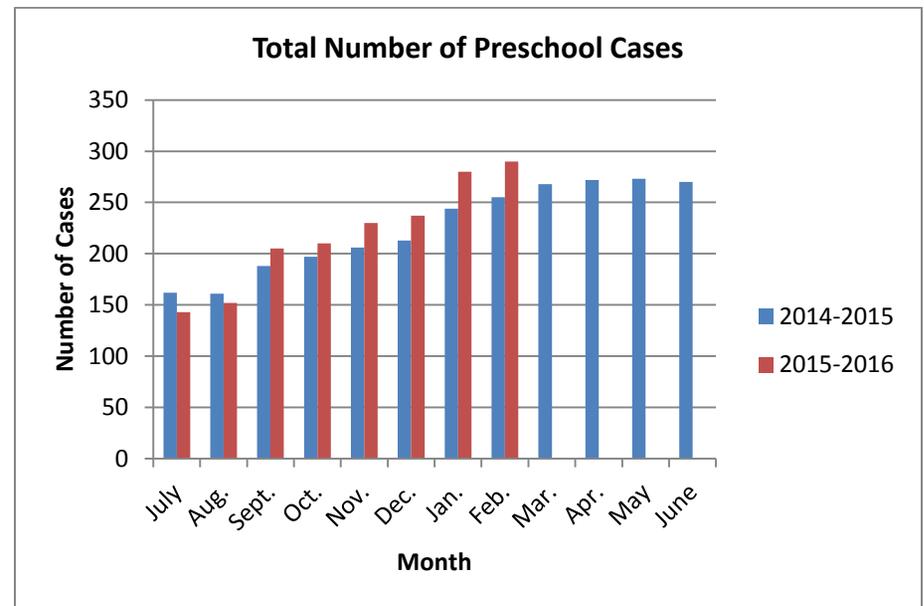
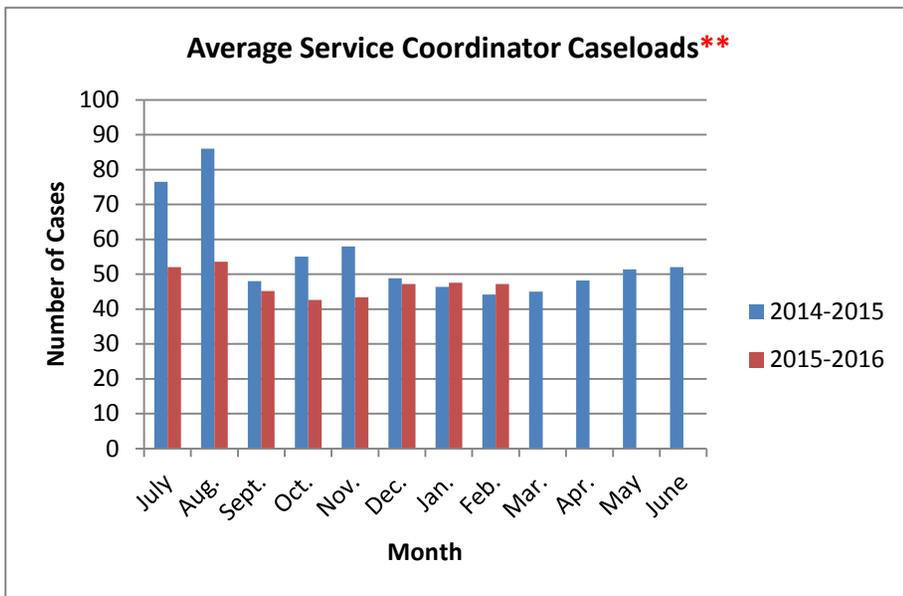
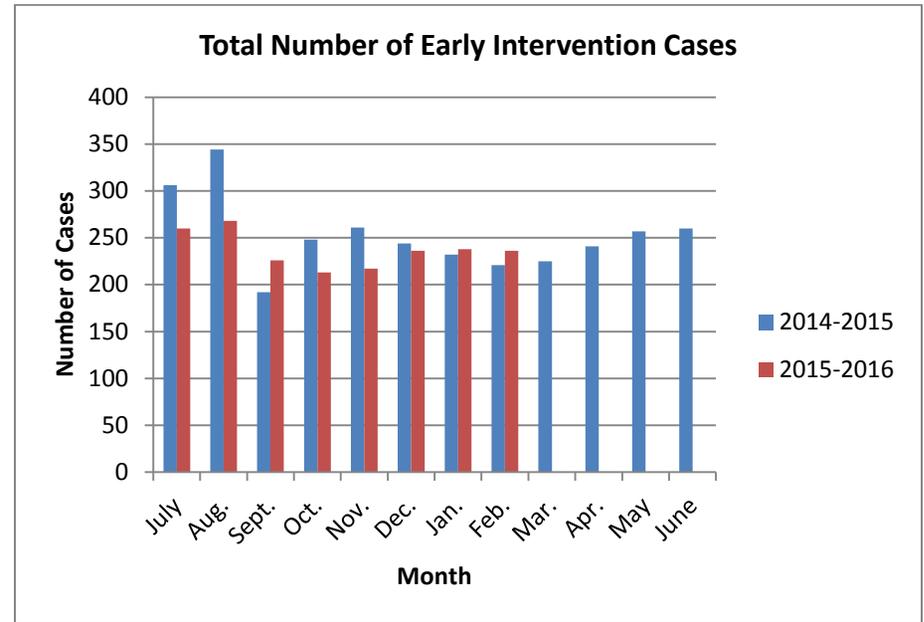
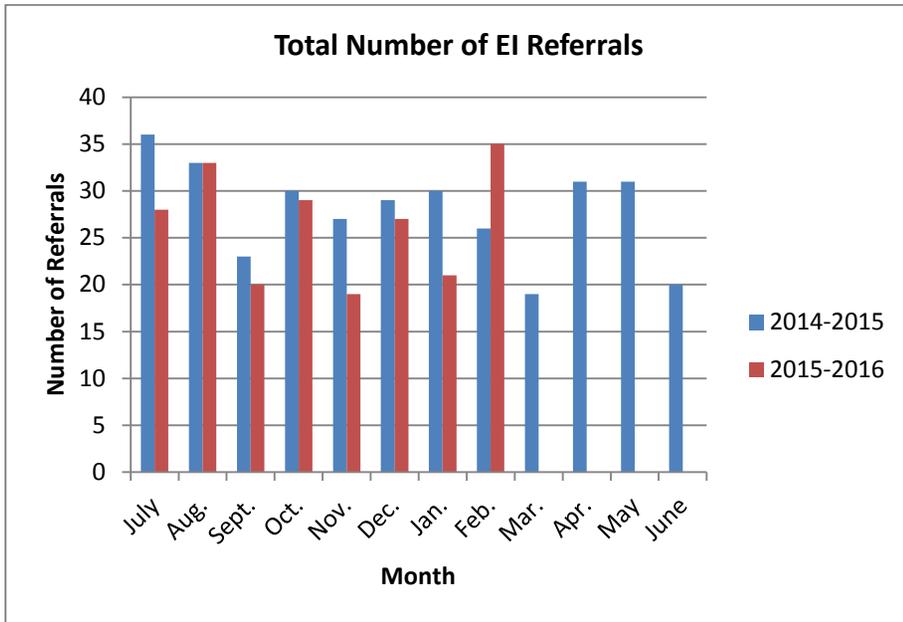
*Based on month case created, or December for cases created in Jan/Feb of following year

