

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, June 28, 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 May 24, 2016 Minutes (2 mins.)
- 12:06** IV. Financial Summary (9 mins.)
- 12:15** V. Reports (15 mins.)
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|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Medical Director's Report | County Attorney's Report |
| Division for Community Health | Environmental Health |
- 12:30** VI. New Business
- 12:30** ***Environmental Health (20 mins.)***
Enforcement Action:
1. Resolution #ENF-16-0010 – John Joseph Inn & Elizabeth Restaurant, T-Lansing, Violation of BOH Orders #13.14.11 and Part 5-1 of the New York State Sanitary Code (Water) (10 mins.)
 2. Resolution #ENF-16-0011 – Traveler's Kitchen, C-Ithaca, Violation of BOH Orders #14.11.29 and Subpart 14-2 of the New York State Sanitary Code (Temporary Food) (10 mins.)
- 12:50** ***Division for Community Health (20 mins.)***
Approval for Policies:
1. Revised Human Papillomavirus (HPV) Vaccine Policy (5 mins.)
 2. Abbreviations Approved for Use (5 mins.)
 3. Medical Orders Policy & Procedure (5 mins.)
 4. Emergency Response Plan Policy (5 mins.)
- 1:10** ***Administration (20 mins.)***
Presentation: Overview of a New Statewide Media Campaign, "Seen Enough Tobacco." The campaign targets young families with information about the impact that tobacco marketing in stores has on youth smoking.
www.SeenEnoughTobacco.org/media (5 mins.)
- Discussion:** 2017 Proposed Budget Summary (15 mins.)
- 1:30** ***Adjournment***

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MINUTES
Tompkins County Board of Health
May 24, 2016
12:00 Noon
Rice Conference Room

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

Staff: Karen Bishop, Director of Community Health; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Skip Parr, Senior Public Health Sanitarian; Jonathan Wood, County Attorney; and Shelley Comisi, Administrative Assistant II

Excused: Sylvia Allinger, Director of CSCN; Will Burbank, Board of Health Member; Liz Cameron, Director of Environmental Health; Frank Kruppa, Public Health Director; and Deb Thomas, Senior Community Health Nurse in CSCN

Guests: Anna Calhoun, SUNY Cortland Student Intern

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:02 p.m.

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

Approval of April 26, 2016 Minutes: Mr. McLaughlin moved to approve the minutes of the April 26, 2016 meeting as written; seconded by Mr. Greenhouse. The minutes carried with Ms. Merkel and Dr. Morgan abstaining.

Financial Summary: Ms. Grinnell Crosby explained there was no financial summary report in the packet due to continuing problems with the dashboard. Overall the financial report is the same as in the previous months. Revenues are improving in Community Health Services. She has been meeting with each division to work on the 2017 budget. There will be a presentation of the proposed budget at the June BOH meeting.

According to Ms. Grinnell Crosby, former employee Kevin Sutherland created the dashboard to retrieve Tompkins County Health Department (TCHD) financial data from the County's financial system. She would like to simplify our dashboard and have a design that is consistent with the County Administrator's dashboard. Currently, Information Technology Services (ITS) staff is working on other time-consuming projects so the dashboard has a lower priority.

Administration Report: Mr. Kruppa was not present for the meeting.

Medical Director's Report: Dr. Klepack reported there are ongoing discussions and presentations in the community regarding *The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy*. At present, his role as Medical Director is to continue researching the subject.

In response to Mr. Greenhouse's questions about the direction of this effort and the time being invested on the issue, Dr. Klepack pointed out the data showing deaths due to opioid overdoses is concerning. Thinking about ways to address the problem is worthwhile. As for the time spent on his research, the Health Department has a responsibility to think about this public health issue and perhaps take a position on some aspects of the program.

Ms. Merkel asked whether people involved in the drug plan are considering a range of options. Dr. Klepack responded by naming their top three priorities: (1) a detox center, (2) a methadone clinic, and (3) an increased number of prescribers for buprenorphine or suboxone to help those individuals wanting to abstain from heroin. Although the Supervised Injection Facility (SIF) has received the publicity, each option deserves consideration.

In the discussion about Narcan, Dr. Evelyn confirmed it is available over-the-counter. Since the general public may be unaware of the increased availability of Narcan, Dr. Koppel asked whether a campaign exists to make that information known. Dr. Klepack indicated that would be a role for the Public Information Office of the TCHD and the New York State Department of Health (NYSDOH).

Emphasizing the Board's responsibility to protect the public interest, Mr. McLaughlin expressed his appreciation to Dr. Klepack for sharing his research to keep members informed. Dr. Macmillan thought it was also important to stay apprised of the changing federal funding environment that would provide more national resources to address this problem.

Division for Community Health Report: Ms. Bishop reported:

- The NYSDOH Commissioner has lifted the mask regulation put in place for unvaccinated healthcare workers during the influenza season. There is still ongoing influenza, but the incidence of reportable flu has decreased substantially. Unfortunately, the fourth pediatric flu death has occurred; none have been in Tompkins County.
- There was an interesting collaborative effort with Cornell University on a case of melioidosis. This is one of those red alert diseases that has been earmarked as a potential bioterrorist agent. A dog imported from Thailand tested positive for the disease when brought to the Veterinary School for care. Although there has not been any known transmission from dog to human, TCHD worked together with Cornell to identify the people who were exposed to the dog for a follow-up risk assessment. The decision was made to monitor temperatures and symptoms twice a day for a period of 21 days for those who had contact with the dog. Serum samples were obtained from those individuals deemed to be at high risk. The people who have been monitored were all asymptomatic. This was a learning experience involving multiple entities that worked together and participated in several conference calls to share information.

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Dr. Koppel provided additional information regarding melioidosis and this situation:

- It is a fairly rare tropical disease found mainly in Southeast Asia. The bacteria causing melioidosis is found in soil and picked up by animals or humans by inhaling, ingesting or contacting the bacteria directly from the environment.
- The illness is often characterized by a respiratory event like pneumonia but also can be a hand or skin infection resulting from contact with the bacteria. It can lead to chronic disease. In some cases, it can lead to multi-organ infection, sepsis and death. It has a high case fatality rate especially for those with compromised immune systems.
- The incubation period is typically 21 days but may extend for weeks, months or years. There is a documented case of an individual developing the disease 62 years later.
- Treatment is very intensive with two weeks of intravenous antibiotic therapy and 22-24 months of oral antibiotics.
- The Centers for Disease Control and Prevention (CDC) offered guidance and resources. Dr. David Blaney, national expert on the subject at the CDC, consulted with us during conference calls.
- In his opinion, the “cool” part was the interaction of staff at TCHD, Cornell and the other entities. It revealed our strengths in responding and working together. He shared his observation that surveillance programs are intensive and thanked TCHD staff members for their hard work.

Introduction: Ms. Bishop introduced Anna Calhoun, student at SUNY Cortland, who will be interning in Division for Community Health this summer. She will be working on projects to improve our maternal child services.

Children with Special Care Needs Report: Ms. Allinger and Ms. Thomas were not present for the meeting.

County Attorney’s Report: Mr. Wood had nothing to report.

Environmental Health Report: Ms. Cameron was not present for the meeting. In her absence, Mr. Parr updated the Board on the issue of lead in the drinking water at some schools in the Ithaca City School District (ICSD). The district has selected a consultant, LaBella Associates, to work on a comprehensive planning document. There will be a coordination meeting at the end of the month involving ICSD, LaBella Associates, TCHD, NYSDOH, and the Environmental Protection Agency (EPA). In other activities, Environmental Health (EH) staff has been working with other school districts on water sampling.

In response to questions from Board members, Mr. Parr stated:

- There have been news reports about proposed legislation that would assist schools in their efforts to establish programs that test for lead in drinking water. He does not know if there is any funding tied to it.
- Two weeks ago, Ms. Cameron and Senior Public Health Sanitarian Adriel Shea gave a presentation at the NYS Conference of Environmental Health Directors on

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the lead issue. It was a topic everyone wanted to hear about because other counties are receiving calls from school districts.

- TCHD has not received any FOIL requests recently. Information has been flowing out through the media regarding test results.

Resolution ENF-16-0007 – Best Western University Inn, T-Ithaca, Violation of Part 14 and Subpart 7-1 of the New York State Sanitary Code (Food): Mr. Parr reported this temporary residence food service establishment is before the Board as the result of repeat critical violations for food temperature. In this case, hard boiled eggs and cream cheeses were left on a counter with no refrigeration. In the packet, there are photographs and a letter from the operator requesting leniency.

Resolution ENF-16-0008 – Fork & Gavel Café, C-Ithaca, Violation of Part 14 of the New York State Sanitary Code (Food):

Mr. Greenhouse moved to accept the aforementioned resolutions for (1) Best Western University Inn and (2) Fork & Gavel Café, as written; seconded by Dr. Morgan. The vote on both resolutions, as written, carried unanimously.

Review of Proposed 2017 Environmental Health Division Fees: Mr. Parr directed attention to Ms. Cameron's memo regarding proposed fees. He then referred to Table 1 of the fee schedule and pointed out the Campground Operating Permit should be **\$140 plus \$2.25 per unit/site**. In the past, the campground fee was a sliding scale fee based on how long the seasonal campgrounds operated; however, it does not require any less work to permit those operations. If anything, it is extra work because staff needs to conduct both pre-operational and operational inspections. The Division is proposing to eliminate the sliding scale fee and implement a standard flat fee of \$140 plus \$2.25 per site or unit. After an analysis to determine the impact on those campground operators, Camp Comstock would have the largest increase of \$122. See Table 3.

Highlights from questions directed to Mr. Parr:

- There is an annual inspection/permit for mobile home parks. Staff also visits those facilities when responding to complaints.
- Town parks with campgrounds, e.g. Myers Park in the Town of Lansing, are permitted and charged a fee by EH staff. State park campgrounds are not regulated by TCHD.
- There is a significant difference in mass gathering fees for new events as opposed to existing events due to the amount of work required for the initial plan setup. Once that legwork has been completed, it is a matter of updating the plan for annual events like the GrassRoots Festival.

Expressing his appreciation for the work that went into preparing the fee schedule, Mr. Greenhouse moved to approve the proposed Environmental Health Division Fees for 2017 as written; seconded by Ms. Merkel.

A lengthy discussion ensued regarding fees and cost recovery:

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- Referring to Table 5 showing estimated versus actual revenue and expenses from 2011 to 2015, Mr. McLaughlin commented the percentage numbers appear to have moved up in terms of recovery of expenses.
- As historical background, Mr. Greenhouse recalled that the State's recommended cost recovery was about 20 percent. The Board came to a realization that the 20 percent paradigm did not make sense with increased mandates and decreased financial support from the State. That was the impetus for earlier discussions. At some point in time it needs to be revisited.
- Mr. McLaughlin asked whether there has been any further thought about assessing additional fees for the extra time staff may spend on inspections. Mr. Parr said it has been discussed, but staff has not come up with a proposal. It may involve looking at enforcement fees and the past history of the facilities that go to enforcement.
- From his experience with the Ithaca Fire Department, Mr. McLaughlin explained there is a minimum fee for an inspection, but it can be more depending upon the amount of time their officers spend at the facility. To recover costs, he believes the concept of charging more for time and resources invested by EH staff might be justifiable.
- Describing the permitting model used by Bolton Point, Mr. Greenhouse said it includes one inspection and each inspection required after the initial one is billed. That is a simple model that EH could implement. It is upfront; it is clear; it is not a penalty; and it is cost recovery.
- Dr. Evelyn pointed out there are some cases where there are multiple visits to an establishment for violations. He likes the idea of a penalty plus an additional cost to cover the number of inspections.
- Mr. Wood advised there is a legal issue. If the owner/operator is charged more because a violation was observed, the owner/operator has a right to contest the violation and is entitled to a hearing on that first violation. It could end up costing more than sending staff out on a second inspection.
- Mr. Parr explained the formal enforcement process begins by offering the owner/operator(s) an office conference that allows them the opportunity to agree or disagree with our findings. If they choose not to sign the Stipulation Agreement, then EH staff schedules a hearing.
- When Dr. Macmillan inquired about the expense of a hearing, Mr. Wood said the expense is hard to calculate. There is the cost for the hearing officer. In addition, the hours that County staff are required to attend the hearing could also be calculated as a cost.
- Mr. McLaughlin looks at the enforcement process as having two components: to serve as a deterrent and to recover costs. He was interested in knowing whether the process accomplishes either objective. Mr. Parr believes it is a deterrent. Once a resolution is adopted by the BOH, staff usually does not see repeat violations. Staff is re-evaluating our enforcement procedures and policies and may consider redefining what prompts the enforcement process.

The vote to approve the proposed Environmental Health Division Fees for 2017, as written, was unanimous.

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Further Business: At the previous Board meeting, Dr. Koppel reminded members that there had been an interest in advertisements that would counter the syphilis problem. With that in mind, he displayed a poster that has been distributed on the Cornell campus and can be viewed by clicking “Poster” on the www.tc-std.org/materials/ webpage.

Adjournment: At 1:14 p.m. Dr. Macmillan adjourned the meeting.

**Public Health Director
Report
June 2016**

- I had the opportunity to meet with Dr. Zucker, NYSDOH Commissioner, and Brad Hutton, new Deputy Commissioner, as part of the NYSACHO Board of Directors meeting. Both stated an interest in building upon the existing relationships with Local Health Departments. They acknowledge we are the first line of defense and offered a renewed effort to include us in public health decisions that affect NY.
- I was able to join the recognition of Dr. Klepack and Barb Wright on 25 years of service to Tompkins County.
- I participated in the monthly Care Compass (DSRIP) Board of Directors meeting. Contracts are now being signed. A large agreement was reached with the Mental Health Association of Broome County to offer mobile crisis services. We are working to develop a proposal for Tompkins County. Care Compass now has 20+ staff working on the projects and progress is being made.
- The Health Planning Council hosted a speaker from Rochester who developed a wellness program using bikes and a local trail. There was a large audience and some enthusiasm for a similar initiative in Tompkins County.

Medical Director's Report
Board of Health
June 2016

Activities of the Previous Month:

- Reviewed and edited minutes from a meeting on *The Ithaca Plan* drug policy proposal that was held on May 3rd at the Health Department. The minutes were distributed to participants in order to help further our research regarding unanswered questions on various elements of the proposal.
- Reviewed and edited report regarding my review of jail records in mid May. I found the quality of the records and documentation to be excellent.
- Attended Ithaca City School District Advisory Committee meeting held at Ithaca High School on June 7th. The purpose of the meeting was to explore and advise the district on ideas for enhancing the healthcare of students with medical and mental health issues. Representatives from a wide variety of community agencies attended. There were individualized presentations by Marguerite Uphoff, school physician for the district; Judy Hoffman, coordinator of health and wellness services; David Brown, chief administration officer for the district; David Hanna, athletics director for the district; Lisa Reiger, principal at Enfield Elementary School; and Judy Clay, clinical supervisor from Family and Children's Service of Ithaca. These meetings will be held on a quarterly basis.
- Reviewed detailed policies with regard to Community Health Services. These included HIV testing of defendants accused of sexual assault; abbreviations; and emergency planning.

Zika Virus Webinar:

The New York State Department of Health recently held a webinar on this topic. Most significantly it provided detailed recommendations for healthcare practitioners on advising travelers, with or without symptoms, in regard to pregnancy timing so as to avoid the effects of the Zika virus on newborns. It also advises women regarding sexual contact with men who have been to areas where Zika virus is prevalent.

The data further confirms the association of Zika virus with newborn microcephaly, but also with fatality of newborns and infants; fetal growth retardation; and other effects if the virus is acquired late in pregnancy.

The webinar also updated maps of two types of mosquitoes which can potentially carry the Zika virus. This provides further guidance to healthcare practitioners as they are counseling travelers and their patients with regard to the Zika virus risk.

Influenza 2015-2016 Update:

The prevalence of influenza has now been downgraded to local with ever decreasing levels of prevalence within the State. That is not to say that it does not still occur. Last week, 32 counties reported cases with the incidence varying between 0 and 21 cases per 100,000 for all counties of New York State.

Health Promotion Program – May 2016

Theresa Lyczko, Director
Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse

Tobacco Control Program - Ted Schiele

- ENI/ American Heart Association Executive Worksite Wellness Summit, Binghamton. Information table for smoke-free and tobacco-free workplace grounds. May 5
- Central NY Regional Tobacco grant meeting, Liverpool, NY. May 18
- Prescription Drug Forum in Trumansburg. Moderator for panel of experts from drug treatment, law enforcement, family health care provider, a person in recovery, and prevention. Six attendees; News article published in Finger Lakes Community Newspapers and on lthaca.com ([click here](#)). May 19
- Correspondences related to planning direct mail campaign for TFO worksite grounds
- Correspondences with contact students at Ithaca College and at Cornell, related to resuming TFO campus activities when classes resume in the fall.
- Monthly tobacco grant staff meeting in Cortland. May 27
- World No Tobacco Day launch of statewide “Seen Enough Tobacco” media campaign, interviewed by Lee Rayburn on WHCU Morning Newswatch, May 31. Podcast available at <https://soundcloud.com/whcu-radio/20160531tedschiele>. Media campaign available at www.seenenoughtobacco.org/media.