**Confirmed and Probable cases counted; Campylobacter confirmed and suspect

***Not official number

**** From 2013-2014,18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties sampled.

**Children with Special Care Needs Division
Statistics Based on Program School Year**



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

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2016 Totals	2015 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case	3	1											4	19
-- Gestational Age		1											1	3
-- Gestational Age & Hearing													0	0
-- Global Delays													0	6
-- Hearing													0	0
-- Physical													0	
-- Feeding	1	3											4	16
-- Feeding & Hearing													0	1
-- Feeding & Social Emotional			1											
-- Gross Motor	5	7											12	58
-- Gross Motor & Feeding													0	2
-- Gross Motor & Fine Motor													0	2
-- Gross Motor & Social Emotional			1										1	0
-- Fine Motor													0	0
-- Social Emotional			1										1	10
-- Social Emotional & Adaptive													0	1
-- Speech	8	16											24	153
-- Speech & Adaptive													0	0
-- Speech & Cognitive													0	2
-- Speech & Feeding													0	2
-- Speech & Fine Motor													0	3
-- Speech & Hearing													0	0
-- Speech & Gross Motor			3										3	10
-- Speech & Sensory													0	2
-- Speech & Social Emotional	2												2	10
-- Adaptive													0	0
-- Adaptive/Feeding													0	0
-- Adaptive/Sensory													0	2
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis	2												2	3
-- Child Find (At Risk)		1											1	8
Total Number of Early Intervention Referrals	21	35	0	55	313									

Caseloads														
Total # of clients qualified and receiving svcs	201	187												
Total # of clients pending intake/qualification	37	49												
Total # qualified and pending	238	236	0	0	0	0	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	47.6	47.2	0	0	0	0	0	0	0	0	0	0		

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2016 Totals	2015 Totals
-- Intake visits	20	34											54	272
-- IFSP Meetings	42	27											69	523
-- Amendments	33	12											45	175
-- Core Evaluations	24	15											39	278
-- Supplemental Evaluations	4	3											7	66
-- DSS Visit	1	0											1	25
-- EIOD visits	9	1											10	79
-- Observation Visits	39	27											66	314
-- CPSE meetings	8	4											12	79
-- Program Visit	0	0											0	8
-- Family Training/Team Meetings	0	0											0	6
-- Transition meetings	18	4											22	92
-- Other Visits	6	7											13	24
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	42	27											69	523
# of Amendments to IFSPs Completed	46	14											60	217
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Assistive Tech	0	0												
-- Audiological	0	0												
-- Feeding	0	1												
-- Group Developmental Intervention	0	0												
-- Nutrition	0	0												
-- Occupational Therapy	3	3												
-- Physical Therapy	0	0												
-- Social Work	1	0												
-- Special Education	0	2												
-- Speech Therapy	5	13												
# of Evaluations Pending	7													
Type:														
-- Diagnostic Psychological	1	1												
-- Developmental Pediatrician	0	1												
-- Other	0	0												
-- Supplemental Evaluations	6	15												
Type:														
-- Audiological	4	7												
-- Auditory Brain Response (ABR)	0	0												
-- Feeding	1	2												
-- Physical Management Clinic	0	0												
-- Physical Therapy	0	0												
-- Speech	1	2												
-- Occupational Therapy	0	4												
-- Psychological	0	0												
-- Vision	0	0												

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2016 Totals	2015 Totals
# of Evaluations Completed	4	3											7	98
Type:														
-- Diagnostic Psychological	0	0											0	9
-- Developmental Pediatrician	0	0											0	2
-- Other	0	0											0	0
-- Supplemental Evaluations	4	3											7	87
Type:														
-- Audio	0	2											2	13
-- Feeding	0	0											0	9
-- Occupational Therapy	3	1											4	39
-- Physical Management Clinic	0	0											0	0
-- Physical Therapy	0	0											0	7
-- Psychological	0	0											0	0
-- Social Emotional	0	0											0	0
-- Speech Therapy	1	0											1	19
-- Vision	0	0											0	0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	3	3												
-- Children currently suspect:	16	15												
Children with 'Other' Diagnosis														
-- Arthrogryposis	1	1												
-- Brain Anomalies	2	2												
-- Bronchopulmonary Displasia (BPD)	2	3												
-- Cardiac Anomaly	1	2												
-- Cerebral Palsy (CP)	2	1												
-- Chromosome Abnormality	2	1												
-- Cleft Lip/Palate	2	3												
-- Congenital Scoliosis	1	1												
-- Cystic Hygroma	0	1												
-- Down Syndrome	2	2												
-- Erb's Palsy	1	0												
-- Failure to Thrive	1	0												
-- Feeding Difficulties	2	3												
-- Hydrocephalus	1	0												
-- Hydronephrosis	1	1												
-- Hypotonia	1	1												
-- Macrocephaly	1	1												
-- Microcephaly	0	0												
-- Pierre Robin Syndrome	1	1												
-- Plagiocephaly	1	1												
-- Prematurity	20	16												
-- Sensorineural Hearing Loss	2	3												
-- Spina Bifida	1	1												
-- Torticollis	3	2												

**Children with Special Care Needs Division
Statistical Highlights 2016**

EARLY INTERVENTION PROGRAM

Early Intervention Discharges														
-- To CPSE	21	2											23	78
-- Aged out	2	1											3	12
-- Declined	1	1											2	22
-- Skilled out	0	3											3	44
-- Moved	1	0											1	31
-- Not Eligible	4	9											13	92
-- Other	0	4											4	9
Total Number of Discharges	29	20	0	49	288									
Child Find														
Total # of Referrals	0	1											1	15
Total # of Children in Child Find	12	13												
Initial Consents Sent	0	1											1	11
Initial Consents Resent	0	0											0	0
Consents Returned	0	0											0	3
ASQs Sent	3	3											6	40
ASQs Returned	0	0											0	17
Total # Transferred to Early Intervention	1	0											1	3
Total # of Discharges	3	0											3	6

Children with Special Care Needs Division
Statistical Highlights 2016

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2016 Totals	2015 Totals
Children per School District														
-- Ithaca	154	162												
-- Dryden	38	40												
-- Lansing	30	30												
-- Newfield	22	23												
-- Groton	26	25												
-- Trumansburg	6	6												
-- Spencer VanEtten	1	1												
-- Newark Valley	0	0												
-- Odessa-Montour	1	1												
-- Candor	0	0												
-- Moravia	1	1												
-- Cortland	1	1												
Total # of Qualified and Receiving Services	280	290	0											

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals	Totals
Services Received by Discipline														
-- Speech Therapy (individual)	174	179												
-- Speech Therapy (group)	5	11												
-- Occupational Therapy (individual)	60	64												
-- Occupational Therapy (group)	1	1												
-- Physical Therapy (individual)	32	32												
-- Physical Therapy (group)	2	2												
-- Transportation														
-- Birnie Bus	25	24												
-- Ithaca City School District	43	43												
-- Parent	1	1												
-- Service Coordination	33	34												
-- Counseling	49	51												
-- 1:1 (Tuition Program) Aide	7	7												
-- Special Education Itinerate Teacher	20	19												
-- Parent Counseling	19	21												
-- Program Aide	3	3												
-- Teaching Assistant	5	5												
-- Psychological Services	0	0												
-- ASL Interpreter	0	0												
-- Audiological Services	2	2												
-- Teacher of the Deaf	1	1												
-- Auditory Verbal Therapy	0	0												
-- Teacher of the Visually Impaired	0	0												
-- Nutrition	1	1												
-- Assistive Technology Services	1	2												
-- Skilled Nursing	2	2												
-- Vision	1	1												
Total # of children rcvg. home based related svcs.	211	221												