TCHD Participation and Support

- Participated in conference calls related to potential communicable disease situation at Cornell, May 4. Theresa Lyczko
- Recently hired employee orientation, May 4. Theresa Lyczko
- Volunteered at the Red Cross blood drive at TCHD, May 23. Susan Dunlop and Ted Schiele
- Media campaign to build awareness about sexually transmitted infections, STI. Campaign title is “Talk, Test, Treat.” Final production, coordination, and launch. [Click here for web page](#). Ted Schiele
- TCHD Staff Satisfaction Taskforce meeting, May 17. Ted Schiele, Susan Dunlop
- Greater Tompkins County Municipal Health Insurance Consortium, Owning Your Own Health Committee (OYOH), monthly meeting, May 18. Ted Schiele, who also assumed duties as the new chair of the committee.

Web site postings

- Water Week results posted and page updates
- Childrens Camp factsheets for 2016

Community Outreach

- Worksite Wellness Coalition agenda (with Coalition co-chairs) and outreach for the May 12 meeting. Ted Schiele. Theresa Lyczko attended the meeting.
- Attended Friends of Stewart Park (FSP) board meeting and as secretary recorded and submitted minutes, May 10. Theresa Lyczko

- Diabetes Prevention Program (DPP): Susan Dunlop, Community Health Nurse
 - Met with 2 providers review the referral process, May 4, 5.
 - Began new DPP workshop at TCHD with 6 participants, May 18. Two additional participants enrolled May 23. Met with 1 participant to review program, May 26.
- Asthma & COPD: Susan Dunlop
 - Met with respiratory therapy staff at CMC to review curriculum for summer and fall community presentations on COPD, May 2.

Community Health Improvement Plan (CHIP)

- DSRIP: Attended Care Compass Network, North RPU meeting, May 4. Theresa Lyczko
- PHIP (Population Health Improvement Program): attended presentation at the Health Planning Council board meeting, May 9. Ted Schiele, Theresa Lyczko
- CHIP: meeting to discuss goals for our Prevention Agenda priority, Promote Mental Health and Prevent Substance Abuse, May 24. Ted Schiele

Emergency Preparedness

- Attended PIO meeting, May 12. Theresa Lyczko

Meetings and Trainings

- Attended “Prevent Diabetes New York – The Race is On!” NYSDOH’s plan to increase the Diabetes Prevention Program (DPP) throughout the State - Saratoga Springs, May 10. Susan Dunlop.
- “Innovative Methods to Integrate Tobacco Treatment into Clinical Practice,” presented by Tobacco Control Program provider – St. Joseph’s Hospital. 6.0 CE. Susan Dunlop, Ted Schiele

Goodbye

- I am retiring from my position as Director of the Health Promotion Program at TCHD effective May 28. My career in public health has been a rewarding one and I’ve appreciated the people I’ve worked with here for almost 28 years and their commitment to the health of this community. *Theresa Lyczko*

Division for Community Health
June 28, 2016 Board of Health Meeting
Karen Bishop, Director of Community Health
May 2016 Report

Policy Review & Approval –

1. *Revised Human Papillomavirus (HPV) Vaccine Policy* – change in vaccine formulation from 4 valent to 9 valent with expanded age recommendations
2. *Abbreviations Approved for Use* – changes are reflection of recommendations from our Medical Records Consultant to decrease errors in interpretation
3. *Medical Orders Policy & Procedure* – changed from a 90 day to 60 day certification period for home visits overseen by the Certified Home Health Agency (CHHA) to meet the CHHA regulation
4. *Emergency Response Plan Policy* – original policy written in 2012 but not reviewed by BOH; reviewed and revised in collaboration with Emergency Preparedness Coordinator for consistency with TCHD Emergency Response Plan

Administration –

- Finalized an outbreak disease guide on measles, mumps, rubella, meningococcal disease, tetanus and tuberculosis including the following: how transmitted, how infectious, incubation period, recommended isolation period, PPE for health care workers, recommended testing, and control measures. Guide was shared with all three college health centers.
- Attended orientation to SafeCare home visiting on May 23. SafeCare is an evidenced based intervention for parents in jeopardy of having their children placed in foster care. SafeCare home visits occur weekly for 18 weeks with the goal of parental skill mastery of four modules: Health, Safety, Parent-Child/Infant Interaction, and Problem-Solving & Communication. Two Community Health Nurses in CHS will attend week long SafeCare training in June. Referrals for SafeCare home visits originate from Tompkins County Family Treatment Court through Department of Social Services.
- Attended two four-hour supervisor classes in May as part of a series of classes to be completed June 3.
- Worked collaboratively with Gannett Health Services at Cornell in response to possible occupational exposures to an international rescue dog seen at the Vet Hospital with Melioidosis. TCHD communicable disease nurses monitored exposed individuals 7 days per week for 21 days for fever and signs of disease. All monitored individuals were asymptomatic.
- Participated in NYSDOH conference call on Zika and mosquitoes in NYS on May 5.
- Participated in two hour training by County Personnel on Civil Service on May 19.

- Met bi-weekly with CHS managers to review program billing processes, workloads and staff needs/concerns.
- Met weekly with Cathy Sinnott, WIC Director to review program and staff needs/issues.
- Completed NYSDOH survey of STD clinics/contract STD clinics on Bicillin supply due to the national shortage of the drug. Bicillin is used to treat syphilis.

Statistical Reports –

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

WIC –

With the Healthy, Hunger-Free Kids Act of 2010, the USDA mandated that all state WIC programs convert their traditional food vouchers (WIC checks) to a debit card system by 2020. The NYS WIC program will be adapting the debit card system currently used by the state of Florida. The plan is to implement the new card system by April 2018. In preparation for this transition, the NYS WIC program is working closely with local agencies to design a computer system that will be user-friendly and efficient. Tompkins County WIC clerk, Bonnie Hart, was chosen by NYS WIC to participate in a state work group to assess and adapt the Florida debit card system to meet the needs of New York State. Bonnie traveled to Albany for 2 days of meetings this past October and will travel again this July to participate in the work group.

The WIC breastfeeding program at TCHD has worked hard to develop our Breastfeeding Peer Counselor (PC) program over the past several months. This past month we hired a third PC, Ellen Woods. Ellen is able to work in the clinic on M/W/F mornings as well as take calls at home to counsel and support breastfeeding mothers in the WIC program. In June, WIC program staff will be participating in our first Ithaca Festival and parade in support of breastfeeding!

June 2016 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

CHS staffing-

- Community Health Services (CHS) began mentoring Ms. Anna Calhoun, a SUNY Cortland senior majoring in Community Health. Ms. Calhoun will be with us through the end of August with a primary focus in our MOMS program.

Continuing Education-

- CHS staff attended several webinars sponsored by the NYSDOH and the CDC during May on the Zika Virus and Tick borne diseases.
- Community Health Nurses Gail Birnbaum, Rachel Buckwalter, Karen LaCelle and Nanette Scogin attended the May 18th Annual Immunization Conference in Waterloo, New York.
- Community Health Nurse Amy Hopkins attended a May 20 conference in Skaneateles, New York on STD/HIV Prevention.

Lead Poisoning Prevention- (1 case) Lead nurse Gail Birnbaum is case managing 1 child with elevated Blood Lead Levels. (BLL) The case summary is as follows:

- Case #1: 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. 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. 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 and 3/24/16 17.6 mcg/dL. Next BLL due in June/July. Plan: Keep case open to ensure repeat testing done and that BLL's continue to go down.

Communicable Disease-

- **Zika Virus:** To date, testing has been authorized for 20 Tompkins County residents. All traveled, or their partner traveled, to a country with reported Zika Virus. There has been one positive case reported to date who has fully recovered.
- **Malaria:** Case returned from Ghana in May with complaints of chills and fever. Evaluated and treated in local ER and was discharged on Malarone. Investigation revealed that case chose not to take prophylaxis medication prior to travel. This case was previously reported with Malaria in 2013.
- **Influenza:** Through the end of May, NYSDOH continued to categorize Influenza activity as geographically *widespread*, although the numbers continued to decrease substantially by the end of the month. On May 23, the NYSDOH Commissioner declared Influenza no longer prevalent in NYS and the mask requirement was lifted for unvaccinated health care workers. Year to date NYSDOH has reported 4 pediatric influenza associated deaths.
- **HIV testing:** During the month of May, the Health Department offered 11 testing dates between testing sites (TCHD, Loaves & Fishes and TC Jail). There were 9 scheduled appointments, 3 walk-in clients and 2 scheduled appointments that were cancelled. There were no positive results for the 10 people who received both testing and counseling.
- **Acute Hepatitis C:** One new acute case during May. History of IV drug use and unprotected sex with several partners. Negative Hepatitis C testing in October 2015. Patient is being followed by PCP. Also attends drug rehabilitation services on an out-patient basis.
- **Melioidosis-** On May 3 CHS Communicable Disease staff were notified by Cornell University that a dog that spent a few hours at the Cornell University Hospital for Animals (CUHA) tested positive for the bacteria responsible for melioidosis, a serious but treatable infection of animals and people rarely seen in the U.S., most commonly reported in northeast Thailand and northern Australia. The dog was imported from Thailand to a rescue home out of county and evaluated at the CUHA. TCHD staff worked with Gannett Health Services Occupational Medicine, the CDC, NYSDOH and the neighboring county to determine risk of those exposed to the bacteria. Once risk level was determined, those that were exposed were provided education, testing, appropriate prophylaxis and symptom monitoring for 21 days from last exposure to the dog. The dog was euthanized to reduce risk. To date, there have been no human positive lab results reported.
- **Legionellosis:** 74 year old female living in a group home, multiple co-morbidities including a history of aspiration pneumonia requiring a G-tube. Case was hospitalized locally and recovered. Investigation of the case revealed that the group home purchased a mister used for aromatherapy in mid March that utilized tap water and eucalyptus. The case also used a nebulizer. No other residents ill. Teaching done with the group home medical staff on cleaning of the nebulizer. The mister was removed from the home.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
 - Weekly Influenza Surveillance
 - NYSDOH Commissioner lifts mask requirement for unvaccinated health care workers.
 - Bicillin L- A Shortage

Tuberculosis-

- No active cases.
- **Latent TB (LTBI):** There were 14 Tuberculin Screening Tests (TST) placed during the month of May. All were evaluated as negative.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 01JUN16
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=May

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
BABESIOSIS**	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	1	11.5	0	0.0	2	22.9	2	22.9	1	11.5
CRYPTOSPORIDIOSIS**	0	0.0	0	0.0	0	0.0	1	11.5	0	0.0
EHEC, SEROGROUP NON-O157	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
GIARDIASIS	3	34.4	1	11.5	1	11.5	0	0.0	1	11.5
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	11.5	1	11.5	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC	0	0.0	1	11.5	0	0.0	0	0.0	0	0.0
HEPATITIS C,ACUTE	1	11.5	0	0.0	1	11.5	0	0.0	0	0.0
HEPATITIS C,CHRONIC	4	45.8	7	80.2	7	80.2	4	45.8	6	68.8
INFLUENZA A, LAB CONFIRMED	3	34.4	2	22.9	2	22.9	1	11.5	2	22.9
INFLUENZA B, LAB CONFIRMED	26	298.0	7	80.2	6	68.8	5	57.3	6	68.8
LEGIONELLOSIS	1	11.5	0	0.0	1	11.5	0	0.0	0	0.0
LYME DISEASE** ****	1	11.5	2	22.9	1	11.5	0	0.0	1	11.5
MALARIA	1	11.5	0	0.0	0	0.0	1	11.5	0	0.0
PERTUSSIS**	0	0.0	1	11.5	1	11.5	0	0.0	1	11.5
SALMONELLOSIS	0	0.0	2	22.9	1	11.5	1	11.5	1	11.5
SHIGELLOSIS	1	11.5	0	0.0	0	0.0	1	11.5	0	0.0
STREP,GROUP A	1	11.5	2	22.9	1	11.5	0	0.0	1	11.5

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INVASIVE										
STREP,GROUP B INVASIVE	0	0.0	1	11.5	2	22.9	0	0.0	1	11.5
STREP PNEUMONIAE,INVASIVE	1	11.5	0	0.0	2	22.9	0	0.0	1	11.5
TUBERCULOSIS***	0	0.0	0	0.0	0	0.0	1	11.5	0	0.0
YERSINIOSIS	0	0.0	0	0.0	1	11.5	1	11.5	1	11.5
SYPHILIS TOTAL.....	0	0.0	0	0.0	1	11.5	1	11.5	1	11.5
- LATE LATENT	0	0.0	0	0.0	0	0.0	1	11.5	0	0.0
- P&S SYPHILIS	0	0.0	0	0.0	1	11.5	0	0.0	0	0.0
GONORRHEA TOTAL.....	5	57.3	4	45.8	4	45.8	2	22.9	3	34.4
- GONORRHEA	5	57.3	4	45.8	4	45.8	2	22.9	3	34.4
CHLAMYDIA	34	389.7	35	401.2	20	229.2	21	240.7	25	286.6

*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

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

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 01JUN16
 Through May

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	1	2.3	0	0.0	0	0.0	1	2.3	0	0.0
BABESIOSIS**	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	4	9.2	7	16.0	10	22.9	8	18.3	8	18.3
CRYPTOSPORIDIOSIS**	5	11.5	1	2.3	6	13.8	4	9.2	4	9.2
EHEC, SEROGROUP NON-O157	1	2.3	4	9.2	1	2.3	0	0.0	2	4.6
GIARDIASIS	5	11.5	4	9.2	4	9.2	2	4.6	3	6.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	2	4.6	2	4.6	0	0.0	0	0.0	1	2.3
HEPATITIS A	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
HEPATITIS B,CHRONIC	2	4.6	2	4.6	1	2.3	2	4.6	2	4.6
HEPATITIS C,ACUTE	1	2.3	1	2.3	3	6.9	0	0.0	1	2.3
HEPATITIS C,CHRONIC	26	59.6	36	82.5	43	98.6	27	61.9	35	80.2
INFLUENZA A, LAB CONFIRMED	330	756.5	288	660.2	169	387.4	87	199.4	181	414.9
INFLUENZA B, LAB CONFIRMED	80	183.4	65	149.0	27	61.9	64	146.7	52	119.2
INFLUENZA UNSPECIFIED, LAB CONFIRMED	2	4.6	0	0.0	0	0.0	1	2.3	0	0.0
LEGIONELLOSIS	2	4.6	0	0.0	1	2.3	0	0.0	0	0.0
LYME DISEASE** ****	8	18.3	3	6.9	5	11.5	7	16.0	5	11.5
MALARIA	1	2.3	1	2.3	0	0.0	1	2.3	1	2.3

Disease	2016		2015		2014		2013		Ave (2013-2015)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
PERTUSSIS**	0	0.0	1	2.3	1	2.3	3	6.9	2	4.6
SALMONELLOSIS	3	6.9	7	16.0	4	9.2	6	13.8	6	13.8
SHIGELLOSIS	2	4.6	0	0.0	1	2.3	1	2.3	1	2.3
STREP, GROUP A INVASIVE	2	4.6	2	4.6	2	4.6	0	0.0	1	2.3
STREP, GROUP B INVASIVE	1	2.3	4	9.2	6	13.8	1	2.3	4	9.2
STREP, GROUP B INV, EARLY/LATE ONSET	0	0.0	0	0.0	1	2.3	1	2.3	1	2.3
STREP PNEUMONIAE, INVASIVE	5	11.5	2	4.6	3	6.9	5	11.5	3	6.9
TUBERCULOSIS***	0	0.0	1	2.3	2	4.6	1	2.3	1	2.3
VIBRIO - NON 01 CHOLERA	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
YERSINIOSIS	0	0.0	0	0.0	1	2.3	1	2.3	1	2.3
ZIKA VIRUS	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	5	11.5	2	4.6	3	6.9	1	2.3	2	4.6
- LATE LATENT	1	2.3	0	0.0	0	0.0	1	2.3	0	0.0
- P&S SYPHILIS	2	4.6	2	4.6	3	6.9	0	0.0	2	4.6
- EARLY LATENT	2	4.6	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	20	45.8	31	71.1	11	25.2	14	32.1	19	43.6
- GONORRHEA	20	45.8	31	71.1	11	25.2	14	32.1	19	43.6
CHLAMYDIA	156	357.6	143	327.8	116	265.9	109	249.9	123	282.0

*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.

Division for Community Health
PROGRAM Statistical Highlights for Board of Health - 2016

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	115	109	115										
# of Client Admissions	22	20	25	18	21								106	295	321
# of Client Discharges	27	22	23	15	20								107	337	357
Maternal & Infant Clinic Visit	10	11	11	5	12								49	209	355
Maternal & Infant Home Visit	59	58	78	60	74								329	862	758
Total Home & Clinic Visits	69	69	89	65	86	0	0	0	0	0	0	0	378	1071	1113

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0	0	0	0								0	0	0
Rabies On Call Vaccinations	0	0	0	0	0								0	28	37
TB DOT On Call Visits	0	0	0	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	89	65	86	0	0	0	0	0	0	0	378	1161	1161
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Childbirth Education															
# of Childbirth Education Classes	0	1	0	0	1								2	10	16
# of Childbirth Education Moms*	0	6	0	0	5								11	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	23	28	31								134	429	319
# of Immunizations Administered	38	33	37	50	58								216	761	534
Children 0 thru 18 years, 364 days	19	11	13	18	15								76	319	423
Adults 19 years and older	15	7	10	10	16								58	205	111
# of Influenza Immunizations	10	2	2	6	5								25	579	917
Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing)															
Post-Exposure Clients	0	0	1	0	3								4	107	106
Post-Exposure Clinic Vaccinations	0	0	2	0	9								11	258	267
Tuberculosis Program															
Cumulative TB clients	1	1	0	0	0								0	2	4
Active TB Admissions	0	0	0	0	0								0	2	4
Active TB Discharges	0	0	1	0	0								1	4	2
TB Direct Observe Therapy Home Visits	7	7	3	0	0								17	274	269
# of Tuberculosis Screening Tests*	30	19	28	30	14								121	283	421
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	10	9	12	11	11								53	109	99
# of Clients Counseled & Tested	4	11	11	14	10								50	91	96
HIV Positive Eliza & Western Bloc	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0
Women, Infants, Children Clinic															
Monthly New Enrollments	68	55	56	61	48								288	676	430
Total Participants Served	560	486	563	558	497								2664	6417	4889
Participants w/Active Checks	1322	1312	1327	1332	1286								1316	1338	1386
Total Enrolled (summary is an Average)	1559	1563	1520	1515	1498								1531	1564	1689
% No-Show	15.9%	16.1%	12.7%	12.1%	15.0%										18.3%
% Active Participation	87.4%	87.5%	88.5%	88.8%	85.7%										69.3%
% Caseload Target (FY15 Target = 1500)***	103.9%	104.2%	101.3%	101.0%	99.9%										84.4%

123 Red numbers indicate preliminary data; subject to revision

** # of Immunizations administered may understate actual activity if Rabies activity updates to NYSIIS are pending

UA = Unavailable at this time

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

HIV clients counseled & tested for 2015 corrected to 91 from 94. Three clients no showed for appointments and were erroneously included in clients served.

Children with Special Care Needs Division — (607) 274-6644

Children with Special Care Needs Highlights

May 2016 Report

Staff Activities

Committees

- Julie Smith attended the Autism Summit Meeting
- CSCN Staff attended the Tompkins County Provider Meeting
- Margo Polikoff attended the Staff Satisfaction Committee Meeting
- CSHCN Program Planning Meetings were attended by Margo Polikoff
- Deb Thomas attended the Staff Satisfaction Committee Meeting.

Staff Training

- Down Syndrome Training presented by New York State Department of Health—attended by Early Intervention Community Health Nurses
- Margo Polikoff and Diane Olden attended ‘Working with Multi-stressed Families’
- Safe Care Webinar was attended by Margo Polikoff
- Preschool Medicaid Training was attended by Linda Taylor & Margaret Taber

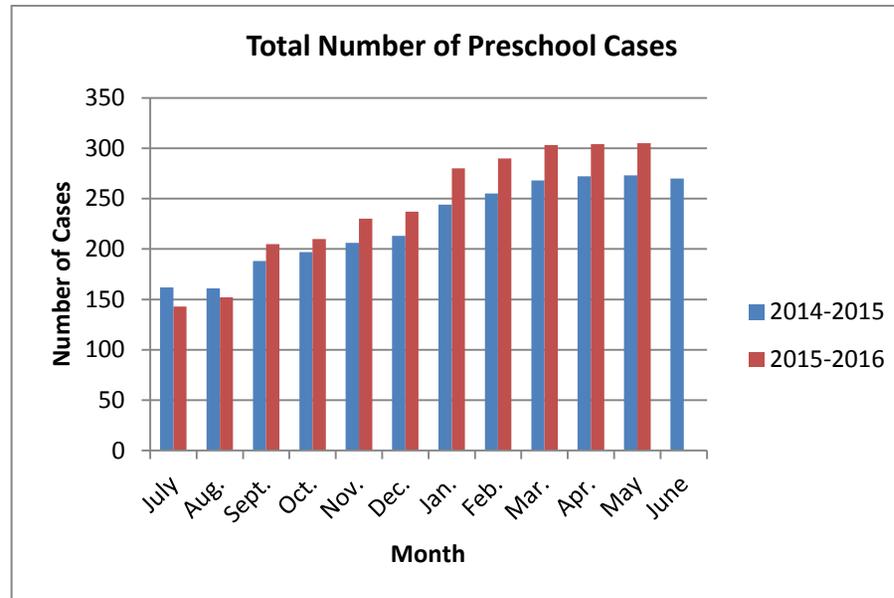
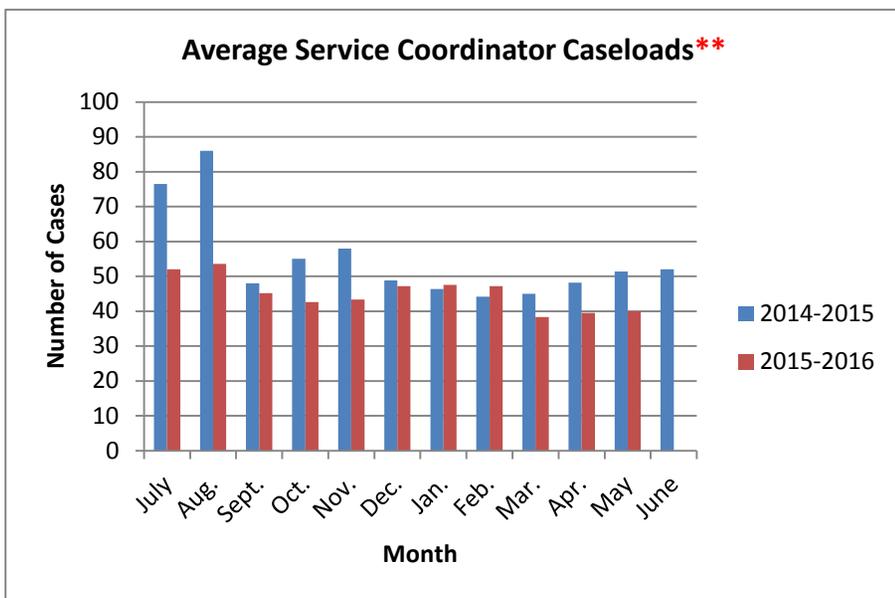
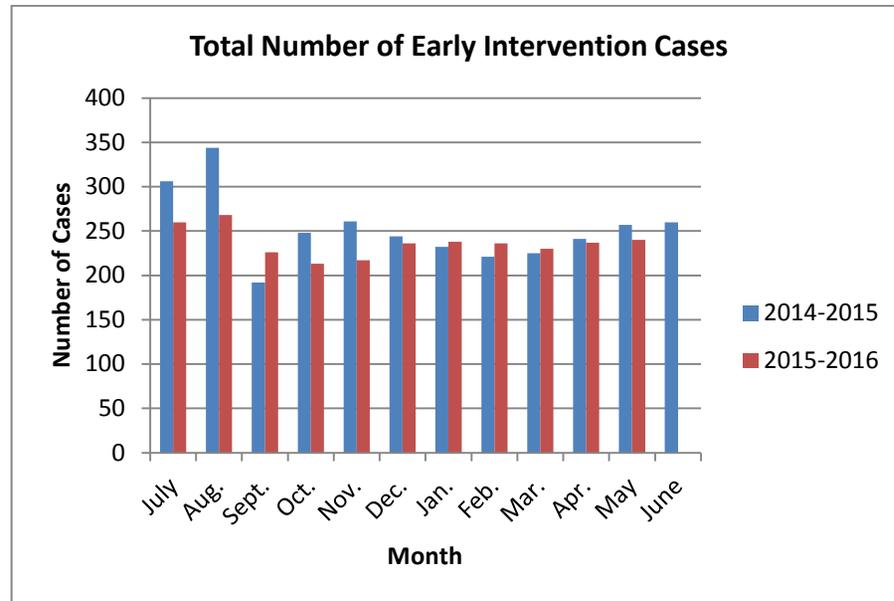
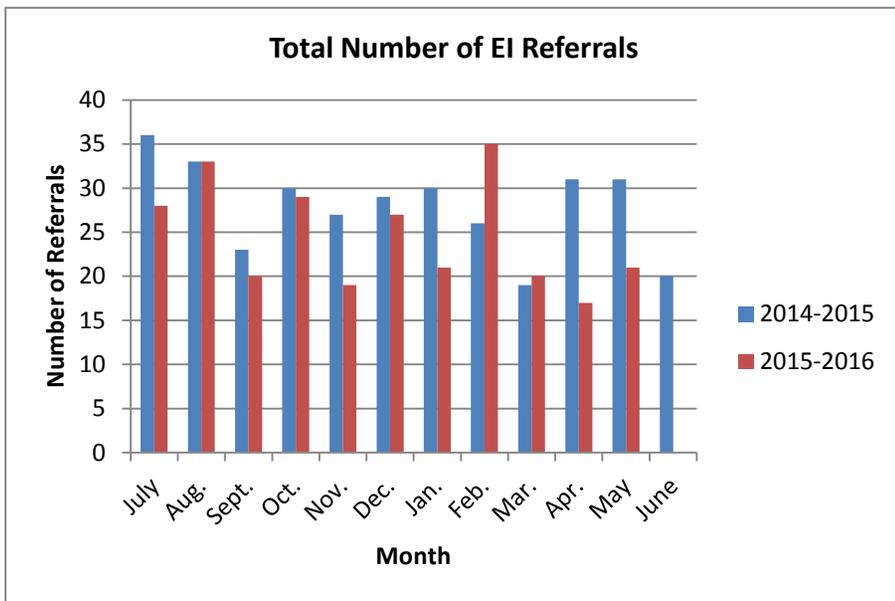
Division Managers

- Supervisor Training –Debbie Thomas attended two classes
- S²AY Network Meeting in Penn Yan was attended by Debbie Thomas
- Tompkins County Provider Meeting attended by Debbie Thomas & Barb Wright
- Staff Satisfaction Committee Meeting attended by Debbie Thomas
- CSHCN Program Planning Meeting attended by Debbie Thomas & Barb Wright
- Down Syndrome Training attended by Barb Wright
- Safe Care Webinar attended by Debbie Thomas & Barb Wright
- Preschool Medicaid Training was attended by Debbie Thomas & Barb Wright

Volunteer Opportunities

- Julie Smith and Linda Taylor volunteered at the Blood Drive.
- Michele Card participated in the Health Department tour for Newfield Central School

Children with Special Care Needs Statistics Based on Program School Year



****Beginning December 2014, the number of full-time Service Coordinators increased from 4 to 5, and beginning March 2016, the number of full-time Service Coordinators increased from 5 to 6.**

**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	1	1									6	19
-- Gestational Age		1	1		1								3	3
-- Gestational Age & Hearing													0	0
-- Global Delays				1									1	6
-- Hearing													0	0
-- Physical													0	
-- Feeding	1	3	1	1									6	16
-- Feeding & Hearing													0	1
-- Feeding & Social Emotional		1											1	0
-- Gross Motor	5	7	3	4	4								23	58
-- Gross Motor & Feeding				1									1	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	12	6	14								56	153
-- Speech & Adaptive													0	0
-- Speech & Cognitive													0	2
-- Speech & Feeding				1									1	2
-- Speech & Fine Motor													0	3
-- Speech & Hearing													0	0
-- Speech & Gross Motor		3											3	10
-- Speech & Sensory				1	1								2	2
-- Speech & Social Emotional	2		2										4	10
-- Adaptive													0	0
-- Adaptive/Feeding													0	0
-- Adaptive/Sensory													0	2
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis	2			1	1								4	3
-- Child Find (At Risk)		1											1	8
Total Number of Early Intervention Referrals	21	35	20	17	21	0	114	313						

Caseloads	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2016 Totals	2015 Totals
Total # of clients qualified and receiving svcs	201	187	200	218	215									
Total # of clients pending intake/qualification	37	49	30	19	25									
Total # qualified and pending	238	236	230	237	240	0	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	47.6	47.2	38.3	39.5	40.0	0.0	0.0	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	17	13	17								101	272
-- IFSP Meetings	42	27	49	40	43								201	523
-- Amendments	33	12	12	13	10								80	175
-- Core Evaluations	24	15	31	21	12								103	278
-- Supplemental Evaluations	4	3	10	6	4								27	66
-- DSS Visit	1	0	2	4	0								7	25
-- EIOD visits	9	1	9	3	4								26	79
-- Observation Visits	39	27	40	45	47								198	314
-- CPSE meetings	8	4	5	5	4								26	79
-- Program Visit	0	0	2	0	1								3	8
-- Family Training/Team Meetings	0	0	0	1									1	6
-- Transition meetings	18	4	8	5	17								52	92
-- Safe Care Visits	9	7	1	2	2								21	
-- Other Visits	2	0	0	0	3								5	24
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	42	27	49	37	43								198	523
# of Amendments to IFSPs Completed	46	14	16	22	15								113	217
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Audiological	0	0	0	0	0									
-- Feeding	0	1	1	0	0									
-- Group Developmental Intervention	0	0	0	0	0									
-- Nutrition	0	0	0	0	0									
-- Occupational Therapy	3	3	5	6	5									
-- Physical Therapy	0	0	0	0	1									
-- Social Work	1	0	1	1	0									
-- Special Education	0	2	1	1	1									
-- Speech Therapy	5	13	11	10	9									
# of Supplemental Evaluations Pending	7	17	7	8	6									
Type:														
-- Audiological	4	7	2	1	2									
-- Developmental Pediatrician	0	1	0	4	1									
-- Diagnostic Psychological	1	1	1	1	0									
-- Feeding	1	2	1	0	0									
-- Physical Therapy	0	0	1	1	0									
-- Speech	1	2	1	0	1									
-- Occupational Therapy	0	4	1	1	2									
-- Vision	0	0	0	0	0									
-- Other	0	0	0	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 Supplemental Evaluations Completed	4	3	11	7	5								30	98
Type:														
-- Audiological	0	2	5	0	0								7	13
-- Diagnostic Psychological	0	0	0	0	0								0	9
-- Developmental Pediatrician	0	0	0	1	0								1	2
-- Feeding	0	0	2	1	0								3	9
-- Occupational Therapy	3	1	2	3	3								12	39
-- Physical Therapy	0	0	0	0	2								2	7
-- Speech Therapy	1	0	2	2	0								5	19
-- Vision	0	0	0	0	0								0	0
-- Other	0	0	0	0	0								0	0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	3	3	3	4	5									
-- Children currently suspect:	16	15	18	19	19									
Children with 'Other' Diagnosis														
-- Arthrogyrosis	1	1	1	1	1									
-- Brain Anomalies	2	2	2	1	1									
-- Bronchopulmonary Displasia (BPD)	2	3	2	1	2									
-- Cardiac Anomaly	1	2	1	3	2									
-- Cerebral Palsy (CP)	2	1	2	3	3									
-- Chromosome Abnormality	2	1	1	1	1									
-- Cleft Lip/Palate	2	3	3	3	3									
-- Congenital Scoliosis	1	1	0	1	1									
-- Cystic Hygroma	0	1	1	1	1									
-- Down Syndrome	2	2	2	4	3									
-- Erb's Palsy	1	0		0	0									
-- Exotropia	0	0	0	1	0									
-- Eye Disorder	0	0	0	0	1									
-- Failure to Thrive	1	0	1	1	1									
-- Feeding Difficulties	2	3	1	16	16									
-- Hearing Loss	2	3	3	5	4									
-- Hydrocephalus	1	0	1	0	0									
-- Hydronephrosis	1	1	1	1	1									
-- Hypotonia	1	1	0	6	2									
-- Macrocephaly	1	1	0	0	0									
-- Microcephaly	0	0	0	1	1									
-- Pierre Robin Syndrome	1	1	1	0	0									
-- Plagiocephaly	1	1	0	1	1									
-- Prematurity	20	16	15	25	25									
-- Reflux	0	0	0	3	3									
-- Sleep Apnea	0	0	0	1	0									
-- Spina Bifida	1	1	1	1	1									
-- Torticollis	3	2	3	7	5									
-- Transposition of Great Arteries (TGA)	0	0	0	0	1									

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

EARLY INTERVENTION PROGRAM

Early Intervention Discharges														
-- To CPSE	21	2	0	1	0								24	78
-- Aged out	2	1	1	0	1								5	12
-- Declined	1	1	3	3	1								9	22
-- Skilled out	0	3	1	6	3								13	44
-- Moved	1	0	2	2	2								7	31
-- Not Eligible	4	9	6	11	4								34	92
-- Other	0	4	1	3	1								9	9
Total Number of Discharges	29	20	14	26	12	0	101	288						
Child Find														
Total # of Referrals	0	1	0	0	1								2	15
Total # of Children in Child Find	12	13	12	12	13									
Total # Transferred to Early Intervention	1	0	1	0	0								2	3
Total # of Discharges	3	0	0	0	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	165	162	161									
-- Dryden	38	40	41	45	46									
-- Lansing	30	30	31	31	32									
-- Newfield	22	23	29	31	31									
-- Groton	26	25	23	23	23									
-- Trumansburg	6	6	10	8	8									
-- Spencer VanEtten	1	1	1	1	1									
-- Newark Valley	0	0	0	0	0									
-- Odessa-Montour	1	1	1	1	1									
-- Candor	0	0	0	1	0									
-- Moravia	1	1	1	0	1									
-- Cortland	1	1	1	1	1									
Total # of Qualified and Receiving Services	280	290	303	304	305	0	0	0	0	0	0	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	185	184	185									
-- Speech Therapy (group)	5	11	12	11	11									
-- Occupational Therapy (individual)	60	64	66	68	71									
-- Occupational Therapy (group)	1	1	3	2	2									
-- Physical Therapy (individual)	32	32	33	34	34									
-- Physical Therapy (group)	2	2	2	2	2									
-- Transportation														
-- Birnie Bus	25	24	25	25	25									
-- Ithaca City School District	43	43	43	43	42									
-- Parent	1	1	2	2	2									
-- Service Coordination	33	34	33	33	34									
-- Counseling	49	51	55	54	57									
-- 1:1 (Tuition Program) Aide	7	7	8	9	9									
-- Special Education Itinerate Teacher	20	19	28	25	26									
-- Parent Counseling	19	21	22	21	22									
-- Program Aide	3	3	3	3	4									
-- Teaching Assistant	5	5	5	5	5									
-- Psychological Services	0	0	0	0	0									
-- ASL Interpreter	0	0	0	0	0									
-- Audiological Services	2	2	2	1	1									
-- Teacher of the Deaf	1	1	1	1	1									
-- Auditory Verbal Therapy	0	0	0	0	0									
-- Teacher of the Visually Impaired	0	0	0	0	0									
-- Nutrition	1	1	1	1	1									
-- Assistive Technology Services	1	2	3	5	5									
-- Skilled Nursing	2	2	2	3	3									
-- Vision	1	1	1	1	1									
Total # of children rcvg. home based related svcs.	211	221	233	234	236									

**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	44	44	43									
-- Cortland	1	1	1	1	1									
-- Dryden	10	9	9	9	9									
-- Groton	4	4	4	4	4									
-- Lansing	6	6	6	6	6									
-- Newfield	4	4	4	4	4									
-- Trumansburg	0	0	1	1	1									
-- Odessa-Montour	0	0	0	0	0									
-- Spencer VanEtten	0	0	0	0	0									
-- Moravia	1	1	1	1	1									
-- # attending Franziska Racker Centers	39	37	38	37	37									
-- # attending Ithaca City School District	30	32	32	33	32									
Total # attending Special Ed Integrated Tuition Progr.	69	69	70	70	69	0								

Municipal Representation Committee on Preschool Special Education														
-- Ithaca	1												1	42
-- Dryden													0	18
-- Groton			1										1	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 May 2016

Outreach and Division News

Lead in Drinking Water at ICSD Schools: The Ithaca City School District (ICSD) has hired LaBella Associates to assist them in their investigation of lead in ICSD water supplies. Liz Cameron attended part of the ICSD/La Bella kick-off meeting in mid-May. EH organized a conference call on May 31 which included participants from EH, ICSD, LaBella, NYSDOH, and EPA. Roles and lead contacts were identified during the call with TCHD/EH continuing in the lead agency role. LaBella prepared a draft Quality Assurance Project Plan (QAPP) for the project, which was discussed during the call. Next steps are to finalize the plumbing profiles for Caroline and Enfield Elementary Schools and conduct a walk-through to review sampling locations and plumbing distribution and fixtures at these two schools. LaBella agreed to organize bi-weekly conference calls. EH is reviewing the draft QAPP and working with NYSDOH and EPA to develop interim flushing guidelines for schools that have fixtures bagged, removed from service or turned off.