Children with Special Care Needs Division
Statistical Highlights 2016

PRESCHOOL SPECIAL EDUCATION PROGRAM

Number of Children Served Per School District Attending Tuition Based Programs	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2016 Totals	2015 Totals
-- Ithaca	43	44												
-- Cortland	1	1												
-- Dryden	10	9												
-- Groton	4	4												
-- Lansing	6	6												
-- Newfield	4	4												
-- Trumansburg	0	0												
-- Odessa-Montour	0	0												
-- Spencer VanEtten	0	0												
-- Moravia	1	1												
-- # attending Franziska Racker Centers	39	37												
-- # attending Ithaca City School District	30	32												
Total # attending Special Ed Integrated Tuition Progr.	69	69	0											

Municipal Representation Committee on Preschool Special Education														
-- Ithaca	1												1	42
-- Dryden													0	18
-- Groton													0	0
-- Lansing													0	3
-- Newark Valley													0	0
-- Newfield	5												5	4
-- Odessa													0	0
--Trumansburg													0	3

ENVIRONMENTAL HEALTH DIVISION
<http://www.tompkinscountyny.gov>

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ENVIRONMENTAL HEALTH HIGHLIGHTS February 2016

Outreach and Division News

Lead Levels in Drinking Water at Caroline and Enfield Elementary Schools: Developments with lead testing of drinking water in Ithaca City School District Schools (ICSD) dominated a number of EH activities in February. The TCHD attended public meetings at Enfield on February 8 and at Caroline on February 10, where many parents expressed concern. In response to the January 2016 testing at these schools, where three of the samples met or slightly exceeded the action level of 15 ppb, the ICSD arranged to test all fixtures in these schools. Many of these results came back extremely elevated. The ICSD turned off all elevated fixtures in these buildings and supplied bottled water to these schools. The ICSD then tested selected fixtures in their remaining schools and again received elevated results at many locations. The ICSD is now providing bottled water at all their schools.

The Environmental Health Division was not consulted for the school-wide or district-wide sampling and has concerns about the process and procedures that were followed. During the school-wide sampling at both Caroline and Enfield, the water system was shut off at the point of entry. Additionally, the ICSD reported information in a subsequent meeting that indicated there was a leak in the Caroline water system and the system depressurized during the time between when the entry point shut-off valve was closed and when sampling was conducted the following morning. Both shutting off water to the system and the reported depressurization of the Caroline Elementary School water system may have created disruptive, turbulent or scouring conditions in the water pipes, potentially releasing lead-containing particles into the distribution system.

For the District-wide sampling, the valve at each fixture was shut off the night before sampling. This could also create disruptive conditions, potentially releasing lead-containing particles into the distribution system. The TCHD has authority under the NYS Sanitary Code over the water systems at Caroline and Enfield. We also have general authority under our local sanitary code to ensure that drinking water is not provided that is "*is not potable or from a supply which is not adequately protected and maintained.*" We are requiring all future actions concerning lead in the drinking water at all ICSD schools to be coordinated and approved by us.

The EH Division has been working closely with NYSDOH throughout this situation. NYSDOH made Wadsworth lab available to us and, on March 3, we collected samples at selected locations at Enfield Elementary School, followed on by Caroline Elementary School on March 4. Results are pending. The ICSD will also be collecting samples at these two schools during the week of March 7.

In addition to NYSDOH, the Environmental Protection Agency (EPA) has also offered their assistance. TCHD, NYSDOH and the ICSD held a conference call on March 4.

The Environmental Health Division has also received inquiries from other concerned schools. We have posted information and guidance on our website:

<http://www.tompkinscountyny.gov/health/schooldrinkingwater>

Personnel: The Division's Project Assistant, Stephanie Egan-Engels, who began working with HNP on September 30th ended her temporary appointment on February 29th.