Review of Lead Action Levels: Regulated public water supplies such as Caroline and Enfield Elementary Schools must comply with the Lead and Copper Rule (LCR). The LCR is looking for system-wide problems and establishes a lead Action Level of 15 ug/l (or parts per billion/ppb) based on the 90th percentile sample result. Samples for LCR compliance are collected in 1000 ml bottles. The sample size in EPA's *3Ts for Reducing Lead in Drinking Water in Schools* (3Ts) is 250 ml to identify fixture-specific problems. EPA 3Ts recommends fixtures with results greater than 20 ppb be taken out of service. Lead concentrations tend to be highest in the first water out of the tap, so the 250 ml sample will tend to have a higher lead concentration than a 1000 ml sample from the same location.

This distinction is not easily discerned by the general public and others reviewing lead sampling results. Initial reports received by EH on lead in drinking water at schools used 15 ppb as an action level for all sample sizes, and this action level is used when referring to elevated lead levels below. A summary of lead sampling at other school districts follows.

Lead in Drinking Water at Groton Central Schools: Groton has conducted an initial round of sampling that identified approximately 30 samples with elevated results. Repeat sampling has been conducted and results are pending.

Lead in Drinking Water at TST BOCES Schools: TST BOCES conducted first round sampling that identified four elevated fixtures. BOCES conducted second round samples at these locations – both first-draw and flush. One of the elevated locations was a new, certified-lead free fixture. It will be flushed daily and re-tested after 90 days. They replaced fixtures at the other 3 locations. Results are pending for some samples.

Lead in Drinking Water at Lansing Central Schools: Elevated results were detected at three locations during initial sampling at the Lansing Central School District. One fixture – a water cooler - was replaced and repeat sampling results were not elevated for either the first-draw and flush samples. A faculty sink tested high during phase 1 and 2 first draw. The flushed result was low. The fixture will be on a flushing program for 90 days and then retested (the faucet is lead free). The third fixture was taken out of service and will not be used pending a building renovation.

Lead in Drinking Water at Trumansburg Schools: Trumansburg Central School District previously conducted lead testing, with 4 fixtures yielding elevated results. One thousand (1,000) ml sample bottles were used for the first round of sampling. EH staff will review sampling procedures for both the first round and repeat samples.

Lead in Drinking Water at Dryden Central Schools: Dryden Central School District conducted sampling at all schools with the highest result being 17 ppb (at Dryden Elementary). Next steps have not been determined.

Lead in Drinking Water at Newfield Central Schools: Sampling is scheduled for June at Newfield Central Schools.

Other PWS Lead Violations: The Village of Trumansburg had a lead Action Level exceedance during their 2015 monitoring. There was some question regarding procedures for one of the samples but the sample was not rejected. Public notice was provided and the Village will be required to conduct more frequent monitoring for the next three years. Due to capacity and redundancy concerns with the water supply, the Village has constructed a new water supply well at Taughannock Falls State Park. The transmission line is currently being constructed and water from the new source is expected to be available in 2017.

Congers Mobile Home Park (MHP) also had a lead Action Level exceedance during their 2015 monitoring. The elevated sample was obtained from a vacant home and the result is not believed to be representative of normal lead concentrations. Public notice was provided to Park residences and the facility is now required to conduct more frequent monitoring for three years.

Neither Trumansburg nor Congers MHP has previously had a lead Action Level exceedance.

Ulysses Water Supply: Ulysses Public Water Supply is under Board of Health (BOH) Orders for disinfection by-products (DBP) violations. They previously submitted a remediation schedule in their Progress Report. This has been finalized (see attached document) to be incorporated into the BOH Resolution #13.1.20 – Rev#2. Total Trihalomethane (TTHM) concentrations continue to be elevated throughout their water system. The Town of Ithaca will be replacing the Trumansburg Water Storage Tank (that supplies water to Ulysses in addition to parts of the Town) and including an aerator to try to decrease TTHM concentrations. This is scheduled to be completed in September, at which point Ulysses will start monitoring the effectiveness of this action to determine whether additional remediation is required.

Dryden Water Supply: The Village of Dryden Public Water Supply is under BOH Orders for an on-going arsenic violation. Steve Maybee or Liz Cameron attend monthly progress meetings. Meeting participants include representatives from the numerous involved parties: Village of Dryden staff, Dryden Mayor and Board of Trustee representatives, MRB (the Dryden consulting engineer), Town of Dryden, NYS Environmental Facilities Corporation (EFC-), and occasionally NYSDEC. They will be remediating this violation by installing new ground water supply wells. Dryden has installed test wells and is working on necessary clearances related to archaeological concerns. Dryden is also negotiating with TC3 on the replacement of the Lee Road water supply reservoir. The next BOH deadline is to submit preliminary engineering plans for the entire project by August 15, with final plans due in December.

Hydrilla: Chris Laverack and Anne Wildman participated in the Hydrilla Task Force Statewide Conference Call and the Hydrilla Local Task Force Meeting. LTF activity has focused on finalizing treatment protocols and preparing applications for required DEC Pesticide Permits.

The Inlet will be treated exclusively with low-dose fluridone (systemic herbicide), via injection at the Fish Ladder and application of pelleted product in low flow areas.

Fall Creek will be treated with endothall (contact herbicide), followed by fluridone pellets in low-flow areas. Both areas will be treated for approximately 60-90 days. The start date (probably mid to late July) and duration of each treatment will be based on observed plant growth.

An isolated hydrilla patch in the southeast corner of Cayuga Lake, discovered late in 2015, will be treated under a new DEC General Permit for Treatment of Invasive Species. This employs hand removal of the plant by divers and

subsequent covering of the disturbed area of the lake bed with benthic barriers, to be deployed for up to 90 days to prevent regrowth. (No herbicides will be applied.)

CEHD Spring Meeting: Skip Parr, Adriel Shea and Liz Cameron attended the Spring Meeting of the Conference of Environmental Health Directors (CEHD) from May 9 to 11. The meeting was held at Minnowbrook Lodge at Blue Mountain Lake. The all-day technical session on May 10 included speakers from the CDC National Center for Environmental Health/ATSDR, NYSDEC on Harmful Algae Blooms, NYS Department of Labor on Mold Assessments, and NYSDOH on Zika and Ticks. Adriel and Liz gave a presentation on *Lead in Drinking Water at Ithaca Schools*. NYSDOH Center for Environmental Health also gave program updates for Water Supply, Community Environmental Health and Food protection, and administrative issues.

Newfield Field Trip: René Borgella assisted with Public Health tours for Newfield High School students on May 13.

Personnel:

Retired Senior Sanitarians Steven Kern and Audrey Balander returned to EH in part-time, temporary positions starting May 23. Audrey and Steven will be handling Children's Camp permits and inspections this year. Pat Jebbett and Samantha Hillson are sharing Sam's office while Audrey and Steven are here sharing Pat's office. Everyone is gracefully adjusting to this new cozyness.

Joel Scogin has completed office and field training in the Onsite Wastewater Treatment System (OWTS) program and has assumed responsibility for OWTS in Caroline and Dryden. Cindy Schulte and Janice Koski are very pleased that they no longer have to cover the entire county themselves.

Training:

On May 12, Adriel Shea and Liz Cameron attended a *"Get the Lead Out"* presentation by TetraTech, an environmental consulting firm in Ithaca.

On May 17, Skip Parr and Liz Cameron participated in a NYSDOH webinar "Environmental Clean-up for EVD (Ebola Virus Disease) in Non-healthcare Settings." TCHD Public Health Preparedness Coordinator Nina Saeli participated in the webinar separately. The training described the roles of NYSDOH CEH, Regional, District Offices and local Environmental Health Divisions. In addition, the training addressed planning considerations to support individuals observing quarantine or being monitored. A TCHD Project Assistant will be assisting EH with drafting "walk through procedures."

On May 23, René Borgella, Pat Jebbett, and Sam Hillson participated in a NYSDOH webinar *"Flying Start"* about a lead poisoning prevention program initiative. The webinar focused on strategies for implementing a targeted primary prevention initiative with limited staff time and no grant funding.

On May 20th, Skip Parr attended FOIL Training covering the new online procedure for handling FOIL requests hosted by County Administration.

On May 10th, Samantha Hillson started the American Lung Association Asthma Basics course. There are several modules of interest, including Smoke Free Housing and certificates are available at completion. She will continue to work on these modules throughout the next few months.

On May 26, Samantha Hillson and Pat Jebbett watched the NYSACHO Lead webinar.

Rabies Control Program

There was one confirmed case of rabies in Tompkins County during May 2016. A rabid raccoon in Freeville reportedly came in contact with three dogs. All three dogs were current on rabies vaccination, so they only needed booster vaccines. There were no known human exposures. As the weather gets warmer, the chance of encountering wildlife increases, and it highlights the need to avoid contact with wild animals, as well as to keep pets vaccinated against rabies.

Spring Rabies Clinics were held in May in the Towns of Lansing, Danby, Dryden, Enfield and Ithaca. 422 dogs, cats, and ferrets were vaccinated against rabies during these clinics.

Key Data Overview				
	This Month	YTD 2016	YTD 2015	TOTAL 2015
Bites¹	25	84	70	230
Non Bites²	4	8	3	72
Referrals to Other Counties	6	16	11	26
Submissions to the Rabies Lab	6	46	60	207
Human Post-Ex Treatments	3	4	11	93
Unvaccinated Pets 6-Month Quarantined³	0	1	2	2
Unvaccinated Pets Destroyed⁴	1	5	0	1
Rabid Animals (Laboratory Confirmed)	1	3	4	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	6	23	21	96	1	0	1	8	0	0	0	1
Dog	17	55	47	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	1	0	0	0	0
Domestic Raccoon	0	1	1	2	0	0	0	2	0	0	0	0
Bats	1	1	1	2	1	2	3	6	1	2	2	3
Skunks	0	0	0	3	1	0	1	20	0	0	1	7
Foxes	0	0	0	0	0	0	0	1	0	1	0	0
Other Wild	0	0	0	0	0	0	0	1	0	0	0	1
Totals	1	4	0	2	0	1	1	7	0	0	1	1
Totals	25	84	70	230	3	3	6	48	1	3	4	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:

Auntie Anne's Pretzels, V-Lansing	Moakley House, T-Ithaca
BOCES Darwin Smith, T-Ithaca	Newman Golf Course, C-Ithaca
Buffalo Wild Wings, C-Ithaca	Pizza and Bones, V-Dryden
Center Café, C-Ithaca	The Rook, C-Ithaca
Crossroads Bar and Grille, T-Lansing	The Rose, V-Lansing
D&D BBQ, Throughout Tompkins	Serendipity Catering, T-Ithaca
Gimme Coffee!-Cayuga Street, C-Ithaca	The Shop, C-Ithaca
Gimme Coffee!-Cornell University, C-Ithaca	Starbucks Coffee-College Ave., C-Ithaca
Gimme Coffee!-State Street, C-Ithaca	State Diner, C-Ithaca
Inlet Island Café, C-Ithaca	Sticky Rice, C-Ithaca
Joe's Restaurant, C-Ithaca	Subway of Dryden, T-Dryden
Kendra's Culinary Creations, T-Lansing	
Little Thai House, C-Ithaca	
Miyake Japanese Restaurant, 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:

Groks, V-Dryden	Spring Buffet, C-Ithaca
ICSD-Enfield Elementary School, T-Enfield	Subway-Collegetown, C-Ithaca
Kelly's Dockside Kafe, C-Ithaca	Subway-Catherwood Rd., V-Lansing

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

Critical Violations were found at the following establishments:

Oasis Halal Grill, C-Ithaca

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

Potentially hazardous foods were not pre-chilled to 45°F or less before being put into service. Product in service was observed to be at 48-56°F. The product was removed from service and rapidly chilled to 45°F or less before use.

All ground meat and foods containing ground meat were not heated to 158°F or above except by consumer request. Product for service was observed to be at 152°F or less. Product was removed from service and heated to the appropriate temperature before use.

Apollo Restaurant, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at or below 45°F in cold holding. Products in a cold holding unit were observed to be at 47-53°F. The products were either moved to functioning refrigeration equipment to be rapidly chilled to 45°F or less or discarded during the inspection.

Mitsuba Hibachi Sushi Restaurant, V-Lansing

Potentially hazardous foods were not kept under refrigeration. Product on a counter was observed to be at 50-55°F. The product was moved to the walk-in to be chilled to 45°F or less before use.

Groks, V-Dryden

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in iced containers were observed to be at 50-55°F. The products were rapidly chilled to 45°F or less before use.

Wild for Yogurt, V-Lansing

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

Thai Basil, C-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Products were observed on a counter at 60-61°F. The products were moved into refrigerated storage during the inspection to be chilled to 45°F or less before use.

Viva Taqueria & Cantina, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product to be used for service 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.

Potentially hazardous foods are not stored under refrigeration except during necessary preparation. Products observed on a counter were observed to be at 50-51°F. The products were placed into refrigeration to be chilled to 45°F or less before use.

Heights Café, V-Cayuga Heights

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products to be used for service in two locations were observed to be at 58°F and 62-64°F. The products were removed from service and rapidly 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 **68 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:

Aids Ride for Life – Bike to Work Day, C-Ithaca
 Albert R. Mann Library – Reception, C-Ithaca
 Black Students United-Cornell University, C-Ithaca
 Chris Gurka Chicken Barbeque, V-Dryden
 Cornell Hawaii Club, C-Ithaca
 Dryden Football BBQ, V-Dryden
 Ecology House Spring Formal, C-Ithaca
 Newfield Lioness Breakfast, V-Newfield
 Playland Amusements-Blooming Onion, V-Groton
 Playland Amusements-French Fry, V-Groton
 Playland Amusements-Fried Dough, V-Groton
 Playland Amusements-Lemonade, V-Groton
 Playland Amusements-Popcorn, V-Groton
 Solar Systems Unlimited – Mothers Day Blossom Fest, T-Newfield
 Trumansburg All Sports Boosters – Legends of the Night, V-Trumansburg
 Way 2 Go – Bike to Work and School Day, C-Ithaca
 Wheelock Rides Angels Fried Dough – Happenin' in the Hamlet, T-Groton
 Wheelock Rides Candy Stand – Happenin' in the Hamlet, T-Groton

Critical Violations were found at the following establishments:**Risley Hall – Bye Bye BBQ, C-Ithaca**

Potentially hazardous foods were held at an improper temperature. Product for use was observed to be at 52°F. The product was discarded during the inspection.

An accurate food thermometer was not available. A working thermometer was brought to the location during the inspection.