On February 29, Cynthia Mosher started with us as a part-time Public Health Technician, providing assistance with the Rabies program and Complaints, working 15 hours per week in a temporary position. Cynthia will also be

assisting us with the lead in drinking water in Ithaca City schools. The Environmental Health Division continues to have a Public Health Sanitarian out on extended leave, which is making it difficult to handle the Division work load. We are discussing options with TCHD Administration.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during February 2016. 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 2016	YTD 2015	TOTAL 2015
Bites¹	19	25	22	230
Non Bites²	0	0	1	72
Referrals to Other Counties	2	2	3	26
Submissions to the Rabies Lab	6	17	15	207
Human Post-Ex Treatments	0	0	3	93
Unvaccinated Pets 6-Month Quarantined³	1	1	0	2
Unvaccinated Pets Destroyed⁴	1	1	0	1
Rabid Animals (Laboratory Confirmed)	0	1	0	13

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 2016	YTD 2015	Total 2015	By TCHD	By Cornell	Totals		Mo	YTD 2016	YTD 2015	Total 2015
							Mo	YTD				
Cat	4	8	7	96	0	0	0	1	0	0	0	1
Dog	14	25	15	125	0	0	0	2	0	0	0	0
Cattle	0	0	0	0	0	0	0	0	0	0	0	0
Horse/Mule	0	0	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	1	0	2	0	0	0	1	0	0	0	0
Raccoon	0	0	0	1	0	0	0	0	0	0	0	3
Bats	0	0	0	3	3	0	3	7	0	0	0	7
Skunks	0	0	0	0	0	0	0	1	0	0	0	0
Foxes	0	0	0	0	1	0	1	1	0	0	0	1
Other Wild	1	1	0	2	0	2	2	4	0	0	0	1
Totals	19	35	22	230	4	2	6	17	0	1	0	13

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:

2 nd Landing Café, V-Lansing	Homewood Suites, V-Lansing
Burger King #12983, T-Ithaca	ICSD – Boynton Middle School, C-Ithaca
Cayuga Addiction Recovery Services, T-Ulysses	ICSD-Cayuga Heights Elementary, T-Ithaca
Coddington Road Community Center, T-Ithaca	ICSD-Northeast Elementary, T-Ithaca
Cornell Child Care Center, C-Ithaca	Ithaca Community Childcare Center, T-Ithaca
Country Club of Ithaca, T-Ithaca	Ithaca Ramada Inn, V-Lansing
CU-104 West, C-Ithaca	LCSD-High School, T-Lansing
CU-Becker House, C-Ithaca	LCSD-Lansing Middle School, T-Lansing
CU-North Star Dining, C-Ithaca	LCSD–R.C. Buckley Elementary, T-Lansing
Downtown Children's Center, C-Ithaca	Maccormick Center, T-Caroline
Dryden Hotel, V-Dryden	Meadow Court – Royal Court Restaurant, C-Ithaca
Dunkin Donuts-East Hill, T-Ithaca	Moe's Southwest Grill, C-Ithaca
Dunkin Donuts-Elmira Rd., C-Ithaca	Ned's Pizza, V-Cayuga Heights
Dunkin Donuts-Freeville, V-Freeville	New Roots Charter School, Throughout Tompkins
Dunkin Donuts-Meadow St., C-Ithaca	New York Garden Restaurant, V-Groton
Dunkin Donuts, V-Lansing	Northeast Pizza & Beer, V-Lansing
Express Fork & Gavel, C-Ithaca	Roman Village, T-Groton
Falls Restaurant, V-Trumansburg	Sicilian Delight Pizzeria, V-Lansing
Fairfield Inn & Suites, C-Ithaca	St. Catherine's Greek Orthodox Church, C-Ithaca
Friendly's #7450, V-Lansing	Subway #29252, V-Lansing
Futai Buffet, C-Ithaca	Subway-Walmart #35087, C-Ithaca
George Jr. Republic Le Café, T-Dryden	TC Action Groton, V-Groton
Golden City, V-Dryden	TC Action Magnolia House, C-Ithaca
Gorgers Tacos, C-Ithaca	Tompkins County Jail, T-Lansing
Greenstar Market Events, Throughout Tompkins	Waffle Frolic, C-Ithaca
Groton Elementary School, V-Groton	William Henry Miller Inn, C-Ithaca
Groton Junior/Senior High School, V-Groton	Wings Over Ithaca, T-Ithaca
The Haunt, 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
 Comfort Inn, C-Ithaca
 Hampton Inn, C-Ithaca
 ICSD-Fall Creek Elementary School, C-Ithaca

Manndible Café, C-Ithaca
 McDonalds, V-Dryden
 Subway #3376 Pine Tree, T-Ithaca
 TC Action Casey Center, V-Dryden
 Tokyo Hibachi, Sushi & Asian Bistro, C-Ithaca

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

Critical Violations were found at the following establishments:**Chipotle Mexican Grill #1661, C-Ithaca**

Food workers did not use proper utensils to eliminate bare hand contact with cooked or prepared foods. A food worker was observed preparing ready to eat food with bare hands. The product was discarded during the inspection.

Finger Lakes Residential Center, T-Lansing

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

Mark's Pizzeria, V-Groton

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 110-114°F. The product was discarded during the inspection.

Country Inn & Suites, T-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Products in hot holding were observed to be at 122-125°F. The products were discarded during the inspection.

Bun Appetit Bakery, V-Groton

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

Trip Hotel, V-Lansing

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a cold holding unit were observed to be at 51-53°F. The products were discarded during the inspection.

Best Western University Inn, T-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation or approved precooling procedures. Product on a counter for customer service was observed to be at 50-51°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Linda's Corner Diner, T-Lansing

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 55°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Comfort Inn, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 53°F. The product was discarded during the inspection.

AGAVA, T-Ithaca

Enough refrigerated storage equipment was not maintained so that all potentially hazardous foods were stored at or below 45°F. Products in a cold holding unit were observed to be at 53°F. Products were either discarded or moved to the walk-in cooler to be rapidly chilled to 45°F or less before use.

Ithaca Ale House, C-Ithaca

Potentially hazardous foods are not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 58°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Ithaca Courtyard, V-Lansing

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 53°F. The product was removed from service and rapidly chilled to 45°F or less.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 107°F. The product was discarded during the inspection.

Friends & Pho Vietnamese/Chinese Restaurant, V-Lansing

Potentially hazardous foods were not cooled by an approved method. Product cooked previously was observed on a countertop at 68°F. The product was moved to the walk-in to properly cool to 45°F or less before use.

Pizza Hut, V-Lansing

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product for customer service was observed to be at 121-125°F. The facility has a waiver for time as a public health control but was not complying with the terms of the waiver agreement. The product was discarded during the inspection.

Fork & Gavel Café, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product for customer service was observed to be at 54-58°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not stored under refrigeration. Products on a counter for customer service were observed to be at 58°F and 60°F. The products were discarded during the inspection.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 48-49°F. The products were moved to functioning equipment to be chilled to 45°F or less before use.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 17 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, Ithaca Chili Cookoff
Malaysian Association at Cornell 2016, Malaysian Night

Critical Violations were found at the following establishments:**Japan-U.S. Association 2016, Sushi Night 2016**

Potentially hazardous foods were held at an improper temperature. Products on a counter were observed to be at 52°F, 62°F and 68°F. The products were moved to cold holding units to be rapidly chilled to 45°F or less.

Inadequate facilities were available to maintain temperatures. Large amounts of potentially hazardous foods were observed to be on counters for preparation. Additional refrigeration was located and food was brought out in limited quantity for preparation.

Japan-U.S. Association 2016, Sushi Night 2016

Potentially hazardous foods were held at an improper temperature. The operation was operating under a waiver for time control and was observed to not be in compliance with the terms of the waiver. Products that were out of compliance for both time and temperature control were discarded during the inspection.

Accurate food probe thermometers were not available at the service site to check the temperatures of potentially hazardous foods.

AIIESEC Cornell 2016, AIIESEC Global Village

Potentially hazardous foods were held at an improper temperature. Products in hot holding were observed to be at 135°F. A re-inspection was satisfactory.

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

The following pre-operational inspections were conducted:

There were no pre-operational inspections conducted this month.

Plans Approved:

There were no plans approved this month.

New Permits Issued:

The Rusty Oven, Throughout Tompkins
Hive 45, V-Trumansburg
Auntie Anne's, V-Lansing

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

Engineering Plans Approved

- Farm Pond Circle Realty Subdivision, Lot #21, 440 GPD Sewage System, Lansing-T
- Car Quest Bldg., 3114 N. Triphammer Rd., 300 GPD Sewage System Repair, Lansing-T

Problem Alerts/Emergency Responses

- A Boil Water Order for the Country Garden Apartments was in effect from 2/18/16 through 2/24/16 due to insufficient disinfection due to chlorine pump failure. Corrections were made to the systems the following day, samples were collected on 2/19/16 and 2/22/16. The bacteriological sample results were satisfactory and the boil water order was released 2/24/16.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2016	YTD 2015	Total 2015*
# of Initial Home Visits	20	48	54	406
# of Revisits	7	17	32	141
# of Asthma Homes (initial)	5	8	9	71
# of Homes Approached	94	120	94	888

*Covers the calendar year (January through December)

Outreach

- On February 2, Pat conducted outreach at the Mobile Food Truck pantry in Groton (8 visits, 85 reached).
- On February 3, Stephanie conducted outreach at the Loaves & Fishes lunch in Ithaca (65 reached).
- On February 3, Pat and Stephanie attended the Homeless and Housing Taskforce meeting with a presentation by Dr. Jim Withers with Operation Safety Net. This program demonstrated a (potential) model (for Tompkins County) to connect the homeless with the social services that they needed. Attending future meetings with this group will provide updates on how Tompkins HNP can support this and other relating efforts.
- On February 3, Pat met with Marian VanLoan, with CCE Volunteer Consumer Helpline, to discuss services for HNP participants.
- On February 26, Stephanie conducted outreach at the Salvation Army (10 reached).