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:

15° Below Ice Cream, C-Ithaca
 Inn at Taughannock Farms, T-Ulysses

Plans Approved:

15° Below Ice Cream, C-Ithaca

New Permits Issued:

15° Below Ice Cream, C-Ithaca
 Mama Said, Throughout Tompkins
 Mix Social Grill, C-Ithaca
 Pure Food Mind & Body, C-Ithaca
 Souvlaki House, C-Ithaca

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

Engineering Plans Approved

- Ploss, 550 gpd sewage system, Groton-T

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

Problem Alerts/Emergency Responses

- None reported this month.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2016	YTD 2015	Total 2015*
# of Initial Home Visits	37	121	136	406
# of Revisits	12	60	65	141
# of Asthma Homes (initial)	6	17	23	71
# of Homes Approached	29	176	216	888

*Covers the calendar year (January through December)

Updates:

- HNP conducted interviews at the beginning of June for a 6-month full time Education Coordinator position. Shannon Constantino will fill the position beginning June 20th.
- HNP is currently searching to fill a six-month part-time Project Assistant position.

Outreach

- On May 1, Samantha conducted outreach at the Streets Alive festival in downtown Ithaca (3 visits, 70 reached)
- On May 2, Samantha provided lead literature to the Landlords Association of Tompkins County for their annual meeting.
- On May 9, Samantha provided information at the Enfield Food Pantry (2 visits, 60 reached)
- On May 18, Pat conducted outreach at Salvation Army (3 visits, 10 reached), Samantha was there on May 27 (1 visit, 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	1	3
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	1
B2: Due to A2	0	0	2	4
C: Hazards Found:				
C1: Due to B1	0	0	0	1
C2: Due to B2	0	0	2	4
D: Abatements Completed:	0	0	1	2
E: Environmental Lead Assessment Sent:	0	0	1	4
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	9	76	21	61
H: Samples Collected for Lab Analysis:				
- Paint	0	1	1	1
- Drinking Water	0	0	0	1
- Soil	0	1	1	2
- XRF	0	1	1	3
- Dust Wipes	0	2	2	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
5/24/16	Fork & Gavel Café	Pamela Guedner	Repeat Critical Violations	\$400	Penalty payment received	Monitoring Compliance
5/24/16	Best Western University Inn	Terry Terry	Repeat Critical Violations	\$400	Penalty payment received	Monitoring Compliance
4/26/16	Pete's Grocery & Deli	Tim Ciaschi	Tobacco Sale to Minor	\$500	Penalty payment received.	Monitoring Compliance
4/26/16	Country Inn & Suites	Jay Bramhandkar	Repeat Critical Violations	\$800 (rec'd 5/17/16)	Provide certificate showing completion of Serv-Safe course by 7/29/16.	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	Initiation of Tank Demolition by July 5, 2016	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Submit Prelim Plans for the Jay Street Well and Lee Road Reservoir by 8/15/16.	Monitoring Compliance



TOWN OF ULYSSES
10 Elm Street, Trumansburg, NY 14886
ulysses.ny.us

Town Supervisor (607) 387-5767, Ext 232 supervisor@ulysses.ny.us
Town Clerk (607) 387-5767, Ext 221 clerk@ulysses.ny.us

RESOLUTION #13.1.20- Rev #2

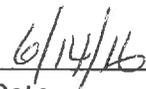
Town of Ulysses Water District #3 Improvement Project Schedule:

Town of Ithaca Tank Replacement Bid Awarded (completed)	March 21, 2016
Town of Ithaca Tank Aerator Bid Awarded (completed)	April 25, 2016
Demolition of Existing Tank Initiated	July 5, 2016
Expected Completion of aerator in Town of Ithaca's "Trumansburg" tank	September 15, 2016
Evaluate the effects of the aerator in Ithaca's tank	Fall 2016–Summer 2017
Secure Financing (EFC Finance Application or Bond)	February, 2017
Begin Design of Improvements	August, 2017
Complete Design of Improvements	December, 2017
Start Improvement Construction	June, 2018
Complete Improvement Construction and Meet Compliance	December, 2018

The schedule above is submitted to be incorporated into Resolution #13.1.20.



Elizabeth Thomas
Ulysses Town Supervisor



Date



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

ENVIRONMENTAL HEALTH DIVISION
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CERTIFIED, ELECTRONIC AND REGULAR MAIL

June 14, 2016

John Joseph Inn & Elizabeth Restaurant
John Hamilton
813 Auburn Road
Groton, NY 13073

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-16-0010
Violation of Board of Health Orders Dated August 27, 2013
Water System Violations of the New York State Sanitary Code Part 5-1
John Joseph Inn & Elizabeth Restaurant, 813 Auburn Road, (T) Lansing**

Dear Mr. Hamilton:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 28, 2016**. On August 27, 2013, the Tompkins County Board of Health adopted Resolution #13.14.11 requiring you to:

- Submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month for every month you own the property.

You have failed to submit monthly operating reports from April 2015 to May 2016. This is a violation of Board of Health Orders.

In addition, the following violations have been observed:

- Total coliform and E. coli were present in John Joseph Inn's distribution system on March 2, 2016.
- John Joseph Inn failed to collect all of the required repeat samples in a timely manner following notification of the March 2, 2016, bacteriological exceedances.

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

Sincerely,

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

Enclosures – Draft Resolution, Final Resolution #13.14.11, and Case Summary

pc: F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\John Joseph Inn\Enforcement\2016\Draft Resolution 16-0010.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Lansing; Supervisor T-Lanisng; Mike Sigler, TC Legislature; John Strepelis, P.E., NYSDOH; TCHD: Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of EH; Pete Coats; Steve Maybee, P.E.; Adriel Shea; Anne Wildman; Kristee Morgan; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-16-0010 FOR

**John Joseph & Elizabeth Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing**

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

Whereas, John Joseph Inn is a public water system with six service connections and is regulated as temporary residence under New York State Sanitary Code Subpart 7-1; **and**

Whereas, both total coliform and E. coli were present in a bathroom sample collected at John Joseph Inn on March 2, 2016; **and**

Whereas, Subpart 5-1 of NYSSC requires four repeat samples to be collected in the distribution system (including at the location with the positive result) and one from each raw water source to be collected within 24 hours of notification of a positive sample; **and**

Whereas, John Joseph Inn failed to collect the required repeat samples within 24 hours, including four samples from within the distribution system and raw water samples from its three wells; **and**

Whereas, John Joseph Inn collected one distribution system sample on March 16, 2016, and collected four distribution samples on March 29, 2016, but failed to collect a sample from the bathroom and its raw water sources. All distribution samples results were negative; **and**

Whereas, Whereas John Joseph Inn failed to submit Monthly Operating Reports from April 2015 to May 2016; **and**

Whereas, on August 27, 2013, the Tompkins County Board of Health Resolution #13.14.11 ordered John Hamilton to submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month for every month he owns the property; **and**

Whereas, as of June 10, 2016, the provisions of Board of Health Resolution #13.14.11 have not been met; **now therefore be it**

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

1. Pay a penalty of \$1800 for these violations, **by August 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Pay the annual water system operating fee of \$105 **by July 15, 2016**; **and**
3. Hire a roving Grade C Water Treatment Operator or a qualified treatment professional (i.e. Culligan, Lowe's Soft Water or Greene's Soft Water) to operate the water system **by June 30, 2016**; **and**

4. Submit as-built plans and calculations showing chlorine contact time of the water system and, if required as determined by the calculations, submit proposed modifications to the water system to achieve 4-log treatment by the water. All plans must be prepared by a New York State licensed design professional and submitted to this office for approval **by August 15, 2016; and**
5. Keep Well #1 out of service until it has been shock disinfected, a satisfactory total coliform raw sample has been collected from it and the Health Department has approved its use.



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION

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

Ph: (607) 274-6688

Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

August 29, 2013

John Joseph Inn & Elizabeth Restaurant
John Hamilton
813 Auburn Road
Groton, NY 13073

**Re: Tompkins County Board of Health Resolution # 13.14.11
Water System Violations of the New York State Sanitary Code Part 5-1
John Joseph Inn & Elizabeth Restaurant, 813 Auburn Road, (T) Lansing**

Dear Mr. John Hamilton:

The Tompkins County Board of Health adopted the enclosed resolution at its regular meeting on August 27, 2013. Please note that the enclosed resolution requires a penalty payment in the amount of \$700 due by **September 30, 2013**.

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

Thank you for your cooperation in this matter.

Sincerely,

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

Enclosure(s) – Final Resolution

pc: Steven Kern, TCHD; Brenda Coyle, TCHD
F:\EH\TEMPORARY RESIDENCE (TR)\Facilities (TR-4)\John Joseph Inn\Enforcement\Final Resolution.doc
ec: CEO T-Lansing; Supervisor T-Lansing; Pat Pryor, TC Legislature; Frank Kruppa, Public Health Director; Elizabeth Cameron, P.E., Director of Environmental Health; Pete Coats, TCHD; Janice Koski, TCHD; Steve Maybee, P.E., TCHD; John Strepelis, P.E.; Karen Johnson, TCHD; Skip Parr, TCHD; Brenda Coyle, TCHD
scan: Signed copy to eh



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION
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RESOLUTION #13.14.11 FOR

**John Joseph & Elizabeth Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing**

Whereas, Subpart 5-1.30(a) of the New York State Sanitary Code (NYSSC) requires that when chlorine is used for disinfection, the disinfectant residual concentration (a minimum of 0.2 ppm and a maximum of 4.0 ppm) must be maintained at all times and under no circumstances shall be less than the required concentration for more than four hours; **and**

Whereas, Subpart 5-1.72(c)1 of the NYSSC requires that a copy of daily operation records shall be submitted by the 10th calendar day of the next reporting period; **and**

Whereas, during site visits on June 13 and June 26, 2013, the Tompkins County Health Department did not detect a free chlorine residual; **and**

Whereas, the Tompkins County Health Department has not received monthly operation reports of daily chlorine readings from October 2012 to May 2013; **and**

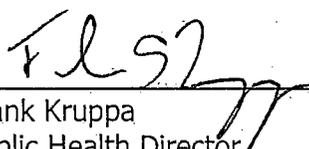
Whereas, during site visits on June 13, June 14, and June 26, 2013, the Tompkins County Health Department observed that the bottom stairwell door at the facility is not self-closing as required by Subpart 7-1.4b(11) of the NYSSC; **and**

Whereas, John Hamilton, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on July 16, 2013, agreeing that John Joseph and Elizabeth Inn violated these provisions of the New York State Sanitary Code; **now therefore be it**

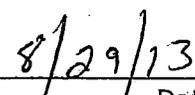
**Resolved, on recommendation of the Tompkins County Board of Health,
That John Hamilton, Owner/Operator, is ordered to:**

1. Pay a penalty of \$700 for these violations, due September 30, 2013; **and**
2. Submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month for every month you own the property; **and**
3. Maintain an acceptable free chlorine residual at all times. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/L). A 0.3-0.5 mg/L free chlorine residual in water is desirable; **and**
4. Make repairs to or install a functioning self-closing bottom stairwell door **by July 5, 2013.**

This action was adopted by the Tompkins County Board of Health at its regular meeting on August 27, 2013.



Frank Kruppa
Public Health Director



Date

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

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-16-0010

**John Joseph & Elizabeth Inn
John Hamilton, Owner/Operator
813 Auburn Road, (T) Lansing**

June 2016

Date	Action
6/10/16	No responses received by TCHD from John Joseph Inn or Mr. Hamilton in response to verbal and written requests.
5/16/16	Having received no response to the voice mails, staff sent Mr. Hamilton an email reiterating the need to communicate with the HD and requested a response by 5/23/16.
5/10/16	TCHD staff left Mr. Hamilton another voice mail, requesting an update on shocking the well and arranging for a site visit by the engineer.
5/9/16	TCHD sent the final notice to John Joseph Inn for the annual water system operating fee in the amount of \$105. The payment was due by June 1, 2016.
4/20/16	TCHD staff left Mr. Hamilton a voice mail notifying him that the distribution sample was satisfactory and the water system could be used, provided Well 1 was maintained off line. A return call regarding shocking the well was also requested.
4/14/16	TCHD staff went to facility but was late for the appointment and missed Mr. Hamilton. TCHD staff collected a sample at the same distribution location, and left written instructions for shocking the well. TCHD verified that the vent pipe had been repaired. On return to the office, staff received a voice mail from Mr. Hamilton, and returned his call. Staff left a voice mail acknowledging the repair and asking Mr. Hamilton to shock Well 1 and notify the HD when that had been done, to enable the PH Engineer to inspect the underground storage tanks to verify the piping configuration.
4/13/16	TCHD staff received a lab report that Well 1 test was positive for Total Coliform, negative for E. coli. TCHD staff asked Mr. Hamilton to take Well 1 offline and flush the system in preparation for taking a new distribution sample.
4/11/16	Samples were collected from the three wells by TCHD, in addition to a distribution sample from the Conservatory Bathroom. The water system inspection was conducted. The vent pipe of one of the underground

Inclusion Through Diversity

	storage tanks was found to be broken below grade.
4/8/16	Mr. Hamilton called and an appointment was set for 4/11/16.
4/5/16	Staff left a voice mail informing Mr. Hamilton that the Health Department needed to make an appointment to conduct the annual water inspection and take samples, including raw water samples, which required him to be present to facilitate the sampling.
3/25/16	Staff went to the Inn to follow up on the Boil Water Notice sent on 3/4/16. No signs were posted but John Hamilton reported that the sole occupant of the Inn (a personal friend) was aware of the notice. He indicated that the restaurant would not operate for at least another 30 days. Staff reminded Mr. Hamilton that additional sampling, with satisfactory results, was required before the Boil Water Notice could be removed. Staff also told him that water operating reports are required to be submitted even when the Inn is unoccupied. On returning to the office, staff received a voice mail from Mr. Hamilton stating he had arranged for a lab to take samples on 3/28/16.
3/4/16	Notification of E.coli positive water sample taken by operator on 3/2/16. Boil Water Notice issued and operator was instructed to take 4 repeat samples. Facility is closed until the end of March.
7/2/15	Inspection summary letter sent to John Hamilton by TCHD noting that monthly operating reports had not been received since March 2015.
7/1/15	Inspection by TCHD.
10/29/14	Inspection by TCHD.
10/9/13	Inspection by TCHD.
8/27/13	Board of Health Action passed requiring chlorine residuals to be maintain, submittals of Monthly Operating Reports to be submitted by the 10 th day of the following month and a fine of \$700.

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

June 15, 2016

Eric Bean
Travelers Kitchen, LLC
368 Main Street
Newfield, NY 14867

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-16-0011
Violation of Board of Health Orders Dated January 27, 2015
Travelers Kitchen, Temporary Food Service, Ithaca Festival, C-Ithaca**

Dear Mr. Bean:

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 28, 2016**. On January 27, 2015, the Tompkins County Board of Health adopted Resolution # 14.11.29 requiring you to:

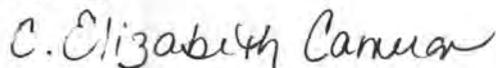
- Maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC.

In addition, you signed a stipulation agreement on December 22, 2014, stating that you understood if any Orders are not met, the Tompkins County Health Department may not issue a subsequent permit to operate a temporary food service establishment in Tompkins County for a period of three (3) years.

On June 3, 2016, the Tompkins County Health Department observed a critical violation of subpart 14-1 of New York State Sanitary Code where potentially hazardous food was observed at improper temperature. Four 2.5-pound blocks of feta cheese were observed at temperatures between 54-58 °F in the upright refrigerator. This is a violation of Board of Health Orders.

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

Sincerely,



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

Enclosures – Draft Resolution, Final Resolution #14.11.29, and Case Summary

pc: F:\EH\FOOD (SF)\TEMP FSE (STF)\Facilities\Travelers Kitchen\Enforcement Legal\2016\Draft Resolution 16-0011.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Ithaca Building Department; Mayor Myrick C-Ithaca; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan, René Borgella; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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

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

DRAFT RESOLUTION # EH-ENF-16-0011 FOR

**Travelers Kitchen Temporary Food Service
Travelers Kitchen, LLC, Eric Bean, Owner/Operator
368 Main Street, T-Newfield**

Whereas, it is a violation of Part 14-2 of New York State Sanitary Code (NYSSC) to store potentially hazardous foods at improper temperatures; **and**

Whereas, on June 3, 2016, while operating at the Ithaca Festival, the Tompkins County Health Department (TCHD) observed a critical violation which included potentially hazardous foods stored at improper temperatures between 45°F and 140°F. Four 2.5-pound blocks of feta cheese were observed between 54-58°F; **and**

Whereas, no violations were observed by the Tompkins County Health Department (TCHD) during a re-inspection on June 4, 2016, while operating at the Ithaca Festival; **and**

Whereas, on January 27, 2015, the Tompkins County Board of Health Resolution #14.11.29 ordered Eric Bean to maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC; **and**

Whereas, Resolution #14.11.29 informed Eric Bean that, if any of the Orders are not met, the TCHD may not issue a subsequent permit to Eric Bean/Travelers Kitchen to operate a temporary food service establishment in Tompkins County for a period of three (3) years; **and**

Whereas, as of June 14, 2016, the provisions of Board of Health Resolution #14.11.29 have not been met; **now therefore be it**

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

1. Pay a penalty of \$1000 for this violation, due **by August 15, 2016**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Cease activities as a Temporary Food Service Operator in Tompkins County until **June 29, 2019**.

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

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

RESOLUTION # 14.11.29 FOR

**Travelers Kitchen Temporary Food Service
Travelers Kitchen LLC, Eric Bean, Owner/Operator
368 Main Street
Newfield, NY 14867**

Whereas, it is a violation of Part 14-2.3 of New York State Sanitary Code (NYSSC) to store potentially hazardous foods at improper temperatures; **and**

Whereas, on October 3, 2014, while operating at the Ithaca Apple Harvest Festival, the Tompkins County Health Department (TCHD) observed a critical violation which included potentially hazardous foods at improper temperatures between 45°F and 140°F. One pound of swiss cheese was observed at 59°F and one pint of sour cream was observed between 50-54°F; **and**

Whereas, on October 4, 2014, while operating at the Ithaca Apple Harvest Festival, the TCHD observed a critical violation which included potentially hazardous foods at improper temperatures between 45°F and 140°F. Approximately eight pounds of shredded cheese was observed at 50°F; **and**

Whereas, the Stipulation Agreement informed Eric Bean that, if any of the Orders are not met, the TCHD may not issue a subsequent permit to Eric Bean/Travelers Kitchen to operate a temporary food service establishment in Tompkins County for a period of three (3) years; **and**

Whereas, Eric Bean, Operator, signed a Stipulation Agreement with Public Health Director's Orders on December 22, 2014, agreeing that Travelers Kitchen violated this provision of the New York State Sanitary Code; **now therefore be it**

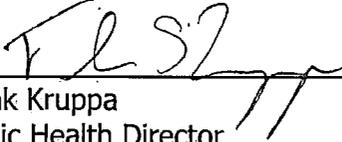
**Resolved, on recommendation of the Tompkins County Board of Health,
That Travelers Kitchen LLC, Owner, is ordered to:**

1. Pay a penalty of \$800 for these violations, due by **March 15, 2015; and**
2. To monitor potentially hazardous food temperatures during cooking, cooling, storage, and holding and record temperatures on a log sheet twice a day during business hours when providing temporary food service in Tompkins County. The temperature log shall contain the name of the food checked, the temperature of the food, the person's initials taking the temperatures, and the time the temperature is taken. The temperature logs shall be available at all times; **and**
3. To attend and successfully complete a Serv-Safe Course prior to receiving future Temporary Food Service Permits in Tompkins County. The certificate documenting successful completion of the course must be submitted to the TCHD; **and**

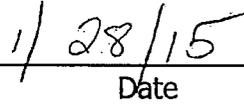
Continued on Page 2

4. To maintain all potentially hazardous food temperatures at or below 45°F or at or above 140°F at all times during hot holding, cold holding, and storage and comply with all the requirements of Subpart 14-2 of the NYSSC.

This action was adopted by the Tompkins County Board of Health at its regular meeting on January 27, 2015.



Frank Kruppa
Public Health Director



Date

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

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-16-0011

**Travelers Kitchen Temporary Food Service
Travelers Kitchen, LLC Eric Bean, Owner/Operator
368 Main Street, T-Newfield**

June 2016

Date	Action
6/4/2016	Re-Inspection at Ithaca Festival: No violations observed.
6/3/2016	Inspection at Ithaca Festival: Potentially hazardous foods were stored at improper temperature. Product in a non-functioning refrigerator was observed to be at 54-58°F.
10/2/2015	Inspection at Ithaca Apple Festival: No violations observed.
6/13/2015	Inspection at Ithaca Celtic Festival: No violations observed.
5/29/2015	Inspection at Ithaca Festival: No violations observed.
1/27/2015	BOH adopted Resolution #14.11.29 requiring Mr. Bean to maintain potentially hazardous foods at proper temperatures, maintain temperature logs, attend a Serv-Safe course and pay a penalty of \$800.
12/22/2014	Signed stipulation agreement received by TCHD. Stipulation informed Mr. Bean that failure to meet Orders may result in TCHD not issuing a permit for 3 years.
11/6/2014	Stipulation agreement sent by TCHD.
10/4/2014	Re-Inspection at Ithaca Apple Festival: Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Potentially hazardous food in a cooler was observed at 50°F.
10/3/2014	Inspection at Ithaca Apple Festival: Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Potentially hazardous food in a cooler was observed at 59°F.
5/31/2014	Re-Inspection at Ithaca Festival: No violations observed.
5/30/2014	Inspection at Ithaca Festival: Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Potentially hazardous foods in a cooler were observed at temperatures ranging from 50-70°F.
10/5/2013	Inspection at Ithaca Apple Festival, C-Ithaca: No violations observed.
5/31/2013	Inspection at Ithaca Festival, C-Ithaca: No violations observed.
9/29/2012	Inspection at Ithaca Apple Festival, C-Ithaca: No violations observed.
9/11/2012	BOH adopted resolution with penalty of \$400 and requirement of maintaining temperature log during operation.
8/6/2012	Office Conference, Stipulation Agreement signed.
6/2/2012	Re-Inspection at Ithaca Festival, C-Ithaca: Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Sour cream was observed at 49°F.
6/1/2012	Inspection at Ithaca Festival, C-Ithaca: Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Sour cream was observed at 58°F.
7/23/2011	Re-Inspection at Fingerlakes Grassroots Festival, T-Ulysses: Violation observed during inspection of 7/22/11 was corrected.
7/22/2011	Inspection at Fingerlakes Grassroots Festival, T-Ulysses: Potentially hazardous

	foods were at improper temperatures between 45°F and 140°F. Containers of sour cream were observed at 54-60°F.
6/3/2011	Inspection at Ithaca Festival, C-Ithaca: No violations observed.
10/1/2010	Inspection at Ithaca Apple Festival, C-Ithaca: No violations observed.
7/24/2010	Re-Inspection at Fingerlakes Grassroots Festival, T-Ulysses: Violation observed during inspection of 7/23/10 was corrected.
7/23/2010	Inspection at Fingerlakes Grassroots Festival, T-Ulysses: Potentially hazardous foods were at improper temperatures between 45°F and 140°F. Containers of sour cream were observed at 56-57°F.
6/6/2010	Inspection at Ithaca Festival Stewart Park, C-Ithaca: No violations observed.
6/4/2010	Inspection at Ithaca Festival the Commons, C-Ithaca: No violations observed.

DRAFT REVISED Human Papillomavirus (HPV) Vaccine Policy

Gardasil 9 (9-valent HPV vaccine or 9vHPV)

A. Eligibility

1. **Gardasil 9** vaccine is supplied to the local Health Department through the NYS Vaccine For Children (VFC) Program for routine administration in females and males ages 9 years to 19th birthday for protection against human papillomavirus infection.
2. **Gardasil 9 vaccine may also be supplied to the local Health Department through the NYS Vaccine for Adults (VFA) Program for adults 19 -26 years**
3. **VFC or VFA eligibility is a prerequisite to obtain the HPV vaccine at the health department.**
4. **FDA-approved and ACIP-recommended for administration to females and males ages 9 through 26 years of age.**

B. Vaccine components

1. Gardasil 9 vaccine

- a. **Inactivated** (not live) **vaccine**.
- b. Each 0.5 cc dose contains approximately 20 mcg of HPV 6 L1 protein, 40 mcg of HPV 11 L1 protein, 40 mcg of HPV 16 L1 protein, and 20 mcg of HPV 18 L1 protein.
- c. Each 0.5 cc dose contains aluminum, sodium chloride, L-histidine, polysorbate 80, sodium borate, **<7 mcg yeast protein**/dose and water.
- d. Does not contain a preservative or antibiotics.
- e. After thorough agitation, Gardasil is a **white, cloudy liquid**.

C. Vaccine Indications & Recommendation

1. Girls and Women

a. Gardasil 9 is a vaccine indicated in girls and women 9 through 26 years of age for the prevention of the following diseases caused by Human Papillomavirus (HPV) types included in the vaccine:

- Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16 and 18
- Genital warts (condyloma acuminata) caused by HPV types 6 and 11
- And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, and 18:
 - Cervical intraepithelial neoplasia (CIN) grade 2/3 and Cervical adenocarcinoma *in situ* (AIS)
 - Cervical intraepithelial neoplasia (CIN) grade 1
 - Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
 - Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3
 - Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3

2. Boys and Men

a. Gardasil 9 is indicated in boys and men 9 through 26 years of age for the prevention of the following diseases caused by HPV types included in the vaccine:

- Anal cancer caused by HPV types 16 and 18
- Genital warts (condyloma acuminata) caused by HPV types 6 and 11

- And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, and 18:
- Anal intraepithelial neoplasia (AIN) grades 1, 2, and 31.

D. Contraindications

1. Hypersensitivity to yeast or to any of the vaccine components.
2. Individuals who develop symptoms indicative of hypersensitivity after receiving a dose of Gardasil should not receive further doses of Gardasil.

E. Warnings

1. *Not recommended for use in pregnant women.*
2. *Vaccinees may develop syncope. Observation for 15 minutes after vaccine administration is recommended.*

F. Side effects

1. Mild side effects can occur including:
 - pain at the injection site (about 8 people in 10),
 - redness or swelling at the injection site (about 1 person in 4),
 - mild fever (100°F) (about 1 person in 10),
 - itching at the injection site (about 1 person in 30),
 - moderate fever (102°F) (about 1 person in 65)
3. These side effects do not last long and go away on their own.
4. Life-threatening allergic reactions are very rare.

G. Immunization Schedule

1. HPV is a 3 dose series given:

1st dose: day 0

2nd dose: 2 months after first dose

3rd dose: 6 months after first dose

2. Accelerated series uses minimum intervals as follows:

4 weeks between HPV 1 and HPV 2

12 weeks between HPV 2 and HPV 3

3. HPV9 can be used to complete the HPV series started with HPV4.

4. It is not necessary to complete the HPV4 series and then administer a second series of HPV vaccinations with HPV9 vaccine. A total of 3 doses of HPV vaccine (HPV4, HPV9 or a combination of HPV4 & HPV9) is a complete series.

H. Simultaneous Administration

1. HPV vaccine may be given at the same time as other vaccines.

I. Vaccine Administration

1. Registered Professional Nurses (RNs) on staff with the Tompkins County Health Department or RNs under TCHD supervision may administer the vaccine.
2. **Shake well before use.** Thorough agitation immediately before administration is necessary to maintain suspension of the vaccine, which should appear as a white, cloudy liquid.

3. **Administer 0.5 cc intramuscularly in the deltoid** in the upper arm.

J. Medical Order

1. HPV is on the approved list of vaccines that can be administered by a RN with non-patient specific standing medical orders.

K. Storage and Handling

1. Refrigerate at 36 to 46°F.
2. Do not freeze.
3. Protect from light.
4. **Can be out of refrigeration (at temps at or below 77°F) for a total time of not more than 72 hours.**

L. Cost

1. **Vaccine is free to VFC or VFA eligible clients.**
2. **Current VFC vaccine administration fee applies.**

Date

William Klepack, MD
TCHD Medical Director

Written 8/07 KMB, Revised 2/08, Revised 10/10kb, Revised 3/8/16kb – Dr. Klepack approved 5/3/16

Community Health Quality Improvement Committee Approval: 6/21/16

BOH Approval: 10/09/07, 3/11/08, **pending 6/28/16**

F: Prev/policies/HPV
Policy located in CHS Policy Manual I in Room 134.

(Policy revisions noted in **red ink**)

Division for Community Health

Use of Abbreviations in ~~Community Health Services~~ Documentation Policy & Procedure

Policy

1. Staff in Division for Community Health (DCH) and Community Health Services (CHS) use abbreviations in program documentation as needed for expediency and ease of documentation.
2. To assure standard usage and prevent documentation errors or misinterpretations staff will only use abbreviations listed in **Appendix A – Abbreviations Approved for Use in ~~Community Health Services~~ (Abbreviation List)**.
3. The *Abbreviation List* will be reviewed periodically or at least annually.
4. Quality Assurance – Abbreviation use in documentation will be included in standard chart review process.

Procedure

1. Staff will be oriented and educated on the use of abbreviations in documentation.
2. Staff will only use approved abbreviations in written and electronic client care documentation.
3. As needed, staff will recommend revisions, deletions and additions to the *Abbreviation List* to the program supervisor for consideration in the review and approval process.

Original: 12/12
Reviewed: 8/13/14
Revised: 5/25/16

Community Health Quality Assurance Committee Approval: 2/26/13; ~~pending~~ 6/21/16
Board of Health Approval: 3/12/13; pending 6/28/16

Appendix A – Abbreviations Approved for Use (Abbreviation List)

Policy location – CHS Policy Manual in CHS Supervising CHN Office

[F:DCH Shared\Policies\Management of Information\Abbreviations\Use of Abbreviations in Documentation](#)

Appendix A

Abbreviations Approved for Use in Community Health Services (Abbreviation List)

A

@ = at
ac = before meals
ACT = Account Clerk Typist
AM/am = morning
AP = antepartum
APP or App = application
APS or aps = Adult Protective Services

B

BCG = bacilli Calmette-Guerin vaccine
BCP or bcp = birth control pills
bid = twice per day
BFP = Buttermilk Falls Pediatrics
BOH = Board of Health
Brst = breast
brstfdg = breastfeeding
BT = bioterrorism

C

CARS = Cornerstone Addiction Recovery Services
CBE or cbe = childbirth education class
~~cc = cubic centimeter (preferred use is mL for milliliter)~~
CCC = Convenient Care Center
CD or cd = communicable disease
CDC = Centers for Disease Control & Prevention; Child Development Council
CF = Child Find
CFD = Child Family Development
CFM = Cayuga Family Medicine
CHS = Community Health Services
CHN = Community Health Nurse
~~CHNS = Community Health Nurse Supervisor~~
CMC = Cayuga Medical Center
CNM = certified nurse midwife
C/O or c/o = complaint of
CPR or cpr = cardiopulmonary resuscitation
CPS/cps = Child Protective Services
C/S - c/s = cesarean section
CSCN = Children with Special Care Needs
CU = Cornell University
CWH = Cayuga Womens Health

Appendix A

D

D/C = discharge

DCH = Division of Community Health

decr = decreased

discontinue (do not abbreviate; could be confused with discharge)

DOT = directly observed therapy

DSS = Department of Social Services

d/t = due to

DTaP = diphtheria, tetanus, acellular pertussis

DTP = diphtheria, tetanus, pertussis

D&TC = Diagnostic & Treatment Center

DSD or dsd = dry sterile dressing

DX or dx = diagnosis

E

ECLRS = Electronic Clinical Laboratory Reporting System

ED = Emergency Department

EDD = estimated date of delivery (replaces "EDC" = estimated date of confinement)

EH = Environmental Health

EI = Early Intervention

EMB = ethambutol

F

FAS = fetal alcohol syndrome

Fe = iron

FIL or fil = father-in-law

FLIC = Finger Lakes Independence Center

FOB or Fob = father of baby

G

G or g = gravida

GC or Gc = gonorrhea

G & D = growth & development

H

H or h = hour

H or HR = high risk

HAN = Health Alert Network

HBV = hepatitis B virus

HC or hc = head circumference

HCT or Hct = hematocrit

HCS = Health Commerce System

HIN = Health Information Network

HEP or Hep = hepatitis

HEP A or Hep A = hepatitis A

HEP B or Hep B = hepatitis B

HEP C or Hep C = hepatitis C

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Appendix A

HGB or Hgb = hemoglobin
HHA = Home Health Aide
Hib = haemophilus influenza type B vaccine
HIV = human immunodeficiency virus
H&P or h&p = history and physical
HNP = Healthy Neighborhood Program
HPP = Health Promotion Program
HPV = human papilloma virus vaccine
HS or hs = bedtime
HT or ht = height
HV or hv = home visit
HX or hx = history of

I

IC = Ithaca College
IC3 = Ithaca Community Childcare Center
IMM or imm = immunization
INCR or incr = increased
INH = isoniazid
IPV = inactivated polio virus
IUD = intrauterine device

J

K

L

L&D or l & d = labor and delivery
LFC or lfc = living female child
LMC or lmc = living male child
LMM or lmm = left message on machine
LMTC or lmtc = left message to call
LPPN = Lead Poisoning Prevention Network
LPPP = Lead Poisoning Prevention Program
LTBI = latent TB infection

M

M or m = medium risk
MA = Medicaid
MC = Medicare
MC or mc = maternal child
mcg = micrograms
MDR = multi-drug resistance
MGM or mgm = maternal grandmother
MGF or mgf = maternal grandfather
MIL or mil = mother-in-law
mL = milliliter

Appendix A

MMR = measles, mumps, rubella vaccine

MO or mo = month

MOB or Mob = mother of baby

MOMS = Medicaid Obstetric and Maternal Services

MRSA = methicillin-resistant staphylococcus aureus

MSM or msm = men having sex with men

MSW or msw = medical social worker

N

NEP = Northeast Pediatrics

NHNF = not home not found

NL or nl = normal

N/V or n/v = nausea and vomiting

NPO or npo = nothing by mouth

NSVD = normal spontaneous vaginal delivery

NY = New York

NYC = New York City

NYS = New York State

NYSIIS = New York State Immunization Information System

O

OGA = OB-GYN Associates

OV or ov = office visit

OZ or oz = ounce

P

P or p = para

PB or Pb = lead

PC or pc = after meals

PGM or pgm = paternal grandmother

PGF or pgf = paternal grandfather

PM or pm = evening

Pneumo = pneumococcal vaccine

PP or pp = postpartum

PPD = ~~purified protein derivative~~; Postpartum Depression

PPH = postpartum hemorrhage

PPOV = postpartum office visit

PO or po = by mouth

POD or pod = Point of Dispensing

PZA = pyrazinamide

Q

Q or q = every

Q or q daily = every day

QS or qs = quantity sufficient

QRTLY or qtrly = quarterly

Appendix A

R

R or r = routine risk
RC/S or rc/s = repeat cesarean section
RDS = respiratory distress syndrome
RIF = rifampin
RN = Registered Nurse
R/T or r/t = related to