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2016	YTD 2015	TOTAL 2015
A: Active Cases (total referrals):				
A1: # of Children w/ BLL > 19.9ug/dl	0	0	0	1
A2: # of Children w/ BLL 10-19.9ug/dl	0	0	0	3
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	1
B2: Due to A2	0	0	0	4
C: Hazards Found:				
C1: Due to B1	0	0	0	1
C2: Due to B2	0	0	0	4
D: Abatements Completed:	0	0	1	2
E: Environmental Lead Assessment Sent:	0	0	0	4
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	26	31	5	61
H: Samples Collected for Lab Analysis:				
- Paint	0	0	0	1
- Drinking Water	0	0	0	1
- Soil	0	0	0	2
- XRF	0	0	0	3
- Dust Wipes	0	0	1	4
- Other	0	0	0	0

Summary of Open BOH Enforcement Actions:

Date of BOH Action	Facility	Owner/ Operator	Basis for Action	Penalty Assessed	Next BOH Order Deadline	Status
2/23/16	Rongovian Embassy	Jessica Giles	Operating without a Valid Permit	\$400	Penalty Payment due 4/15/16.	Awaiting Payment
1/26/16	2374 Mecklenburg Road	Michael Morris	Discharge of Sewage to the Ground Surface	N/A	Complete replacement of sewage system by 4/15/16.	Monitoring Compliance
9/22/15	GrassRoots World Café	Lissa Farrell	Repeat Critical Violations	\$400	Penalty Payment received.	Monitoring Compliance
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Detailed Construction plan and schedule due 4/15/16.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Complete Test Wells and Monitoring Wells by 4/15/16.	Monitoring Compliance

DIVISION FOR COMMUNITY HEALTH

Quality Assurance and Performance Improvement Program Policy & Procedure

Policy

1. The Quality Assurance and Performance Improvement (QAPI) Program is a planned process designed to:
 - Systematically assess and evaluate the quality and appropriateness of client, participant, and customer care, herein referred to as “client”,
 - Identify and pursue opportunities to improve client care and service delivery using a collaborative and interdisciplinary process,
 - Resolve identified problems in care and services, and
 - Take actions that result in improvements in the Division for Community Health (Division) performance across the spectrum of care. Actions need to consider and incorporate client and staff needs and expectations for all Division programs and services including those provided under contract.
 - Division for Community Health programs include Article 36 LHCSA (Licensed Home Care Services Agency), Article 28 D&TC (Diagnostic & Treatment Center), and WIC.

Regulation

Re: LHCSA (Article 36): Public Health Law Title 10, Article 7, Part 430, Section 766.9(I) Governing authority: The governing authority or operator, ... of a licensed home care services agency shall:

- (I) appoint a quality improvement committee to establish and oversee standards of care. The quality improvement committee shall consist of a consumer and appropriate health professional persons. The committee shall meet at least four times a year to:
 - (1) review policies pertaining to the delivery of the health care services provided by the agency and recommend changes in such policies to the governing authority for adoption;
 - (2) conduct a clinical record review of the safety, adequacy, type and quality of services provided which includes:
 - (i) random selection of records of patients **currently** receiving services and patients **discharged** from the agency **within the past three months**; and
 - (ii) all cases with identified patient complaints as specified in subdivision (j) of this section;
 - (3) prepare and submit a written summary of review findings to the governing authority for necessary action; and
 - (4) assist the agency in maintaining liaison with other health care providers in the community.

Re: D&TC (Article 28): Public Health Law Title 10, Article 7, Part 431, Section 703.6

- (c) Policies and procedures
 - (ix) quality assurance/improvement initiatives coordinated with such activities at the operator’s primary delivery site(s)

Organizational Responsibilities

1. The Tompkins County Health Department (TCHD) places quality at the forefront through its mission to “... *strive to achieve a healthy community by protecting and promoting public health through education, training, advocacy and the provision of services*”.
2. The TCHD Board of Health (BOH) appoints a Medical Director who is credentialed and re- appointed at least every two years. The Medical Director maintains oversight responsibility through the following activities.
 - Approve new and revised Division policies and procedures.
 - Participate on the Community Health Quality Improvement (CHQI) Committee Meeting and approve meeting minutes.
 - Review Division client complaints and care-related incident reports such as vaccination administration errors or syncopal incidents, etc.
 - Approve CHQI Meeting Minutes.
3. The BOH President approves CHQI Minutes upon recommendation of the Medical Director.
4. The BOH assigns daily responsibility of the QAPI Program to the Director of Community Health (DCH) with oversight by the TCHD Medical Director and the CHQI Committee.
5. The DCH assumes responsibility for quality care and professional practices by: allocating resources, establishing priorities to improve Division performance, appointing qualified individuals and delegating authority, assuring plans are developed and assigning responsibility for action, reviewing the findings of the QAPI Program, taking appropriate action when warranted, reprioritizing QAPI activities in response to unusual or urgent events, and analyzing the effectiveness of actions taken to improve the Division performance.
6. The WIC Program Director, Supervising Community Health Nurse (SCHN) and Senior Community Health Nurses participate through: coordination and designation of staff to QAPI activities, and staff education on QAPI activities, process and outcome issues. QI is a standing agenda item at the monthly CHS and WIC team meetings.
7. Employees participate in QAPI activities through: peer and individual QI reviews, educational sessions, team meetings, delivery and documentation of care according to established procedures and standards of practice, accepting responsibility for ongoing development and education and quality client care, and participation such that all staff is included in the process and activities on a periodic basis.
8. The QAPI Program Organizational Chart is shown on **Appendix A**.