S

SACT = Senior Account Clerk Typist
SCHED or Sched = scheduled
SCHN = Supervising Community Health Nurse
SrCHN = Senior Community Health Nurse
SIB or Sib(s) = sibling(s)
SIDS = sudden infant death syndrome
SN = skilled nurse
SNV = skilled nursing visit
SQ = subcutaneous
S/S or s/s = signs and symptoms of

SW = Social Worker
SYPH or Syph = syphilis

T

TB = tuberculosis
TC3 = Tompkins Cortland Community College
TCF or tcf = telephone call from
TCHD = Tompkins County Health Department
TCT or tct = telephone call to
Td = tetanus diphtheria vaccine
Tdap = tetanus diphtheria acellular pertussis vaccine
TID or tid – three times per day
TL = Team Leader
TST = tuberculin skin test (replaces old term “PPD” = purified protein derivative)
TP3 = Teen Pregnancy & Parenting Program
TX or Tx = treatment

U

U/S or u/s = ultrasound
UTI = urinary tract infection

V

VAG or vag = vaginal
VAX or vax = vaccine or vaccination
V-BAC or vbac = vaginal birth after cesarean section
VM or vm = voice message

Appendix A

W

WIC = Women, Infants & Children Program

WNL or wnl = within normal limits

WT or wt = weight

X

X or x = times

Y

YR or yr = year

Z

Approved use of Symbols

@ = at

= equals

DO NOT USE

1. q.d = may be mistaken as qid, use "daily"
2. q.i.d = may be mistaken as q.o.d or q.d. , use "4 times daily" or "4 X daily"
3. Trailing zero after decimal point (ex: 1.0 mg) = could be mistaken for 10 mg, use 1 mg instead
4. "Naked" decimal point (ex: .5 mg) = could be mistaken for 5 mg, use 0.5 mg instead

5. / (slash mark) for with, and, or per. Use "and", "with", or "per"

6. < and > - not understood or the meaning is reversed; use "greater than" or "less than"

Original – 12/13/12

Revised – 6/11/13; 5/25/16

Community Health Quality Improvement Committee approved: 6/21/16

Board of Health approved: pending 6/28/16

Found at F:DCH Shared/Policies/Management of Information/Abbreviations/Abbreviations List v3.0



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

Division for Community Health

Medical Orders

Policy & Procedure

Policy

1. The Division for Community Health Services, Director of Community Health will ensure that an order from the client’s authorized practitioner is established and documented for health care services provided to clients who:
 - Are receiving services governed by the NYSDOH Licensed Home Care Services Agency regulations, NYCRR Part 766,
 - Are being actively treated by an authorized practitioner for a diagnosed health care condition, or
 - Have a health care need or change in physical status requiring medical intervention.
2. Authorized practitioner refers to a:
 - Doctor of medicine, osteopathy or podiatry, or
 - Licensed midwife, or
 - Nurse Practitioner authorized under federal and state law and applicable rules and regulations to provide medical care and services to the client (except as may be limited by third party contracts).

Procedure

1. Medical orders shall be reviewed and revised as the needs of the client indicate ~~but no less frequently than every six (6) months except~~ as follows:
 - Antepartum Clients – ~~sixty ninety (960)~~ day certification
 - Lead Clients – one-hundred and eighty (180) day [or six (6) month] certification
 - Postpartum Clients – sixty (60) day certification
 - TB program clients – ninety (90) day certification
2. Medical orders for LHCSA (Licensed Home Care Services Agency) clients overseen by the Certified Home Care Services Agency, VNS of Ithaca and Tompkins County, shall have sixty (60) day certification.
- 2.3. Medical orders shall reference all diagnoses, medications, treatments, probable course or outcome of care, need for palliative care, and other pertinent client information relevant to the client Plan of Care.
- 3.4. Medical orders shall be authenticated by an authorized practitioner within thirty (30) days after admission to services.
- 4.5. When changes in the client’s medical orders are indicated due to a change in condition, interim orders, including telephone orders, shall be authenticated by the authorized practitioner within thirty (30) days.

References

- Title 10 Health NYCRR section 766.4 – Medical Orders (5/15/13)
- MOMS Policy Manual – Section II, Policy for Client Admission, Plan of Care and Discharge

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

Original: 8/24/12

NYSDOH Licensed Home Care Services Agency Approval: 11/14/12

Revised: 9/25/12, 3/20/13, 7/25/13, 8/6/13 (Admin & Medical Director approved), 11/17/15, 5/24/16

Community Health Quality Assurance Committee Approval: 6/18/13, 6/21/16

Board of Health Approval: 7/9/13, pending 6/28/16

F:\DCH Shared\Policies\Care, Treatment & Services\Medical Orders P&P v.3.0

DIVISION FOR COMMUNITY HEALTH

DRAFT Emergency Response Plan Policy

Purpose. To provide detailed information on how the Division for Community Health (Division) will support requirements within the Tompkins County Health Department's (TCHD) Public Health Response Plan while continuing to ensure the health care needs of clients of the Diagnostic and Treatment Center (D&TC), the Licensed Home Care Services Agency (LHCSA) and the Women, Infant and Children (WIC) Program continue to be met during emergencies which interfere with delivery of services.

Policy

1. Public Health Response Planning.

a. Plan Development & Supplemental Plans.

(1) As dictated by planning requirements, Division staff will provide subject matter expertise to support the Public Health Preparedness Coordinator in the development of public health response plans to support Tompkins County.

(2) The Division will develop and maintain at a minimum a division level emergency response plan (ERP) to supplement the TCHD Public Health Response Plan. Other supplemental planning requirements are at the discretion of the Public Health Director (PHD) and the Director of Community Health (DCH).

b. Plan Updates. The Division will review and provide recommended updates and changes to the TCHD Public Health Response Plan and the Division ERP no less than annually based on the anniversary of the last publication date or approval date, whichever is applicable. The TCHD Public Health Response Plan contains the following LHCSA preparedness critical elements:

(1) Requirement for a 24/7 emergency contact telephone number and e-mail address of the emergency contact person and alternate, which must also be indicated on the Communications Directory of the Health Commerce System (HCS).

(2) Requirement for a call down list of division staff and a procedure which addresses how the information will be kept current.

(3) Requirement for a contact list of community partners, including local emergency management, emergency medical services and law enforcement and how this information will be kept current.

c. **Plan Orientation.** All Division staff will be provided an orientation on:

- Personal Preparedness
- TCHD Public Health Response Plan
- TCHD Medical Countermeasures Plan
- TCHD Point of Dispensing Plans, as applicable
- Division for Community Health Emergency Response Plan see Annex A
- Other plans as directed by the PHD and the DCH

2. **Community Preparedness & Client Education.**

a. In accordance with the “Community Preparedness” portion of the TCHD Public Health Response Plan, the Division will collaborate with the local emergency manager, the public health preparedness coordinator and other community partners in county public health preparedness and emergency response planning efforts.

b. Nurses will provide education to all newly admitted clients on contacting 911 services for emergency services and how to reach TCHD should there be an urgent concern. Additionally nurses will provide each client an Emergency Preparedness Recommendations Letter (Appendix B).

3. **Vulnerable Populations.**

a. To support the TCHD efforts to identify vulnerable populations, the Division will maintain a current client roster that is capable of facilitating rapid identification and locations of patients at risk. It will contain, at a minimum:

- Patient name, address and telephone number;
- Patient priority code, see Appendix C
- Patient Transportation Assistance Level (TAL), see Appendix D;
- Identification of patients dependent on electricity to sustain life;
- Emergency contact telephone numbers of family/caregivers; and
- Other specific information that may be critical to first responders.

b. Nurses will assess and assign a priority code and TAL upon admission and reassess clients every certification period (60 days) or sooner if client status change occurs.

c. The Division’s Administrative Coordinator will print a copy of the client list on the last business day each week; this list will be faxed to Visiting Nurse Service of Tompkins County as the Certified Home Health Care Agency with oversight of the LHCSA and then given to the Nurse On-Call to be placed in the Nurse On-Call binder.

4. **Health Commerce System (HCS).** See the *Division for Community Health, Health Commerce System Policy*.

Appendix A: Division for Community Health Emergency Response Plan (6/16)

Appendix B: Client Letter: Emergency Preparedness Recommendations (6/15)

Appendix C: Client Priority Codes (3/14)

Appendix D: Transportation Assistance Levels (TAL) Classifications (3/16)

References

- Title 10 Health NYCRR section 766.9 (c) Governing Authority (5/15/13)
- Tompkins County Health Department Public Health Response Plan
- DCH Health Commerce System Policy (DCH Policy Manual)
- DCH Nurse On-Call Policy (DCH Policy Manual)
- WIC Policy (WIC Policy Manual)
- NYSDOH Dear Administrator Letter (5/10/05)
- NYSDOH Dear Administrator Letter (3/4/16)

Original: 9/25/12

Reviewed: 12/13, 11/18/15, 4/25/16

Revised: 3/6/14, 5/20/14, 11/18/15, 4/25/16

NYSDOH LHCSA Approval: 11/14/12

Community Health Quality Assurance Committee Approval: 6/21/16

Board of Health Approval: *pending* 6/28/16

DIVISION FOR COMMUNITY HEALTH
Emergency Response Plan

1. Preparedness.

a. Communications Update Requirements.

(1) **After hours/Nurse On-Call.** See the *Division for Community Health Nurse On-Call Policy* for more details.

(2) **Emergency Notification Rosters.** Whenever staff transitions occur/and or staff contact information changes, the DCH will be notified and changes will be provided to TCHD Administration via email with a request that the Division's Emergency Notification Roster be updated. Once the roster is updated, the DCH will forward the update to all subordinate staff. Additionally the DCH or designee will ensure that an updated copy is placed in the Nurse On-Call Binder.

(3) **Blast Fax.** The DCH will provide updated healthcare provider and community partner fax information to the Division's Administrative Coordinator, who maintains this information in the fax machine located in the Division.

(4) **Community Partner Roster.** The DCH will provide updated community partner names, emails, and phone number to the Public Health Preparedness Coordinator, who maintains this information for the health department.

b. Training, Drills, and Exercises.

(1) As necessary, the DCH will provide to the Public Health Preparedness Coordinator input on preparedness and response training needs in order for a training needs assessment to be conducted. This assessment will guide the training and any required drills/exercises.

(2) As appropriate, the Division will participate in all TCHD drills and exercises, and when possible will participate in community training, drills and exercises coordinated through the Public Health Preparedness Coordinator.

c. Staff Preparedness.

(1) Staff will make every effort to have the Division's county vehicles gas tanks filled prior to anticipated disruption. If fuel supplies are low or supplies are restricted, the DCH will coordinate through the Public Health Director (PHD) or designee for support from the Tompkins County Public Works or Tompkins County Highway Department who are available 24 hours/day.

(2) A Division To-Go Kit is available in the DCH office stocked with essential paper documentation forms and clerical supplies such as pads, a stapler, pens, pencils and paper clips in the case of an emergency relocation.

2. Concept of Operations.

a. Detection Phase. No Change from the TCHD PH Response Plan.

b. **Activation Phase.** Per the TCHD Public Health Response Plan, an internal planning team will analyze emergency mission requirements and notify division leaders of any personnel and equipment response requirements. At this time the DCH will:

(1) Consult with the Supervising Community Health Nurse (SCHN) or designated Senior Community Health Nurse to assess scheduled clinics, home visit needs, and staffing levels. Based on this review the DCH will inform the PHD of staff requirements to support TCHD Mission Essential Functions (MEF) and staff availability for response requirements. If necessary, the DCH will recommend MEF priority changes to the PHD.

(2) Based on MEF priorities and response requirements, the DCH will collaborate with the SCHN and Senior Community Health Nurse to:

- develop a short term action plan (1-3 days), which may include clinic rescheduling/cancellations, home visit rescheduling/cancellations, and determining/coordinating for temporary needs for vulnerable population clients.
- develop a long term action plan (4 or more days), which may include those actions mentioned in a short term action plan and may additionally include: determining/coordinating for long term needs for vulnerable population clients and additional division staffing needs to meet all MEF and response requirements.

Note: See the TCHD PH Response Plan for requesting additional resources.

(3) The WIC Director will analyze Mission Essential Functions to determine any need to cancel, postpone or reschedule clinics and re-structure staff hours. The WIC Director will notify the NYSDOH Regional office and the DCH or designee of the WIC action plan. A WIC clinic must have a minimum of two staff able to perform income verification and Competent Professional Authority roles.

(4) Regardless of the length of the emergency, a continual process of assessment, review, planning and evaluation will occur daily to assure continuity of client care.

(5) DCH or designee will receive approval from the PHD on the Division, to include WIC, action plan and coordinate with the TCHD Public Information Officer to inform the public of changes to day-to-day operations.

c. **Operations Phase.** Actions during the Operations Phase will be dependent upon the TCHD Activation Level.

During Activation Level 0, I, and II. In addition to following the TCHD Incident Action Plan, the Division will:

(1) **Anticipate Weather Events.**

- Review client priority codes and TALs and contact select clients to make preparedness recommendations.
- Contact clients affected by clinic and home visit rescheduling/cancellations.
- Monitor weather conditions to determine if secondary review of client priority codes and TALs is necessary.

(2) Evacuation Notices.

- Identify clients in evacuations zones and contact them to ascertain their evacuation plans.
- Provide a list of any client refusing to evacuate to the PHD and Preparedness Coordinator, to include all information on the client roster.

All requests for information by the emergency management and other emergency responders in emergency situations must go through the PHD, DCH, SCHN or the Preparedness Coordinator.

During Activation Level III.

- d. **Recovery Phase.** No Change from the TCHD Response Plan.

DIVISION FOR COMMUNITY HEALTH

Client Letter: Emergency Preparedness Recommendations

1. The DCH will coordinator with the Public Health Preparedness Coordinator to develop and revise when necessary a client letter focused on emergency preparedness recommendations.
2. The most current copy of this letter will be signed, scanned to a PDF, and located on the shared drive to be accessed by nurses when needed. Shared drive location: PHEATH (F): DCH Shared\Policies\Care, Treatment & Services\Emergency Response Plan\App B Emergency Response Plan Client Letter June 2015.doc
3. Current recommended letter from the Preparedness Coordinator:

Dear Tompkins County Health Department Client and Family:

We are fortunate to live in a region that rarely experiences major weather events and natural disasters. However, it is important to be prepared for a major snow, ice, wind or rain storm that may cause power, food or medical supplies chains may be temporarily disrupted.

With this in mind we recommend you and your family:

- Develop a family communication plan. https://www.ready.gov/sites/default/files/documents/files/family_communications_plan.pdf
- Build an emergency supply kit and stock of essential food, water and medicine for each person and pet for 3 days. <https://www.ready.gov/build-a-kit>

For more information on emergency preparedness planning to <https://www.ready.gov/>

Please call if we can assist with any questions at (607) 274-6604.

Sincerely,

[DCH name and credentials]
Director of Community Health

DIVISION FOR COMMUNITY HEALTH
Client Priority Definitions and Services

Level 1: High Priority

Definition – **Critical services must be received within 24-48 hours of an emergency.** Clients in this priority level need uninterrupted services. The client must have care. In cases of a disaster or emergency, every possible effort must be made to see this client. The client's condition is highly unstable and deterioration or inpatient admission is highly probable if the client is not seen. Examples include clients requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable clients with no caregiver or informal supports to provide care.

Level 1, High Priority Client Services include the following examples:

- Communicable Disease case investigations in “red” and “blue” listed in the Reportable Disease List (01/16) found at F:\Prev\CD\reportablediseaselist
- Direct Observe Therapy (DOT) visits
- Emergency/disaster mass immunization or dispensing clinics or Point of Dispensing (POD)
- Evaluations of blood lead levels ≥ 40 ug/dL
- Rabies post-exposure vaccinations
- High-risk Medicaid Obstetrical Maternal Services (MOMS)/Maternal Child referrals will not be accepted if inability to respond within 24 – 72 hours

Level 2: Moderate Priority

Definition – **Non-critical services which can wait 3 or more days.** Services for clients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The client's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the client.

Level 2, Moderate Priority Client Services include the following examples:

- MOMS intake office visits
- High risk MOMS & Maternal Child admissions or subsequent home visits
- Blood lead levels $\geq 20-39$ ug/dL

Level 3: Low Priority

Definition – **Services which can be postponed for a week or more.** The client may be stable and has access to informal resources to help them. The client can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the client.

Level 3, Low Priority Client Services include the following examples:

- Routine & medium risk MOMS/Maternal Child home visits
- Blood lead levels $\geq 15-19$ ug/dL
- HIV anonymous counseling and testing
- Routine immunization clinics
- Rabies pre-exposure vaccinations
- Child Birth Education Classes
- Chronic Disease Prevention Classes
- Community meetings i.e. Lead Poisoning Prevention Network, Adult Immunization Coalition, CH Quality Advisory Committee, etc.

Reference – NYSDOH Home Care Services DAL, Alert, 8/26/11

Original: 7/3/12, NYSDOH Approval: 11/14/12

Revised: 01/03/14, 3/6/14

Reviewed: 11/17/15, 6/15/16

DIVISION FOR COMMUNITY HEALTH

Transportation Assistance Levels (TAL) Classifications

TAL classification is a state wide standardized tool to rapidly identify LHCSA clients in need of transportation assistance during a **planned evacuation** and to ensure appropriate transportation resources are deployed. Upon admission, a TAL level will be assigned to the LHCSA client and documented in the EHR. TAL level will be re-evaluated throughout the client treatment plan of care and modified as needed to accurately reflect mobility status. TAL level is included in the weekly client roster for On-Call nurse and Visiting Nurse Service.