Reporting

1. Division QAPI issues, concerns, activities, actions and reports are communicated on a periodic and consistent basis to the following:
 - Staff,
 - Public Health Director,
 - Community Health Quality Improvement Committee (quarterly),
 - Board of Health Monthly Reports (inclusion of quarterly CHQI minutes or summaries).
 - New York Patient Occurrence Reporting and Tracking System (NYPORTS) when indicated, and
 - NYSDOH representatives as requested.

Procedure

1. Components of the QAPI Program include, but are not limited to:
 - Use of objective measures to demonstrate improved performance with regard to quality indicator data to determine if individual client and aggregate measurable outcomes are achieved,

- LHCSA and D&TC active (currently receiving service) and discharged (within the previous three months) client records are reviewed monthly; a minimum of 5 records are reviewed monthly; findings are shared with individual staff and as a standard monthly staff meeting agenda item, and reported quarterly to the Community Health Quality Improvement Committee.
 - Updating program specific clinical practice guidelines and professional standards,
 - Use of outcomes based and/or evidenced based data when available,
 - Client satisfaction measures, and
 - Effectiveness and safety of services, including staff competencies, promptness of service delivery, and whether clients are achieving care plan goals.
2. Monitoring performance improvement, including:
 - Taking actions that result in performance improvements, and
 - Tracking performance to assure improvements are sustained over time.
 3. Prioritizing improvement activities. The Division:
 - Considers prevalence and severity of problems,
 - Gives priority to improvement activities that affect clinical outcomes, and
 - Immediately corrects and identifies problems that directly or potentially threaten the health and safety of clients.
 4. Meeting periodic quality assessment performance improvement reporting requirements as specified by the government, such as the NYSDOH Communicable Disease Performance Improvement standards,
 5. Maintaining an effective infection control program, and
 6. Integrating client concerns and staff views on performance and opportunities for improvement into Division QAPI Program activities.

Implementation

1. The DCH is responsible for reviewing and updating the QAPI Program Policy & Procedure annually.
2. The SCHN and WIC Program Director have responsibility for oversight and reporting of their program plans.
3. The SCHN and WIC Program Director include staff on a periodic basis to develop; update and revise QI review tools as needed to meet program and regulatory requirements.
4. The DCH or designee will convene an Infection Control Committee at least annually to review infection control related incidents and program activities and update infection control policies, procedures as needed and appropriate. An annual report will be made to the CHQI Committee. At minimum the Committee will include the DCH, SCHN, WIC Program Director, the assigned communicable disease Senior CHN and at least one program staff representative.
5. The DCH has administrative responsibility and the SCHN has program operation responsibility for the D&TC and LHCSA QI activities which include the following programs (refer to CHS Program Manuals for QI procedures):
 - Sexually Transmitted Disease services via contract by Planned Parenthood of the Southern Finger Lakes (**Appendix B**),
 - Immunizations (routine childhood and adult vaccination including influenza and rabies pre-post exposure vaccinations),
 - Communicable Disease,
 - Anonymous HIV Counseling & Testing,
 - Childhood Lead Poisoning Prevention Program,
 - Tuberculosis Control Program, and the
 - Medicaid Obstetrical Maternal Services (MOMS) Program.
6. DCH has administrative responsibility for the WIC Program (refer to WIC Program Manuals for specific quality review requirements).

Confidentiality

1. QAPI Reports and Minutes will use coded and/or aggregate data as necessary, and include identifiable client and/or staff information on incident and complaint reports only as minimally necessary.
2. Access to QAPI confidential findings are limited to the TCHD Medical Director, Public Health Director and his Deputy, DCH, SCHN, WIC Program Director, Senior Community Health Nurse(s), Tompkins County Attorney, state and federal representatives and others as required by regulation.
3. All persons participating in QAPI program activities and providing direct client services receive initial and annual training and agree to follow TCHD policies and procedures on Compliance, Confidentiality and HIPAA standards and practices. These persons include all staff, business associates, contractors and/or consultants and volunteers, students and interns.

Tompkins County Health Department Medical Director
William Klepack, MD

Date

Appendices

Appendix A – QAPI Organizational Chart

Appendix B – Quality Assurance and Improvement Review Plan for PP of the Southern Finger Lakes

Original: 6/26/96

Board of Health approval: 1996, 2005

Date Revised: 3/05, 5/05, 12/07, 12/09, 6/12, 8/18/14, 4/6/15, 12/23/15, 2/12/16

Date Reviewed: 1997, 2000, 2003, 2006, 2010, 2011, 2013, 2014, 2015