TAL-1: Non-Ambulatory

Definition – Non-Ambulatory clients are those who require transport by stretcher. For emergency movement down stairs, they may be transferred to backboards, basket litters or other appropriate devices. These clients are clinically unable to be moved in a seated position, and may require medical equipment to accompany them. Ambulance transport is required and in special circumstances (i.e. severe flooding) helicopter transport may be needed. These clients will be identified as TAL-1 upon admission or when their mobility status changes during their treatment plan with the health department. These clients must be accompanied by a clinical provider appropriate to their condition (i.e. EMT, paramedic, nurse).

TAL-1 clients include the following example:

- High-risk Medicaid Obstetrical Maternal Services (MOMS) clients on bed rest.

TAL-2: Wheelchair

Definition – Wheelchair clients are those who are unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment (not including oxygen) during relocation or evacuation. They can be safely managed by a single non-clinical staff member. They may be transported as a group in a wheelchair-appropriate vehicle with a single staff member or designated person accompanying them. These clients will be identified as TAL-2 upon admission or when their mobility status changes during their treatment plan with the health department.

TAL-2 clients include the following examples:

- Third trimester MOMS clients unable to walk moderate distance
- Client with co-morbidities (i.e. COPD, Congestive Heart Failure) unable to walk moderate distance

TAL-3: Ambulatory

Definition – Ambulatory clients are those who are able to walk at a reasonable pace the distance from their home to their car or designated loading area without physical assistance, and without any likelihood of resulting harm or impairment. These clients will be identified as TAL-3 upon admission or when their mobility status changes during their treatment plan with the health department.

TAL-3 clients include most of the LHCSA clients:

- Routine & medium risk MOMS clients
- Pediatric clients

Reference – NYSDOH Dear Administrator letter (DAL) DHCBS 16-02, 3/4/16
Original: 3/31/16 Revised: 6/15/16

Smoke-free Multi-unit Housing: Ellis Hollow Road Apartments Case Study

How demonstrating tenant demand for smoke-free housing was not able to overcome barriers to obtaining smoke-free housing.



Property

- 1028 Ellis Hollow Rd. Managed by Conifer Realty, LLC. Seniors age 62+ and disabled adults. Developed and operates with Federal housing financing, utilizing the Low Income Housing Tax Credit Federal housing program to subsidize rents.

Mandate

- 2013 Community Health Improvement Plan (CHIP), Preventing Chronic Disease Strategy 1, Objective 2.3.2: By 12/31/17, increase by 200 the number of low income housing units that are smoke-free as part of a policy covering all housing units within a building or property.
- Advancing Tobacco Free Communities grant objective: Increase the percent of adult smokers and youth who live in households where smoking is prohibited.

Timeline (2016)

- January: A tenant from Ellis Hollow Road Apartments called Tobacco Free Tompkins (TFT) regarding secondhand tobacco smoke drifting into their apartment. This began when a new tenant who was a heavy smoker moved in to an adjacent unit. The new tenant disrupted what had been a safe and stable living situation for the caller. Now, infiltrating smoke was causing severe negative impact on the caller's health.
- January: A group of tenants invited TFT to participate in a "community" meeting at the apartments where all tenants could discuss secondhand smoke issue and TFT could answer questions. Both support for and objections to a smoke-free policy were expressed.
- February: TFT met with the property manager to discuss a tenant survey to gauge level of support for a smoke-free policy. Property manager collaborated in conducting a survey.
- March: Printed survey distributed by the manager to all 104 apartments. A notice was included in the property's March newsletter. Tenants were given 2 weeks to complete.

Results

- 50 surveys returned out of 104 distributed.
- 75% believe there is a problem with secondhand smoke at the building.
- 78% strongly or somewhat favor a smoke-free policy throughout the building.
- Additional results follow on pages 2 and 3. This pie chart document, and another in poster format, were provided to management to facilitate reporting the results to tenants.

Follow-up

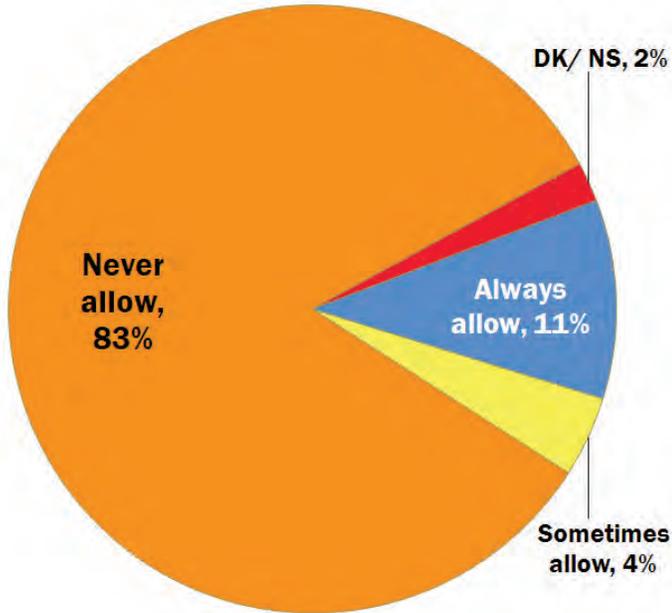
- Survey results were reviewed and discussed with local and regional managers. Management decided to not make any changes in the smoking policy at the property.

Ellis Hollow Apartments Smoking Rules Survey

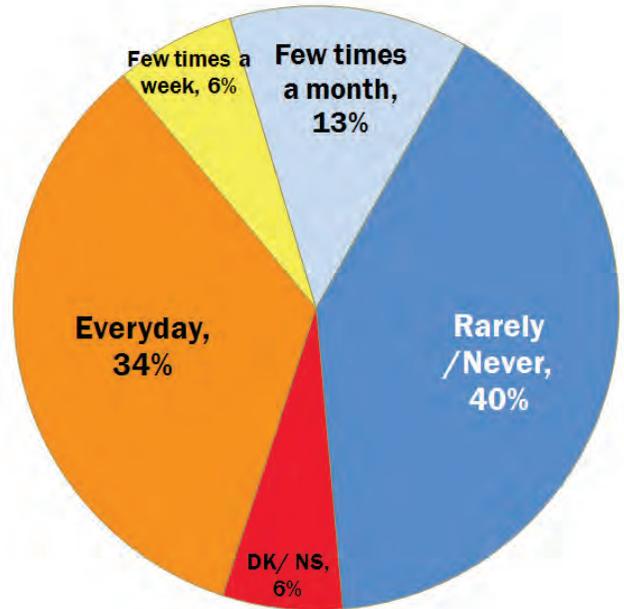


The survey was conducted from March 7–18, 2016, by Tobacco Free Tompkins. All surveys were strictly anonymous. Participants could win one of four \$25 gift cards. Management distributed the survey to 104 units and provided a secure drop box. 50 were turned in.

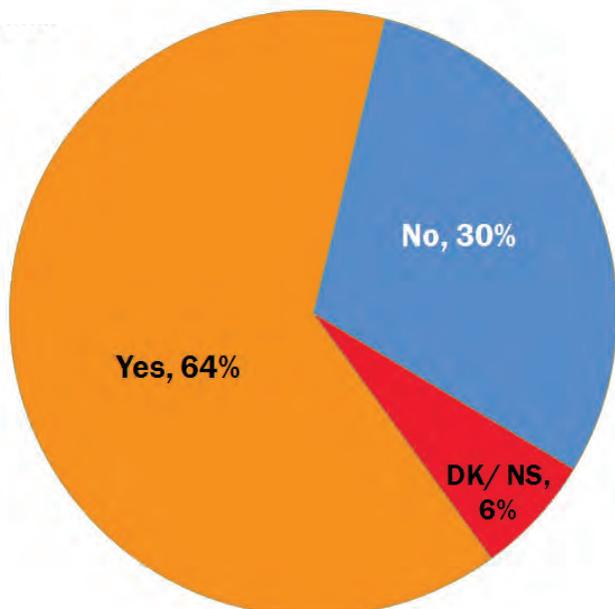
What are your rules about smoking in your apartment?



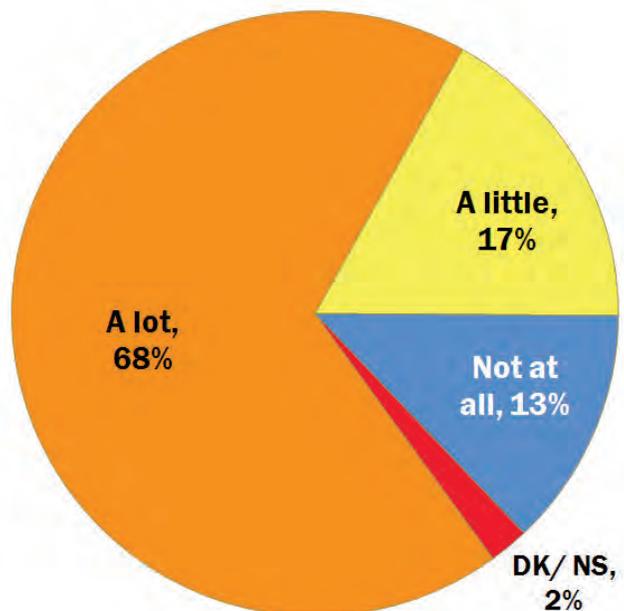
How often does tobacco smoke drift into your apartment?



Does anyone in your apartment have a condition that's made worse by tobacco smoke?



How much are you now or would you be bothered by smoke drifting into your unit?



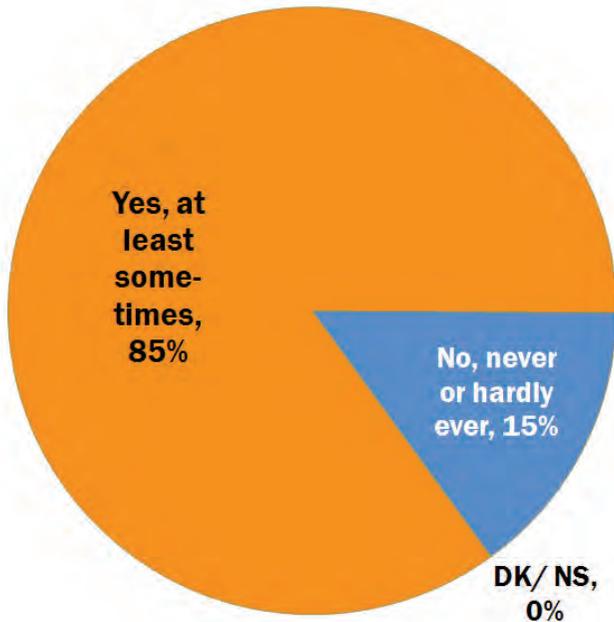
"DK/NS" means "Don't Know or Not Sure." Percents may not add to 100 due to rounding. Smoking: "Not at all" = 84%

Ellis Hollow Apartments Smoking Rules Survey

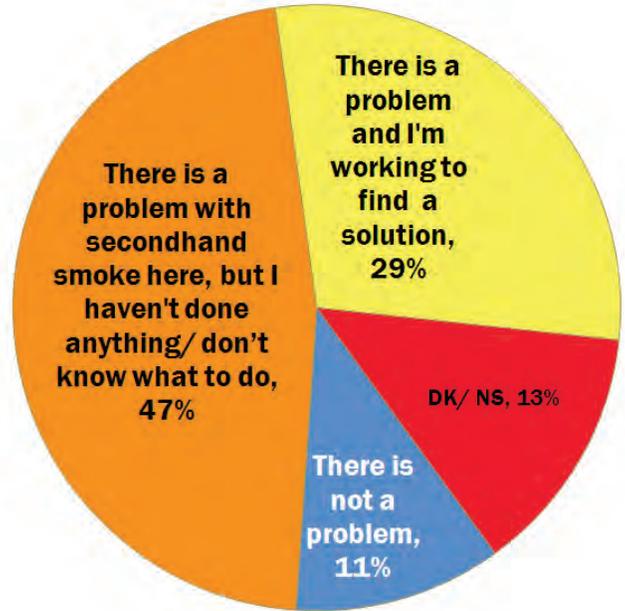


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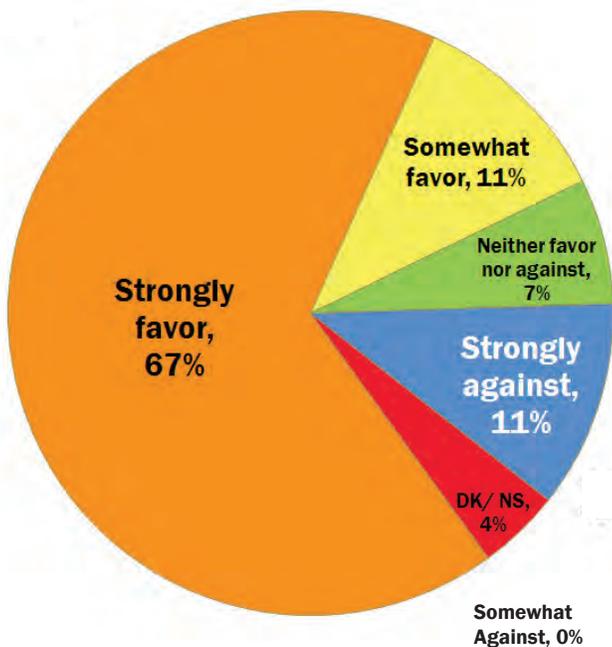
Can you smell smoke in the hallways or common areas?



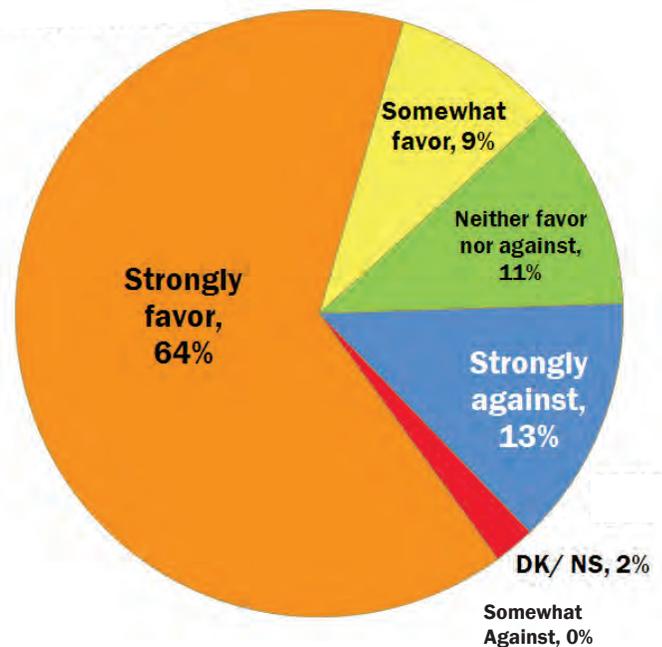
What is your view about secondhand smoke here?



Your opinion of a policy to ban smoking throughout the building



Your opinion of a smoking ban on all property, with designated areas



"DK/ NS" means "Don't Know or Not Sure." Percents may not add to 100 due to rounding. Smoking: "Not at all" = 84%

DEPARTMENTAL SUMMARY - PUBLIC HEALTH - 2017

6/21/2016

PRELIMINARY DRAFT

	PreSchool Special Ed (3-5)	CSN Planning & Coord	PHC Treatment	Early Intervention (0-2)	Environ. Health	Healthy Neighborhoods Program	Occup'l Health & Safety	Medical Examiner Mandate	Medical Examiner	Vital Records	WIC	Division for Community Health	Planning & Coord	Public Hlth State Aid	BUDGETING UNIT TOTAL
REQUESTED BASE (TARGET)															
Appropriation	5,080,000	1,361,142	8,000	705,000	1,536,349	204,574	106,103	190,160	63,522	71,999	531,536	1,583,349	1,106,714		12,548,448
Revenue	2,840,000	389,792	4,000	300,000	566,032	204,574	-	-	-	71,999	531,536	392,897	136,870	(1,153,689)	4,284,011
Local Share	2,240,000	971,350	4,000	405,000	970,318	0	106,103	190,160	63,522	-	-	1,190,452	969,844	(1,153,689)	5,957,059
REQUESTED NEW (OTR--Over Target Request)															
Appropriation	-	-	-	-	38,768	-	-	-	-	-	-	-	-	-	38,768
Revenue	-	-	-	-	9,347	-	-	-	-	-	-	-	-	-	9,347
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	-	-	-	-	29,421	-	-	-	-	-	-	-	-	-	29,421
REQUESTED TOTAL															
Appropriation	5,080,000	1,361,142	8,000	705,000	1,575,117	204,574	106,103	190,160	63,522	71,999	531,536	1,583,349	1,106,714	-	12,587,216
Revenue	2,840,000	389,792	4,000	300,000	575,379	204,574	-	-	-	71,999	531,536	392,897	136,870	(1,153,689)	4,293,358
Rollover	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Local Share	2,240,000	971,350	4,000	405,000	999,738	0	106,103	190,160	63,522	-	-	1,190,452	969,844	1,153,689	8,293,858
	<i>Class 'A'</i>			<i>Class 'A'</i>				<i>Class 'A'</i>							

<i>Fiscal Target for Health Department</i>	\$ 3,049,623
<i>Target Request</i>	\$ 3,121,899
<i>Difference (Fiscal Target - Target Request)</i>	\$ (72,276)
<i>Class 'A' Mandates</i>	\$ 2,835,160
<i>Requested Base</i>	\$ 5,957,059